



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 23 May 2024

BY: Chief Officer

SUBJECT: Redesign of Care at Home Services

1 PURPOSE

- 1.1 To update the IJB on the work of the Care at Home Change Board, including the proposal for the Flexible Locality-Based Model for Care at Home services, bespoke to local need and outcomes.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- i. Agree to the development of a Flexible Locality-based Care at Home model, flexible so it can be bespoke to the needs and outcomes of the Locality within which it is used.
 - ii. Agree to use internal CAH service, alongside external providers representative of Older Peoples and Learning Disability Services CAH, Community Supports, TEC and Community Health services in a defined locality possibly within North Berwick under a Test of Change. (See Appendix 5, Locality for Test of Change)
 - iii. Agree that the bespoke locality-based model fits with the wider approaches of the IJB Strategic Plan 2022-25, in particular Strategic Objective 1 - Develop Services that are Sustainable and Proportionate to Need
 - iv. Agree that the project will be governed by the CAH Change Board with the purpose set out in the Care at Home Project Delivery Plan.
 - v. To note that the CAH Change Board program will help inform development of CAH services for all disability groups and localities within East Lothian.
 - vi. To note that the IJB's Financial Recovery Plan could have an impact on the ELHSCP's ability to implement a locality-based

CAH model. Specifically in relation to expected budget availability to the third sector and associated cost of living pressures, acutely felt by the social care sector. This may reduce their ability to flex or deliver capacity as part a new locality-based model of care.

- vii. To note that the new model will have to be delivered within the existing forecast Care at Home Budget as noted in the IJB Commissioning Board Paper 31st Jan 2024 (see Section 10).

3 BACKGROUND

- 3.1 CapGemini Consultants provided in depth analysis and recommendations on CAH Services in 2023 (see Section 10). Their report found that service challenges have not been demand-led. The total number of individual Care at Home service users has declined since March 2020. However, the total number of hours provided has remained flat with the nature and mix of demand changing. There has been a decrease in over 65s, and an increase in 18–64-year-olds receiving Care at Home support (reflected in provision to those with learning disabilities in particular). Nevertheless, over the last four years, CAH total expenditure has increased by 25%.
- 3.2 The current service model is not sustainable. The number of hours of support provided by external providers has declined, with a reduction of approximately 8% per month over 18 months. On-framework provision has also decreased, due to a perception that frameworks are too rigid, with greater use of off-contract commissioning. (a Framework being the preferred contractual terms and grouping of providers for delivering services)
- 3.3 Services are commissioned and paid for on a 'task and time' basis, and due to recruitment challenges locally (which mirrors national trends), there is an increased reliance on the use of agency staff. Additionally, one CAH provider has a 75% reliance on the Home Office visa scheme overseas recruited workers. It should be noted that this provider has had a recent Care Inspectorate inspection with positive reporting in this area.
- 3.4 In-house services have grown to mitigate the decline in third party service provision. However, in-house services are significantly more expensive. Within current model costs, one hour of internal provision costs equates to over two hours of external provision. There are several factors that contribute to this, and the reduced costs of external services does not include the infrastructure, review team, commissioners etc that support the running of external provision.
- 3.5 Learning Disability services hold significant share of the social care budget and similar provider failure; however, they have embedded a more outcomes focused approach to care delivery, in contrast to Older People 'time and task' practice. By involving an LD provider in the test of change, this will bring shared learning but also has potential to bring cost saving initiatives for this budget area as required by the recent IJB budget.

- 3.6 CAH Change Board met and agreed that the Cap Gemini Report and findings (see Section 10) provided the evidence and achievable development options required to deliver a new sustainable CAH service model. Further discussion has led to the agreement to develop a Flexible Locality Model, that will be locality bespoke and flexibly commissioned (Appendix 1).
- 3.7 The Scotland Excel flexible Care and Support Framework, along with local terms and conditions, will be the preferred CAH commissioning route from July 1st, 2024. This will provide the necessary flexible commissioning arrangement required by East Lothian and our external providers to support a locality-based model (see Commissioning Board Paper SXL, Section 10)
- 3.8 A Project Team will be formed and meet in May 2024 to include TEC, Community Third Sector providers, Intermediate Care, Rehab, District Nursing, Care at Home and Operational Social Work representation. The project team will further develop and implement the Locality Model.
- 3.9 The Test of Change project timeline is expected to start June 2024 to full implementation in June 2025. Project Initiation and Planning taking an initial four months, Project Implementation from October, and Monitoring and Control from December 2024. Learning from the Test of Change, and its impact, will further inform the commissioning approach for CAH Services. See outline project plan Appendix 2
- 3.10 Planning Older Peoples Services project has identified a number of short list options for appraisal, which are reflected within the work of the CAH CB and includes the review of the expansion of the Internal CAH service, development of locality models, development of volunteering schemes, redefine the expectation of what CAH Services provide and increasing community capacity (Appendix 4). The CAH Change Board will evaluate the options that are relevant to the CAH CB and the CAP G recommendations within this workstream.

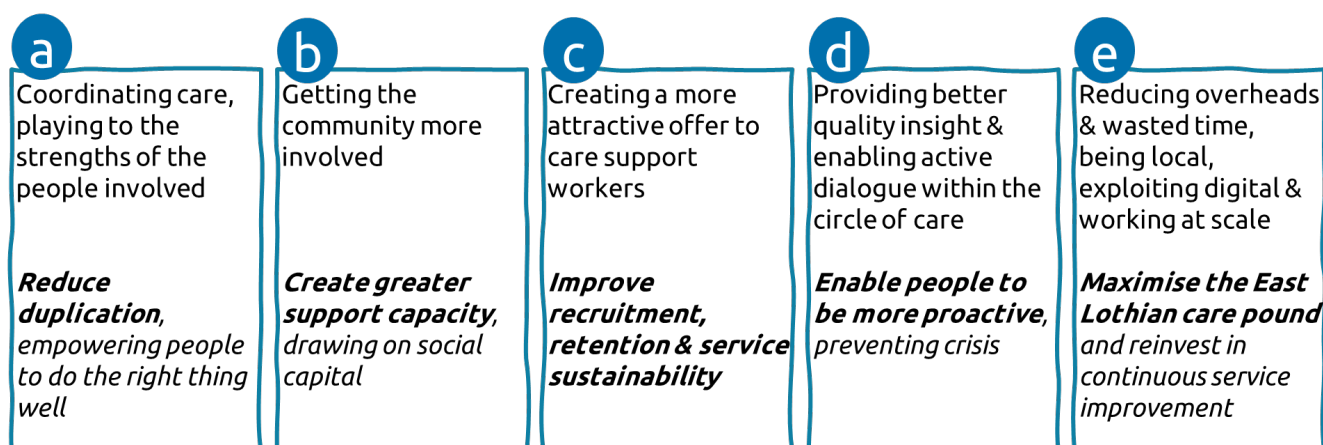
Deliverables

- 3.11 We will measure success by having newly defined locality areas, each with a model of Care at Home service, uniquely linked within the community and local resources, achieving individual and service level commissioned outcomes.
- 3.12 This will be quantified by reducing the number of people waiting for CAH services. Whilst this is applicable across the whole of East Lothian, deliverables will be amended to reflect delivery in North Berwick test of change and subsequent areas based on locality relevant data parameters:
 - Reducing number of people waiting for social care support in the community.
 - Reducing the number of people waiting in hospital for CAH support.
 - Achieve no more than 500 hrs of unmet need per week.
 - Achieve no more than 20 inpatient beds awaiting a CAH or Care Home place.

- Improved retention of internal and external staffing.
- Integrated locality-based services established across East Lothian.
- Increased use of TEC per person for all disability groups (on 2023 base figures).
- Monitor the amount of people receiving CAH services.
- Have outcomes focused CAH services able to deliver to outcomes focused asset-based support planning.
- A more fully integrated CAH service that is linked with health, social and community services.
- CAH services commissioned via block contracts, based on capitated need for each locality.
- IIAs will explore the impact of potential variable service provision across differing localities that bespoke locality model approach may bring.

Key Objectives

3.13 The options for service development focus on some core objectives. These have been developed by Capgemini through ongoing engagement with the HSCP project team (see Section 10, Capgemini Report, pages 30-31):



3.14 In achieving these core objectives, there are a range of outcomes which East Lothian needs to deliver:

- A viable business model for Care at Home services.
- Improved efficiency of care, such that the total level of demand can be met within existing budgets (excluding UK inflation impacts).
- A workforce that reflects the needs of the population, enabling an individual's support to be delivered by someone with the right skills and experience.
- A workforce adapted and aligned in size and shape with service demand.
- Perverse incentives removed, so that providers are not incentivised to focus on the most profitable and straightforward packages.
- Creating locality-based block contracts with target outcomes

Option Number	Option Name						
001	Creating locality-based block contracts with target outcomes						
Description							
<ul style="list-style-type: none"> • Creating greater certainty and giving increased freedom to third party providers with focus on more than just care activity. Provision is focused on achieving outcomes rather than time and task-based contracts, enabling flexibility for providers to shape services to meet local needs and individual outcomes rather than tracking timed interactions. • Sustain the in-house service with greater focus on care coordination. • Care is coordinated around the individual, with collaboration across internal teams and providers as necessary to support each person. • Block contracts are based on clear geographical areas where there is clarity on population health indicators, local needs, and current and projected demand. This incentivises a focus on prevention and early intervention so that people are enabled to live as independently as possible in their communities. 							
Option Assessment							
Cost		Benefits		Delivery of objectives		Ability to mitigate risk	

4 ENGAGEMENT

- 4.1 CapGemini Report July 2023 (see Section 10) - consultation with external and internal Care at Home service providers, service users, carers and key operational and strategic stakeholders, whilst undertaking thorough local market and demographic research against national indicators, and in doing so provided CAH model options based on analysis of this engagement and feedback.
- 4.2 Older People Provisioning work engagement, engagement on the IJB Strategic Plan 22-2025, Commissioned CAH Provider contract monitoring, and Provider Forum have provided opportunity to receive feedback on existing services and current commissioning practice, and evidence the need for change.
- 4.3 The Test of Change will incorporate assessment teams within community and hospital to reinforce a strengths-based, outcome focused approach to support planning whilst ensuring engagement with the wider health and social care economy, including providers, to foster better communication and dialogue and enable providers to understand the intent and results from the Test of Change.

5 POLICY IMPLICATIONS

- 5.1 There are policy implications for the commissioning of new models of care at home. These are currently being considered within development work of local terms for the Scotland Excel Flexible Care and Support Framework.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 IIA required once the model has been further developed. The commissioning process of using SXL has been through IIA with positive impact for service improvement and negative impact on cost risks to IJB budget.

7 DIRECTIONS

- 7.1 Direction will be considered and presented to IJB.

8 RESOURCE IMPLICATIONS

- 8.1 Financial – SXL budget pressures and financial forecast, noted to the IJB Commissioning Board paper 31st January 2024 (see Section 10).
- 8.2 Personnel – Internal project management support from Planning and Performance. Internal operational management as part of project team. Internal Home Care management resource to implement test of change. Business Support. Procurement. External partners. Broker Team. Business Support. Governance from CAH CB.
- 8.3 Other – The project may conflict with the IJBs financial recovery plan if community funding for older peoples associated services are affected.

9 BACKGROUND PAPERS

- 9.1 Care at Home Change Board Delivery Plan
IJB Commissioning Group – SXL and CAH Change Board
CapGemini East Lothian Care at Home

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APPENDIX/APPENDICES

1. Phase 1 Model for Test of Change Pilot
2. CAH Test of Change – Project plan
3. [East Lothian IJB Strategic Plan 2022 - 25 | East Lothian Council](#)
4. Planning Older Peoples Services – Short List

Option description	Category	Strategic Objective	Comments and Action
Option 8: Volunteer befriender or sitter services should be explored to support people receiving care-at-home or end-of-life care, with specific focus on those with limited or no family and friends.	Requires further scoping, development and modelling	Strategic Objective 2: Deliver new models of community provision, working collaboratively with communities	
Option 18: We should develop and introduce locality-based block contracts with target outcomes for delivery of care-at-home/ intermediate care services. (There is a potential pilot focused on internally provided care-at-home services in a local area where commissioning and retaining external provision has been challenging).	Action already underway	Strategic Objective 1: Develop services that are sustainable and proportionate to need	Care at Home Change Board to take forward this option as part of their ongoing work.
Option 21: In order to improve outcomes, stability, service provision, terms and conditions and control over the market, careful consideration should be given to expanding the internal (HSCP) Care at Home service.	Requires further scoping, development and modelling	Strategic Objective 1: Develop services that are sustainable and proportionate to need	Since the beginning of the <i>Planning Older People's Services</i> project the internal service has grown, however further consideration is likely merited. Should be considered within CAH CB against Cap G recommendations and also previously redistributed funds from commissioned to internal
Option 23: There should be a wholesale review of scheduling and time management within Care at Home services (internal and external).	Requires further scoping, development and modelling	Strategic Objective 1: Develop services that are sustainable and proportionate to need	Care at Home Change Board to take forward this option as part of their ongoing work.
Option 25: We should review what constitutes the essential elements of a care package. Care-at-home services have cut back on the application of creams, administration of basic medications (e.g. eye drops), bathing and meal prep. This option has strong links to moving away from time-and-task model to a more outcome-focused approach that builds personal connections. There are also strong links with delaying discharge.	Requires further scoping, development and modelling	Strategic Objective 1: Develop services that are sustainable and proportionate to need	Care at Home Change Board to take forward this option as part of their ongoing work. Important to link in with Chief Nurse (re district nurses and their role) and General Manager for Adult Social Work (re assessments).
Option 51: We should develop and build upon existing volunteering schemes within communities (e.g. volunteer transport schemes, Gifford Community Volunteers, First Responder Groups, befrienders, buddy systems, food delivery / meal share, telephone support and check in, end of life support). This may help with social isolation, building community spirit, transport difficulties, mental health and poverty. Could be particularly useful in more rural locations and new housing developments.	Action already underway	Strategic Objective 2: Deliver new models of community provision, working collaboratively with communities	Sits best with appropriate Strategic Planning and Commissioning Officer (ELHSCP) and linking in with VCEL.

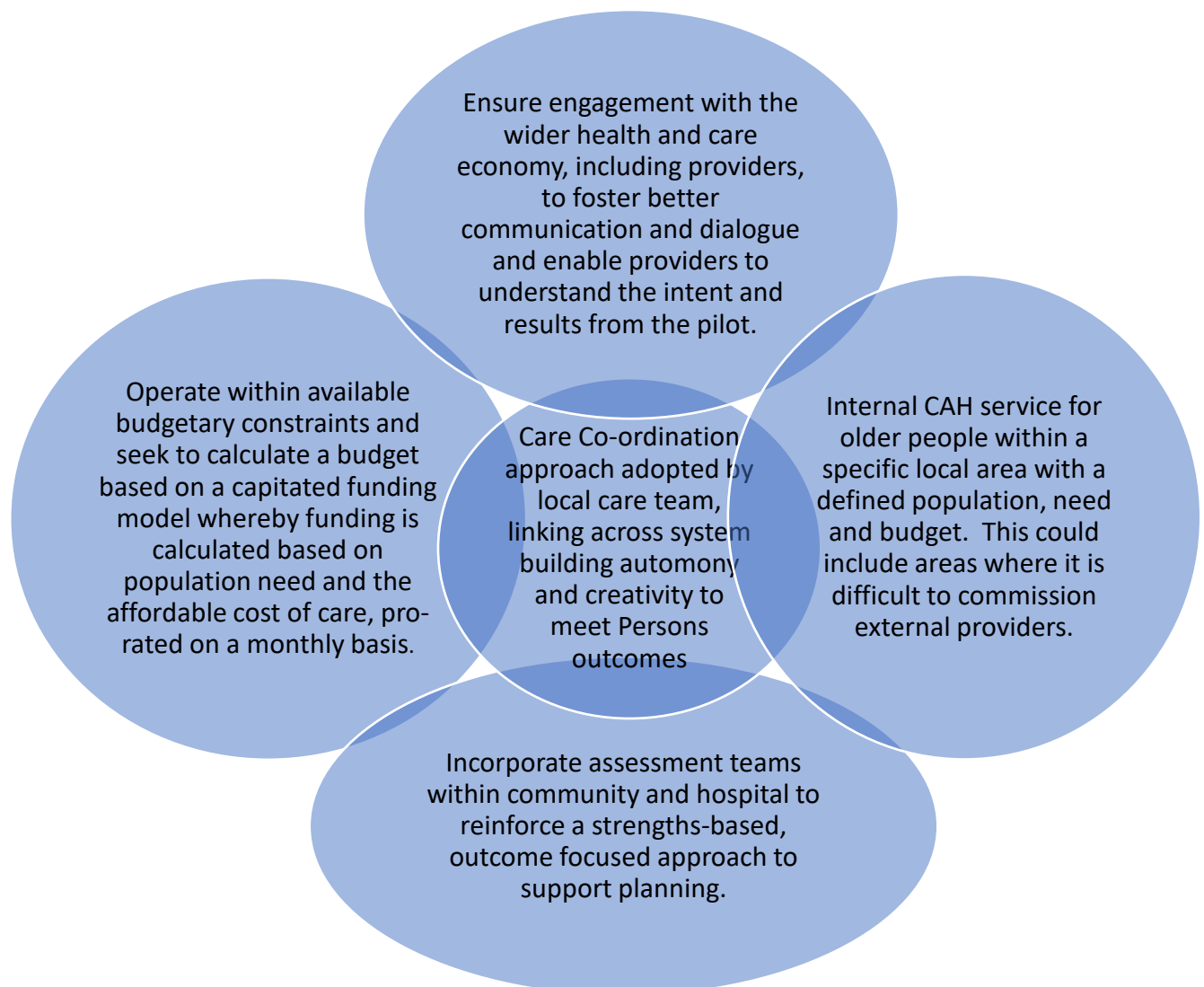
5. Locality for Test Of Change

Phase 1 Model for Test Of Change Pilot – Internal CAH service

Assumption is that to maintain stability across the CAH system that Internal Services will continue to provide for most rural and hard to supply areas given they have the available resources such as access to vehicles to do this.

Rural location for pilot will test the model well given likely limited available resources, identifying where gaps will require to be filled to support commissioning and success elsewhere. However this may also help identify individual resource and community strengths or initiatives that could be replicated. The learning from the pilot, and its impact, will further inform the commissioning approach.

Three local area options are; North Berwick Coastal, Dunbar and area or Prestonpans Coastal with the emphasis on small defined local areas.



Appendix 5

CAH Locality Based Model Test Of Change **Rationale for proposing North Berwick locality**

Consideration has been given by the CAH Change Board to three areas in East Lothian for a Test of Change; Prestonpans, North Berwick and Dunbar. Each area has its own distinct demographic, community and third sector responses to health and social care, and challenges with CAH provision.

North Berwick is an option for Test of Change based on:

- existing difficulty in delivering CAH services
- interest from an existing older persons CAH provider and the local day centre in the strategic direction
- an established Learning Disability CAH provider
- an engaged third sector