AGENDA ITEM No.9

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	17 August 2016
Agenda Item	9
Title	Care at Home Programme Update

Summary

Major change has been planned and delivered in our homecare service since 2013 with significant savings achieved. This report outlines further development of a wide ranging reablement programme that will deliver better, more person centred support to individuals.

Presented by	Frank White, Head of Health and Community Care

Action

Integration Joint Board members are asked to:

- Note the progress made to date with the Care at Home Programme
- Request a further report on progress at the end of the current financial year
- Invite members to comment on the report

Implications checklist – check box if applicable and include detail in report

☐ Financial	☐ Policy	☐ Legal	☐ Equalities
☐ Efficient Government	☐ Staffing	☐ Property	☐ IT

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

17 August 2016

Report by Julie Murray, Chief Officer

CARE AT HOME PROGRAMME UPDATE

PURPOSE OF REPORT

1. The purpose of this report is to provide Integration Joint Board members with an update on the ongoing Care at Home Programme of work. This report will give a brief background to the programme including objectives, key milestones, project benefits and current status.

RECOMMENDATIONS

2. Integration Joint Board members are asked to:
   - Note the progress made to date with the Care at Home Programme.
   - Request a further report on progress at the end of the current financial year
   - Invite members to comment on the report.

BACKGROUND

3. In 2010, the Scottish Government launched a ten-year change programme, Reshaping Care for Older People (RCOP). The aim of RCOP is to improve the quality and outcomes of care, and to help meet with challenges of an ageing population.

4. In common with the rest of Scotland and the UK, East Renfrewshire has an ageing population. The challenge to provide 'high quality, continually improving services, that are efficient and responsive to local needs', against a background of growing demand, increasing complexity in providing support and care in peoples own homes, the transfer of previously held health care functions, and the impact of austerity measures make delivery of compassionate outcomes 24/7 difficult to deliver in a sustainable and equitable way.

5. To meet these challenges a Care at Home Programme was established in 2013 to reshape how homecare services in East Renfrewshire are delivered and also to support the financial agenda. It is a 5 year programme that aligns to the council's budgetary planning cycle.

6. The programme is set to deliver £810k in efficiencies by 2017/18 as well as designing a modern, digital service that is fit for the future to cope with rising demographics and budget pressures.

7. The vision for Home Care in East Renfrewshire is a service that is person centred, flexible, consistent and enabling. The service should be robust, sustainable, fit for purpose and fit for the future, using a blend of in-house and externally purchased services. The Home Care services, provided directly by the HSCP or commissioned

from external home care providers, must be focused on identifying and achieving outcomes. It is also recognised that now and in the future people will have increased choice and control over the services they choose.

REPORT

Phase 1

8. Phase 1 of the Care at Home Programme concluded in 2015, delivering £440k of efficiencies. As part of this first phase the following was achieved:
   - Establishment of a new reablement service focusing on hospital discharges and integrating the new service with our Hospital Discharge Team.
   - Purchase and development of an integrated electronic scheduling and monitoring system
   - Roll out of smartphone technology to the homecare workforce
   - Implementation of the monitoring system
   - New framework for external providers
   - End to end capturing of key care at home processes

What is reablement?

9. In 2012, the Joint Improvement Team (JIT) led a series of workshops across Scotland to which local partnerships and their housing, health and Independent and voluntary sectors were invited. The workshops presented a range of research evidence and Scotland wide data, implementation detail and best practice focussing on and encouraging local partnerships to implement Reablement as a central element of assessment and delivery of care at home services.

10. The reablement approach in homecare offers support and encouragement to individuals to empower them to help themselves and so increase their independence. It supports individuals ‘to do’ rather than ‘doing to’ or ‘doing for’.

11. Goal setting and review of outcomes achieved are central to the reablement ethos. This means that we work with individuals and their carers to establish what tasks they want to gain confidence in doing or relearn particular skills. By engaging with individuals around an agenda of what they can do and what they would like to do we can develop short term interventions which support them to achieve these goals. These are often around basic daily living skills such as dressing, meal preparation and mobility. It is not uncommon for an individual to have lost confidence around their ability to carry out certain tasks after spending time in hospital.

12. Our traditional home care approach has been to assess people around what they no longer can do and provide a service to meet these deficiencies. As a result services are embedded into people’s lives, often for lengthy periods of time. While this is perfectly acceptable for a number of people who suffer from severe and complex conditions it has the potential to create a dependency for people who may have had the potential to relearn or regain skills. Reablement focuses on this potential and research suggests that many people who would have received a traditional service leading to risks of dependency can eventually become more confident and lead fulfilling lives when they regain lost skills.

What we did

13. Reablement within East Renfrewshire's HSCP has been introduced, as part of the Care at Home Programme, in a phased approach as opposed to a big bang approach. This approach has allowed lessons to be learned and processes to be tweaked through regular team and management meetings, to ensure the final model when fully implemented has been tried and tested and is accordingly robust and sustainable. The amount of change was significant and included:
    - New processes.
    - New team structure and roles.
    - New job descriptions.
    - New rotas and patterns of work.
    - New assessment paperwork.
    - Performance measurements and management.
    - Change in culture and practice, based on helping people learn or re-learn skills, and no longer on doing things for them.

14. The new Reablement Service was established in 2012. The second phase commenced in 2014 and involved the integration of the new service with our Hospital Discharge Team.

Demand, Capacity and Working Patterns

15. Demand for homecare is focused around time-specific tasks i.e. getting dressed and washed in the morning, meal times and getting washed and ready for bed at night.

16. Following a detailed analysis of our current capacity to meet demand the major finding is that there is currently an over commitment of service which cannot be delivered by front line homecare workers without fundamental change.

17. When the new Reablement Service was established shift patterns were changed to provide a more flexible workforce. This involved staff moving to a 'four days on/ four days off' split shift.

18. Our service users have told us that it is important that they receive support at a time that suits them by a consistent team of homecarers.

19. As part of the roll out of the Reablement Service we intend to work with our staff to move to more productive rotas and shift patterns. The challenge is ensure that we have enough capacity to meet peak demand.

Benefits

20. Phase 1 one of the programme has not only delivered significant financial benefits but also non-financial benefits including:
    - Reablement has enabled service users to be less dependent on care at home services
    - Small group of employees upskilled to support testing of reablement approach
    - Improved quality assurance of meeting service user needs via information from monitoring system
    - Put in place technology and training for managers to better support workforce and service delivery

Phase 2

21. The current phase of the programme (phase 2) continues to develop the work to date and includes the following:
    - Further £370k savings
    - Full scale Reablement Service
    - Re-structure of workforce
    - Eliminate over 500 spreadsheets that currently maintains the service
    - Turn on the electronic scheduling module
    - Turn on full digital solution for service users

Full Scale Reablement Service

22. Phase 1 of the programme developed a Homecare Roadmap which details the way in which the Care at Home service will work in the future (Appendix 1). All new referrals to Homecare will go through a 6 week reablement process. At the end of that period there will be a mixture of people who no longer require services, those who require a reduced service and those who will require ongoing support from homecare.

Operating Model

23. An Options Appraisal was undertaken to determine the most effective way to implement a full scale reablement service within Homecare. A number of operating models were evaluated to enable the HSCP Management Team to select the best option to support the delivery of a person-centred and efficient Home Care service using the right balance of in-house and externally purchased care. At DMT on 22nd March 2016 the following actions were agreed:
    - Every individual identified as needing support to enable them to remain safely in their own home will be supported by the 'in-house' Reablement Service.
    - Reablement Service to be rolled out and available throughout East Renfrewshire.
    - Given that staff in our current Home Care service are experienced and well trained we will recruit all workers who wish to be part of the Reablement Service internally.
    - If ongoing support is required this will be provided by either the remaining in-house home care staff or externally commissioned services.

Integration with RES Clusters

24. As the full homecare service is re-designed a set of integrated and modernised processes will be designed between RES clusters and Homecare. With the new processes there will be an opportunity to re-shape the management structure within RES and Home care services to support the new way of working.

Implementation of the Scheduling Module

25. The current arrangement for scheduling care is a resource intensive paper based process. The new scheduling module will give a visual indication of the work pattern and availability of every home care worker ensuring a more efficient use of their

time. Other benefits of the scheduling and monitoring system will include:

- Better utilise operational capacity to meet service demands.
- Ensure visits have taken place.
- Identify the number of missed visits.
- Monitor the consistency of carers attending each service user.
- Monitor reliability and punctuality.
- Enable the most vulnerable service users to be monitored i.e. alerts sent when a 'time critical' visit hasn't happened.

Full digital solution for service users

26. The service user portal will allow service users and their family members to:
    - View care delivery in real time
    - View planned care in the future
    - View a history of past care provided

FINANCE AND EFFICIENCY

Finance

27. The Care at Home Programme has contributed £440k to the HSCP's savings target to date. A further £370k savings will be delivered by 2017/18.

CONSULTATION

28. This programme of work is being undertaken in conjunction with PMO including, Head of Health and Community Care and has referenced HSCP DMT, ICT, Information Security, Procurement, HR, HSCP Chief Financial Officer and is supported by key players at project meetings.

29. In developing the proposals there has been engagement with service users, staff and trade unions.

IMPLICATIONS OF THE PROPOSALS

Staffing

30. As a result of the programme we will work with our staff to move to more productive rotas and shift patterns.
31. HSCP Management will continue to engage with the unions throughout this process.

Legal

32. None.

Property

33. None

IT

34. None

Equalities

35. A full Equality Impact Assessment will be carried out for this phase of the Care at Home Programme.

CONCLUSIONS

36. Care at Home services are complex to organise and challenging to deliver. Financial pressures, demographic changes, increasing demands and improving outcomes for service users all play a large part in driving the need for change and delivering services in a new, more efficient and cost effective way.

37. The programme outlined in this report is set to deliver £810k in efficiencies by 2017/18 as well as designing a modern, digital service that is fit for the future to cope with rising demographics and budget pressures.

RECOMMENDATIONS

38. Integration Joint Board members are asked to:
    - Note the progress made to date with the Care at Home Programme.
    - Request a further report on progress at the end of the current financial year
    - Invite members to comment on the report.

REPORT AUTHOR

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BACKGROUND PAPERS

None

KEY WORDS

Care at Home, Reablement, Savings, Reshaping Care for Older People