Targets for the Homecare Re-ablement Service

In order to understand how well a homecare re-ablement service is doing, it needs tangible targets for its performance and regular measurement of performance against targets. By understanding the discrepancies between intended and actual performance, improvement action can be taken.

A series of suggested performance measures are set out in Key Performance Measures for Homecare Re-ablement. For each of these measures, here are some examples of targets:

- **Service outcomes**: Performance targets for service outcomes should be based on the business case for the re-ablement service (if available). These in turn can be informed by the DeMontfort study data. In subsequent years, these targets will need to be revised as part of the business planning process. It is critical to set these targets and benchmark them against other councils to ensure that the service is providing maximum benefit and maximum value for the council.

- **Intake volumes**: It is advisable to base the target volume of service users entering the re-ablement service on the total number of the council’s new service users. For example, many councils set a target re-ablement intake volume as 80-90% of the total intake of new users.

  If no robust intake data is available, we have found that, statistically, based on the councils for which CSED has data, the average volume of people going through re-ablement is equivalent to 2.1% of the local over-65 population – this is a useful benchmark to use for volume planning in the absence of local data.

- **Average weeks duration of re-ablement**: Most councils provide the service for up to 6 weeks. In CSED’s experience, a majority of service users are ready to move on to independence or to a homecare package after between 4-6 weeks. It is advisable to measure the average number of weeks in the re-ablement service and, if this figure starts edging up, investigate the reasons. More often than not, the delays are largely procedural (delays in reviews) or provider capacity constraints (inability to place clients with providers).

- **Staff contact hours**: This is best measured as a percentage of productive time, where time can be measured using manual or electronic monitoring systems. Whilst doing this, it is important to not set standard activity
measures (as is very common in traditional homecare) but focus more on service outcome measures as outlined above. With re-ablement, the quality of staff contact hours, and the impact these have on the service users’ ongoing homecare needs, are more important than how many service users a re-ablement worker necessarily sees per day or week. So whilst ensuring that staff spend a good amount of time with service users, this must not be measured in isolation from the outcomes that these service users derive from this contact time.

• **Source of intake:** Whilst there may not be a target, it is useful to measure the intake from various sources, e.g. area offices, contact centres, hospital teams etc, to show trends and also the effectiveness of the interfaces with other groups.

• **Staff measures:** It is useful to measure performance against corporate standards in the council for training days, and days lost due to absenteeism. It may also be helpful to develop a profile of staff on flexible hours to address changing demands of the service – when is demand highest during the day or week, and can available hours be matched to reflect this?

• **Service user feedback:** Many services measure customer feedback either through an exit questionnaire sent by post or by a face-to-face interview. Here again it is useful to set some expectations on returns, performance in key areas and measure performance trends. Questions often focus on key areas such as professionalism, timeliness, quality of care, and whether desired outcomes were met, and compare responses against corporate standards. More examples of the questions that can be asked, see the [Homecare Re-ablement Monitoring Questionnaire](#).

Postal questionnaires have proved cheaper, but are less likely to elicit a response; whereas face-to-face interviews are more likely to get a response, they require greater investment, and it might be worth employing a third party (e.g. voluntary organisation) to conduct these, since care must be taken to ensure the responses are not prejudiced.