



Meeting: Health and Social Care Committee

Meeting date: 28 June 2023

Title: Care at Home Assurance Report -
Proposed Care at Home Delivery Direction

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1 Purpose

This is presented to the Board for:

- Awareness
- Assurance

This report relates to an:

- Emerging issue

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well	X	Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	X
Care Well	X	Live Well	X	Respond Well	X	Treat Well	X
Journey Well	X	Age Well	X	End Well	X	Value Well	
Perform well		Progress well					

2 Report summary

2.1 Situation

This report sets out the current issues in relation to the provision and delivery of care at home services across the Partnership area and describes plans to co-create a care at home delivery vision and co-develop an accompanying and supporting commissioning approach.

The report is being provided to the Health and Social Care Committee for awareness of the proposed areas of activity and for assurance as to the steps being taken to address current and forecast challenges.

2.2 Background

There are 21 independent sector care at home providers, who collectively deliver 8,900 hours of care at home provision per week, at an annual cost of £13.5m.

74% of provision is delivered in urban areas, 16% in rural and 10% in remote.

The size and scale of provider varies considerably, with NHSH commissioning between 30 hours and 1,800 hours per week across these 21 providers.

NHSH also operates a care at home service, delivering a total of 3,900 hours per week via 7 separate registered services. Enablement services deliver around 900 hours per week in addition to mainstream delivery. The total spend area around this activity is £15.7m pa.

Collectively therefore, there is a minimum of 13,700 hours per week of care at home provision, at a total cost of £29.3m pa. This figure does not include Options 1 and 2 where there is flexibility, choice and control although a large proportion of the support, around 80%, is to employ personal assistants.

There are also 322 older people receiving a service via an Option 1 or 2 care delivery model, at a cost of £5m pa. Option 1's in particular continue to increase due to the lack of alternative commissioning service delivery options.

The key objectives around commissioned care at home activity, are to achieve stable, resilient and assured provision and capacity release / growth.

Since August 2021, NHSH has been working closely with care at home partners through regular and structured dialogue in order to better understand the current issues and to work together to identify and implement sustainable solutions to address the key issues, summarised as:

- High attrition and unsuccessful recruitment, impacted by role pressures; (perception of) sector, role inequity; and fuel costs
- Staff wellbeing issues
- Specific geographic challenges in rural / remote delivery and the additional costs of providing care at home, as well as the more acute recruitment challenges in these localities.

Over the course of 2022-2023, there has however been a significant reduction of available commissioned services (by 1,430 hours pw), despite the measures put in place by NHSH to seek to stabilise provision, and ensure capacity release and growth – these being advance payments and continued UKHCA aligned tariff.

The current number of people delayed in both a community and hospital setting continues to increase, with 26 people delayed in hospital awaiting a care at home service and 307 in the community and overall, there is currently care at home unmet need of 2,600 hours per week.

It is highlighted that there is further and more detailed data on care at home delivery, as per the agreed datasets provided within the north Highland Integrated Performance and Quality report (IPQR) report elsewhere on the Committee's agenda.

The reduced capacity is due to the challenges noted above and have therefore impacted on the inability of providers to deliver to agreed baseline activity levels. In over 124 instances over the last 2 years, resulted in service “hand back” to NHSH due the service being operationally and financially unviable, requiring NHSH to mobilise to pick up services not intended or planned for in house delivery. Consequently, the current pattern of delivery is by circumstance, not by design.

Sourcing and retaining a sufficient workforce is challenging across all providers, due to the pressures of the role which is exacerbated by vacancy levels; the perception of the sector in crisis; pressured interactions with service users / families when delayed; more attractive, better paid and less stressful roles in other sectors (retail, hospitality, tourism); the role of carer not being valued by society as a whole; along with currently available terms and conditions.

Critical to achieving sustainability is both short and longer term planning and also a need to recognise the care at home workforce as equal partners in the wider health and social care system and to actively support the professional and financial recognition of this. This is a key aspiration being set out within the Partnership’s Joint Strategic Plan.

2.3 Assessment

There has been a continued trend of reducing care at home delivered hours.

There has been an increased number of people delayed in hospital, waiting for the availability of care at home services.

There are significant staffing shortages across both in house and commissioned delivery. This position will continue to deteriorate without significant and intentional proactive actions.

Actions and interventions to date have not had the intended impact or desired outcome of increased capacity and stabilised provision.

We are on a trajectory of increasing demand and unmet need, with reducing service availability.

We therefore need to utilise the provision we have to best effect, and identify and deploy initiatives to stabilise and build a workforce to be able to meet both current and future need.

More impactful actions are now needed to realise and achieve stability and growth to address the current and future delivery gap in the short, medium and longer term.

The impact of care at home service provision on flow within the wider health and social care system is significant, and this needs to be recognised as part of the approach to, and solutions around, addressing care at home capacity.

It is therefore proposed that a specific programme area of work is established to co-create and co-develop a short and medium term care at home delivery vision and supporting commissioning approach.

This will require dedicated input commensurate with both the level of whole system gain to be achieved and also the financial value of overall activity. The value of this activity over a 5 year period is in the region of £170m.

This programme would seek to deliver the following **five key objectives** for the future delivery of care at home services:

1. Maximise provision through processes, training and technology
2. Enable market and delivery stability
3. Create, sustain and grow capacity
4. Recognise, value and promote the paid carer workforce
5. Improve affordability

A joint short and medium term plan is set out with many areas of activity already started and making impact:

Short Term Actions Being Taken	Medium 2/3 Term Actions Planned
<p>Develop a vision and project plan for care at home in partnership with sector partners and THC.</p> <p>Agree in partnership a risk register and monitoring framework (JOG already working on this)</p>	<p>Demonstrate outcomes through robust project planning</p>
<p>Horizon scanning and looking at other areas – what does success in the care at home sector look like? – identify areas of success for learning and implementation; link with SG and IJB Chief Officers (already in place)</p>	<p>Develop housing support models in partnership with housing providers, TCH and Digital Health and Care Strategy. There is already a Joint Property and Asset Management Group for NSHS and THC in line with the Integration Scheme that will support this.</p>
<p>Commissioning Process redesign – ethical and collaborative commissioning with partners and tests of change in underpinned by quality improvement and PDSA</p> <p>Maximise the benefits of Self Directed Support</p>	<p>Urgent and Unscheduled Care Programme – achieve outcomes across High Impact Changes – Care Closer to Home; People focussed Integrated Care; New models of acute care including Hospital@Home. Many of these initiatives are already scoped and are making progress on reduced length of hospital stay.</p>
<p>Robust financial arrangements to support vision and commissioning approach will be required to revisit Quantum, Reserves and Cost Avoidance Plan for 2022/23</p>	<p>Robust medium and longer term financial planning with THC</p>
<p>Delivery and outcomes measurement to include further development of performance measures; HSCP Annual Performance Report Published by September 2023.</p> <p>Proactive Winter Planning (has already started)</p>	<p>Iterative Annual Performance Reporting to demonstrate change and outcomes for people which will underpin delivery of the Joint Strategic Plan</p>

<p>Participation and Engagement across Highland Partnership to conclude and publish Joint Strategic Plan – new models of care at home delivery and sustainability and embedding care at home sector workforce with multidisciplinary teams.</p>	<p>Delivery of the Joint Strategic Plan between 2024 and 2027. Whole system flow and balanced system; Reduced delayed discharge. Iterative Winter Planning and proactive “seasonal pressures” planning.</p>
<p>Workforce Plan and Workforce Development in partnership with all sector partners – Collaboration and Learning / Care Academy in partnership with Scottish Care – immediate (already developing at pace). CRT resourced and delivering.</p>	<p>Workforce transitions from hospital to community to support Discharge to Assess and prescribing of care at home needs from a people and place based perspective.</p>

Independent sector providers and sector representatives are critical partners in the co-design and co-development.

Identified wider key stakeholders will be invited (many are already engaged) to input and contribute to the process, the detail of which is being scoped. Existing feedback and networks will be utilised to maximise efficiency and avoid engagement fatigue:

- Service users
- Families of service users
- Unpaid carers
- Paid carers
- In house service provision
- Independent sector provision
- Representation (Scottish Care C@H Independent Sector Lead)
- ASCLT
- Senior Leadership Team
- The Highland Council

Essential Imperatives

Whilst there is a necessity to reach a joint immediate and medium term plan, there is a pressing and current need to address the following 3 priority areas within 2023-2024, and at the earliest opportunity, which will require proposals to be presented and key decisions to be made around:

1. Transformational change and Commissioning Process redesign to deliver provision efficiency and affordability;
2. Independent sector workforce pay arrangements for 2023-2024; and
3. In year plan for workforce availability and flexibility for improved resilience and winter planning

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

Comment on the level of assurance

There is a thorough understanding of the issues impacting on the availability and delivery of care at home services and a high level of confidence in producing a 5 year plan.

3 Impact Analysis

3.1 Quality/ Outcomes for people

The intention of the development of a 5 year plan is to seek to create additional capacity so more people can be supported to remain in their own homes.

3.2 Workforce

A further intention of the 5 year plan is to grow the current care at home workforce, by attracting new staff into this sector and by implementing initiatives to improve staff retention within this sector.

3.3 Financial

There is a need for the 5 year plan to reflect affordability parameters.

3.4 Risk Assessment / Management

The purpose of the development of a 5 year plan is to address and mitigate current risks and challenges, and to change course from the current trajectory.

3.5 Data Protection

None.

3.6 Equality and Diversity, including health inequalities

None.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

The identified key stakeholders / partners will be involved in co-producing and co-designing the plan.

3.9 Route to the Meeting

There have been various prior reports / updates on this developing care at home direction as follows:

- Independent sector - care at home short life working group
- Joint Officer Group, 9 June 2023
- Senior Leadership Team, 14 June 2023

4 Recommendation

Decision:

- **Awareness** – For Members' information of the proposed area of activity.
- **Assurance** – As to the mitigating actions being taken to address current and forecast challenges.

4.1 List of appendices

The following appendices are included with this report:

- None.