



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	29 March 2017
<b>Agenda Item</b>	6
<b>Title</b>	Care at Home Programme Update
<b>Summary</b>	
<p>This report is to provide the IJB 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, projected benefits and current status.</p>	
<b>Presented by</b>	Tony O'Hare, Acting Service Manager - Homecare
<b>Action Required</b>	
<p>Integration Joint Board members are asked to:</p> <ul style="list-style-type: none"> <li>▪ Note the progress made to date with the Care at Home Programme.</li> <li>▪ Note the positive content and grades during recent inspection carried out by Care Inspectorate.</li> <li>▪ Invite members to comment on the report.</li> </ul>	
<b>Implications checklist – check box if applicable and include detail in report</b>	
<input type="checkbox"/> Financial	<input type="checkbox"/> Policy
<input type="checkbox"/> Efficient Government	<input checked="" type="checkbox"/> Staffing
<input type="checkbox"/> Legal	<input type="checkbox"/> Property
<input type="checkbox"/> Equalities	<input type="checkbox"/> IT

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**29 March 2017**

**Report by Julie Murray, Chief Officer**

**CARE AT HOME PROGRAMME UPDATE**

**PURPOSE OF REPORT**

1. The purpose of this report is to provide the IJB 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, projected 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.
  - Note the positive content and grades during recent inspection carried out by Care Inspectorate.
  - Invite members to comment on the report.

**BACKGROUND**

3. 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.
4. In 2016/17 East Renfrewshire Council's contribution to the HSCP budget was £46.095 million. The budget for homecare (in-house and purchased) was £6.474 million which is approximately 14% of HSCP budget.
5. Since 2013/14 the programme has delivered £600k in efficiencies and is on track for further savings of £210k by 2017/18.
6. The development of a Reablement Service is a key element of the Care at Home Programme outlined in report to IJB on 17 August 2016. To briefly recap 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 Homecare Service using the right balance of in-house and externally purchased care. At DMT on 22<sup>nd</sup> 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 Homecare 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 homecare staff or externally commissioned services.
7. Since March 2016 there have been a number of key developments:
- Reablement has now been established in Lavern Valley area as well as Eastwood. Plan are well underway to make this available across East Renfrewshire.
  - Approach to reablement roll out has been agreed and a project team has been established that includes Service Managers, Team Managers, Occupational Therapists, Home Support Organisers, Social Workers, Technology Enabled Care Manager and Commissioning representation.
  - Reviews of all existing service users receiving homecare support has started.
  - Work has started to review the structure of our Homecare Service and how it can better integrate with RES clusters.
  - Co-location of Homecare staff within Eastwood clusters as part of accommodation strategy.
  - A Care at Home Framework was subject to a formal tendering process and was awarded to Allied Health Care, Careline, Christina's Homecare, Clyde Homecare, Constance Care and HRM Homecare in July 2016.
  - The use of CM2000 is a new mandatory requirement for all framework providers. The introduction of the system has provided a range of accurate data on quality and performance in areas such as continuity, punctuality and duration of visits. The system ensures that HSCP only pays for the care that has actually been delivered.
  - Annual inspection carried out by Care Inspectorate.

### REABLEMENT ROLL OUT

8. To date our current Reablement Service has in the main concentrated on supporting people who have been discharged from hospital. However, plans are well underway to roll out the service to support all individuals where the initial assessment has identified that they need support to enable them to remain safely in their own home independently.
9. Some people's needs mean that offering reablement is not appropriate i.e. end of life and advanced dementia therefore they will be offered a range of options depending on their individual circumstances.
10. Between April 2016 and January 2017 we received 339 referrals for reablement. We measure the following outcomes:
- Discharged with no services
  - Discharged with same service
  - Discharged with increased service
  - Discharged with decreased service
  - Re-admitted to hospital
  - Other

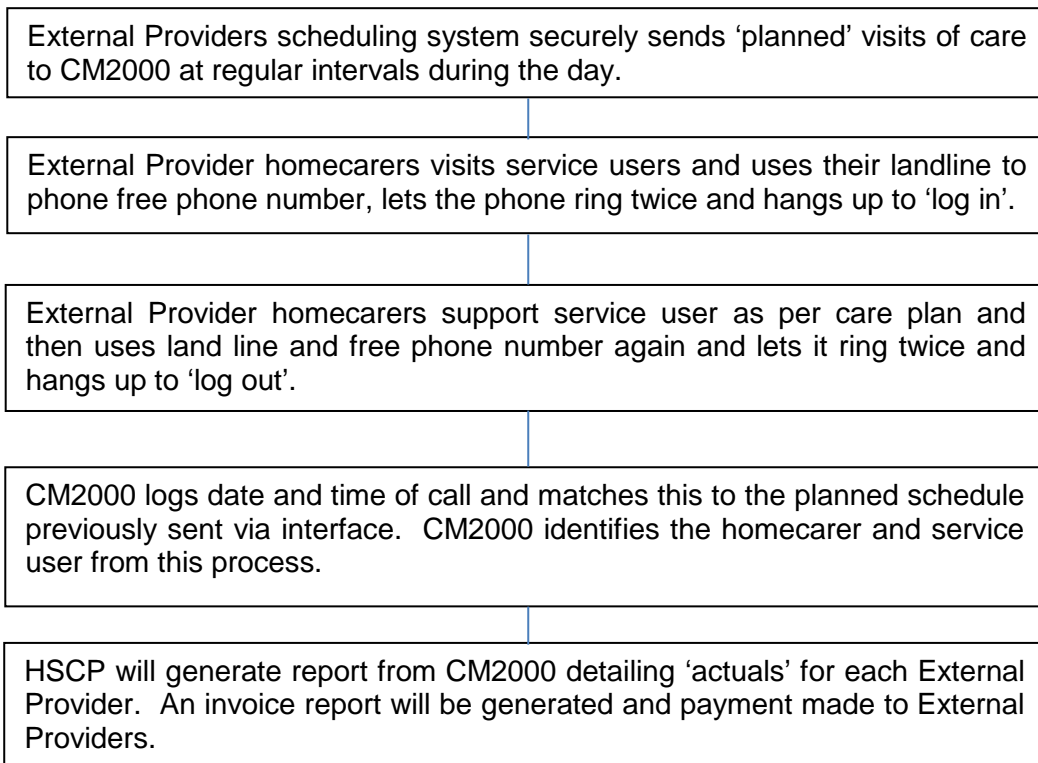
11. In the 10 month period between April 2016 and January 2017 53% of people who have received reablement have gone on to receive no further support following reablement, 11% had a reduction in their assessed support and 11% having their assessed support maintained at the same level following reablement. A full analysis of these outcomes is shown in Appendix 1.
12. In December 2016 we piloted a Reablement Satisfaction Survey for individuals supported by the Reablement Service in the Levern Valley area. The aim of the pilot was to gather feedback from a sample of individuals about their views and experience of using the service. We are keen to ensure that contact between service users, carers and staff are based on respect and mutual decisions making that leads to service users feeling fully involved in the decision about the support they receive. Some of the comments we have received are detailed below:
- “Although I was apprehensive at the start, I soon found confidence in the service”*
- “Girls are good listeners and they encourage me all the way. Never feel a burden. Girls are always positive. Nothing I couldn’t ask them. They make me feel confident about myself”*
- “This is a great service and would hope it leads to me staying in my own home forever. My family would agree with me that everyone has been very helpful and nice to come in contact with. Thank you.”*
- “Always feel listened to and included in the decision about my care. Also good to discuss things that worry or bother me as some things I don’t like to offload or worry my family with”*
- “The continuity of having the same 2 carers has been reassuring and encouraging”*
- “I am still restricted with my injury, however happy with my achievements. No pressure was put on me, only advice and encouragement”*
13. A copy of the Reablement Satisfaction Survey is shown in Appendix 2 and the full analysis of the results of the survey is shown in Appendix 3. We have now rolled out the survey to everyone supported by the Reablement Service.

#### MONITORING OF EXTERNAL PROVIDERS

14. CM2000 is the company that provides HSCP’s electronic scheduling and monitoring system.
15. CM2000 is a fully hosted web-enabled homecare scheduling and monitoring solution providing accurate, real-time care visit data via the internet, 24 hours a day, 365 days a year. It allows HSCP to log, analyse and report on homecare delivery, ensuring a cost effective and quality assured service.
16. The system has a number of components:
- A fully integrated scheduling system specifically designed for homecare services.
  - A monitoring system using a range of monitoring technology.
  - Finance module used for automating and managing payments to external providers

- Brokerage module used to quickly match new referrals with external providers who have capacity to provide services.
- A family portal with provides detailed information about planned and completed homecare visits

17. It was a mandatory requirement of the Care at Home Framework that all external providers use CM2000 for all services undertaken on behalf of HSCP.
18. The technology used to capture visit data for external providers is landline technology.
19. The business process is detailed below:



20. Since the Care at Home Framework was awarded in July 2016 there has been dedicated homecare resource aligned to work in conjunction with CM2000 to work with the external providers to establish an interface between the providers scheduling system and CM2000 and providing training and support for their homecarers to use the system.
21. Period 12 (6th February – 5th March) was agreed as 'go live' date for paying external providers on actuals.
22. It is anticipated that there could be a reduction of up to 10% on current costs by more accurate invoicing based on 'actual' hours of delivery as opposed to 'planned' hours.

CARE INSPECTORATE

23. The Care Inspectorate carried out announced (short notice) inspection of HSCP's Home Care Service on in February 2017.
24. The service was awarded 'very good' grades in all themes inspected. The inspector highlighted that service users in East Renfrewshire are offered a very good quality support which improves outcomes and general wellbeing. He also highlighted that staff were committed, knowledgeable and determined to develop and improve the support offered to people.
25. The table below shows grading history from 2010 to present.

Quality Theme	Grading History					
	Dec'10	Dec'12	Dec'13	Dec'14	Feb'16	Feb'17
Care and Support	4	4	5	5	5	5
Staffing	Not assessed	4	5	5	5	Not assessed
Management & Leadership	4	4	5	5	5	5

CO-LOCATION

26. In January 2017 we co-located the Homecare staff within the Eastwood RES cluster. Staff working in close proximity enables better outcomes for our service users. We are already seeing the benefits of co-location through face to face communication.
27. The desire is to truly integrate into the RES clusters as we believe this could further enhance outcomes for service users. This work will link in with the wider Fit for the Future Programme.

NEXT STEPS

28. The remainder of 2016 was spent establishing a partnership approach with external providers and supporting the move to CM2000. In 2017 the transition of support will be structured and developed in partnership with the providers.
29. Process mapping has been undertaken to capture current processes for referrals to Homecare with a further session scheduled to redesign the process to move support the move to a full scale reablement service.
30. The staff resources currently used to deliver the current in-house homecare service will, over a period of time, be developed to rollout the Reablement Service. This will be a major shift in the culture for homecare staff as their current role will change from 'doing for' or 'doing to' to empowering and encouraging service users to help themselves and so increase their independence.
31. At present homecare staff are Grade 3. Reablement and Hospital Discharge Team staffs are Grade 4. Meetings with HR Business Partner have highlighted that the commencement of registration of homecare staff with SSSC and the requirement for all homecare staff to undertake SVQ Level 2 will move existing Grade 3 staff to

Grade 4. Having all staff at Grade 4 will be beneficial as it means that the recruitment process to reablement will be easier and therefore a more straightforward implementation of a full scale Reablement Service.

## CONCLUSION

32. Significant progress has been made with the Care at Home Programme. Given the scope of the changes to be made, incorporating wholesale service redesign for in-house homecare, the development of new ways of working with and for service users and a fundamentally different approach to commissioning, contracting and relationships with external providers, this has been an extremely challenging year for staff at all levels working in the service.
33. There are still a number of aspects of programme to conclude before the full Care at Home Programme will be complete. However we are now in a position where the benefits of reablement have been clearly demonstrated and will have a significant impact over the next 12 months as implementation is rolled out across East Renfrewshire.
34. Nationally and locally HSCP Homecare providers are struggling to recruit to positions. This is something that is affecting Homecare locally at present, with providers on our Care at Home framework are experiencing capacity issues at present. With the support of Commissioning colleagues we are continuing to work closely with providers to look at resolutions.

## FINANCE AND EFFICIENCY

35. The Care at Home Programme has contributed to £600k to the HSCP's savings target to date. A further £210k savings will be delivered by 2017/18

## CONSULTATION

36. This programme of work is being undertaken in conjunction with the 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.
37. In developing the proposals there has been engagement with service users, staff and trade unions.

## IMPLICATIONS OF THE PROPOSALS

### Staffing

38. As a result of the programme we will work with our staff to move to more productive rotas and shift patterns.
39. There will be a major shift in the culture for homecare staff as their current role will change from 'doing for' or 'doing to' to empowering and encouraging service users to help themselves and so increase their independence.



Legal

40. None.

Property

41. None

IT

42. None

Equalities

43. A full EQIA is being carried out for this phase of the Care at Home at Home Programme.

**RECOMMENDATIONS**

44. Integration Joint Board members are asked to:
- Note the progress made to date with the Care at Home Programme.
  - Note the positive content and grades during recent inspection carried out by Care Inspectorate.
  - Invite members to comment on the report.

**REPORT AUTHOR**

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8 March 2017

Chief Officer: Julie Murray

**BACKGROUND PAPERS**

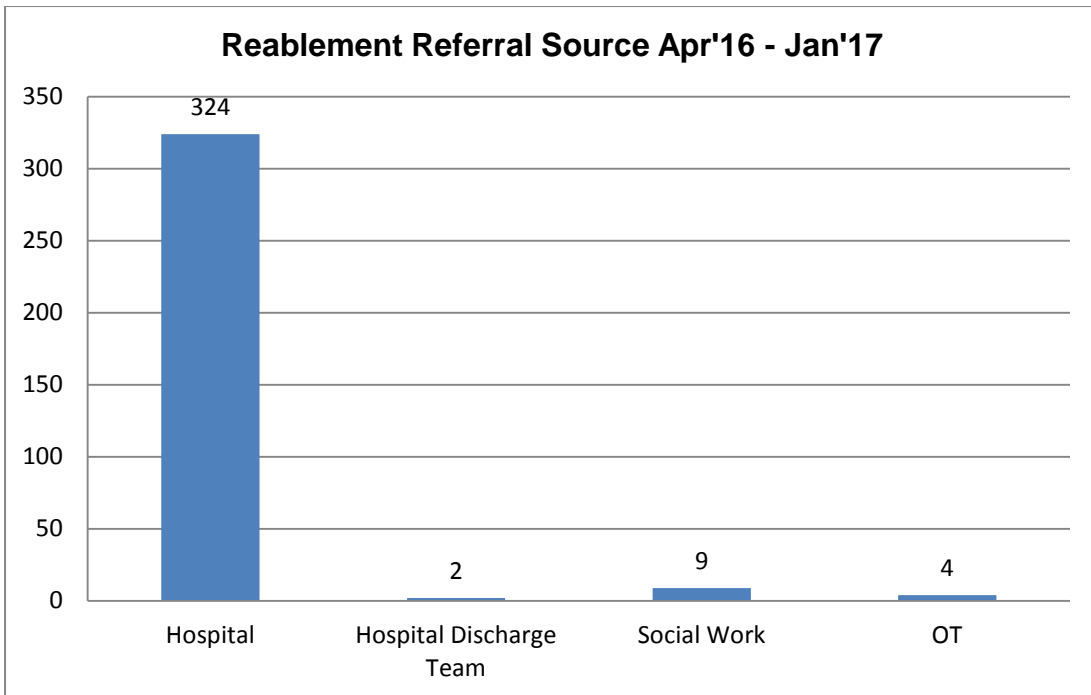
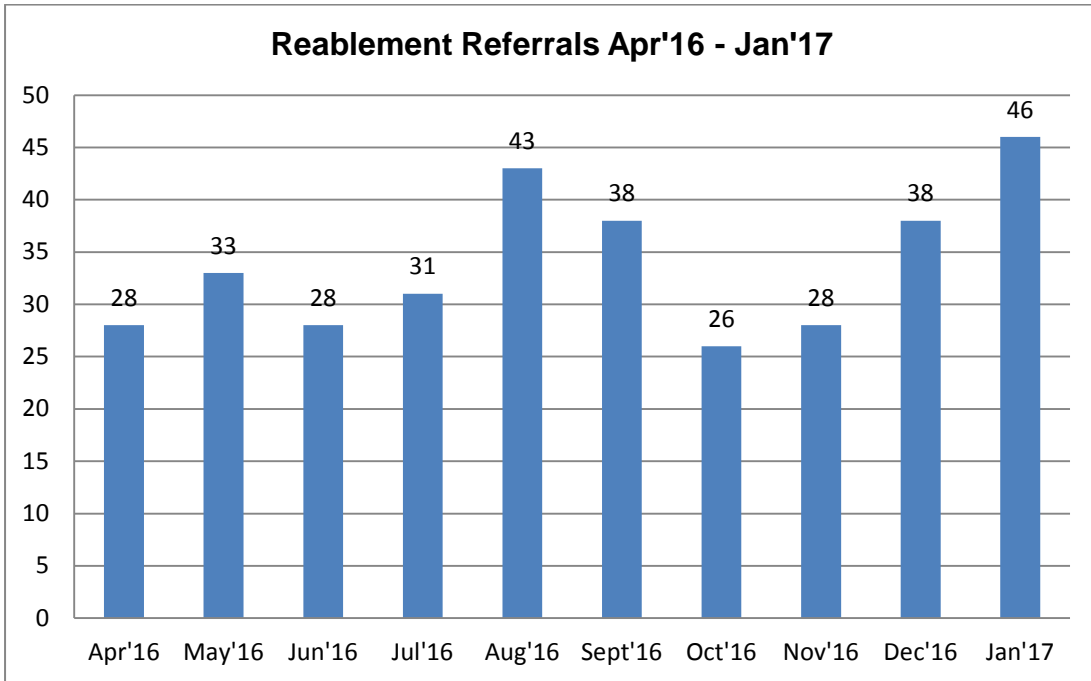
None

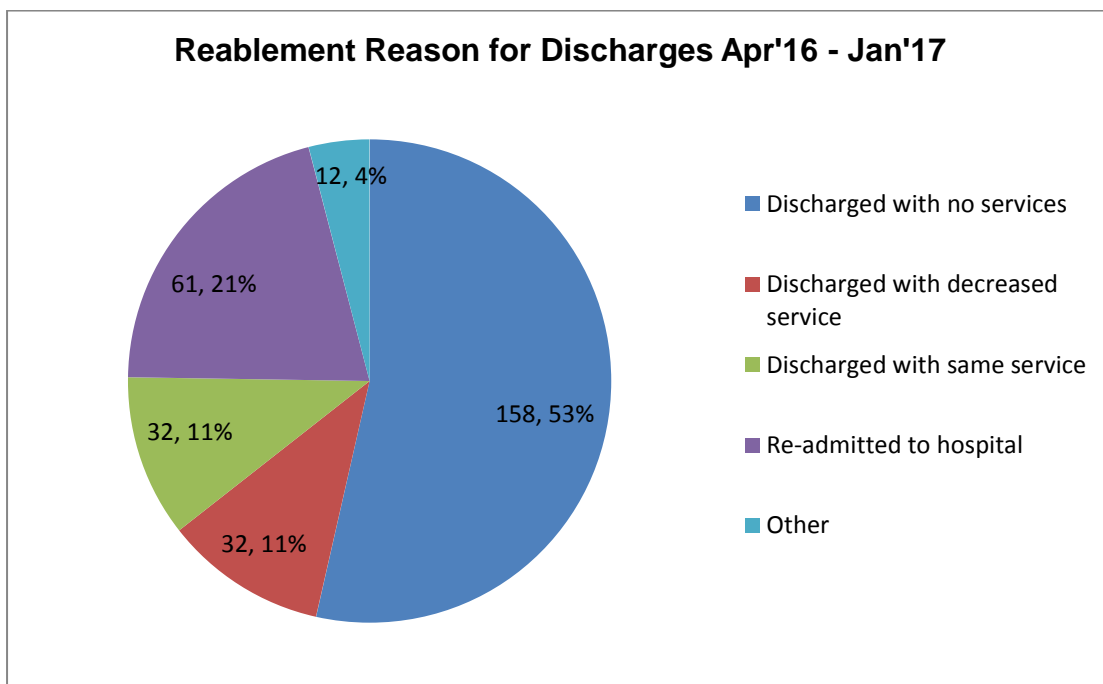
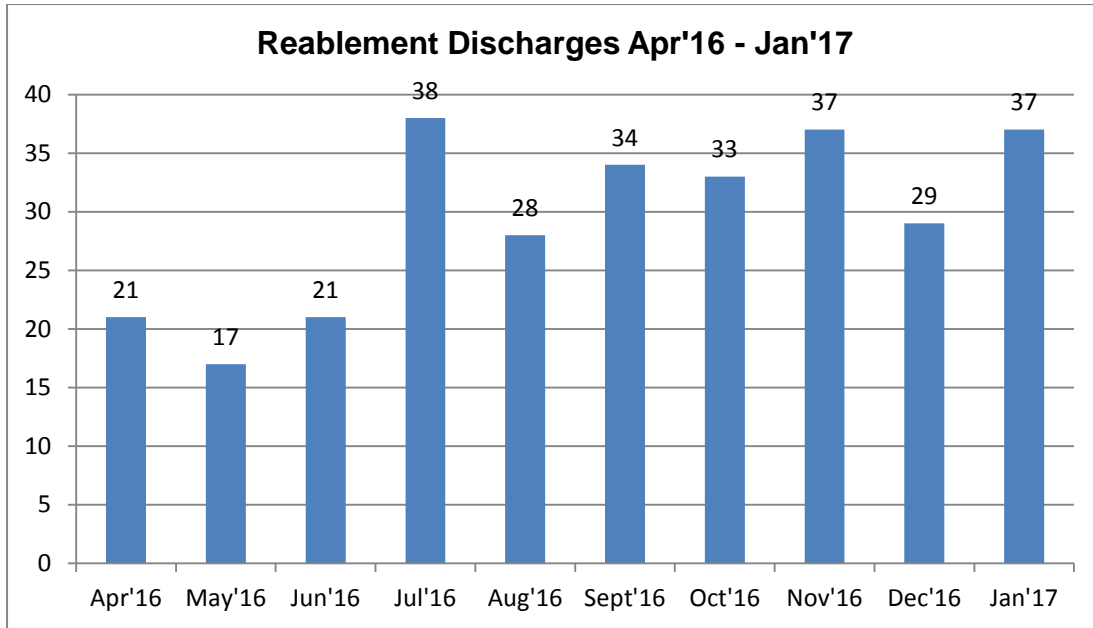
**KEY WORDS**

Homecare, Care at Home, Reablement, Efficiencies

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CARE AT HOME PROGRAMME UPDATE FOR IJB – APPENDIX 1







## **East Renfrewshire's Homecare Reablement Service**

### **We are keen to know your views**

It is important for us to know how you felt about the quality of the homecare reablement service you received. We would be grateful if you could complete this questionnaire so that we can improve the service that we provide.

### **Confidentiality**

Your answers will be treated as confidential. They will not be passed on to your home carers, your social worker, care manager or OT or anyone else responsible for providing you with homecare reablement or other help.

### **What to do if you need help**

If you would like, you can ask a relative or friend to help you complete the questionnaire. Please post it back to us in the stamped addressed envelope provided.

**Thank you for helping us by completing this questionnaire.**

**1 Overall, how satisfied were you with the homecare reablement service?**

Extremely satisfied

Very satisfied

Quite satisfied

Neither satisfied nor dissatisfied

Fairly dissatisfied

Very dissatisfied

**Comments**

**2 To what extent have you achieved the goals you set?**

Not at all

A little

Completely

Not sure

**Comments**

**3 How has the service helped you.....**

Please read the following statements and then put a tick (✓) next to the answer which comes closest to the one you want to give for each.

	Strongly Agree	Agree	Don't know	Disagree	Strongly Disagree
a. Gave me more confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Enabled me to overcome problems I was experiencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Encouraged me to do as much as I am able to do for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4 What level of service are you now receiving?**

- None – I don't need any
- The same as I had at the start
- Less than I had at the start
- More than I had at the start

**Comments**

**5 Do you think the decision about the amount of help you required after homecare reablement was appropriate for you?**

Yes

No

Not sure

**Comments**

**6 If you would like to make any additional comments about the homecare reablement service please feel free to do so here.**

**Comments**

**Thank you for taking the time to complete this questionnaire**



