

IJB60. Future Model of Care at Home Provision

The Integration Joint Board considered a report by the Head of Integration on the future model of care at home provision. The internal Home Care service operated from 7am until 11pm and provided a mixed model in terms of packages of care to approximately 750 service users in the Falkirk area. A further 21 external providers delivered services to approximately 1097 service users.

A task and finish group considered that the inhouse Homecare service should be reshaped to focus on three specific areas of service delivery:-

Dedicated reablement teams: supporting the flow of discharge from the hospital and prevention of admissions to acute or residential care establishments. Reablement Home Care provision would work with individuals over a number of weeks to ensure they built resilience, and skills to achieve and/or maintain their maximum levels of independence. In terms of benefits for service users, reablement was a highly flexible model which could work with people on a wide range of issues aimed at reducing the need for ongoing care unless absolutely necessary. There was an opportunity to train reablement home care staff in relation to all aspects of reablement provision, ensuing appropriate qualification and on-going development.

Urgent Response provision: with the development of Home First, the need to support and maintain people within their own homes insofar as possible and the need to reduce demand on emergency residential placements and hospital admissions, there was a need to establish an urgent response care at home service to support the model. This service would be able to respond to service requests at short notice, when necessary to support hospital discharges, short term support at home at time of crisis or for those pending allocation for on-going maintenance care provision.

Maintenance Care provision: the in-house service would be required to retain an element of maintenance provision, to ensure that there remained adequate provision for those care packages that had historically proven difficult to allocate a service, either due to location , or where the partnership had struggled to provide care for some other reason. The internal service must ensure it could provide care as a provider of last resort. It was anticipated that this aspect of service would be relatively low level in terms of staff numbers.

Decision

The Integration Joint Board:-

- (1) noted the progress made by the service over the last 3 years in terms of service development and delivery;**
- (2) agreed the model for the in-house care at home service, and**
- (3) instructed the Chief Officer to progress with implementation of the agreed model.**