

South Ayrshire Health and Social Care Partnership

REPORT

Meeting of South Ayrshire Health and Social Care Partnership	Integration Joint Board
Held on	25 March 2020
Agenda Item	7
Title	Care at Home
Summary: The purpose of this report is to provide IJB members with a general update on Care at Home within the partnership and offer an overview of concurrent programmes of work relating to Care at Home including the implementation of a new Reablement Service, the re-commissioning of our externally-provided Care at Home service and the implementation of the CM2000 system. Taken together, these developments aim to improve the quality of older people's services, improve outcomes for people, reduce reliance on long-term care and care homes and reduce delayed discharge from hospital.	
Presented by	Director of Health and Social Care or Head of Adult Services
Action required: It is recommended that the Integration Joint Board: <ol style="list-style-type: none">i. Note the update contained in the report and provide relevant feedback to officers;ii. Support the proposal to redesign Reablement Services which aims to improve the quality of older people's services, improve outcomes for people, reduce reliance on long term care and care homes and reduce delayed transfers of care from hospital;iii. Note that the model for a fully functioning Reablement Service suggests the need for an increased capacity from 23.4fte to 75fte;iv. Endorse plans to recruit a Strategic Lead for the service from within existing resources;v. Agree to proposals contained within the Budget paper for 2020/21 which allow for the commissioning of provision within the independent sector for care at home to enable the internal recruitment of 15wte staff to add to the existing reablement complement and – following engagement with relevant staff, trade unions and other partners – move 15fte care at home staff to a new Reablement Service;	

vi. **Agree that the HSCP recommences the process of re-commissioning its Care at Home Service which was agreed in September 2018.**

Implications checklist – check box if applicable and include detail in report

Financial	<input checked="" type="checkbox"/>	HR	<input checked="" type="checkbox"/>	Legal	<input type="checkbox"/>	Equalities	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
Policy	<input checked="" type="checkbox"/>	ICT	<input type="checkbox"/>						

Directions required to NHS Ayrshire & Arran South Ayrshire Council, or both	1. No Direction Required	<input type="checkbox"/>
	2. Direction to NHS Ayrshire and Arran	<input type="checkbox"/>
	3. Direction to South Ayrshire Council	<input type="checkbox"/>
	4. Direction to NHS Ayrshire and Arran and South Ayrshire Council	<input type="checkbox"/>

**SOUTH AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
INTEGRATION JOINT BOARD
25 March 2020**

Report by Director of Health & Social Care

CARE AT HOME

1 PURPOSE OF REPORT

- 1.1. The purpose of this report is to provide IJB members with a general update on Care at Home within the partnership and offer an overview of concurrent programmes of work relating to Care at Home including the implementation of a new Reablement Service, the re-commissioning of our externally-provided Care at Home service and the implementation of the CM2000 system. Taken together, these developments aim to improve the quality of older people's services, improve outcomes for people, reduce reliance on long-term care and care homes and reduce delayed discharge from hospital.

2 RECOMMENDATION

2.1 It is recommended that the Integration Joint Board:

- i. Note the update contained in the report and provide relevant feedback to officers;
- ii. Support the proposal to redesign Reablement Services which aims to improve the quality of older people's services, improve outcomes for people, reduce reliance on long term care and care homes and reduce delayed transfers of care from hospital;
- iii. Note that the model for a fully functioning Reablement Service suggests the need for an increased capacity from 23.4fte to 75fte;
- iv. Endorse plans to recruit a Strategic Lead for the service from within existing resources;
- v. Agree to proposals contained within the Budget paper for 2020/21 which allow for the commissioning of provision within the independent sector for care at home to enable the internal recruitment of 15wte staff to add to the existing reablement complement and – following engagement with relevant staff, trade unions and other partners – move 15fte care at home staff to a new Reablement Service;
- vi. Agree that the HSCP recommences the process of re-commissioning its Care at Home Service which was agreed in September 2018.

3. BACKGROUND INFORMATION

- 3.1 South Ayrshire Health and Social Care Partnership are taking a number of steps to reform and improve Care at Home services in the area with a view to improving the quality of older people's services, improving outcomes for people, reducing reliance on long-term care and care homes and reducing delayed discharge.

- 3.2 In the '[Older People's Services: Position Paper](#)' presented to the IJB in December 2018 a range of significant service pressures were described e.g.
- The dependency ratio in South Ayrshire is 67 compared to a Scottish average of 55 and is set to rise to 87 compared to Scottish Average of 67 by 2039.
 - If service models remain unchanged South Ayrshire would require 30 additional care home places and 40 additional care at home packages every year at an additional cost of £1m per year (£10-15m total by 2029).
 - Ongoing financial efficiencies mean that the real term financial resources available are likely to decrease rather than increase over the coming 5-10years.
- 3.3 A service review of the Care at Home service has highlighted the need for a more efficient and effective Reablement pathway with a structure to support this. There is a need to develop the size, shape and function of Reablement in order to reduce pressure on the Care at Home Service and care home capacity and improve how we manage growing need.
- 3.4 In addition to the development of a new Reablement Service, SAHSCP is rolling out the CM2000 system detailed below and will imminently re-commission its Care at Home services. While delivery of the Reablement Service is not dependent on CM2000 nor on the Care at Home contract, these two programmes will support Reablement and IJB members are encouraged to consider the interplay between these programmes of work.

4. REPORT

- 4.1 The three programmes of work are detailed individually below. Each of these has previously been considered by the IJB but officers are taking the opportunity to present the current status of these programmes in one single report in order to set out the breadth of work taking place across the partnership to improve care at home services and to improve outcomes for our older population.

Reablement Service

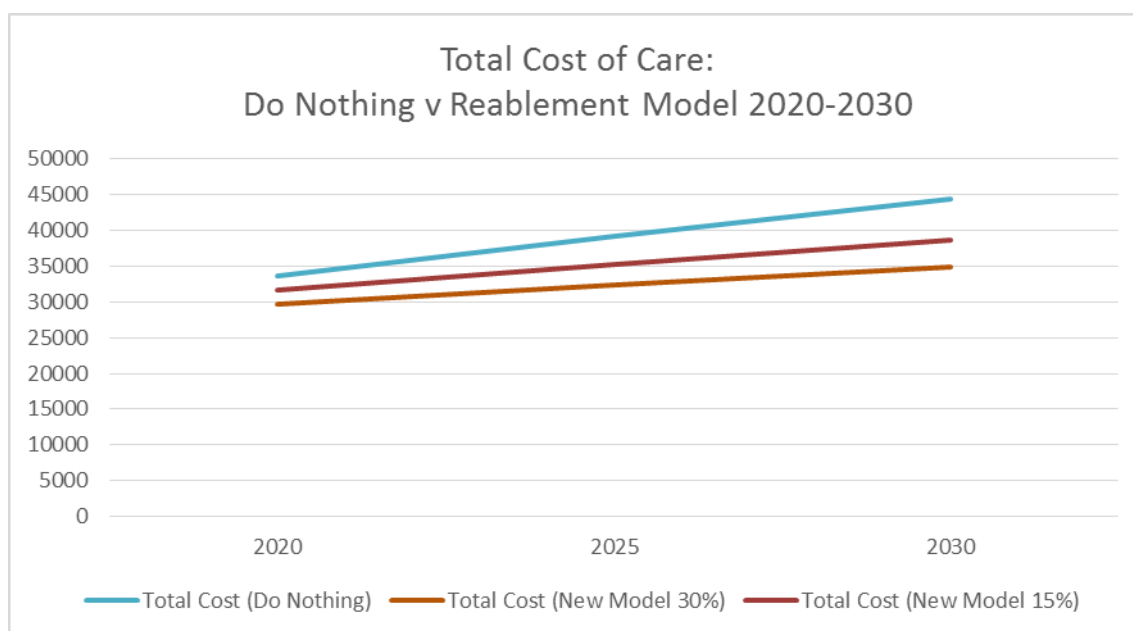
- 4.2 Modelling shows that a shift in resources from in house Care at Home to Reablement could enable the partnership to implement the following changes:
- Based on experience in other partnerships it is estimated that in order to provide a fully functioning Reablement Service it will be necessary to increase the capacity in the reablement team by 300% from 23.4fte (39 staff mostly on 21hr contracts) to 75fte (80 staff mostly on 33hr contracts) independence support workers.
 - Strengthen the professional support and oversight within the team.

- Increase the capability and confidence of the team through robust training and supervision arrangements.
- Deliver multi-professional collaborative high quality reablement interventions tailored towards enabling individuals' needs and choices.
- Ensure that people remain active and independent for longer, improving their quality of life and reduce dependency and care needs.

4.3 While it is acknowledged that there are many variables, the service model has the potential to produce a net annual saving of £4.0-6.9m by 2025 and £5.8-9.6m by 2030 compared to “do nothing”, substantially reducing the level of investment required for care services to cope with rising demographic demand over the coming 10yrs (Fig. 1).

4.4 There would also be an additional benefit to health budgets (in the region of £2.7m) if delays were able to be reduced from 60 to 10 as a result of this transformation.

Figure 1. High Level Estimates of Total Care Costs 2020-2030



4.5 The shift in resources would be achieved by a gradual transfer of staff or vacancies on a voluntary basis over the coming 12-18months. Staffing implications are set out below. To achieve this, in the first instance, the partnership will need to commission an additional 321 hours per week from the private sector at a cost of £281k per annum. This is set out in the proposed 2020-21 budget, while not dependent on a new Care at Home tender, a recommissioning of our Care at Home services will support the partnership to achieve this to best value.

Service Redesign

- 4.6 In order to deliver the necessary change it is proposed that a Strategic Lead post be recruited. The Strategic Lead would provide operational leadership to the phased implementation of the Reablement Service.
- 4.7 Recruitment to a new Professional Lead and administrative post is underway and expected to be completed by April 2020. Training and refocussing of existing staff will begin in April 2020.

Internal Recruitment

- 4.8 The first phase of internal recruitment to create 15fte additional support workers within the Troon/Prestwick locality will begin in May 2020. The impact of this increase in capacity within the Reablement Service will be monitored closely to ensure that financial and service stability is maintained.
- 4.9 Progress will be closely monitored and adjustments made to the model in order to minimise financial risk whilst maximising the benefit to those receiving services and the Health and Care system. A review will take place three months and then six months following implementation to inform the pace and scale of the next phase of implementation.

Care at Home contract

- 4.10 The SAHSCP's externally provided Care at Home (CAH) services are currently provided on a 'Custom and Practice' basis. In September 2019, the IJB agreed that the HSCP should work with the Council to recommission external provision. As has been previously indicated the projected overspend in 2018/19 and 2019/20 meant that the re-tendering could not take place as it would have been in contravention of Standing Financial Instructions. The 2020-21 budget and associated projections do allow the retender this year and officers are working to undertake the preparatory work to allow the re-commissioning of the service.
- 4.11 A new commission could be a contributing factor to our efforts to increase and make best use of the care at home capacity in South Ayrshire, addressing current obstacles to meeting demand associated with geography and a 'calling off' process that requires modernisation.
- 4.12 To deliver our ambitions for a new Reablement Service, the HSCP will rely on external provision of Care at Home to free up some additional in-house capacity. In short, although the recommissioning of Care at Home services in South Ayrshire will therefore be an important contributing factor, the new CAH tender is not on the critical path to the delivery of the Reablement Service. The re-commissioning of Care at Home services will support reablement but the new Reablement Service – particularly if the proposed phased approach is taken – is not contingent on this.
- 4.13 We are holding a series of engagements with CAH providers (beginning March 2020) to discuss our vision for Care at Home and for Reablement. Through these engagements we hope to bring providers on board with our proposals, seek their advice on how services can continue to be improved in

the area and discuss the potential for moving to a locality approach to commissioning. We expect them to welcome the opportunity presented by a new tender.

CM2000

4.14 The Care at Home Scheduling and Monitoring project commenced in August 2019 after extensive market research, business process mapping and requirements specification. The purpose of the project is to deliver CM2000 an IT system application for effective utilisation by all care providers (internal and external) to provide quality and “on-time” service to our customers.

4.15 The following Project Outcomes are anticipated:

- Improved processes around the scheduling of resources, moving away from existing labour intensive, paper-based processes;
- Improved understanding and better regulation of the care that is being delivered through the delivery of a consistent, modern service;
- Improved allocation of external care providers;
- Removal or reduction in time and resource intensive, paper-based processes;
- Resource optimisation through improved re-allocation including re-allocation based on location (proximity) to a care request;
- Real time monitoring of care worker’s locations to assist with lone worker protection measures;
- The provision of meaningful analytics and management information to understand existing resource demands and inform decisions on future capacity; and
- Improved communication with carers in the community.

4.16 The system will offer services the ability to automatically issue field staff with weekly electronic schedule for all care visits and to electronically update this on a daily basis to support re-allocation. It will also integrate with existing line-of-business systems such as CareFirst with opportunity for future integration to financial or payroll systems and offer the ability to integrate and report on scheduling and call monitoring information provided from external providers own systems.

4.17 Further benefits include:

- Data-driven – Some of the efficiencies hope to be gained are from the monitoring of planned vs. actual visits time from internal carers which will allow us to tailor the visit time. For instance some visits are shorter than the allocated time.
- Improved Communication – Carers will have access to the Smart mobile phones, this will allow them to stay in touch with council updates through use of email and access to the new intranet. Another benefit is digital

communication which will help reduce the postage costs. This benefit is already in place for Ayr North Team.

- Reduction in paper-based form – It is anticipated that Overtime and Mileage claim process will be digital, leading to faster processing times.

External Monitoring

4.18 External Monitoring is one of the key areas where benefits are expected based on the actual care time and not the planned care time. This is dependent on the pay banding table which will inform the thresholds for the payment.

4.19 Implementation of CM2000 will increase efficiency of our in-house and externally provided care at home services once fully rolled out, contributing to the range of improvements underway across this service area.

5. STRATEGIC CONTEXT

5.1 Taken together, these areas of work aim to improve the quality of older people's services, improve outcomes for people, reduce reliance on long term care and care homes and reduce delayed transfers of care from hospital.

5.2 The contents of this report relate to the following IJB strategic objectives:

- We will protect vulnerable children and adults from harm.
- We will shift the balance of care from acute hospitals to community settings.
- We will manage resources effectively, making best use of our integrated capacity.

6. RESOURCE IMPLICATIONS

6.1 Financial Implications

6.1.1 Reablement Service

6.1.1.1 The full year proposals for the Reablement Service are summarised below:

Item (Full Year Revenue)	Total Cost
Existing costs of reablement	£1.04m
Transferred from maintenance service	£1.44m
Total existing resources	£2.48m
Additional resources required	£0.26m
Anticipated savings (5% additional reablement)	£0.67m
Net savings (full year effect)	£0.41m

6.1.1.2 At this stage, a phased approach is proposed. The partnership will need to commission an additional 321 hours per week from the private sector at a cost of £281k per annum – this is factored into the 2020-21 budget.

6.1.2 CM2000

6.1.2.1 The CM2000 capital cost is £344k with annual running costs thereafter of £134k. These costs are already agreed and accounted for.

6.2 Human Resource Implications

6.2.1 Reablement Service

6.2.1.1 Development of the Reablement Service includes the proposal to see agreement to 15 FTE staff moving from mainstream care at home to the Reablement team (per the Budget Report). There will be full consultation with Trade Unions and at least 5 workplace meetings are to be arranged. In the initial discussions with Trade Unions the service confirmed that no staff will be compelled to move to the Reablement team if they did not wish to do so. Vacant posts would be moved within the structure to facilitate the move and would provide development opportunities for staff.

6.3 Legal Implications

6.3.1 There are no legal implications of this specific report. For each programme of work and service area described in this report, legal implications are considered at every necessary stage and any relevant legal implications will be taken to the IJB.

7 CONSULTATION AND PARTNERSHIP WORKING

7.1 Steps have been taken across each area detailed in this report to ensure proper consultation and engagement have and will continue to take place on an ongoing basis. For example, a range of workshops are being held throughout March and April to engage with providers in relation to the Care at Home contract and our wider ambitions for service reform. We are also consulting with the Trade Unions in relation to any workforce implications of the Reablement Service.

8 RISK ASSESSMENT

8.1 New risks have been identified and assessed in line with the Council's risk management process as follows. There is a financial risk that if interdependencies prevent the model from achieving its full potential and releasing the anticipated savings in full or in time. This risk is estimated to be in the region of £500k in 2020-21 but is anticipated to reduce and produce savings in future years. A phased approach using existing, in house resources is proposed to mitigate any short term financial risk.

8.2 There is also a risk that recruitment to the expanded reablement service will negatively impact on the recruitment and retention within the in house and private home care services. This will be mitigated by phasing implementation over a 9 month period.

- 8.3 Both risks will be managed within existing operational activities and reference to the status of mitigations will be available through the SIP Risk Register or the SAC Strategic Risk Register.

9 EQUALITIES IMPLICATIONS

- 9.1 No equalities implications have been identified as a direct result of this report – a separate EQIA has been completed for the Reablement Service.

10 SUSTAINABILITY IMPLICATIONS

- 10.1 There are no perceived sustainability implications from this report.

REPORT AUTHOR AND PERSON TO CONTACT

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BACKGROUND PAPERS