

- 1.7 The review has also focused on retention and succession planning due to the demographic profile of the staff group. The HSCP previously undertook a test of change within the management group and developed the post of Care at Home Supervisor to oversee quality and scrutinise staff performance, continuity of care and ensure service user outcomes are being met. The evaluation of this role has shown that this post has not met the original assumptions and there needs to be a return to Senior Social Care Worker being first line manager of the service.
- 1.8 To note there will be an implementation plan and training offered to staff in respect of polypharmacy, enteral feeding and palliative / end of life care with an implementation date of 1st August 2023.
- 1.9 Consultation will take place within home care and day service for older people to implement this extended role across both services creating a generic approach. This will facilitate a more responsive, targeted approach dependent on pressure areas that can be seasonally directed and delivered. The next stage will be to consider implementation of this universal role within the wider adult services.

2.0 RECOMMENDATIONS

- 2.1 That the Integration Joint Board supports the ambitions of the review to reduce extreme pressure within the service with the aim of developing capacity that enables people with complex needs to remain at home.
- 2.2 That the Integration Joint Board approve the outputs of the review and planned work to transform the care at home service to a social care workforce for Inverclyde.
- 2.3 That the Integration Joint Board approves the realigning of funding to internal care at home through winter planning funding and older people's residential placements. The proposed funding streams are highlighted in Appendix 2.
- 2.4 That the Integration Joint Board notes that a new job description, graded 4, has been developed that replaces the existing home support worker role and will be now known as social care workers due to the new tasks involved. The review has outlined the position of Senior Social Care Workers as first line managers. The total cost, including older peoples day service staff that will also transition into being part of the social care workforce, will be £1.315m.
- 2.5 For the Integration Joint Board to approve the funding and implementation of the redesign with effect from 1st August 2023 and agree that the Integration Joint Board will bear the full cost of the proposals set out in this report and will contain the costs within the Integration Joint Board's medium financial strategy.
- 2.6 That the Integration Joint Board, subject to its approval of the above recommendations, will implement the proposed actions summarised at paragraph 4 of this report, which will be implemented by Council officers under Inverclyde Council's Scheme of Delegation (Officers).
- 2.7 That the Integration Joint Board authorises officers to issue Directions to Inverclyde Council to give effect to the decisions made in respect of this report.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 The review of home care services which includes both internal and external commissioned services began in January 2022. It has considered the additional service requirements due to changes in the Care Inspectorate Standards and the requirements of the Ethical Care Charter. An inspection from the Care Inspectorate for Inverclyde HSCP services is expected in the second quarter of 2023/24. The review has been part of the HSCP transformation programme board redesign and was delayed due to covid.
- 3.2 The recurring added winter planning funding from the Scottish Government ring fenced for home care is available to support the service to re-establish the high standard pre-covid and will be used in the redesign of the service.
- 3.3 The service continues to see an increase in the complexities of service users receiving support. There has been an increase in the number of assessed visits needed per day as well as increased requirement for two carers for moving and handling due to a decrease in physical functioning and mobility of our older population because of the lock down.
- 3.4 The age demographic within the service also adds to the complexities of our service provision with 56% aged 80+, who have an intensive support package in place to live independently and safely within their own home. However there continues to be an increase in the demand for much more complex support in the community such as personal care, stoma and catheter care, use of equipment and the administration of medication for service users with limited mental and physical functioning.
- 3.5 The HSCP service has experienced a notable change in the workforce due to a higher level of retirement and capability issues alongside reduction in the number of job applications to work within the sector.

4.0 PROPOSALS

- 4.1 HSCP and commissioned providers agree recruitment and retention remains a significant challenge for all and for Inverclyde Council staff. Table 1 (in Appendix 1) outlines the rates across other local authorities. Several HR initiatives have been implemented to attract more interest and promote the sector locally. There have been a few successes however the staff turnover rate still is high and has resulted in little overall improvement in resource. Analysis of our leavers shows that 47% leave to work within the retail sector for a higher hourly rate.
- 4.2 As with the national picture, the HSCP is currently unable to sustain a stable workforce which impacts on our ability to facilitate discharge and respond to unscheduled care. The Inverclyde rate is at Grade 3 with the recommendation that this increases to Grade 4 due to the new role and job description.
- 4.3 The increases to a Grade 4 place us in the mid-range for Scotland but more importantly it recognises and values this essential role.
- 4.4 For information, the 22/23 hourly pay rate for a Grade 3 is £11.81 - £12.11 and for a Grade 4 £12.59 - £13.61.
- 4.5 The review has a focus on succession planning due to the demographic profile of the staff group. The HSCP has seen notable change within the management group that needs to be merged to offer some stability. The service proposes to align the Home Support Supervisor grade 4 with Senior grade 5. This is reverting to original position following a test of change which affects fourteen staff.

- 4.6 There has been an increase in concerns and complaints to the service and an overall reduction in quality standards. It is a priority to improve standards and development within the service to ensure compliance with the scrutiny body.
- 4.7 The integrated Out of Hours service includes community nursing; these staff groups continually work collaboratively and share complex cases. The review is considering proposals to extend the remit of this service in line with joint work with nursing colleagues. Extending out of hours will help to reduce double visits from nursing and social care enabling the service to work more efficiently. Health care assistants receive a higher hourly rate despite conducting similar tasks. The pay differential would close as the social care worker would attract a similar salary by implementing the new job description.
- 4.8 The on-going capacity of the Out of Hour's service is a risk due to insufficient staff being available to meet current demand and sustain quality of care. This service supports the most vulnerable people, and the difficulty covering service directly impacts on discharge from hospital. The HSCP aspiration is that people stay at home for longer reducing the need for residential beds.
- 4.9 The provision of more vehicles has been successful in increasing recruitment and an additional three vehicles have been approved to tackle the higher mileage claims that are a feature within the service.
- 4.10 As part of the review the following initiatives have been progressed to consider the high turnover and low interest in working within the service. Incentives such as training opportunities, pension scheme and a career path are being promoted. Within the HSCP joint work with HR, Corporate Coms and Finance teams has progressed considerable work in terms of recruitment and retention. Further examples are as follows.
- HR, Corp Coms, Graphics, DWP regular liaison with dedicated staff resource.
 - Recruitment Huddle twice weekly for home care operational staff to monitor and progress and address any delays.
 - Fast track events began in priority geographic areas, overview of job role sessions ongoing with Trust Development and DWP.
 - TV Advertising, posters, social media, internal, my job Scotland all updated and distributed with intention to expand
 - Partnership set up with Inverclyde Development Trust and West College Scotland Head of Social Care with regular sessions in the Greenock waterfront campus, exploring Clydebank and Paisley with discussion around a bespoke course.

The Service will also examine and develop the role of modern apprentices with Care and Support at Home Services.

- 4.11 Currently there is agreement for a 60/40 HSCP/commissioned split for home care provision. In March 2023 looking at SDS option 3 provision only there is an 80/20 split HSCP/commissioned which is due to a reduction in availability within external providers. 28% of the total home care provision is now out with the framework provided through self-direct support payment and SDS option 2 in comparison with 11 % in 2019. Further information about the different SDS options is provided below.
- 4.12 The home care framework does not guarantee any level of service due to the service user's right to choose a provider. This also means that providers can opt out where there are individual

complexities or additional pressure such as location or family dynamic which regularly results in cases transferring to the HSCP.

- 4.13 Issues about continuity, sustainability, and quality within the care at home sector have been identified. Significant work has been completed within the commissioned sector with work on track to put in place a new framework, with the current framework due to expire April 2024. However, there has been a reduction in the number of providers, and with the withdrawal of Allied recently there is currently only four contracted providers. The vulnerability of the market due to workforce issues puts the sustainability of external providers at risk. This leaves two new providers trying to set up a service locally and they have been unable to recruit a sufficient level of resource. As part of this work, we are looking at ways to attract and support commissioned providers locally.
- 4.14 The establishing of social care workers reflects the demands and skills needed for the role. Commissioned providers all have individual terms and conditions for their staff group committing to the Scottish living wage as a minimum however providers use various other incentives, i.e., one off bonus, birthday gifts and loyalty reductions with local shops/restaurants. Established providers tend to have a committed core group who stay due to the greater flexibility, more relaxed organisational structure, and autonomy to adjust requirements. Providers are also using a sponsorship scheme to employ overseas workers. There may be an increase in the movement of staff from external to internal however the move to 80:20 should mitigate the risk of reducing overall capacity for service users.

The external market

- 4.15 The local authority has a duty to ensure there is a mixed market of care to enable choice for service users.
- 4.16 To facilitate the Self-Directed Support agenda, it is essential that a mixed market is provided to support people at home. There is an elevated level of dependency on two main providers which increases the risk for the HSCP.
- 4.17 The Self Direct Support Act provides three options for service users to choose how their support is provided.
- SDS Option 1 also known as a Direct Payment is where a service user has total control and choice over their service provider and manages their budget,
 - SDS Option 2, individual service fund is where the service user takes part in the choice of the service provider however the local authority manages the financial aspect of the funding provided by the 3rd party,
 - SDS Option 3, is where the service is arranged and provided by the local authority or they may subcontract to another support provider,
 - SDS Option 4, is a combination of any of the three options above.
- 4.18 Currently commissioned providers are supplying an average of 30% less hours compared to March 2020, and across the sector there is a reduction of between 12% and 30% in the difference between planned and actual provision which shows a lower level of service received by the service user. This reflects the shortage of available service and a lack of flexibility to respond to individual need.
- 4.19 The recurring added winter planning funding from the Scottish Government ring fenced for home care is available to support the service to re-establish the high standard pre-covid and will be used in the redesign of the service.

4.20 The review has also found unmet need through our adult carers support plans for respite, and we have identified unearmarked recurring finance from our Scottish Government allocation of carers funding. Previously services had been provided from external providers who also are experiencing capacity issues. We have a statutory duty to provide carers with flexibility that supports the essential day to day living tasks and promotes their interests and their wellbeing therefore this funding will move to our internal services to ensure stronger alignment with the carers assessment processes and planning.

5.0 RISKS

5.1 Outlined are the risk that have been identified by the Programme Board if the transformation of care and support at home to a social care workforce is not taken forward.

- Sustainability of the service, short, medium, and long term.
- Poor delivery of outcomes for users and carers.
- Inadequately skilled and trained workforce that are unable to meet the growing complexity of need within the community.
- Increased delayed discharges due to inadequate capacity.
- Over reliance on care homes to meet the gap/provision created through reduced capacity in community supports.
- Continued uncertainty about capacity within the external market that is adversely affecting quality outcomes for older people
- Poor compliance with the national health and social care standards that are subject to the care inspectorate scrutiny activity.

6.0 BENEFITS

6.1 The following benefits have been identified as a real outcome of the redesign of adult social care services within Inverclyde.

- Increased capacity and delivery of high quality, safe and sustainable support services for all adults
- Development of a universal job description for Social Care Worker, which will be implemented across all adult services providing contingency planning, business continuity and prioritisation of service delivery where there is significant capacity issues.
- Ability to meet the SSSC registration requirement for all social care workers to be qualified to SVQ level 3 (Home Support Workers work at level 2). Home Support Workers must be registered with SSSC within 6 months of employment and then have 5 years to complete their SVQ.
- SSSC intends to implement the requirement of all staff working in care at home to hold an SVQ Level 3. The role of social care worker within Inverclyde will be supported to undertake this qualification therefore will be in a much better place to deliver on this through the development of the social care academy.
- Trade Unions are supportive of the new job description, staff should be paid commensurate to the new tasks.
- Health care assistants currently provide similar tasks and there will be a greater alignment of the roles and responsibilities that will provide greater continuity and increased quality of care
- We will be valuing social care staff, their skills, experience, and their ability to recognise and manage risk for service user every day of the year.

7.0 IMPLICATIONS

7.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial	x		
Legal/Risk	x		
Human Resources	x		
Strategic Plan Priorities		x	
Equalities	x		
Clinical or Care Governance		x	
National Wellbeing Outcomes		x	
Children & Young People's Rights & Wellbeing			x
Environmental & Sustainability		x	
Data Protection		x	

7.2 Finance

Financial Implications

Appendix 2 sets out the additional recurring budget requirement of £1.315m and non-recurring costs for the proposals set out above: -

- Increase to Grade 4 home carers and consequential day service staff, phased in over 4 years to facilitate the move through the grade to top of scale at a recurring cost of £1.254m and £0.029m respectively
- Align supervisor posts to Grade 5 at a recurring cost of £0.032m

These will be funded as follows: -

- Recurring Winter Plan funds from 2023/24 of £0.250m
- Reduction of external care at home budget by £0.283m in 2025/26 recurrently
- Use of uncommitted recurring Carer's Act funding of £0.284m phased in over 3 years from 2024/25
- Use of complex care recurring uncommitted funds of £0.028m from 2026/27
- Use of recurring uncommitted delayed discharges funds of £0.086m from 2026/27
- Reduction of 12 residential/nursing placements, being a reduction of £0.128m each year over 3 years from 2024/25

As the recurring elements are phased over several years it is proposed to use non-recurring winter plan earmarked reserve of £0.502m to address the phasing in of the recurring efficiencies targeted to fund the additional costs.

The one-off costs of £0.048m for charging points is also funded from winter plan earmarked reserve, bringing the total commitment for use of this reserve to £0.550m over 3 years.

The costs of the redesign will be reviewed each year and will be contained within the IJB financial strategy moving forward.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
Care at Home		23/24	48	Winter plan EMR	Charging Points
		23/24	223	Winter plan EMR	Facilitate phasing of recurring savings
		24/25	279	Winter plan EMR	See Appendix A for full details
		TOTAL	550		

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
		23/24	250	Recurring Winter Plan funds	Please see Appendix A
		24/25	283	Reduction of external care at home budget	
		24/25	65		
		25/26	168	Recurring	
		26/27	51	Carer's Act funds – total of £0.284m	
		26/27	28	Complex care uncommitted funds	
		26/27	86	Delayed discharges uncommitted funds	
		24/25	128		
25/26	128	Reduction of 12 residential placements over 3 years – total of £0.384m			
26/27	128				
		TOTAL	1,315		

7.3 Legal/Risk

The legal and risk issues are summarised within this report.

7.4 Human Resources

Human resources and the Trade Unions are fully involved in the review process and are comfortable with the recommendations in the report. The proposed revised job description for the Social Care Worker has been job evaluated and, if agreed and implemented, the grade of the Social Care Worker job would be Grade 4. The trade unions on approval by IJB will ballot their members on the new job description and role.

There will be an implementation plan offering training and support to staff to undertake the role. New contracts will need to be issued and signed. If the staff do want to take on the new duties, they may opt out.

7.5 Strategic Plan Priorities

This will meet all the outcomes contained with Big Action 4- to support more people to live at home independently.

7.6 Equalities

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

x	YES – Assessed as relevant and an EqIA is required, a copy of which will be available on the Council’s website: https://www.inverclyde.gov.uk/council-and-government/equality-impact-assessments
	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	All adults have access to home care service dependent on need.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Service is provided to meet

	individual need.
People with protected characteristics feel safe within their communities.	Home care enable people to live safely at home.
People with protected characteristics feel included in the planning and developing of services.	Service users and carers are part of the assessment process
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Highlighted in training.
Opportunities to support Learning Disability service users experiencing gender-based violence are maximised.	Any concerns are highlighted through review.
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Equality is promoted throughout the service

7.7 Clinical or Care Governance

Training and skill enhancement for the revised tasks will be provided in conjunction with nursing colleagues to ensure a more joined approach to service delivery whilst respecting clinical and social care standards.

7.8 National Wellbeing Outcomes

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	This is a key aim for home care
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	Key aim for home care
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Service user feedback is important and informs service delivery
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Key aim for home care
Health and social care services contribute to reducing health inequalities.	Home care promotes independent living

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Carer feedback and support is fully recognised.
People using health and social care services are safe from harm.	Services are reviewed when required
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.	Alongside trade unions staff consultation is recognised
Resources are used effectively in the provision of health and social care services.	Best value is considered.

7.9 Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

7.10 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

7.11 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
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x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.
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8.0 DIRECTIONS

8.1	Direction Required to Council, Health Board or Both	Direction to:	
		1. No Direction Required	
		2. Inverclyde Council	x
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	

9.0 CONSULTATION

9.1 The report has been prepared after consideration with relevant senior officers in the HSCP and the relevant Elected Members of Inverclyde Council. The trade unions have also been consulted and are supportive of the recommendations contained in the report.

10.0 BACKGROUND PAPERS

10.1 None.

11.0 APPENDICES

11.1 **Appendix 1 Commissioned Home Care**
Appendix 2 Homecare Financial Budget Sheet. (See attached)

TABLE A

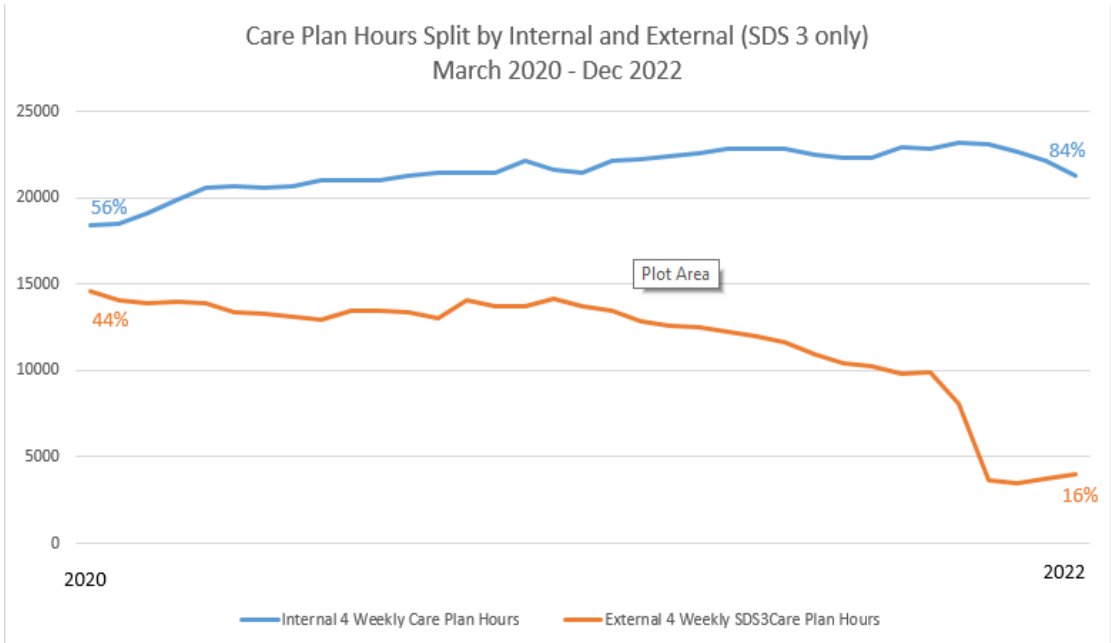


TABLE B

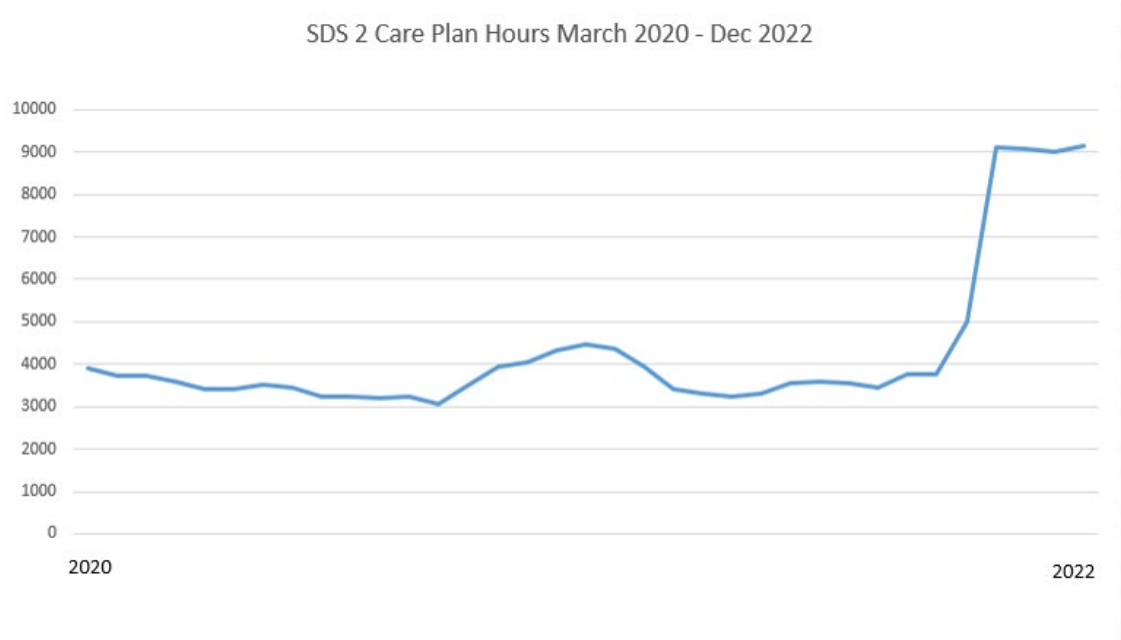


Table A shows the recovery within the Internal service from March 2020 against the downward trend within commissioned home care service.

Table B reflects the upward trend within SDS option 2 which is non framework providers which is now 27% of the total home care provision.

Appendix 2

Care At Home workers (and consequential older people day service staff) regrade

Recurring costs

	2023/24 £000s	2024/25 £000s	2025/26 £000s	2026/27 £000s	Cumulative total £000s
Proposed additional costs					
Regrade to Grade 4 - Care at home - over 4 years to top of scale	429	243	295	287	1,254
Older people - day care posts to Grade 4	12	6	5	6	29
Supervisors posts - align to Grade 5	32	0	0	0	32
Total recurring costs to be funded	473	249	300	293	1,315
Amounts funded on one off basis in previous year to be addressed on permanent basis	0	223	279	0	502

Funded by:

Recurring Winter Plan Funds	250	0	0	0	250
External care at home budget reduction 2025/26			283		283
Care's act uncommitted funds		65	168	51	284
Complex care uncommitted funds				28	28
Delayed discharges uncommitted funds				86	86
Reduction in nursing/res care - 12 beds over 3 years from 2024/25	0	128	128	128	384
Total recurring funding	250	193	579	293	1,315
Shortfall - to be met from temporary Winter Planning EMR	223	279	0	0	502

Non recurring costs

	£000s
Non recurring costs	Year 1
Charging points	48

Funded by:

Winter planning EMR	48
Total funding for non recurring costs	48