south ayrshire
health & social care
partnership

Meeting of South Ayrshire Health and Social Care Partnership **Held on**	**Integration Joint Board** **14th June 2023**
Agenda Item:	**8**
Title:	**Care at Home in South Ayrshire - a strategic analysis**
Summary: **The purpose of this paper is to provide an overview of the current model of care at home services and to present proposals for the development of the service.**	
Author:	**Helen Brown**
Recommendations: **It is recommended that the Integration Joint Board** **i. Agree the short, medium and long term proposals for the redesign of the in house care at home service.** **ii. Agree the transfer of £332,539 to invest in the development of the service.** **iii. Agree to commission a longer term strategic approach and report back in January 2024.**	
Route to meeting: **Budget working group May 2023**	

Directions:		**Implications:**	
1. No Directions Required	x	Financial	x
2. Directions to NHS Ayrshire & Arran	☐	HR	x
3. Directions to South Ayrshire Council	☐	Legal	☐
4. Directions to both SAC & NHS	☐	Equalities	x
		Sustainability	☐
		Policy	☐
		ICT	☐

CARE AT HOME IN SOUTH AYRSHIRE: STRATEGIC ANALYSIS AND WAY FORWARD

1. PURPOSE OF REPORT

1.1 The purpose of this paper is to provide an overview of the current model of care at home services and to present proposals for the development of the service.

2. RECOMMENDATION

2.1 It is recommended that the Integration Joint Board

- **i. Agree the short, medium and long term proposals for the redesign of the in house care at home service.**
- **ii. Agree the transfer of £332,539 to invest in the development of the service.**
- **iii. Agree to commission a longer term strategic approach and report back in January 2024.**

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 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, 6,709 hours per week or 74% of total care hours delivered.

3.3 In recent years there has been significant investment in a number of areas 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 contract for commissioned services and an investment in managerial capacity.

3.4 Despite these pro-active and positive developments recent experience is that the service is struggling to meet the demands made upon it; Waiting lists for service in both the community and in hospital have risen sharply; a number of providers have either ceased to trade or handed back significant elements of provision; recruitment for both in-house and external providers has been extremely

challenging with the result that there are large numbers of vacancies and staff have moved on from social care.

3.5 This report is sets out the current position and offers a positive programme for the re-positioning of the service over the next 12 months and beyond.

3.6 Current Service Model – In House

In house care services comprise both the **Reablement** and **Maintenance** (to be renamed as part of the redesign) services. The function of these two services is outlined below:

3.6.1 Reablement

South Ayrshire Integrated Reablement Service provides holistic assessment, goal setting and therapeutic intervention to adults over the age of 18 who have a care or support need to maximise their independence before determining longer term care needs. Support is usually provided for a maximum of 6 weeks, however this can be shorter or longer depending on individual need.

3.6.2 Maintenance Service

The current service model for in house services is based on a "time and task" model with care allocated in 15 min slots depending on need and availability with a maximum of 4 times per day being offered. Tasks include personal care, dressing, continence care, support with medication, food prep, moving and assisting and in and out of bed.

The team is divided currently into 4 localities each of which are managed by a supervisor and 2 assistants, who manage rotas and staff in the area. The management capacity was strengthened following the 2021 review of mainstream services and additional assistant supervisor posts were created, with a view to managing absence in a more timely manner to support capacity better.

In addition there are support teams consisting of Quality Assurance, CM2000 and Sourcing which together work collaboratively to manage capacity and demand. These teams also carry out training needs analysis, a range of QA functions such as spot checks and audits, performance data collection and liaison with social work and other stakeholders.

3.7 Current Service Model - Externally Sourced Provision

In April 2022, at the request of the IJB, South Ayrshire Council carried out an exercise to renew its framework agreement with care at home providers. The new framework agreement is flexible to meet the needs of residents and allows allocation of work across a range of factors. These include, but are not limited to; geography, service user need, availability, and is 100% weighted to quality of service provision.

As a result of this new framework, work can now be undertaken to look at block contracts and more collaborative models of working, with innovative solutions being encouraged and enabled. It also allows us to add new providers to the

framework on a regular basis should the need arise, none of which was possible with the previous, out of date, framework.

Over the last 12 months two providers have ceased to trade in South Ayrshire. Providers across the independent sector also provide care on a "time and task" basis but do not pay their carers for rota gaps. This creates inefficiencies and also issues for staff who do not have full rotas. A number of issues impact on the ability to fill these gaps and we are working on a more collaborative model for sharing work. (see Fife model 4.3)

Relationships with partners are good with regular communication, forums, recruitment events and in person events to support the work across the locality. There is an appetite for change but progress is slow due to operational demands.

3.8 Service Development History

The service has been subject to a number of reviews and improvements over recent years as summarised below and detailed in appendix 1.

- 2016: Full Service Review 2
- 2019: Redesign and enhancement of the Reablement Service.
- 2019: Investment in CM2000.
- 2020: Pay and conditions for care staff.
- 2021: Maintenance Service Review
- 2021: Palliative care team.
- 2022: Reablement Unmet Needs Assessment Team.
- 2022: Absence Management Officer
- 2022: Recruitment Officer

These improvements have to an extent shifted activity from reactive care when people hit crisis to more proactive approaches that support people to remain more independent and active. However, service pressures over the last 3yrs due to Covid and the impact on both service demand and the workforce has limited the effectiveness of these improvements.

3.9 Current Pressures

Despite all of the improvements set out in section 3.0 the pressures on the service remain significant. Section 4 describes the changes in demand, capacity, activity that have resulted in the queue remaining high and until recently continuing to grow.

3.9.1 Demand

Our demography is characterised by a high and growing proportion of older people (11.7% aged over 75) and one of the highest dependency ratios in the world (70% in 2019 projected to be almost 90% by 2040). This translates into high and growing demand for services including and especially for care at home services.

In 2018 a paper presented to the IJB (appendix 2) set out the anticipated increase in demand for Care Home Places and Care at Home places if we did nothing to redesign services. It was predicted that by 2023 we would require:

- 1083 care home places and;
- 1546 Care at Home places

This would have cost the IJB an additional £6m.

The actual demand (including those on the waiting list who are awaiting care) in 2023 is:

- 897 care home places and;
- 1195 Care at Home places

meaning that we have reduced real terms demand and significantly reduced demand compared to that projected in 2018.

Despite these improvements in supporting people to remain more independent services remain overwhelmed primarily due to recent reductions in capacity.

3.9.2 Capacity - In House Services

Care at Home have experienced real difficulty in maintaining a workforce of sufficient numbers to meet demand. However, in recent months this has improved with recent successful recruitment eliminating vacancies against traditional establishment. An additional 50 posts have now been advertised and the IJB recently authorised the transfer of £1.4m budget from the commissioned service to the in house service which should provide additional sustainable capacity. This additional capacity is beginning to have a positive impact (Fig 6.) with a net gain of almost 60 places, but is not sufficient to make up for the loss of capacity in the private sector.

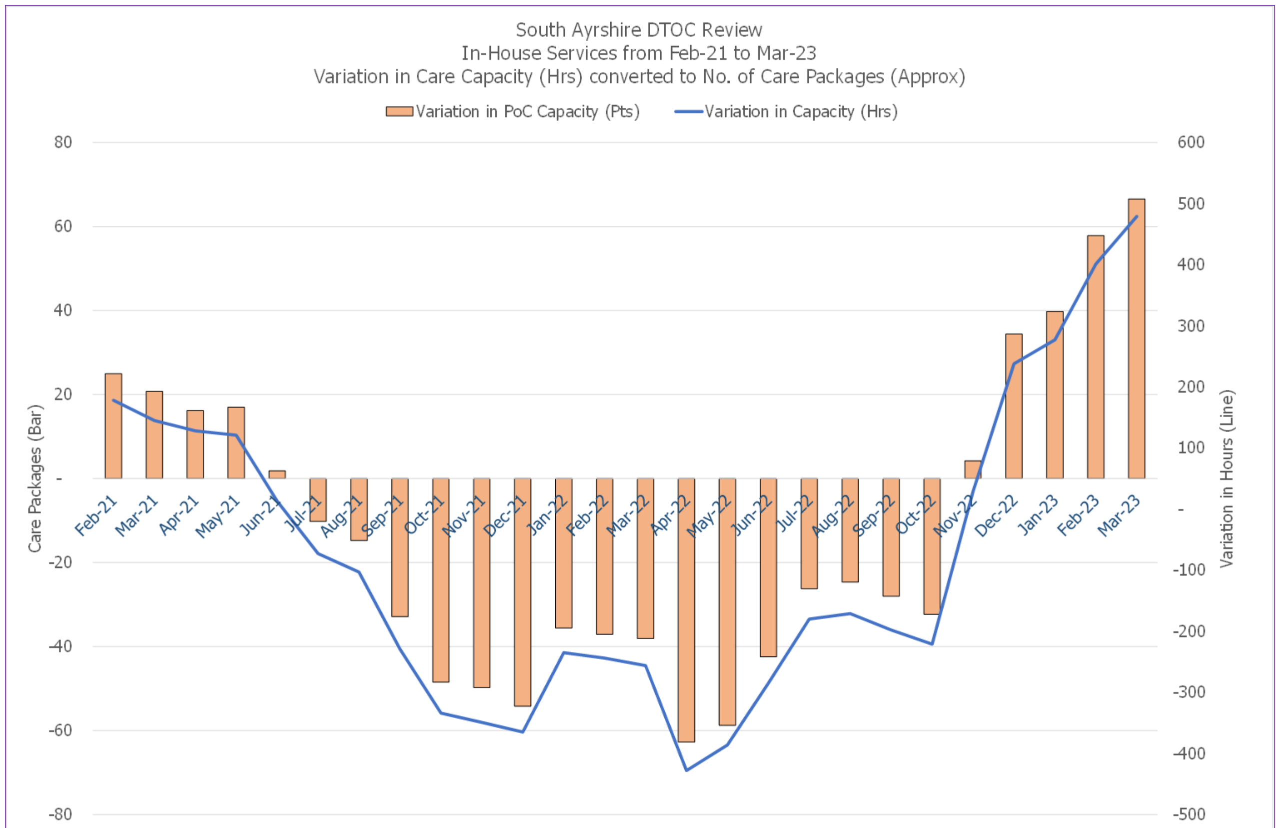

Figure 1: In House Capacity

3.9.3 Capacity - Commissioned Care

Private providers are also struggling to recruit and retain staff and many are either struggling to provide the quality or the quantity of care required. There has been a further 30% reduction in available capacity since September 2022, a 44% reduction overall since April 2022 within commissioned services (Fig. 2) (6700 commissioned hours per week equivalent to over 600 placements, compared to 12000 hours per week in April 2022).

Even taking account of the recent in house recruitment there has been a net loss of approximately 540 care at home placements. The 2022-23 budget of £9.109m can afford 9,000 hours per week - due to the reduced capacity the budget was underutilised by 2,300 hours per week at an average hourly rate of £19.46 per hour or annual underspend of £2.327m. The IJB budget for 23-24 transferred £1.4m from the commissioned budget to increase in-house service capacity and reduce the commissioned budget to £7.709m, being able to afford 7,617 hour per week.

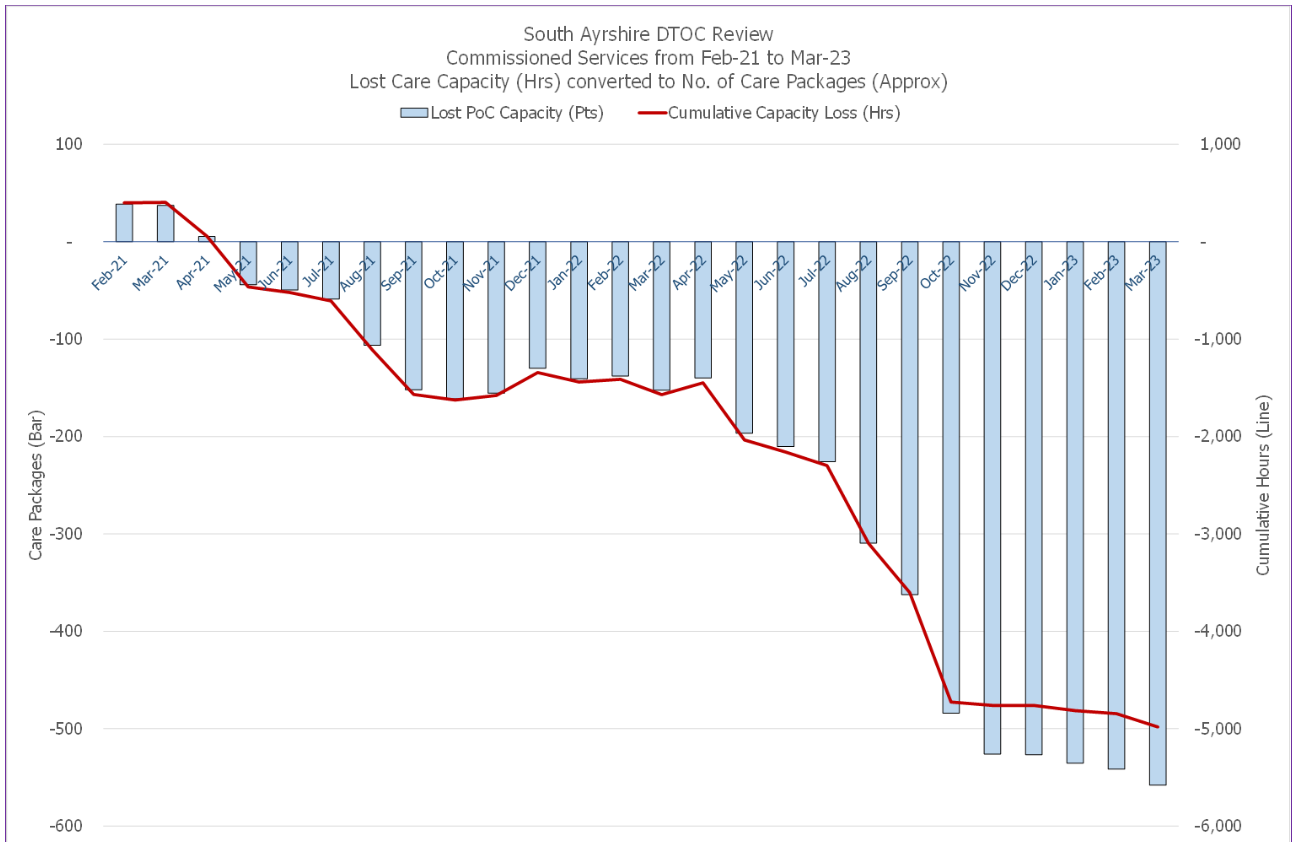

Figure 2. Commissioned Care at Home Capacity

3.9.4 Activity

In house services deliver an average package of 7.2 hours per week and external providers deliver an average package of 8.9 hours per week (Fig. 8). Work to review care packages has resulted in the average number of hours being delivered by the private sector reducing by 10% over the last 12months but remaining 29% above that delivered by in house services (Fig 3). Work continues to improve the efficiency of both in-house and private care activity.

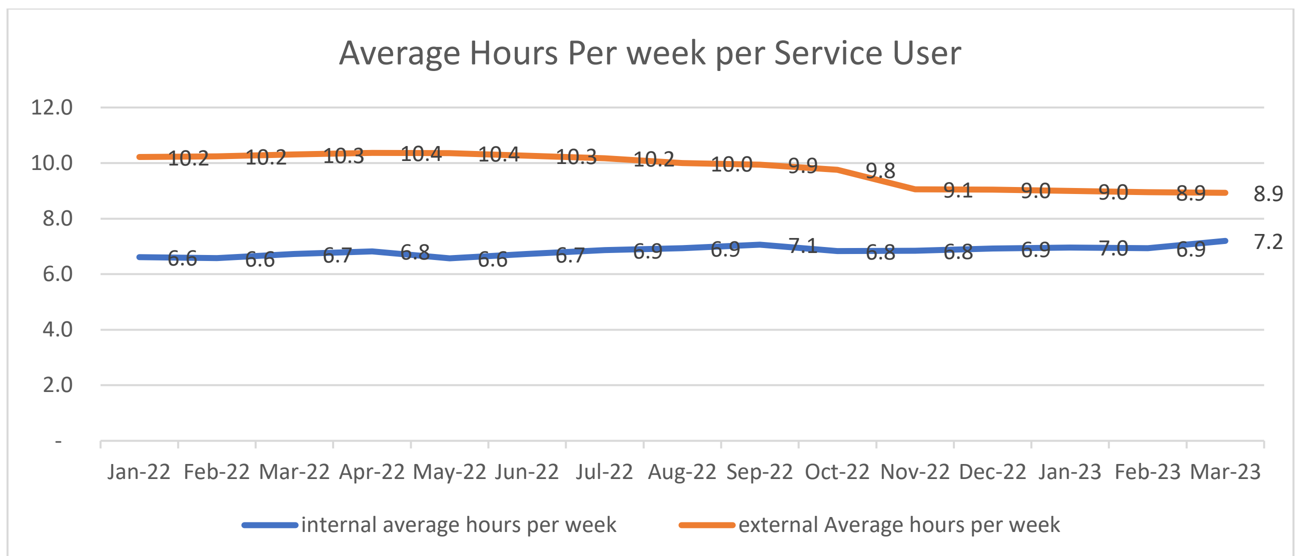

Figure 3: Average Care Package (Hours per week)

3.9.5 Queue

The result of rising demand and diminishing capacity has been an inevitable rise in the number of people left waiting for a service in both the community and acute hospital. However, as previously stated the recent improvements in recruitment and retention have contributed to a reduction in the backlog for both Reablement and Care at Home (Fig 5).

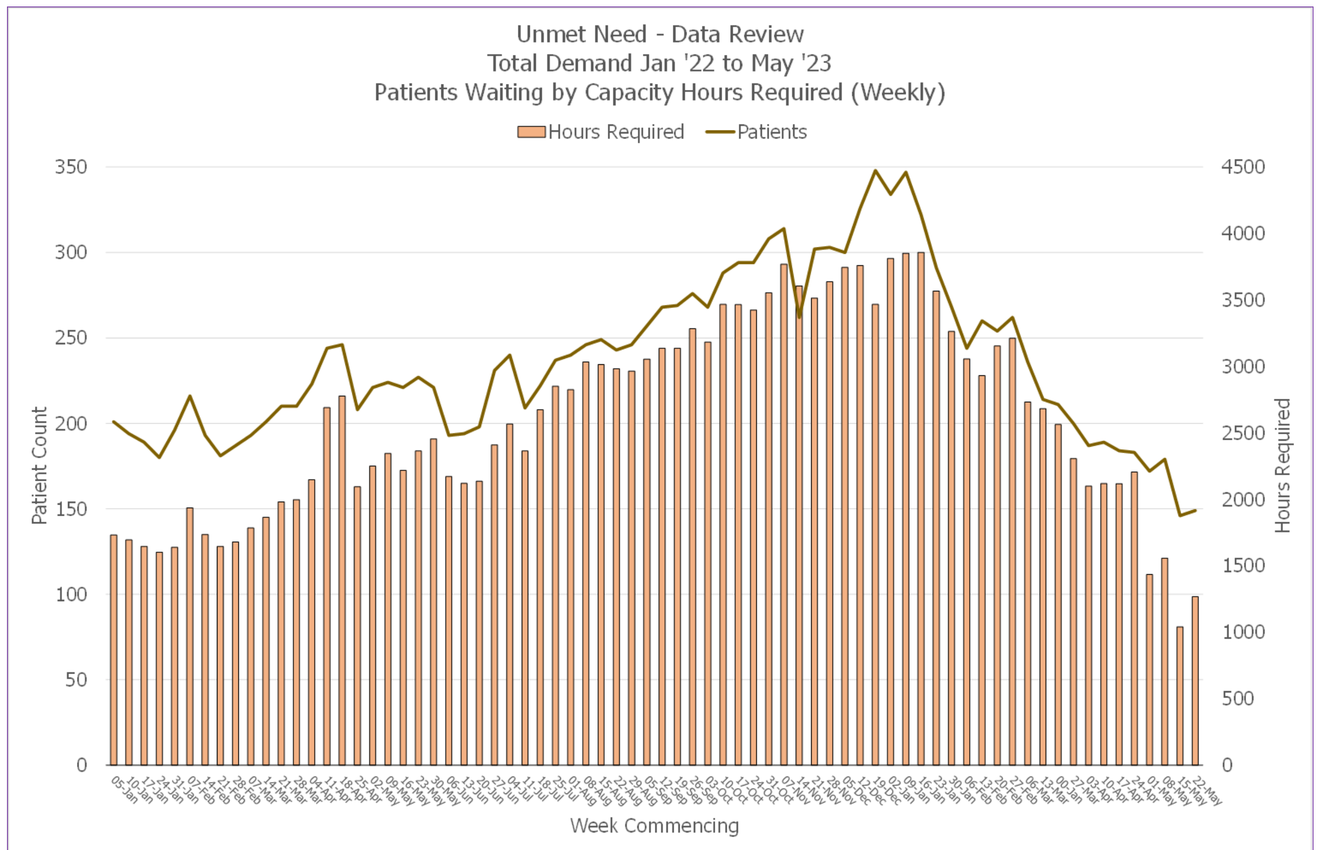

Figure 5: Queue Combining Reablement and Care at Home

4. REPORT

4.1 Immediate Proposals

4.4 Team Around The Locality

In line with the adults social work review and restructure, it is proposed that the care at home teams are aligned with the social work locality teams. This would involve the creation of a new Troon team, splitting the existing teams, and creating a new level 9 supervisor post and 2 additional level 7 supervisors posts. However, there is currently insufficient work to justify splitting the Maybole and Girvan team, but it is proposed that a further level 7 post is created to enable greater integration with the locality approach in these areas.

4.5 **Care Management Team**

To support the ongoing rota management and efficiency, the CM team, currently managed by the level 10 senior supervisor, would have a supervisor to create a structure like the others. It has been shown that the current level 10 is not able to deputise as planned due to the high demand for rota management and support. There are a significant number of workstreams that she is unable to be involved in due to a lack of resource. Now the providers are using CM it is important that this team use the intelligence gathered to effectively target resources to reviews of care packages. There is also work with Power BI and other reports regarding in house performance that we do not have a resource for.

4.6 Creation of "Support Team"

It is also proposed to create a new branch to the team to be known as "support". This would involve the creation of a new level 10 senior supervisor post but professionally the team would benefit from an Occupational Therapist. This would allow the work of this team to develop with professional oversight, a reablement ethos and a real focus on assets and equipment that may support the person to remain at home, with a focus on preventing admission to hospital

Under the direct supervision of the Level 10 OT would be

1. *The existing QA team* with no proposed changes at this time.

2. *The new review team*. This team would be where the bulk of the investment would be but would demonstrate added value in the following ways:

- Carry out reviews of POC after 6 weeks of start date
- Carry out 3-6 monthly reviews of every care package
- Advise on an ongoing basis on equipment and telehealth/ care support.
- Demand and capacity management using data from the CM team

It would consist of a level 9 supervisor, 3 level 8 CCAs and 2 OTAs at level 7. Further consultation is required to determine the role and function of community care assistants across the locality teams and whether this can be a shared resource

3. *Training team.*

   Due to an increase in the number of carer posts, it was predicted that the Learning and Development team that currently supply our training, would be unable to meet the increased demand. We therefore employed a level 7 assistant supervisor as moving and handling coordinator on a temp basis as a test of change Since commencing her MH trainer training in November, she has trained 32 staff.

   Creating a permanent post would add value to the team by:

- Increasing knowledge and understanding of MH equipment with a view to reducing double carers to single
- Increasing the flexibility of the training
- Scheduling to suit the needs of the business
- Being more targeted and responsive, and directing training where particular issues arise, to prevent the need for 2 carers or to prevent deterioration, working collaboratively with the OTAs and level 10

This is not just envisaged to be manual handling training – the coordinator has been able to schedule in-house inductions by working collaboratively with QA team colleagues. Other mandatory training such as food hygiene and meds will be pursued once the team is in place.

4.8 Summary and Recommendations

4.8.1 Short Term (June 2023 – December 2023)

An investment has been made in increasing the number of carer posts in order to meet demand and there has been success in filling 42/50 new posts. In order to ensure appropriate supervision and support the growth of the team, it is recommended that the IJB approves the proposals to further strengthening the team summarised in sections 4.3-4.5 the costs of which are summarised below and will be funded through a transfer of budget from commissioned to in-house care at home:

Area of Care at Home	Post Title	No. of FTE's	Level	Annual Amount	Description
Locality Model	Supervisor	1	9	50,577	Align Teams to locality models
Rota Management	Supervisor	1	9	50,577	CM2000 assistance in rota management and reporting
Independence supports	Senior Supervisor	1	10	56,356	Oversee the Quality Assurance Team, the Review Team and the Training Team.
Review Team	Supervisor	1	9	50,577	Carry out reviews of care at home packages after 6 weeks and thereafter regular reviews
Review Team	Occupational Therapy Assistants	2	7	82,968	
Training Team	Assistant Supervisor	1	7	41,484	
	TOTAL	**7**		**332,539**	

4.8.3 Long Term (July 2023 – January 2024)

Once the short term proposals have been implemented and settled and the impact has been analysed, it is proposed that a long term strategy is developed engaging a range of shareholders in the process with proposals bring brought back to the IJB in January 2024.

5. STRATEGIC CONTEXT

5.1 Proposals support the objective to "work together to deliver the right care in the right place".

6. IMPLICATIONS

6.1 Financial Implications

6.1.1 It is recommended that £332,539 is transferred from the commissioned to the in-house care at home budget in order to fund the proposals.

6.2 Human Resource Implications

6.2.1 The success of these proposals remains dependent on successful recruitment and retention into existing and newly created posts. It is anticipated that the proposals will further strengthen the team and will support both recruitment and retention into the service.

6.3 Legal Implications

6.3.1 There are no legal implications.

6.4 Equalities implications

6.4.1 There are likely to be positive equalities implications as capacity and efficiency of the in-house service improve and access to services for our most vulnerable citizens improves.

6.5 Sustainability implications

6.5.1 There are no sustainability implications.

6.6 Clinical/professional assessment

6.6.1 Proposals are supported by the Chief Social Work Officer.

7. CONSULTATION AND PARTNERSHIP WORKING

7.1 These proposals have been developed in partnership with trade unions through the work of the Care At Home Programme Board.

8. RISK ASSESSMENT

8.1. There is a high risk to service continuity in not supporting the proposals set out in this report. Capacity within the care at home service and staff recruitment and retention are present on the operational and strategic risk register.

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BACKGROUND PAPERS

N/A

30th May 2023