| To: | **Renfrewshire Integration Joint Board** |
| On: | **24 June 2016** |

| Report by: | **Chief Officer** |

| Heading: | **Care at Home Services** |

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 to mitigate them and develop the service for the future.

2. Recommendations

It is recommended that the IJB:

2.1. Approve the contents of this report and agree that the Chief Officer brings forward future reports to update members on progress within the Care at Home Service.

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 has a combined budget of £11.3m and consists of a directly employed staff group of around 318 WTE / 500 staff, who with external providers, support approximately 4,500 service users each week.

3.2. The service is critical to supporting service users to remain safely at home and ensure appropriate use of the wider health and social care system, mostly notably hospital settings in terms of supporting discharge.

3.3. The service performs a number of functions, e.g. providing meals, personal care and support to maximise independence, each of which are delivered through specific services that combine to support service users under the umbrella of Care at Home Services:

Reablement

3.4. The Reablement service is provided throughout Renfrewshire and is the first line response of the Care at Home service. Care at Home workers, supported by Occupational Therapists and Adult Service Co-ordinators provide intensive supports, usually for up to six weeks, which encourage and enable service users to develop confidence and skills to maximise their independence and

minimise reliance on services. On completion of a period of reablement, service users transfer to either in-house or commissioned Care at Home services should they require ongoing support.

3.5. The vast majority of new service users will receive the Reablement Service. However, those with a significant cognitive impairment or those at end of life would not be suitable for the service. In such cases, services would be provided by in-house or commissioned Care at Home services.

3.6. The Reablement Service support over 200 service users each week, delivering over 2,500 hours support through approximately 4,000 visits.

In-house Care at Home

3.7. The in-house Care at Home service provides a range of personal, social and practical supports to service users to enable them to remain at home. Approximately 800 service users receive just over 4,500 hours support from the service over 12,500 visits each week. The in-house service is provided within specific geographic areas of Renfrewshire.

3.8. In many ways, this represents the most complex service within the Care at Home portfolio. Challenges in meeting increasing demand, coupled with difficulties in attracting staff into the service have resulted in significant organisational and financial pressures in recent years. These challenges have led to a reliance on the use of temporary agency staff to support the provision of services.

Commissioned Care at Home

3.9. A strategic review of Care at Home Services was conducted approximately five years ago. This led to improved arrangements being introduced and services commissioned within geographical areas.

3.10. Over 800 service users receive a service via external providers, who in turn deliver over 15,000 visits and over 6,000 hours of service each week. The vast majority of these are provided via one of our seven 'framework providers'. However, all providers are experiencing capacity pressures. Increasingly, this results in providers being unable to accommodate requests for services. This has led to an increasing use of 'non-framework providers' to support us in meeting the increasing demand for services, but can also lead to delays in our ability to meet requests.

Community Meals

3.11. The Community Meals Service supports approximately 550 individuals every week through the provision of a meals delivery service. Individuals benefiting from the service receive two meals daily at both lunch and every dinner time. Over 5,500 meals are delivered each week consisting of soup and sandwiches at lunchtime and hot meals at dinner time.

3.12. The service provides a number of important functions. Primarily, the service ensures that individuals receive nutritious meals each day. However, in addition, the delivery model also maximises capacity within Care at Home services by minimising the need for frontline Care at Home staff to support individuals in the preparation of meals. This, in effect, generates capacity to support individuals with their personal care and other support needs. Given the

increasing demands experienced for Care at Home services this represents an essential model in ensuring that individuals are supported both quickly and safely.

Extra Care Housing

3.13. Through a partnership with local housing associations, four Extra Care housing developments, located in Linwood, Erskine and Johnstone, were opened between 2008 and 2010. 96 tenancies exist across the developments, with 91 service users currently being supported. A waiting list exists for all developments and vacancies rarely exist. All current vacancies are allocated and awaiting entry.

3.14. The developments are primarily for older people, with Care at Home staff on site 24 hours per day. The model provides a bridge between community living and long-term care, offering service users the support they require to remain independent within their own tenancy. All flats are fully accessible, with lunch and evening meals provided in communal dining rooms.

Technology Enabled Care

3.15. Renfrewshire has been at the forefront of the implementation of Technology Enabled Care (TEC) services for some time and has a proven track record in successfully deploying technology to support service users and patients in line with the wider strategic and operational aims of the partnership. The service continues to develop from a position of strength and has continued to innovate and extend the range of technology available to enable people to live independently in the community.

3.16. The service provides a 24 hour response service to approximately 3,600 service users. Technology is installed with the home of the service user which can be used to trigger assistance. This can range from a basic community alarm unit to a range of discreet sensors around a service users home to monitor risks such as falls, movement, smoke, floods and fire. Activations generate calls to our control centre and our responder teams are available 24 hours a day to respond to events in the homes of service users where required.

4. Current Position

4.1. The Care at Home service has been widely recognised as a leader of innovation for some time. This has resulted in flagship services being developed that better support individuals, make better use of the resources that we have and have enabled us to shift the balance of care to support more service users to remain at home.

4.2. As early adopters of reablement, the service has been able to maximise the independence of thousands of service users, while at the same time minimising the longer term need for services, enabling services to be directed towards those in need.

4.3. The community meals service ensures that service users receive nutritious meals each day and has diverted the provision from Care at Home services, releasing time to focus on the provision of essential personal care supports.

4.4. The Technology Enabled Care Service is widely recognised amongst the best in the United Kingdom by the Telecare Services Association (TSA). As the only TSA platinum accredited provider of services in Scotland, we deliver services of the very highest standard to people throughout Renfrewshire and have adopted a strategy which seeks to incrementally build on our foundations whilst maintaining the standards that we have achieved. We have also been successful in attracting additional investment from the Scottish Government in recent years through the Technology Enabled Care (TEC) Fund.

4.5. The service has been critical to the improved performance of the partnership in relation to minimising delayed discharges and the associated lost bed days in Acute Hospitals. The availability of services at the point of demand is crucial to facilitating the whole system across health and social care. Maintaining this performance generates significant challenges to the Partnership from both a financial and operational perspective. Compromising our approach would have a detrimental impact on the wider system.

4.6. The Care at Home Service is registered with the Care Inspectorate as both a Care at Home and Housing Support Service and is subject to an annual inspection regime. Recent inspections have confirmed that the service functions well, with all inspected areas scoring very good over the last two years.

5. Challenges

5.1. Renfrewshire Council has been effective and forward thinking in its approach to the service. This has seen year on year investment in the care at home services. Notwithstanding this, financial and operational pressures remain as a result of increasing demands for service. The financial outturn for 2015/16 confirmed an overspend position within the service of £1.6m. Further investment of £996,167 has been allocated to the service for 2016/17.

Demographic Change

5.2. According to population projections published by National Records for Scotland, there will be almost 48,000 people in Renfrewshire aged 65 and over by 2037. This compares with 31,751 in 2014 and represents an increase of 51%. Over the same period the number of people of working age is expected to fall by 13%.

5.3. The impact of an ageing population has seen demand for Care at Home services rising year on year. Not only has there been a sharp increase in the number of service users requiring support, but the complexity of their needs are also increasing as people live longer, but not necessarily in good health. This has resulted in significant operational and financial pressures within the service as it strives to meet the needs of the population. The population projections indicate that this will continue to grow year on year.

Labour Market

5.4. Significant challenges are being experienced nationally in attracting staff into social care in the numbers required to meet demand for services. This is also reflective of the current situation within Renfrewshire and there are concerns that this will increase further as the working age population decreases and demands for services increase.

5.5. The current position impacts across the wider Care at Home system. Internally, we have an increasing reliance on the use of staff overtime and temporary agency staff to support the in-house Care at Home service. Neither of these arrangements are operationally or financially sustainable in the longer term.

5.6. Externally, Care at Home providers experience similar difficulties attracting staff. In many ways this is compounded by recent changes to the living wage. Previously Renfrewshire led the way as a living wage commissioner of Care at Home services. This contributed positively to the ability of providers to attract staff. However, with the introduction of the living wage across all sectors, competition for staff is now far greater. The phased introduction of the Living Wage over coming years will also drive up the cost of the service.

5.7. The use of external providers has provided a cost effective way of increasing capacity within Renfrewshire. Until recently it has also been effective in sharing the risk in terms of recruitment and capacity. However, it is increasingly evident that there is a limited employment pool. This leads to staff moving across providers and new pressures emerging.

Commissioned Services

5.8. External providers are all currently experiencing pressures in meeting requests for new services. This is due largely to issues of demand and recruitment. Some providers are also experiencing other organisational challenges, leading to concerns about their resilience. In some cases that has led to joint involvement between Renfrewshire Council, Renfrewshire HSCP and the Care Inspectorate, with work ongoing to support providers to improve. We have a number of recent experiences where providers have given notice that they are no longer able to support some service users, resulting in alternative arrangements being required.

5.9. The introduction of Self Directed Support (SDS) provides service users and carers with more choice and control over the services they receive. This has led to an increase in the use of non-framework providers. While this remains relatively limited at this stage, it does present challenges. SDS has created opportunities within the care provider market for smaller organisations, many of whom may be previously unknown. While this in itself is not necessarily a challenge, we have restricted control over the quality of these providers and the scale to which they operate presents concerns regarding their resilience and the potential impact on service users.

In-house Care at Home Services

5.10. The pressures experienced in recent years have impacted on the general organisation of the Care at Home service. There is a need to modernise the service to enable it to better meet current and future demand and the needs of service users.

5.11. The absence of an ICT system that manages data on staff, absence, shift patterns and schedules their work to the needs of service users represents a current concern. The service relies heavily on manual systems to conduct its work. This leads to duplication of effort, service inefficiency and service failures. Services of the scale of Care at Home require to have systems in place to facilitate operational service delivery and governance and work is

progressing to bring forward a business case for the procurement of a suitable system.

6. Way Ahead

6.1. Work is underway to bring forward developments within the service to modernise it for the future.

6.2. The Chief Officer has agreed that the service receives additional investment from the Integrated Care Fund. This is being used to pilot changes and shape developments in the service as we strive to establish new models of working. Examples of work progressing as result of ICF investment include the establishment of a dedicated Out of Hours service, enhancement of community meals services to support capacity within Care at Home and the establishment of a Service Development Team to progress the modernisation agenda for the service.

6.3. An Improvement Action Plan has been established for the service. This includes work to ensure that services are developed to maximise efficiency, effectiveness and productivity to respond to increasing demands. The action plan will continue to be developed and refined and will form the key action document for developments within the Care at Home Service over the coming years.

6.4. The key themes of the plan:

- **Workforce Planning and Development**
  This theme will focus on

  o Sustained recruitment campaigns to increase service capacity and reduce reliance on temporary agency staff.
  o Review staffing structures to ensure appropriate infrastructure exists to enable the service to undertake its functions.
  o Ensuring appropriate opportunities for learning, development and support exist throughout the service.

- **Developing the business case for a Care at Home Management, Rostering and Monitoring System**
  Delivering services on the scale of Care at Home requires electronic systems to ensure efficient and safe service delivery and support managing and planning within the service. The introduction of an electronic system which are used throughout Scotland would provide mechanisms to electronically record and transmit information to staff via mobile devices and enable alerts to be raised if services do not commence within specific timeframes.

  A functional specification of requirements for an electronic system has been developed and a business case is currently being devised and will be presented to the Council's Corporate Management Team for approval.

- **Review of business processes and service pathways**
  Work has commenced to review service pathways in relation to referrals and further, more extensive work is required to review processes across the service. This work will run parallel to the structural review and to the work to progress an electronic Care at Home Management, Rostering and Monitoring System.

A review and update of the procedures that support the service will be undertaken with subsequent update training for employees.

- **Review of supervision and management capacity**
  The management of a dispersed workforce presents logistical and resource intensive challenges for the Care at Home Service. The review of the service structure will ensure that appropriate infrastructure is in place to manage and supervise staff and ensure they feel valued and supported to achieve the highest standards.

- **Alignment with new geographic boundaries and considering opportunities for streamlining and integrating service delivery**
  Work has already commenced to realign elements of the Care at Home Service with the geographic boundaries being established by the HSCP. This work will continue as cluster models evolve and will explore opportunities for increased integration and shared service delivery with other aspects of HSCP services.

6.5. The scale of change is significant and will intensify as the Service Development Team is established. The Team will comprise of a Service Development Manager and two Service Development Co-ordinators who will assume a project management approach to the implementation of the action plan. This will complement ongoing work in relation to the wider review of the service.

6.6. A recruitment campaign was launched on 16th May 2016 which seeks to attract staff to the service. This campaign has involved advertising across a range of media including radio, television, printed press, social media and the Council's website. The advert closed on 6th June 2016 and it is hoped that new recruits will commence in September/October 2016. Over 80 applications were received and early indications suggest that the calibre of candidates is greater than previously experienced with the vast majority having existing experience in social care.

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Implications of this report

1. **Financial Implications** - **none**

2. **HR and Organisational Development Implications** – none

3. **Community Plan/Council Plan Implications – none**

4. **Legal Implications** – **none**

5. **Property/Assets Implications** – **none**

6. **Information Technology Implications** – **none**

7. **Equality and 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.   If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

8.   Health and Safety Implications - none

9.   Procurement Implications -– none

10.   Risk Implications – none

11.   Privacy Impact - none

List of Background Papers – None.
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