



INTEGRATION JOINT BOARD

Date of Meeting	23 rd February 2021
Report Title	Update on Care at Home Provision
Report Number	HSCP.21.014
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Consultation Checklist Completed	Yes
Directions Required	No
Appendices	No

1. Purpose of the Report

- 1.1. The purpose of this report is to provide an update to the Integration Joint Board (IJB) with regards to the implementation and delivery of an outcomes focussed Care at Home provision. This update was referred by the Clinical and Care Governance Committee.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board (IJB) notes the content of this report.

3. Summary of Key Information

- 3.1. On the 1st November 2020, the new arrangements for the provision of an outcome focussed care at home provision became operational. The new provision being made by the Granite Care Consortium (GCC). This report provides an update on the implementation of that contract.



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- 3.2.** The GCC is a consortium arrangement comprising the following mix of third and independent sector care providers – all of which have a long-standing history of providing care within Aberdeen City:
- Aberdeen Cyrenians
 - Archway
 - Ann Inspired Care
 - Blackwood
 - Cornerstone
 - Inspire
 - My Care Grampian
 - Paramount
 - Penumbra
 - Specialist Resource Solutions
 - VSA
- 3.3** Further information on the consortium, their values and how they work can be found at <https://www.granite.care/>
- 3.4** The initial transition of care was successful, with 1296 people living within our community having their care needs met by the new provider. There were only a very few minor concerns raised, and these centred around new care providers not having all of the relevant information to be able to access a service users' home via their key safe. These issues were easily resolved by the provider contacting the care management team. The key to this success can only be attributed to the hard work done in partnership between the ACHSCP and consortium teams.
- Members should note that at the time of transition there was a significant number of clients who chose to remain with their previous care provider, choosing option 2 arrangements (self-directed support). Currently the number of clients accessing care at home is 284.
- 3.5** Since 1st November, a collaborative relationship between partnership and provider continues, focussing on delivering the key high level outcomes for which the commission was designed, notably market stability, and delivering on personal outcomes for people living within our community.



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- 3.6** This collaborative approach has identified key elements which are seen to be essential to delivering the scale of transformational change required to move from a time and task delivery model to one which is based upon achieving individual outcomes.
- 3.6** One key areas of focus is to ensure that there is sufficient capacity to match the demand made for care at home services whilst at the same time, ensuring that the provision delivers against an individual's personal outcomes, through the delivery of an enabling, asset based approach.
- 3.7** Since the publication of the tender, there has been a significant shift in the requirement for all community-based Health and Social Care services, including an increased demand for a responsive care at home delivery.
- 3.8** Some of the reasons for this increase in demand include:
- A reduction in the number of people choosing to or being able to access residential care.
 - A reduction in the available number of hospital beds, with an associated demand placed on community resources under Operation Homefirst and Operation Snowdrop
 - The continued closure of or reduced numbers of clients accessing our day care facilities, with an associated demand on care at home services to provide carer support.
- 3.9** A key focus within the design of the commission was to place more of an emphasis on the review process, to ensure that the focus of care delivery is placed upon ensuring that current outcomes are being met. The care at home implementation group has, as part of its collaborative approach, commissioned the review of care needs for those people who are eligible. This review process has been split into two classifications:
1. A review of those people who have been assessed as requiring care and where a search for care has been unsuccessful (unmet need)
 2. A review of those people who are currently receiving care, delivered by the consortium.



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1. People with an unmet need

A review of people where a care search has been unsuccessful was conducted during the first 2 weeks of February 2021. A new approach was taken, inclusive of a wider multidisciplinary team with different professional backgrounds and different skills and knowledge. The process in itself has afforded teams with additional knowledge of the opportunities that working in a multidisciplinary way can offer, as well as offering alternative solutions for care provision. People's care needs were categorised as follows:

- Unmet need – those people where no care provision had been identified. Within this category were clients who required carers with BSL skills, carer support (in the absence of day care opportunities), housing support, alternative care (where an alternative to care at home provided under SDS option 1 or 2 was being sought), and purely care at home.
- Care no longer required – there were a significant number of people identified under this category for whom a care search had still been open. People within this category included those who no longer require care at home because they have met their outcomes, people where a care home is more appropriate, people who did not meet the eligibility criteria and people where a multi-disciplinary intervention was required.

2. People currently receiving care within the consortium.

The process for reviewing people currently receiving care within the consortium is currently under development. Time is being taken to ensure that the process developed is sustainable for the future, and there is an opportunity to work with the Scottish Government to test the use of “Near Me” to ensure that the process is inclusive of the person receiving care, their family and professionals delivering their care.

Needless to say, that there has been a significant amount of learning for all involved in this process as well as a significant reduction in the number of care searches. Of the 263 active care searches, 102 have been identified as no longer requiring care, with 84 identified as having an unmet need, and of these, 66 requiring care at home.



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- 3.10** The consortium chose to adopt a measured approach to the transitional arrangements – with the agreement of ACHSCP members. This was deemed to be appropriate given the level of change required – not only delivering an entirely new means of meeting peoples outcomes through the delivery of care at home, but also learning to work together as a consortium. This measured approach was not without risk during a period of time when the whole Health and Social Care system was under an unprecedented level of demand. The consortium was able to successfully respond to fluctuations in needs for people currently within their population. In order to ensure that people’s immediate outcomes were met, Bon Accord Care responded to the additional demand for new care at home requirements, under the winter surge plan arrangements (86 clients currently receiving care). It will be essential in the next few months to progress transitional arrangements to ensure that this population has their care needs – and outcomes met.
- 3.11** At the time of writing this report, the Granite Care Consortium are now starting to draw in people from the unmet needs list.
- 3.12** As well as the additional demands placed upon the care at home sector, from the 18th January 2021, non-residential care providers are subject to an expanded COVID 19 testing programme, and the level of disruption to business continuity at this point is as yet unknown. A non-residential assurance process has been established within ACHSCP to ensure that the situation is closely monitored, support and assurance offered, and business continuity secured.
- 3.13** Despite all of these challenges, and the “messy space” of implementing significant transformational change, the collaboration between GCC and ACHSCP remains strong and this is reflected in a shared outcome focussed implementation plan with the following components:
- Risk assessed care – ensuring that the level of care provision is carefully considered, and wherever possible, technology is used to maximum effect.
 - Enablement training – good progress has been made by a group comprising GCC and Scottish Care to plan and deliver enablement training to all care at home staff within the consortium.



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- Data and performance – the capacity within the Care at Home sector for both GCC and Bon Accord Care (BAC) now feature within a daily surge and flow data set.

- 3.12** Delivering on the ambition of this contract, and the alternative way of working is a significant ambition. As well as the necessary changes to process, it requires a significant level of organisational development and cultural change. Outcomes focussed conversation training is being delivered to provider and partnership organisations on an on-going basis.
- 3.13** Similarly, the modernisation of the sector through a greater but appropriate use of technology will continue to progress – for example, the introduction of a tech enabled system to respond to care needs. It is essential that these changes continue at pace, but also in consultation with members of the public to ensure full confidence.
- 3.14** Progress against the implementation of the contract is discussed between ACHSCP and GCC at a monthly review meeting. It is anticipated that from the end of March, these meetings will morph into quarterly performance review meetings with reporting against the key performance indicators.

4. Implications for IJB

- 4.1 Equalities** - There are no specific equality implications with this report.
- 4.2 Fairer Scotland** – There are no direct implications for our Fairer Scotland Duty as a result of the recommendation in this report.
- 4.3 Financial** - There are no specific financial implications arising from this report.
- 4.4 Workforce** - There are no specific workforce implications arising from this report.
- 4.5 Legal** - There are no specific legal implications arising from this report.
- 4.6 Other** – Nil



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5. Links to ACHSCP Strategic Plan

This report links to all aims within the strategic plan.



6. Management of Risk

6.1. Link to risks on strategic or operational risk register:

This option links directly to strategic risk 1 – market sustainability.

6.2. How might the content of this report impact or mitigate these risks:

By implementing the necessary processes, and continuation of partnership working.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)