



Integration Joint Board  
Strategic Plan Delivery and Commissioning Committee

26<sup>th</sup> October 2023

This Report relates to  
Item 12 on the Agenda

# Care and Support at Home: Older people

*Paper presented by Stephanie Mottram and Viv Gration*

*For Approval*

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<b>List of Background Papers:</b>	CASH Paper to Senior Leadership Group on 07.10. 2022
<b>Appendices:</b>	<b>Appendix 1</b> - Evaluation Report – CASH Collaborative <b>Appendix 2</b> - Learning from other Partnerships <b>Appendix 3</b> - Report on outcome from a review of CASH packages of care on portal <b>Appendix 4</b> - Draft new CASH Pathway <b>Appendix 5</b> - Financial Template <b>Appendix 6</b> - Proposal for reduction of hospital 'holding period'

## **1. Introduction**

1.1 The growing population of older people in Dumfries and Galloway combined with increasing complexity of need is increasing demand for care and support at home (CASH). This combined with financial and workforce challenges facing the CASH sector means that changes in approaches to assessment, commissioning and delivery are necessary.

1.2 This paper shares the results of a different way of working with CASH provider partners over the last 12 months. Working collaboratively the Partnership and provider partners have established a new dialogue, improved mutual understanding and identified ways to work together to meet the needs of people in Dumfries and Galloway. Specifically this paper:

- Provides an evaluation report for the recent CASH Collaborative Test of Change, including the impact on current system pressures and the CASH market
- Seeks approval to continue the current 'payment on planned' approach that has enabled the collaborative for all CASH provider partners. Thus enabling further progress in ensuring the partnership to meet the increasing demand.
- Shares learning from the experiences of other health and social care partnerships as they also work to address the challenges of delivering CASH in other parts of Scotland
- Sets out the programme of work underway within the recently established CASH Division to support deliver a change in approach to ensure best use of resources to meet the needs of people in Dumfries and Galloway.
- Identifies other areas of work that will support delivery of the Integration Joint Board Model of Care as described in their Strategic Commissioning Plan, by:
  - further developing a range of community supports such as Local Area Co-ordination
  - embedding digital technology to support new ways of working
  - support delivery of care and support at home and exploring new ways of providing short breaks for Carers
  - maximising the flexibility offered within the National Flexible Framework to test and support new ways of working, including the potential to move towards budget based commissioning

## **2. Recommendations**

2.1 **The IJB Strategic Plan, Delivery and Commissioning Committee is asked to:**

- **Note the need for transformational change in approach to assessment, commissioning and delivery of CASH**
- **Note the evaluation report for the recent CASH Test of Change, including the impact on current system pressures and the CASH market**
- **Note the work underway within the newly established CASH Division to support deliver a change in approach to ensure best use of resources to meet the needs of people in Dumfries and Galloway.**
- **Note that reports from Community Directorate will be provided every three months to enable oversight of progress and assurance on continued impacts.**

- **Discuss the combination of CASH Workplan, Home Teams and Right Care, Right Place as a Community Transformation Programme. Consider re-establishing a Programme Board to oversee these three interlinked developments within community health and social care.**
- **Recommend to the IJB that they issue Directions to Dumfries and Galloway Council to:**
  - **include the future funding of payment on planned as part of the 2024/25 budget setting process**
  - **to deliver the proposed programme of work in relation to CASH**

### **3. Background and Main Report**

3.1 In October 2022 the Health and Social Care Senior Leadership Group approved a test of change in the delivery of CASH. The test of change saw the removal of CM2000 real time monitoring enabling 'payment on planned' for twelve months. This was to enable increased flexibility for provider partners in the delivery of CASH and, it was hoped, deliver improvements in addressing the growing number of people delayed in hospital. A CASH Collaborative, involving provider partners and the Partnership was established to provide space for discussion, development and testing of new ways of working.

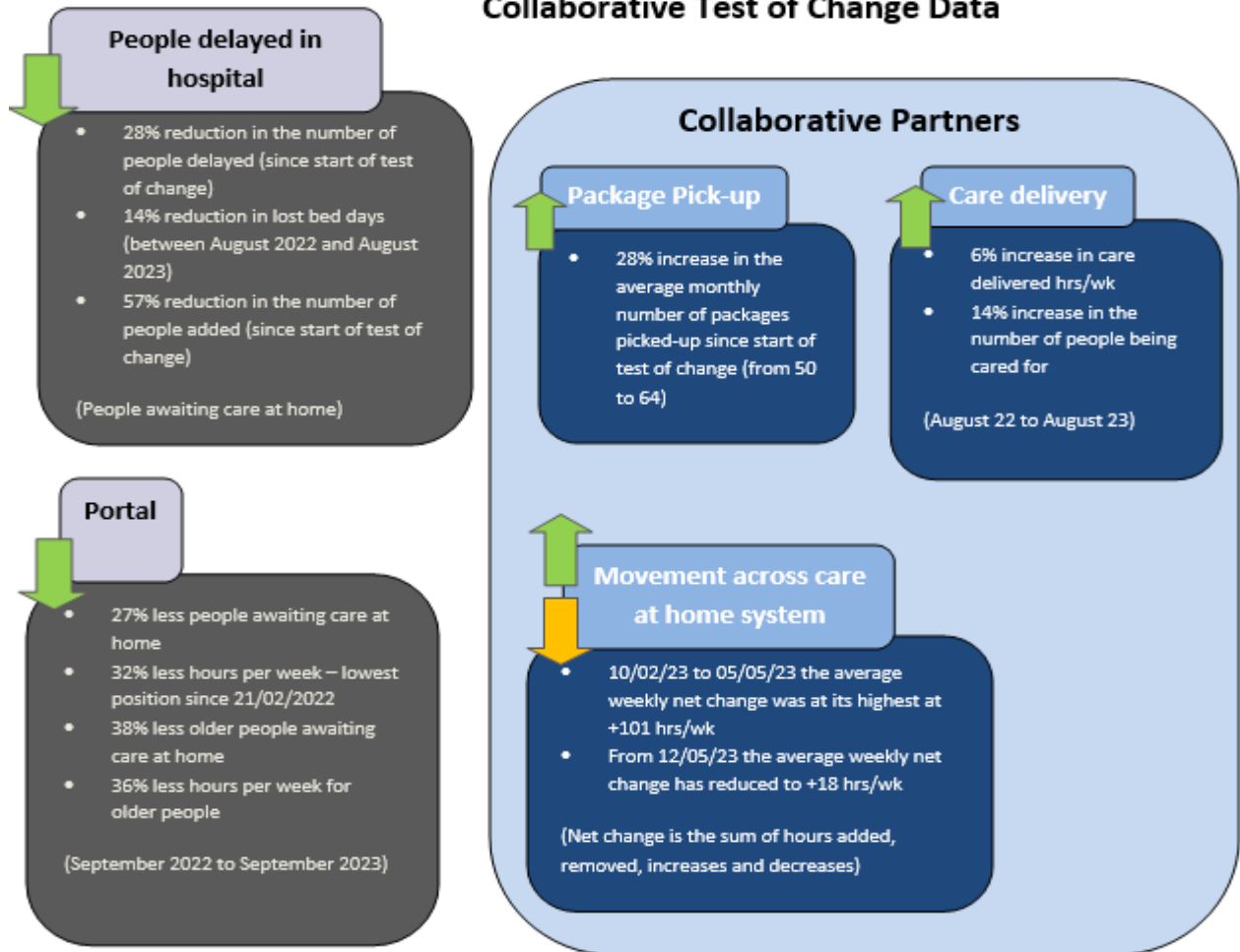
3.2 Alongside the CASH Test of Change the Community Health and Social Care Directorate established a Community Waiting Times Team (CWTT) to have region wide oversight of the people who have been assessed as requiring social care and support. The CWTT works alongside provider partners to monitor and actively manage waiting times for those on the care home pathway or the CASH Self-directed Support Option 3 pathway.

3.3 From 1 March 2023 the Community Health and Social Care Directorate established a new division for CASH and Carers. This has seen the appointment of a Divisional Manager, Lead Social Worker and Project Manager. The CWTT is also part of this division.

#### 3.4 Evaluation of CASH Test of Change

3.5 The infographic below gives a high level summary of the impact of the CASH Collaborative Test of Change. Further detail is provided within Appendix 1.

## Collaborative Test of Change Data



3.6 The evaluation report compares the position with regard to people delayed in hospital, the CASH Portal and activity of the Collaborative in 2022 and 2023. Highlights include

- 28% reduction in the number of people delayed in hospital
- 27% fewer people on the portal awaiting care and support at home, within that 38% fewer older people awaiting care and support at home
- 28% increase in the average number of packages picked up by provider partners each month
- 6% increase in the number of hours of care delivered
- 60% reduction in the long term care packages delivered by Home Teams

3.7 The resulting capacity within the Home Teams will be directed towards short term wraparound support which is the central role of the Home Teams and essential for delivery of ‘discharge to assess’ and ‘flexible bed based intermediate care.’

3.8 The shift to payment on planned has cost £1.34m over the last year. Key to this aspect of the collaborative is the increase in care delivery, namely a 6% increase in hours of care delivered each week alongside a 14% increase in the number of people being cared for each week. This demonstrates that ‘payment on planned’ has enabled more flexibility and continues to release capacity that has resulted in an increase in the care and support at home being delivered.

3.9 The new ways of working with CASH provider partners has been successful in maintaining the number of SDS Option 3 partners operating within the region. Over the last two – three years there have been provider partners who were struggling with maintaining a workforce and continuing to deliver care within the region.

- 3.10 There has also been an increase in the number of provider partners in the area, SDS Option 2 partners who deliver CASH have increased from one (Divine) to two with the addition of Bespoke Care.
- 3.11 This stabilisation in the CASH market is an important achievement during the last year as this has been against a background of the increasing cost of living, rising energy costs and the financial sustainability support from Scottish Government during Covid-19 coming to an end.
- 3.12 To explore the impact of different terms and conditions on recruitment the Collaborative supported a small provider partner being able to advertise full time permanent posts within Annandale and Eskdale. This area has been particularly difficult to recruit to and the hypothesis for the test was that people are more likely to apply and move to a full time permanent post rather than being paid only for the hours worked as is the standard practice across CASH Partners.
- 3.13 The Provider Partner in question (Elite, formally Annandale Bed and Bath) has been successful in recruiting 3 new people, with a further one pending immigration paperwork. As a result they have increased the number of hours that they deliver each week by 25%.
- 3.14 In addition to the positive impact on system pressures outlined within the evaluation report there has been improvement in the relationships across the health and social care system. In-house Care and Support Service (CASS) area managers are now fully involved within the Collaborative space and there has been a real cultural shift towards finding creative solutions. Including the swapping of packages of care between partners (including CASS) to make best use of the resources available.
- 3.15 In the interest of reflecting the collaborative nature of this new way of working provider partners involved in the CASH Collaborative have chosen to wear fleeces with the Health and Social Care Partnership logo. This was funded by the Community Health and Social Care Directorate and has been viewed favourably by staff as a token of appreciation and recognition of their hard work over the initial period of the test of change.
- 3.16 The collaborative approach has extended into contingency planning with agreement and processes in place for CASH provider partner staff to access NHS Dumfries and Galloway pool cars should there be a need to. This has the potential to be a helpful enabler through the winter months and demonstrates the progress in strengthening relationship and trust.
- 3.17 CASH Division
- 3.18 There can be little doubt that the establishment of the CASH Division has significantly increased the Partnership's understanding of and approach to the CASH sector.
- 3.19 The CASH Division has started several areas of work to compliment and build on the work of the collaborative.

Area of work	Current position	Next Steps
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<p>Learning from other Partnerships</p>	<p>The short paper at Appendix 2 gives an overview of the learning from Glasgow, Aberdeen City, Dundee and Gwynedd in Wales. Early indications are that a model of collaboration with provider partners and a focus on reablement is central to successfully addressing growing demand.</p>	<p>Seek views of Senior Leadership Team during presentation of this paper.</p> <p>Wider discussions with provider partners, CASS and other stakeholders to help shape next steps.</p>
<p>Review of CASS</p>	<p>The current split between in-house and independent provider partners in Dumfries and Galloway is quite different to other areas.</p> <p>Locally following a SAM (Sustainability and Modernisation Programme) project the Senior Leadership Team approved an investment of approximately £1.8m in two payments (winter 2019 and autumn 2020) to recruit additional workers thereby increasing capacity for delivery.</p> <p>There has not been a significant increase in the number of hours delivered since that time.</p>	<p>Review CASS to understand how additional funding has been utilised and to ensure most efficient use of current resources.</p> <p>Analyse local CASH market to inform potential for growth and undertake to develop a market facilitation approach. This should include</p> <p>Further explore, with provider partners and other stakeholders the role of CASS in the CASH Pathway. Potential option for development of 'First Response Team' approach (Appendix 4).</p>
<p>Collaborative Working /Multi disciplinary assessment</p>	<p>Community Multi-sector huddles have been established (provider partners, CASS and Home Teams)</p> <p>Appendix 3 provides a report on findings of multi disciplinary panel review of CASH packages of care, both historic and live. The results demonstrate there is much that can be done to improve assessment processes. The reviews identified that 108 hours of care and support did not need to be added to the portal as there were other interventions that can support people in their own homes.</p> <p>The concept of 'Trusted assessors' is to enable easier</p>	<p>Implementation of new multi-disciplinary assessments within the Home Teams including provider partners.</p> <p>Evaluation of impact of new approaches to assessment and consideration of the external peer review of current social work practice.</p> <p>Further work to explore the potential of geographical 'patches' for particular provider partners is underway. This has the potential to create closer working relationships, support localised recruitment and realise the benefits of packages of care being within a small area and therefore increase capacity within the area as a result of efficient use of resources by reducing travel</p>

	access to options for provision of CASH including access to equipment.	time.  As the new approaches to assessment develop there will be opportunities to develop further the role of trusted assessors.
New CASH Pathways	A new CASH pathway has been developed, see appendix 4. This includes further embedding of reablement approaches, discharge to assess and potential for a 'first response team'	Consultation with stakeholders is underway to help refine the draft pathway.
Self Directed Support (SDS)	The majority of care and support for older people is provided on option 3, a managed service.  However since April 2023 there has been an increase of approximately 890 hours for a total of 24 people who have chosen option 1. This has been in addition to the increase in option 3 delivered care and support.	An SDS steering group has been established and is exploring ways of increasing choice to enable people to consider other SDS options.  Development of an independent advisory service is being explored which will reduce workload for Social Work colleagues and enable people to consider how their needs might be met by using different options.
Improving availability of data and information	The online mechanism that is used to match a package of care with a provider partner (CM2000 portal). The current operations within the portal are driven by a financial process. Work is underway within the finance team to implement a new portal (ADAM).  The visibility of data across CASH is poor as we have no oversight of capacity or the flow of people coming into the system from Acute.  It is also challenging as various systems over the partnership don't interface and authorisation of access to systems.	The operational team believe that there are ways to streamline the processes therefore reducing the time the process takes and the length of time people have to wait for the care they need.  The CASH Division will engage with finance colleagues to help inform the review of processes.  The CASH Division are seeking ways to improve the availability of data and interface with other areas of the system. The Delayed Discharge IMT has highlighted ways of working that should be adopted as business as usual to ensure effective flow through the system.
Stewarty Pilot	Stewarty Home Team and provider partners have reviewed all CASH delivered	The focus of this review work is moving to other areas of Stewarty and other Home Teams will be

	within the Kirkcudbright area. By swapping packages of care between partners, including CASS, and reviewing the packages of care they have released 20 hours of care per week.	encouraged to take a similar approach with partners operating in their areas.
Reduction in Holding Period while people in hospital	Appendix 6 sets out an initiative to reduce the period of time that a person's package of care is held open for them while they are in hospital from 14 days to 7 days. This has been tested in Dumfries only and data shows that this has resulted in an increase of provider partners taking on an extra 2 packages of care.	Analysis and evaluation of the impact of shortened holding period.
Employment Terms and Conditions	As described in 3.11 and 3.12 above there has been some successful recruitment and growth within one provider partner.	Further work is required to consider what commissioning models and payment terms might support other partners to consider a change of approach.
National Flexible Framework (NFF)	To date the Partnership has not fully made use of the flexibility of the contractual framework in place for CASH.	Creative solutions to meeting the needs of people who require CASH will require flexibility in the contractual arrangements.  The NFF does have a high level of flexibility that can support different approaches and these need to be tested.

### 3.20 Other areas of work being led by other departments

3.21 There are a number of areas of work underway to support the CASH programme. These include the development of digital solutions to supplement the CASH offer and move closer to a 'blended model' of CASH where communities and third sector organisations have a role in supporting people at home as well as Local Area Co-ordination supporting early intervention and prevention in communities.

3.22 In addition the potential for further increased flexibility and enabling people to have more choice and control through budget based commissioning is being explored. This approach would require a significant cultural shift and change of practice across the Partnership and provider partners. Conversations so far indicate that the CASH sector is far from ready to make such a transformational move at this stage. Further scoping and research is ongoing to develop proposals for consideration when the time is right and the market is potentially more ready for such a change.

3.23 The recruitment and retention of a skilled workforce is one of the most challenging areas of CASH. However, provider partners are having some success in attracting



new staff to the region through international recruitment. They do highlight that the lack of affordable housing for staff coming to the region is problematic in many areas. The recently approved Right Care Right Place Report highlights the need for the Health and Social Care Partnership to engage with Housing colleagues in the council to highlight the need for affordable housing for new workers in the region.

### 3.24 Community Transformation Programme

3.25 The establishment of Home Teams and their continued development, the Right Care Right Place programme for flexible bed based intermediate care and the progress within CASH for older people described in this paper form three pillars of community transformation.

3.26 The links between these three areas of work are essential and it is proposed that oversight and leadership of these should be connected. The re-establishment of the Community Transformation Programme Board with executive level leadership could ensure progress and support delivery.

### 3.27 Complex Needs CASH

3.28 This paper sets out work underway relating to older people living in Dumfries and Galloway. The provider partners delivering CASH for people with complex needs have also recently established a collaborative approach.

3.29 The Complex Needs Service has been working with provider partners over a number of months to support the discharge of people with complex needs from hospital settings. Provider partners have also been involved in a review of how supported accommodation is allocated to ensure this accommodation is used effectively and supports capacity demands. It is worth noting that care and support within supported accommodation is often delivered by CASH provider partners.

3.30 Within the Complex Needs Service and in response to national requirements a National Support Register has been developed to map the support and housing needs of those with complex needs. Again provider partners have been involved in the development of this process to better support the delivery of care and support for those with complex needs

3.31 It will be important moving forward that there are connections between the community and mental health directorate to support mutual learning and sharing of experiences in the delivery of care and support at home.

### 3.32 Health and Social Care Senior Leadership Group

3.33 At their meeting on 19 October 2023 the Health and Social Care Senior Leadership Group considered the contents of this paper and are supportive of the continuation of payment on planned subject to affordability in light of the 2024/25 Budget Setting process. Further they are supportive of the programme of work, developing associated impact measures and re-establishing the Community Transformation Programme Board to oversee this, the delivery of Home Teams and implementation of Right Care; Right Place.

## **4. Conclusions**

4.1 There is evidence that the changes to CASH payment terms, development of a CASH Division, CASH Collaborative and CWTT has made significant impact to the

CASH market.

- 4.2 There is much more that can be achieved and the CASH Division, as well as other areas of the Partnership have a series of activities underway or planned to build on this early success. By reconsidering current practice, taking learning from other areas and continuing to test new approaches and creative solutions it is hoped that the growing demand for CASH for older people can be met.
- 4.3 By connecting the three areas of Home Teams, Right Care Right Place and CASH there is opportunity for transformation of community health and social care.
- 4.4 It will be important moving forward that there are connections between the community and mental health directorate to support mutual learning and sharing of experiences in the delivery of care and support at home.

## **5. Resource Implications**

- 5.1 A financial framework template is attached at Appendix 5.

## **6. Impact on Integration Joint Board Outcomes, Priorities and Policy**

- 6.1 This work contributes to the following National Health and Wellbeing Outcomes for Health and Social Care:
- People are able to look after and improve their own health and wellbeing and live in good health for longer.
  - People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
  - People who use health and social care services have positive experiences of those services, and have their dignity respected.
  - People who use health and social care services are safe from harm.
  - People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- 6.2 It is aligned to the following Strategic Commissioning Intentions:
1. People are supported to live independently at home and avoid crisis
  2. People and communities are enabled to self manage and supported to be more resilient
  3. People have access to the care and support they need
  4. People's care and support is safe, effective and sustainable
  5. People who deliver care and support, including Carers and volunteers, feel valued,
  6. People's chosen outcomes are improved through available financial resources being allocated in line with the Model of Care and delivering best value

## **7. Legal and Risk Implications**

- 7.1 Changing course now would have significant risk in terms of the Partnership's ability to meet the inevitable winter pressures. Choosing not to continue Payment on Planned at this stage or to recognise the difference that new ways of working have made will be detrimental to good and growing relationships with provider partners.

7.2 The National Flexible Framework is the contractual framework for these arrangements and has all the required mechanisms for working in this way and testing new ways of working.

**8. Consultation**

8.1 CASH Division

8.2 Community Health and Social Care Leadership Team

8.3 Finance and Information Manager and Chief Finance Officer

8.4 Health and Social Care Senior Leadership Group

**9. Equality and Human Rights Impact Assessment**

9.1 Changes within this work are in relation to background practices rather than how care and support is delivered, therefore there it is not necessary to complete an EQIA at this time.

**10. Glossary**

<b>CASH</b>	<b>Care and Support at Home</b>
<b>EQIA</b>	<b>Equalities Impact Assessment</b>
<b>IJB</b>	<b>Integration Joint Board</b>
<b>ToC</b>	<b>Test of Change</b>
<b>SCP</b>	<b>Strategic Commissioning Plan</b>