

Meeting of South Ayrshire Health and Social Care Partnership	Strategic Planning Advisory Group	
Held on:	19th December 2023	
Agenda Item:	7	
Title:	Care at Home – Commissioning Plan	
Summary:		
The purpose of this report is to provide information about the proposal to develop a Care at Home Commissioning Plan.		
Author:	Helen Brown, Service Manager – Maintenance Care	
Recommendations:		
It is recommended that a short life working group (SLWG) is convened to develop a Care at Home Commissioning Plan.		
Route to meeting:		
Directions:		
1. No Directions Required	<input checked="" type="checkbox"/>	
2. Directions to NHS Ayrshire & Arran	<input type="checkbox"/>	
3. Directions to South Ayrshire Council	<input type="checkbox"/>	
4. Directions to both SAC & NHS	<input type="checkbox"/>	
Implications:		
		<input type="checkbox"/>
	Financial	<input type="checkbox"/>
	HR	<input type="checkbox"/>
	Legal	<input type="checkbox"/>
	Equalities	<input type="checkbox"/>
	Sustainability	<input type="checkbox"/>
	Policy	<input type="checkbox"/>
	ICT	<input type="checkbox"/>

CARE AT HOME – COMMISSIONING PLAN

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide information about the proposal to develop a Care at Home Commissioning Plan.

2. RECOMMENDATION

- 2.1 It is recommended that a short life working group is convened to develop a Care at Home Commissioning Plan.**

3. BACKGROUND INFORMATION

- 3.1 Care at Home services are the backbone of provision for people who have been assessed as needing support to live independently in the community. For the purposes of this report the focus is on mainstream care at home services which are delivered primarily to older people living in the community.
- 3.2 In South Ayrshire, the “care at home” service comprises a “reablement service” and a “maintenance” service. The latter service is split between “in-house” and externally commissioned provision. The majority of these maintenance services are commissioned from independent (private) providers, approx. 5500 hours per week or 63% of total care hours delivered.
- 3.3 In recent years there has been significant investment in a number of areas of the in-house care at home service, including; re-ablement, re-grading the in-house staff, the implementation of a call-monitoring system, increases in pay rates for private providers, a new Flexible Framework Agreement for commissioned services and an investment in leadership and management capacity.
- 3.4 In addition, the Partnership has invested in an intermediate care unit, which is an intensive reablement unit to support people in their discharge from hospital. To date this has saved in excess of 70 hours of assessed care hours per day, by working with people to re-establish their independent living skills and reduce or remove the need for care at home.
- 3.5 There has also been a sustained and focussed approach to recruitment with the addition of a designated recruitment administrator for Care at Home. Having dedicated recruitment support has resulted in applications being processed in a much more timeous manner.
- 3.6 Despite these pro-active and positive developments recent experience is that the service still continues to struggle to meet the demands made upon it;
- waiting lists for a service in both the community and in hospital are still high;

- a number of providers have either ceased to trade or handed back significant elements of provision;
- ongoing concerns with some providers quality of the care provision;
- recruitment and retention challenges with large numbers of vacancies across the sector and staff moved on from social care;
- external providers have struggled to attract new staff to maintain and grow capacity within the sector;
- overtime within the in-house provision is increasing as the service responds to these challenges – which impacts on staff morale and wellbeing.

3.7 In particular, the private provision of Care at Home in South Ayrshire has seen an attrition over the last 18 months from approximately 11,000 hours of care per week totalling about 75% of the provision to the existing 5500 hours.

4. REPORT

4.1 It is clear that demand continues to outstrip capacity, which creates risks to the Partnership, South Ayrshire Council and NHS Ayrshire & Arran:

- Service Users are left without care in the community resulting in avoidable presentations at Emergency Department (ED) and subsequent admission to hospital;
- Patients who are deemed medically fit for discharge remain in hospital sometimes for weeks due to a lack of care at home provision to support their return home. This in turn prevents admission for someone in need of a hospital bed;
- Independent provision is difficult to predict, and capacity is difficult to measure;
- CM2000 data shows that provision of planned hours to actual hours is highly variable across the external commissioned services;
- Quality of externally commissioned care can vary;
- There are regular examples of care packages being returned to the in-house service for a variety of reasons, including an inability to continue to staff the rota, issues with families, complex needs and behaviour that challenges staff. The in-house team pick up this extra work on a regular basis impacting on capacity.

4.2 A presentation to the IJB in June 2023 set out a proposal to improve and address the capacity deficit from mainly independent provision towards mainly in-house provision. South Ayrshire has an ageing population - higher than other areas of Scotland, and it is predicted that by 2027 there will be a requirement for an additional 414 clients age 65+ receiving Care at Home, an increase of 31% compared to 2017. Given the current challenges facing the sector it is important that South Ayrshire develops a plan for the provision of Care at Home services which is sustainable across the next 10 years. There is an opportunity to think creatively and innovatively to meet the needs of South Ayrshires ageing population.

- 4.3 It is therefore proposed that a Commissioning Plan is developed which sets out the future direction of Care at Home provision, balancing risks and costs to ensure that those people most at need are able to receive a service. In order to do this, it is proposed that a short life working group is established consisting of key stakeholders, which looks at the range of options available. This would report back to Directorate Management Team then the Integrated Joint Board once completed, in the spring of 2024.

5. STRATEGIC CONTEXT

- 5.1 This report aligns to the HSCP's Strategic objectives as set out in the HSCP Strategic Plan 2021-31, namely:
- We build communities where people are safe
 - We are transparent and listen to you
 - We work together to give you the right care in the right place
 - We are an ambitious and effective Partnership

6. IMPLICATIONS

6.1 Financial Implications

There are no financial implications from the content of this report.

6.2 Human Resource Implications

There are no Human Resource Implications from the content of this report.

6.3 Legal Implications

There are no Legal Implications from the content of this report.

6.4 Equalities implications

There are no Equality Implications from the content of this report. A full and consulted Equality Impact assessment will be carried out on the next stage, if the recommendations are accepted.

6.5 Sustainability implications

There are no sustainability implications from the content of this report.

6.6 Clinical/professional assessment

N/A

7. CONSULTATION AND PARTNERSHIP WORKING

- 7.1 Formal consultation will be carried out if the recommendations of this report are agreed as part of the next stage. There has not been any formal consultation in the writing of this report.

8. RISK ASSESSMENT

- 8.1. N/A



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IJB Report care at
home June 23 - updat

BACKGROUND PAPERS

04.12.2023