Support to live at Home

Packages of coordinated care

Wairarapa DHB
Joanne Edwards & Helene Dore

Challenge and Change

- Our challenge – meeting the needs of older people who may otherwise be in long term care, but insist on living at home
- Traditional services fail them and they often end up moving into a facility

Drivers for Service Development

- Assertive older people
- No standard services that meet the needs of these people
- Health of Older People Strategy
- Current and predicted bed shortage

Who is the Service for?

Older People who would like to remain in their own home and …

1. *Have needs that are not able to be met by services that are available*

May be due to

- Timing of visits required
- Where they live
- Needing support services that don't currently exist

Who is the Service for?

Older People who would like to remain in their own home and …

2. *Could benefit from a case management approach with a flexible, responsive approach*

May be due to

- On call needs
- Abilities may change frequently
- Complex support needs

Who is the Service for?

Older People who wish to live in their own home and…

3. *Are in a residential care facility requiring a transition to home*

May require

- access to support at home and residential care at the same time
- On call needs

How does it work?

- Needs Assessment including goals
- NASC (FOCUS) gives a guideline
- Provider (Glenwood Masonic Hospital) works with the client to develop a plan
- Provider completes a proposal for services
- Package agreed, start and review date set.

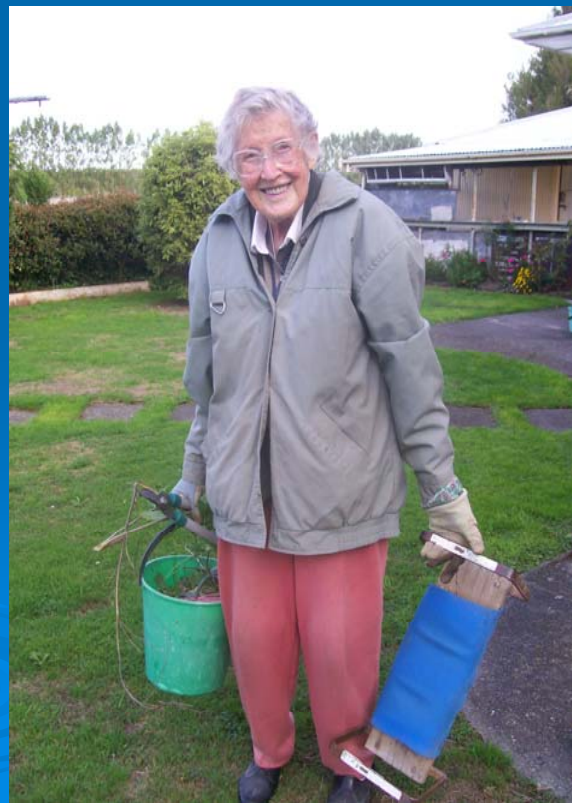
Example –
From Long Term Care to Home

- Dot - 95 year old lady, lived on own
- fall (06) ⟶ frailty ⟶
- Reduced mobility, confidence, nutrition ⟶
- long term care for 10 months

Journey home

- Health Recovery Programme
- Support to Live at Home

(Back to residential care after 16 Months)



Example – The Cat Lady

- Elderly lady - feisty spirit, needing but refusing home based support services
- Lived on own with about 30 cats visiting to be fed – health hazard.
- Planned (negotiated) reduction of cats
- Increased trust in provider, accepted support services

Evaluation (Jan 2007 – July 2008)

- The model is appropriate for any person
- Can address social isolation
- Challenging behaviours still pose a problem

Evaluation (Jan 2007 – July 2008)

- Financial and service objectives met
- Average agreed package costs were $392 per week
- Actual costs averaged 87% of their approved package
- More targeted to actual needs. Not doing more, just doing things differently

Learnings

- Ensure transparent process –
  - Need to ensure clear goals are set and progress clearly monitored through the review cycle
- Reconnect with the community for social needs
  - Role of Health in enabling rather than providing this
- Breadth of flexibility needs to be understood by all

Support to Live at Home

Outcome

"Profound improvement in quality of life for clients whose only other alternative would be reluctant admission to long term care"

Support to Live at Home

For more information on this Wairarapa DHB initiative; please contact:

Joanne Edwards
Portfolio Manager, Planning and Funding
Wairarapa DHB
Telephone: 06 946 9895
Email: joanne.edwards@wairarapa.dhb.org.nz

Or

Helene Dore
FOCUS Team Leader
Telephone: 06 946 9813
Email: helene.dore@wairarapa.dhb.org.nz