
To: Renfrewshire Integration Joint Board

On: 24 November 2017

Report by: Chief Officer

Heading: Care at Home Service Review

1. Summary

1.1. This report provides members of the Integration Joint Board (IJB) with a position statement on the Care at Home Service. The report highlights the key challenges being faced by the service and outlines work currently underway through a review to mitigate risk and to continue to develop the service to be fit for the future.

1.2. The review aims:

- Firstly, to support the three year transformational programme already underway within the service, which seeks to modernise and improve the service to enable it to respond to increasing demands, growing complexity of needs and ensure the service works as efficiently and effectively as possible.
 - Secondly, to examine service systems, processes and practice to identify service pressures and to determine root causes of any challenges and concerns which impact on delivery of Care at Home Services.
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2. Recommendation

It is recommended that the IJB:

- Note the contents of this report and work underway through the review process.
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3. Background

3.1. The Care at Home service represents one of the largest services provided by Renfrewshire Health and Social Care Partnership. The service is pivotal to what the HSCP does, given its critical role to enable many older people to live in their own homes as safely and independently as possible, in alignment with the 9 Health and Wellbeing Outcomes.

- 3.2. Service users and carers can contact the service to alert on immediate changes or difficulties in their situation, such as admission to hospital or changes to service required, thereby being responsive to need.
- 3.3. The Care at Home service delivers a number of functions, e.g. providing meals, personal care and support to maximise independence, each of which are delivered through specific services including:
- Reablement
 - In-house care at home
 - Commissioned care at home
 - Community meals
 - Extra care housing and
 - Technology enabled care.

The service also provides an Out of Hours Service to support individuals outside normal working hours, including weekends and Public Holidays, to support service users consistently and responsively.

4. **Current Position**

- 4.1. The Care at Home service has continued to receive year on year investment. Notwithstanding this, financial pressures remain as a result of increasing demands for service in order to impact upon admission avoidance and timely discharge from hospital. The financial spend has increased by £1m since 2016/17. The full financial position for Care at Homes Service is set out in the Finance Report by the Chief Finance Officer, which is subject to a separate report at this meeting.
- 4.2. The Chief Officer previously agreed that the service receive additional investment from the Integrated Care Fund (ICF). This was used to pilot changes and shape developments in the service in order to establish improved ways of working.

Examples of work progressed as a result of ICF investment includes:

- **Establishment of a dedicated Out of Hours service:** The Out of Hours service was established in November 2016, to provide dedicated support to care at home services. The 7 posts: 1 Lead Officer, 3 Service Coordinators and 3 Team leaders are funded on a temporary basis from Integrated Care Fund monies. This funding has been approved until March 2018.
- **Enhancement of community meals services to support capacity within Care at Home:** The Community Meals Service supports individuals every week through the provision of a meals delivery service. This service delivers 2,075 lunches and 3,473 evening meals.

- **Establishment of a Service Development Team to progress the modernisation agenda for the service:** The Service Improvement Team have been looking at a number of areas for improvement and continue to work collaboratively with colleagues across the service(s) to develop new policies, procedures and practices in a move towards improving the service experience not just for service users but for the wider staff group too. This work involves looking at ways to improve communication across the service(s) and to encourage staff and service user participation. For example, initiating focused service group meetings and service user experience consultations.

5. Service Review

- 5.1. In June 2017, the HSCP Chief Officer commissioned a review of the Care at Home Service. To do this, the Chief Officer requested that a review team be established led by the Professional Nurse Advisor and our Change and Improvement Officer within Renfrewshire HSCP, to undertake an objective and focused review to identify service pressures and to determine root causes of the challenges and concerns which impact on delivery of Care at Home Services.
- 5.2. In July 2017, the Chief Officer also brought on board 'Rocket Science' to support aspects of the work of the review. Rocket Science is an independent research and consultancy organisation who has helped health and social care services across the UK.
- 5.3. The review has involved dedicated sessions with staff, issue specific workshops and targeted shadowing of staff/services in order to:
 - Outline the purpose of the review, determine roles and responsibilities in relation to areas of accountability and obtain feedback on what's working well and areas of suggested improvement.
 - Form an objective view of the assessment and review process, gain informal feedback from service users regarding their care and expectations of the service, overview of service demand and examine the service user journey.
- 5.4. From this a summary of the emerging themes from the review were presented to the Chief Officer on 7th August 2017.

Main themes comprise:

- Improving ways of working, workforce productivity and overall service governance
- Improving data collection

- Improving referral process & service user pathways
- Assessment and review.

5.5. Building on the initial engagement with staff, the Chief Officer and the review team subsequently facilitated two workshops on 14th and 31st August 2017, to highlight the financial position and pressures within the service and to introduce the four key emerging themes from the review. In addition, a workshop was also held on 14th September 2017 to discuss in more detail what needed to be done as a service to begin to address the challenges identified, which resulted in the identification of four workstreams, aligned with the emerging themes.

6. Implementation of the review themes

6.1. A whole service improvement plan has been developed to capture and monitor actions from the four workstreams. This is facilitated by the review team to monitor and sustain momentum and to impact upon efficiency, effectiveness and productivity. Written and verbal reports on the plan are communicated to the Renfrewshire HSCP Senior Management Team as a standing agenda item for their two weekly meetings. The plan will continue to be developed and refined to support the service going forward.

6.2. Some examples of work being undertaken under each of the themes include:

Ways of Working, Workforce efficiency and governance:

- Development of a digital Care Plan Funding Request Form has been designed and implemented, early indicators are demonstrating the benefits of this process for centralisation of data input and monitoring, a defined workflow that reduces errors and provides the opportunity to link costs data with operational demand.
- Administration of medication: to address pressures due to the volume of medication prompts and/or administration, an initial exercise was undertaken in conjunction with the pharmacy technician and service managers. Since 21st September 2017, the Medication Compliance Service pilot within Care at Home have had 29 referrals and so far have managed to reduce prompts for 8 service users, with some service users being reduced by more than 1 prompt. This has been achieved by pharmacy review of clients within a week of discharge from hospital, to determine alternative measures to ensure efficient medication administration, for example medication compliance charts. This has also had the initial benefit of enhanced collaboration with GP colleagues in relation to potential self-management approaches.
- Six weekly absence meetings are taking place with Human Resources/Service Managers/Co-ordinators to ensure a consistent process in application of the attendance management policy.

- Local process for both decrease and increase of service provision has been developed to enable appropriate and cost effective service delivery (to step up or down the level of service required).

Improving Data Collection:

- An increased focus on Record Keeping to enhance good practice in record keeping, aligning with policy and guidance.

Improving Referral Process & Pathways

- Review of business processes and service pathways: Work is being undertaken to look at the Care at Home referral process to streamline this for usability, risk, transactional information being easily transferred between areas and to ensure the correct information is provided at the point of referral.
- Consultation and engagement with Acute Ward staff and Managers to change how services are commissioned to facilitate discharge from hospital, impact upon potential improvements and efficiency in referral pathways (short, medium, longer term).

Assessment and review

- We now have an Adult Service Coordinator based at the RAH (pilot) until December 2017. The main focus of this role is to strengthen relationships and impact on the service user journey and experience. This role will attend the ward multidisciplinary meetings, speak to families/wards and ensure that the appropriate referral is sent to the Adult Services Response Team (ASeRT), prompted by initial assessment.

- 6.3. Work is also progressing to introduce an Electronic Scheduling and Monitoring system to support the management and delivery of both internal and external Care at Home services. A number of Health and Social Care Partnerships are now operating an Electronic Scheduling and Monitoring service and are reporting significant benefits in using this type of system. The specification to tender for the Scheduling and Monitoring system has now been published and this process will close at the end of November 2017.

7. Next Steps

- 7.1. Although the work of the review has impacted positively on improved communication and engagement with the workforce and service users and improvements in efficient and effective service delivery, expectations in relation to slowing spend have yet to be realised. This may be due to increasing demand on the service in order to impact upon admission avoidance and timely discharge from hospital. We remain focused on both improving all aspects of the service but also containing and where we can reducing costs given the current financial position in this service. The Senior Management Team will continue to

receive fortnightly updates on the review progress and the financial position. A further update will be provided on progress to the IJB in March 2018.

Implications of the Report

1. **Financial Implications** – Financial implications are outlined within the report above.
2. **HR & Organisational Development Implications**– HR Involvement is already ongoing in relation to staff governance actions.
3. **Community Planning/Council Plan Implications** – none.
4. **Legal Implications** – none.
5. **Property/Assets Implications** – none.
6. **Information Technology Implications** – Consider implications in relation to alignment with GG&C and Renfrewshire Council Developments.
7. **Equality & Human Rights Implications** – The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only.
8. **Health & Safety Implications** – none.
9. **Procurement Implications** – none.
10. **Risk Implications** – none.
11. **Privacy Impact Implications** – none.

List of Background Papers – None.

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