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| Meeting of East Renfrewshire Health and Social Care Partnership | Integration Joint Board | |
| Held on | 20 November 2024 | |
| Agenda Item | 10 | |
| Title | Care at Home Redesign Project | |
| Summary | | |
| This report provides an update to the Integration Joint Board on the progress of the Care at Home Redesign Project. | | |
| Presented by | Lee McLaughlin, Head of Adult Services: Communities & Wellbeing | |
| Action Required | | |
| The Integration Joint Board is asked to note the positive progress made by the project in the service redesign to date. | | |
| Directions | Implications | |
| <input checked="" type="checkbox"/> No Directions Required | <input checked="" type="checkbox"/> Finance | <input type="checkbox"/> Risk |
| <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) | <input type="checkbox"/> Policy | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) | <input checked="" type="checkbox"/> Workforce | <input type="checkbox"/> Infrastructure |
| <input type="checkbox"/> Directions to both ERC and NHSGGC | <input type="checkbox"/> Equalities | <input type="checkbox"/> Fairer Scotland Duty |

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

20 November 2024

Report by Head of Adult Services: Communities & Wellbeing

CARE AT HOME REDESIGN PROJECT

PURPOSE OF REPORT

1. The purpose of this report is to update on the redesign and restructure of the Care at Home Service.

RECOMMENDATION

2. The Integration Joint Board is asked to note the positive progress made both in terms of the practice model and the financial arrangements for the service moving forward.

BACKGROUND

3. Integration Joint Board members will recall the need to redesign the care at home service (homecare and telecare) was agreed in response to growth in demand, as well as to improve efficiency, maintain the quality of care provided and achieve necessary cost reductions.
4. Since the pandemic period there has been an increasing demand for care at home services and the timely provision of this to support hospital discharges. This is a known national, sector-wide challenge and one which, unfortunately, shows no sign of reducing.
5. The Care at Home Review project was mobilised in late 2023 to focus on reviewing the in house service structure and delivering the optimum market share arrangements in partnership with the external provider community.
6. Service redesign oversight and governance is achieved via the Project Board, which acts as the overall authority for the project and ensures effective assurance, quality control and decision making. The board, chaired by the HSCP Chief Officer, convenes monthly with additional interim progress checks held on a fortnightly basis. The board consists of key stakeholders including HR, Finance & Planning and Commissioning. Trade Unions have been co-opted to attend specific board meetings as appropriate.

REPORT

7. The project determined that the in house service structural redesign must facilitate the achievement of necessary care and governance standards, support staff retention and skills development as well as creating a sustainable, person-centred, resource and cost efficient operating model for the future.

8. The following design principles have been applied in developing the new practice model:
 - a. The service can respond to the current and anticipated future challenges upon it
 - b. The ability to operate more dynamically to keep pace with service demands
 - c. Making most efficient use of our resources with a strengthened focus on re-ablement at the earliest opportunity and providing high quality end of life care.
 - d. Delivering a care experience (including continuity) which service users and their families rightly expect
 - e. The need for different role focuses and content as technology plays a larger and more integral part of our day to day operations
 - f. Continuing to demonstrate the standards, requirements and continuous improvement focus demanded by our regulator
 - g. Developing and retaining a sufficiently skilled workforce
 - h. Putting a stronger focus on staff morale, wellbeing
9. Another key driver for change is the development of the digital landscape within the service, where technology is now such an integral and vital part of the day to day operations. The scheduling and monitoring solution deployed into the service in late 2022 is supporting greater efficiency and automation for the service both in frontline staff deployment to visits and for office staff in terms of time spent on manual scheduling activity. It also plays a key part in managing risk for service users and staff. It is vital however that key roles within the service are aligned to working with such digital solutions, to ensure the benefits of the investment are fully realised.
10. A clear ambition is that the new management roles within the service must keep a focus on continuing to meet the areas for improvement required by the Care Inspectorate following their most recent inspection of the service in early 2024 and have a stronger emphasis on staff morale, wellbeing and community based support.
11. To allow clearer role definition and accountability, functional splits for the managerial roles have been established as follows:
 - a. Service Support - overseeing all of the 'back office' functions including resourcing, scheduling and monitoring, reviewing, learning and development as well as quality, assurance and compliance.
 - b. Service Delivery - responsibility for ensuring effective field based supervision, practice support and competence assurance, development of staff teams in local areas and greater interaction and communication with the frontline workforce.
 - c. Technology Enabled Care (TEC) - responsible for delivery of the remaining elements of the transition to digital telecare and refocusing on new types of technology available for use in care and innovative ways to deploy this as an alternative to traditional care package provision.
12. As part of the new practice model, the Scheduling and Monitoring function is being strengthened to maximise efficiencies in resource management via forward scheduling of required home care visits and monitoring to ensure that visits are being conducted as expected during the working day.

13. Another vital change is the introduction of a Community Co-ordinator role which will allow the opportunity to develop a place based approach to care, provide greater efficiency with flex resource to cover absence, offer a better career path development opportunity for frontline staff, enhance field based supervision, practice support and competence assurance and allow greater interaction and communication with frontline teams to support wellbeing.
14. An initial focus of the project activity was to work with frontline homecare colleagues who were not on the standard 4 days on/4 days off work pattern. Consultation exercises, supported by HR and Trade Union colleagues, took place to successfully support the remaining frontline care staff on legacy work patterns to transition to the preferred work pattern, which facilitated efficiencies of resource utilisation.
15. Following agreement to progress some key priority appointments in summer 2024, work has moved at pace to recruit to these roles, in accordance with organisational change policy.
16. Care is being taken to ensure that the structural redesign implementation is correctly sequenced and that principles of consistency and fairness are upheld.
17. The operational team alongside HR and Trade Union colleagues have collaborated well and have successfully completed group and individual consultation sessions.
18. Following these, four managerial positions and six Scheduling and Monitoring team roles have been successfully filled.
19. Another group of roles is currently being appointed to involving both internal and external recruitment and this work is due to complete this month. This involves new roles with supervisory responsibility for frontline Homecare teams, Telecare Response staff and the Scheduling and Monitoring function, as well as a new role in Brokerage.
20. Next steps for the project are to progress the remaining roles required within the revised in house team structure and continue collaborative working with the external provider market to achieve best value hourly rates and optimum commissioning model arrangements.
21. Activity on both work streams is underway and will continue during the remainder of 2024 and the first quarter of 2025, with an estimated project completion date of end of March 2025. This will ensure that the service can move into the new financial year on a robust footing.
22. Central to the new practice model is a key focus for the in house service to deliver a strengthened re-ablement approach, compassionate end of life care and effective care to support prevention of hospital admission.
23. There is also an ongoing need to facilitate timely acute discharges as a key strategic priority for the partnership.
24. The in house service will continue to deliver a proportion of mainstream care and from a risk management perspective, it is vital that the service is appropriately scaled and has sufficient resilience.

CONSULTATION AND PARTNERSHIP WORKING

25. The Chief Officer, Chief Finance Officer, Head of Service and HR Business Partner have been fully consulted on the structure changes, associated costs and impact. The appropriate Organisational Change Policy is being followed in relation to the staffing changes. Our Trade Union colleagues have been engaged throughout the process and are supportive of the changes.

IMPLICATIONS OF THE PROPOSALS

Finance

26. The current full year effect of the modelled cost of the service is c£16.3 million and the funding in scope is £16.4 million. This level of funding is after the full target savings for 2024/25 has been removed:
- £1.7m Supporting People Framework
 - £0.3m commissioned costs
 - £0.15m structure savings
27. The modelled costs will continue to be refined as the programme progresses however this demonstrates that delivery of the required savings on a recurring basis should be fully achieved in 2025/26. The shortfall in 2024/25 is included in the revenue monitoring reporting.
28. The modelling does not allow for any impact from the recently announced UK budget, this will be assessed in due course for the HSCP.

Workforce

29. The progression of the redesign has resulted in the deletion of job roles that were no longer fit for purpose and the creation of new roles to support operational care at home provision. Affected staff (nine) have been consulted and have now successfully secured other permanent posts within the new structure.

DIRECTIONS

30. No direction is required.

CONCLUSIONS

31. In summary, the project has made good progress in determining a modernised, strengthened and scalable practice model and in advancing appointments to priority posts within the revised structure, which will support the service to remain equipped to meet the demands upon it.
32. There is a keenness and drive to swiftly progress the remaining elements of the revised structure and external market arrangements to ensure resilience within the service, manage the cost pressures and alleviate uncertainty for the affected staff members.

RECOMMENDATIONS

33. The Integration Joint Board is asked to note the positive progress made.

REPORT AUTHOR

Lee McLaughlin, Head of Adult Services: Communities & Wellbeing

Lee.McLaughlin@eastrenfrewshire.gov.uk

0141 451 0746

7 November 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

None