

## **Agenda Item 10**

### **Future Model of Care at Home Provision**



## Falkirk Integration Joint Board

19 March 2021

### Future Model of Care at Home Provision

#### For Decision

## 1. Executive Summary

- 1.1 The internal Home Care service currently operates from 7am until 11pm providing a mixed model in terms of packages of care to approximately 750 service users in the Falkirk area. In terms of external provision, a further 21 providers deliver services to approximately 1097 service users.
- 1.2 Over recent years, a great deal of work has been undertaken to ensure the service operates as efficiently as possible, whilst embedding the principles of the ethical care charter and the Health and Social Care Standards. This work has seen changes to staff rotas, establishment of locality Care at Home teams and direct HR support in relation to attendance management.
- 1.3 Current service provision is very mixed, and whilst we have aimed to deliver care that is underpinned by a reablement ethos, much of the service delivers maintenance care provision. Furthermore, the current model of in-house provision is very much based on available capacity rather than specific requirement for care, i.e. someone will access the in-house provision if there is capacity to provide care rather than the type of care available. As such, we see a mix of care provision across both the in-house and external provision which is driven by available capacity in-house. This model has created capacity issues, in that the external market struggle to plan and at times, commit to care provision, given the uncertainty around future demand.
- 1.4 In addition to capacity issues, the in-house service has also struggled with key areas of efficiency, with only approximately 48% of the available contacted hours being utilised as care delivery hours and the remaining 52% being a combination of absence, training, annual leave and unused hours. These inefficiencies have driven up the cost of an internal hour of home care to its current level of approximately £45 per hour.
- 1.5 In October 2019 the Head of Integration asked that the operational model for our Home Care service be reviewed and options explored as to whether the service should continue to operate in its current model or whether the existing model needed to change to ensure not only best value, but also best practice in terms of the principles underpinning delivery.
- 1.6 A task and finish group was established which included staff, trades union, HR and procurement and management representation. The group examined key performance data in relation to budgeted hours compared with hours spent delivering direct care, workforce profile, staff absence, financial costs of service and service ability to truly meet the objectives of the Care Standards, the strategic priorities of the IJB and the promotion of good

outcomes for our citizens in line with the strategic ambitions of the partnership.

- 1.7 The outcomes from this work were presented to a workshop of Integration Joint Board (IJB), the Strategic Planning Group (SPG) and the Joint Staff Forum (JSP) on 4 February 2021, where overall support for the preferred model was expressed by members.
- 1.8 It is important to acknowledge the commitment and dedication of the Home Care service, particularly over the period of the ongoing pandemic, to continue to deliver care in challenging circumstances. The Home Care service plays a crucial role in supporting individuals to remain at home, connected to family and friends and their local community. The review of the service, and the proposals before the Board today, reflect the need to continue to develop our in-house service and support our staff to deliver care needed to people who rely on the service and their carers.

## 2. Recommendations

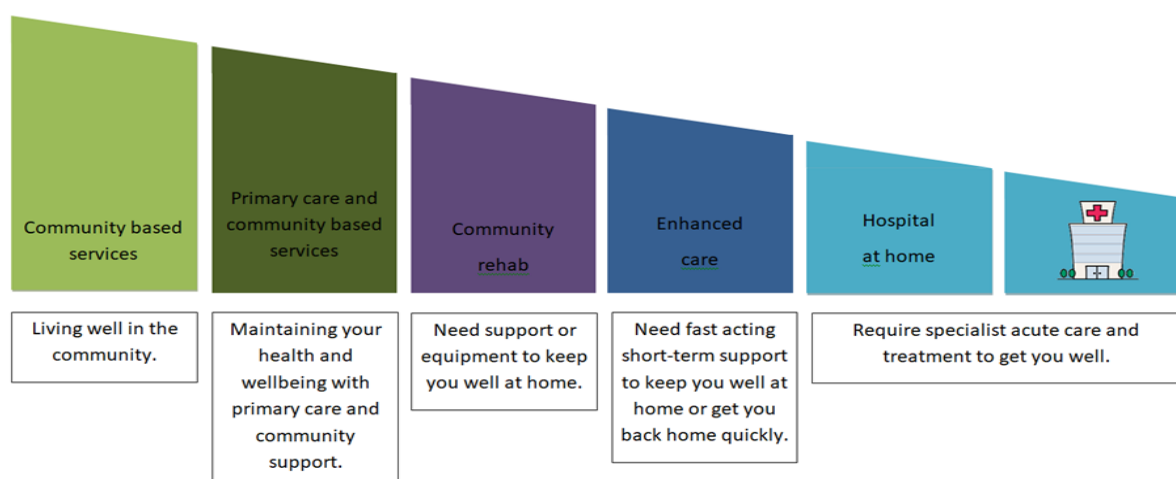
The Integration Joint Board is asked to:

- 2.1 acknowledge the progress made by the service over the last 3 years in terms of service development and delivery
- 2.2 agree the model for the in-house care at home service
- 2.3 recommend the Chief Officer to progress with the implementation of the agreed model.

## 3. Review of Home Care

- 3.1 The Health and Social Care Delivery Plan highlights significant change programmes across a wide range of services within the partnership, all of which are underpinned by the basic principles of a Home First model, in that services are provided to *“Help people with care and support needs in such a way that we will always look to maximise their opportunities to gain or regain levels of independence. This means that when we look to help people, we will work with them to see what needs to be done to assist them in achieving their goals towards independence.”*
- 3.2 This ethos is underpinned within the enhanced model of care which is critical to ensuring the Health and Social Care Partnership can deliver the Integration Joint Boards strategic aims and objectives. In short, the model seeks to ensure people live well, maintain their health and wellbeing, are supported to live well at home when needed, can access support when needed and can access appropriate treatment when and where required (figure 1 below).

Figure 1.



- 3.3 Whilst reviewing our in-house care at home service against the principles of the enhanced care model, it became clear that the current model of provision could not facilitate key aspects of delivery. Moreover, the in-house care at home service has faced a significant number of additional challenges over recent years, in terms of budget efficiency, staff recruitment and retention, workforce development and challenges in relation to the workforce profile.
- 3.4 Work began to review the model of Care at Home service delivered in October 2019. This followed extensive work across the service over several years, which had reviewed staff rota's, attendance management processes, workforce development in light of registration, workload allocation and the operationalisation of key elements of Unison's ethical care charter and the National Health and Social Care standards.
- 3.5 A Task and Finish group was established by the Head of Integration to consider the operating model for our in-house care at home services against this backdrop. The group membership comprised Trades Union, staff representation, managers, human resources colleagues and key stakeholders, to ensure a holistic review of the model.
- 3.6 The group recognised and acknowledged that the current in-house service does not represent best value in terms of both financial modelling and service delivery. Table 1 below outlines the total number of contracted hours within the service, compared with the actual care hours delivered. Whilst it is clear that hours are classed as unused for a wide number of reasons, it is also clear that this cannot be considered best value given the model of care currently provided could potentially be delivered by external providers for a significantly lower hourly rate.
- 3.7 Within the current model, it is unclear what unique added value the inhouse service brings, as the model of care is mixed in a similar way to the external provision, despite having considerable scope to achieve the outcomes outlined by the enhanced care model.

Table 1

	Average Care Plan Hours Per 4 Weeks	Average Carer Hours Per 4 Weeks (Contracted Hours)	Percentage of Hours Utilised by Care Delivery	Percentage of Hours Used in Travel, Sick, Annual and Other Leave, Non-Care Duties or Downtime
Central Locality Long Term	5403.3	10065.1	54%	46%
Reablement Central	219.1	812.6	27%	73%
Central Locality	5622.4	10877.7	52%	48%
East Locality Long Term	4024.7	9287.3	43%	57%
Reablement East	293.8	973.2	30%	70%
East Locality	4318.5	10260.6	42%	58%
West Locality Long Term	3844.5	7025.0	55%	45%
Reablement West	245.7	770.5	32%	68%
West Locality	4090.2	7795.5	52%	48%
Total (Long Term + Reablement)	14031.2	28933.8	48%	52%

3.8 In relation to staffing and recruitment, despite what is often considered to be improved terms and conditions of employment, the internal care at home service has traditionally struggled to recruit to vacancies and this has led over time, to a significant shift in the balance of care provided across in-house and external providers. There has been steady progression toward increased external provision over the last three years. Indeed, the current balance of care between in-house and external service provision is currently (external provision) 78% - 22% (internal).

3.9 The current budget for our Care at Home Services is currently £9.6m for the in-house service provision and £25.9m for external provision. In terms of the hours of care provided, this is currently sitting at 14,000 hours per month being delivered by the in-house service with a further 50,000 hours being delivered by external providers

3.10 Despite being the most costly care at home provision, our in-house service has in the main, been used to manage smaller packages of care i.e. 15 to 30 minutes per visit. This way of working is primarily due to lack of sufficient staff numbers to accommodate larger runs, this in turn, means that the service can only take on new referrals that can be easily accommodated within the existing staff group and larger runs being commissioned externally.

- 3.11 In terms of other findings from the review, it has been evidenced that the service is operating with sickness levels of approximately 14.5 days average sickness per employee. Despite significant focus being placed on absence management in recent years the costs of absence remain high across all three localities (with a cost to the service of circa £600k per annum). The work of a home carer can at times be physically demanding, which contributes to absence related to musculoskeletal related issues. The workforce data highlights that the majority of our internal workforce are in the 50 plus age range, with a high proportion expected to reach retirement age within the next few years. As outlined above, this is set against the backdrop of a service that struggles to recruit to vacant posts. Unless addressed effectively, the service will struggle in terms of succession planning and workforce sustainability in future years. This is extremely significant given the recognition that our care at home service is key to the implementation of the model for health and social care going forward, delivery of the home first ethos and the enhanced care model.
- 3.12 Whilst considering the model of the most efficient and effective use of the internal workforce, alongside opportunities for development and the principles of the enhanced model of care, the task and finish group considered that the inhouse Homecare service should be reshaped to focus on three specific areas of service delivery.

1. **Dedicated reablement teams** supporting the flow of discharge from the hospital and prevention of admissions to acute or indeed residential care establishments. Reablement Home Care provision will work with individuals over a number of weeks to ensure they build resilience, and skills to achieve and/or maintain their maximum levels of independence. In terms of benefits for service users, reablement is a highly flexible model which can work with people on a wide range of issues aimed at reducing the need for ongoing care unless absolutely necessary. The model seeks to support and develop community integration to ensure people can build and maintain the networks necessary for meaningful social engagement. As such, the model is more sustainable in terms of meeting the future needs as it does not generate dependence.

In terms of staff development, there is an opportunity to train reablement home care staff in relation to all aspects of reablement provision, ensuring appropriate qualification and on-going development. Close links with Allied Health Professionals and others within the integrated Locality model, will promote the wider benefits of integration and realisation of the benefits of partnership working for our service users, their carers and families.

2. **Urgent Response provision:** With the development of Home First, the need to support and maintain people within their own homes insofar as possible and the need to reduce demand on emergency residential placements and hospital admissions, there is a need to establish an urgent response care at home service to support the model. This

service will be able to respond to service requests at short notice, when necessary to support hospital discharges, short term support at home at time of crisis or for those pending allocation for on-going maintenance care provision. Furthermore, urgent response services could respond to developments across the partnership in terms of Hospital at Home and provide support to the home first model, with quick access to temporary care and support provision. Thereby reducing the need for step up placements or other high cost interventions, whilst supporting people within their own homes.

3. **Maintenance Care provision:** It is acknowledged that this in-house service will be required to retain an element of maintenance provision, to ensure that there remains adequate provision for those care packages that have historically proven difficult to allocate a service, either due to geographical location , or where the partnership has struggled to provide care for some other reasons. The internal service must ensure it can provide care as a provider of last resort. It is anticipated that this aspect of service will be relatively low level in terms of staff numbers, as the final aspect of the model would be to outsource the bulk of maintenance care provision to the external market (outlined 3.13 below).

- 3.13 Whilst the model for internal home care outlined above would enable us to maximise the benefits of an in-house service, by ensuring that any downtime could be used to support the ongoing reablement process and enable staff to provide urgent response to care needs, it will also support the development of truly integrated locality teams working together to support the needs of individuals within the area on a multi-disciplinary level. Thereby improving outcome for our citizens. Furthermore, it will enable work to progress in terms of workforce training and career progression across the partnership for our care at home staff group, hopefully in turn addressing the historic recruitment issues.
- 3.14 To deliver this model our homecare carers will need to be proficient in an array of specific caring methods and social care interventions and as such, specialised training will be needed for the various elements of the workforce. Workforce development and training features as a key aspect within the review and it is believed that a focus on learning and development could contribute to longer term staff career development and career progression opportunities. This combined with the requirement for our staff to work as part of an integrated locality staff group, would open up further opportunities for staff development.
- 3.15 It is anticipated that the new model of Homecare will take time to embed and would need approximately 18 months to become fully operational. This will require specific consultation and engagement with staff and a fuller review of the operational aspects of the in-house care service model.

- 3.16 In relation to the mainstream maintenance care at home provision, it was recognised that this can be delivered more efficiently (in terms of cost) by the external market, so the intention would be to commission external providers to deliver this type of care. This commitment to the external market would allow providers to develop their services based on the recognition that they would be guaranteed maintenance home care work going forward. This will enable providers to effectively plan for future provision, to develop their workforces to respond to the specific needs of Falkirk. The existing care at home contract is due for review and renewal in 2022, as such, there is an opportunity to embed the principles of the national care standards and Unison's ethical care charter within the arrangements for future provision, thereby ensuring consistent, quality provision for our service users and opportunities for on-going development for the much wider care at home workforce.

## 4. Conclusions

- 4.1 Our in-house Home Care service plays a crucial role in supporting individuals to remain at home, connected to family and friends and their local community. This proposed model for care and support at home, is underpinned by the Home First ethos and this approach and will ensure that the citizens of Falkirk experience responsive high-quality care and support that builds on their strengths, support systems and community assets.
- 4.2 As the number of individuals in the community with complex care needs continue to rise, the requirement for specialist, responsive provision will be crucial in meeting needs. All future referrals to our refocussed Home Care service, will follow a reablement pathway that builds resilience, promotes independence and life skills development and re-skilling, where service users will be supported and cared for by a highly skilled and trained workforce. The service will be able to respond quickly to new demand for provision and will ensure that care is available to those who need it wherever they live within the area.
- 4.3 The change of model will ensure the service is fit for purpose and well placed to face of rising demands and complexity of support for the future and will ensure that the service is able to meet these challenges in the future.
- 4.4 It is worth noting that we have yet to determine the extent the independent review of Adult Social Care will impact on Social Care services going forward. However, given the proposed changes to the model build upon the principles of the Health and Social Care Standards and Unison's Ethical Care Charter and underpin the ethos of services being put in place that are right for the individual and responsive to their needs, it is anticipated the model proposed will support any consequences arising from the report. Indeed, it is anticipated the model will fully support the recommendations of the Independent Review, in terms of our in-house service provision.



### Resource Implications

There are no budget implication arising from this report. The shift in the model will be achieved through refocussing the workforce and costs will be met from within the existing budget allocation.

### Impact on IJB Outcomes and Priorities

As stated in the Strategic Plan, Falkirk Citizens will be part of their local community regardless of their individual need or disability.

### Legal & Risk Implications

Legal and risk issues will be considered as required.

### Consultation

Meetings have taken place with HR/Trade Unions and staff since October 2019 with further engagement with stakeholders throughout 2020 and early 2021. Following the Boards agreement, a full staff consultation and engagement exercise would take place. This exercise will include a wide range of key stakeholders across the sector.

### Equalities Assessment

A full Equalities and Poverty Assessment has been completed and this will continue to be developed as work to implement the new model progresses.

## 5. Report Author

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## 6. List of Background Papers

N/A

## 7. Appendices

N/A