Pecyn Dogfennau Cyhoeddus

Pwyllgor Craffu Iechyd a Gofal

Man Cyfarfod

Dyddiad y Cyfarfod
Dydd Gwener, 25 Mehefin 2021

Amser y Cyfarfod
10.00 am

I gael rhagor o wybodaeth cysylltwch â
Lisa Richards

lisa.richards@powys.gov.uk

Neuadd Y Sir
Llandrindod
Powys
LD1 5LG

Dyddiad Cyhoeddi

Mae croeso i'r rhai sy'n cymryd rhan ddefnyddio'r Gymraeg. Os hoffech chi siarad Cymraeg yn y cyfarfod, gofynnwn i chi roi gwybod i ni erbyn hanner dydd ddau ddiwrnod cyn y cyfarfod

AGENDA

1.	**YMDDIHEURIADAU**

Derbyn ymddiheuriadau am absenoldeb.

2.	**DATGANIADAU O FUDD**

Derbyn datganiadau o fudd gan Aelodau.

3.	**DATGANIAD O CHWIPIAU PLAID**

Derbyn datganiadau ynglyn â gwaharddiad chwip plaid a gyflwynwyd i Aelod mewn perthynas â'r cyfarfod yn unol ag Adran 78 (3) Mesur Llywodraeth Leol 2001.

(D.S: atgoffir yr Aelodau, dan Adran 78, na all Aelodau sydd wedi derbyn gwaharddiad chwip plaid bleidleisio ar fater gerbron y Pwyllgor.

4.	**COFNODION**

Awdurdodi'r Cadeirydd i lofnodi cofnodion y cyfarfodydd diwethaf a gynhaliwyd ar 26 a 27 Mai 2021 fel cofnodion cywir.
(Tudalennau 1 - 6)

5.	RHAGLEN GOGLEDD POWYS

Derbyn gwybodaeth ar Raglen Gogledd Powys.

(I Ddilyn)

6.	TRAWSNEWID GWASANAETHAU CYMORTH YN Y CARTREF

Ystyried adroddiad yr Aelod Portffolio ar Wasanaethau Oedolion a'r Gymraeg.
(Tudalennau 7 - 184)

7.	GOFAL CARTREF: DATGANIAD O SEFYLLFA'R FARCHNAD AC ADDUNED POWYS.

Ystyried y Datganiad o Sefyllfa'r Farchnad ac Adduned Powys. .
(Tudalennau 185 - 212)

8.	RHAGLEN WAITH

Nodi blaenraglen waith craffu.
(Tudalennau 213 - 214)

MINUTES OF A MEETING OF THE HEALTH AND CARE SCRUTINY COMMITTEE HELD AT ON THURSDAY, 27 MAY 2021

PRESENT
County Councillors A Jenner (Chair), J Gibson-Watt, S M Hayes, P C Pritchard, L Rijnenberg, L Roberts, K M Roberts-Jones, D Rowlands, A Williams, J M Williams and R Williams

Cabinet Portfolio Holders in Attendance: County Councillor MC Alexander

Officers: M Gray, Head of Adult Services

1.	APOLOGIES

An apology for absence was received from County Councillor S McNicholas.

2.	DECLARATIONS OF INTEREST

There were no declarations of interest.

3.	DISCLOSURE OF PARTY WHIPS

There were no disclosures of party whips.

4.	PERFORMANCE

Documents:

- Monthly Adult Services Performance Report

Discussion:

- The Head of Service reminded Members that the service had invoked business continuity in March 2020. The year had been unprecedented and the Head of Service wished to thank the staff who had worked tirelessly through the year and contributed towards an Inspection during the autumn which resulted in enhanced monitoring being stepped down.
- The report was presented in a new style – the service had refined the measures and staff had greater access to the information provided
- Assist, the front door to the service, was a statutory obligation and had seen a spike in demand since December 2020 which correlated to welfare calls made. Increased demand will lead to additional work for operational teams.
- Ask Sara, a virtual OT system, was working well and promotion of the service had resulted in increased demand
- Safeguarding referrals had fallen during the pandemic with the service not being able to access care homes in the usual way. Care homes and staff have been assured that the service was still available. Cases had started to increase at the beginning of the year.
- Daily, virtual meetings were being held across the service

- Adult Services was working closely with Children's Services in promoting services available for support for abuse, domestic violence and neglect. Communications were particularly important during the pandemic.
- Performance was stable and targets had been met
- A number of new contact staff have been recruited
- There needs to be greater consistency in the recording of Information, Advice and Assistance (IAA). There had been a new cohort of staff who had not been able to access services from offices – this has been rectified by a review of forms to enable IAA to be recorded.
- During lockdown the Welsh Government had an expectation that discharges from hospital would be speedy. The service worked to discharge to rehabilitation and assessment wherever possible. Clear standards and responsibilities were monitored monthly. Patients were brought home rather that placed in interim settings although this was sometimes required whilst a package of care was finalised. An Interim Bed Monitoring Group was established.
- A new daily screening call was introduced to allow Team Managers to identify the best pathway for a client and reduce the stages in the process.
- Regional working across borders had proved challenging as had conforming to both English and Welsh legislation
- The WCCIS (Welsh Community Care and Information System), client management system, was hindering performance. The system was proving unreliable and staff were experiencing considerable difficulties leading to poor morale. The issue had been escalated to the Strategic Risk Register and discussions were ongoing with the provider and Welsh Government. The Chair sought assurance that the issues were not compromising health and safety and was informed that the system was causing administrative difficulties and delays and that there is a risk caused by this which is why the matter has been escalated to the corporate risk register. The Chair reported that she has already asked for an update from the Director on how this is being escalated.
- The service is continuing with its programme of right sizing packages of care to ensure they are appropriate
- Day centres and services were closed at the beginning of the pandemic as a prevention control measure and staff deployed into other roles including community outreach work to ensure clients continued to be supported. A decision will need to be taken when it will be safe to reopen these services – social distancing will limit the availability of the service
- Investment into Technology Enabled Care (TEC) continues – there had been 32 TEC clients in March 2020, but this had increased to 575 in March 2021
- The Authority's investment in ICT had enabled staff to move to home working relatively easily
- The vital role of unpaid carers was acknowledged. Partnerships had been stepped back during the pandemic but the Carers' Steering Group had been maintained. A Plan on a Page had been developed.
- A key issue was to focus on prevention and early intervention. A Community Connector is in place in each of the 13 localities and can assist in identifing local provision
- There are a few clients waiting for domiciliary care provision – only two clients were waiting during the previous month

- Investment has been made into the moving with dignity approach. The oldest age group that service is provided for is 105-109.
- Direct Payments provide as much choice and control as possible for residents. There is further work to do to ensure that administration is easier and a virtual wallet is being introduced which removes the need for paper records and avoids the need for clawback. A Care and Support Finder tool enables a resident or their family to source a Personal Assistant or Micro-enterprise (sole traders who are able to deliver more personalised care).

County Councillor J Gibson-Watt declared a personal interest in Direct Payments.

- There has been a steady increase in the number of referrals for OT services
- Actions for the service include managing demand, consideration of day opportunities including creativity of alternative provision and continuing to focus on early intervention and prevention. Packages of care will be timely and reviewed regularly and be proportionate.
- There is significant pressure in care homes – at the peak of the pandemic, 19 out of 31 care homes were closed due to Covid. This has reduced to 2 more recently. Care homes will continue to be monitored.
- There is continuing progress with supported living and extra care housing
- The Head of Service acknowledged that the workforce had been working flexibly during the pandemic, many of whom had been redeployed to support mission critical activities. As of April 2021, 81 staff are redeployed. Some staff have been furloughed where they were unable to work or be redeployed. Staffing capacity has been affected with Provider Services taking the brunt of the impact as some staff could not work within the 2m guideline.
- Staff have been working longer hours and more flexibly – staff wellbeing has been key and support through virtual lunches etc has been welcomed. Weekly virtual ‘check-ins’ with Team Managers have been invaluable in setting priorities and raising issues. These meetings will continue as the service moves back to ‘business as usual’.
- The Committee welcomed the data and requested that performance information be circulated monthly even if it were not to be considered in detail at a formal Committee meeting
- The Head of Service was asked if professionals and partners were still using Assist. New web forms had been introduced – in April 2020, 134 contacts were made rising to 262 in April 2021. Use of these forms was key. It was noted that external agencies or partners should not take a view on what care was required for a client before the ‘what matters’ conversation takes place. Continuous feedback is available enabling earlier action to be taken if a form is wrongly completed etc
- Reviews are undertaken after 6 weeks and thereafter, annually. There has been a decline in performance as it has not been possible to undertake virtual visits with care home clients and some cases are too complex to complete by telephone. Wellbeing calls are being undertaken but comprehensive reviews are not possible.
- 142 reviews were completed within the timescale, 2 were outstanding for over a month and 174 have not been completed at all. It is possible for

managers to interrogate the system to ascertain the specific details of each case.

- There were no details regarding Deprivation of Liberty Safeguards (DOLS) in the report -details could be provided. The threshold had been significantly reduced some years ago leading to an increase in DOLS creating a backlog. This is reducing. Details could be built into future monthly reports. DOLS are to transition to Liberty Protection Safeguards (LPS) in April 2022. A revised Code of Practice and Regulations were awaited. However, it was likely that additional work would be created as LPS will cover all settings and not just hospitals and care homes. LPS will also be applicable to over 16s. Additional workforce capacity was currently being assessed. Further information has been requested on this and can be provided to scrutiny for review.
- The Committee questioned whether there had been an increase in leavers – the Head of Service informed the Committee that there had been three leavers during April but there was no cause for concern. Immediate line managers are provided with details of exit interviews – these could be made available to senior managers if required.
- Some concern was expressed regarding duplication of work between the warden service and carers. The Committee was advised that the two roles were different. Members have already requested an update on the transformation of the warden service and the Portfolio Holder suggested that this be considered in the context of home support.
- 22.5% of social workers are agency workers. The service would prefer permanent social workers. The number had reduced more recently but the nature of short-term funding streams can lead to difficulties in recruitment. However there had been a number of agency workers who had become permanent.
- One measure reported the percentage of carers that felt supported – the Chair questioned how this was measured. The information was drawn from a quarterly survey. If a carer did not feel supported a review of needs would be undertaken and support may be changed. More carers breaks and respite options are being developed. It was queried whether there is data for carers who do not feel supported and reported that this can be looked into to see if can be provided going forward.
- A further question regarding how to define the appropriateness of TEC provided – the dedicated TEC team works alongside operational teams to ensure the resident is supported with whatever TEC is provided. Trials of equipment for residents and their families or carers are offered and support offered throughout the process.
- The number of complaints had fallen and none had moved to Stage 2. A Policy and Customer Care Officer has been newly appointed and a mediatory approach is being taken which ensure complaints are dealt with more effectively and at an earlier stage. The Chair requested further information and data regarding complaints data e.g. to show timescales for being resolved.

Outcomes:

- **Monthly performance reports would be circulated to Committee Members for information**
- **An update on the Warden Service transformation would be provided in due course**

5.	SERVICE RISK REGISTER

Documents:

- Service Risk Register

Discussion:

- Service risks are monitored through a joint Senior Management Team covering both operational and commissioning services
- A review had taken place and five key risks identified on a themed basis
- The inherent risk was the original scoring of the risk with the residual score representing the risk following mitigation
- The budget risk includes potential risks arising from demographic changes, inflationary pressures, covid surges in demand, agency staff and continuing health care. A protocol regarding CHC is to be applied appropriately and consistently. The integrated budget planning cycle is one of the mitigating measures. Early intervention and prevention is also key. The service is reducing its reliance on agency workers and this is monitored regularly. The service makes best use of Welsh Government funding including the Hardship Fund. The Committee would be considering Q1 financial position and progress against cost reductions at its July meeting.
- The service achieved an underspend at the end of the 2020/21 financial year. 88% of efficiencies had been achieved by February 2021. Grants received and contract reductions from services not delivered all led to the overall financial position. The budget setting process will resume soon and will continue with the strengths-based approach.
- Transformation has continued despite the pandemic
- WCCIS is a significant risk, but the service cannot mitigate the impact as it has no control over the system
- There is uncertainty regarding future demand, particularly in relation to long covid. The demand on the service may continue long after the demand on the health service has reduced. This has an additional impact on workforce planning.

Outcomes:

- **The report was noted**

County Councillor A Jenner (Chair)

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Health and Care Scrutiny Committee
Date: 25/06/2021

Report Title:	**Transforming Prevention Services: Roll-out and mainstreaming of Home Support Services across Powys**
Lead Officer:	Dylan Owen (Head of Commissioning – Childrens and Adults)
Key Issues in the report highlighted by Lead Officer	Approval and support for the transformational development, roll-out and delivery of Home Support from three to thirteen localities in Powys. This will require: • Co-production by bringing together several overlapping and compatible Live Well/PCC/PTHB workstreams/service provision • Rethinking/re-designing current service provision • Re-engineering/redirecting of current resources/finances and/or new resourcing/cost pressure to fund the roll-out.

Key Feeders (Tick all that apply)	Strategic Risk		Cabinet Work Plan		Corporate Plan	X
	Director / HoS Key Issue		External / Internal Inspection		Service Business Plan	
	Existing Commitment / Annual Report	X	Performance / Finance Issue		Suggestion from Members	X
	Suggestion from Public		Referral from Council / Committee		Partnerships	X
	Impacting Public / other services	X				

Scrutiny Impact (Tick all that apply)	Policy Review		Performance		Pre-Decision Scrutiny	
	Informing Policy Development		Evidence Gathering		Strategic Issue	X
	Risk		Corporate Improvement Plan / Strategic Equality Plan	X	Finance	X
	Service Plan		Partnerships			
	Other (please specify)	Service transformation/development (efficient/effective)				

Suggested scrutiny activity. What specific elements of the report would scrutiny comment add value	Committee's Role: • Proposal to roll-out/mainstream Home Support across all thirteen localities in Powys • Options to Progress • Financing proposal • Procuring Home Support services • Key stakeholders • Risks

Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol

CYNGOR SIR *POWYS* COUNTY COUNCIL

CABINET EXECUTIVE
6 July 2021

REPORT AUTHOR:	**County Councillor Myfanwy Alexander** **Portfolio Holder for Adult Social Care and Welsh Language**
REPORT TITLE:	**Transforming Prevention Services: Roll-out and mainstreaming of Home Support Services across Powys**

REPORT FOR:	**Decision / Discussion**

1. Purpose

1.1 The aim of this proposal is to make the transformation of prevention services within Live Well and Age Well Commissioning a strategic priority by bringing together several overlapping and compatible workstreams/ service provision to deliver on the strategic objective to roll-out and mainstream home support services from three to all thirteen localities in Powys. And, in doing so, optimise sustainable approaches and value for money in service commissioning and delivery.

2. Background

2.1 Home Support is an early intervention service for citizens (50+) that provides the support and practical assistance an individual may need in their day-to-day life to stay living at home, safely and independently. This includes a range of scheduled interventions and unscheduled support 24/7 (OOH as first responders through community alarms).

2.2 Home Support is an integral part of the One Powys/Vision 2020/25 prevention and early intervention programme and helps to optimise health and wellbeing, reduce the impact of isolation and loneliness and the prevention and/or delay in the escalation of needs and more formal care and support.

2.3 In 2018 Integrated Care Fund (ICF) funding was awarded to support the development and roll-out/pilot of the Rhayader Home Support Service to a further three of the thirteen Powys localities - East Radnor (Presteigne and Knighton), Llandrindod Wells and Llanidloes. Comprehensive evaluation (and resulting recommendations) after the first year secured a further 2 years of ICF funding to March 31st, 2021, to support the on-going development,

mainstreaming and roll-out of Home Support services across Powys. In January 2021, the Welsh Government, and local Regional Partnership Board (RPB), extended ICF funding for a further year to March 31st, 2022, to support the project to deliver aims and actions delayed due to the pandemic.

2.4 The Home Support service specification developed and drawn up at the beginning of the project indicated the anticipated outcomes at an individual, operational, and 'system'/community level. The aim of this approach has been to embed outcome-based decision making into the planning, commissioning, delivering, and reviewing of services and ensure accountability within partnerships and programmes of work. Since 2018 each service area has recorded data daily to provide monthly reports in relation to the outcomes, and show what has been delivered, how well the service has been delivered/received and the difference the service has made.

2.5 Consequently, there is a substantial amount of local data demonstrating the work and impact Home Support services have had within the areas in which they operate. This is evidenced in the first annual report (2018/19) published in June 2019 which resulted in several strategic and operational recommendations to support the development and progression of the project. Whilst progress has been made in 2019/2020 to deliver on the recommendations, there has been a delay in achieving them all due to the pandemic and resultant PCC 'business critical' focus. Indeed, Home Support activity increased and adapted to ensure the most vulnerable citizens have access to support, which has been a crucial part of the PCC and indeed Powys-wide Covid-19 response.

2.6 Concurrently, since May 2020, the Livewell Commissioning team has engaged significantly with the twenty Community and Voluntary Service (CVS) grant funded organisations. This secured positive relationships, communications, and support for/with each organisation. It also provided the opportunity to review, develop and improve commissioning practices and service procurement in relation to preventative approaches and interventions and the role of CVS organisations and PCC provision within that. Also, during this time, there has been further development of the North Powys Project including the review the Integrated Community Model of Care, home-based care/community-based/early intervention pathways and the aims and principles of the Section 33 partnership agreement.

2.7 The consequential learning across all these areas of work have prompted very real opportunities to join up, pool and deliver on the overarching strategic objective of the Home Support project to transform prevention services across Powys by securing sustainable approaches and value for money in the provision of support for individuals living at home in Powys. Specifically, this means realising the ambition to roll-out and mainstream home support services in all

the Powys localities, and in doing so support innovative and proven interventions that optimise independence and in doing so ensure that citizens in Powys have access to support as and when they need to.

2.8 Please see supporting papers for detail/more information embedded in the Appendix:

- Transforming Prevention Services: Roll-out and mainstreaming of Home Support Services across Powys Single Business Justification (Spring 2021) Version 6 (03.06.21)
- Transforming Prevention Services: Roll-out and mainstreaming of Home Support Services across Powys. Scoping Paper (Spring 2021) Version 6 (14/05/21)
- 3-Year Project Review (Draft/Incomplete), April 1st, 2018 – March 31st, 2021. Version 5 (15/05/21)
- Powys Home Support Annual Report April 1st, 2018 – March 31st, 2019. FV (03/06/12)

3. Advice

3.1 Cabinet to approve and support of the transformational development, roll-out and delivery of Home Support from three to thirteen localities in Powys. This will require:

3.1.1 Co-production by bringing together several overlapping and compatible Live Well/PCC/PTHB workstreams/service provision
3.1.2 Rethinking/re-designing current service provision
3.1.3 Re-engineering/redirecting of current resources/finances and/or new resourcing/cost pressure to fund the roll-out.

3.2 **Social Services Board Feedback (21/04/21):**

3.2.1 The Social Services Board recognised the opportunities in developing home support and gave their support for continuing with the project.
3.2.2 The Board requested that the development should be considered by Scrutiny and the Cabinet to support the principle of developing home support across Powys and to:
3.2.2.1 Develop the service incrementally as opportunities arise
3.2.2.2 To include development of home support into the financial resource modelling and integrated business planning for future years to ensure that costs avoided (because of home support) are re-invested into the development of this early intervention service.
3.2.3 Need to consider and recognise the impact the service will have on the carbon footprint (i.e., less travel, fewer ambulance call outs).
3.2.4 To introduce a Home Support Steering Group to included wider stakeholders to drive investment and development.

3.3 **Live Well Partnership Home Support Roll-out: Reflective Workshop (19/05/21)**

3.3.1 Very positive engagement and feedback from all participants. Successful ICF project which has thus far is demonstrated that Home Support is a proven model. The workshop all agreed that as a partnership, all participants supported the proposal to roll-out Home Support across all Powys localities. Additional to SSB feedback, the workshop highlighted opportunities to consider:

3.3.1.1 Alliance contracting approach/Asset-based Community development

3.3.1.2 Sustainable collaborative governance and community asset working – 'co-producing and procuring' Home Support via existing community services/residents and devolved /local service management and delivery and reduced carbon footprint

3.3.1.3 Supporting 'incomers' to integrate/reduce social isolation/ownership of local community service by encouraging volunteering in Home Support and then if/as necessary receive Home Support services in later years

3.3.1.4 Optimizing intergenerational partnerships

3.3.1.5 Tailoring presentations to reflect audience benefits including service specific statutory support, cost avoidances and case studies

3.3.1.6 Opportunities for people with a range of needs including learning disabilities/autism and linking into CVS provision and other services (WAST/Fire and Rescue, Housing, Health)

3.3.1.7 Outcome: Presentation and meeting notes to be circulated and all comments will be added to Home Support Action Plan and summary of workshop will be included in forthcoming board papers

3.4 This development opportunity is going to be considered by the Age Well Partnership, and the Regional Partnership Board, to continue the partnership support.

3.5 The development of home support will be undertaken in conjunction and interwoven with other developments, such as the roll-out of Technology Enabled Care (TEC) and the extra care schemes. The extra care scheme in Ystradgynlais will provide an outreach home support services for the wider community in that area.

4. Resource Implications

4.1 The development of this service will be managed fully within the Adult Social Care budget and will not require investment, other than that provided by partners or funded through other cost avoidance and saving measures made by Adult Social Care.

4.2 The process of development will be incremental and on a locality basis. The opportunities to redirect or repurpose funding will be identified per locality. Each locality is unique in terms of the

demographic and existing community provision and as such the reconfiguration options will be varied. The process going forward will involve the development of single, locality individual business cases which will clearly identify the opportunities for redirection of resources within Adult Services' existing financial envelope.

4.3 The examples given below are an indication only and would only need to be considered if the service was being developed over a short period of time and seeking investment from the Council. This is not the case (see 4.1) and 4.4 should be viewed as an overarching estimate of service costs only.

4.4 Initial scoping to finance the set-up and roll-out of Home Support extend/re-engineer locality services (new/re-directed/temp pump priming (ICF/Transformational/match funding/other funds) to deliver the full Home Support model:

13 Home Support Localities	
Project/Officer Costs	£90,000.00
Set up for 11 localities (as R/LWHS & ERHS in place)	£148,000.00
Ongoing/Annual for 13 localities	£1,581,180.12
Total	£1,819,180.12

10 Home Support Localities	
Project/Officer Costs	£90,000.00
Set up for 8 localities (as R/LWHS & ERHS in place)	£108,000.00
Ongoing/Annual for 10 localities	£1,216,292.40
Total	£1,414,292.40

-£55,000	Without CIW Reg set up in 11 L

-£40,000	Without CIW Reg in set up in 8L

4.5 The Head of Finance (Section 151 officer) notes that the development of the service will be managed within the existing Adult Social Care budget through the redirection and repurposing of funding released elsewhere within the service, or through the securing of additional funding streams. Business cases which will clearly identify the opportunities for redirection of resources will be submitted to support this and to demonstrate the impact of the change on service users. On this basis the recommendation can be supported.

5. Legal implications

5.1 There are no legal implications to this development, which aligns fully with the Social Services and Wellbeing (Wales) Act 2014 and the Code of Practice on early intervention and prevention.

5.2 Monitoring Officer Comments

6. Data Protection

6.1 There are no data protection implications to the proposals set out in this report.

7. Comment from local member(s)

7.1 This is a service development across the county and, as such, will be of interest to all local members.

8. Integrated Impact Assessment

8.1 As this report relates to developing and rolling-out a new early help service for adults in Powys it is not anticipated that there will be any negative impacts and, as such, an Integrated Impact Assessment is not required.

9. Recommendation

9.1 To support the development of home support services across Powys incrementally when finance becomes available and for the Head of Commissioning to ensure that the development is fully funded, either from existing finances, cost avoidance/savings re-investment, wider grant or national government funding opportunities, or from partner investments.

Contact Officer:	Rachel Evans
Email:	rachel.evans@powys.gov.uk
Head of Service:	Dylan Owen
Corporate Director:	Alison Bulman

Appendices

- Transforming Prevention Services: Roll-out and mainstreaming of Home Support Services across Powys Single Business Justification (Spring 2021) Version 6 (3.6.21)

- Transforming Prevention Services: Roll-out and mainstreaming of Home Support Services across Powys. Scoping Paper (Spring 2021) Version 6 (14/05/21)

- 3-Year Project Review (Draft/Incomplete), April 1st, 2018 – March 31st, 2021. Version 5 (15/05/21). Final Version due July 2021.

- Powys Home Support Annual Report April 1st, 2018 – March 31st, 2019. FV (03/06/12)

Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol

Transforming Prevention Services: Roll-out and mainstreaming of Home Support Services across Powys

Single Business Justification
Spring 2021

Version 6

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BUSINESS CASE: KEY DETAILS PAGE COMPLETED/UPDATE BY: INITIATIVE MANAGER AT EACH NEW VERSION]	
Initiative Name:	Dave Moody/Sue Hall
Filename:	Business Case – V6
Location:	[insert filepath reference re. your project's documentation]
Delivery Date:	April 1st, 2022/23
Project Mgr:	Dave Moody
Senior Responsible Owner:	Rachel Evans

Does this business case require restricted access on SharePoint?	Yes

What is/will be the progress reporting mechanism for this project	Livewell Board/Age Well Board/RPB

Version	**V6**	**Date**	**3/6/21**	**Author**	**Sue Hall (amended by Rachel Evans 3.6.21)**

Summary of Changes Proposed

The aim of this proposal is to support the transformation of prevention services within Livewell Commissioning by bringing together several overlapping and compatible workstreams/service provision and responses to the pandemic to deliver on the strategic objective to roll-out and mainstream home support services across all the Powys localities. And, in doing so, optimise sustainable approaches and value for money in service commissioning and delivery.

INITIATIVE NAME	Dave Moody/Sue Hall
INITIVE MANAGER	Dave Moody
INITIATIVE OWNER	Rachel Evans
DATE	April 2021

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1.0 EXECUTIVE SUMMARY

1.1 Executive Summary

Home Support is an early intervention service for citizens (50+) that provides the support and practical assistance an individual may need in their day-to-day life to stay living at home, safely and independently. This includes a range of scheduled interventions and unscheduled support 24/7 (OOH as first responders through community alarms).

Home Support is an integral part of the One Powys/Vision 2020/25 prevention and early intervention programme and helps to optimise health and wellbeing, reduce the impact of isolation and loneliness and the prevention and/or delay in the escalation of needs and more formal care and support.

In 2018 Integrated Care Fund (ICF) funding was awarded to support the development and roll-out/pilot of the Rhayader Home Support Service to a further three of the thirteen Powys localities - East Radnor (Presteigne and Knighton), Llandrindod Wells and Llanidloes. Comprehensive evaluation (and resulting recommendations) after the first year secured a further 2 years of ICF funding to March 31st, 2021, to support the on-going development, mainstreaming and roll-out of Home Support services across Powys. In January 2021, the Welsh Government, and local Regional Partnership Board (RPB), extended ICF funding for a further year to March 31st, 2022, to support the project to deliver aims and actions delayed due to the pandemic.

The Home Support service specification developed and drawn up at the beginning of the project indicated the anticipated outcomes at an individual, operational, and 'system'/community level. The aim of this approach has been to embed outcome-based decision making into the planning, commissioning, delivering, and reviewing of services and ensure accountability within partnerships and programmes of work. Since 2018 each service area has recorded data daily to provide monthly reports in relation to the outcomes, and show what has been delivered, how well the service has been delivered/received and the difference the service has made.

Consequently, there is a substantial amount of local data demonstrating the work and impact Home Support services have had within the areas in which they operate. This is evidenced in the first annual report (2018/19) published in June 2019 which resulted in several strategic and operational recommendations to support the development and progression of the project. Whilst progress has been made in 2019/2020 to deliver on the recommendations, there has been a delay in achieving them all due to the pandemic and resultant PCC 'business critical' focus. Indeed, Home Support activity increased and adapted to ensure the most vulnerable citizens have access to support, which has been a crucial part of the PCC and indeed Powys-wide Covid-19 response.

Concurrently, since May 2020, the Livewell Commissioning team has engaged significantly with the twenty Community and Voluntary Service (CVS) grant funded organisations. This secured positive relationships, communications, and support for/with each organisation. It also provided the opportunity to review, develop and improve commissioning practices and service procurement in relation to preventative approaches and interventions and the role of CVS organisations and PCC provision within that. Also, during this time, there has been further development of the North Powys Project including the review the Integrated Community Model of Care, home-based

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care/community-based/early intervention pathways and the aims and principles of the Section 33 partnership agreement.

The consequential learning across all these areas of work have prompted very real opportunities to join up, pool and deliver on the overarching strategic objective of the Home Support project to transform prevention services across Powys by securing sustainable approaches and value for money in the provision of support for individuals living at home in Powys. Specifically, this means realising the ambition to roll-out and mainstream home support services in all the Powys localities, and in doing so support innovative and proven interventions that optimise independence and in doing so ensure that citizens in Powys have access to support as and when they need to.

This proposal is to seek approval to transform prevention services across Powys by securing sustainable approaches and value for money in the provision of support for individuals living at home in Powys. Specifically, this means the delivery of the strategic aim to roll-out and mainstream home support services in all the Powys localities.

1.2 Recommendation

To approve and support the transformational development, roll-out and delivery of Home Support across Powys. This will require:

- Co-production by bringing together several overlapping and compatible Livewell/PCC/PTHB workstreams/service provision
- Rethinking/re-designing current service provision
- Re-engineering/directing of current resources/finances and/or new resourcing to fund the roll-out

1.3 Financial Implications

Initial scoping to finance the set-up and roll-out of Home Support extend/re-engineer locality services (new/re-directed/temp pump priming (ICF/Transformational/match funding/other funds) to deliver the full Home Support model:

13 Home Support Localities	
Project/Officer Costs	£90,000.00
Set up for 11 localities (as R/LWHS & ERHS in place)	£148,000.00
Ongoing/Annual for 13 localities	£1,581,180.12
Total	£1,819,180.12

-£55,000	Without CIW Reg set up in 11 L

10 Home Support Localities	
Project/Officer Costs	£90,000.00
Set up for 8 localities (as R/LWHS & ERHS in place)	£108,000.00
Ongoing/Annual for 10 localities	£1,216,292.40
Total	£1,414,292.40

-£40,000	Without CIW Reg in set up in 8L

NB: Project Costs: Grade 10 (travel/IT) to manage/support the Home Support roll-out/ongoing monitoring and evaluation/HR/Admin to support initial work. It is anticipated that these posts will sit within Livewell Commissioning Team and work closely and alongside key commissioning and operational personnel.

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2.0 STRATEGIC CASE

2.1 Purpose

The purpose of this project is to transform prevention services within Livewell Commissioning by bringing together several overlapping and compatible Livewell workstreams/service provision and rethinking/redesigning service provision that meets needs and makes the best use of available resources to deliver on the strategic objective to roll-out and mainstream home support services across all the Powys localities.

2.2 Financial Implications

Initial scoping to finance the set-up and roll-out of Home Support extend/re-engineer locality services (new/re-directed/temp pump priming (ICF/Transformational/match funding/other funds) to deliver the full Home Support model:

13 Home Support Localities	
Project/Officer Costs	£90,000.00
Set up for 11 localities (as R/LWHS & ERHS in place)	£148,000.00
Ongoing/Annual for 13 localities	£1,581,180.12
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NB: Project Costs: Grade 10 (travel/IT) to manage/support the Home Support roll-out/ongoing monitoring and evaluation/HR/Admin to support initial work. It is anticipated that these posts will sit within Livewell Commissioning Team and work closely and alongside key commissioning and operational personnel.

2.3 Strategic Context

Home Support and the Livewell grant awards to the community and voluntary sector align to the following policy documents:

- Social Services and Wellbeing (Wales) Act (2014)
- Powys Health and Care Strategy/Vision 2020/25 (2020)
- Mental Health Measure/Together for Mental Health (2019-22)
- Improving Lives Programme (2018)
- Powys County Council Corporate Improvement Plan (2019-2022)
- Towards 2040 The Powys Wellbeing Plan (2018)
- Powys Population Assessment (2015)
- Powys Public Services Board's Wellbeing Assessment/Residents Survey (2015)
- Commissioning and Commercial Strategy Powys County Council (2017/20)
- Powys County Council Transformation Approach: Service Redesign/Digital Transformation Programmes and Projects, Small-scale change (2021)
- EU Procurement Regulations (current)

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- Welsh Procurement Policy Statement (2015)
- Equality Act 2010 (Statutory Requirements) (Wales) Regulations (2011)
- Coronavirus-covid-19 and Beyond (SCIE Adult Social Care Recommendations (Oct 2020))
- Think Local, Act Personal - partnership agreement confirmed as the future direction of social care (2010)

1) Vision 2025 Corporate Improvement Plan (April 2019-March 2022)

Wellbeing objective 2: We will lead the way in providing effective, integrated health and care in a rural environment.

"High quality health and care services are a priority for all of us and we are committed to working with our partners in the NHS and the third sector to provide seamless health and social care services at the right time and in the right place. We will continue to do all we can to provide as many caring services as possible within the boundaries of Powys, whilst using a strengths'-based approach to promote independence and self-care wherever possible. Between 2020 – 2025, we will ensure that Powys adults are safe, resilient, fulfilled and have their voices heard, valued, and acted on:

CIP 1: Focus on wellbeing and support people through the life course Front door - There is an effective council front door which keeps people safe and finds solutions for people and their problems that demonstrates its impact in terms of diversions from formal care and delivering good outcomes.

- **Action:** To work with the Powys Teaching Health Board to align 3rd sector commissioning and to ensure that all 3rd sector commissioning is targeted at Health and Care Strategy Outcomes.

CIP 2: Provide joined up care, ensuring people are at the centre of health and care services and minimising duplication and complications between organisations and teams.

CIP 4: Create innovative environments that promote innovation, research, and development across all aspects of the health and care system - To ensure there is timely, targeted, and effective use of reablement, rehabilitation and support that has a focus on enabling independence and self-management and avoiding the over-prescription of care.

- **Action:** To mainstream home-based practical support following ICF evaluation.
- **Action:** Complete transformation of daytime opportunities for older people. This includes reducing in-house provision according to demand, supporting people with direct payments where possible, and looking at potential alternative providers
- **Action:** Support the development of Regional Rural Centre in Newtown

CIP 6: Work in partnership to transform health and care services and improve wellbeing. (2)

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2) Health and Care Strategy (2020)

OBJECTIVES	OUTCOMES	OUTCOME REF	
	I am responsible for my own health and wellbeing.	WB1	x
	I am able to lead a fulfilled life.	WB2	x
	I am able and supported to make healthy lifestyle choices about my mental and physical health, and wellbeing, for myself and my family.	WB3	x
	I have life opportunities whoever I am and wherever I live in Powys.	WB4	x
	The environment/community I live in supports me to be connected and to maintain my health and wellbeing.	WB5	x
	As a carer I am able to live a fulfilled life and feel supported.	WB6	x
	I can easily access information, advice, and assistance to inform myself and remain active and independent.	EH1	x
	I have easy access, advice and support to help me live well with my long-term condition.	EH3	x
	I have easy access to support, information and early diagnosis.	TB1	x
	I have early intervention and appropriate treatment.	TB2	x
	My treatment and support is high quality, evidence based and timely as locally as possible.	TB3	x
	I have timely access to equitable services as locally as possible	JU1	x
	I am treated as an individual with dignity and respect.	JU2	x
	I receive continuity of care which is safe and meets my needs.	JU3	x
	I am safe and supported to live a fulfilled life.	JU4	x
	Those who I need to support me are able to make decisions and respond because they are well informed and qualified. If they cannot help me directly, they know who can.	WF1	x
	As a carer, I and those who I care for are part of 'the team'	WF2	x
	I am enabled to provide services digitally where appropriate.	WF4	x
	I am part of a thriving community that has a range of opportunities for health and social care, social events, access to advice and guidance services to support my wellbeing.	IE1	x
	I am able to have my home adapted to help me to live independently and make me feel safe.	1E4	x
	I have care in a fit for purpose environment that enhances my experience	1E5	x
	I am helped to use technology and gain access to resources to allow me to be digitally independent.	DF2	x
	As a Powys resident I 'tell my story' once and I am confident that those looking after me are working together in my best interest considering Welsh language and cultural diversity.	TP1	x
	The services I receive are coordinated and seamless	TP2	x

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3) The Adult Services re-shaping plan (2018-23)

Priority improvement outcomes as a response to CIW inspection recommendations and guidance set out by the Institute of Public Care "six steps to managing demand in adult social care", led by Professor John Bolton. The six steps and two key actions are:

- Managing demand through the front door of the Council
- Managing demand from hospitals
- Effective short-term interventions for people in the community
- Designing the care system for people with long term care and support needs
- Developing a workforce to manage demand
- Governance and management arrangements to sustain improvements

4) Powys Public Services Board's Wellbeing Assessment/Residents Survey (2015)

- Older people want to live independently for as long as possible and need a good choice of accommodation options. Currently, provision is available but not necessarily in the right place. Resident's survey: 93% of respondents agreed that "preventing homelessness" should be a priority.
- Powys has one of the most challenging remits in Wales in terms of access to services, in particular access to areas by foot or public transport is poor.
- Disabled and older people had a worse experience in trying to gain employment than the other groups listed in the survey
- The increase in the digital information channels excludes certain sections of society and the biggest division relates to age and disability. Resident's survey: 73% of respondents felt that "enabling communities in Powys to become more digitally inclusive" was an important objective.

5) Recommendations for the future of adult social care reform (SCIE Oct 2020)

- Shift investment and focus away from remedial and acute services, towards community-centred preventative models of care, support, housing, and technology.
- Increase investment in models of care that are proven to maintain people's resilience, wellbeing, and independence.
- Bolster community resilience and enable people to live well at home that is supported locally through co-produced and outcome-focused forms of commissioning, that facilitates a shift in funding and focus on preventative approaches to care.
- The Government should introduce a prevention strategy which clearly sets out how it will support the sector to create more person-centred care and support that help prevent, delay, or reduce the need for more formal care services.
- Creating asset-based areas supported by an innovation fund for adult social care, which would fund a number of local-area 'exemplars' to implement asset-based, preventative, approaches to care and support at scale, from which the wider sector would learn.

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2.4 Case for Change

A. Business needs

This proposal has been developed in response to the demographic, geographic and cultural, economic, and strategic (as highlighted above) landscape in Powys. And, of consistent and positive outcomes of several years of Home Support services and the contribution/role of the community and voluntary sector (CVS) organisations - all serving to place prevention at the heart of social (and health) care services and supporting local communities to take a greater role in promoting health and wellbeing. This is particularly so at a time of increasing challenges (including the pandemic) and decreasing resources.

The draft 3-year Home Support Report clearly indicates Home Support has played a very strong and integral part in response to the pandemic. There has been a significant increase in membership and active membership in response to the increase in need/anxiety/preparedness to the pandemic. This has in turn increased Home Support activity particularly in welfare calls/essential shopping and prescription collection and deliveries.

Feedback from service users and carers has been consistently positive regarding key health and wellbeing outcomes – 91% of whom wish to remain in their own homes and a member of Home Support. This is a very strong endorsement and reflection of the Home Support staff and their ongoing professionalism and commitment to the provision of high quality relevant and personal services.

Concurrently, the Livewell Commissioning team has engaged significantly with all the current CVS grant funded organisations since May 2020. This has not only secured effective engagement, communications, and support for/with organisations, but has also provided the opportunity to review, develop and improve current practices in relation to CVS commissioning (see separate Transformation Business case) and future service need and provision.

Alongside this, there has been the development of the North Powys Project including the review the Integrated Community Model of Care, home-based care/community-based pathway and the aims and principles of the Section 33 partnership agreement. There has also been considerable discussion about the future of services in response to and a result of the pandemic (e.g., suspension of day services/centres).

The consequential learning across these areas of work have prompted very real opportunities to join up, pool and deliver on key strategic objectives, and addressing need (including specific responses to Covid-19) within a very uncertain economic climate.

This proposal is to optimise sustainable approaches and value for money in the provision of support for individuals living in Powys people going forward. Specifically, this means delivery of the strategic aim to mainstream sustainable home support services in all the Powys localities.

The business case for and future provision of Home Support, Livewell grant funded CVS services as well as similar/connected services (e.g., day centres/services/befriending/Covid-19 community groups/supporting people/North Powys Project/community connectors) require revising for the following reasons:

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- Out of date population needs assessment references to ensure commissioned service respond to current need/gaps/ assets)
- Unaligned/duplication of commissioned service provision
- Inconsistent service access and provision across Powys
- Current SLA not responding to needs because of Covid-19
- Commissioning practices not working within current NHS/PCC Commissioning and Procurement guidelines
- Inconsistent engagement and communication with CVS organisations
- Lack of consistent clarity in relation to CVS value/ contribution
- Current contract/grant monitoring practices for Home Support and CVS organisations not consistent/adequate (CVS)/joined up nor collectively capturing an overall picture of service provision and impact.

B. Benefits
The key benefits of this project are to:

- Improved outcomes for citizens of Powys
- Secure innovative and sustainable Home Support services across Powys (13/10 localities)
- Improved value for money through smarter allocation of Home Support resources
- Join up, pool, and deliver on key strategic objectives, and addressing need (including specific responses to Covid-19)
- Optimise funding opportunities (new/re-directed/temp pump priming (ICF/ Transformational/match funding/other funds) to deliver the full Home Support model.
- Review current commissioning CVS/3rd Sector grants/agreements/'contracts' (NB who are they?) within PCC alongside PTHB to determine what will be awarded 2021/22 transformation (see separate Transformation Business Justification)
- Support/develop joined up/joint Livewell commissioning prevention workstreams
- Develop partnership delivery opportunities and/or parallel approaches (e.g., North Powys Project)
- Review/match PCC resourcing/provision against strategic/population need
- Improve engagement and communication with CVS organisations
- Enhance co-production and partnership working
- Provide consistency and clarity in relation to Home Support and CVS value/ contribution
- Ensure compliance NHS/LA Commissioning and Procurement
- Review and develop CVS/Home Support commissioning processes and practices
- Support consistent service access and provision across Powys
- Economic investment in Powys (indirect income generation/employment)

C. Risks
The risks are dependent on the approved timescales and which/what incremental approach is adopted, and governance/approval required. Risks include:

- Insufficient funding/re-engineered resources (H)
- Inadequate engagement/consultation/co-production of/with key stakeholders (M)
- Not adopting an incremental approach to change (M/H)

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- Inadequate time to plan (L/M)
- Competing demands (finance/workload/organisational priorities) (M)
- Investment in change is not proportionate (L)
- Ensuring discrete and joint governance and approval (PCC/CVS Sector) (M)
- Inadequate/unavailable project resources (M)
- Legal/procurement guidance re tendering services -internally/externally (L)
- Insufficient appetite and approval for transformational change (H)

3.0 ECONOMIC CASE

3.1 Available Options

Option 1: Do Nothing - Maintain Status Quo
Doing nothing would mean a continuation of current practices likely to result in several related consequences:

1) ICF funded Home Support services will cease April 1st, 2021 (dependant on RPB funding approval for April 2021/22 for three of the pilot areas: East Radnor/Llanidloes/Llandrindod Wells. This will affect just under 500 service users and 9 staff members. Rhayader Home Support is PCC mainstream funded. If this service continues when the others are discontinued there will be disparity in service provision within Powys and considering its continuation should be debated. If RHS were to discontinue this would affect 168 service users and 5 staff members.
2) Working outside Welsh Government Commissioning and Procurement legislation and regulations for larger contracts
3) Inefficient use of limited resources
4) Not fulfilling/meeting key priorities within the Health and Social Care Strategy to review CVS/3rd Sector commissioning
5) Disparate provider reporting with multiple/unaligned/not joined up outcome measures and performance indicators
6) Not optimising the opportunities for joint working across PCC workstreams
7) Risk/impact of continued siloed working across shared agendas/departments/ organisations
8) No response to Covid-19 impact and response/learning.

Option 2: Roll-out of Home Support across Powys (2022 onwards)
This involves full scale change and resourcing in place to reconfigure prevention services and develop and set up Home Support services across Powys (13/10 localities) with effect from April 2022 (or as closest to this date):

January-July 2021 – establish project TOR/work to:

1) Project Team/Project Action Plan/Communication plan/Impact Assessment (see Home Support roll-out scoping map and Outline Workplan)
2) Engage/consult key stakeholders
3) Secure project resourcing
4) Review current commissioning CVS/3rd Sector grants/agreements/'contracts' (NB who are they?) within PCC (and? PTHB) to determine what will be awarded 2022/23
5) Re-award small contracts/grants to continue service during the period of transition

6) Implement revised proportionate monitoring process and documentation
7) Scope and review all relevant workstreams (e.g., day centres/services/befriending/ Covid-19 community groups/supporting people/North Powys Project)

June 1st, 2021 – March 31st, 2022 - transition period to:

9) Complete project **analysis and planning**:
   i. Engagement and consultation with key stakeholders and citizens within Powys
   ii. Scope and analyse need/current provision/gaps/assets on an individual and locality basis, interdependent services and learning from the Home Support Evaluation/Annual Reports (2018-2020) and recommendations and CVS Covid-19 Response Report
   iii. Scope volunteer roles (Essential/ Shopping/Prescription Delivery – current HS 'losses')
   iv. Map, scope, and review associated best practice and service provision, research, and literature to support project evidence base
   v. Establish Home Support roll-out programme and plan to support a manageable/ proportionate/incremental approach
   vi. Revise the current Home Support service specification to produce new specification for Support at Home (whole population/18+)
   vii. Scope and produce optimal costing model for total roll-out and individual service cost
   viii. Scope and confirm sustainable funding and funding partners
   ix. Market analysis (overview of 'industry,' target market/competition) analysis of your competition, your own projections for your business, and
   x. Develop SLA/contract monitoring process and documentation (ensuring it sits within current frameworks and parallel
   xi. Transformation Business Case - Livewell CVS Commissioning Transformation)
   xii. Scope options for procurement/length of contract (i.e., what will be grant awarded or contract procured, and for what period)
   xiii. Establish PCC CMO role/communication
   xiv. Revise and confirm data management/evaluation methodology/ systems/process (existing Home Support DMR/Upshot)
   xv. Review, revise and implement piloted commissioning process/ documentation
   xvi. Final option appraisal/business case with supporting impact assessments for approval.

10) Project **do**:
   i. Procurement of services (proportionate) in September 2021.
   ii. New contracts/grant awards April 2022
11) Project **review/learning/next steps**

Resources
This option would require all resourcing to be identified and in place prior to service procurement Q3 2021 (dependent on approval to proceed and when to proceed). See Section 2 above for resourcing detail.

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Option 3: Incremental Roll-out of Home Support across Powys (2021-2023)
This option involves full scale change and resourcing to reconfigure prevention services and develop and set up Home Support services across Powys (either as 13/10 localities) on an incremental/two-year basis

January -June 2021 – establish project TOR/work to:

1) Project Team/Project Action Plan/Communication plan/Impact Assessment (see See Page 14/15 for Home Support roll-out scoping map and Outline workplan)
2) Engage/consult key stakeholders
3) Secure resourcing
4) Review current Home Support services in respect of the 2018/19 Annual Report recommendations
5) Review current commissioning CVS/3rd Sector grants/agreements/'contracts' (NB who are they?) within PCC (and? PTHB) to determine what will be awarded 2021/22
6) Re-award small contracts/grants to continue service during the period of transition
7) Implement revised proportionate monitoring process and documentation
8) Scope and review all relevant workstreams (e.g., day centres/services/befriending/ Covid-19 community groups/supporting people/North Powys Project/Community Connectors)

June 1st, 2021 – March 31st, 2022 - transition period to:

9) Complete project **analysis and planning**:
    i. Engagement and consultation with key stakeholders and citizens within Powys
    ii. Scope and analyse need/current provision/gaps/assets/interdependent services and current practices including learning from the Home Support Evaluation/Annual Reports (2018-2020) and CVS Covid-19 Response Report
    iii. Scope volunteer roles (Essential/ Shopping/Prescription Delivery – current HS 'losses')
    iv. Map, scope, and review associated best practice and service provision, research, and literature to support project evidence base
    v. Establish Home Support roll-out programme/plan to support a manageable/ proportionate/incremental approach
    vi. Revise the current Home Support service specification to produce new specification for Support at Home (whole population/18+)
    vii. Finalise costing model for total roll-out and individual service cost
    viii. Scope and confirm sustainable funding and funding partners
    ix. Market analysis (overview of 'industry,' target market/competition)
    x. Develop SLA/contract monitoring process and documentation (ensuring it sits within current frameworks and parallel Transformation Business Case - Livewell CVS Commissioning Transformation)
    xi. Scope options for procurement/length of contract (i.e., what will be grant awarded or contract procured, and for what period)
    xii. Establish PCC CMO role/communication.

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xiii. Revise and confirm data management/evaluation methodology/ systems/process (existing Home Support DMR/Upshot)
xiv. Review, revise and implement piloted commissioning process/ documentation
xv. Final option appraisal/business case with supporting impact assessments for approval

10) Project **do**:
xvi. Procurement of services (proportionate) from September 2021 onwards
xvii. New contracts/grant awards April 2022

11) Project review/learning/next steps

Resources
This option would require resourcing to be identified and in place prior to service procurement Q3 2021 and Q3 2022. Unless there is a plan for all resource sources in year 1, there could be a risk of year 2 not being implemented. However, this option does give a SMARTER approach to the roll-out. See Section 2 above for resourcing detail.

3.2 Preferred Option

Combination of Option Two and Three is the preferred option

Unless there is a decision to cease all Home Support services (Option One) incurring significant impact, either Option Two or Option Three will realise the desired outcomes/benefits (as highlighted above).

Both Option Two and Three would require the strategic partnership commitment to reconfigure prevention services, consultation with key/affected stakeholders and a clear understanding of the cost (reconfigured/new/other).

Option Three would appear (on the face of it) to be a more manageable option involving an incremental approach to Home Support roll-out over two years. Thus, enabling a longer time frame for change and giving the added value of applying lessons learnt from year one to the remaining localities. However, in doing so, this approach may lose the impact and momentum of transformational change that Option Two would offer.

Given sufficient resources and more importantly commitment to transformational change, there is enough baseline information/knowledge from which to undertake analytical/scoping and planning work to inform, progress and deliver transformational change in one year. Therefore, either option 2 or 3 would be the preferred option to pursue.

4.0 COMMERCIAL CASE

4.0 Procurement Route

This project will be managed within the Live Well commissioning team, and it is intended that the post will be advertised within PCC recruitment and selection guidelines.

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5.0 FINANCIAL CASE

5.1 Funding and Affordability

Initial scoping to finance the set-up and roll-out of Home Support extend/re-engineer locality services (new/re-directed/temp pump priming (ICF/Transformational/match funding/other funds) to deliver the full Home Support model in table below.

Project Costs: Grade 10 (travel/IT) to manage/support the Home Support roll-out/ongoing monitoring and evaluation/HR/Admin to support initial work. It is anticipated that these posts will sit within Livewell Commissioning Team and work closely and alongside key commissioning and operational personnel.

Affordability is dependent on key actions:

- Appetite and approval for transformational change
- Scoping and optimising potential income
- Understanding the economic benefits to Powys
- Optimising the return on investment
- Re-engineering and redirection of resources from current services
- Maximising opportunities to develop and join up prevention pathways
- Harnessing assets/asset-based approach (e.g., role and contribution of individuals/ community and voluntary sector)
- Co-production with key stakeholders (North Powys Project/Health/Fire service/those 'avoided/averted' services/community and voluntary sector)
- Minimising duplication/optimising pooling opportunities of commissioned services (e.g., befriending, community connectors) and the community and voluntary sector
- Reviewing Home Support specification to ensure that interventions are focused, 'smart' and efficient (e.g., Home support service to focus on USP/key skilled based interventions and use of volunteers for 'lower' tier interventions – shopping and prescription deliveries, social activities)

13 Home Support Localities	
Project/Officer Costs	£90,000.00
Set up for 11 localities (as R/LWHS & ERHS in place)	£148,000.00
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5.2 Impact on the organisation's income and expenditure account (revenue account)

Should approval be granted to re-engineer/redirect resources the service should not require any additional funding to establish Home Support across Powys. This is dependent on clear and shared strategic approach and direction within PCC and with PTHB/relevant CVS sector.

In the medium to long term start to see return on investments through the delay, reduction, and avoidance of more complex and costly services as shown in the Home Support Review and Evaluation 2018/21 (draft) which will inform estimated/potential savings based on current return on investment (see supporting evidence below).

5.3 Potential resources / options for future reconfiguration (note, subject to business case approval where this relates to PCC services and equivalent governance authorisation where this relates to external funding)

What	PCC	Health	Partnership
Set-Up Costs	Identified incrementally per locality		ICF/Transformational Fund
Examples of service provision aligned to the model	Wardening	CVS Grants	Community Connectors
	Day Centres	Red Cross	Befriending
	Day Services	MH Grants	RVS
	Housing Support Grant/Housing		Covid-19 Community Groups
	Livewell CVS Grants		Fire and Rescue Services
	Livewell MH Grants		North Powys Project
	Community Transport Grants		Transformational Fund
	Income Generation		Falls Prevention (Tracey Williams)

6.0 MANAGEMENT CASE

6.0 Management Arrangements

- This project will be managed within the Live Well commissioning team (Dave Moody), alongside BI services and operational departments as and when applicable.
- The appointed project officer will be managed and accountable to Rachel Evans
- Quarterly progress/risk management reporting
- Post project evaluation

7.0 Equality Impact Implications

This project will support key objectives within the Towards 2040 The Powys Wellbeing Plan including the Wellbeing Steps 1, 5 and 6 and in doing so 10 which is to develop a strong brand to promote and attract inward investment into Powys.

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8.0 Health & Safety Implications

No issues at this point

9.0 Sustainability Implications

It is anticipated that the set up/roll-out of Home Support will take 2 years. The reconfiguration of services such as day centres and services/wardening/befriending/? red cross will support medium to longer term effectiveness and efficiencies rather than immediate cost efficiencies; it will support more sustainable information and commissioning practices.

10.0 Wellbeing of Future Generations Act Implications

The Wellbeing of Future Generations (Wales) Act 2015 sets out a sustainable development principle which means that organisations

"… must act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs."

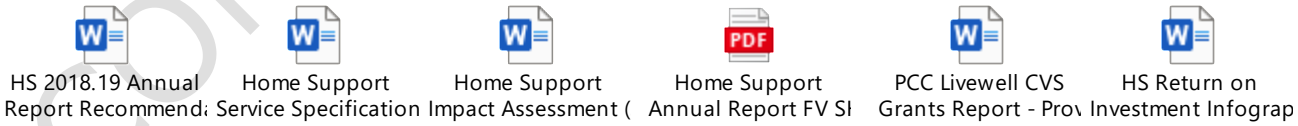
This means ensuring that "commissioning practices provide opportunities to base decisions on a wide range of relevant of evidence to continually improve. And supporting PCC to be proactive while developing creative solutions to achieve better outcomes."

Powys Commissioning and Commercial Strategy (June 2017).

11.0 Supporting Evidence

Key Supporting Documents

1) Home Support Annual Report Recommendations 2018/19
2) Home Support Annual Report (2018/19) – Welsh Version available
3) Home Support 3-Yearly Review (2018/21) – see Cabinet Report embedded document
4) Home Support Service Specification (2018)
5) Home Support Impact Assessment (2019)
6) Livewell CVS Grant Funded Position Paper (Oct 2020)
7) Reconfiguring Prevention Services: Roll-out and mainstreaming of Home Support Services across Powys Scoping Paper – see Cabinet Report embedded document
8) Return on Investment (2019/20)



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For Completion by: Initiative Manager
In addition to completing/ updating the relevant sections of this business case, please provide the following supporting evidence:

EVIDENCE SUMMARY INCLUDED
Financial Appraisals
Economic Appraisals
Benefits Register
Risk Register

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Transforming Prevention Services: Roll-out and mainstreaming of Home Support Services across Powys

Single Business Justification
Spring 2021

Version 6

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BUSINESS CASE: KEY DETAILS PAGE COMPLETED/UPDATE BY: INITIATIVE MANAGER AT EACH NEW VERSION]	
Initiative Name:	Dave Moody/Sue Hall
Filename:	Business Case – V6
Location:	[insert filepath reference re. your project's documentation]
Delivery Date:	April 1st, 2022/23
Project Mgr:	Dave Moody
Senior Responsible Owner:	Rachel Evans

Does this business case require restricted access on SharePoint?	Yes

What is/will be the progress reporting mechanism for this project	Livewell Board/Age Well Board/RPB

Version	**V6**	**Date**	**3/6/21**	**Author**	**Sue Hall (amended by Rachel Evans 3.6.21)**

Summary of Changes Proposed

The aim of this proposal is to support the transformation of prevention services within Livewell Commissioning by bringing together several overlapping and compatible workstreams/service provision and responses to the pandemic to deliver on the strategic objective to roll-out and mainstream home support services across all the Powys localities. And, in doing so, optimise sustainable approaches and value for money in service commissioning and delivery.

INITIATIVE NAME	Dave Moody/Sue Hall
INITIVE MANAGER	Dave Moody
INITIATIVE OWNER	Rachel Evans
DATE	April 2021

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1.0 EXECUTIVE SUMMARY

1.1 Executive Summary

Home Support is an early intervention service for citizens (50+) that provides the support and practical assistance an individual may need in their day-to-day life to stay living at home, safely and independently. This includes a range of scheduled interventions and unscheduled support 24/7 (OOH as first responders through community alarms).

Home Support is an integral part of the One Powys/Vision 2020/25 prevention and early intervention programme and helps to optimise health and wellbeing, reduce the impact of isolation and loneliness and the prevention and/or delay in the escalation of needs and more formal care and support.

In 2018 Integrated Care Fund (ICF) funding was awarded to support the development and roll-out/pilot of the Rhayader Home Support Service to a further three of the thirteen Powys localities - East Radnor (Presteigne and Knighton), Llandrindod Wells and Llanidloes. Comprehensive evaluation (and resulting recommendations) after the first year secured a further 2 years of ICF funding to March 31st, 2021, to support the on-going development, mainstreaming and roll-out of Home Support services across Powys. In January 2021, the Welsh Government, and local Regional Partnership Board (RPB), extended ICF funding for a further year to March 31st, 2022, to support the project to deliver aims and actions delayed due to the pandemic.

The Home Support service specification developed and drawn up at the beginning of the project indicated the anticipated outcomes at an individual, operational, and 'system'/community level. The aim of this approach has been to embed outcome-based decision making into the planning, commissioning, delivering, and reviewing of services and ensure accountability within partnerships and programmes of work. Since 2018 each service area has recorded data daily to provide monthly reports in relation to the outcomes, and show what has been delivered, how well the service has been delivered/received and the difference the service has made.

Consequently, there is a substantial amount of local data demonstrating the work and impact Home Support services have had within the areas in which they operate. This is evidenced in the first annual report (2018/19) published in June 2019 which resulted in several strategic and operational recommendations to support the development and progression of the project. Whilst progress has been made in 2019/2020 to deliver on the recommendations, there has been a delay in achieving them all due to the pandemic and resultant PCC 'business critical' focus. Indeed, Home Support activity increased and adapted to ensure the most vulnerable citizens have access to support, which has been a crucial part of the PCC and indeed Powys-wide Covid-19 response.

Concurrently, since May 2020, the Livewell Commissioning team has engaged significantly with the twenty Community and Voluntary Service (CVS) grant funded organisations. This secured positive relationships, communications, and support for/with each organisation. It also provided the opportunity to review, develop and improve commissioning practices and service procurement in relation to preventative approaches and interventions and the role of CVS organisations and PCC provision within that. Also, during this time, there has been further development of the North Powys Project including the review the Integrated Community Model of Care, home-based

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care/community-based/early intervention pathways and the aims and principles of the Section 33 partnership agreement.

The consequential learning across all these areas of work have prompted very real opportunities to join up, pool and deliver on the overarching strategic objective of the Home Support project to transform prevention services across Powys by securing sustainable approaches and value for money in the provision of support for individuals living at home in Powys. Specifically, this means realising the ambition to roll-out and mainstream home support services in all the Powys localities, and in doing so support innovative and proven interventions that optimise independence and in doing so ensure that citizens in Powys have access to support as and when they need to.

This proposal is to seek approval to transform prevention services across Powys by securing sustainable approaches and value for money in the provision of support for individuals living at home in Powys. Specifically, this means the delivery of the strategic aim to roll-out and mainstream home support services in all the Powys localities.

1.2 Recommendation

To approve and support the transformational development, roll-out and delivery of Home Support across Powys. This will require:

- Co-production by bringing together several overlapping and compatible Livewell/PCC/PTHB workstreams/service provision
- Rethinking/re-designing current service provision
- Re-engineering/directing of current resources/finances and/or new resourcing to fund the roll-out

1.3 Financial Implications

Initial scoping to finance the set-up and roll-out of Home Support extend/re-engineer locality services (new/re-directed/temp pump priming (ICF/Transformational/match funding/other funds) to deliver the full Home Support model:

13 Home Support Localities	
Project/Officer Costs	£90,000.00
Set up for 11 localities (as R/LWHS & ERHS in place)	£148,000.00
Ongoing/Annual for 13 localities	£1,581,180.12
Total	£1,819,180.12

-£55,000	Without CIW Reg set up in 11 L

10 Home Support Localities	
Project/Officer Costs	£90,000.00
Set up for 8 localities (as R/LWHS & ERHS in place)	£108,000.00
Ongoing/Annual for 10 localities	£1,216,292.40
Total	£1,414,292.40

-£40,000	Without CIW Reg in set up in 8L

NB: Project Costs: Grade 10 (travel/IT) to manage/support the Home Support roll-out/ongoing monitoring and evaluation/HR/Admin to support initial work. It is anticipated that these posts will sit within Livewell Commissioning Team and work closely and alongside key commissioning and operational personnel.

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2.0 STRATEGIC CASE

2.1 Purpose

The purpose of this project is to transform prevention services within Livewell Commissioning by bringing together several overlapping and compatible Livewell workstreams/service provision and rethinking/redesigning service provision that meets needs and makes the best use of available resources to deliver on the strategic objective to roll-out and mainstream home support services across all the Powys localities.

2.2 Financial Implications

Initial scoping to finance the set-up and roll-out of Home Support extend/re-engineer locality services (new/re-directed/temp pump priming (ICF/Transformational/match funding/other funds) to deliver the full Home Support model:

13 Home Support Localities	
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NB: Project Costs: Grade 10 (travel/IT) to manage/support the Home Support roll-out/ongoing monitoring and evaluation/HR/Admin to support initial work. It is anticipated that these posts will sit within Livewell Commissioning Team and work closely and alongside key commissioning and operational personnel.

2.3 Strategic Context

Home Support and the Livewell grant awards to the community and voluntary sector align to the following policy documents:

- Social Services and Wellbeing (Wales) Act (2014)
- Powys Health and Care Strategy/Vision 2020/25 (2020)
- Mental Health Measure/Together for Mental Health (2019-22)
- Improving Lives Programme (2018)
- Powys County Council Corporate Improvement Plan (2019-2022)
- Towards 2040 The Powys Wellbeing Plan (2018)
- Powys Population Assessment (2015)
- Powys Public Services Board's Wellbeing Assessment/Residents Survey (2015)
- Commissioning and Commercial Strategy Powys County Council (2017/20)
- Powys County Council Transformation Approach: Service Redesign/Digital Transformation Programmes and Projects, Small-scale change (2021)
- EU Procurement Regulations (current)

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- Welsh Procurement Policy Statement (2015)
- Equality Act 2010 (Statutory Requirements) (Wales) Regulations (2011)
- Coronavirus-covid-19 and Beyond (SCIE Adult Social Care Recommendations (Oct 2020))
- Think Local, Act Personal - partnership agreement confirmed as the future direction of social care (2010)

1) Vision 2025 Corporate Improvement Plan (April 2019-March 2022)

Wellbeing objective 2: We will lead the way in providing effective, integrated health and care in a rural environment.

"High quality health and care services are a priority for all of us and we are committed to working with our partners in the NHS and the third sector to provide seamless health and social care services at the right time and in the right place. We will continue to do all we can to provide as many caring services as possible within the boundaries of Powys, whilst using a strengths'-based approach to promote independence and self-care wherever possible. Between 2020 – 2025, we will ensure that Powys adults are safe, resilient, fulfilled and have their voices heard, valued, and acted on:

CIP 1: Focus on wellbeing and support people through the life course Front door - There is an effective council front door which keeps people safe and finds solutions for people and their problems that demonstrates its impact in terms of diversions from formal care and delivering good outcomes.

- **Action:** To work with the Powys Teaching Health Board to align 3rd sector commissioning and to ensure that all 3rd sector commissioning is targeted at Health and Care Strategy Outcomes.

CIP 2: Provide joined up care, ensuring people are at the centre of health and care services and minimising duplication and complications between organisations and teams.

CIP 4: Create innovative environments that promote innovation, research, and development across all aspects of the health and care system - To ensure there is timely, targeted, and effective use of reablement, rehabilitation and support that has a focus on enabling independence and self-management and avoiding the over-prescription of care.

- **Action:** To mainstream home-based practical support following ICF evaluation.
- **Action:** Complete transformation of daytime opportunities for older people. This includes reducing in-house provision according to demand, supporting people with direct payments where possible, and looking at potential alternative providers
- **Action:** Support the development of Regional Rural Centre in Newtown

CIP 6: Work in partnership to transform health and care services and improve wellbeing. (2)

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2) Health and Care Strategy (2020)

OBJECTIVES	OUTCOMES	OUTCOME REF	
	I am responsible for my own health and wellbeing.	WB1	x
	I am able to lead a fulfilled life.	WB2	x
	I am able and supported to make healthy lifestyle choices about my mental and physical health, and wellbeing, for myself and my family.	WB3	x
	I have life opportunities whoever I am and wherever I live in Powys.	WB4	x
	The environment/community I live in supports me to be connected and to maintain my health and wellbeing.	WB5	x
	As a carer I am able to live a fulfilled life and feel supported.	WB6	x
	I can easily access information, advice, and assistance to inform myself and remain active and independent.	EH1	x
	I have easy access, advice and support to help me live well with my long-term condition.	EH3	x
	I have easy access to support, information and early diagnosis.	TB1	x
	I have early intervention and appropriate treatment.	TB2	x
	My treatment and support is high quality, evidence based and timely as locally as possible.	TB3	x
	I have timely access to equitable services as locally as possible	JU1	x
	I am treated as an individual with dignity and respect.	JU2	x
	I receive continuity of care which is safe and meets my needs.	JU3	x
	I am safe and supported to live a fulfilled life.	JU4	x
	Those who I need to support me are able to make decisions and respond because they are well informed and qualified. If they cannot help me directly, they know who can.	WF1	x
	As a carer, I and those who I care for are part of 'the team'	WF2	x
	I am enabled to provide services digitally where appropriate.	WF4	x
	I am part of a thriving community that has a range of opportunities for health and social care, social events, access to advice and guidance services to support my wellbeing.	IE1	x
	I am able to have my home adapted to help me to live independently and make me feel safe.	1E4	x
	I have care in a fit for purpose environment that enhances my experience	1E5	x
	I am helped to use technology and gain access to resources to allow me to be digitally independent.	DF2	x
	As a Powys resident I 'tell my story' once and I am confident that those looking after me are working together in my best interest considering Welsh language and cultural diversity.	TP1	x
	The services I receive are coordinated and seamless	TP2	x

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3) The Adult Services re-shaping plan (2018-23)

Priority improvement outcomes as a response to CIW inspection recommendations and guidance set out by the Institute of Public Care "six steps to managing demand in adult social care", led by Professor John Bolton. The six steps and two key actions are:

- Managing demand through the front door of the Council
- Managing demand from hospitals
- Effective short-term interventions for people in the community
- Designing the care system for people with long term care and support needs
- Developing a workforce to manage demand
- Governance and management arrangements to sustain improvements

4) Powys Public Services Board's Wellbeing Assessment/Residents Survey (2015)

- Older people want to live independently for as long as possible and need a good choice of accommodation options. Currently, provision is available but not necessarily in the right place. Resident's survey: 93% of respondents agreed that "preventing homelessness" should be a priority.
- Powys has one of the most challenging remits in Wales in terms of access to services, in particular access to areas by foot or public transport is poor.
- Disabled and older people had a worse experience in trying to gain employment than the other groups listed in the survey
- The increase in the digital information channels excludes certain sections of society and the biggest division relates to age and disability. Resident's survey: 73% of respondents felt that "enabling communities in Powys to become more digitally inclusive" was an important objective.

5) Recommendations for the future of adult social care reform (SCIE Oct 2020)

- Shift investment and focus away from remedial and acute services, towards community-centred preventative models of care, support, housing, and technology.
- Increase investment in models of care that are proven to maintain people's resilience, wellbeing, and independence.
- Bolster community resilience and enable people to live well at home that is supported locally through co-produced and outcome-focused forms of commissioning, that facilitates a shift in funding and focus on preventative approaches to care.
- The Government should introduce a prevention strategy which clearly sets out how it will support the sector to create more person-centred care and support that help prevent, delay, or reduce the need for more formal care services.
- Creating asset-based areas supported by an innovation fund for adult social care, which would fund a number of local-area 'exemplars' to implement asset-based, preventative, approaches to care and support at scale, from which the wider sector would learn.

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2.4 Case for Change

A. Business needs

This proposal has been developed in response to the demographic, geographic and cultural, economic, and strategic (as highlighted above) landscape in Powys. And, of consistent and positive outcomes of several years of Home Support services and the contribution/role of the community and voluntary sector (CVS) organisations - all serving to place prevention at the heart of social (and health) care services and supporting local communities to take a greater role in promoting health and wellbeing. This is particularly so at a time of increasing challenges (including the pandemic) and decreasing resources.

The draft 3-year Home Support Report clearly indicates Home Support has played a very strong and integral part in response to the pandemic. There has been a significant increase in membership and active membership in response to the increase in need/anxiety/preparedness to the pandemic. This has in turn increased Home Support activity particularly in welfare calls/essential shopping and prescription collection and deliveries.

Feedback from service users and carers has been consistently positive regarding key health and wellbeing outcomes – 91% of whom wish to remain in their own homes and a member of Home Support. This is a very strong endorsement and reflection of the Home Support staff and their ongoing professionalism and commitment to the provision of high quality relevant and personal services.

Concurrently, the Livewell Commissioning team has engaged significantly with all the current CVS grant funded organisations since May 2020. This has not only secured effective engagement, communications, and support for/with organisations, but has also provided the opportunity to review, develop and improve current practices in relation to CVS commissioning (see separate Transformation Business case) and future service need and provision.

Alongside this, there has been the development of the North Powys Project including the review the Integrated Community Model of Care, home-based care/community-based pathway and the aims and principles of the Section 33 partnership agreement. There has also been considerable discussion about the future of services in response to and a result of the pandemic (e.g., suspension of day services/centres).

The consequential learning across these areas of work have prompted very real opportunities to join up, pool and deliver on key strategic objectives, and addressing need (including specific responses to Covid-19) within a very uncertain economic climate.

This proposal is to optimise sustainable approaches and value for money in the provision of support for individuals living in Powys people going forward. Specifically, this means delivery of the strategic aim to mainstream sustainable home support services in all the Powys localities.

The business case for and future provision of Home Support, Livewell grant funded CVS services as well as similar/connected services (e.g., day centres/services/befriending/Covid-19 community groups/supporting people/North Powys Project/community connectors) require revising for the following reasons:

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- Out of date population needs assessment references to ensure commissioned service respond to current need/gaps/ assets)
- Unaligned/duplication of commissioned service provision
- Inconsistent service access and provision across Powys
- Current SLA not responding to needs because of Covid-19
- Commissioning practices not working within current NHS/PCC Commissioning and Procurement guidelines
- Inconsistent engagement and communication with CVS organisations
- Lack of consistent clarity in relation to CVS value/ contribution
- Current contract/grant monitoring practices for Home Support and CVS organisations not consistent/adequate (CVS)/joined up nor collectively capturing an overall picture of service provision and impact.

B. Benefits
The key benefits of this project are to:

- Improved outcomes for citizens of Powys
- Secure innovative and sustainable Home Support services across Powys (13/10 localities)
- Improved value for money through smarter allocation of Home Support resources
- Join up, pool, and deliver on key strategic objectives, and addressing need (including specific responses to Covid-19)
- Optimise funding opportunities (new/re-directed/temp pump priming (ICF/ Transformational/match funding/other funds) to deliver the full Home Support model.
- Review current commissioning CVS/3rd Sector grants/agreements/'contracts' (NB who are they?) within PCC alongside PTHB to determine what will be awarded 2021/22 transformation (see separate Transformation Business Justification)
- Support/develop joined up/joint Livewell commissioning prevention workstreams
- Develop partnership delivery opportunities and/or parallel approaches (e.g., North Powys Project)
- Review/match PCC resourcing/provision against strategic/population need
- Improve engagement and communication with CVS organisations
- Enhance co-production and partnership working
- Provide consistency and clarity in relation to Home Support and CVS value/ contribution
- Ensure compliance NHS/LA Commissioning and Procurement
- Review and develop CVS/Home Support commissioning processes and practices
- Support consistent service access and provision across Powys
- Economic investment in Powys (indirect income generation/employment)

C. Risks
The risks are dependent on the approved timescales and which/what incremental approach is adopted, and governance/approval required. Risks include:

- Insufficient funding/re-engineered resources (H)
- Inadequate engagement/consultation/co-production of/with key stakeholders (M)
- Not adopting an incremental approach to change (M/H)

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- Inadequate time to plan (L/M)
- Competing demands (finance/workload/organisational priorities) (M)
- Investment in change is not proportionate (L)
- Ensuring discrete and joint governance and approval (PCC/CVS Sector) (M)
- Inadequate/unavailable project resources (M)
- Legal/procurement guidance re tendering services -internally/externally (L)
- Insufficient appetite and approval for transformational change (H)

3.0 ECONOMIC CASE

3.1 Available Options

Option 1: Do Nothing - Maintain Status Quo
Doing nothing would mean a continuation of current practices likely to result in several related consequences:

1) ICF funded Home Support services will cease April 1st, 2021 (dependant on RPB funding approval for April 2021/22 for three of the pilot areas: East Radnor/Llanidloes/Llandrindod Wells. This will affect just under 500 service users and 9 staff members. Rhayader Home Support is PCC mainstream funded. If this service continues when the others are discontinued there will be disparity in service provision within Powys and considering its continuation should be debated. If RHS were to discontinue this would affect 168 service users and 5 staff members.
2) Working outside Welsh Government Commissioning and Procurement legislation and regulations for larger contracts
3) Inefficient use of limited resources
4) Not fulfilling/meeting key priorities within the Health and Social Care Strategy to review CVS/3rd Sector commissioning
5) Disparate provider reporting with multiple/unaligned/not joined up outcome measures and performance indicators
6) Not optimising the opportunities for joint working across PCC workstreams
7) Risk/impact of continued siloed working across shared agendas/departments/ organisations
8) No response to Covid-19 impact and response/learning.

Option 2: Roll-out of Home Support across Powys (2022 onwards)
This involves full scale change and resourcing in place to reconfigure prevention services and develop and set up Home Support services across Powys (13/10 localities) with effect from April 2022 (or as closest to this date):

January-July 2021 – establish project TOR/work to:

1) Project Team/Project Action Plan/Communication plan/Impact Assessment (see Home Support roll-out scoping map and Outline Workplan)
2) Engage/consult key stakeholders
3) Secure project resourcing
4) Review current commissioning CVS/3rd Sector grants/agreements/'contracts' (NB who are they?) within PCC (and? PTHB) to determine what will be awarded 2022/23
5) Re-award small contracts/grants to continue service during the period of transition

6) Implement revised proportionate monitoring process and documentation
7) Scope and review all relevant workstreams (e.g., day centres/services/befriending/ Covid-19 community groups/supporting people/North Powys Project)

June 1st, 2021 – March 31st, 2022 - transition period to:

9) Complete project **analysis and planning**:
   i. Engagement and consultation with key stakeholders and citizens within Powys
   ii. Scope and analyse need/current provision/gaps/assets on an individual and locality basis, interdependent services and learning from the Home Support Evaluation/Annual Reports (2018-2020) and recommendations and CVS Covid-19 Response Report
   iii. Scope volunteer roles (Essential/ Shopping/Prescription Delivery – current HS 'losses')
   iv. Map, scope, and review associated best practice and service provision, research, and literature to support project evidence base
   v. Establish Home Support roll-out programme and plan to support a manageable/ proportionate/incremental approach
   vi. Revise the current Home Support service specification to produce new specification for Support at Home (whole population/18+)
   vii. Scope and produce optimal costing model for total roll-out and individual service cost
   viii. Scope and confirm sustainable funding and funding partners
   ix. Market analysis (overview of 'industry,' target market/competition) analysis of your competition, your own projections for your business, and
   x. Develop SLA/contract monitoring process and documentation (ensuring it sits within current frameworks and parallel
   xi. Transformation Business Case - Livewell CVS Commissioning Transformation)
   xii. Scope options for procurement/length of contract (i.e., what will be grant awarded or contract procured, and for what period)
   xiii. Establish PCC CMO role/communication
   xiv. Revise and confirm data management/evaluation methodology/ systems/process (existing Home Support DMR/Upshot)
   xv. Review, revise and implement piloted commissioning process/ documentation
   xvi. Final option appraisal/business case with supporting impact assessments for approval.

10) Project **do**:
   i. Procurement of services (proportionate) in September 2021.
   ii. New contracts/grant awards April 2022
11) Project **review/learning/next steps**

Resources
This option would require all resourcing to be identified and in place prior to service procurement Q3 2021 (dependent on approval to proceed and when to proceed). See Section 2 above for resourcing detail.

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Option 3: Incremental Roll-out of Home Support across Powys (2021-2023)
This option involves full scale change and resourcing to reconfigure prevention services and develop and set up Home Support services across Powys (either as 13/10 localities) on an incremental/two-year basis

January -June 2021 – establish project TOR/work to:

1) Project Team/Project Action Plan/Communication plan/Impact Assessment (see See Page 14/15 for Home Support roll-out scoping map and Outline workplan)
2) Engage/consult key stakeholders
3) Secure resourcing
4) Review current Home Support services in respect of the 2018/19 Annual Report recommendations
5) Review current commissioning CVS/3rd Sector grants/agreements/'contracts' (NB who are they?) within PCC (and? PTHB) to determine what will be awarded 2021/22
6) Re-award small contracts/grants to continue service during the period of transition
7) Implement revised proportionate monitoring process and documentation
8) Scope and review all relevant workstreams (e.g., day centres/services/befriending/ Covid-19 community groups/supporting people/North Powys Project/Community Connectors)

June 1st, 2021 – March 31st, 2022 - transition period to:

9) Complete project **analysis and planning**:
   i. Engagement and consultation with key stakeholders and citizens within Powys
   ii. Scope and analyse need/current provision/gaps/assets/interdependent services and current practices including learning from the Home Support Evaluation/Annual Reports (2018-2020) and CVS Covid-19 Response Report
   iii. Scope volunteer roles (Essential/ Shopping/Prescription Delivery – current HS 'losses')
   iv. Map, scope, and review associated best practice and service provision, research, and literature to support project evidence base
   v. Establish Home Support roll-out programme/plan to support a manageable/ proportionate/incremental approach
   vi. Revise the current Home Support service specification to produce new specification for Support at Home (whole population/18+)
   vii. Finalise costing model for total roll-out and individual service cost
   viii. Scope and confirm sustainable funding and funding partners
   ix. Market analysis (overview of 'industry,' target market/competition)
   x. Develop SLA/contract monitoring process and documentation (ensuring it sits within current frameworks and parallel Transformation Business Case - Livewell CVS Commissioning Transformation)
   xi. Scope options for procurement/length of contract (i.e., what will be grant awarded or contract procured, and for what period)
   xii. Establish PCC CMO role/communication.

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xiii. Revise and confirm data management/evaluation methodology/ systems/process (existing Home Support DMR/Upshot)
xiv. Review, revise and implement piloted commissioning process/ documentation
xv. Final option appraisal/business case with supporting impact assessments for approval

10) Project **do**:
xvi. Procurement of services (proportionate) from September 2021 onwards
xvii. New contracts/grant awards April 2022

11) Project review/learning/next steps

Resources
This option would require resourcing to be identified and in place prior to service procurement Q3 2021 and Q3 2022. Unless there is a plan for all resource sources in year 1, there could be a risk of year 2 not being implemented. However, this option does give a SMARTER approach to the roll-out. See Section 2 above for resourcing detail.

3.2 Preferred Option

Combination of Option Two and Three is the preferred option

Unless there is a decision to cease all Home Support services (Option One) incurring significant impact, either Option Two or Option Three will realise the desired outcomes/benefits (as highlighted above).

Both Option Two and Three would require the strategic partnership commitment to reconfigure prevention services, consultation with key/affected stakeholders and a clear understanding of the cost (reconfigured/new/other).

Option Three would appear (on the face of it) to be a more manageable option involving an incremental approach to Home Support roll-out over two years. Thus, enabling a longer time frame for change and giving the added value of applying lessons learnt from year one to the remaining localities. However, in doing so, this approach may lose the impact and momentum of transformational change that Option Two would offer.

Given sufficient resources and more importantly commitment to transformational change, there is enough baseline information/knowledge from which to undertake analytical/scoping and planning work to inform, progress and deliver transformational change in one year. Therefore, either option 2 or 3 would be the preferred option to pursue.

4.0 COMMERCIAL CASE

4.0 Procurement Route

This project will be managed within the Live Well commissioning team, and it is intended that the post will be advertised within PCC recruitment and selection guidelines.

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5.0 FINANCIAL CASE

5.1 Funding and Affordability

Initial scoping to finance the set-up and roll-out of Home Support extend/re-engineer locality services (new/re-directed/temp pump priming (ICF/Transformational/match funding/other funds) to deliver the full Home Support model in table below.

Project Costs: Grade 10 (travel/IT) to manage/support the Home Support roll-out/ongoing monitoring and evaluation/HR/Admin to support initial work. It is anticipated that these posts will sit within Livewell Commissioning Team and work closely and alongside key commissioning and operational personnel.

Affordability is dependent on key actions:

- Appetite and approval for transformational change
- Scoping and optimising potential income
- Understanding the economic benefits to Powys
- Optimising the return on investment
- Re-engineering and redirection of resources from current services
- Maximising opportunities to develop and join up prevention pathways
- Harnessing assets/asset-based approach (e.g., role and contribution of individuals/ community and voluntary sector)
- Co-production with key stakeholders (North Powys Project/Health/Fire service/those 'avoided/averted' services/community and voluntary sector)
- Minimising duplication/optimising pooling opportunities of commissioned services (e.g., befriending, community connectors) and the community and voluntary sector
- Reviewing Home Support specification to ensure that interventions are focused, 'smart' and efficient (e.g., Home support service to focus on USP/key skilled based interventions and use of volunteers for 'lower' tier interventions – shopping and prescription deliveries, social activities)

13 Home Support Localities	
Project/Officer Costs	£90,000.00
Set up for 11 localities (as R/LWHS & ERHS in place)	£148,000.00
Ongoing/Annual for 13 localities	£1,581,180.12
Total	£1,819,180.12

-£55,000	Without CIW Reg set up in 11 L

10 Home Support Localities	
Project/Officer Costs	£90,000.00
Set up for 8 localities (as R/LWHS & ERHS in place)	£108,000.00
Ongoing/Annual for 10 localities	£1,216,292.40
Total	£1,414,292.40

-£40,000	Without CIW Reg in set up in 8L

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5.2 Impact on the organisation's income and expenditure account (revenue account)

Should approval be granted to re-engineer/redirect resources the service should not require any additional funding to establish Home Support across Powys. This is dependent on clear and shared strategic approach and direction within PCC and with PTHB/relevant CVS sector.

In the medium to long term start to see return on investments through the delay, reduction, and avoidance of more complex and costly services as shown in the Home Support Review and Evaluation 2018/21 (draft) which will inform estimated/potential savings based on current return on investment (see supporting evidence below).

5.3 Potential resources / options for future reconfiguration (note, subject to business case approval where this relates to PCC services and equivalent governance authorisation where this relates to external funding)

What	PCC	Health	Partnership
Set-Up Costs	Identified incrementally per locality		ICF/Transformational Fund
Examples of service provision aligned to the model	Wardening	CVS Grants	Community Connectors
	Day Centres	Red Cross	Befriending
	Day Services	MH Grants	RVS
	Housing Support Grant/Housing		Covid-19 Community Groups
	Livewell CVS Grants		Fire and Rescue Services
	Livewell MH Grants		North Powys Project
	Community Transport Grants		Transformational Fund
	Income Generation		Falls Prevention (Tracey Williams)

6.0 MANAGEMENT CASE

6.0 Management Arrangements

- This project will be managed within the Live Well commissioning team (Dave Moody), alongside BI services and operational departments as and when applicable.
- The appointed project officer will be managed and accountable to Rachel Evans
- Quarterly progress/risk management reporting
- Post project evaluation

7.0 Equality Impact Implications

This project will support key objectives within the Towards 2040 The Powys Wellbeing Plan including the Wellbeing Steps 1, 5 and 6 and in doing so 10 which is to develop a strong brand to promote and attract inward investment into Powys.

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8.0 Health & Safety Implications

No issues at this point

9.0 Sustainability Implications

It is anticipated that the set up/roll-out of Home Support will take 2 years. The reconfiguration of services such as day centres and services/wardening/befriending/? red cross will support medium to longer term effectiveness and efficiencies rather than immediate cost efficiencies; it will support more sustainable information and commissioning practices.

10.0 Wellbeing of Future Generations Act Implications

The Wellbeing of Future Generations (Wales) Act 2015 sets out a sustainable development principle which means that organisations

"… must act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs."

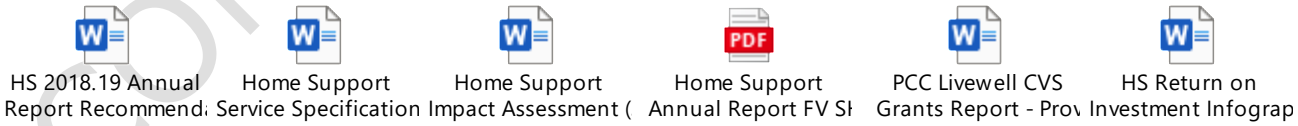
This means ensuring that "commissioning practices provide opportunities to base decisions on a wide range of relevant of evidence to continually improve. And supporting PCC to be proactive while developing creative solutions to achieve better outcomes."

Powys Commissioning and Commercial Strategy (June 2017).

11.0 Supporting Evidence

Key Supporting Documents

1) Home Support Annual Report Recommendations 2018/19
2) Home Support Annual Report (2018/19) – Welsh Version available
3) Home Support 3-Yearly Review (2018/21) – see Cabinet Report embedded document
4) Home Support Service Specification (2018)
5) Home Support Impact Assessment (2019)
6) Livewell CVS Grant Funded Position Paper (Oct 2020)
7) Reconfiguring Prevention Services: Roll-out and mainstreaming of Home Support Services across Powys Scoping Paper – see Cabinet Report embedded document
8) Return on Investment (2019/20)



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For Completion by: Initiative Manager
In addition to completing/ updating the relevant sections of this business case, please provide the following supporting evidence:

EVIDENCE SUMMARY INCLUDED
Financial Appraisals
Economic Appraisals
Benefits Register
Risk Register

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Transforming Support at Home

Transforming Prevention Services:

Roll-out and mainstreaming of

Home Support Services across Powys

Scoping Paper

Spring 2021

Sue Hall (Project & Contract Officer)

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Introduction

The aim of this paper is to support the business case for the proposal to transform prevention services within Livewell Commissioning. And, in doing so should be read in conjunction the Single Business Justification (05/02/2021).[1]

Home Support Service Outcomes

Home Support outcomes were developed to reflect the national and local strategic framework including:

1) **Improved health and wellbeing**
    - Improved quality of life
    - Improved health and wellbeing

2) **Personal and relevant support at home**
    - Improved experience of support and care
    - People feel more empowered and in control
    - People have better access to information, advice, assistance, and advocacy
    - People receive relevant, local, and personal support
    - Quality support and care

3) **Value and sustainability**
    - Quality leadership and workforce
    - Evidenced-based practices
    - Joined-up, co-ordinated and collaborative practices
    - Effective and efficient information management
    - Cost-effective and prudent service model
    - Sustainable fit between needs and resources

Key Home Support Activities based on current service specification:[2]

- To optimise independence
- To prevent the need for statutory intervention
- To reduce the impact of disability.
- To delay dependency and escalation of care

- **Help to help yourself**: community and universal services that focus on promoting wellbeing for anyone who wants to be as well as they can be. Prevent needs from occurring and effecting wellbeing

- **Help when you need it**: focus on response and early intervention to help reduce the need for more intensive/specialist services and impact of frailty or ill health, to slow down deterioration and regain independence.

- **Specialist help**: Home Support Plans/promotion of independence and wellbeing/healthy lifestyles

[1] See Appendix 3
[2] See Appendix 2

Developing the Evidence-Base

Outcomes-focused service specification

Services have been monitored and reviewed quarterly to determine service activity and its impact in relation to individual, service and system outcomes. The aim of this approach was to embed outcome-based decision making into the planning, commissioning, delivering, and reviewing of services and ensure accountability within partnerships and programmes of work.

Results based accountability

- How much - Service activity (quantitative)
- How well - feedback (service users/carers/partners (qualitative)
- The difference the service has made (is anyone better off?)
- The return on investment (value for money)
- Whether the service has been successful in achieving its outcomes and objectives
- Whether there have been any unexpected outcomes

Data collection

The commitment to continuous learning and improvement relies upon data collected monthly through this Data Management Record (DMR) which has been developed over the course of the project and in the absence of a suitable existing database that was fit for purpose and useable by both PCC and external service providers. The DMR incorporates the following outcomes and data records:

- Service Overview (Worksheet 1 - automatically updated)
- Service user/carer/member snapshot questionnaires (SSQ) (Worksheet 2 - manually populated - one SSQ per member per year)
- SSQ breakdown/charts (Worksheet 3 - automatically updated)
- Monthly service activity & callouts (Worksheet 4 - 13 - manually populated)
- Monthly service activity & callouts (Worksheet 4 - 13 - manually populated)
- Service user/carer/member case studies/good news stories (Worksheet 1 - manually populated and copies forwarded with DMR return)
- Compliments/complaints/incidents (Worksheet 1 - manually populated and copies forwarded with DMR return)

Reporting, Review and Evaluation

- Quarterly reports to the RPB
- Annual RPB Report
- Monthly reports (to PCC Senior Management Team – as part of the Corporate Improvement Plan (CIP) Assurance Reports
- Home Support Interim Report (Jan 2019)
- Home Support Annual Report (2018/19) (June 2019)
- Home Support 3-Year Review (draft April 2021/FV due June 2021)

Referencing and Research

- Solva Care in Pembrokeshire
- Tunstall Televida tele assistance service in Spain
- See References below

Service Provision

Service Activities	HS	CVS	Other/Comments
Scheduled Support			
Information, Advice and Assistance			
Information & advice about local services, activities/groups	√	√	Com Connectors independent or part of HS
Signposting and referral to local services, activities/groups	√	√	
Assistance to access local services, activities/groups	√	√	
Temporary personal and/or domestic care			
Limit to 4 at any one time in each service area if not CIW registered	√		Dom Care
Independent Living Interventions			
Assistance to access to community transport	√		
Support with appointments		√	
Form filling	√		
Diversion/bridge from/to other services	√		
Support managing and accessing Technology Enabled Care (Inc Careline)	√		
Support that helps to develop and/or maintain life skills	√		
Encourage Self Care	√		
Assist Informal Carers	√		
Household and Practical Assistance	√		
Emotional Support	√		
Essential Shopping		√	
Ordering and collecting medication		√	Covid-19 Community Groups
Safe and Well Check	√		
Healthy lifestyles and wellbeing support			
Smoking cessation	√		Public Health
Alcohol awareness	√		
Dentist	√		
Podiatry	√		
Promoting Healthy Eating	√		
Promoting community activities	√		
Promoting learning opportunities	√		
Promoting physical activity	√		
Promoting social activities/connections	√		
Falls prevention	√		
Promoting mental health	√		
Flu immunisation	√		
Dementia/Memory Related Challenges	√		
Advocacy			
Referral to statutory/non-statutory advocacy	√	√	
Monitoring, Review and Evaluation			
Service Referral	√		
Assessment/Home Support Plan/Case Review	√		
Questionnaire (service user and carers)	√		
Service recording, monitoring and review	√		
Service Evaluation	√		
Support the development of new services, activities/opportunities	√		Com Connectors as above
Unscheduled Support			
Callouts in and OOH via a care line (Delta Wellbeing or equivalent)	√		

NB: Need to revise HS activities to address current need/impact of pandemic/consequential need/service User survey feedback – loneliness/mental health/welfare benefits/domestic abuse/social activities & contact.

Powys Localities

Home Support Roll Out Scoping Locality Map (13)

Locality	Pooled/Joined up Provision	On call Resource
(1)	Rhayader Home Support/RDCS/	ICF/PCC
(1)	Llandrindod Wells Home Support	ICF/PCC
(2)	Builth Wells Community Support	BWCS/ICF
(3)	Red Cross/Supporting People/MH facilitation,	PHTB/PCC
(4)	Red Cross/Supporting People/MH facilitation,	PHTB/PCC
(5)	Crickhowell Volunteer Bureau	ICF
(6)	Crickhowell Volunteer Bureau	ICF
(7)	East Radnorshire Home Support (? Knighton CS)/wardening/Red Cross/Supporting People	ICF/PCC
(8)	MH facilitation/RRC/NMVB	PHTB/PCC
(9)	Red Cross/Supporting People/NMVB/MH Facilitation	PCC/PHTB
(10)	MH facilitation	PHTB/PCC
(11)	CAMAD	ICF/PCC/PHTB
(12)	CAMAD/Hafal	ICF/PCC/PHTB
(13)	Llanidloes Home Support (from PCC HS base)	ICF/PCC/PHTB
NB: Scope potential use of Wardening/Redeployed DC workers/Supporting People/Community Connectors/CoVEd Community Groups/befriending/ community transport/RRC Newtown/TEC developments/day centres/servic		

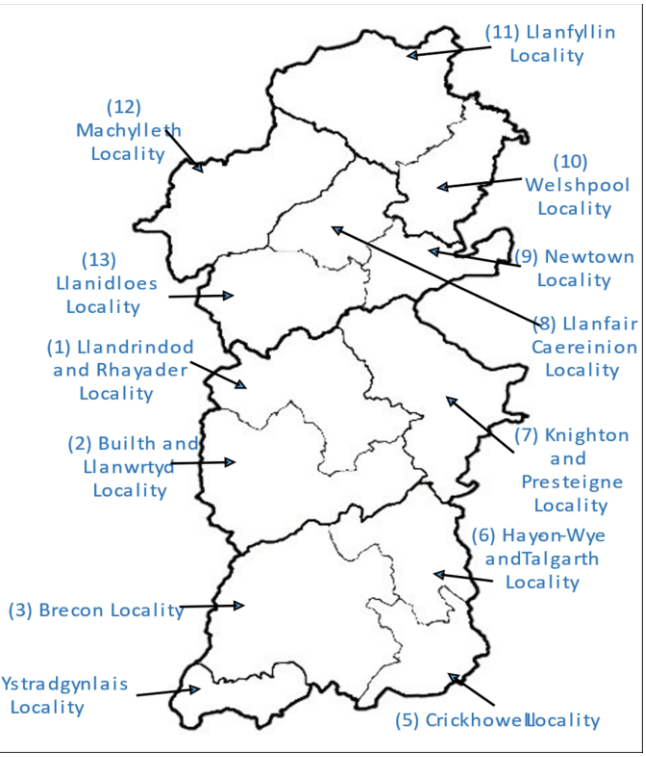
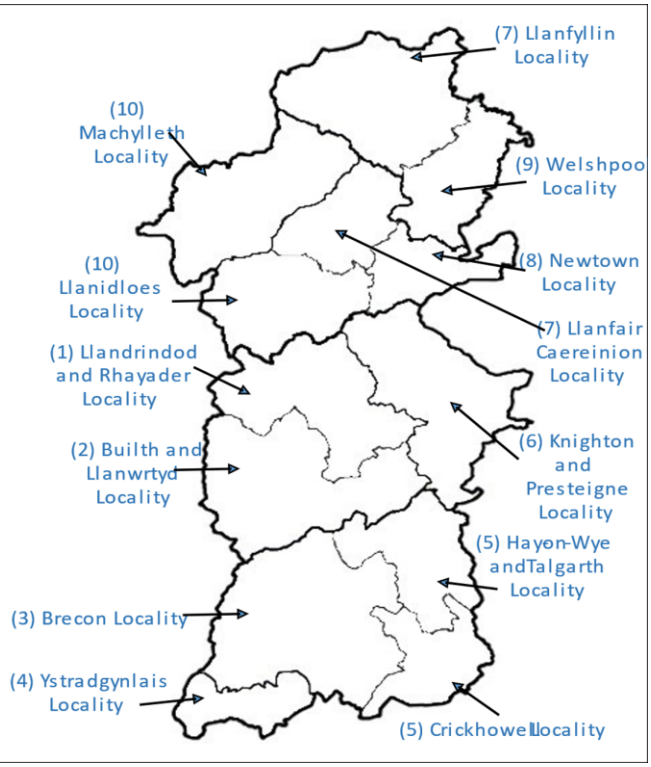


Table above shows localities and suggested key partners/current CVS providers. NB need to link in with RRC development in Newtown (Carys Williams). The 13 localities could be reduced to 10 (Table below) so there are more equitable population sizes (65+ and/or whole population) and viable service presence. Option could be to join Machynlleth with Llanidloes, Crickhowell and Halgarth, and Llanfyllin and Llanfair Caereinion as below. Where remaining localities vary resources could be reduced (Ystradgynlais/Builth Wells)/increased (Welshpool). Refer to recent procurement of supported living services and locality 'lots.'

Home Support Roll Out Scoping Locality Map (10)

Locality	Pooled/Joined up Provision	On call Resource
(1)	Rhayader Home Support/RDCS/	ICF/PCC
(1)	Llandrindod Wells Home Support	ICF/PCC
(2)	Builth Wells Community Support	BWCS/ICF
(3)	Red Cross/Supporting People/MH facilitation,	PHTB/PCC
(4)	Red Cross/Supporting People/MH facilitation,	PHTB/PCC
(5)	Crickhowell Volunteer Bureau	ICF
(5)	Crickhowell Volunteer Bureau	ICF
(6)	East Radnorshire Home Support (? Knighton CS)/wardening/Red Cross/Supporting People	ICF/PCC
(7)	MH facilitation/RRC/NMVB	PHTB/PCC
(8)	Red Cross/Supporting People/NMVB/MH Facilitation	PCC/PHTB
(9)	MH facilitation	PHTB/PCC
(7)	CAMAD	ICF/PCC/PHTB
(10)	CAMAD/Hafal	ICF/PCC/PHTB
(10)	TBC/Llanidloes Home Support (from PCC HS ba	ICF/PCC/PHTB
NB: Scope potential use of Wardening/Redeployed DC workers/Supporting People/Community Connectors/CoVEd Community Groups/befriending/ community transport/RRC Newtown/TEC developments/day centres/servic		



NB: Need to confirm preferred locality breakdown and include in Business Justification Case.

Powys Population[3]

Tables below for current Powys locality population data (whole population/65+/85+).

Locality	Postcode	Pop	65+	85+
Ystradgynlais Locality	Powys 021A	1,440	364	46
Ystradgynlais Locality	Powys 021B	1,397	432	49
Ystradgynlais Locality	Powys 021C	1,324	398	38
Ystradgynlais Locality	Powys 021D	2,311	620	67
Ystradgynlais Locality	Powys 021E	1,337	403	52
Ystradgynlais Locality	Powys 021F	1,252	223	33
1		9,061	2,440	285
Welshpool and Montgomery Locality	Powys 005A	1,121	352	60
Welshpool and Montgomery Locality	Powys 005B	2,251	642	67
Welshpool and Montgomery Locality	Powys 002A	1,654	572	79
Welshpool and Montgomery Locality	Powys 002B	1,215	521	49
Welshpool and Montgomery Locality	Powys 002C	1,985	503	49
Welshpool and Montgomery Locality	Powys 005C	1,387	398	41
Welshpool and Montgomery Locality	Powys 005D	1,505	413	63
Welshpool and Montgomery Locality	Powys 003A	2,060	505	63
Welshpool and Montgomery Locality	Powys 003B	2,378	712	72
Welshpool and Montgomery Locality	Powys 003C	2,311	712	128
Welshpool and Montgomery Locality	Powys 003D	1,447	394	29
2		19,314	5,724	700
Newtown Locality	Powys 007A	1,637	500	88
Newtown Locality	Powys 007B	1,995	564	89
Newtown Locality	Powys 007C	1,391	411	61
Newtown Locality	Powys 009A	1,521	439	57
Newtown Locality	Powys 009B	1,379	402	53
Newtown Locality	Powys 008A	1,168	340	34
Newtown Locality	Powys 008B	1,983	598	63
Newtown Locality	Powys 008C	1,381	393	22
Newtown Locality	Powys 009C	1,239	354	73
3		13,694	4,001	540
Machynlleth Locality	Powys 004A	2,208	484	42
Machynlleth Locality	Powys 004B	2,162	733	130
Machynlleth Locality	Powys 004C	2,081	543	59
4		6,451	1,760	231
Llanidloes Locality	Powys 010A	1,753	458	63
Llanidloes Locality	Powys 010B	1,179	352	34
Llanidloes Locality	Powys 010C	1,699	441	40
Llanidloes Locality	Powys 010D	1,504	402	68
5		6,135	1,653	205
Llanfyllin Locality	Powys 001A	1,171	348	32
Llanfyllin Locality	Powys 001D	1,045	389	49
Llanfyllin Locality	Powys 001E	1,371	385	74
Llanfyllin Locality	Powys 001F	1,439	413	56
Llanfyllin Locality	Powys 001G	1,965	569	88
6		6,991	2,104	299
Llanfair Caereinion Locality	Powys 006A	1,760	547	57
Llanfair Caereinion Locality	Powys 006B	1,228	415	52
Llanfair Caereinion Locality	Powys 006C	2,248	543	76
7		5,236	1,505	185

Locality	Postcode	Pop	65+	85+
Llandrindod and Rhayader Locality	Powys 012A	1,739	436	38
Llandrindod and Rhayader Locality	Powys 012B	2,369	678	79
Llandrindod and Rhayader Locality	Powys 013A	1,284	373	45
Llandrindod and Rhayader Locality	Powys 013B	1,479	441	10
Llandrindod and Rhayader Locality	Powys 013C	1,848	196	8
Llandrindod and Rhayader Locality	Powys 012C	1,413	234	40
Llandrindod and Rhayader Locality	Powys 012D	2,063	420	69
Llandrindod and Rhayader Locality	Powys 012E	2,240	611	86
8		14,435	3,389	375
Knighton and Presteigne Locality	Powys 011A	1,899	514	69
Knighton and Presteigne Locality	Powys 011B	1,759	268	29
Knighton and Presteigne Locality	Powys 011C	1,566	493	51
Knighton and Presteigne Locality	Powys 011D	1,556	584	64
Knighton and Presteigne Locality	Powys 011E	1,053	294	50
Knighton and Presteigne Locality	Powys 011F	2,122	673	150
Knighton and Presteigne Locality	Powys 011G	2,199	587	47
9		12,154	3,413	460
Hay and Talgarth Locality	Powys 015A	2,110	433	74
Hay and Talgarth Locality	Powys 015B	1,636	455	90
Hay and Talgarth Locality	Powys 015C	1,424	368	50
Hay and Talgarth Locality	Powys 015D	1,704	449	71
Hay and Talgarth Locality	Powys 015E	1,943	563	94
10		8,817	2,268	379
Crickhowell Locality	Powys 018E	1,339	359	36
Crickhowell Locality	Powys 018F	1,507	273	44
Crickhowell Locality	Powys 018G	1,262	274	84
Crickhowell Locality	Powys 018H	1,506	325	28
11		5,614	1,231	192
Builth and Llanwrtyd Locality	Powys 014A	2,450	691	140
Builth and Llanwrtyd Locality	Powys 014B	2,034	646	97
Builth and Llanwrtyd Locality	Powys 014C	1,071	274	32
Builth and Llanwrtyd Locality	Powys 014D	1,160	222	23
Builth and Llanwrtyd Locality	Powys 014E	1,422	382	64
12		8,137	2,215	356
Brecon Locality	Powys 020A	1,836	522	54
Brecon Locality	Powys 020B	2,106	506	94
Brecon Locality	Powys 017A	1,857	557	101
Brecon Locality	Powys 017D	1,373	220	16
Brecon Locality	Powys 017E	2,155	757	77
Brecon Locality	Powys 020C	1,670	547	68
Brecon Locality	Powys 020D	2,093	619	79
Brecon Locality	Powys 017F	1,924	589	45
Brecon Locality	Powys 017G	1,382	356	38
13		16,396	4,673	572
Powys Total		**132,435**	**35,696**	**4,725**
Mean Total		**10,187**	**2746**	**364**

Home Support Set up and Running Costs[4]

Annual Home Support Ongoing Service Cost					
	QUANTITY	**HRLY RATE**	**ONCOSTS**	**TOTAL**	**Notes**
Management (Grade 10)	TBC				
Senior Support Worker (Grade 7)	37 hrs	£13.21	£10, 000.00	£36,270.00	£25,481 PA
Support Worker (Grade 5)	74 hrs	£10.83	£20,000.00		£20,903 PA
Stand-by costs	TBC			£9,125.00	PCC £25 SB Charge
Call-out Costs				£5,718.24	Time + Half of Grade 5x 176 for one area 2 hrs per callout (Careline callouts 2019/20)
Relief Worker	x2 costs inc in call-out				
Staff Total					
Staff Training				£1,000.00	more if CIW
Travel (Fuel/vehicle)				£5,000.00	
Premises				£5,000.00	
Office Costs				£1,000.00	
Telephone				£3,500.00	
Equipment				£5,000.00	
Marketing/Promotions				£1,000.00	
Insurance				£1,000.00	
PPE Supplies				£2,000.00	
Total					

Annual Home Support One-Off Set-up Cost		
	DETAIL	**TOTAL**
Office Costs	Computers/Printer	£1,500.00
Telephone	Mobile Phones/Landlines	£1,000.00
Equipment	Set Up Manga Elk/Slide sheets/Compressor	£5,000.00
Marketing/Promotions	New Service Promotion	£1,000.00
CIW Set Up Training	TBC	£1,000.00
Insurance	CIW Registered	£4,000.00
Total		**£13,500.00**

NB: Costs established by monitoring/reviewing costs for Home Support in Rhayader and Llandrindod Wells and East Radnorshire since 2018/Need to confirm costs and update Business Justification Case/RPB Cover Sheet.

[4] See Appendix 1 for current Homes Support Workforce/operating hours

13 Home Support Localities	
Project/Officer Costs	£90,000.00
Set up for 11 localities (as R/LWHS & ERHS in place)	£148,000.00
Ongoing/Annual for 13 localities	£1,581,180.12
Total	£1,818,180.12

10 Home Support Localities	
Project/Officer Costs	£90,000.00
Set up for 8 localities (as R/LWHS & ERHS in place)	£108,000.00
Ongoing/Annual for 10 localities	£1,216,292.40
Total	£1,414,292.40

-£55,000	Without CIW Reg set up in 11 L

-£40,000	Without CIW Reg in set up in 8L

Transformation Affordability

Roll-out and mainstreaming of Home Support Services across Powys is dependent on key actions:

- Appetite and approval for transformational change
- Understanding the economic benefits to Powys
- Scoping and optimising potential income
- Reviewing Home Support specification to ensure that interventions are focused, 'smart' and efficient (e.g., Home support service to focus on USP/key skilled based interventions and use of volunteers for 'lower' tier interventions – shopping and prescription deliveries, social activities)
- Optimising the return on investment
- Re-engineering and redirection of resources from current services
- Maximising opportunities to develop and join up prevention pathways
- Harnessing assets/asset-based approach (e.g., role and contribution of individuals/ community and voluntary sector)
- Co-production with key stakeholders (North Powys Project/Health/Fire service/those 'avoided/averted' services/community and voluntary sector)
- Minimising duplication/optimising pooling opportunities of commissioned services (e.g., befriending, community connectors) and the community and voluntary sector

Added Economic Benefits

The roll-out of Home Support services across Powys would support the development of a sustainable and 'vibrant economy' through potential increase in the:

- Uptake of entitlements/occupational opportunities supporting independent living
- Community and voluntary sector /associated services
- Employment
- Business opportunities
- Volunteering
- Income of existing organisations
- Better value for money pooling opportunities/return of investment)

Potential Income Generation

NB: Need to consider administration costs and legislative 'cap' if services statutory and include in Business Justification Case.

Locality Population 65+	Charge	Approx Members per Locality (7.5%)	Approx Members per Locality (10%)	Income Per Locality with 7.5% Membership of 65+ Pop	Income Per Locality with 10% Membership of 65+ Pop	Potential Powys-wide Income (7.5%)	Potential Powys-wide Income (10%)
Average: 2746 (Total Pop - 35,696/13)	£10	206	275	£2,060	£2,750	£26,780	£35,750
	£20	206	275	£4,120	£5,500	£53,560	£71,500
	£30	206	275	£6,180	£8,250	£80,340	£107,250
	£40	206	275	£8,240	£11,000	£107,120	£143,000
R/LW: 3389	£10	251	251/7.5% of 65+ Pop (01/01/21)	£2,510		£32,630	
	£20	251		£5,020		£65,260	
	£30	251		£7,530		£97,890	
	£40	251		£10,040		£130,520	
ER: 3413	£10	330/10% of 65+ Pop (01/01/21)	330		£3,300		£42,900
	£20		330		£6,600		£85,800
	£30		330		£9,900		£128,700
	£40		330		£13,200		£171,600

Actual Income Generated (indirect)						
	2018/19		2019/20		2020/21	
	Number	Income	Number	Income	Number	Income
Careline Installations/Rental	126	£33,768.00	48	£23,788.00	23	£6,164.00

Focused Home Support Resources

Home Support Expenditure: Prescriptions/Shopping Costs							
Activity	Unit Costs (2018/2019)	Number of Delivered Prescriptions	Cost	Number of Delivered Prescriptions	Cost	Number of Delivered Prescriptions	Cost
		2018/2019		2019/20		2020/21	
		Number	Cost	Number	Cost	Number	Cost
Prescription Delivery: Pharmacy Charges: £0 - £5 per delivery	2.5	999	£2,497.50	1506	£3,765.00	3336	£8,340.00
Essential Shopping	0	454	£0.00	595	£0.00	629	£0.00
Home Support Worker: Support and Outreach	24	1453	£34,872.00	3004	£50,424.00	3965	£95,160.00
TOTAL COST (Home Support Service cost minus going rate for volunteering or pharmacy prescription delivery)			**-£32,374.50**		**-£46,659.00**		**-£86,820.00**

Return on Investment

Return on Investment due to Cost Avoidances							
	Unit Cost Per Hour/ specified Callout (2018/19)	2018/19		2019/20		2020/21	
		Number	Cost	Number	Cost	Number	Cost
Ambulance: See/Treat/Refer	181	120	£21,720.00	180	£32,580.00	262	£47,422.00
Doctor: Community Medical	140	23	£3,220.00	15	£2,100.00	9	£1,260.00
Temporary Personal & Domestic Care Interventions Provided: Home Care Worker	25	145	£3,625.00	501	£12,525.00	244	£6,100.00
Hospital: Ambulance See/Treat/Convey	248	3	£744.00	12	£2,976.00	11	£2,728.00
Fire Service: Per engine and 23 min call-out	300	6	£1,800.00	9	£2,700.00	6	£1,800.00
Police: Band A-C SCP13	29.56	27	£798.12	34	£1,005.04	40	£1,182.40
PURSH/RC: Home Care Worker	25	1	£25.00	2	£50.00	16	£400.00
Respite: Qualified Social Worker	51	0	£0.00	2	£102.00	0	£0.00
Mental Health Services: Initial MH Assessment	30	0	£0.00	25	£750.00	9	£270.00
Residential: Qualified Social Worker	51	0	£0.00	6	£306.00	2	£102.00
Other: Qualified Social Worker	51	0	£0.00	43	£2,193.00	14	£714.00
Home Support Worker: Support and Outreach (Grade 5 HSW)	24	325	£7,800.00	829	£19,896.00	613	£14,712.00
TOTAL SAVINGS (Averted Services minus - Home Support Service Costs)			**£24,132.12**		**£37,391.04**		**£47,266.40**

Resourcing/Service Pooling Opportunities

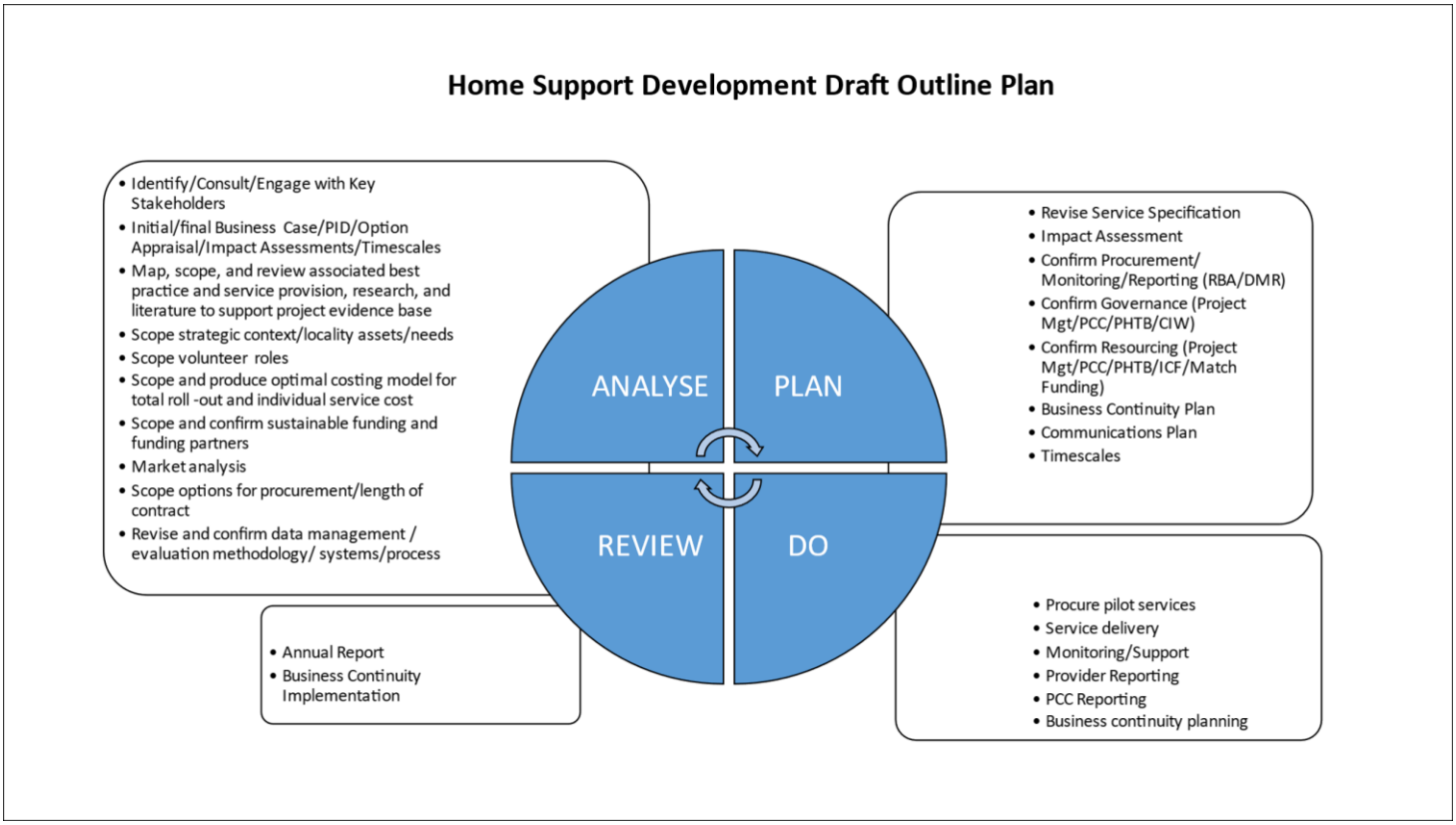
Potential Future Resourcing/Service Pooling Opportunities						
What	**PCC**	**£/Detail**	**Health**	**£/Detail**	**Partnership**	**£/Detail**
Set-Up Costs					ICF	
Ongoing Costs	Wardening	Re-direct /Pool	CVS Grants		Community Connectors	
	Day Centres	House/Re-direct/pool	Red Cross		Befriending	
	Day Services	House/Re-direct/Pool	MH Grants		RVS	
	Supporting People/Housing				Covid-19 Community Groups	
	Livewell CVS Grants	Re-direct/Pool			North Powys Project	
	Livewell MH Grants				Fire and Rescue Services	
	Community Transport Grants				Falls Prevention	

NB: Need to consider timescales and TCD and include in project action plan/business justification case

Governance

Scoping/Approval Groups/Boards				
By Whom	**Date**	**Time**	**Comments**	
Regional Partnership Board	Jan-20		RPB supported the evaluation of the Home Support Annual Report and follow-up workshops. Next steps delayed because of the coronavirus.	
	29/07/2021	10am	Tabled by Kate Light – need to include RPB cover report	
CCROG	10/05/2021	11am		
Age Well Partnership	Dec-19		Proposal approved and referred to RPB	
	~~29/04/2021~~	1.30pm	Tabled by Kate Light/Georgia Price – submit papers 1 week ahead	
	01/07/2021	1.30pm		
Live Well Partnership	2018-present		Monthly CIP Reporting	
	Dec-19		Proposal approved and referred to RPB	
	19/05/2021	1.30pm	Workshop (2hrs) with Home Support PPP/focussed discussion	
	29/06/2021	1.30pm	Tabled by Kate Light/ Georgia Price – submit papers 1 week ahead	
Social Services Board	21/04/2021	2pm	Papers to be submitted on 14/04/21 to Jayne Wotton	
	19/05/2021	2pm		
	02/06/2021	2pm	01/09/2021	2pm
	16/06/2021	2pm	15/09/2021	2pm
	07/07/2021	2pm	06/10/2021	2pm
	21/07/2021	2pm	20/10/2021	2pm
	04/08/2021	2pm	03/11/2021	2pm
	18/08/2021	2pm	17/11/2021	2pm
EMT	26/05/21?	9am	Contact: Hayley Hughes (need to ensure HoS and/or Director are aware)	
	29/06/21			
Health and Care Committee	25/06/21		Lisa Richards/Hayley Morris	
Scrutiny	27/05/2021?	2pm		
	25/06/2021	10am		
	23/07/2021	9.30am		
	24/09/2021	10am		
	04/11/2021	10am		
	16/12/2021	10am		
Cabinet	25/05/2021?	10.30am	Contact: Steve Boyd (need to ensure HoS and/or Director are aware)	
	15/06/2021?	10.30am	21/09/2021	10.30am
	22/06/2021	10.30am	12/10/2021	10.30am
	06/07/2021	10.30am	02/11/2021	10.30am
	13/07/2021	10.30am	23/11/2021	10.30am
	27/07/2021	10.30am	14/12/2021	10.30am
Amser Meddwl (HS Planning Group/Steering Group)	Oct 2020-May 2021 (3-weekly mtgs	1.30pm	This meeting will adapt dependant on direction of travel	
	15/06/2021	1-2pm		
	21/07/2021	10.301m		
	02/09/2021	2.45pm		
	05/10/2021	2pm		
	10/11/2021	3.15pm		
	14/12/21	2pm		

Project Planning



Appendices

Appendix 1: Current Home Support Workforce/Working Patterns

Workforce	In hours (P/W)		OOH (P/W)	OOH Cost
RHS/Staffing/On-call	Mgt: HRS 7.5 SSW 37HRS (PCC 6) SW: x2 30 HRS (PCC 5 AM/PM cover)	Office HRS: 8.30-5.30	Weekdays: 5.30-8.30am/ Weekends	Stand-by Rate: £25/Call-out: time+1/2 for first 2 hrs, then Hrly rate/Relief no stand-by
ERHS Staffing/On-Call	Mgt: 15HRS SSW 37HRS SW: x2 37 HRS Relief: X1	Office HRS: 9-5	Weekdays: 5-9 (4-9 Fri)/ Weekends	£28,500 (2019/20). Check current rates with BB

HS Hours
131 on-call OOH
37 In HRS

Appendix 2: Home Support Service Specification

Home Support Service Specification

Appendix 3: Home Support Single Business Justification

ADD

Appendix 4: Strategic References

Home Support and the Livewell grant awards to the community and voluntary sector align to the following policy documents:

- Social Services and Well-being (Wales) Act 2014
- Powys Health and Care Strategy/Vision 2020/25
- Mental Health Measure/Together for Mental Health
- Living a Good Life
- Powys County Council Corporate Improvement Plan
- Towards 2040 The Powys Well-being Plan
- Powys Population Assessment
- Powys Public Services Board's Well-being Assessment/Residents Survey
- Commissioning and Commercial Strategy Powys County Council (2017/20)
- EU Procurement Regulations
- Welsh Procurement Policy Statement 2015
- Equality Act 2010 (Statutory Requirements) (Wales) Regulations 2011
- Coronavirus-covid-19 and Beyond (SCIE Adult Social Care Recommendations (Oct 2020))
- Think Local, Act Personal - partnership agreement confirmed as the future direction of social care (2010)

1) PCC Corporate Improvement Plan (April 2019-March 2022)

Well-being objective 2: We will lead the way in providing effective, integrated health and care in a rural environment.

"High quality health and care services are a priority for all of us and we are committed to working with our partners in the NHS and the third sector to provide seamless health and social care services at the right time and in the right place. We will continue to do all we can to provide as many caring services as possible within the boundaries of Powys, whilst using a strengths'-based approach to promote independence and self-care wherever possible. Between 2020 – 2025, we will ensure that Powys adults are safe, resilient, fulfilled and have their voices heard, valued, and acted on:

CIP 1: Focus on wellbeing and support people through the life course Front door - There is an effective council front door which keeps people safe and finds solutions for people and their problems that demonstrates its impact in terms of diversions from formal care and delivering good outcomes.

- **Action:** To work with the Powys Teaching Health Board to align 3rd sector commissioning and to ensure that all 3rd sector commissioning is targeted at Health and Care Strategy Outcomes.

CIP 2: Provide joined up care, ensuring people are at the centre of health and care services and minimising duplication and complications between organisations and teams.

CIP 4: Create innovative environments that promote innovation, research, and development across all aspects of the health and care system - To ensure there is timely, targeted, and effective use of reablement, rehabilitation and support that has a focus on enabling independence and self-management and avoiding the over-prescription of care.

- **Action:** To mainstream home-based practical support following ICF evaluation.
- **Action:** Complete transformation of daytime opportunities for older people. This includes reducing in-house provision according to demand, supporting people with direct payments where possible, and looking at potential alternative providers
- **Action:** Support the development of Regional Rural Centre in Newtown

CIP 6: Work in partnership to transform health and care services and improve well-being.2

2) The Adult Services re-shaping plan 2018-23

Priority improvement outcomes as a response to CIW inspection recommendations and guidance set out by the Institute of Public Care "six steps to managing demand in adult social care", led by Professor John Bolton. The six steps and two key actions are:

- Managing demand through the front door of the Council
- Managing demand from hospitals
- Effective short-term interventions for people in the community
- Designing the care system for people with long term care and support needs
- Developing a workforce to manage demand
- Governance and management arrangements to sustain improvements

3) Health and Care Strategy (2017)

OBJECTIVES	OUTCOMES	OUTCOME REF	
	I am responsible for my own health and wellbeing.	WB1	x
	I am able to lead a fulfilled life.	WB2	x
	I am able and supported to make healthy lifestyle choices about my mental and physical health, and wellbeing, for myself and my family.	WB3	x
	I have life opportunities whoever I am and wherever I live in Powys.	WB4	x
	The environment/community I live in supports me to be connected and to maintain my health and wellbeing.	WB5	x
	As a carer I am able to live a fulfilled life and feel supported.	WB6	x
	I can easily access information, advice, and assistance to inform myself and remain active and independent.	EH1	x
	I have easy access, advice and support to help me live well with my long-term condition.	EH3	x
	I have easy access to support, information and early diagnosis.	TB1	x
	I have early intervention and appropriate treatment.	TB2	x
	My treatment and support is high quality, evidence based and timely as locally as possible.	TB3	x
	I have timely access to equitable services as locally as possible	JU1	x
	I am treated as an individual with dignity and respect.	JU2	x
	I receive continuity of care which is safe and meets my needs.	JU3	x
	I am safe and supported to live a fulfilled life.	JU4	x
	Those who I need to support me are able to make decisions and respond because they are well informed and qualified. If they cannot help me directly, they know who can.	WF1	x
	As a carer, I and those who I care for are part of 'the team'	WF2	x
	I am enabled to provide services digitally where appropriate.	WF4	x
	I am part of a thriving community that has a range of opportunities for health and social care, social events, access to advice and guidance services to support my wellbeing.	IE1	x
	I am able to have my home adapted to help me to live independently and make me feel safe.	1E4	x
	I have care in a fit for purpose environment that enhances my experience	1E5	x
	I am helped to use technology and gain access to resources to allow me to be digitally independent.	DF2	x
	As a Powys resident I 'tell my story' once and I am confident that those looking after me are working together in my best interest considering welsh language and cultural diversity.	TP1	x
	The services I receive are coordinated and seamless	TP2	x

4) Powys Public Services Board's Well-being Assessment/Residents Survey

- Older people want to live independently for as long as possible and need a good choice of accommodation options. Currently, provision is available but not necessarily in the right place. Residents survey: 93% of respondents agreed that "preventing homelessness" should be a priority.
- Powys has one of the most challenging remits in Wales in terms of access to services, in particular access to areas by foot or public transport is poor.
- Disabled and older people had a worse experience in trying to gain employment than the other groups listed in the survey
- The increase in the digital information channels excludes certain sections of society and the biggest division relates to age and disability. Residents survey: 73% of respondents felt that "enabling communities in Powys to become more digitally inclusive" was an important objective.

5) Recommendations for the future of adult social care reform (SCIE Oct 2020)

- Shift investment and focus away from remedial and acute services, towards community-centred preventative models of care, support, housing, and technology.
- Increase investment in models of care that are proven to maintain people's resilience, wellbeing, and independence.
- Bolster community resilience and enable people to live well at home that is supported locally through co-produced and outcome-focused forms of commissioning, that facilitates a shift in funding and focus on preventative approaches to care.
- The Government should introduce a prevention strategy which clearly sets out how it will support the sector to create more person-centred care and support that help prevent, delay, or reduce the need for more formal care services.
- Creating asset-based areas supported by an innovation fund for adult social care, which would fund a number of local-area 'exemplars' to implement asset-based, preventative, approaches to care and support at scale, from which the wider sector would learn.

Appendix 5: PCC Wardening Review

Housing Warden Review Report.docx

Appendix 6: Support at Home Services in Powys

Support at Home Services Scoping SH

Appendix 7: Powys Community Service Mapping Exercise

Service mapping - Intermediate Care V

Appendix 8: Project Governance

- Home Support Steering Group (2018- Feb 2020)
  The Home Support Steering Group has until recently reported to the Regional Partnership Board (RPB) on a quarterly basis. From December 2018, the steering group reported to the Disability Partnership Board, which has delegated reporting responsibilities from the RPB. Steering Group was suspended in June 2019 for review at two workshops held to consider the roll-out and futures sustainability of the service (see below). SG superseded by the PCC Planning Group c June 2019**.**
- **Monthly CIP Reporting (2018-present)**
- PCC Home Support Planning Group/Business Continuity (June 2019 – present)
- Home Support Service Meetings
- Powys Home Support Multi-Agency Pathways Group
  I. T**o scope and** address issues to support responsive joined up home support related services so that individuals using them would have one 'touch point' and have/continue to have their needs/what matters to them met first time, thus minimising duplication, and optimising resources across all services. Key services identified including Home Support, Red Cross/Positive Steps/PURSH/Re-ablement/Domiciliary Care/Supporting People/GP Practices/Virtual Wards/Ambulance services.
  II. Work to date has included the development of a comparator data base to help clarify and identify service remits, distinctions, commonalities and overlap (used within workshops); supporting a PHTB initiative for the installation of lifting equipment with training across key health and social care sites (ERHS and RHS already have this in place); and some practice suggestions yet to be realised.
- ERHS grant/contract monitoring – CIW Registered Oct 2020
- PCC RHS/LWHS/LHS and CIW Registration
- Monthly data service returns from all service areas including service user feedback/case studies

Appendix 9: Project Sustainability Work/Progress (to support ICF funding exit strategy)

- X2 Multi-agency Workshops (2019) were held in June and October 2019. The aim of the workshops was to scope (with key stakeholders) project sustainability options and prepare for life beyond ICF through facilitation of fundamental change and invest through disinvestment. In light of the role and response (and evidence to prove this), Home Support has had/made to covid-19 and the delays in working toward the mainstreaming and roll-out of the pilots across Powys, ICF funding has been extended to undertake this work in 2021/22.
- Workshop reports tabled at the Living Well/Ageing Well Boards/Disability Partnership Board in Dec 2019. Both boards approved direction of travel referred to RPB,
- Presentation to RPB Jan 2020 which supported the evaluation of the Home Support Annual Report and follow-up workshops. Next steps subsequently delayed as a result of the coronavirus.
- Liaison with RRC project (June 2019 - present)
- Mid Powys GP Cluster Group (May 2019)/Builth Wells Community Support
- PCC Scoping and business case development (June – Dec 2019 and Oct 2020- present)
- Successful trial re-direction of Wardening/closed Day Centre £ within ERHS (2020 – present)

Appendix 10: Key Supporting Documents

- Home Support Annual Report Recommendations 2018/19// Welsh Version available
- Home Support 3-Yearly Review (2018/21) Interim
- Home Support Service Specification (2018)
- Home Support Impact Assessment (2018)
- Livewell CVS Grant Funded Position Paper (Oct 2020/Spring 2021)
- Return on Investment (2019/20)

HS 2018.19 Annual Report Recommend… | Home Support Service Specification | Home Support Impact Assessment (| PCC Livewell CVS Grants Positon Pape | Home Support Annual Report FV SI | HS Return on Investment Infograp

Appendix 11: References

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- Corporate Improvement Plan 2020-25 Vision 2025 (2020) Powys_Corporate_Improvement_Plan_2020-2025 (1).pdf
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Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol

Powys Home Support

Project Review (Draft/Incomplete)

April 1st, 2018 – March 31st, 2021

Sue Hall

Project & Contract Officer

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This report is the second overview and review of the Home Support project and services. This report includes collated data from the four Home Support Service areas over three years rather than a combination of collated and area specific data over one year as reported in the first Annual Report published in June 2019.

This report includes a reduced narrative and provisional recommendations and refers to the Q2 ICF Report published in Oct 2020 for the Powys Regional Partnership Board on behalf of the Welsh Government – both in lieu of the fuller report due for completion in May 2021.

Acknowledgements

With many thanks to the senior support workers and their teams in each of the Home Support localities for all the work they do and difference they make, and thanks to the operational manager's, the PCC Planning Group and wider stakeholders for their support and contributions.

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Section 1: Executive Summary

Home Support is an early intervention service for citizens (50+) that provides the support and practical assistance an individual may need in their day-to-day life to stay living at home, safely and independently. This includes a range of scheduled interventions and unscheduled support 24/7 (OOH as first responders through community alarms).

Home Support is an integral part of the One Powys/Vision 2020/25 prevention and early intervention programme and helps to optimise health and wellbeing, reduce the impact of isolation and loneliness and the prevention and/or delay in the escalation of needs and more formal care and support.

In 2018 Integrated Care Fund (ICF) funding was awarded to support the development and roll-out/pilot of the Rhayader Home Support Service to a further three of the thirteen Powys localities - East Radnor (Presteigne and Knighton), Llandrindod Wells and Llanidloes. Comprehensive evaluation (and resulting recommendations) after the first year secured a further 2 years of ICF funding to March 31st, 2021 to support the on-going development, mainstreaming and roll-out of Home Support services across Powys. In January 2021, the Welsh Government, and local Regional Partnership Board (RPB), extended ICF funding for a further year to March 31st, 2022 to support the project to deliver aims and actions delayed due to the pandemic.

The Home Support service specification developed and drawn up at the beginning of the project indicated the anticipated outcomes at an individual, operational, and 'system'/community level. The aim of this approach has been to embed outcome-based decision making into the planning, commissioning, delivering, and reviewing of services and ensure accountability within partnerships and programmes of work. Since 2018 each service area has recorded data daily to provide monthly reports in relation to the outcomes, and show what has been delivered, how well the service has been delivered/received and the difference the service has made.

Consequently, there is a substantial amount of local data demonstrating the work and impact Home Support services have had within the areas in which they operate. This is evidenced in the first annual report (2018/19) published in June 2019[1] which resulted in several strategic and operational recommendations to support the development and progression of the project.[2] Whilst progress has been made in 2019/2020 to deliver on the recommendations, there has been a delay in achieving them all due to the pandemic and resultant PCC 'business critical' focus. Indeed, Home Support activity increased and adapted to ensure the most vulnerable citizens have access to support, which has been a crucial part of the PCC and indeed Powys-wide Covid-19 response.

Concurrently, since May 2020, the Livewell Commissioning team has engaged significantly with the twenty Community and Voluntary Service (CVS) grant funded organisations. This secured positive relationships, communications, and support for/with each organisation. It also provided the opportunity to review, develop and improve commissioning practices and service procurement in relation to preventative approaches and interventions and the role of CVS organisations and PCC provision within that. Also, during this time, there has been further development of the North Powys Project including the review the Integrated Community Model of Care, home-based care/community-based/early intervention pathways and the aims and principles of the Section 33 partnership agreement.

The consequential learning across all these areas of work have prompted very real opportunities to join up, pool and deliver on the overarching strategic objective of the Home Support project to transform prevention services across Powys by securing sustainable approaches and value for money in the provision of support for individuals living at home in Powys. Specifically, this means realising the ambition to roll-out and

[1] See Appendix XXX for Home Support Annual Report 2018/19

[2] See Appendix XXX for Home Support Annual Report Recommendations (2018/19)

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mainstream home support services in all the Powys localities, and in doing so support innovative and proven interventions that optimise independence and in doing so ensure that citizens in Powys have access to support as and when they need to.

This 3-year report reinforces the key findings from the first Home Support Annual Report covering the period from April 2018 to March 2019. It demonstrates that Home Support is a responsive and adaptable service that ensures that the nature and frequency of support is reflective of an individual's needs and abilities - ultimately enabling them to live at home within their own communities, by providing very practical assistance and support, as and when needed and without requiring potentially more intrusive and costlier support and services. This report further shows that all of the services provided across the four project areas are highly regarded as a much valued, innovative, and unique, proactive, and preventative service.

The findings also indicate opportunities to develop the service further to support the roll-out and mainstream home support services in all the Powys localities. ADD key findings from three-year review.

- Better consistency across the four areas in terms of provision, recording and data collection and asking individuals about their views and experiences
- Health and wellbeing promotion, improvement, and intervention
- Proactive approaches to tackling loneliness and social isolation
- Partnership and integration with similar health and social care services
- Co-production with service users and carers to develop and review services
- Diversion from more intensive service interventions, in particular emergency service escalations
- Return on investment particularly in terms of cost avoidance of health services
- Application of an established service model, practice, and systems to other areas
- Analysis and learning from comparator services

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Section 2: Summary of Recommendations

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Section 3: Introduction

In Powys, there are 35,696[3] people aged 65 and over (27% of population), with 4% aged over 85 with 15,571 people aged 50+ who are predicted to be living alone. The 65 and 85 plus populations are projected to increase by 38% and by 159% respectively by 2036. As life expectancy increases, support and care needs will likely increase. The Social Services and Wellbeing Act (2014), local needs assessments and surveys all advocate for early intervention and prevention and support at home that allows people to remain in their own home and community, helping to retain their independence and be close to their family and friends.

The Home Support project sought to address these issues, by building upon the successes and learning from the Rhayader Home Support service (set up in 2005) and establishing Home Support in three further localities within Powys in 2018. Over the course of the project, Home Support provision and delivery has increased, developed, and adapted demonstrating significant impact on individuals lives and in doing so help to ensure the most vulnerable citizens in Powys have access to support as and when they need to.

The commitment to continuous learning and improvement has been integral to the Home Support project from the outset. This has involved the commitment to ongoing data recording, collection, collation, and review by all concerned. Indeed, with the necessary focus on business critical due to the Covid-19 pandemic, the necessity to continue to review current need and service responses to inform ongoing and future service focus has never been more critical.

The aim of this report is to review and evaluate the progress of the Home Support services in Powys, with a view to drawing some conclusions and recommendations in terms of what and how to go forward.

This report includes collated data from the four Home Support Service areas over three years rather than a combination of collated and area specific data over one year as reported in the first Annual Report (2018/19) published in June 2019. The additional data (both quantitative and qualitative) has helped to consolidate findings from the first Annual Report, providing a stronger evidence base and case for action going forward. Key questions focus on:

- How much - Service activity (quantitative)
- How well - feedback (service users/carers/partners (qualitative)
- The difference the service has made (is anyone better off?)
- The return on investment (value for money)
- Whether the service has been successful in achieving its outcomes and objectives
- Whether there have been any unexpected outcomes
- Addressing Annual Report (2018/19) Recommendations

This report is structured as follows:

- **Section 4** presents a summary of the methodology applied including outcomes based and results-based accountability approach, underpinning principles, and the role of impact assessments and evidence-based.
- **Section 5** provides an overview and the 'back story' of the project and its development, as well as highlighting anticipated project aims, objectives and outcomes.
- **Section 6** highlights the scope of the project including the demographic and strategic context and a short profile of each four project service areas.

[3] Lower layer Super Output Area population estimates (supporting information) - Office for National Statistics

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- **Section 7** provides a profile of a sample of the membership.
- **Sections 8-10** presents and reviews the data demonstrating 'how much,' 'how well,' and the 'difference made' over the first three years of the project.
- **Section 11** aims to draw conclusions and highlight the impact of the service in terms of service user, service, and system outcomes.
- **Section 12** provides a summary of recommendations (which are highlighted throughout the report).
- **Section 13** contains the Appendix including references and further information.

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Section 4: Review Methodology

Outcomes-based Approach

The service specification drawn up at the beginning of the project indicated the anticipated outcomes at an individual, operational, and 'system'/community level.[4] The aim of this approach has been to embed outcomes at the heart of all service provision ensuring the focus is on doing what matters.

Each service area to date has recorded and reported key data in relation to the outcomes to demonstrate what has been delivered, how well the service has been delivered/received and the difference the service has made.

Results Based Accountability

"A disciplined way of embedding outcome-based decision making into planning, delivery and accountability for partnerships and projects."

- Turns talk quickly into actions
- Explains both collaborative and service accountability and how they fit back together
- Embeds performance management into planning and delivery

Impact Assessments

Impact assessments are a process of seeing how policies, services, and decisions impact upon different parts of our communities. The Council has a duty to assess the impact of those decisions and policies under Equality legislation, the Welsh Language Standards, the Future Generations Act, and to consider how decisions could be altered to ensure positive outcomes for those elements.

Two impact assessments have been undertaken in conjunction with Home Support. It is intended a third will be drawn up to support decisions regarding the future of Home Support (i.e., April 2022 onwards).

Key Principles

- Proportionate
- SMART
- Common sense
- Plain language
- Useful
- Asset-based
- Continuous learning
- Doable

Research and Evidenced Based

- Solva Care in Pembrokeshire
- Tunstall Televida tele assistance service in Spain
- See References in Appendix

Data Collection

The commitment to continuous learning and improvement has been integral to the Home Support project form the outset and it has wholly relied upon data collected and recorded (by Home Support staff) on an on-going basis on a custom-made Data Management Record (DMR). Consequently, there is a substantial amount of local data demonstrating the impact Home Support services have had within the areas in which it operates. The DMR has been developed over the course of the project in the absence of a suitable

[4] See 'Impact and Outcomes' below.

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existing database that was fit for purpose and useable by both PCC and external service providers. The DMR incorporates the following outcomes and data records:

- Service Overview (automatically populated)
- Service user/carer/member feedback (snapshot questionnaires (SSQ)) (manually recorded - one SSQ per member per year)
- SSQ breakdown/charts (automatically populated)
- Monthly service activity and callouts (manually recorded)
- Service user/carer/member case studies/good news stories (manually recorded and forwarded with DMR return)
- Compliments/complaints/incidents (manually recorded and forwarded with DMR return)
- Personal Profiles (manually recorded – one per member 2018/19)
- Referral Activity (manually recorded – 2018/19)

Consent

Data collected and collated for this report has been provided through the consent of individuals using the services and approval and consent from Powys County Council and East Radnor Day Centre.

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Section 5: Service/Project Overview

Background

Home Support is an early intervention service for citizens (50+) that provides the support and practical assistance an individual may need in their day-to-day life to stay living at home, safely and independently[5]. Home Support is an integral part of the One Powys/Vision 2020/25 prevention and early intervention programme and helps to optimise health and wellbeing, reduce the impact of isolation and loneliness and the prevention and/or delay in the escalation of needs and more formal care and support.

In 2018 Integrated Care Fund (ICF) funding was awarded to build upon the successes and learning from the Rhayader Home Support service (established in 2005) and establishing Home Support in a further three of the thirteen localities within Powys - East Radnor (Presteigne and Knighton), Llandrindod Wells and Llanidloes. Comprehensive evaluation (and resulting recommendations) after the first year secured a further 2 years of ICF funding to March 31st, 2021 to support the on-going development, mainstreaming and roll-out of Home Support services across Powys. In January 2021, the Welsh Government, and local Regional Partnership Board (RPB), extended ICF funding for a further year to March 31st, 2022 to support the project to deliver aims and actions delayed due to the pandemic.

Over the course of the project, Home Support provision and delivery has increased, developed, and adapted demonstrating significant impact on individuals lives and in doing so help to ensure the most vulnerable citizens in Powys have access to support as and when they need to. This is clearly demonstrated in the 2018/19 Annual Report and indeed this 3-Year Report.

Whilst there was operational delivery on many of the 2018/19 Annual Report recommendations in 2020, there has been a delay in achieving them all due to the pandemic and resultant PCC 'business critical' focus. Indeed, Home Support activity increased and adapted to ensure the most vulnerable citizens have access to support, which has been a crucial part of the PCC and indeed Powys-wide Covid-19 response.

Concurrently, since May 2020, the Livewell Commissioning team has engaged significantly with all the current CVS grant funded organisations. This has secured effective engagement, communications, and support for/with organisations, and provided the opportunity to review, develop and improve commissioning practices, and service procurement in relation to preventative approaches and interventions and the role of CVS organisations and PCC provision within that. Also, during this time, there has been further development of the North Powys Project including the review the Integrated Community Model of Care, home-based care/community-based/early intervention pathways and the aims and principles of the Section 33 partnership agreement.

The consequential learning across all these areas of work have prompted very real opportunities to deliver on the overarching strategic objective of the Home Support project to transform preventative services in Powys through co-production, bringing together several overlapping and compatible work-streams and service provision and by adopting proven innovative interventions through service redesign and re-engineering resources.

During 2020, the PCC Home Support strategic planning group was re-established after a six-month suspension ensuring business critical focus in relation to the pandemic. The aim of the group in 2021 thus far has been to scope, articulate and seek approval for the roll-out and mainstreaming of Home Support services in all thirteen Powys localities.

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Strategic Context

The service and project align with the Powys County Council (PCC) Adult Services Improvement Plan (Vision 2025) which sits within a wider strategic framework, evidence, and research, and seeks to draw a golden thread across all key strategic and planning arrangements:

- Social Services and Well-being (Wales) Act (2014)
- Powys Health and Care Strategy/Vision 2020/25 (2020)
- Mental Health Measure/Together for Mental Health (2019-22)
- Improving Lives Programme (2018)
- Powys County Council Corporate Improvement Plan (2019-2022)
- Towards 2040 The Powys Well-being Plan (2018)
- Powys Population Assessment (2015)
- Powys Public Services Board's Well-being Assessment/Residents Survey (2015)
- Commissioning and Commercial Strategy Powys County Council (2017/20)
- Powys County Council Transformation Approach: Service Redesign/Digital Transformation Programmes and Projects, Small-scale change (2021)
- EU Procurement Regulations (current)
- Welsh Procurement Policy Statement (2015)
- Equality Act 2010 (Statutory Requirements) (Wales) Regulations (2011)
- Coronavirus-covid-19 and Beyond (SCIE Adult Social Care Recommendations (Oct 2020))
- Think Local, Act Personal - partnership agreement confirmed as the future direction of social care (2010)
- North Powys Project (2019)[6]

Service Aims

Key Home Support Activities based on current service specification:[7]

- To optimise independence
- To prevent the need for statutory intervention
- To reduce the impact of disability
- To delay dependency and escalation of care

- **Help to help yourself**: community and universal services that focus on promoting wellbeing for anyone who wants to be as well as they can be. Prevent needs from occurring and effecting wellbeing
- **Help when you need it**: focus on response and early intervention to help reduce the need for more intensive/specialist services and impact of frailty or ill health, to slow down deterioration and regain independence.
- **Specialist help**: 24/7 Response/Home Support Plans/promotion of independence and wellbeing/healthy lifestyles.

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[6] See Appendix 7 for full strategic references

[7] See Appendix 2

Service Objectives

The objectives of Home Support are to provide person-centred local services that:

- Promotes independence by providing early intervention and prevention.
- Provides support to improve and/or maintain health and wellbeing including life skills, healthy lifestyles, learning and occupational opportunities and links with family, friends, and local communities.
- Helps prevent or delay the deterioration of health and wellbeing resulting from ageing, illness, or disability.
- Help reduce the need for costlier and intensive services.
- Enables/assists hospital discharge and look to prevent re-admission and reduce residential placements.
- Provides short term support to help continuity of care with changing needs/circumstances/support agencies.
- A point of contact for members.
- Provides a 24/7 rapid response service via an emergency care line.
- Provides support for carers and families.
- Is registered Service with CIW (Care Inspectorate Wales).

Impact and Outcomes

The Home Support service specification developed and drawn up at the beginning of the project indicated the anticipated outcomes at an individual, operational, and 'system'/community level – all of which reflect the national and local strategic framework.[8] The aim of this approach has been to provide qualitative and quantitative data to show what has been delivered, how well the service has been delivered/received and the difference the service has made. The key outcomes relate to:

Improved health and wellbeing

- Improved quality of life
- Improved health and wellbeing

Personal and relevant support at home

- Improved experience of support and care
- People feel more empowered and in control
- People have better access to information, advice, assistance, and advocacy
- People receive relevant, local, and personal support
- Quality support and care

Value and sustainability

- Quality leadership and workforce
- Evidenced-based practices
- Joined-up, co-ordinated and collaborative practices
- Effective and efficient information management
- Cost-effective and prudent service model
- Sustainable fit between needs and resources

[8] See Appendix 7

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Service Specification

Each service area works from a single pan Powys service specification that was developed at the beginning of the project. This aim of having one specification was to develop a consistent approach to supporting people to live at home which was flexible enough to respond and adapt to the profile and needs of rural and localised communities and the often-variable services and resources provided within those. This has meant that whilst the Home Support service in each of the project areas has evolved and developed differently, they have retained a clear reference to one service specification.

By working alongside existing community and service provision, Home Support flexes to provide localised relevant services and doing what matters to an individual in how and when they receive help and what works best for them. The service is free and some of the things Home Support can help with include:

- 24/7 emergency response
- Welfare visits and telephone support
- Essential Shopping
- Emotional Support
- Assistance with prescriptions
- Support with appointments
- Assist carers with their role
- Support in emergency situations
- Staying fit and healthy
- Signposting and help to access other services
- Accessing local community groups and supportive networks

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Section 6: Project Scope

Powys County Context

"Powys covers a quarter of the area of Wales and is one of the most sparsely populated counties in England and Wales, with 26 people per square kilometre. Powys has an estimated population of 132,435,[9] which is a predominantly rural population, with numerous villages and hamlets around the main 15 market towns.

The population of Powys is also older than the average for authorities in Wales with the mean average age being 44.8 in mid-2012 as compared to Wales at 41.3. The 65+ population (currently 35,696) is projected to increase by 11% over the next 5 years (38,405 by 2020) and by 43% by 2036 (49,515). The 85+ population is expected to increase by 19% over the next 5 years from 4,725 to 5,551 and 146% by 2036 (11,456). In contrast, the proportion of young working aged people (20–39) is substantially lower than that of Wales. Whilst the male older population is expected to increase at a higher rate than that of females, it is projected that there will continue to be older aged women than men."[10] These projected demographic changes have significant implications for health and social care provision and the work delivering it.

Whilst there is a general consistency to community service provision across Powys, how is it used has often been dependent on the demand and supply within in each area.

The aim of the Home Support project has been to establish a shared and consistent approach to the service provision across Powys whilst taking account of and being responsive to the profile and needs of local and rural communities with often-variable access to and provision of services and resources within each. This has meant that each service area has needed to evolve and develop as highlighted in the locality and service profiles below.

Project Localities

Home Support services are currently delivered in three of the thirteen Powys localities – Rhayader and Llandrindod Wells, East Radnor (Presteigne and Knighton and surrounding areas), and Llanidloes.

Rhayader and Llandrindod Wells Locality

The Rhayader Home Support (RHS) service was established in 1998 in response to the closure of a local nursing home and the need for the provision of a warden service for 30 council warden properties.

Following evaluation in 2013, Llandrindod Wells Home Support service (LWHS) was established alongside RHS as part of the pilot project to develop and evaluate home support services within Powys in April 2018. The LWHS service has evolved steadily but is yet to reach full capacity with progression delayed due to the pandemic.

Rhayader and Llandrindod Wells Home Support (RH&LWHS) serves a population of approximately 14,435 with 3,389 individuals over the age of sixty-five.[11] The membership was 251 (January 31st, 2021), with a reach of 7.5% of the potential/targeted population (although not all individuals will need or want Home Support services).

The locality base for RH&LWHS is in Rhayader, although homeworking has been established during 2020 in response to the pandemic and to ensure government guidelines and safe practices in the office are heeded. The workforce includes by five workers (1 senior support worker (SSW) and 5 support workers) and 3 relief workers, totalling 188 hours (60 in-hours and 128 out of hours).

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[9] Lower layer Super Output Area population estimates (supporting information) - Office for National Statistics

[10] Care & Support Pop Assessment for Powys. file:///Z:/Wellbeing%20&%20Population%20Assessment/Powys_Population_Assessment_Summary_-_Final_V1.pdf

[11] Local Area Profiles based on 2012 Census Data. https://customer.powys.gov.uk/article/5963/Local-Area-Profiles

R&LWHS is PCC provided and funding is substantive. The ICF (Integrated Care Fund) provides funding for 30 hours' SSW (April 2018 - March 31st, 2022).

Service delivery, practice documentation, data recording and reporting have been fully adopted and provided in Rhayader, although service provision has only partially developed in Llandrindod Wells - intentions to roll-out beyond the wardening supported services in the autumn of 2019 were due the late ICF funding decision and to the pandemic. The data collected and collated however, provides a significant insight into the activity, outcomes and benefits of the Home Support services delivered.

Llanidloes Locality

The Llanidloes Home Support service (LHS) was established in April 2018 as part of the pilot project and is based within an 'extra-care' facility called Bodlondeb.[12] LHS was developed upon existing community-based services and non-PCC funded Bodlondeb residents. However, the service (and use of documentation) has not fully developed or implemented as anticipated.

LHS serves a population of approximately 6,135 with 1,653 individuals over the age of sixty-five. LHS has a membership of 36, 13 of whom live within Bodlondeb (January 31st, 2021) with a reach of 2% of the potential/targeted population (although not all individuals will need or want Home Support services).

LHS is PCC provided with backfill ICF funding for 37 hours' SSW work backfill from April 2018 - March 31st, 2022.

Originally, it was intended the Bodlondeb residents would be transferred to Home Support so they would be supported akin to other home support members living in the community rather than as a supported living tenant. In practice this has not materialised, and although, there has been staff backfill provided to establish the service in Llanidloes, the Bodlondeb work has necessarily taken priority. Consequently, the Home Support service has not developed within Llanidloes, nor have those affected individuals living in Bodlondeb been transferred to Home Support services, so receive the same support as all Bodlondeb tenants which is at a higher level than would necessarily be provided for those individuals living in the community.

Service delivery, practice documentation, data recording and reporting have been partially adopted and provided in Llanidloes. Intentions to develop the service including the roll-out beyond the Bodlondeb and existing community support service users in the autumn of 2019 were delayed due the late ICF funding decision, to staffing shortages and the pandemic. Consequently, the data collected and collated has been limited and, in some respects, biased as support provided to the 13 Bodlondeb Home Support members has reflected the additional (and traditional) support provided to all 'extra-care' residents which was generally over and above what would ordinarily be necessary for Home Support members. Having said this the data still demonstrates an invaluable insight into the activity, outcomes and benefits of the Home Support services delivered.

Knighton and Presteigne

The East Radnor Home Support Service (ERHS) was established in 2018 as part of the pilot project to develop and evaluate Home Support services across Powys. The base for the service is in Presteigne at the East Radnor Day Centre.

ERHS serves a population of around 12,154 individuals with 3,413 individuals over the age of sixty-five living in Presteigne, Knighton and the wider communities and surrounding villages. ERHS had a membership of 330 (January 31st, 2021) with a reach of 10% of the potential/targeted population (although not all

[12] Bodlondeb is a property owned by Mid-Wales Housing Association. The property houses bedsits for up to 26 tenants and has communal facilities for all residents. PCC provides 24/7 support and care. Approximately half of the residents are funded and supported by social care packages and PCC staff based at Bodlondeb. The remainder of the residents are self-funded.

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individuals will need or want Home Support services). During the first two quarters of 2020, membership was at its height of 420 with a reach of 12% of the potential/targeted population.

For the first year of the project, staffing included part-time general management support from the Day Centre Manager, one dedicated full-time SSW and three relief staff supporting the out of hours' work. The 2018/19 Annual Report indicated the need for further in-hours staffing. This prompted the use of vacant PCC wardening hours (and case work) being allocated for the duration of the project in ERHS in Dec 2019.

The workforce further developed and changed in response to the impact of the pandemic during 2020. This included the temporary closure in March 2020 of ERDC and redeployment of four of the nine part-time Day Centre staff to the Home Support service increasing in-hours provision from 75 in-hours to 126 hours and 128 on-call/out-of hours. The increase in staffing matched the 100% increase in membership during 8 months of 2020 because of the pandemic.

The service is PCC commissioned and provided by East Radnor Day Centre (ERDC - now known as East Radnor Care (ERC)). ERHS is funded mainly through ICF funding (to March 2022), PCC wardening (from January 2020 to 2022) and PCC day centre funding (March 2020 – March 2021).

Service delivery, practice documentation, data recording and reporting have been fully adopted and provided in East Radnor and the data collected and collated provides a significant insight into the activity, outcomes and benefits of the Home Support services delivered.

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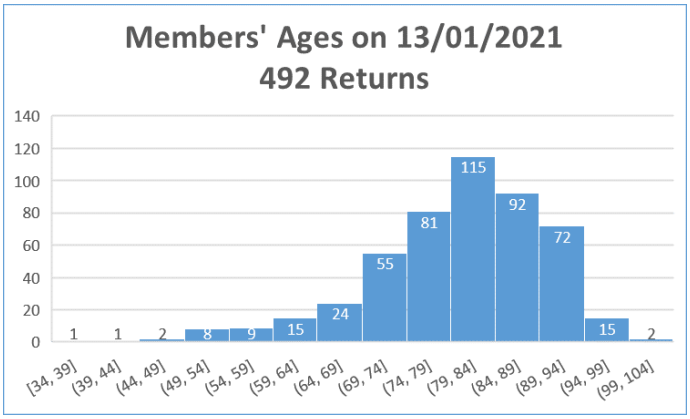
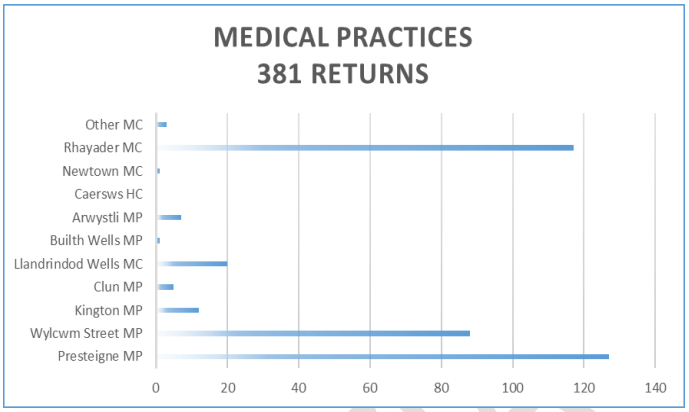
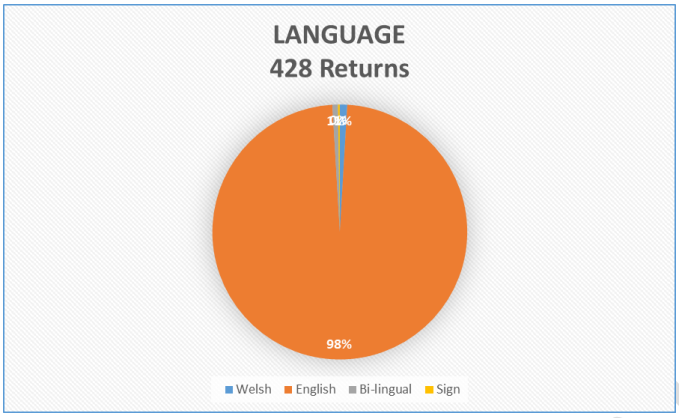
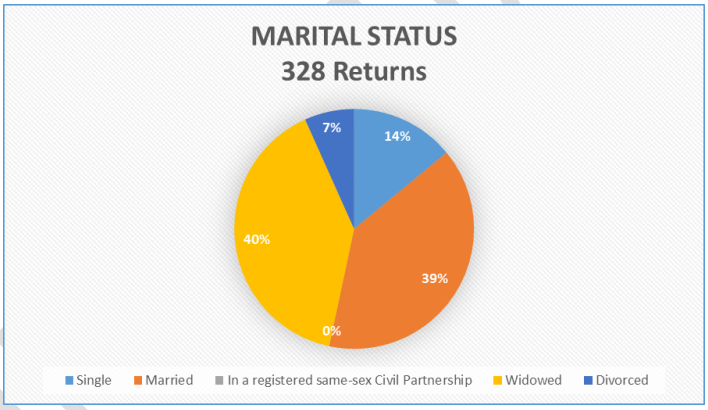
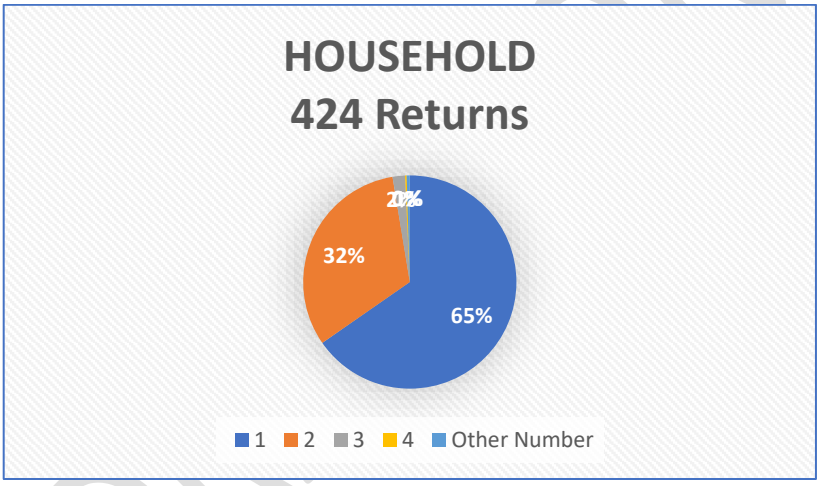
Section 7: Membership Profile

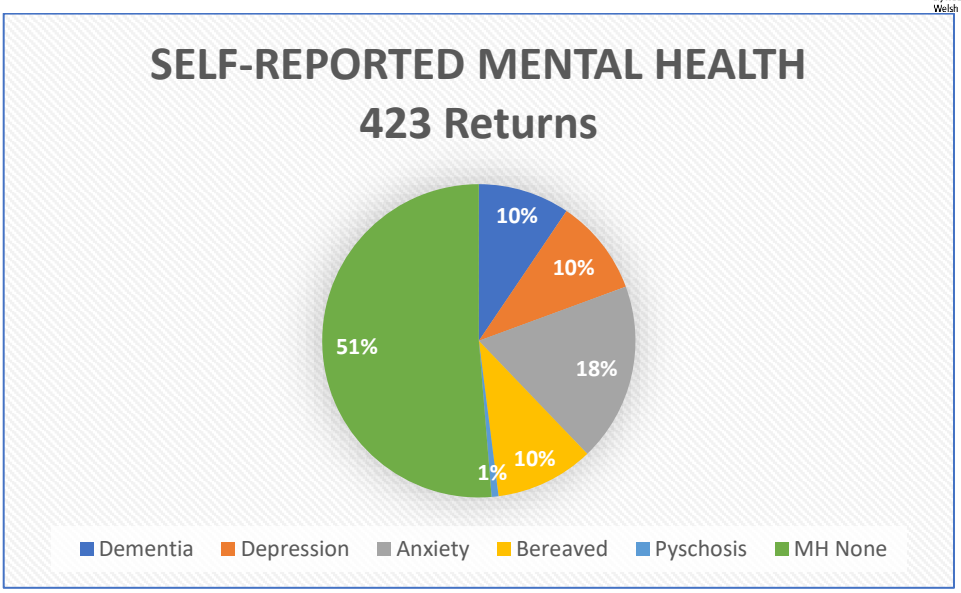


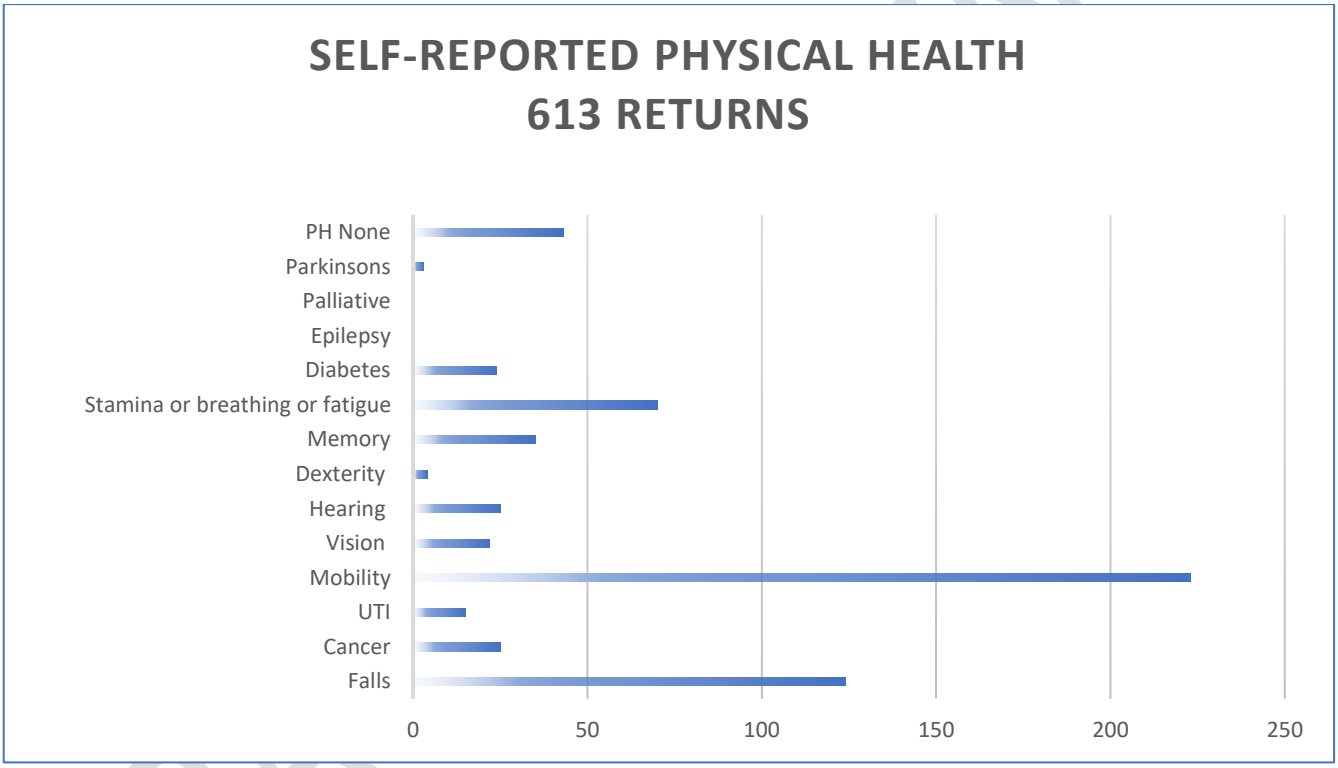












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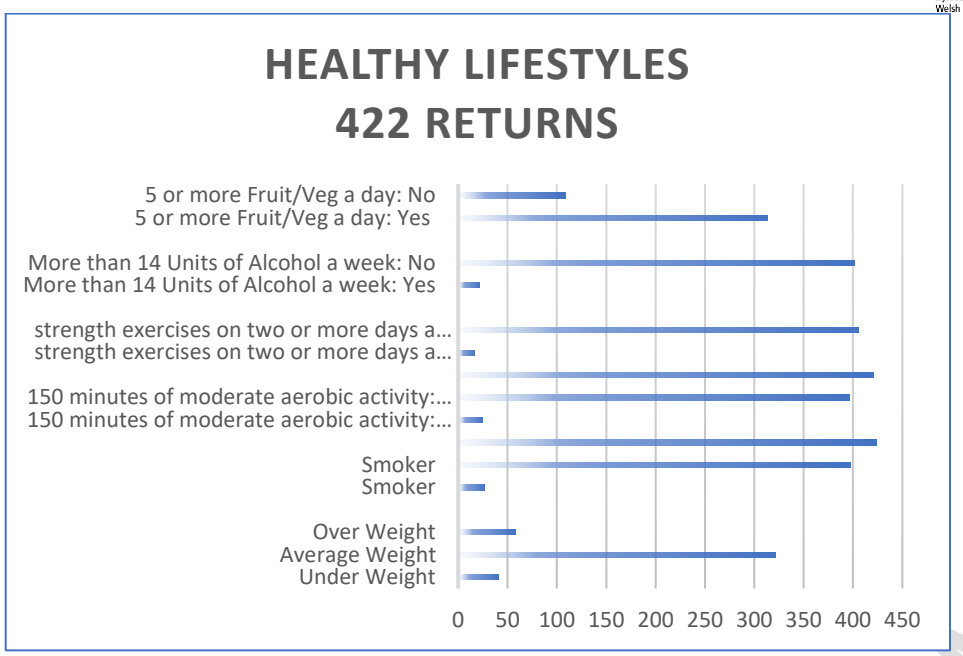
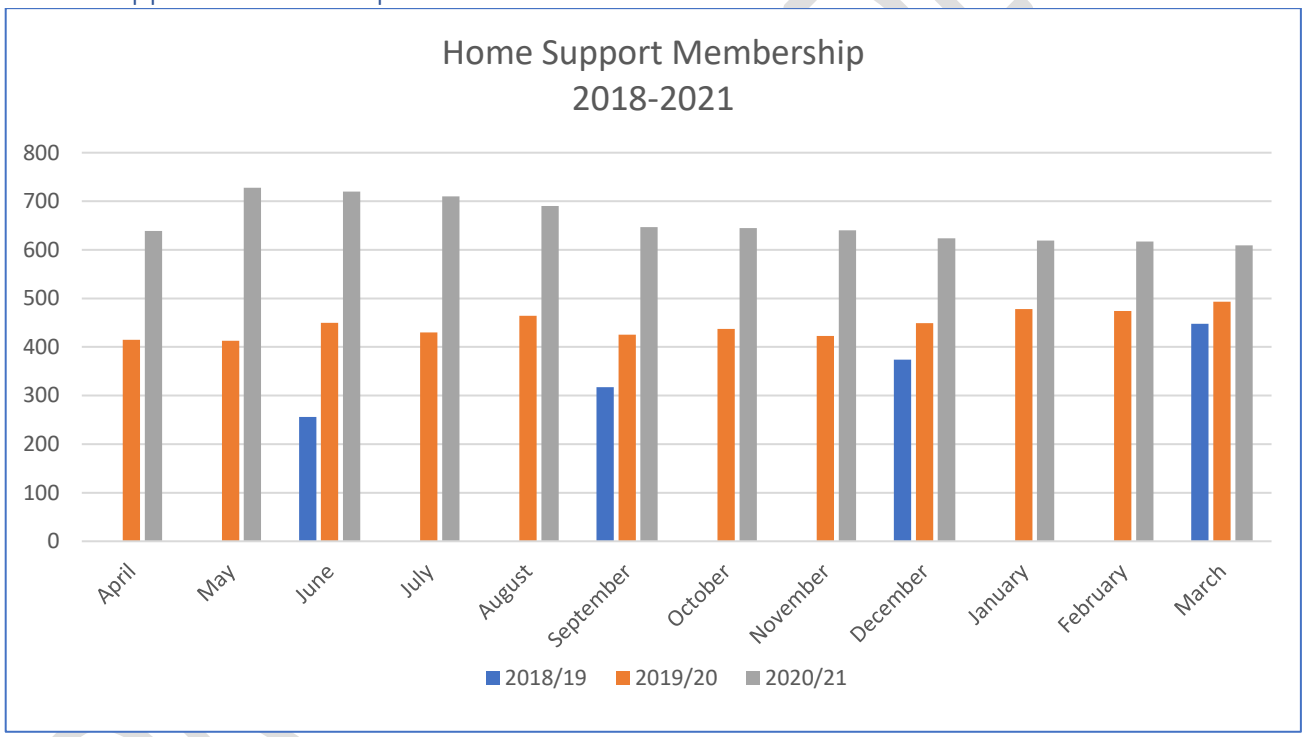


Section 8: How Much

Home Support Membership



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Scheduled Activity

Home Support Activity Overview

There are around 122 Scheduled Home Support interventions provided across the four service areas every working day (9am-5pm) (3-year average April 1st, 2018 - 31st March 2021).

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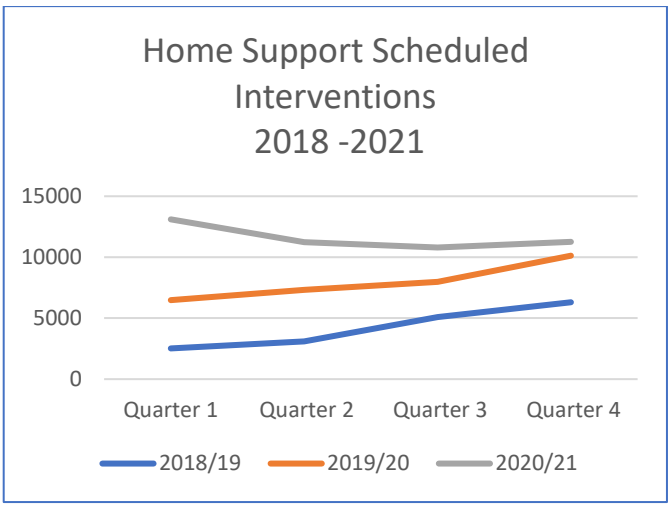

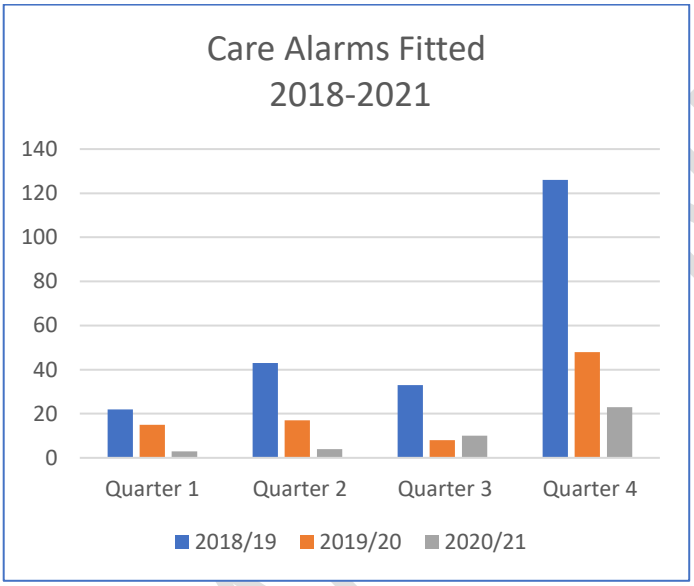

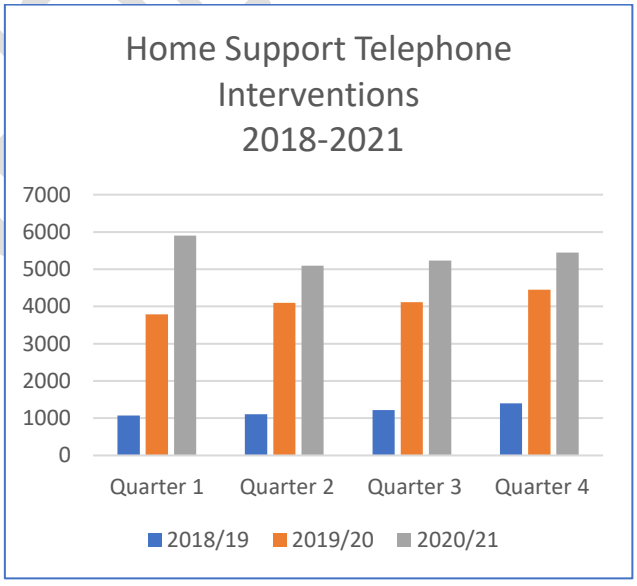

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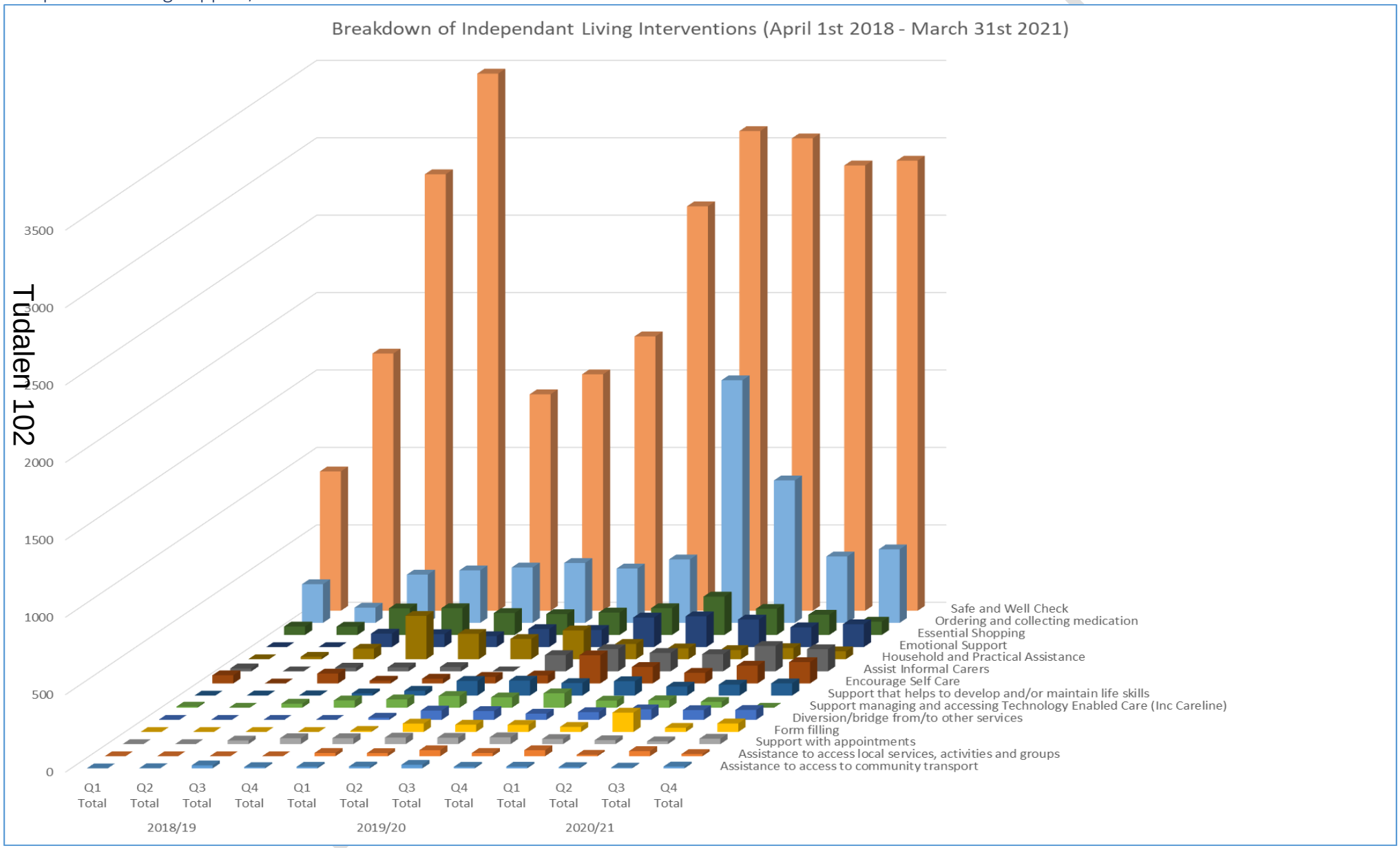
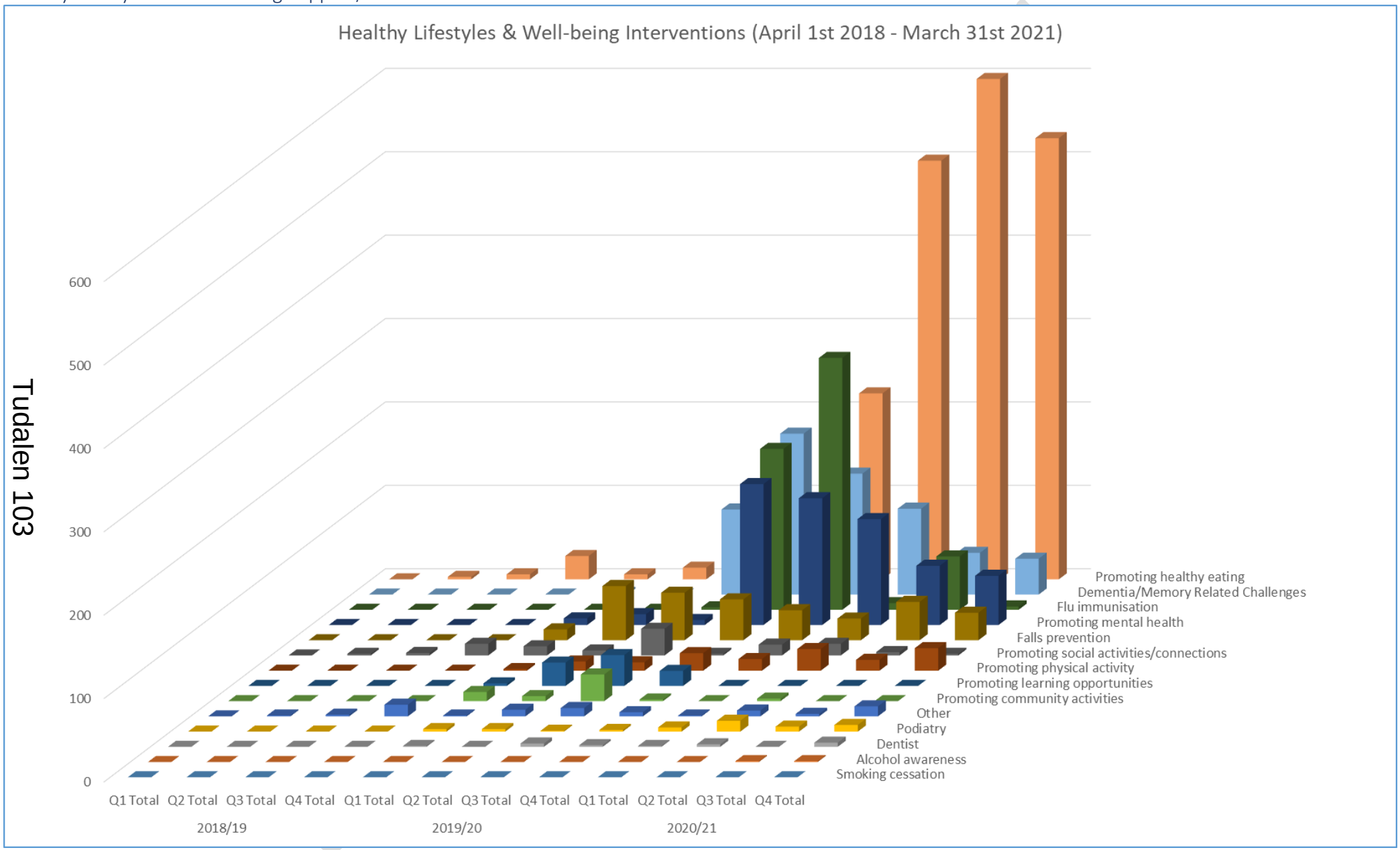
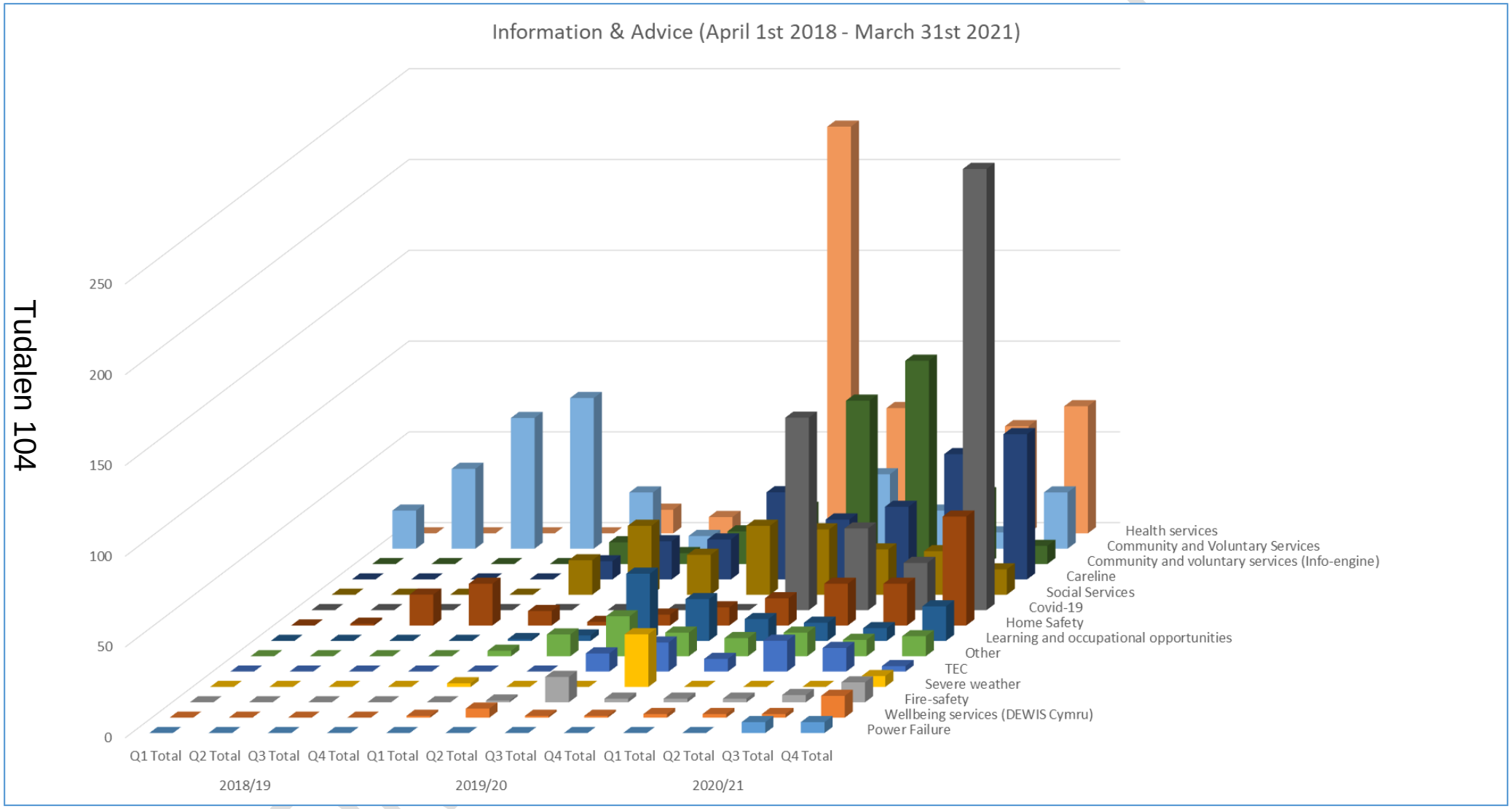
Scheduled Support Activity Breakdown
Independent Living Support/Interventions



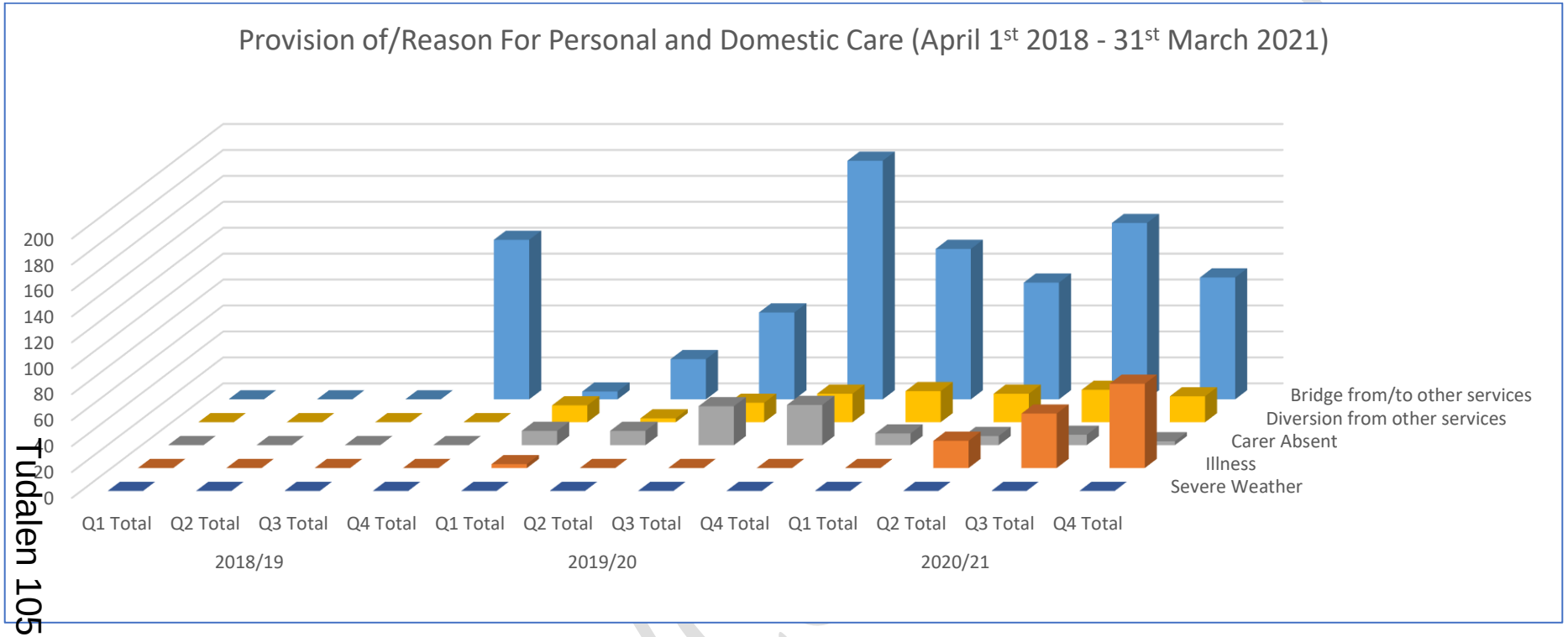
Healthy Lifestyles and Wellbeing Support/Interventions



Information, Advice and Assistance Support/Interventions



Personal/Domiciliary Care



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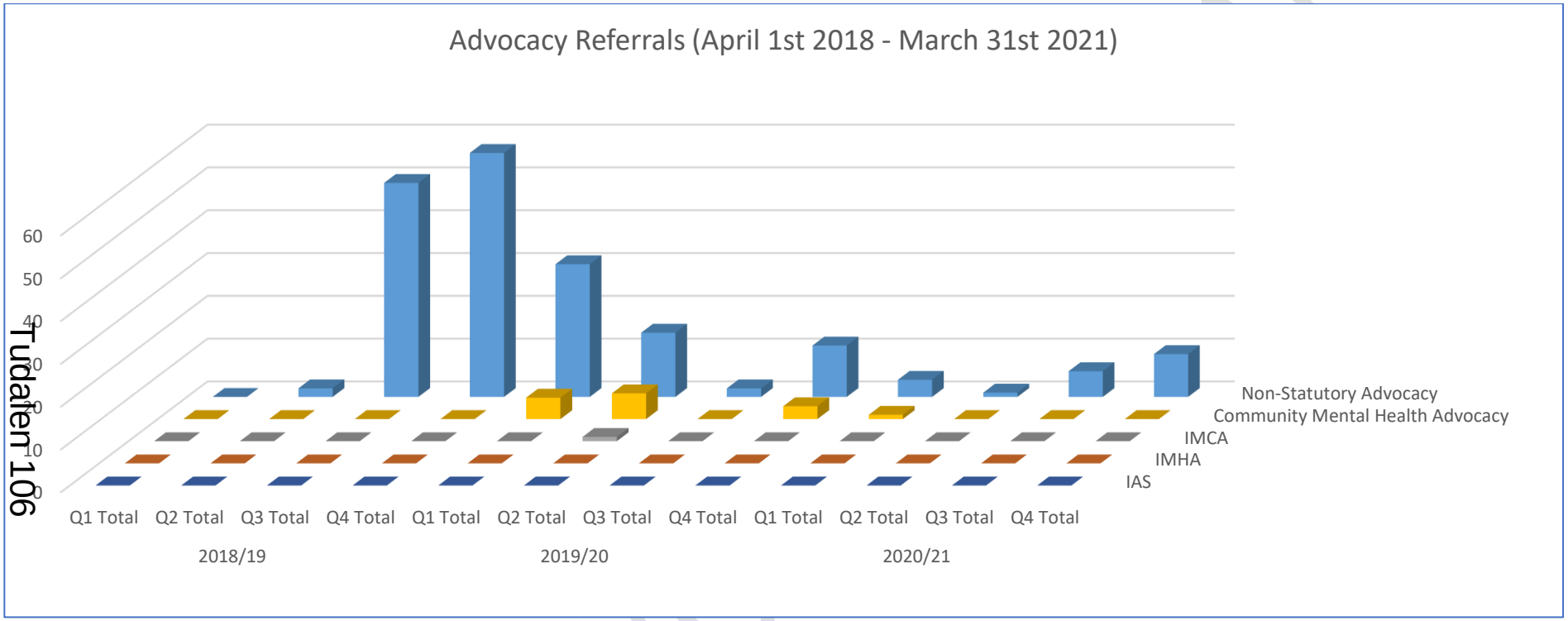
Advocacy Referrals



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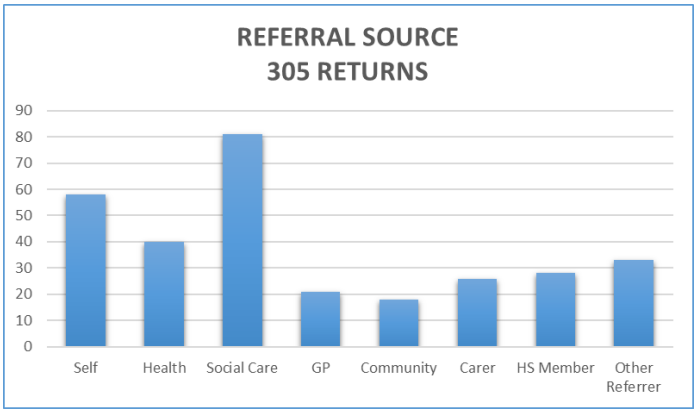
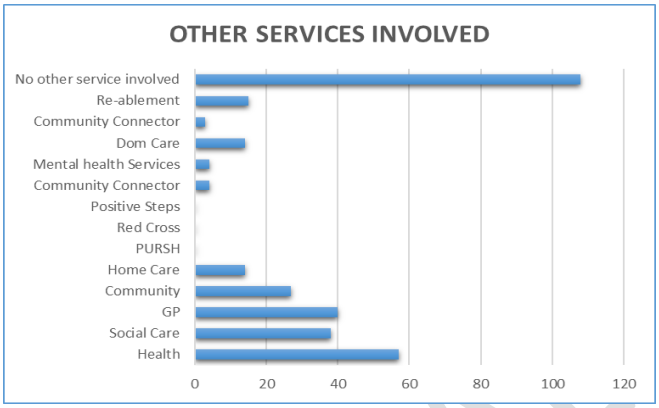
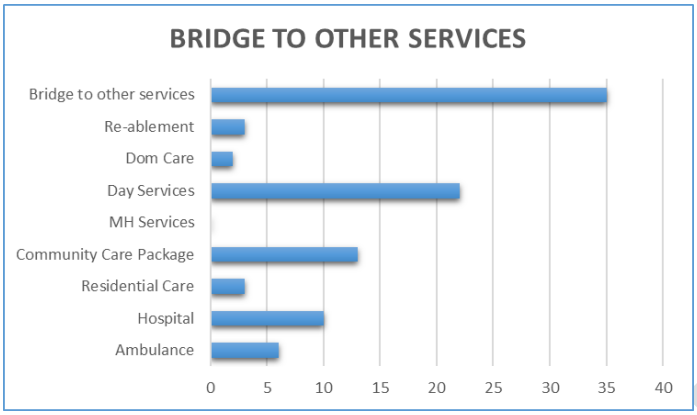
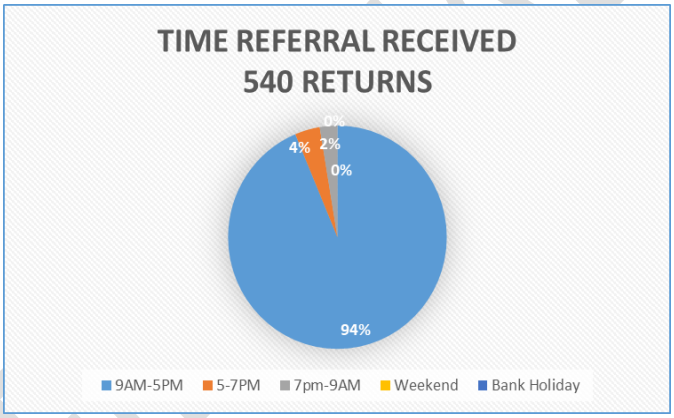
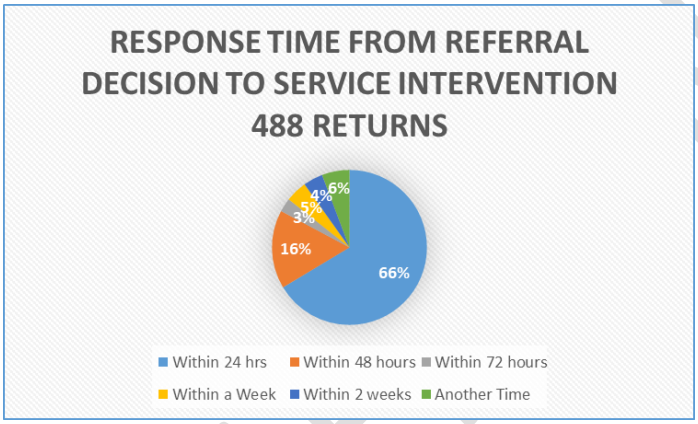
Referral Activity

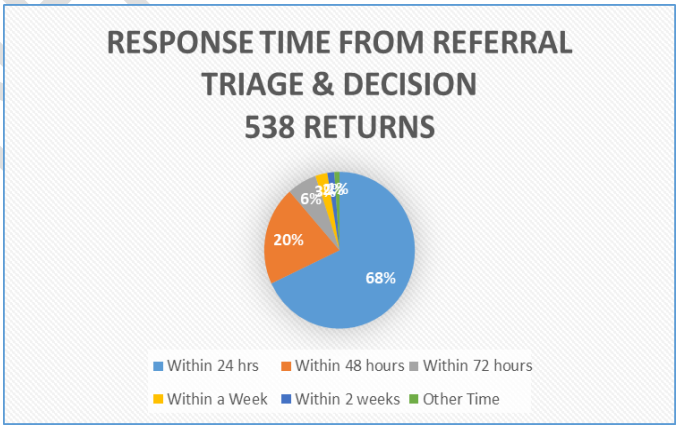












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Unscheduled Support

There were on average 16 unscheduled (out-of-hours) Home Support interventions provided across the four service areas each week (In and out of working hours - 5pm – 9am and weekends) (3-year average April 1st, 2018 - 31st March 2021).

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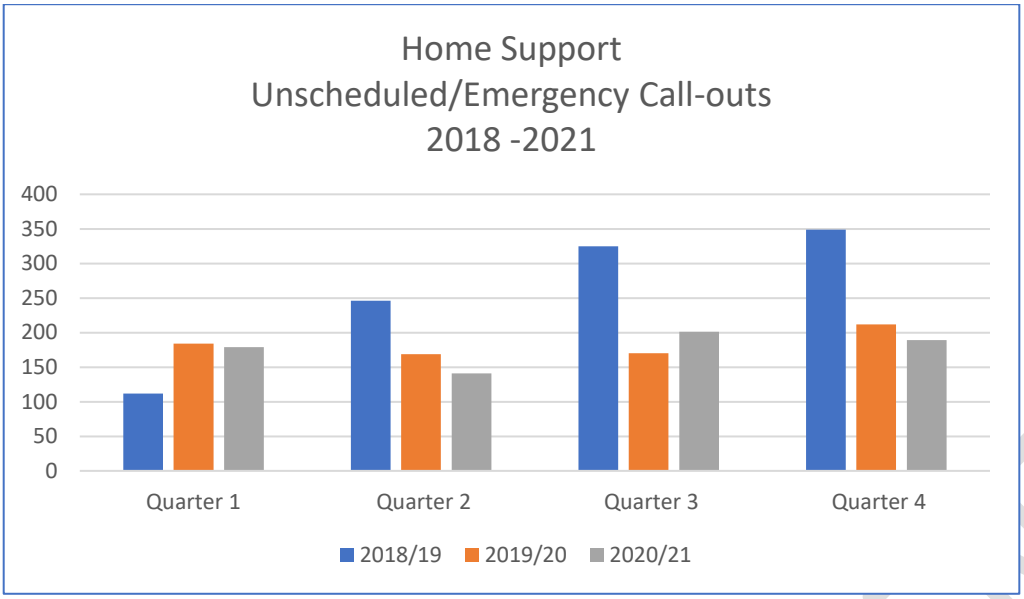
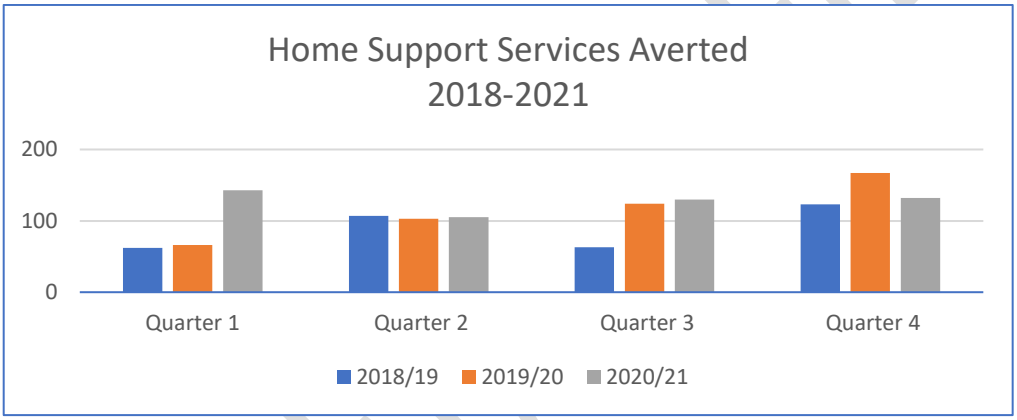
Total Emergency Call-outs



Services Averted as a Result of an Emergency Call-out



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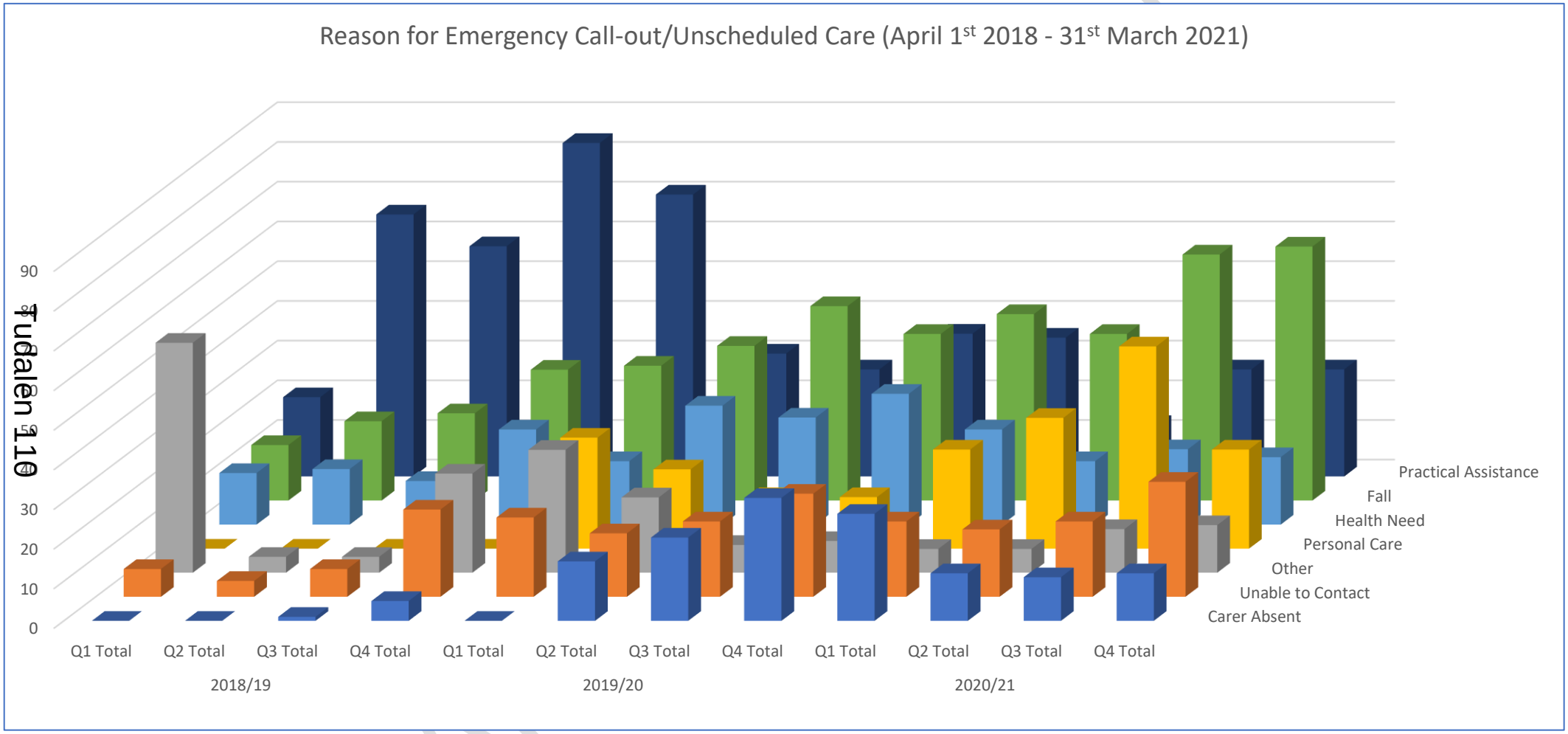
Reasons for Emergency Call-out



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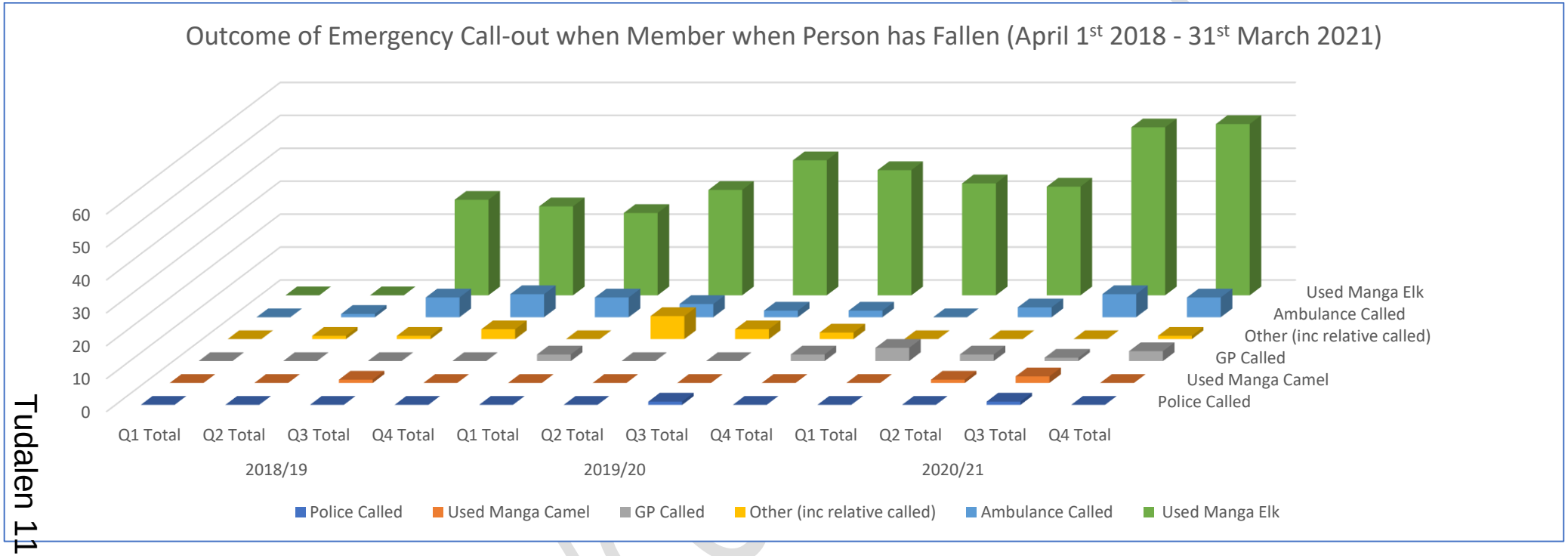
Outcome if Service User Has Fallen



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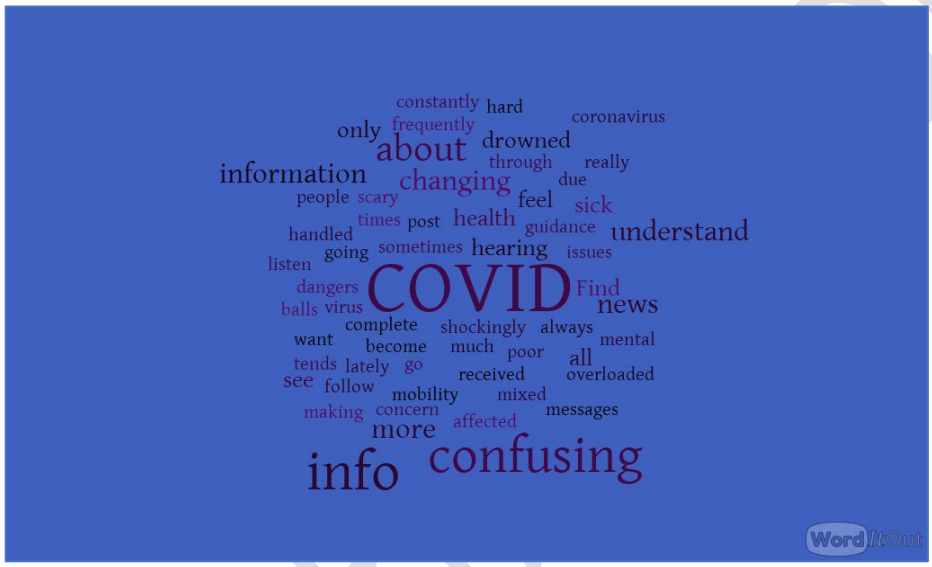
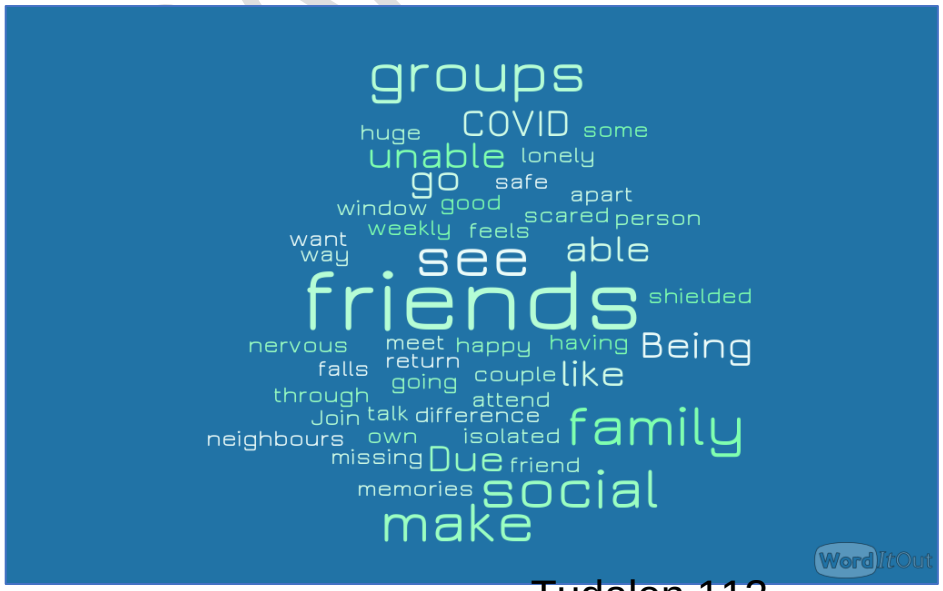
Section 9: How Well

Service User Outcomes and Feedback





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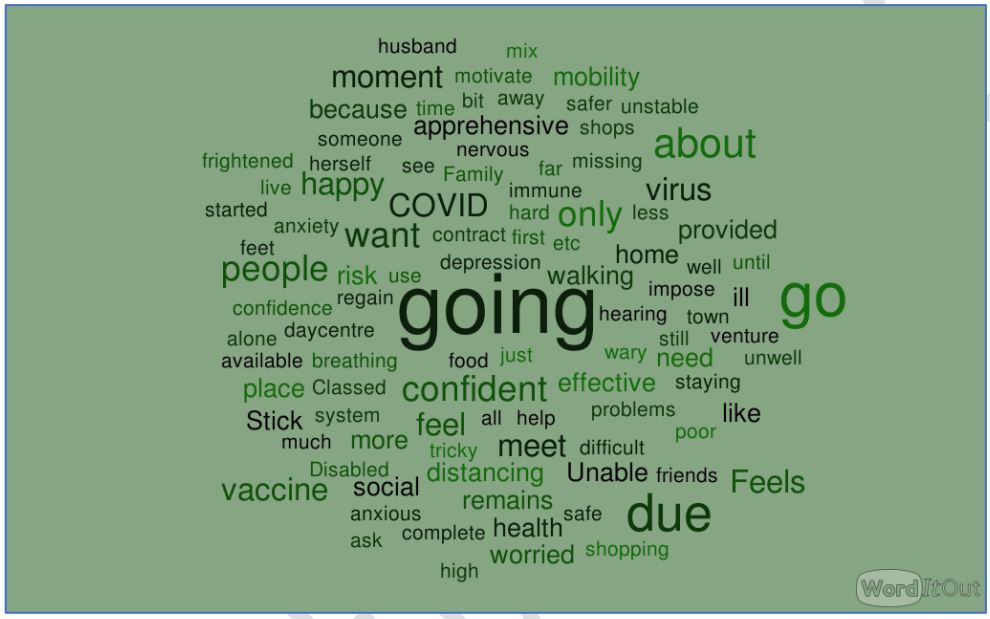
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recovering
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physical
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COVID
groups
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person
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Recently
unwell
WordItOut

ESSENTIAL

This award was made by

The High Sheriff of Powys

to

Mrs Vicky Davies

Rhayader Home Support Manager

in recognition of
great and valuable services
to the community

The award also recognises the appreciation of the residents and people of the said High Sheriff's County for activity and contribution in enhancing the life of the community

Dated this 1st day of March 2021

High Sheriff

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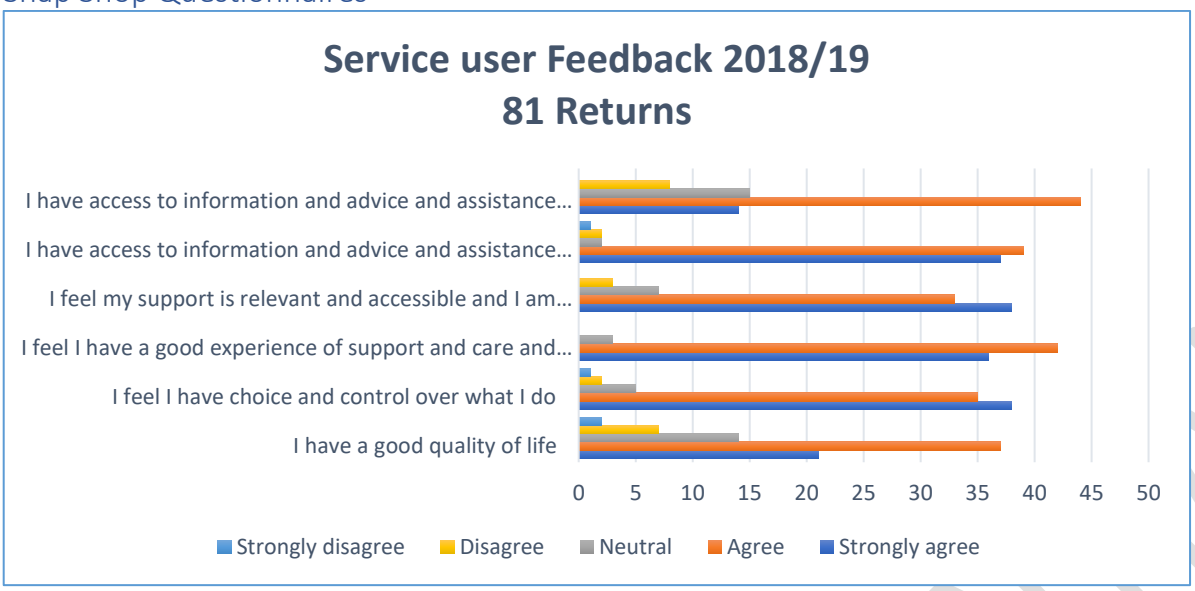

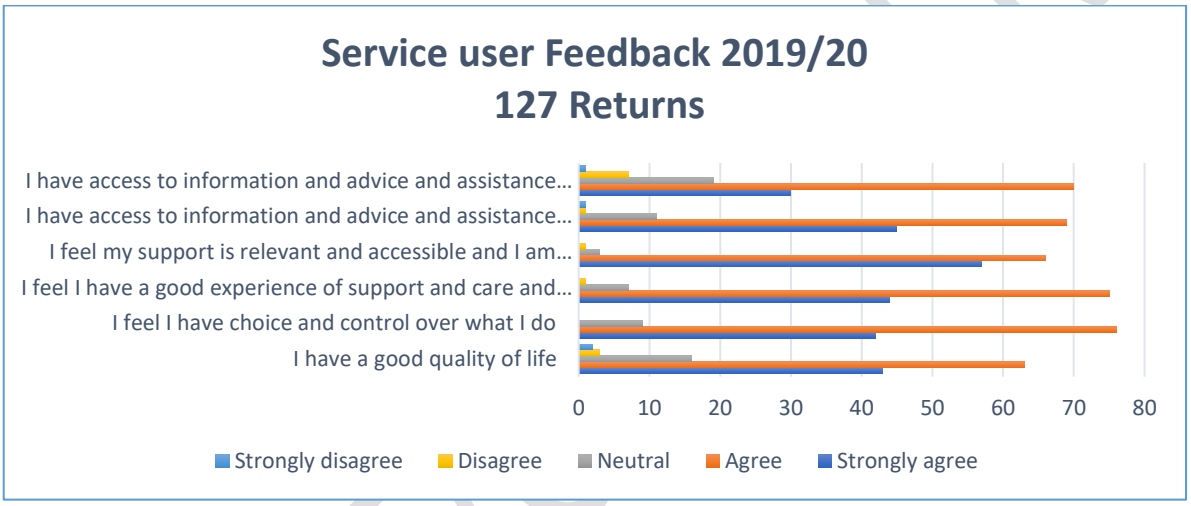

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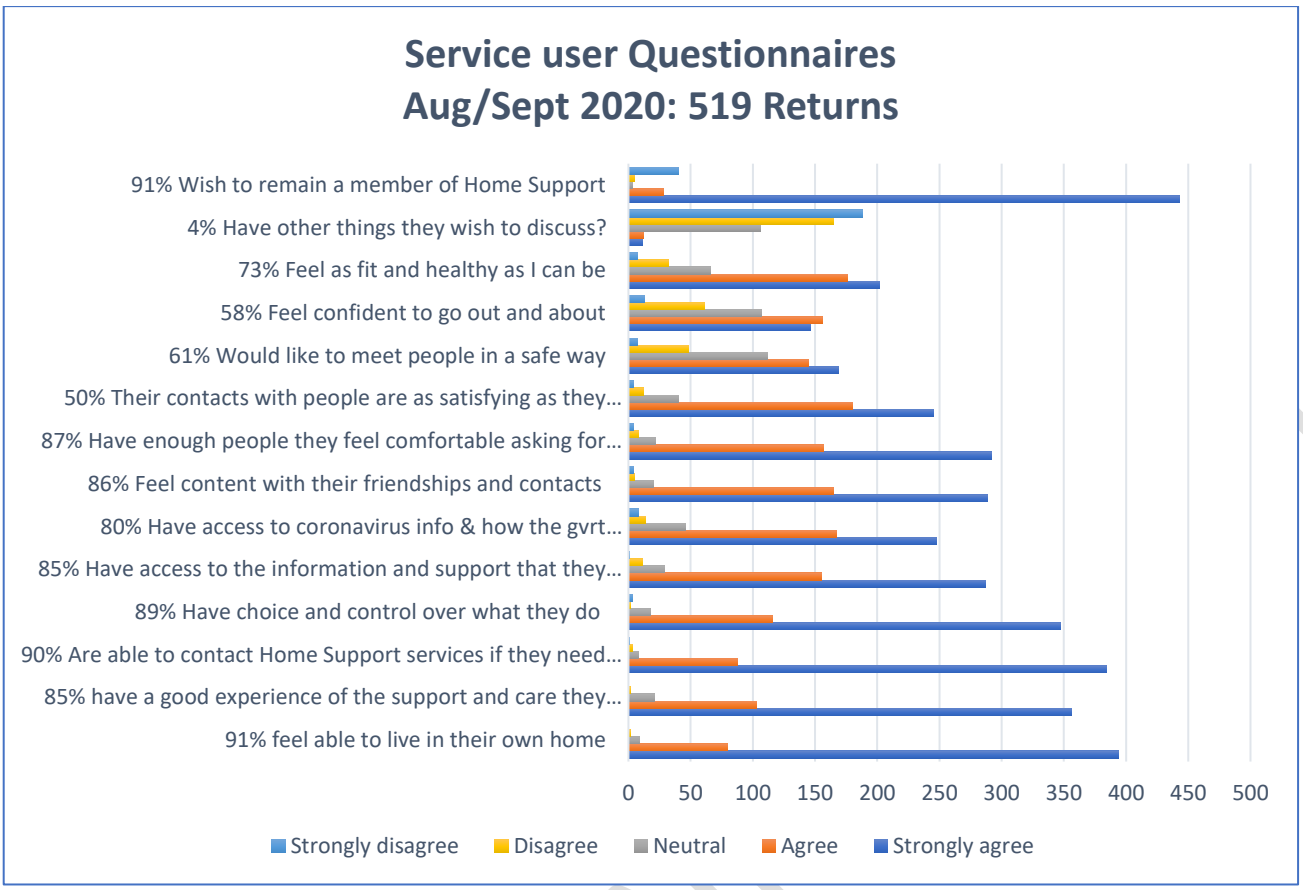

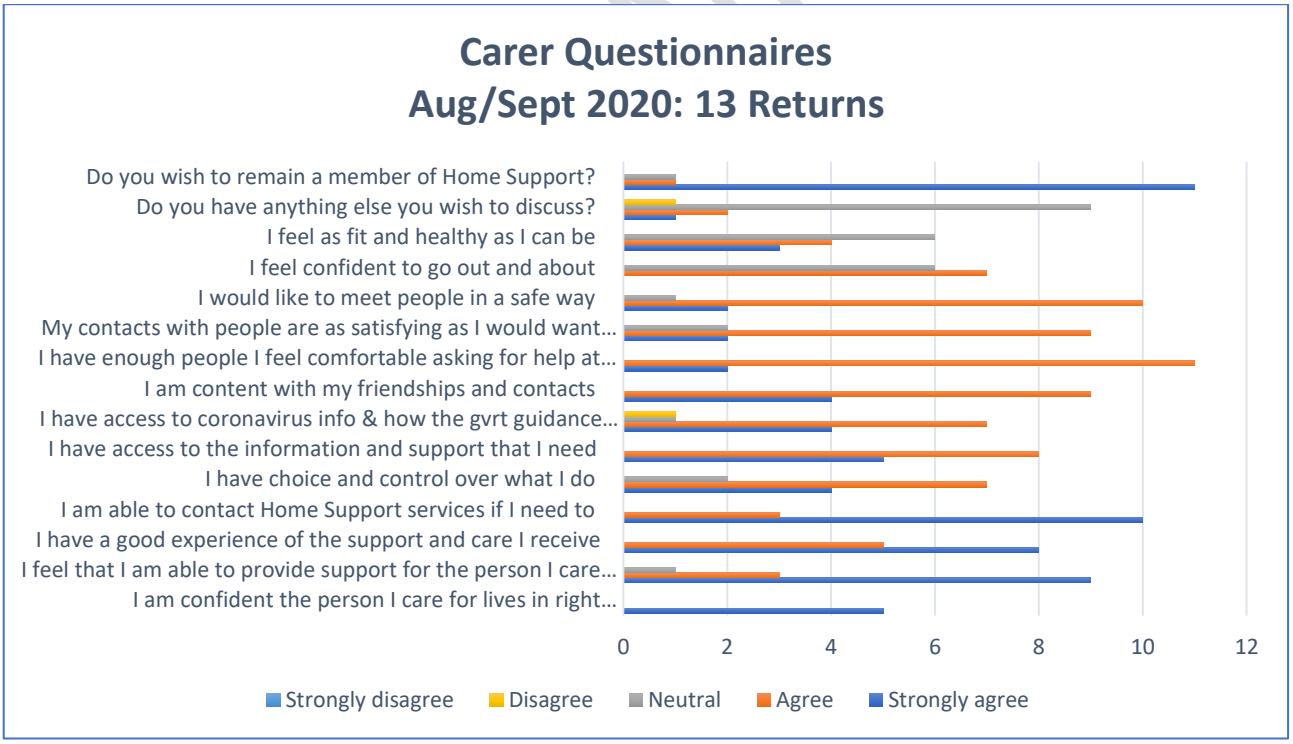

See Appendix 6 for detailed Service User/Member feedback/comments.

Case Studies
Good News Stories

Section 10: Difference Made

Return on Investment

Home Support Return on Investment and Added Value (April 1st, 2018 - 31st March 2021)

Return on Investment due to Cost Avoidances							
	Unit Cost Per Hour/ specified Callout (2018/19)	2018/19		2019/20		2020/21	
		Number	Cost	Number	Cost	Number	Cost
Ambulance: See/Treat/Refer	181	120	£21,720.00	180	£32,580.00	262	£47,422.00
Doctor: Community Medical	140	23	£3,220.00	15	£2,100.00	9	£1,260.00
Temporary Personal & Domestic Care Interventions Provided: Home Care Worker	25	145	£3,625.00	501	£12,525.00	244	£6,100.00
Hospital: Ambulance See/Treat/Convey	248	3	£744.00	12	£2,976.00	11	£2,728.00
Fire Service: Per engine and 23 min call-out	300	6	£1,800.00	9	£2,700.00	6	£1,800.00
Police: Band A-C SCP13	29.56	27	£798.12	34	£1,005.04	40	£1,182.40
PURSH/RC: Home Care Worker	25	1	£25.00	2	£50.00	16	£400.00
Respite: Qualified Social Worker	51	0	£0.00	2	£102.00	0	£0.00
Mental Health Services: Initial MH Assessment	30	0	£0.00	25	£750.00	9	£270.00
Residential: Qualified Social Worker	51	0	£0.00	6	£306.00	2	£102.00
Other: Qualified Social Worker	51	0	£0.00	43	£2,193.00	14	£714.00
Home Support Worker: Support and Outreach (Grade 5 HSW)	24	325	£7,800.00	829	£19,896.00	613	£14,712.00
TOTAL SAVINGS (Averted Services minus - Home Support Service Costs)			**£24,132.12**		**£37,391.04**		**£47,266.40**

Value Added

Actual Income Generated (indirect)						
	2018/19		2019/20		2020/21	
	Number	Income	Number	Income	Number	Income
Careline Installations/Rental	126	£33,768.00	48	£23,788.00	23	£6,164.00

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Future Cost Savings

Home Support Expenditure: Prescriptions/Shopping Costs							
Activity	Unit Costs (2018/2019)	Number of Delivered Prescriptions	Cost	Number of Delivered Prescriptions	Cost	Number of Delivered Prescriptions	Cost
		2018/2019		2019/20		2020/21	
		Number	Cost	Number	Cost	Number	Cost
Prescription Delivery: Pharmacy Charges: £0 - £5 per delivery	2.5	999	£2,497.50	1506	£3,765.00	3336	£8,340.00
Essential Shopping	0	454	£0.00	595	£0.00	629	£0.00
Home Support Worker: Support and Outreach	24	1453	£34,872.00	3004	£50,424.00	3965	£95,160.00
TOTAL COST (Home Support Service cost minus volunteering/pharmacy prescription delivery rate)			**-£32,374.50**		**-£46,659.00**		**-£86,820.00**

Transformation Affordability

Roll-out and mainstreaming of Home Support Services across Powys is dependent on key actions:

- Appetite and approval for transformational change
- Understanding the economic benefits to Powys
- Scoping and optimising potential income
- Reviewing Home Support specification to ensure that interventions are focused, 'smart' and efficient (e.g., Home support service to focus on USP/key skilled based interventions and use of volunteers for 'lower' tier interventions – shopping and prescription deliveries, social activities)
- Optimising the return on investment
- Re-engineering and redirection of resources from current services
- Maximising opportunities to develop and join up prevention pathways
- Harnessing assets/asset-based approach (e.g., role and contribution of individuals/ community and voluntary sector)
- Co-production with key stakeholders (North Powys Project/Health/Fire service/those 'avoided/averted' services/community and voluntary sector)
- Minimising duplication/optimising pooling opportunities of commissioned services (e.g., befriending, community connectors) and the community and voluntary sector

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Added Economic Benefits

The roll-out of Home Support services across Powys would support the development of a sustainable and 'vibrant economy' through potential increase in the:

- Uptake of entitlements/occupational opportunities supporting independent living
- Community and voluntary sector /associated services
- Employment
- Business opportunities
- Volunteering
- Income of existing organisations
- Better value for money pooling opportunities/return of investment)

Section 11:Conclusions

Section 12:Recommendations

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Section 13:Appendices

Appendix One: Home Support Service Specification

Home Support Service Specification

Appendix Two: Project Development and Activity

Governance

- **Powys Home Support Project Steering Group** established in December 2017 to support the development and implementation, monitoring, review and evaluation of the Home Support Project. The group comprised of operational and commissioning personnel across social, health and community based care. The group initially met on a monthly basis essentially to support the implementation of the pilot and key operational work. In 2019, the group moved from monthly to bi-monthly meetings, with wider/more strategic focus including developing partnerships with key stakeholders and determining/realising the future of the service and sustainable ways forward. The Steering Group was suspended in June 2019 for review as part of two workshops held in the second half of the year to consider the roll-out and futures sustainability of the service. The PCC Home Support Planning Group held responsiiblites during this time which have remained (albeit a short suspension during the first half of 2020 due to the pandemic) until formal confirmation of the direction of the future travel of Home Support services.
- **PCC Home Support Planning Group** established in 2019 to support the implementation of the project as a whole and specifically the progress of the PCC Home Support services (LHS, LWHS and RHS).
- The progress of the project has been documented within the **Home Support Action Plan**, which is overseen by the Steering Group.
- **Governing bodies:** The Home Support Steering Group has reported quarterly to the **Regional Partnership Board, the Livewell Partnership Board and the Age Well Partnership Board.**
- **Home Support Service Meetings** were established following on from the initial workshops held January and February 2018 to support the senior support workers (and management) regarding:

- Share experiences
- Peer support
- Learning and training opportunities
- Discuss/manage issues/challenges
- Share best practice
- Highlight work in relation to the home support action plan
- Feedback/work from steering group/multi-agency pathways meetings
- Project monitoring and evaluation
- Delivery on the Home Support service specification
- Implementation of practice documnetation

To date these meetings have been held bi-monthly, with the exception of March 2020 to May 2021 when they werer temporarily suspended to support business crictical work/continuity due to the pandemic. Meetings have been chaired by the project officer.

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Project Review and Reporting

- Quarterly reports to the Regional Partnership Board (RPB)/Livewell Partnership Board/Age Well Partnership Board)
- Annual RPB Report
- Monthly reports (to PCC Senior Management Team – as part of the Corporate Improvement Plan (CIP) Assurance Reports
- Home Support Interim Report (Jan 2019)
- Home Support Annual Report (2018/19) (June 2019)
- Home Support 3-Year Review (draft April 2021/FV due June 2021)

Recording and Documentation

In response to the CIW practice requirements and the service specification, practice recording and documentation has been reviewed and revised twice during the project so far (January 2018/June 2020) and is compliant with CIW regulations. These include:

- 13 Practice Documents (across all key work areas including referral/assessment/support planning/review/closure)
- 5 Practice Checklists (to support staff to adopt shared and consistent practices)
- 9 Outcomes Documents (including service user/carer questionnaires/case study templates/focus group questionnaires)

Marketing and Promotions

A range of promotional materials have been developed (and revised twice) to support the marketing and communication of the services to support access to and an awareness and understanding of Home Support through the provision of clear and consistent messages:

- PCC Home Support Logo use on all project/practice documentation and promotional materials
- Home Support A5 flyers (English/Welsh)
- Home Support Posters (A3)
- Promotional film
- Home Support internet presence (Regional Partnership Board)
- Home Support Launch Bulletin (internal and external partners)
- ICF/RPB Home Support highlights infographic (2 years)

Service Interdependencies

The Powys Home Support Multi-Agency Pathways Group was established in March 2018 and has quarterly for a year and a half. The Group was set up in response to and with the aim of exploring and addressing issues to support responsive joined up home support related services so that individuals using them would have one 'touch point' and have/continue to have their needs/what matters to them met first time, thus minimising duplication, and optimising resources across all services. Key services identified including Home Support, Red Cross/Positive Steps/PURSH/Re-ablement/Domiciliary Care/Supporting People/GP Practices/Virtual Wards/Ambulance services. Key issues raised:

- Need for improved and shared understanding and clarity of key services including Home Support/Red Cross/Positive Steps/PURSH/Re-ablement.
- Need to support equitable geographical service cover in Powys (Knighton area a key challenge)
- Insufficient care personnel to meet need (domiciliary care in particular).
- Service users/carers waiting times for care packages impacting on lower-level services.
- Emerging potential service duplication.

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- Ensuring good experiences and outcomes for service users/carer across all services.
- Risks and sustainability of Individual services.
- Clarity for future service commissioning/provision by health and social care.
- Managing winter pressures/DTOC etc. across services.
- Ensuring good communications across key services.

Work to date has included the development of a comparator data base to help clarify and identify service remits, distinctions, commonalities, and overlap; supporting a PHTB initiative for the installation of lifting equipment with training across key health and social care sites and some practice suggestions yet to be realised.

Since May 2020, the Livewell Commissioning team has engaged significantly with all the current CVS grant funded organisations. This has secured effective engagement, communications, and support for/with organisations, and provided the opportunity to review, develop and improve commissioning practices and service procurement in relation to preventative approaches and interventions and the role of CVS organisations and PCC provision within that. Also, during this time, there has been further development of the North Powys Project including the review the Integrated Community Model of Care, home-based care/community-based/early intervention pathways and the aims and principles of the Section 33 partnership agreement.

The consequential learning across all these areas of work have prompted very real opportunities to join up, pool and deliver on the overarching strategic objective of the Home Support project to transform prevention services across Powys by securing sustainable approaches and value for money in the provision of support for individuals living at home in Powys. Specifically, this means to roll-out and mainstream home support services in all the Powys localities, and in doing so support innovative and proven interventions that optimise independence and in doing so ensure that citizens in Powys have access to support as and when they need to.

Project Support

The project has been by part-time project officer based with the Live Well Commissioning Team.

Training and Development

The Home Support Service Specification highlights essential and desirable training requirements to support staff to feel confident and be competent within their roles. In addition, the following is available to specifically to support staff development within their home support roles:

- **Making Every Contact Counts:** Two half-day sessions provided by Public Health Wales to all Home Support and PCC Day Centre Staff in June 2018.
- **Motivational Interviewing: PHTB** recommendation that is already part of PURSH/Red Cross training programme.
- **Sage and Thyme:** PAVO recommendation provided via the University of Manchester to support a ‘strengths based’ approach to work.
- **Person Centre Training: PCC pilot** training through pilot Cmryd-Rhan as part of the supporting people services. Future availability to be confirmed.
- **What Matters Conversations:** PCC training/support opportunities concerning “What Matters Conversations”.
- **Investing your Health:** PHTB recommendation: public health workshops via Apple a Day/Activate.
- **Dementia Matters:** Training covering all aspects of dementia provided by Dementia Matters.
- **I Stumble:** Training to support use of Manga Elk/Camel to support falls management and help reduce ambulance all-outs.

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- **DMR Support:** On-going support and training to staff to use/populate the project Data Management Record.
- **Home Support Documentation:** On-going support and training to staff to record/populate service documentation.

Investment in staff development and training specific to Home Support is essential to supporting a consistent approach across the service areas and ensuring staff feel confident and are competent to undertake their work.

Appendix Three: Project Finances

Appendix Four: Service User Feedback

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Powys Home Support

Annual Report

April 1st 2018 – March 31st 2019

Sue Hall

Project & Contract Officer

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Version Control

The Home Support Annual Report is an update and is to replace the Home Support Interim Evaluation Report (April – December 2018) published in January 2019.

This report provides a full year's data for the period from April 2018 to March 31st 2019 and is the final version.

Acknowledgements

With thanks to the senior support workers in each of the Home Support localities, their teams and operational manager's, members of the Home Support Steering Group and wider stakeholders for their support and contributions.

Section 1: Executive Summary

The UK population as a whole is ageing, there are currently 9.3 million households headed by a person over retirement age. This is expected to reach 13 million by 2033.

In Powys, there are 34,158 people aged 65 and over (26% of population), with 3% aged over 85 and 15,571 people aged 50+ are predicted to be living alone. The 65 plus population is projected to increase by 38% by 2036 and the 85 plus population is expected to increase by 159% by 2036.[1] Although, it is not expected there will be such significant increases for people with a disability or mental health problem (excluding dementia) population projections show a small increase of 2% and 3% respectively.[2]

As life expectancy increases, support and care needs will likely increase. The Social Services and Wellbeing Act (2014), local needs assessments and surveys all advocate for early intervention and prevention and support at home that allows people to remain in their own home and community, helping to retain their independence and be close to their family and friends.

The Home Support project has sought to address this - to develop a consistent approach to supporting people to live at home whilst being both responsive and adaptable and taking account of the profile and needs of local communities and individuals and the often variable services and resources provided within each. This has meant that whilst the Home Support service in each of the project areas has evolved and developed differently they have retained a clear reference to the revised and pan Powys service specification. This has also presented with differing workforce arrangements, service, resource challenges, and opportunities, which highlighted within this report.

This report covers the first year of the project and includes additional data to the interim evaluation report published earlier this year, continuing and reinforcing very promising outcomes.

This report demonstrates that Home Support is a responsive and adaptable service that ensures that the nature and frequency of support is reflective of each individual's needs and abilities, ultimately enabling them to live at home by providing very practical assistance and support, as and when needed and without requiring potentially more intrusive and costlier support and services.

The findings also indicate opportunities to develop the service further to address current and projected need:

- Better consistency across the four areas in terms of provision, recording and data collection and asking individuals about their views and experiences
- Health and wellbeing promotion, improvement and intervention
- Proactive approaches to tackling loneliness and social isolation
- Partnership and integration with similar health and social care services
- Co-production with service users and carers to develop and review services
- Diversion from more intensive service interventions, in particular, emergency service escalations
- Return on investment particularly in terms of cost avoidance of health services
- Application of an established service model, practice and systems to other areas
- Analysis and learning from comparator services

This report further shows that services provided across the project areas are highly regarded as a much valued, innovative and unique, proactive and preventative service. It is anticipated that the findings, conclusions and recommendations of this report will support the case for continuation and further development to help address the future needs of and service responses to people living as dependently as they can in Powys.[3]

[1] file:///Z:/Wellbeing%20&%20Population%20Assessment/Market_Position_Statement_Older_Peoples_Accommodation%20(2017).pdf

[2] file:///Z:/Wellbeing%20&%20Population%20Assessment/Domiciliary_Care_Market_Position_Statement%20(2017).pdf

[3] At the time of publication: Awaiting Welsh Government ICF (Integrated Care Fund) approval for project extension from April 1st 2019 – March 31st 2021.

Section 2: Summary of Recommendations

1	**Extend and expand the Home Support project in the four service areas as detailed below to March 31st 2021**
Strategic	
2	Refocus the role of the Steering Group to future proofing and sustainability of Home Support beyond April 2021 – including working with related HS services in PCC, PHTB and community services to consider pooled budgets, commissioning opportunities and future intentions
3	Continue the project reporting and evaluation (6-monthly) to inform a business case going forward that is based upon research , the revised and implemented service specification, practices and documentation and data recording systems established in 2018 and with key stakeholders
4	Review service eligibility criteria particularly in terms of age and service user group
5	Evaluation to provide a clear picture regarding the added value of Home Support return on investment, including cost avoidance, cost saving and income generation
6	Evaluation to include analysis and learning from comparator/related services and research/evidenced base practice
Operational	
7a	Review service resourcing to ensure right sizing and right pricing for all service areas including pay and non-pay commitments
7b	Confirm capacity for project support, service reviewing/evaluating services and admin support across all service areas
7c	Review and optimise both in-house and commissioned Home Support workforce capacity and allocation to ensure parity and proportionality across the service areas
8	Establish full Home Support services in Llandrindod Wells. Ring-fence a dedicated workforce and separate recording, documentation and Data Management System from Rhayader Home Support
9	Progress the establishment of Llanidloes Home Support ensuring there is a distinction from Bodlondeb service and workforce. Ensure the service has access to Manga Elk equipment and that transferred Bodlondeb cases are reviewed. Consider alignment of service area with Health boundaries for Llanidloes
10	Continue the East Radnor service with reference to Recommendations 3 (including day time capacity), 7, 8 and 9
11	Continue the Rhayader service with particular reference to Recommendations 3, 7, 8 and 9
12	Review case work activity across all areas to optimise resources and consistency whilst also taking account of services/stakeholders/need in each locality (Inc. shopping and prescription collection, healthy lifestyles)
13	Early review and ratification of the current eligibility criteria
14	Clarify if CIW registration is a requirement for this service
15	Develop Home Support services (working with key partners) in response to the needs identified in the personal profiles/snap shot questionnaires) so interventions include proactive healthy lifestyles interventions (mental/physical health/wellbeing/isolation & loneliness/Technology Enabled Care)
16	100% completion of personal profiles/snap shot questionnaires/referral activity forms, one focus group questionnaire per annum and completion of the Data Management System across all service areas
17	Improved recording at the point of/during Home Support interventions regarding the involvement of other services to help determine whether Home support services were additional to people's support or used as an alternative.
18	Update the Data Management System and amalgamate all data recording/reporting requirements where possible to minimise duplication (including in-house operational reporting)
19	Refine revised Home Support documentation for continued application across all service areas
20	Promote and support specific and service focused workforce development through staff training and service meetings
21	Review and implement a Home Support marketing approach to optimise awareness, uptake and partnership/joint/integrated working practices

Section 3: Introduction

The aim of this annual report is to review and evaluate and the progress of the Home Support services (both substantive service and pilots) in Powys, with a view to drawing some conclusions and recommendations in terms of what and how to go forward. This involves consideration of some key questions:

- **Has the service has been successful in achieving its objectives and outcomes?**
- **Does the service deliver?**
    - Promoting independence by providing early intervention and prevention.
    - Providing support to improve and/or maintain health and wellbeing including life skills, healthy lifestyles, learning and occupational opportunities and links with family, friends and local communities.
    - Helping to prevent or delay the deterioration of health and wellbeing resulting from ageing, illness or disability.
    - Do people stay at home longer?
- **What is the impact of the Service?**
    - Does the service help prevent and/or delay the use of other services?
    - Are the service user outcomes positive? For example, improved health and wellbeing and personal and relevant support at home.
    - Have there been any unexpected outcomes?
- **Is the service cost-effective and sustainable?**
    - Does the service help reduce the need for costlier and intensive services?
    - Is there a return on investment?
    - Are there cost savings and/or cost avoidances and opportunities for income generation?
    - Are the services right sized and right priced?
    - What is the added value of the service?
    - Is this way of working worth it?
- **What have been the key achievements, challenges and opportunities?**
- **Has there been any variance between the project/service areas? If so what and why?**
- **What risks have there been to the project?**
- **What references, learning and applications can be made from practice in other areas?**
- **Is there good enough information to inform conclusions and recommendations?**
- **Is there a need for the service, or even a need for further development and expansion?**

To help reflect and address these questions this report is structured as follows:

- **Sections 3 and 4** provide the aims and outcomes of the annual report, and the review and evaluation methodology.
- **Section 5** provides an overview of the project and its development, highlighting its aims, objectives and outcomes.
- **Section 6** provides outlines the four project areas, highlighting differences and variances in starting point and implementation.
- **Section 7** provides and reviews the data and information pertaining to service and project activity.
- **Section 8** aims to draw conclusions and highlight the impact of the service in terms of service user, service and system outcomes and by answering those questions posed above.
- **Section 9** provides a summary of recommendations (which are highlighted throughout the report).
- **Section 10** contains the Appendix including references and further information.

Section 4: Review and Evaluation Methodology

Measuring a discrete service within adult social care across four localities within a rural area that is both internally provided and externally commissioned is complex. This is not least because the small-scale populations and discrete/unique community and workplace settings often challenge the application of generic references (service specification, co-produced outcomes and indicators, data management tools, and recording and documentation). A key issue for the design of the evaluation of the project and this interim report has been concerned with accommodating these challenges whilst also ensuring that the report is methodologically robust.

This report has amalgamated two data management systems. The first (implemented in December 2017 at Rhayader and in April for East Radnor and Llanidloes) recorded unscheduled activity and very limited data on scheduled activity only. The second and current system (Data Management Record (DMR)) was developed in April 2018 and implemented in full from September 2018 to reflect the revised and implemented service specification and practice documentation recording all activity, service user, carer, service and systems outcomes. This was done in the absence of a suitable existing database that was fit for purpose and useable by both PCC and external service providers. The DMR was refined in May 2019 following staff feedback and consequent amendments/adjustments.

The methodological approach used for this report and the DMR incorporates the following outcomes and data records:

1. Service Activity (based on/recorded scheduled and unscheduled (callouts/referrals) activity/incident reports).
2. Service User/Carer Outcomes & Feedback (based/recorded on pre/post support questionnaires/ case studies/compliments/complaints).
3. Service User/Carer Profiles (based/recorded on personal profiles).
4. Workforce Activity (based/recorded on workforce reports).
5. Service and Systems Outcomes (based/recorded on workforce report/partner case studies & feedback/value and cost analysis).
6. Locality Profiles (based/recorded on workforce report/PCC intelligence)
7. Project Activity (based/recorded on minutes/PCC CIP/RPB Reports/project documentation).

Data Collection

The DMR forms the basis for this report and aims to capture both quantitative and qualitative data to help demonstrate the impact and outcomes of the service and the project as a whole.

Data (excluding PCC intelligence) is recorded for domains 1-6 outlined above on the corresponding work sheet of the DMR (comprising of 5 discrete data sheets) and supporting practice documentation. The DMR is submitted by the respective Senior Support Worker in each area on a monthly basis to the Project Officer.

The service activity data (domain 5) is recorded on the DMR generally by the respective Senior Support Worker in LHS and ERHS following each home support intervention. In RHS, all support staff input this data on a daily basis.

Data relating to domain 7 above is recorded on respective PCC documentation by the project officer, providing monthly CIP reports, quarterly RPB/DPB Reports and promotional bulletins/materials as and when required.

Consent

Data collected and collated for this report has been provided through the consent of individuals using the services and approval and consent from Powys County Council.

References

References providing guidance and evidence (although limited) includes:

- **Solva Care in Pembrokeshire**[4] is a not for profit social initiative, which has been set up in 2015 by Solva Community Council to offer friendly, local support and help to those who need it in Solva and the surrounding area. The support is delivered via volunteers and has similarities to Home Support but within differing contextual frameworks and constraints. Solva Care aims to maintain and improve health and wellbeing by enabling residents to stay in their own homes and remain part of the community, offering a way to counteract loneliness, isolation and social disadvantage and through providing extra support for those who are caring for relatives.

- **Tunstall Televida tele assistance service in Spain** supports more than 250,000 people across Spain with telecare and associated services. Its eight monitoring centres manage more than 16 million calls each year. The service aims to provide continued contact and support to older and vulnerable people in the community, helping them to remain independent for as long as possible and delay or avoid the need for more complex interventions.

  The service combines telecare monitoring and response, coordinates social care and third party services and delivers proactive outbound contact from monitoring centres. Including prevention in the delivery model has been a key contributor to the success of the tele assistance service.

  The service has significantly reduced the number of emergency service escalations, improved the wellbeing of users and made effective use of public services. It also provides significant potential in terms of linking with public health and healthy lifestyles.[5]

[4] https://solvacare.co.uk/

[5] Tele assistance in Spain: adding value with a preventative approach http://tunstall.com/media/1237/tunstall-televida-case-study.pdf

Section 5: Service/Project Overview

Aims

Home Support aims to provide the support and practical assistance an individual may need in their day-to-day life to stay living at home, safely and independently.

The purpose of the project is to pilot a home support service to citizens (50+) that provides an early intervention service (including 24/7 cover for emergencies through community alarms) to assist members and their families to remain at home, maintaining and maximising their independence, health and wellbeing; retaining their links with the community; and to contribute towards preventing and/or delaying the development of needs for care and support and reducing isolation and loneliness.

The Home Support project is based on an existing service operating in Rhayader (since 1998), called Rhayader Home Support. The Project was established to improve and build upon current practice and so:

- Develop current practice within Rhayader (RHS)
- Extend Rhayader Home Support to provide 24/7 cover for emergencies for those living in sheltered housing/receiving warden based services into Llandrindod Wells (LWHS)
- Pilot a full Home Support Service in Llanidloes (LHS)
- Pilot a full Home Support Service in Knighton and Presteigne area (ERHS)

Each service area works from a single pan Powys service specification that was developed at the beginning of the project over a series of workshops/months with project staff and management. The aim was to develop a consistent approach to support people to live at home whilst enabling a responsive and unique delivery in each area - taking account of the profile and needs of local communities and individuals and the often variable services and resources provided within each.

Through working alongside existing community and service provision, Home Support flexes to provide localised relevant services and doing what matters to an individual in how and when they receive help and what works best for them. The service is free and some of the things Home Support can help with include:

- Welfare visits and telephone support
- Essential Shopping
- Emotional Support
- Assistance with prescriptions
- Support with appointments
- Assist carers with their role
- Support in emergency situations
- Staying fit and healthy
- Signposting and help to access other services
- Accessing local community groups and supportive networks

Service Objectives

The service and project aligns with the Powys County Council (PCC) Adult Services Improvement Plan (Vision 2025) which sits within a wider strategic framework, evidence and research, and seeks to draw a golden thread across all key strategic and planning arrangements. The objectives of Home Support are to provide person-centred local services that:

- Promote independence by providing early intervention and prevention;
- Provide support to improve and/or maintain health and wellbeing including life skills, healthy lifestyles, learning and occupational opportunities and links with family, friends and local communities;
- Help prevent or delay the deterioration of health and wellbeing resulting from ageing, illness or disability;
- Help reduce the need for costlier and intensive services;
- Enables/assist hospital discharge and look to prevent re-admission and reduce residential placements;
- Provide short term support to help continuity of care with changing needs/circumstances/support agencies;
- Is a point of contact for members;
- Provide a 24/7 rapid response service via an emergency care line;;
- Provide support for carers and families;
- Is registered Service with CIW (Care Inspectorate Wales).

Impact and Outcomes[6]

Improved health and wellbeing

- Improved quality of life
- Improved health and wellbeing

Personal and relevant support at home

- Improved experience of support and care
- People feel more empowered and in control
- People have better access to information, advice, assistance and advocacy
- People receive relevant, local and personal support
- Quality support and care

Value and sustainability

- Quality leadership and workforce
- Evidenced-based practices
- Joined-up, co-ordinated and collaborative practices
- Effective and efficient information management
- Cost-effective and prudent service model
- Sustainable fit between needs and resources

[6] For a full List of the Home Support Outcomes in the Home Support Service Specification, Appendix Two

Section 6: Project Scope

Powys County Context

"Powys covers a quarter of the area of Wales and is one of the most sparsely populated county in England and Wales, with 26 people per square kilometre. Powys has an estimated population of 132,705, which is a predominantly rural population, with numerous villages and hamlets around the main 15 market towns.

The population of Powys is also older than the average for authorities in Wales with the mean average age being 44.8 in mid-2012 as compared to Wales at 41.3. The 65+ population (currently 34,638) is projected to increase by 11% over the next 5 years (38,405 by 2020) and by 43% by 2036 (49,515). The 85+ population is expected to increase by 19% over the next 5 years from 4,660 to 5,551 and 146% by 2036 (11,456). In contrast, the proportion of young working aged people (20–39) is substantially lower than that of Wales. This has implications for the health and social care workforce and for service delivery. Whilst the male older population is expected to increase at a higher rate than that of females, it is projected that there will continue to be older aged women than men."[7]

Whilst there is a general consistency to community service provision across Powys, how is it used has often been dependent on the demand and supply within in each area.

As mentioned above, the aim of the Home Support project has been to establish a shared and consistent approach to Home Support across Powys whilst taking account of and being responsive to the profile and needs of local communities and individuals and the often variable services provided within each and accessible resources. This has meant that each service area has evolved and developed differently in response to the revised service specification and indeed often presented with differing workforce and service challenges as highlighted in the locality and service profiles below.

[7] Care & Support Pop Assessment for Powys. file:///Z:/Wellbeing%20&%20Population%20Assessment/Powys_Population_Assessment_Summary_-_Final_V1.pdf

Project Locality/Service Profiles

Rhayader

The Rhayader Home Support (RHS) scheme was established in 1998 in response to the closure of a local nursing home and the need for the provision of a warden service for 30 council warden properties. RHS serves a population of approximately 3,350[8] individuals living within a 7-mile radius of Rhayader town and has a current membership of 225 (at March 31st 2019).

The base for this service is in Rhayader and is staffed by six part-time workers (1 senior support worker (SSW) and 5 support workers) and 3 relief workers, totalling 129 hours, 11 of which are currently assigned to LWHS.

RHS is PCC provided and funding is substantive. Backfill funding for 30 hours' SSW is ICF (Integrated Care Fund) funded from April 2018 - March 31st 2019. This includes service development, day work, and standby and call outs backfill for both RHS and LWHS. This has been divided according to staff reported time allocated to each area: 19 hours for RHS or RHS and 11 hours for LWHS.

Local statistics:

- Lone person households 65+ - 1,488 equates to 31% of households
- 4% population decrease by 2036 (19,505 to 18,688)
- 72% population increase by 2036 (3,332 to 5,734)
- 83% increase by 2036 people of with dementia (389 to 712)
- 38% increase by 2036 in the 65+ population (5,528 – 7,689)
- 139% increase by 2038 in the 85+ population (784 – 1,876)
- 3484 Welsh speakers (25%)[9]
- Key local services: Rhayader Community Support/Pharmacy/Virtual Ward/Community Connectors

Drawing on the experience, knowledge and local expertise of a very well established team and service has served as both an asset and a challenge.

The former being through the continuation of the existing service and supporting the review and implementation of the service specification, practice documentation, promotional materials and data management; providing time and commitment (particularly from the SSW) to support colleagues with the development of their respective pilots and of the project as a whole.

The challenges being to manage the changes across a team of 9, and balance the demands relating to the implementation of the documentation and recording practices as part of the project, alongside CIW governance and ongoing PCC practice requirements. This has been compounded by the protracted nature of the completion of the revised data management system and promotional materials for implementation.

Notwithstanding, the team have steadily adopted and embedded change, particularly, in relation to the revised documentation and the DMR. This is evident in the next section of this report; providing an emerging individual profile of service users in Rhayader and comprehensive service profile of RHS, which alongside previously reported data/information, contributes a significant insight into the activity and outcomes and benefits of the home support service.

[8] The Provision of Integrated Care in a Rural Community - an Evaluation of Rhayader Home Support Scheme 2013. Institute of Rural Health.

[9] Accommodation for an ageing population Powys County Council. Market Position Statement March 2017 covering Llandrindod, Rhayader, Builth and Llanwrtyd

Llandrindod Wells

The LWHS was established as part of the pilot project to develop home support services across Powys. The service provides one aspect of Home Support only which is 24/7 cover for emergencies for those living in sheltered housing/receiving warden based services in Llandrindod Wells and has a membership recorded at the time of this report of 13 of a potential 81 properties.

The base for LWHS is in Rhayader and is staffed by RHS part-time support staff totalling 11 hours funded by ICF as outlined above.

Local statistics:

- Lone person households 65+ - 1,488 equates to 31% of households
- 4% population decrease by 2036 (19,505 to 18,688)
- 72% population increase by 2036 (3,332 to 5,734)
- 83% increase by 2036 of people with dementia (389 to 712)
- 38% increase by 2036 in the 65+ population (5,528 – 7,689)
- 139% increase by 2038 in the 85+ population (784 – 1,876)
- 3484 Welsh speakers (25%)[10]
- Llandrindod Wells Town population: 5333; 65+ population: 1374 people (26.4%); 2484 Welsh speakers (25%)[11]
- Key local services: Wardening Services/Pharmacy/Red Cross/Positive Steps/Community Connectors

Utilising RHS staff to establish the LWHS pilot has brought both benefits and challenges. Bringing the experience from an established service has provided a depth of knowledge and understanding of the service, which has been a particular asset. Key challenges have included:

- Ring-fencing adequate time from the RHS service alongside implementing changes within RHS
- Establishing the out of hours' emergency an emergency care line (Delta Wellbeing) support within an existing warden support environment
- Knowledge of the local community and resources
- Base proximity to service delivery

Consequently, the pilot has taken longer to establish and has not been as fully implemented as anticipated, with a current reach of 16% of the targeted population.

Further, data is currently recorded and included as part of the RHS service so it is therefore difficult to extrapolate any meaningful data to inform an adequate representation of either an individual or service profile including uptake, activity and outcomes for Llandrindod Wells.

[10] Accommodation for an ageing population Powys County Council. Market Position Statement March 2017 covering Llandrindod and Rhayader, Builth & Llanwrtyd

[11] Local Area Profiles based on 2012 Census Data. https://customer.powys.gov.uk/article/15963/Local-Area-Profiles

Llanidloes

The LHS was established in April 2018 as part of the pilot project and has developed upon existing community based services and non-PCC residents at Bodlondeb. LHS serves a population of approximately 2889[12] individuals living within Llanidloes Town and has a current membership of 36, 13 of whom live within Bodlondeb. The base for LWHS is in Bodlondeb, Llanidloes and is staffed by the senior support worker and/or Bodlondeb support worker on behalf of senior support worker (37 hours). The backfill time covers the establishment of LHS as well time to continue managing Bodlondeb services.

Bodlondeb is a property owned by Mid-Wales Housing Association.[13] The property houses bedsits for up to 26 tenants and has communal facilities for all residents with PCC providing 24/7 support and care. Approximately half of the residents are funded and supported by social care packages and PCC staff based at Bodlondeb. Thirteen of the residents are self-funded and whilst also supported by the PCC staff have been 'transferred' to the Home Support service. Once reviewed, it is intended they will be supported akin to any home support member living in the community rather than as a supported living tenant.

LHS is PCC provided and backfill for 37 hours' SSW work backfill is ICF funded from April 2018 - March 31st 2019 and includes service development, day work, sleep-ins, standby and call outs.

Local statistics:

- Lone person households 65+ - 1,841 equates to 31% of households
- 8% population decrease by 2036 (29,758 to 27,469)
- 38% increase in the 65+ population by 2036 (6, 856 – 9,410)
- 139% increase in the 85+ population by 2036 (872 to 2,086)
- 82% increase by 2036 of people with dementia (450 to 818)
- 5,029 Welsh speakers (17%)[14]
- Key local services: Day Centre/Day Hospital/Pharmacy/GP Practices/Community Connectors

With extensive experience and local knowledge and indeed genuine endeavours from the SSW (including supporting the review and development of the service specification, practice documentation, promotional materials and data management), the establishment and implementation of the pilot in Llanidloes has proven challenging. A key factor has been because the service is based at and draws from staff allocated to the Bodlondeb service. Although, there has been staff backfill provided to establish the service in Llanidloes, the application of this has proven to be impracticable in that the role has required the continuation of management responsibilities (as a priority) for Bodlondeb.

Further, the implementation of the documentation and recording practices as part of the project, alongside CIW governance and ongoing PCC practice requirements relating to the Bodlondeb service have been a source of challenge.

It is also worth noting, that the transfer of half of the Bodlondeb service users to the new Home Support service will require the review and change of long and established support and practices for those individuals and staff which continues to include three daily welfare visits/calls and general access to support staff that is not cognisant of the home support service and would not be available in the wider community.

Consequently, the service (and use of documentation) is not as fully established or implemented as anticipated. With new caseload of thirty-one at the time of this publication (not including the transferred Bodlondeb cases), and minimal data reported on the DMR, this report is unable to show any meaningful individual or service profile (including uptake, activity and outcomes) for Llanidloes at this time.

[12] Local Area Profiles based on 2012 Census Data. https://customer.powys.gov.uk/article/5963/Local-Area-Profiles

[13] Mid-Wales Housing Association was established in 1975 and has over 1600 properties throughout Powys and Ceredigion as well as a few properties in Shropshire.

[14] Accommodation for an ageing population Powys County Council. Market Position Statement March 2017 (Newtown, Llanfair Caereinion and Llanidloes)

Presteigne and Knighton (East Radnor)

The ERHS was established as part of the pilot project to develop home support services across Powys. It serves a population of around 6,916[15] individuals living in Presteigne, Knighton and the wider communities and surrounding villages within a 10-mile radius of Presteigne. ERHS has a current membership of 174.

The base for the service is in Presteigne at the East Radnor Day Centre with general management from the Day Centre Manager, one dedicated full-time SSW and 3 relief staff supporting the out of hours' work.

The service is PCC commissioned, East Radnor Day Centre (ERDC) provided and ICF funded from Nov 2017 - March 31st 2019.

Local statistics:

- Lone person households 65+ - 712 equates to 28% of households
- 4% population decrease by 2036 (9,784 to 9,348)
- 65+ age group will have a 36% increase (2036) (2,900 to 3,941)
- 85+ age group will have a 139% increase (2036) (333 to 797)
- 77% increase (2036) people with dementia (185 to 328)
- 835 Welsh speakers (8.53%)[16]
- Key local services: GP Practices/Re-ablement/Community Connectors

The initial months of the contract involved the recruitment of the SSW, establishing office space and equipment, and supporting the development of the service specification.

The newly appointed SSW worked alongside the SSW's from Rhayader and Llanidloes with the finalisation of the service specification and development of the practice documentation, promotional materials, recording practices and DMS – all of which formed part of the contractual requirements (albeit completed after the contract start). Irrespective of this, service preparations included substantial promotional work across the locality including an official launch at the ERDC AGM, with service delivery commencing in March 2018.

The experience and knowledge of the SWW has proven to be an asset to the planning, development and delivery of the pilot service.

As with RHS, there have been challenges relating to the protracted nature of the completion of the revised data management system for implementation which has caused some duplication in work but not incurring any delay in service delivery. In addition, it is anticipated that extra staffing in the daytime will be needed particularly given the numbers of service users and need to provide cover and contingencies for service continuation in the absence of the SWW.

The service specification, practice documentation and recording in relation to the DMR have been fully adopted and delivered against. This is evident in the next section of this report, which provides a comprehensive individual profile of service users and service picture in the Presteigne and Knighton area. This provides a significant insight into the activity and outcomes and benefits of the home support service both locally and alongside RHS in particular.

[15] Local Area Profiles based on 2012 Census Data. https://customer.powys.gov.uk/article/5963/Local-Area-Profiles covering Llangunllo, Presteigne, Knighton and Old Radnor

[16] Accommodation for an ageing population Powys County Council, Market Position Statement March 2017 covering the areas for Presteigne and Knighton

Section 7: Data Review

Service Activity

Table 1: Home Support Membership (April 1st 2018 - March 31st 2019)

Locality	Rhayader				Llandrindod Wells				Lanidloes				East Radnor				Four Localities			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Total Membership	180	173	189	225	0	13	13	13	0	23	24	36	76	108	148	174	256	317	374	448
Active		62	89	90	0	13	13	13		23	24	36	33	17	84	84		115	210	223
Non-Active		111	100	135	0					0	0	0	43	91	64	90		202	164	225
Number of carers supported in their own right by Home Support services		1		19	0					0	0		11	6	6	2	11	7	6	21

Table 1 shows Home Support membership in the first three quarters of 2018 across the four service areas. At March 31st 2019, there is membership of 448, 49.5% active and 50.5% inactive (that is people/members using Homes Support as a point of contact only - via an emergency care line (Delta Wellbeing or similar company). Membership has steadily increased over the year by 57%, with active membership increasing from 36% in quarter 1 to 56% in quarter 2, and levelling off to around half the total membership in quarter 4. N.B. The blocked out sections highlighted red denote no returns.

Scheduled Activity

Table 2: Scheduled Support (April 1st 2018 - March 31st 2019)

Locality	Rhayader & Llandrindod Wells					Llanidloes					East Radnor					Four Localities				
Activity Overview	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Number of independent living support/interventions	961	1208	1694	1635	5498	230	528	1798	2462	5018	186	97	94	152	529	1377	1833	3586	4249	11,045
Number of care alarms/pendants fitted	10	23	16	13	62	0	3	2	1	6	12	17	15	14	58	22	43	33	28	126
Number of temporary personal and/or domestic care interventions	10	15	0	94	119		14	0	0	14	19	3	2	7	31	29	32	2	101	164
Number of healthy lifestyles and wellbeing interventions		0	16	205	221			0	0	0	0	14	90	151	255	0	14	106	356	476
Number of advocacy interventions		0	10	21	31			0	0	0	0	15	33	13	61	0	15	43	34	92
Number of information, advice and assistance interventions	21	5	39	40	105			0	14	14	0	50	73	85	208	21	55	112	139	327
Number of phonecall interventions	989	1061	1109	1346	4505			0	6	6	83	45	110	46	284	1072	1106	1219	1398	4,795
Number of Referral/Support planning/Review Visits	99	106	27	34	266	0	0	2	19	21	91	28	46	30	195	190	134	75	83	482

Table 2 shows the total and make-up of the scheduled support provided. Scheduled support may include up to three types of support which are all recorded: of the total recorded (17,507), 63% of scheduled activity involves independent living interventions (home visits), 27% tele-support only, with 3% of support involving the healthy lifestyles and wellbeing interventions and 126 care alarms fitted across the areas. NB: The figures for Llanidloes high in comparison to membership numbers, as they are reflective of practice that continues to include three daily welfare visits/calls to 13 of the 36 service users as part of the established Bodlondeb service that would not usually be available in the wider community.

Scheduled Support Breakdown

Table 3: Independent Living Support/Interventions (April 1st 2018 - March 31st 2019)

Locality	Rhayader & Llandrindod Wells					Llanidloes					East Radnor					Four Localities				
Independent living support/interventions	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Encourage self-care	0	0	57	8	65	0	0	0	0	0	53	0	7	10	70	53	0	64	18	135
Welfare visits and tele-support	646	1056	921	1020	3643	230	526	1795	2197	4748	24	72	23	6	125	900	1654	2739	3223	8516
Essential Shopping	55	53	152	141	401		1	3	3	7	0	0	17	29	46	55	54	172	173	454
Emotional Support	0	0	85	57	142		0	0	0	0	0	0	2	27	29	0	0	87	84	171
Household and practical assistance	0	0	61	90	151		0	0	182	182	0	16	7	8	31	0	16	68	280	364
Access to assistive technology and install and manage community alarms			10	7	17			0	0	0	7	0	16	40	63	7	0	26	47	80
Ordering and collecting medication	250	96	298	243	887		1	0	78	79	0	1	14	18	33	250	98	312	339	999
Support with appointments	0	0	19	26	45		0	0	1	1	0	0	4	11	15	0	0	23	38	61
Assistance to access to community transport	0	0	16	5	21		0	0	0	0	0	1	3	3	7	0	1	19	8	28
Assist carers with their role	0	0	24	26	50		0	0	0	0	19	0	0	0	19	19	0	24	26	69
Temporary personal and/or domestic care	10	3	46	3	62		0	0	0	0	0	3	0	0	3	10	6	46	3	65
Other	0	0	5	9	14		0	0	1	1	83	4	1	0	88	83	4	6	10	103
Total	961	1208	1694	1635	5498	230	528	1798	2462	5018	186	97	94	152	529	1377	1833	3586	4249	11045

Independent living support includes (but is not exclusive to) eleven broad areas.

Table 3 shows that around three quarters (77%) of the support involves welfare visits and tele-support and a not insignificant focus is on encouraging self-care in R&LWHS and ERHS.

It is notable that whilst 9% of support includes ordering and prescription collections and 4% essential shopping, the majority of this type of support is provided by RHS which is proportionally high, especially in comparison to ERHS. This may be a reflection of the 'custom and practice' within the service that originated and evolved from warden services, and that the rationale provides opportunities for welfare support (which if the case would be reported anyway). On enquiry, the local pharmacy in Rhayader does not provide home delivery of prescription services unlike Knighton.

Current Home Support services are registered with CIW[17] so enabling responsive temporary personal/domestic care as a bridge (only) to more appropriate services. It would appear timely to determine whether CIW registration is required to provide effectively 'good neighbour' support and indeed clarify this intervention in relation to other services providing personal and domestic care and support as a core function.

The reporting of activity across the spectrum of independent living support provides an emerging picture, and is dependent on the staff confidence and competence both in terms of undertaking their roles and fully embracing the data management system.

[17] At the time of publication, ERHS has applied for and is awaiting CIW registration.

The category 'other' is to record activity that falls outside of the eleven areas. The high numbers recorded by ERHS in Q1 is likely to be reflective of early reporting methods/changes in the data management record. Further scrutiny is required to determine the detail and subsequent action.

NB: The figures for Llanidloes are high in comparison to membership numbers as they are reflective of practice that continues to include three daily welfare visits/calls to 13 of the 26 service users (as part of the established Bodlondeb service) and would not usually be available in the wider community.

Table 4: Healthy Lifestyles and Wellbeing Support/Interventions (April 1st 2018 - March 31st 2019)

Locality	Rhayader & Llandrindod Wells					Llanidloes					East Radnor					Four Localities				
Healthy lifestyles and wellbeing interventions	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Learning and occupational opportunities			0	3	3			0	0	0		0	0	0	0	0	0	0	3	3
Advice, information and referral in relation to home safety, extreme weather conditions, fire safety and assistive & digital technology			10	19	29			0	0	0		1	7	4	12	0	1	17	23	41
Support that promotes healthy living (Inc. 'big 4' interventions/falls prevention)			4	21	25			0	0	0		3	2	7	12	0	3	6	28	37
Support that helps to develop and/or maintain life skills			1	10	11			0	0	0		1	1	4	6	0	1	2	14	17
Proactive safe and well contact (visits/calls)			1	11	12			0	0	0		6	77	131	214	0	6	78	142	226
Support and referral to social groups and supportive networks			0	7	7			0	0	0		2	3	7	12	0	2	3	14	19
Newsletter			0	132	132			0	0	0		1	0	0	1	0	1	0	132	133
Total			16	203	219			0	0	0		14	90	153	257	0	14	106	356	476

The data returns on this table show an emerging picture of healthy lifestyles interventions. This is in part due to the revised service remit, definitions and reporting methods calling for proactive health interventions in relation to local strategic aims and ambitions, rather than a reflection of practices. Especially so in relation to RHS which has been delivering interventions along these lines for some years in the form of newsletters, safe and well checks, particularly in extreme weather conditions as well as via the social club that was established for home support members and is now run by them independently and on a regular basis.

The self-reported health and wellbeing data shown in the Personal Profiles below strongly indicates the need for proactive healthy lifestyle inventions, particularly in relation to exercise, falls prevention, diet and mental health. Further, the population data (indicated in the previous section) for all services areas shows around a third of the over 65's population are lone households with figures projected to rise with the increase in ageing population – calling for innovative interventions to address social isolation and loneliness.

Table 5: Information, Advice and Assistance Support/Interventions (April 1st 2018 - March 31st 2019)

Locality	Rhayader & Llandrindod Wells					Llanidloes					East Radnor					Four Localities				
Information, advice and assistance interventio	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
About local services, activities and groups	21	4	4	0	29			0	3	3		30	18	22	70	21	34	22	25	102
Signposting and referral to local services, activities and groups	0	5	27	24	56			0	11	11		5	23	23	51	0	10	50	58	118
Assistance to access local services, activities and groups	0	0	8	16	24			0	0	0		2	42	41	85	0	2	50	57	109
Total	21	9	39	40	109			0	14	14		37	83	86	206	21	46	122	140	329

As with the previous table, Table 5 shows an emerging picture of information, advice and assistance interventions. It is arguably difficult to extrapolate this type of intervention as standalone as it is often inherent in all interventions. However, the data indicates that 31% of the support involves informing individuals about local services, 36% involves signposting and referral to local services and 33% includes assistance to access those services.

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Unscheduled Support

Table 6: Total Emergency Call-outs (April 1st 2018 - March 31st 2019)

Locality	Rhayader & Llandrindod Wells					Llanidloes					East Radnor					Four Localities				
Total Emergency Callouts	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Emergency call outs (not careline)	0	0	28	41	69		1	0	62	63	0	1	5	18	24	0	2	33	121	156
Emergency call outs (careline)	45	105	76	60	286		1	0	0	1	19	16	40	27	102	64	122	116	87	389
Emergency call outs (Bodlondeb)						48		176	141	365						48	0	176	141	365

Table 6 shows the number of emergency call-outs Home Support services responded to in one year. A call-out is defined as any emergency request for support that is over and above any planned/arranged support, in or out of office hours. Of the 545 call-outs, 71% were through the main Powys emergency care line company (Delta Wellbeing) where Home Support services are first responders, and 29% were with different emergency care-line companies or via the Home Support line during office hours.

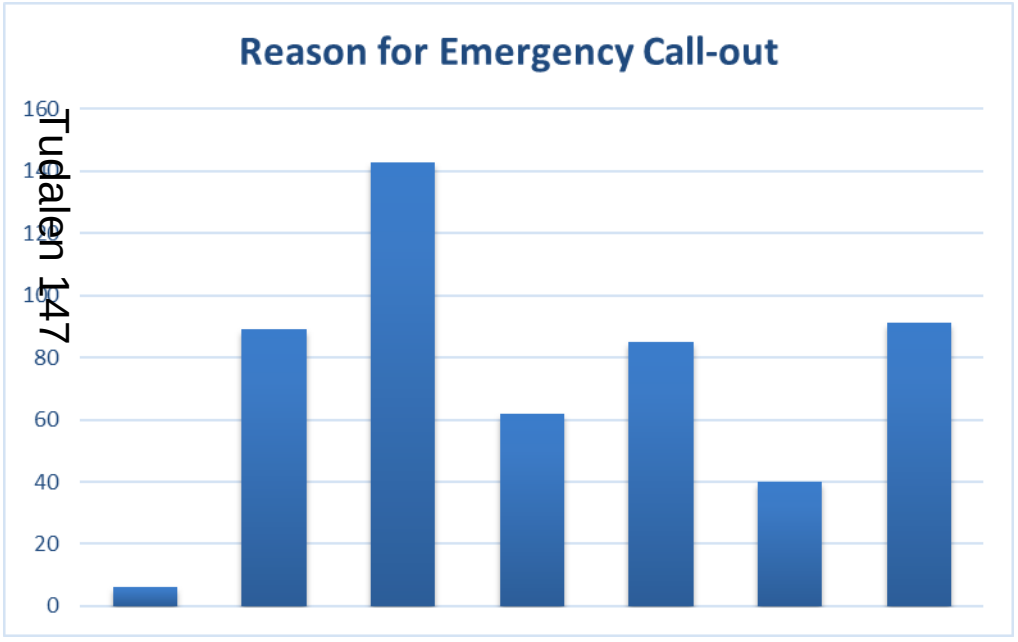
For the purposes of this report, the call-outs for Bodlondeb (365) are not included as they are specific to that service only. Data for RHS prior to this period is recorded in a different format and are available on request.

N.B. The blocked out sections highlighted yellow denote no returns.

Table 7: Reasons for Emergency Call-outs (April 1st 2018 - March 31st 2019)

Locality	Rhayader & Llandrindod Wells					Llanidloes					East Radnor					Four Localities				
Reason for emergency callout	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Carer Absent	0	0	1	5	6	0		0	0	0	0	0	0	0	0	0	0	1	5	6
Fall	10	19	15	20	64	0		2	3	5	4	1	5	10	20	14	20	22	33	89
Practical Assistance	11	52	30	18	111	0		0	31	31	1	0	0	0	1	12	52	30	49	143
Health Need	7	14	10	13	44	0		0	5	5	6	0	1	6	13	13	14	11	24	62
Task Help	8	14	17	27	66	0		5	6	11	0	0	6	2	8	8	14	28	35	85
Unable to Contact	7	3	6	11	27	0		0	0	0	0	1	1	11	13	7	4	7	22	40
Other	2	4	4	3	13	48		0	22	70	8	0	0	0	8	58	4	4	25	91
Total	45	106	83	97	331	48	0	7	67	122	19	2	13	29	63	112	108	103	193	516

Chart 1: Reasons for Emergency Call-out (April 1st 2018 - March 31st 2019)



Nearly half (44%) of the emergency call-outs were to provide practical assistance/task help to an individual with 17% requiring assistance with a fall, 12% with support with a health need and staff were unable to contact the individual in 8% of call-outs.

NB. The reference to other is predominantly a response from Llanidloes, which is reflective of the nature of the call-outs for individuals living within Bodlondeb, so should be disregarded.

Table 8: Outcome if Service User Has Fallen (April 1st 2018 - March 31st 2019)

Locality	Rhayader & Llandrindod Wells					Llanidloes					East Radnor					Four Localities				
Outcome if service user has fallen	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Used Manga Elk			16	19	35			0	2	2		0	13	6	19	0	0	29	27	56
Used Manga Camel			1	0	1			0	0	0		0	0	0	0	0	0	1	0	1
Ambulance called			1	5	6			2	1	3		1	3	1	5	0	1	6	7	14
Other			1	1	2			0	2	2		1	0	0	1	0	1	1	3	5
Total	0	0	19	25	44	0	0	2	5	7	0	2	16	7	25	0	2	37	37	76

Data reported is emerging due to its recent introduction as part of the revised DMR. However, the use of the Manga Elk/Camel to assist with a fall is evident in 75% of the call-outs, arguably inferring a diversion from emergency service escalations because of the home support services being called out and an appropriate referral to ambulance services (18%) when required.

NB: The assessment by the home support worker in response to a fall is based upon the Welsh Ambulance Services NHS Trust 'I Stumble' Practice Tool.

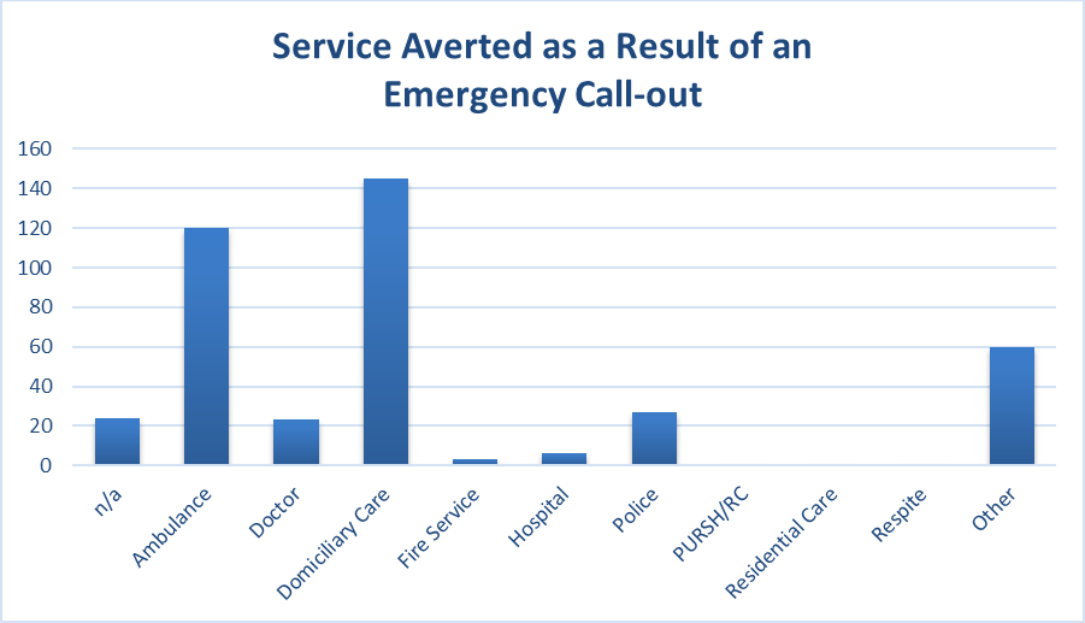
Table 9: Services Averted as a Result of an Emergency Call-out (April 1st 2018 - March 31st 2019)

Locality	Rhayader & Llandrindod Wells					Llanidloes					East Radnor					Four Localities				
Service averted as a result of an emergency call-out	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
n/a	8	7	0	1	16			2	2	2	0	1	0	3	4	8	8	2	6	24
Ambulance	8	21	17	22	68			1	5	1	4	0	20	22	46	12	21	38	49	120
Doctor	5	5	2	3	15			0	0	0	6	0	0	2	8	11	5	2	5	23
Domiciliary Care	6	62	30	41	139			4	0	4	0	0	2	0	2	6	62	36	41	145
Fire Service	1	1	0	1	3			0	0	0	0	0	0	0	0	1	1	0	1	3
Hospital	0	0	4	2	6			0	0	0	0	0	0	0	0	0	0	4	2	6
Police	4	5	5	12	26			0	0	0	0	0	1	0	1	4	5	6	12	27
PURSH/RC	0	0	0	0	0			0	0	0	0	0	0	1	1	0	0	0	1	1
Residential Care	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0
Respite	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0
Other	11	5	22	3	41			0	0	0	9	0	7	3	19	20	5	29	6	60
Total	43	106	80	85	314	0	0	0	7	7	19	1	30	31	81	62	107	63	123	355

Table 9 and Chart 2 below show the number and type of services averted because of an emergency call-out from home support services. The total number of reported aversions was 355 of the 516 total emergency call-outs from April to December 2018. These include 41% aversions from domiciliary care, 34% from the ambulance services, 8% from police services and 7% from the GP.

The 'aversions' recorded are reflective of and dependent on staff's understanding and their assessment of the most likely service averted.

Chart 2: Services Averted as a Result of an Emergency Call-out (April 1st 2018 - March 31st 2019)



The data shown in relation to unscheduled care shows some interesting outcome, but does reinforce the need for reporting to be supported by clear service definitions, consistent recording practices alongside some specific case studies providing practice examples.

Unit costs for each of the services (including home support) have been identified for the purposes of this report.[18] Whilst not in a position to provide a true financial cost, (and so cost avoidance/savings) and consequent return on investment by the aversion of services, the data does appear to support emerging indications of not insubstantial returns as shown in Table 10 below. It is also of note that this information concurs with the 2013 RHS Evaluation (Institute of Rural Health) which was based on four detailed case analyses.[19]

Table 10: Indicative Cost Avoidances

Service	HS Call-outs/ Interventions	Cost	Cost Avoidance	Income Generation
Home Support		**TBC**		
Ambulance	120	£238 per call out	28,560	0
Doctor	23	£242 (Q) HRLY Rate. AV Call-out = 1HR	£5,566	0
Domiciliary Care	145	£15.52 AV HRLY rate for independant Sector. AV Call-out 2hrs = 290 HRS	£4,500.80	0
Hospital	3		Unknown	0
Fire Service	6	AV £300 per engine and 23 min call-out	£1,800	0
Police	27	More detail required (101/999 response required?)	Unknown	0
Prescription Delivery	999	Pharmacy Charges: £1 per delivery	£999	0
PURSH/RC	1		Unknown	0
Residential	0	0	0	0
Careline Install	126	£25/£30	0	£3,150/£3,780
Careline Rental	126	£198.32/£238 PA	0	£24,988.32/£29,988

[18] See Appendix Five

[19] The Provision of Integrated Care in a Rural Community - an Evaluation of Rhayader Home Support Scheme. Final Draft Report 2013. Carol Jarrett, Fiona Williams and Leo Lewis. Institute of Rural Health. Commissioned Rural Health Plan Innovation Project: Report for the Welsh Government.

Table 11: Service Administration Overview (April 1st 2018 - March 31st 2019)

Service Overview	Rhayader & Llanddrindod Wells	Llanidloes	East Radnor
Assessments	29		174
New Referrals	17	36	174
Referral Data Reported	28		85
Home Support Plans	18		174
Personal Profiles	24	3	149
Service User/Carer Questionnaires	24	2	57
Reviews	9		17
Case Closures	8		15
Complaints	0	1	0
Compliments	2	2	13
Incidents	0		0
Adult Protection Referral	2		0
Carers Assessment Referral	2		15
Newsletters	4 P/A		1P/A
Case File Review	1	2	2
Case Studies	10	0	8

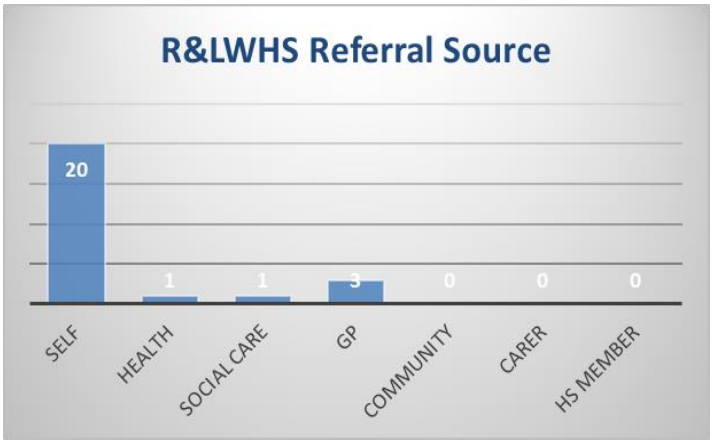
Table 10 shows a broad overview of casework and service administration.

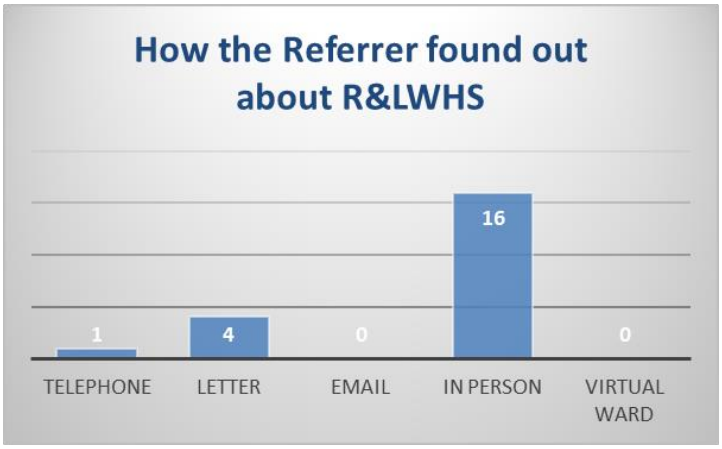
As highlighted on page 43 below, the project has also included the revision of the service specification and service recording and documentation. This has involved the workforce learning and implementing the updated/new processes and documentation across all the service areas affecting time allocation and management. This has been compounded within the PCC service areas as the teams have also been required to implement revised CIW practices which have yet to be fully integrated with the revised Home Support processes meaning there is duplication regarding reporting, governance, and recording outcomes.

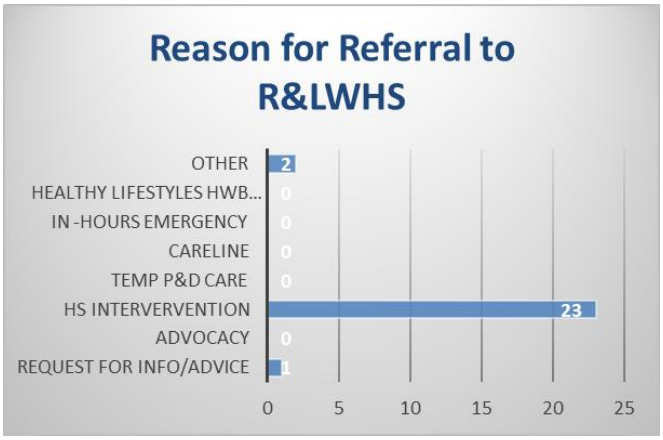
Referral Activity (April 1st 2018 - March 31st 2019)

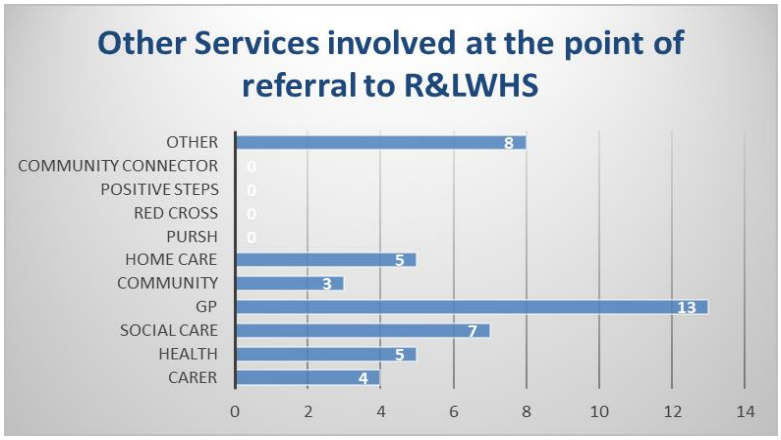
Charts 3-10: Rhayader and Llandrindod Wells Home Support

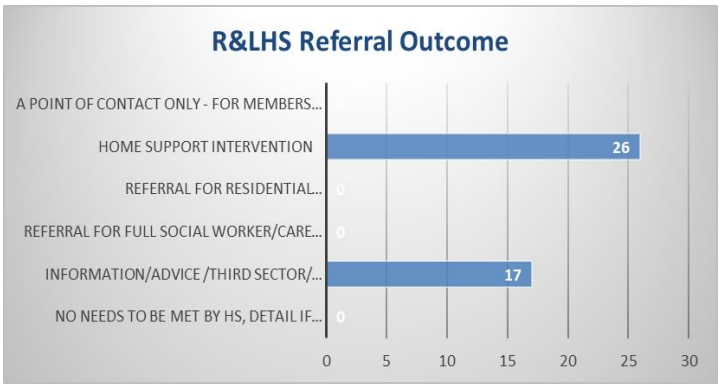
Referral Activity Reported	**28 (13%)**
Total Membership	**225**

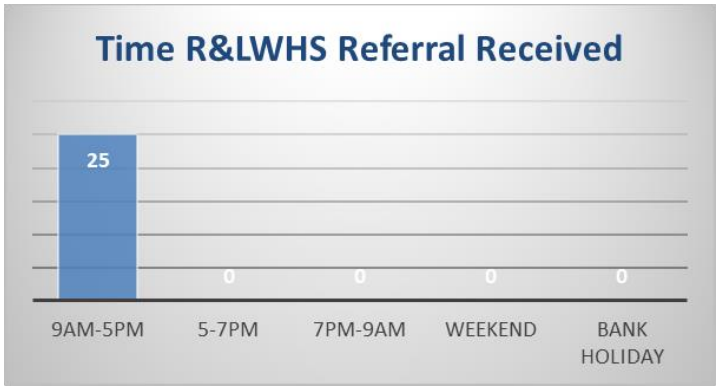










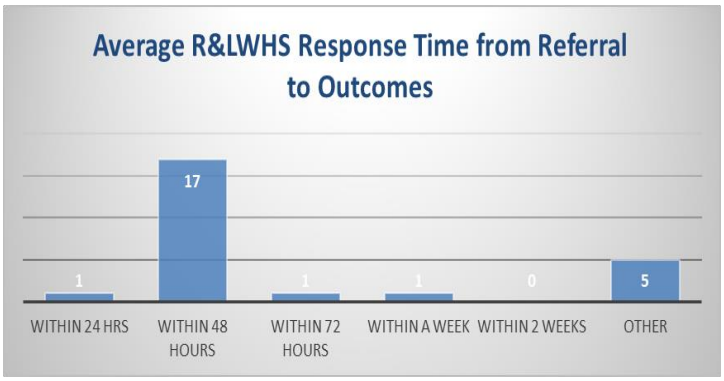


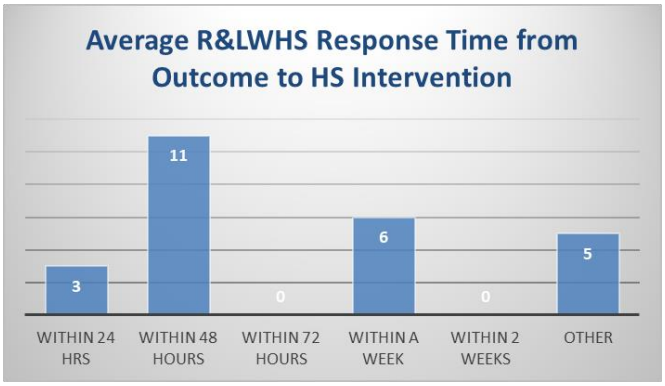
Referral information is based on 13% of RHS and LWHS membership. The caseload of RHS was established prior to April 2018, so only new referrals have been reported. This would suggest that the 28 referrals predominantly relate to LWHS – although this is unclear.

Charts 4 and 5 above show that most people self-referred and heard about the service via word of mouth/in-person, requesting and receiving a home support intervention as an outcome. Half of the referrers also received information and advice about other services.

Chart 6 shows the involvement of other services involved with individuals being referred to home support across health and social care and less so informal carers or community support.

Charts 8-10 show that all referrals were received within usual office hours (9am – 5pm). 72% of referrals were responded to within 48 hours with 56% receiving a service within the same time period and 24% within a week.

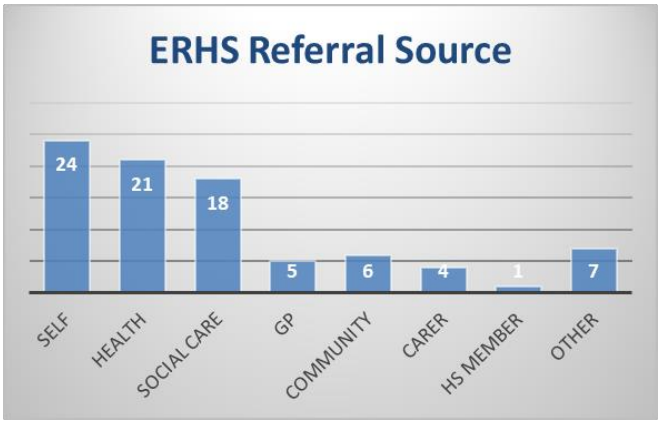


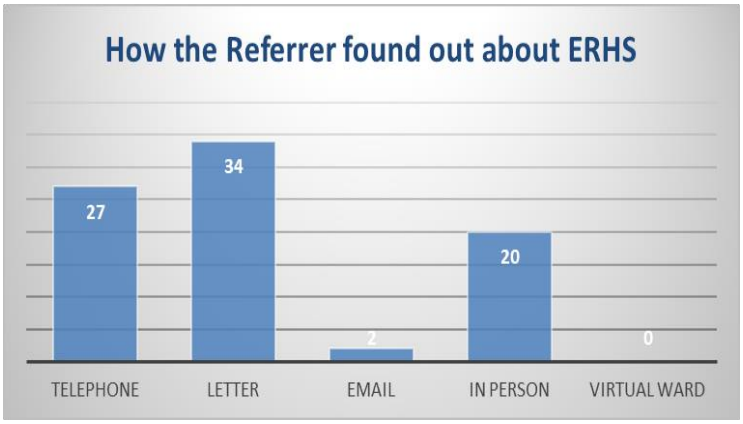


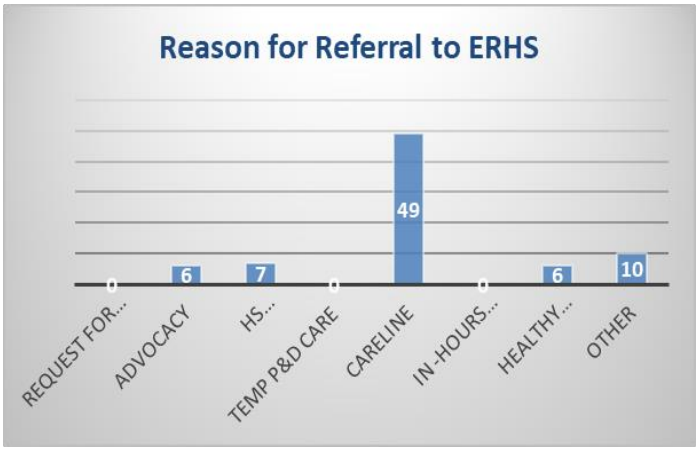
Further analysis (and revised recording options) is required to understand the reason why a quarter of response times were recorded as 'other' and not within the timeframes provided.

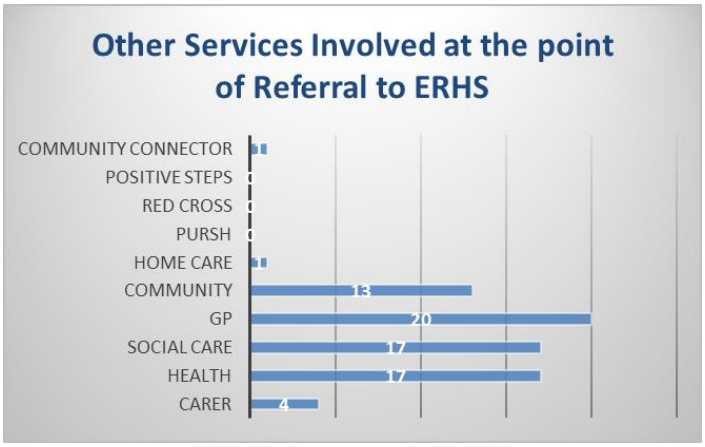
Charts 11-19 East Radnor Home Support

Referral Activity Returns		**85 (49%)**
Total Membership		**174**







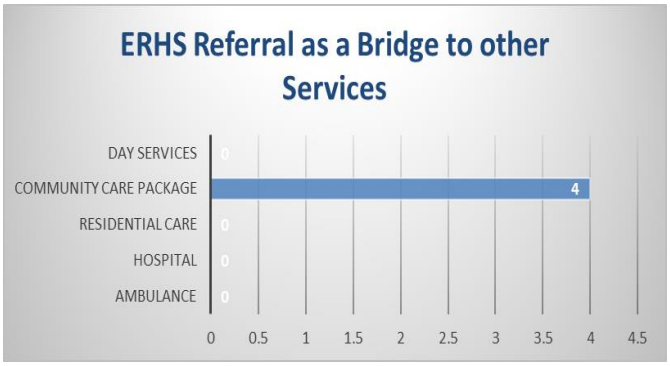


Referral information is based on 49% of the ERHS membership. As the service commenced in Feb/April 2018, it is unclear why there is not a full return on data. However, the returns do indicate an emerging picture of referral activity.

Chart 11 shows that referrals to ERHS were from three main sources including self (28%), social care (21%), health (25%), with GP and community referrals at 6% and 7% respectively. In addition, chart 12 shows that 41% of all referrers found out about ERHS via letter, with third via telephone and a fifth in person.

Chart 13 shows that 63% of referrals were made regarding care alarms, with 10% for a home support intervention and 8% relating to the need for advocacy. The numbers of enquiries regarding care alarms is just under the actual numbers of emergency care lines fitted (49 initial enquiries to 58 fitted. See Table 2 above), indicating that TEC information and advice was given and acted upon following the initial referral. Four referrals were made for support as bridge to community care packages.

Chart 14 shows the involvement of other services involved with individuals referred to home support across general practices, health and social care and informal carers and community support. It is not genuinely possible to show that individuals' independence and ability to stay at home is a direct and singular result of home support services. Improved recording at the point of intervention regarding the involvement of other services would be desirable. This would to help determine whether Home support services were additional to people's support or used as an alternative.



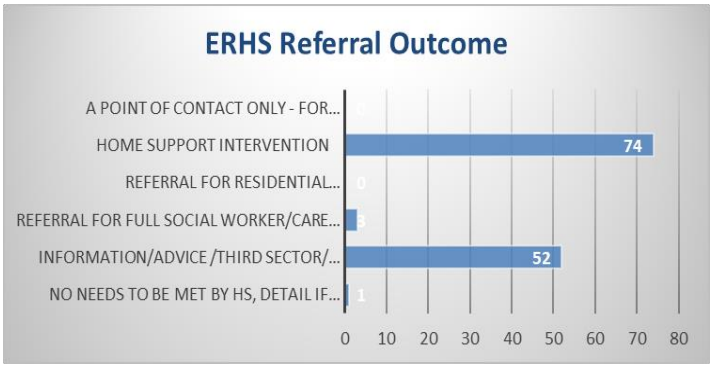
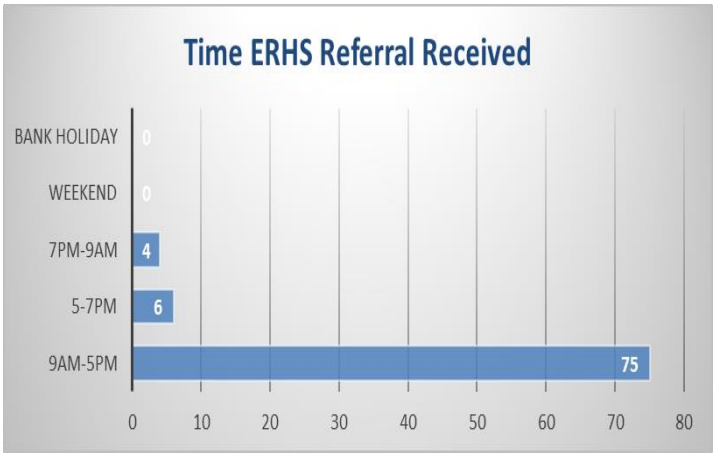


Chart 16 above shows that 87% of individuals received a home support intervention as an outcome and 61% received information and advice about other services.



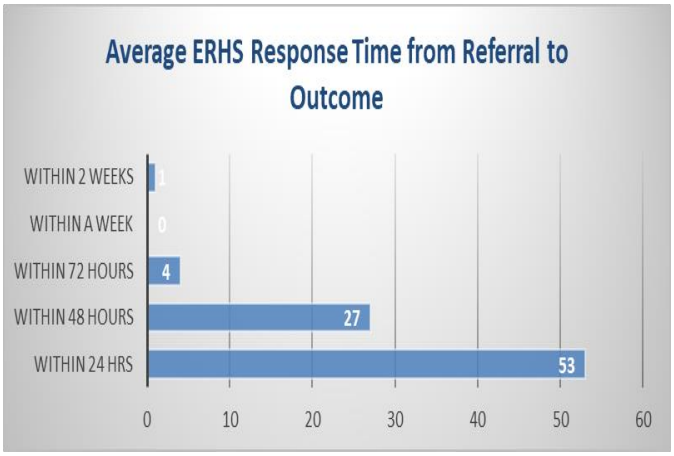
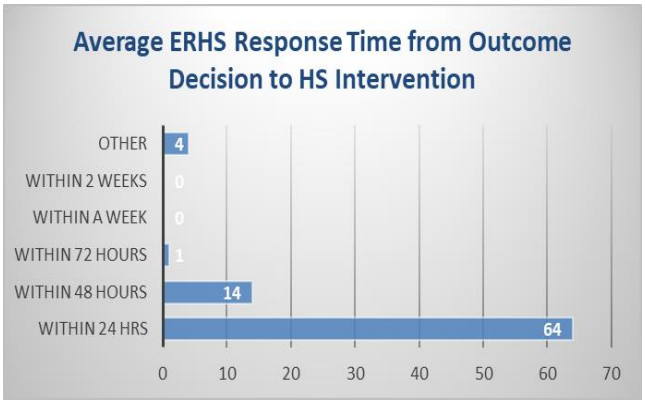


Chart 17 shows that the majority of referrals were received within usual office hours (9am – 5pm), and Chart 18 shows that of the 85 referrals, 94% of referrals were responded to within 48 hours with 62% of those within 24 hours.



Charts 19 shows that 82 % of individuals received a service within 48 hours, 74% of those within 24hrs.

Service User Profiles (April 1st 2018 - March 31st 2019)

The personal profiles were developed to support consistent data collection requirements with the Social Services and Wellbeing Act core data set, and more crucially to support robust and specific data collection relating to home support and consequently help deliver and develop core service objectives and outcomes relating to promoting independence, health and wellbeing (including healthy lifestyles), and helping to reduce isolation and loneliness.

Personal profiles can be completed with the service users at any point in their membership, but are invariably completed and are of particular significance at the point of assessment and/or review or change in individuals' circumstances.

The profiles are pertinent on an individual and service basis in terms of support planning and service development respectively. And, when presented alongside other service areas, the data does indicate some common/recurring themes across the project and grounds for action.

Charts 20-35: Rhayader and Llandrindod Wells Home Support Service User Profiles

Personal Profile Returns	**24 (11%)**
Total Membership	**225**

Data for this report is based on 24 completed profiles that is around 11% of the total R&LWHS membership. This is a small data sample, and likely based on the referrals to LWHS as a new service rather than RHS, which would be better qualified by returns relating to RHS specifically and including all RHS members.

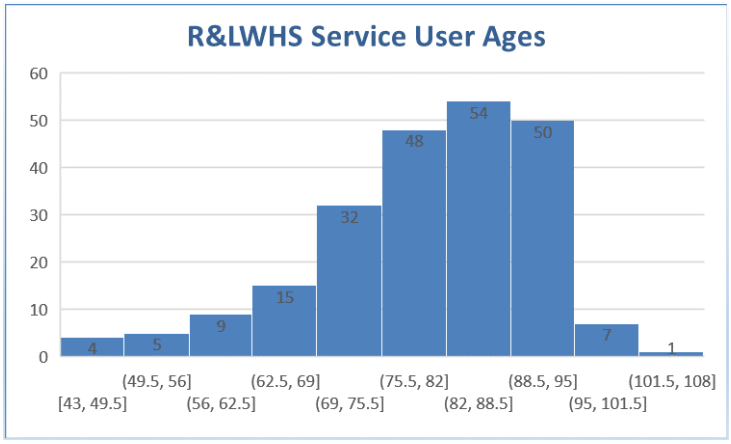
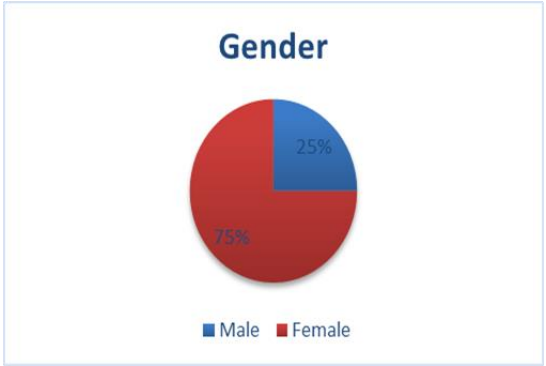
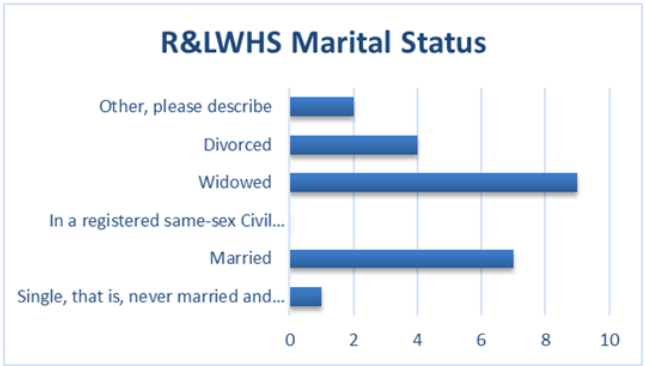


Chart 20 is based on the whole membership of 225, and shows the age and age range of service users with (89%) being 65+, of which 40% are 85+. The age of individuals is their rounded down age on 31/03/2019.

Chart 21 and subsequent Charts are based on the personal profile returns that are approximately 11% of the total membership. Three quarters of the recorded membership are female; 58% are widowed, divorced or single.





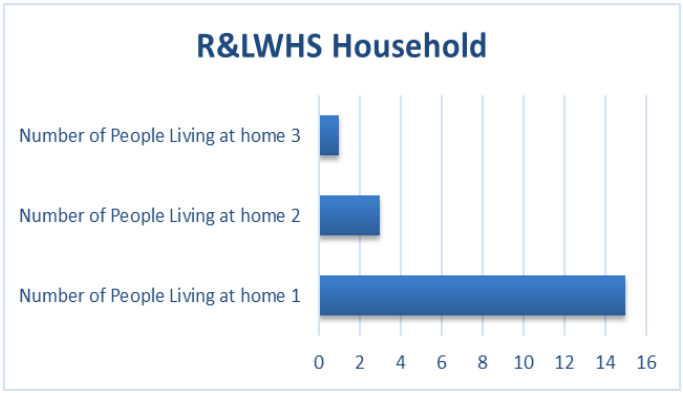
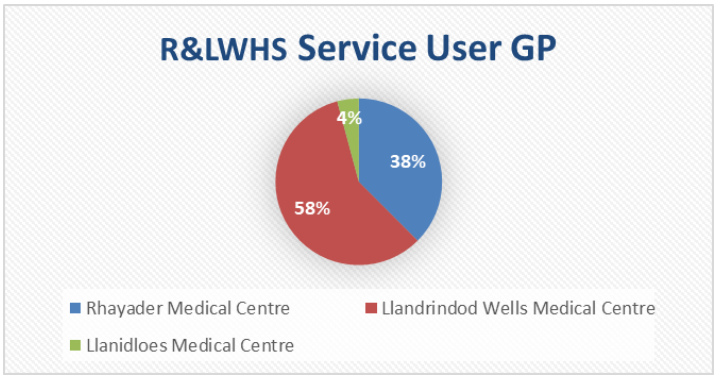


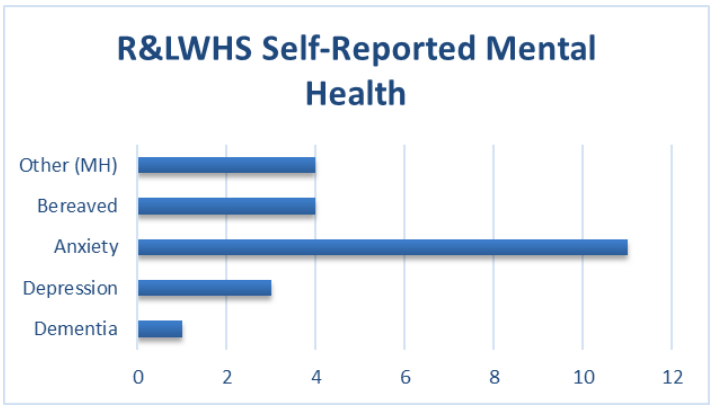
Chart 23 shows that 58% of individuals recorded live alone.

Chart 24 below, shows that nearly two thirds of the service users are registered with the Llandrindod Wells Medical Practice. This indicates the likelihood that the data returns are based on referrals to the pilot there.



The profiles also show that 100% of service users were reported as English, white and English speaking and heterosexual, with 54% recorded as Christian (all denominations), and 13% of no religion.

Charts 25 – 34 below show self-reported information relating to the physical and mental health and wellbeing of service users. Individuals were able to report up to three conditions in relation to their physical and mental health. Chart 25 shows that anxiety is the highest reported mental health condition, with depression and bereavement reported in a third of service users. Based on the numbers of 'other' returns, it would be pertinent to extend the options and so help provide more information (and consequential response) on the mental health of service users. N.B. A review of the full membership recorded 8 individuals reported as having dementia and 9 recorded as experiencing memory problems.



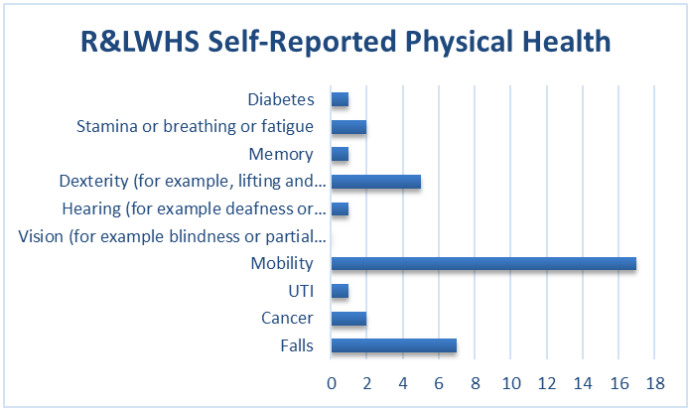
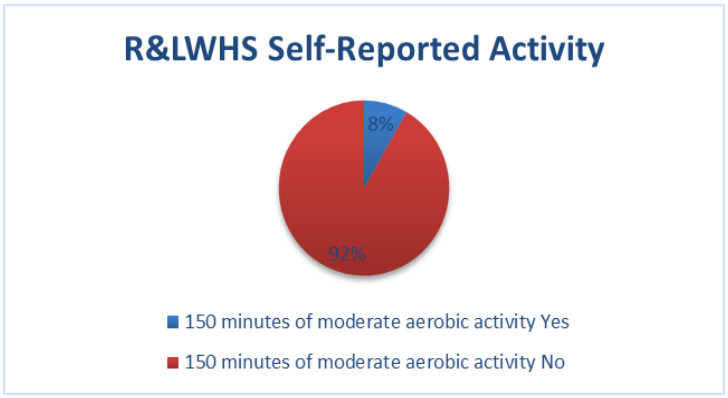
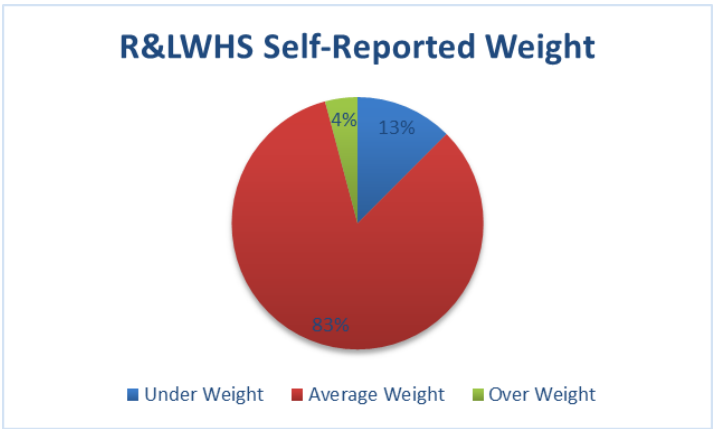


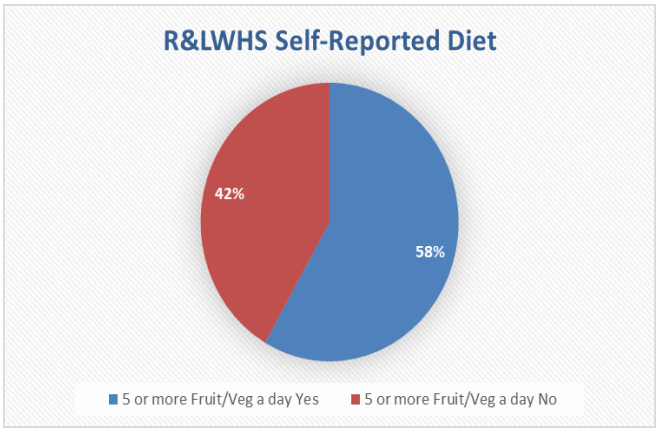
Chart 26 above, indicates that mobility is a key health issue for individuals (71%) with nearly a third expressing concern regarding falls. It is interesting to note whether this has any correlation to the self-reported activity in

Charts 27 and 28 below, where 92% of individuals said they did not do the recommended 150 minutes of moderate aerobic activity per week, and all said they did not do strength exercises on two or more days a week.

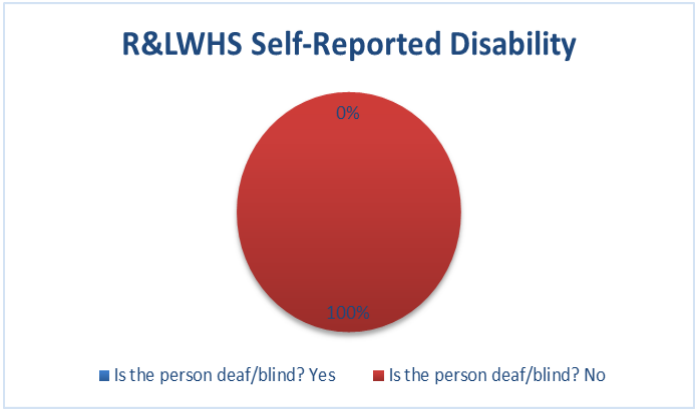


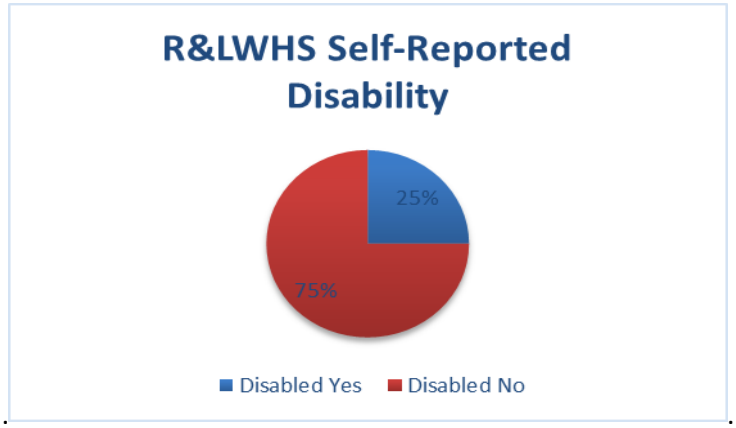
Charts 29 and 30 below show that 83% of individuals report to being of average weight with 58% stating they eat the recommended five or more fruit and vegetables a day.





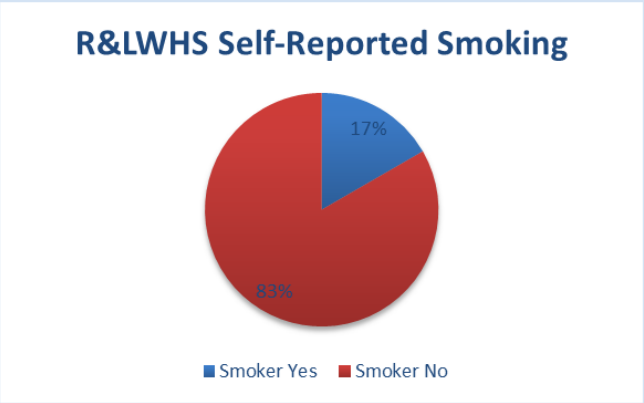
Charts 31 and 32 below shows that 75% of service users reported as being disabled which may relate to individuals' responses regarding mobility and exercise above. No services users reported being deaf or blind, although a hearing impairment was reported on an earlier question.





....

All service users reported that they drank within the recommended 14 units of alcohol a week, and 17% of individuals reported that they were smokers.



Information drawn from both the personal profiles above, and in respect of the nature of the emergency call-outs relating to falls and use of the Manga Elks/Camels shown in the previous section, has indicated opportunities for further exploration and consideration in both in terms of the type and nature of home support interventions - particularly regarding mental health, physical activity, fall prevention and healthy lifestyles promotion and interventions.

Charts 35-50: East Radnor Home Support Service User Profiles

Personal Profile Returns	**149 (86%)**
Total Membership	**174**

Data for this report is based on a high return of personal profiles. This provides a significant insight into the specific profiles and views, and potential needs and support of/required by individuals using the home support service both in the Presteigne and Knighton and within Powys when compared alongside the R&LWHS profiles in particular.

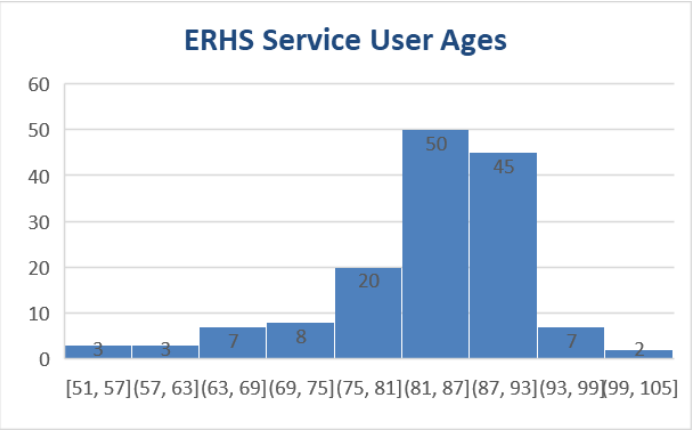
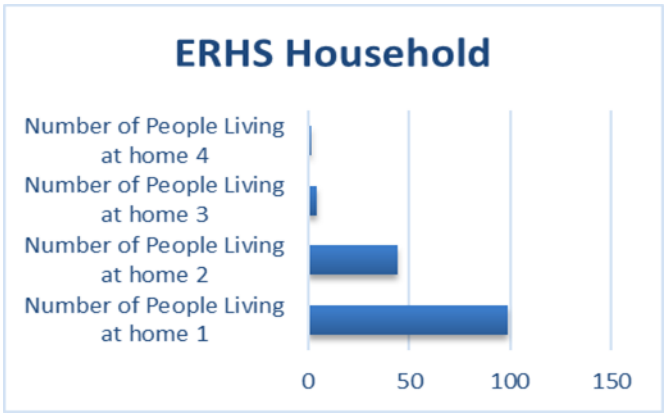
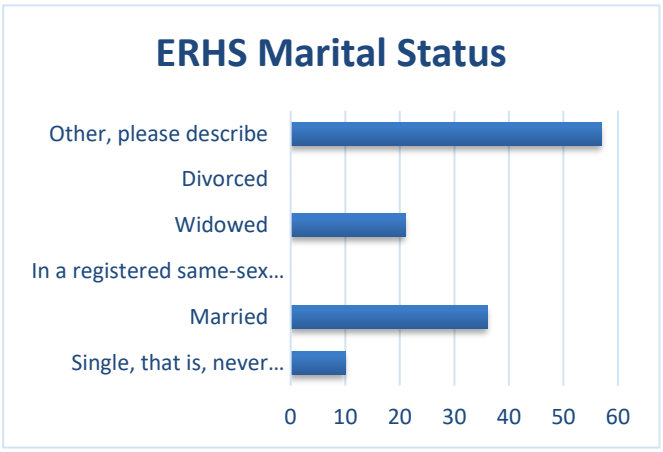


Chart 35 shows the age and age range of service users with 138 being 65+ (93%) and 73 (46%) being 85+. The age of individuals is their rounded down age on 31/03/2019.



Charts 36–38 show that around two thirds of ERHS service users are female; 15% are widowed or single with 66% of service users living alone and 30% living in a two-person household.



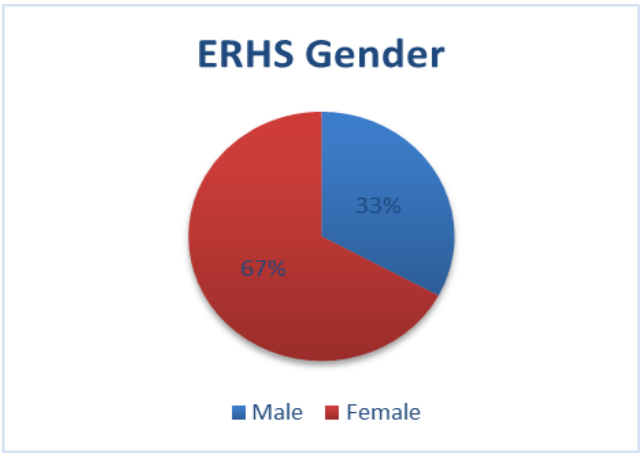
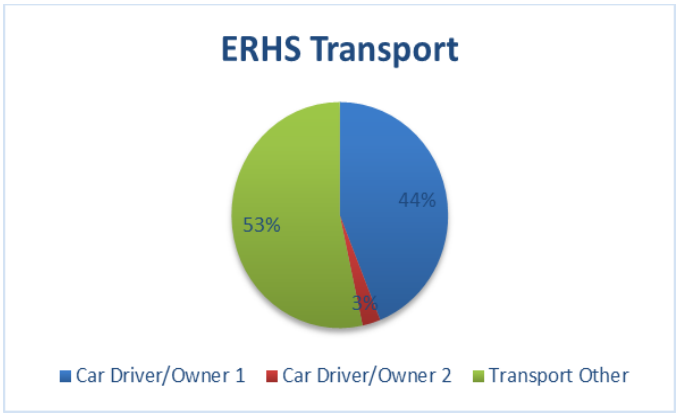
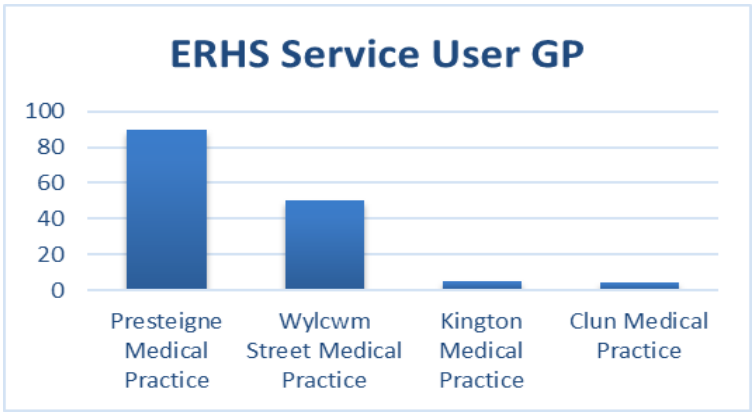


Chart 39 below indicates further detail is indicated with reference to transport, although 44% of service users report that they own a car and they can drive.

Chart 40 shows that of the total ERHS membership, 60% of the service users are registered with the Presteigne Medical Practice and 34% with Wylcwm Street Medical Practice.



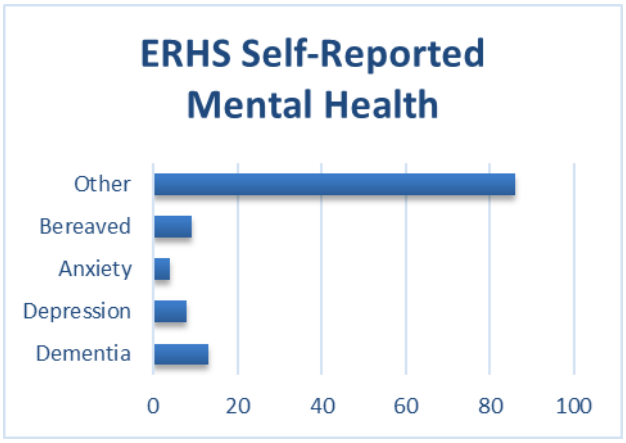


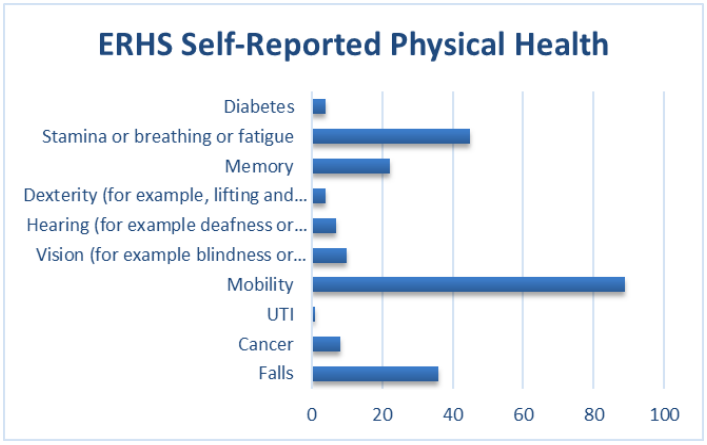
The profiles have also shown that 100% of service users are reported as English, white and English speaking, 97% heterosexual and with 75% recorded as Christian (all denominations), and 22% of no religion.

The following ten charts show self-reported information relating to the physical and mental health and wellbeing of service users. Individuals were able to report up to three conditions in relation to their physical and mental health.

Chart 41 shows reference to depression and anxiety (8%) and bereavement (6%) and dementia (9%) relating to around 23% of service users. However, based on the numbers of 'other' returns, it would be pertinent to extend the options and so help provide more information (and consequential response) on the mental health of service users. N.B. A review of the full membership recorded 13 individuals reported as having dementia and 20 recorded as experiencing memory problems.

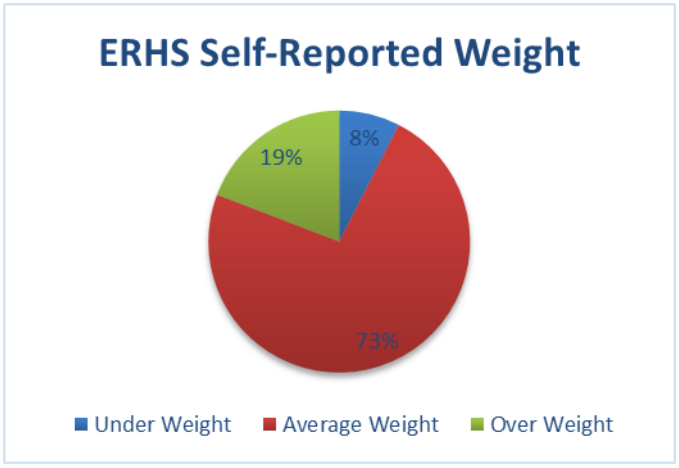
Chart 42 indicates that mobility is a key health issue for individuals (60%) with about a quarter expressing concern regarding falls, 30% reported issues relating to stamina, breathing and/or fatigue with 15% highlighting problems with memory.

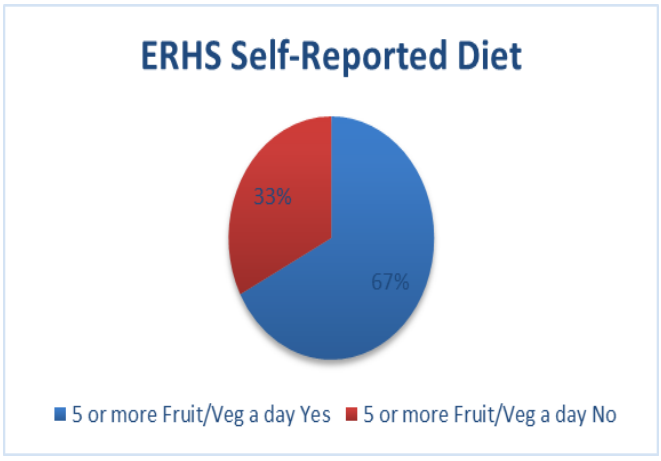




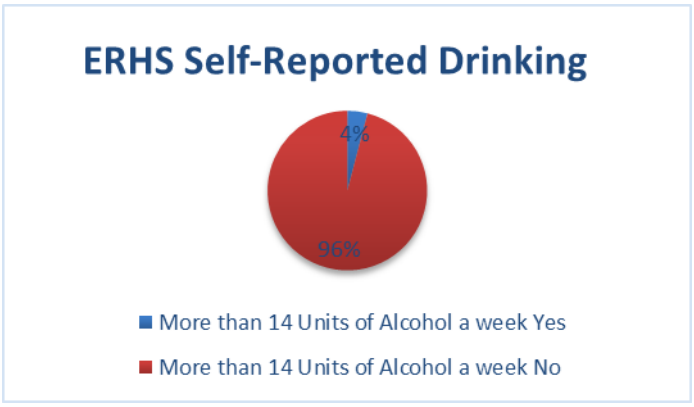
As with R&LWHS, it is interesting to note whether the self-reported physical health has any correlation to the self-reported activity in Charts 43 and 44 below. Here 93% of individuals said they did not do the recommended 150 minutes of moderate aerobic activity per week, and as with R&LWHS, all said they did not do strength exercises on two or more days a week.

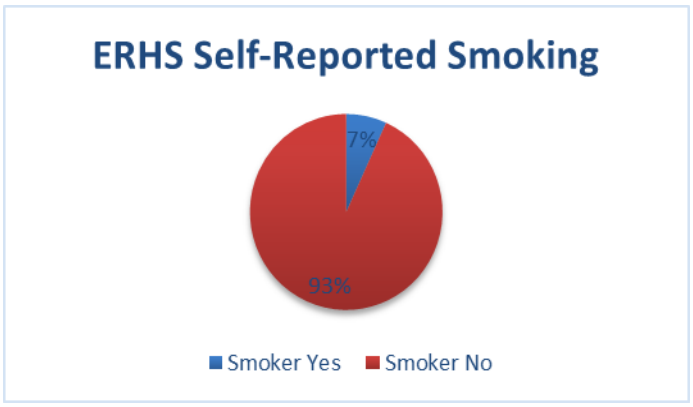
Charts 45 and 46 below show that 73% of individuals report to being of average weight and 19% being overweight, with 67% stating they eat the recommended five or more fruit and vegetables a day.



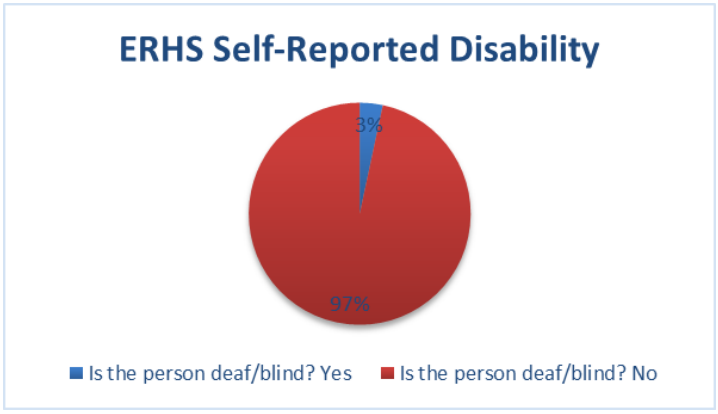


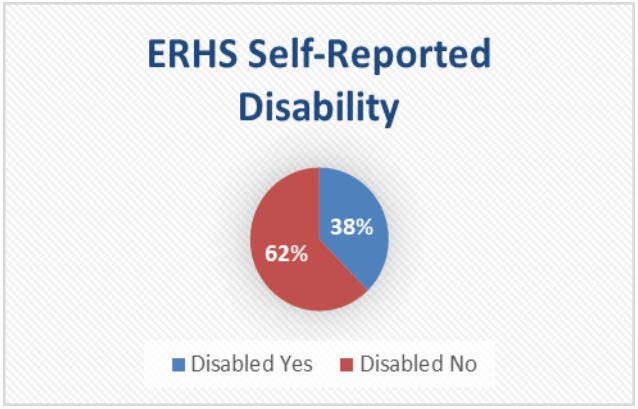
Data on Charts 47 and 48 shows that 96% of service users reported that they drank within the recommended 14 units of alcohol a week, and 7% of individuals reported that they were smokers.





Charts 49 and 50 show that 3% of services users reported being deaf or blind, and that 62% of service users reported as being disabled which may be correlated to their responses relating to mobility and exercise above.





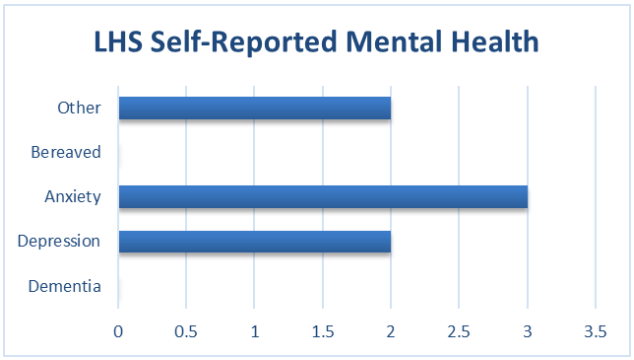
As with R&LWHS, information drawn from the personal profiles above and in respect of the nature of the emergency call-outs relating to falls and use of the Manga Elks/Camels shown in the previous section, has indicated some clear opportunities for further exploration and consideration in both in terms of the type and nature of home support interventions - particularly regarding mental health, physical activity, fall prevention and healthy lifestyles promotion and interventions.

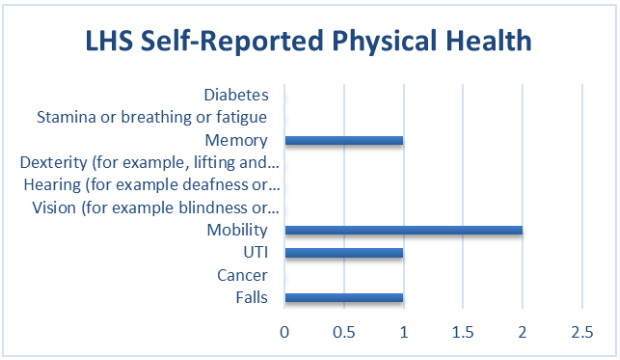
Charts 51-58: Llanidloes Home Support Service User Profiles

Personal Profile Returns	**3 (8%)**
Total Membership	**36**

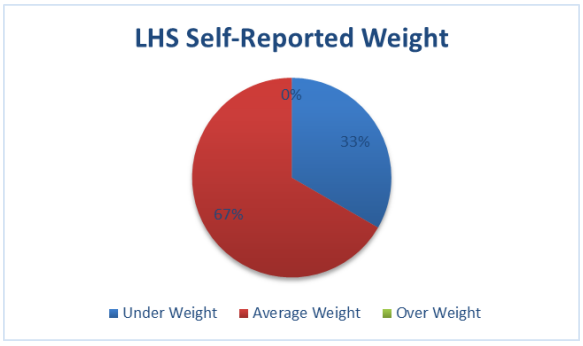
Returns from LHS are too small a data sample for meaningful local use or comparison across the service areas and are reflective of the service challenges highlighted in Section 6 above. The data can/does, however, have individual resonance outside of this report in terms of personalised care and support planning.

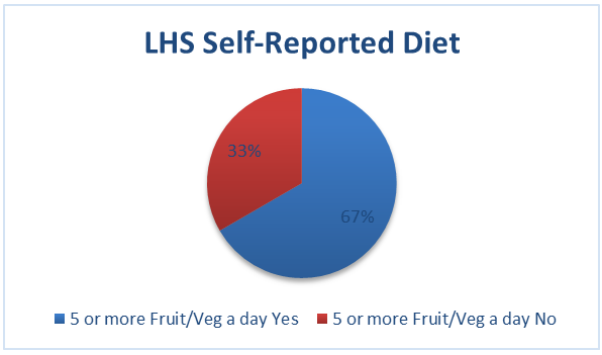
Chart 51 indicates all service users self-reported anxiety and with two of the three respondents stating depression as a mental health concern. Notably, mobility and falls feature in the self-reported physical health data, including reference to memory concerns (1).



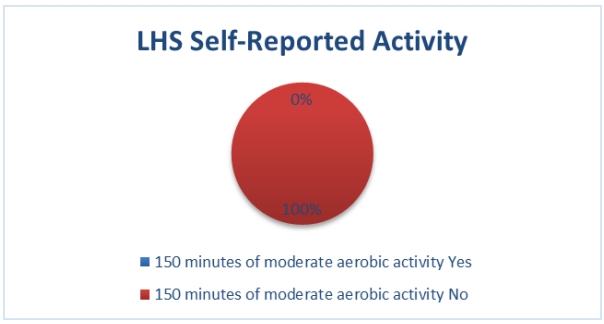


Charts 53 and 54 show that two of the three individuals report to being of average weight and stating they eat the recommended five or more fruit and vegetables a day, and a one of the three reporting that they were under-weight.

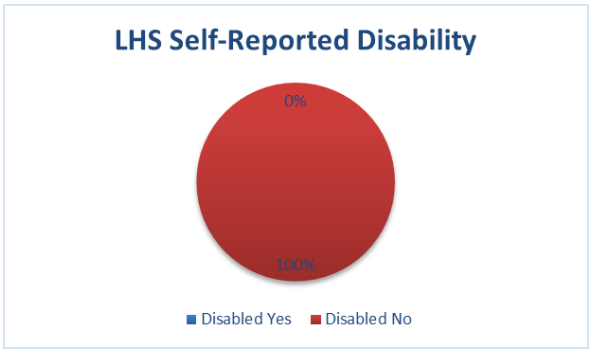


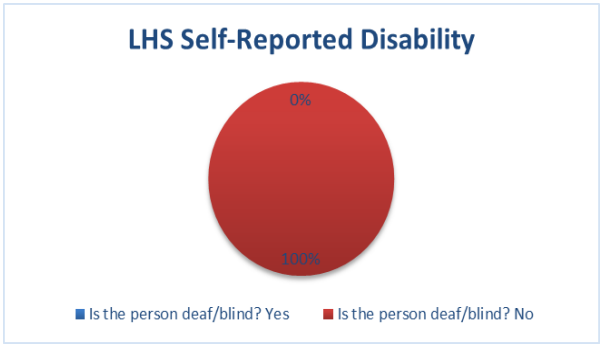


Charts 55 and 56 show that all of individuals said they did not do the recommended 150 minutes of moderate aerobic activity per week, and as with R&LWHS, nor did they do strength exercises on two or more days a week.

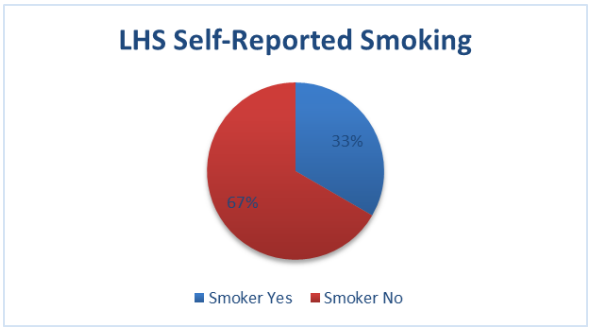


Charts 57 and 58 shows that all of service users reported as not being disabled or being blind or deaf.





Data in Chart 59 and 60 shows that all of the service users reported that they drank within the recommended 14 units of alcohol a week, and one of the three individuals reported that they smoked.



English/White	2
Welsh/White	1
English Speaking	2
Welsh Speaking	1
Living Alone	3
Car Driver/Owner	1
Other Religion	3
GP Practice	3@ Llanidloes Medical Practice
Age	(68/74/97)
Single	1
Widowed	1

If/when the service challenges are addressed (as highlighted in the recommendations), it would be anticipated that full data reporting and collation would provide an individual and service profile appropriate to Llanidloes.

Service User Outcomes and Feedback (April 1st 2018 - March 31st 2019)

Snap Shop Questionnaires

The snap shot questionnaire was developed alongside the revision of the Home Support service specification and development of outcomes. The aim of the questionnaire is to show the impact of the service and the effect and benefits it has on people's lives, and to help understand what matters to individuals and ensure transparency around expectations and experiences.

The questionnaire was designed to be completed with the service users (there are also specific ones for carers) at any point in their membership. The questionnaire was initially developed as a pre and post intervention tool to ask people to say what, if any, impact their support has had on various aspects of their life. Having said this, they have been mostly completed and are of particular significance at the point of assessment and at case review or with a change in individuals' circumstances.

Each question aligns closely with the strategic framework including the domains of wellbeing set out in the Social Service and Wellbeing Act (Wales) (2014). Respondents are asked to rate the impact of their support, saying for each area of life that we ask about, whether they: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree.

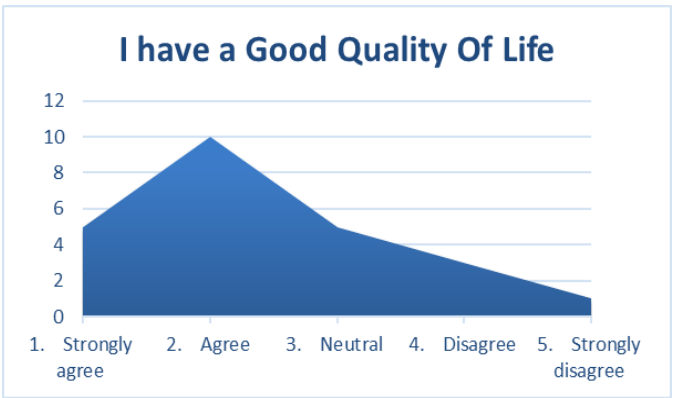
A focus group questionnaire has also been produced with a view to collecting feedback from a group of individuals. This is a more detailed questionnaire reflective of all the Home Support service user and carer outcomes intended for annual completion.

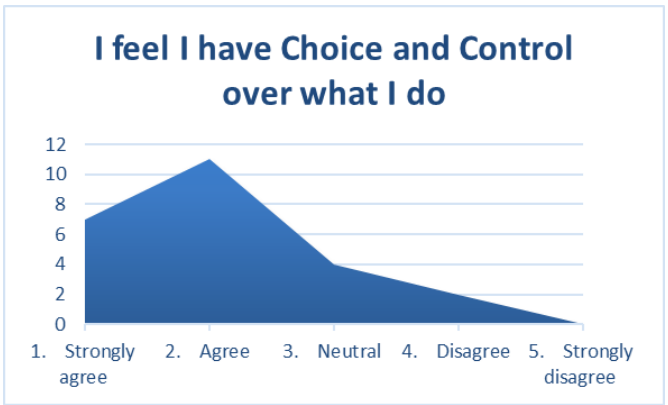
The questionnaire is pertinent on an individual and service basis in terms of support planning and local service development respectively. And, when presented alongside key service areas, the data does indicate some common/recurring themes across the project and grounds for action.

Charts 61-66: Rhayader and Llandrindod Wells Home Support Service User Outcomes

Snap Shot Questionnaire Returns	**24 (11%)**
Total Membership	**225**

The questionnaires completed were for individuals newly referred to Home Support. Chart 61 shows that most (63%) individuals felt they have a good quality of life. Three quarters said that they felt they had choice and control over what they do (Chart 62). It is anticipated that those reporting a neutral to strong disagreement will prompt opportunities for conversation about why they may disagree and what if anything could be done to change their experience positively.





Charts 63 and 64 indicates that most of the respondents felt involved in addressing what mattered to them and have access to information, advice and assistance when they needed it, with two saying they disagreed with both of these statements.

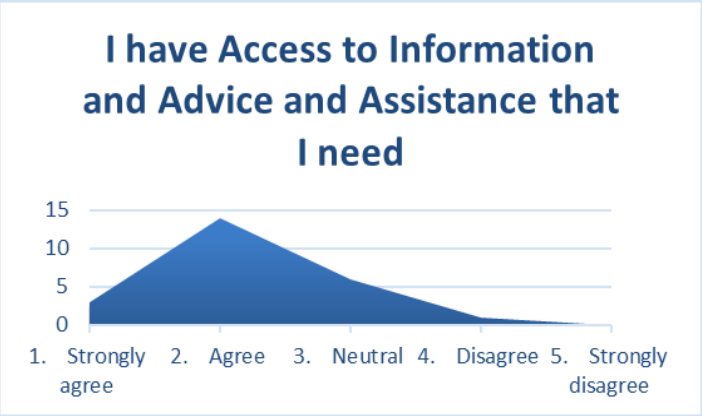
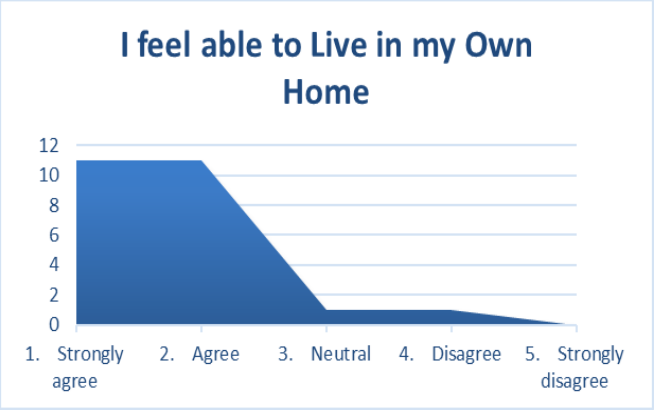
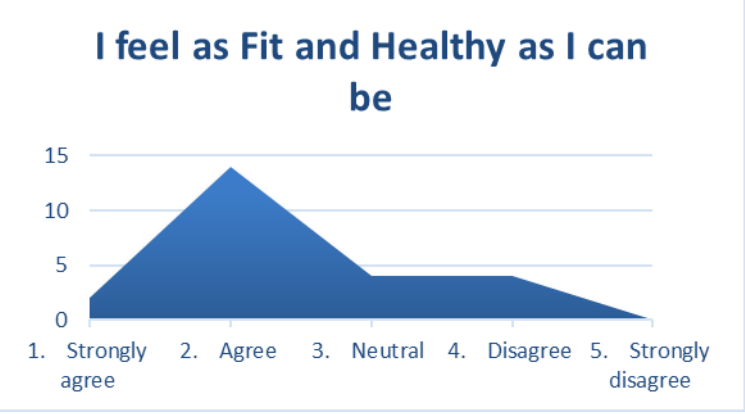


Chart 65 shows that 2 of the 24 individuals felt neutral or disagreed about being able to live in their own home. Chart 66 shows that a third of the respondents felt the same in relation to feeling as fit and healthy as they could be. Both responses give opportunities in terms of home support interventions and signposting to other services, particularly in relation to individual's health and fitness.





It would appear that questionnaires have not been completed with service users at review, which would have highlighted their views and experiences more specifically about and a reflection of home support services.

As a recommendation from the interim evaluation report, the questionnaire has been revised. Therefore, with effect from April 1st 2019, there is one questionnaire only, which can be completed at any point during an individual's membership of the service, and, routinely within review.

Rhayader and Llandrindod Wells Home Support Service User Feedback

Alongside the questionnaires, the following feedback is a sample of the some of the views of service users and carers highlighting the strength of feeling and value placed upon the Rhayader service. Feedback has been obtained from compliments, comments and case studies.

"Thank you all so much for all that you did to support (my husband and I) through the challenges for his last 12 months. We are so lucky to have home support in Rhayader, you're very prompt, cheerful and professional help at times when we were in great need and exhausted was priceless. You are such a friendly and enormously competent team with extensive local knowledge and a magic touch. Thank you."
(Service User)

"Thank you so much for all your care & rapid reposes with grateful thanks."
(Service User)

"Just taking a moment to thank you ALL so much for EVERTTHING you did. You made a difficult period so much more bearable."
(Service User)

I would like to say a huge thank you to Rhayader support team for the help we received yesterday and peace of mind in knowing that I couldn't get to my mother quick enough. You went out of your way beyond your duties and I am sincerely grateful. Rhayader has an amazing support team and nobody knows how important you are to our community unless they needed your assistance, how lucky Rhayader is to have you! Thank you so much from the bottom of my heart and reassuring my very frightened Mother.
(Carer)

We cannot thank you enough for the support you have provided for my father it has made a great difference to his quality of life. Thank you.
(Carer)

Thank you all so much for your kind support and for such a special and valuable service. We are so lucky to have you. (Service User)

We couldn't have got through this last year without your never ending support Thank you.
(Service User)

Charts 67-72: East Radnor Home Support Service User Outcomes

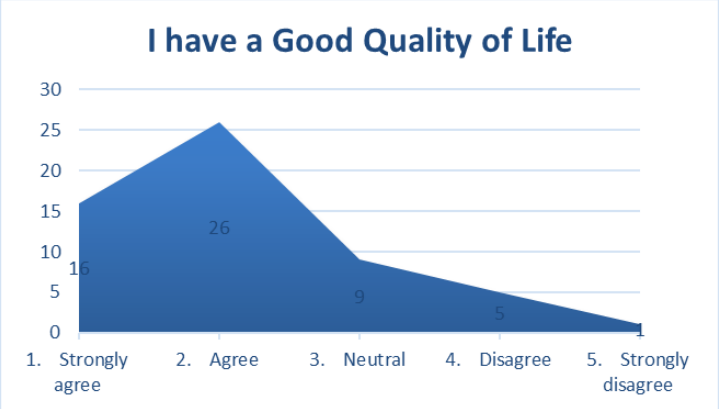
Snap Shot Questionnaire Returns	**57 (33%)**
Total Membership	**174**

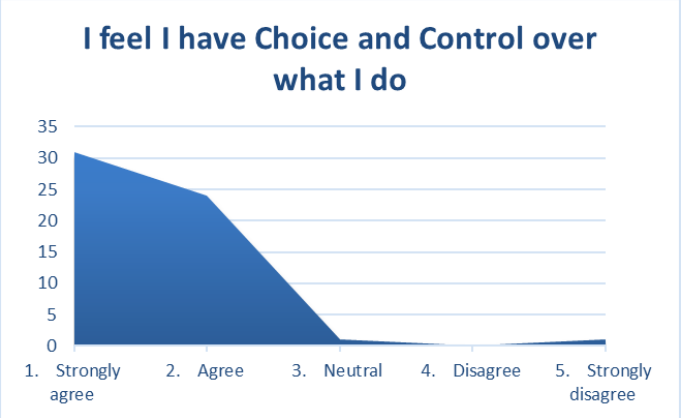
The questionnaires completed in the Presteigne and Knighton area were from relatively newly referred individuals. And, in doing so has prompted opportunities in terms of reflecting further with those individuals about what matters and what they feel would help to change their circumstances and how/if home support interventions and signposting to other services could contribute, rather than feedback about the Home Support service they were receiving.

Further, as there is a 33% return on questionnaires, the information obtained is pertinent on service wide basis in terms of a local response and development.

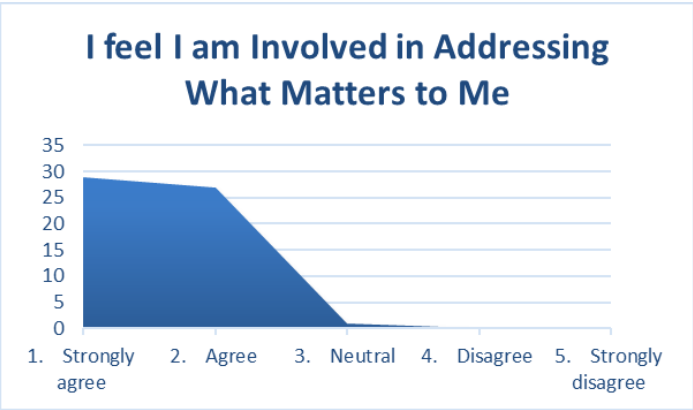
Chart 67 shows that 74% of individuals said that they agreed/strongly agreed to having a good quality of life. The remainder of respondents prompting opportunities to reflect further with those individuals about what matters and how they feel they could improve their quality of life.

As with RLWHS, most individuals (97%) said that they felt they had choice and control over what they do, and an opportunity for the one individual who strongly disagreed with this statement, for conversation about why they disagreed and what if anything could be done to change their experience positively.





Charts 69 and 70 show that most (98%) of the respondents felt involved in addressing what mattered to them and (95%) have access to information, advice and assistance when they needed it, with two saying that they disagreed with having access to information, advice and assistance providing a clear opportunity to address this issue.



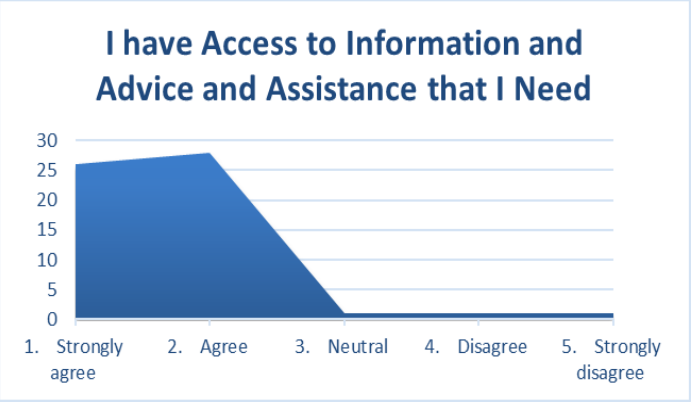
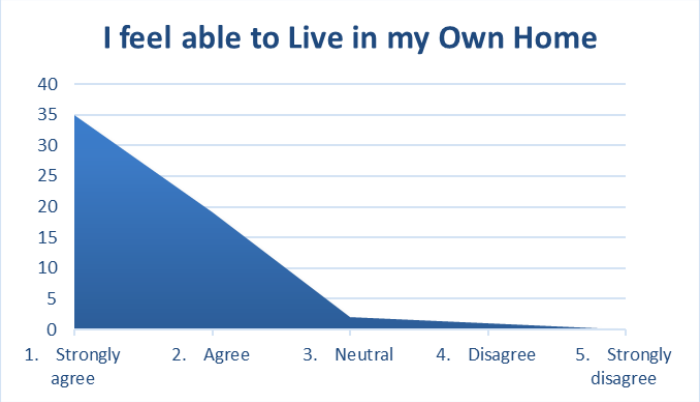
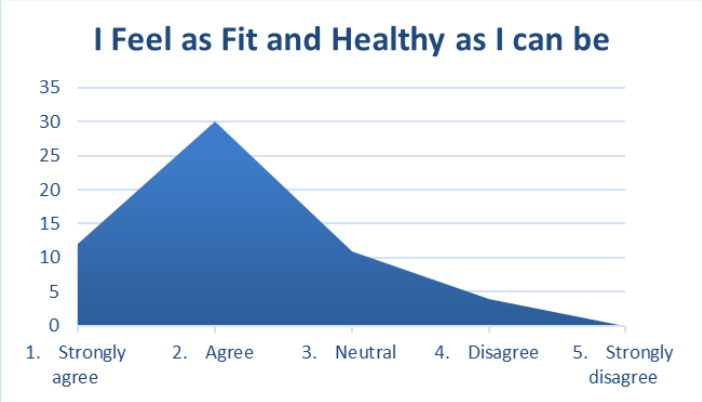


Chart 71 shows that three of the 57 individuals felt neutral or disagreed with feeling able to live in their own home, and as with the last comment, providing a clear opportunity to discuss the matter further.

Chart 72 shows that 74% of the respondents felt as fit and healthy as they could be. However, about a fifth gave a neutral response and 4 individuals disagreed with the statement, providing opportunities in terms discussing the matter further and how the individuals may wish to address the matter (particularly if their responses to self-reported health and activity in the personal profiles above were of resonance).





As with RLWHS, questionnaires have not been completed with service users at review, which, if they had would have highlighted their views and experiences of and about home support services more specifically. As mentioned above, the questionnaire has been revised. Therefore, with effect from April 1st 2019, there is one questionnaire only, which can be completed at any point during an individual's membership of the service, and, routinely within review.

East Radnor Home Support Service User Feedback

The following feedback is a sample of the some of the views of service users and carers highlighting the strength of feeling and value placed upon the East Radnor service.

"I feel very supported since we signed up to home support. It feels like a comfort blanket to me knowing the girls who come are so lovely and helpful and I feel confident with them helping my husband up" (Carer)

"It's so nice someone can check up on us as we don't see many people at all. It's nice someone talks to us and gives us useful advice. We are very grateful for the service she provides and to know that someone is there for us" (Service User)

"I worked closely with East Radnor Home support for several months. They were able to build a strong relationship with one lady who had advanced dementia and no other living family. Without their support she would have not been able to continue living at home and would have required an EMI residential placement. They go above and beyond to provide an excellent service and build relationships with service users. From speaking with members of the community in Knighton and Presteigne they are very grateful to have such a wonderful service." (Reviewing Officer)

"Your service it's extremely important to our service users. As a falls nurse I feel happier knowing my clients have you. I can't express enough how important it is for this service to continue."
(Falls Prevention Nurse)

Project Development and Activity

Steering Group

The Powys Home Support Project Steering Group was established in December 2017 to support the development and implementation, monitoring, review and evaluation of the Home Support Project. The group comprises of operational and commissioning personnel across social, health and community based care. The group initially met on a monthly basis essentially to support the implementation of the pilot and key operational work. It is anticipated that going forward (April 2019), the steering groups will meet on a bi-monthly basis, with wider/more strategic focus including developing partnerships with key stakeholders and determining/realising the future of the service and sustainable ways forward. The progress of the project has been and will continue to be documented within the Home Support Action Plan, which is overseen by the Steering Group. See Appendix 3 for current terms of reference and membership.

Governance

The Home Support Steering Group has until recently reported to the Regional Partnership Board (RPB) on a quarterly basis. From December 2018, the steering group sponsor reports to the Disability Partnership Board, which has delegated reporting responsibilities from the RPB. Therefore, in terms of the Home Support Project, key reports/recommendations from the steering group will go to the DPB that will in turn be fed into the RPB for approval etc.

The project officer will continue to provide quarterly 'statistical' reports to the RPB as well as monthly reports (to PCC Senior Management Team (SMT)) as part of the Corporate Improvement Plan (CIP) Assurance Reports.

Service Specification

The Home Support service specification was developed at the beginning of the project in November 2017 over a series of workshops/couple of months with project staff and operational/commissioning management. As with the project as a whole, the specification was based upon the RHS service, Care Inspectorate Wales (CIW) requirements, new legislation and local strategy, demographic/need projections and where possible research and best practice across the UK. The latter has proved particularly challenging, as the service is unique in that it is wholly funded through social care and joint funding resources and is a free service.

The aim of developing a new specification was to develop a consistent pan Powys approach that both provides clear and quantifiable interventions that support people to live at home, and enables a responsive and unique delivery in each area - taking account of the profile and needs of local communities and individuals and the often variable services and resources provided within each. The specification was finalised in February 2018 and is currently being implemented across all four project areas and forms the basis of the monitoring, review and evaluation of the service and project as well as the contract for the commissioned services provided in East Radnor.[20]

Recording and Documentation

In response to the CIW practice requirements and the revised service specification, practice recording and documentation has been reviewed and revised and is compliant with CIW regulations. These include:

- 13 Practice Documents (across all key work areas including referral/assessment/support planning/review/closure)
- 5 Practice Checklists (to support staff to adopt shared and consistent practices)
- 9 Outcomes Documents (including service user/carer questionnaires/case study templates/focus group questionnaires)

The documentation will be reviewed within the second year of the project (provided the project is extended).

[20] Powys Home Support Service Specification - Helping individuals to live life their way (May 2018). Appendix Two.

Data Management

The Home Support data management record (DMR) was developed following the revision of the RHS service profile and production of a pan Powys Home Support service specification to serve all 4 project areas. The DMR is the basis for this report and aims to capture both quantitative and qualitative data to help demonstrate the impact and outcomes of the service and the project as a whole. Following review, the DMR has been revised and updated for use with effect from April 1st 2019.

Marketing and Promotions

To support the marketing and communication of the services and project work and help access to and awareness and understanding of the Home Support through the provision of clear and consistent messages the following promotional materials have been developed:

- PCC Home Support Logo use on all project/practice documentation and promotional materials
- 1500 Home Support A5 flyers (English) for the PCC provided services
- 750 Home Support A5 flyers (Welsh) for the PCC provided services
- 50 Home Support Posters (A3) for PCC provided services
- 200 Home Support tri-fold flyers for ERHS services
- Promotional film (RHS and one due for ERHS)
- Home Support internet presence (Regional Partnership Board)
- Home Support Launch Bulletin (internal and external partners)
- Home Support Project Promotional Poster (A3)

Service Interdependencies

The Powys Home Support Multi-Agency Pathways Group was established in March 2018 and has met three times to date (including individual stakeholder meetings). The Group was set up in response to and with the aim of exploring and addressing issues to support responsive joined up home support related services so that individuals using them would have one 'touch point' and have/continue to have their needs/what matters to them met first time, thus minimising duplication and optimising resources across all services. Key services identified including Home Support, Red Cross/Positive Steps/PURSH/Re-ablement/Domiciliary Care/Supporting People/GP Practices/Virtual Wards/Ambulance services. Key issues raised:

- Need for improved and shared understanding and clarity of key services including Home Support/Red Cross/Positive Steps/PURSH/Re-ablement;
- Need to support equitable geographical service cover in Powys (Knighton area a key challenge)
- Insufficient care personnel to meet need (domiciliary care in particular);
- Service users/carers waiting times for care packages impacting on lower level services;
- Emerging potential service duplication;
- Ensuring good experiences and outcomes for service users/carer across all services;
- Risks and sustainability of Individual services;
- Clarity for future service commissioning/provision by health and social care;
- Managing winter pressures/DTOC etc. across services;
- Ensuring good communications across key services.

Work to date has included the development of a comparator data base to help clarify and identify service remits, distinctions, commonalities and overlap; supporting a PHTB initiative for the installation of lifting equipment with training across key health and social care sites (ERHS and RHS already have this in place); and some practice suggestions yet to be realised.

Project Support

The project has been supported (and will continue, if the project is extended) through the appointment of temporary project officer.

Training and Development

The revised Home Support Service Specification highlights essential and desirable training requirements to support staff to feel confident and be competent within their roles. In addition, the following is available to specifically to support staff development within their home support roles:

- **Making Every Contact Counts:** Two half-day sessions provided by Public Health Wales to all Home Support and PCC Day Centre Staff in June 2018.
- **Motivational Interviewing: PHTB** recommendation that is already part of PURSH/Red Cross training programme.
- **Sage and Thyme:** PAVO recommendation provided via the University of Manchester to support a 'strengths based' approach to work.
- **Person Centre Training: PCC pilot** training through pilot Cmryd-Rhan as part of the supporting people services. Future availability to be confirmed.
- **What Matters Conversations:** PCC training/support opportunities concerning "What Matters Conversations".
- **Investing your Health:** PHTB recommendation: public health workshops via Apple a Day/Activate.
- **Dementia Matters:** Training covering all aspects of dementia provided by Dementia Matters.
- **I Stumble:** Training to support use of Manga Elk/Camel to support falls management and help reduce ambulance all-outs.
- **DMR Support:** On-going support and training to staff to use/populate the project Data Management Record.
- **Home Support Documentation:** On-going support and training to staff to record/populate service documentation.

Investment in staff development and training specific to Home Support will be essential to supporting a consistent approach across the service areas and ensuring staff feel confident and are competent to undertake their work.

Home Support Service Meetings

Established as a follow on from the initial workshops held January and February 2018 to support the senior support workers (and management) regarding:

- Share experiences
- Support each other with the work you are doing
- Learning and training opportunities
- Raise and deal with any issues/challenges
- Sort out any practicalities
- Share good news you have
- Highlight work in relation to the home support action plan
- Update on what's hot and what's not in the world of home support
- Feedback/work from steering group/multi-agency pathways meetings
- Project monitoring and evaluation

To date there have been seven service meetings chaired by the project officer revising and developing the project and supporting the service implementation. It is anticipated that these will continue as part and for the duration of the project.

Project Learning and Applications

The extensive preparatory work and ongoing development has incurred some delays in relation to the implementation, documentation and recording. However, this report has shown the value and impact of this work and that the application and effectiveness of a pan Powys service specification, practice and recording documentation and system, and approach across PCC provided and commissioned services is possible and works, and which would be applicable as a developed and established 'package' to other areas in Powys.

Section 8: Impact and Conclusions

Has the project/service has been successful in achieving its objectives and outcomes?

Yes. This report demonstrates that Home Support is a responsive and adaptable service that ensures that the nature and frequency of support is reflective of each individual's needs and abilities, ultimately enabling them to live at home by providing very practical assistance and support, as and when needed and without requiring potentially more intrusive and costlier support and services.

This report has shown that the project has made significant achievements particularly within two of the four localities (East Radnor and Rhayader), with foundations and early indications for progression (taking into account specific recommendations) in Llandrindod Wells and Llanidloes.

The outcomes were developed as an integral part of the service specification and are essentially the quality benchmark from which to determine the impact and success of this project. This has been demonstrated across all three of the outcome areas (service user and carer, service and system outcomes).

This report has also shown clear opportunities to develop the service further that address current and projected need particularly in terms of:

- Better consistency across the four areas in terms of provision, recording and data collection and asking individuals about their views and experiences
- Health and wellbeing promotion, improvement and intervention
- Proactive approaches to tackling loneliness and social isolation
- Partnership and integration with similar health and social care services
- Co-production with service users and carers to develop and review services
- Diversion from more intensive service interventions, in particular, emergency service escalations
- Return on investment particularly in terms of cost avoidance of health services
- Application of an established service model, practice and systems to other areas

Does the service deliver?

Yes, through:

- **Promoting independence by providing early intervention and prevention.**

  This has been demonstrated in Section 7 - particularly in relation to scheduled independent living support activity. Whilst the reporting of activity across the spectrum of independent living support is an emerging one (in part due to recording practices with the implementation of the data management system and partly due to revised practice definitions giving recognition to areas of work not previously explicitly acknowledged/recorded), this report has shown a wide range of support and interventions in response to a wide range of individual needs and indeed abilities.

  There are particular noteworthy practices that have informed the recommendations of this report both in terms of promoting consistency across the areas and responding to identified issues (Inc. essential shopping and prescription collection, tele-care and healthy lifestyles).

- **Providing support to improve and/or maintain health and wellbeing including life skills, healthy lifestyles, learning and occupational opportunities and links with family, friends and local communities.**

  This report has shown an emerging picture of in terms of healthy lifestyles interventions. This is in part due to the revised service remit, definitions and reporting methods calling for proactive health interventions in relation to local strategic aims and ambitions, rather than a reflection of current practices (e.g. RHS

newsletters, safe and well checks, and Home Support social club). However, this report has shown that there are clear opportunities for service development with regard to health and wellbeing promotion, improvement and intervention.

The self-reported health and wellbeing data highlighted in the Personal Profiles strongly indicates the need for proactive healthy lifestyle inventions, particularly in relation to exercise, falls prevention, diet and mental health. Further, the population data (Section 6) for all services areas shows around a third of the over 65's population are lone households with figures projected to rise with the increase in ageing population – calling for innovative interventions to address social isolation and loneliness of which Home Support does and can respond to.

The use of personal profiles and questionnaires to ascertain the views and experiences of service users and carers helping to inform the development and review of services.

- **Helping to prevent or delay the deterioration of health and wellbeing resulting from ageing, illness or disability.**

  This report has demonstrated that home support provides a range of responsive interventions enabling people to live in their own homes. And, there are strong indications to develop service provision in relation to preventative support so there is a stronger presence and provision of proactive healthy lifestyle interventions. By recording this via the newly implemented data management system, it is anticipated that the outcomes relating to prevention and/or delay of health and wellbeing will be better demonstrated.

- **Do people stay at home longer?**

  As in much of the developed world, increased wealth, health and standards of living mean that people can now enjoy a far longer retirement than that of even relatively recent generations. And, as in common with other developed economies, successive Welsh Governments have followed a policy of enabling older people to maintain their independence and stay in their own home for as long as possible. Home Support is one of many initiatives established to do this. It is not genuinely possible to show that individuals' independence and ability to stay at home is a direct and singular result of home support services. Improved recording at the point of intervention regarding the involvement of other services would be desirable. This would to help determine whether Home support services were additional to people's support or used as an alternative.

  On a micro level, feedback from service users and carers does show that most feel able to stay at home and where home support has been a contributing factor to this, it is highly commended and valued.

What is the impact of the Service?

- **Does the service help prevent and/or delay the use of other services?**

  Yes. The unscheduled support activity highlighted in Section 7 shows the reason and nature of responses to emergency call-outs by home support and the number and type of services averted because of those call-outs. This is reinforced by data collected (pre 2018) by RHS. This report has shown that 91% of the total call-outs in the reported period were aversions from domiciliary care, ambulance services, police/fire services and GP services.

- **Are the service user outcomes positive? For example, improved health and wellbeing and personal and relevant support at home.**

  Whilst the responses to the snap shot questionnaires generally indicate pre or early views relating to home support interventions, the outcomes views and experience of service users are positive. It is anticipated that if the project is extended, and the questionnaire is used routinely within review, there will be better information highlighting individual's views and experiences of and about home support services.

In the absence of this, this report has highlighted a sample of the consistent and regular feedback from service users, carers and other professionals (comments, compliments and case studies) that shows that services provided across the project areas are highly regarded as a much valued, innovative and unique, proactive and preventative service.

- **Have there been any unexpected outcomes?**
  - Services provided across the project areas are consistently highly regarded as a much valued, innovative and unique, proactive and preventative service.
  - The use of personal profiles and questionnaires to ascertain the views and experiences, and outcomes of service users and carers helping to inform the development and review of services.
  - Staff across all the service areas bringing a wealth of knowledge and experience to the project and showing commitment, belief and professional tenacity for progress.
  - The application and effectiveness of a pan Powys service specification, practice and recording documentation and system, and approach across PCC provided and commissioned services is possible and works which would be applicable as a developed and established 'package' to other areas in Powys.

Is the service cost-effective and sustainable?

- **Does the service help reduce the need for costlier and intensive services?**

  Yes. This report has shown that 91% of the total call-outs in the reported period were aversions primarily from domiciliary care, ambulance services, police services and GP services, which would indicate the reduction in need for costlier services. Further analysis of the indicative costs of these and home support services would help demonstrate the actual cost comparison and consequent avoidance or savings.

- **Are there cost savings and a return on investment?**

  Yes, it would appear so. The data in Table 10 in Section 7 above, does appear to support emerging indications of not insubstantial returns with service costs avoidances from ambulance, domiciliary care, GP and police and fire services. Further, income generation is indicated through the promotion, sign-up and installation of emergency carelines. It is recommended that there is further analysis based on full indicative costs highlighted in Appendix 5 alongside the Section 7 unscheduled support activity (with supporting findings from on 2013 RHS Evaluation).

- **Are the services right sized and right priced?**

  No. There is limited parity and proportionality of resourcing across all project areas which has likely impacted on the delivery of the pilot in Llandrindod Wells and Llanidloes in particular and hence the recommendations regarding the need for an urgent review of service resourcing to ensure right sizing and right pricing for all service areas including pay and non-pay commitments and that there is capacity for project support, service reviewing/evaluating services and admin support across all service areas.

- **What is the added value of the service?**

  This report has clearly shown the added value of Home support:

  I. It is a person-centred local service that is flexible and response to individual's needs and what matters to them whilst also taking into account strengths, preferences and desires.

  II. It promotes independence by providing early intervention and prevention to improve and/or maintain health and wellbeing including life skills, healthy lifestyles, learning and occupational opportunities and links with family, friends and local communities.

  III. It promotes independence and integration of people within the community, providing support based on outcomes rather than institutional lifestyles.

IV. It works with and alongside existing community and service provision.

V. Once individuals become a member of Home Support they can dip in and out of the service according to their needs without having to be re-referred as is often the case with services.

VI. The Service is free.

VII. The eligibility criteria are not means tested or dependant on FACS criteria.

VIII. Emergency careline installation charges (with Delta Wellbeing) were initially waived for individuals who become members of the home support service. This has been as a result of a local partnership agreement which involves Home Support staff installing the personal alarm on behalf of Delta Wellbeing. The company now charge a small installation fee (with effect from April 1st 2019) to the individual. This is across all four localities.

IX. Staff across all the service areas bringing a wealth of knowledge and experience to the project and showing commitment, belief and professional tenacity for progress.

X. The use of personal profiles and questionnaires to ascertain the views and experiences of service users and carers helping to inform the development and review of services

XI. A pan Powys service specification, practice and recording documentation and system and approach that provides clear and quantifiable interventions that support people to live at home, and enables a responsive and unique delivery in each area - taking account of the profile and needs of local communities and individuals and the often variable services and resources provided within each.

- **Is this way of working worth it?**
  Yes. The outcomes demonstrated in terms of service activity and service user/care feedback and as highlighted in this conclusion clearly show the effectiveness and impact of home support, and that this way of working is worth it in terms of personal, systemic and financial value.

What have been the key achievements, challenges and opportunities?

- **Achievements:** This project has delivered in terms of its aims, objectives and outcomes particularly in Rhayader and East Radnor. This report has shown the impact the service has made, its value and added value when implemented in full.
- **Challenges:** There have been challenges from the start of the project in respect of parity of resourcing and approach across the four service areas, inconsistent in-service planning and preparation and subsequent implementation as highlighted in the Section 6 above relating to each of the service area profiles**.** The challenges could arguably have been expected because of the nature/make-up of what could be perceived as unique area/service area profiles within a rural county. Having said this, and despite the fact that the individual area challenges have also been compounded by the protracted nature of the completion of the revised data management system and promotional materials for implementation, the challenges have been addressed as an on-going part of the project. They have also informed the recommendations going forward, with staff across all the service areas showing commitment, belief and professional tenacity for progress.

  Opportunities: This report has also shown clear opportunities to develop the service further that address current and projected need particularly in terms of:

  - Better consistency across the four areas in terms of provision, recording and data collection and asking individuals about their views and experiences
  - Health and wellbeing promotion, improvement and intervention

- Proactive approaches to tackling loneliness and social isolation
- Partnership and integration with similar health and social care services
- Co-production with service users and carers to develop and review services
- Diversion from more intensive service interventions, in particular, emergency service escalations
- Return on investment particularly in terms of cost avoidance of health services
- Application of an established service model, practice and systems to other areas

Has there been any variance between the project/service areas? If so what and why?

Yes. There have been challenges from the start of the project (as highlighted above), in respect of parity of resourcing and approach across the four service areas, including inconsistent in-service planning and preparation and subsequent implementation as documented in the Section 6 above relating to each of the service area profiles.

It is anticipated that the recommendations regarding consistency across the four areas will help shape the service going forward and acknowledge and allow scope for local flexibility as needed and appropriate.

What risks have there been to the project?

Key risks have been highlighted throughout the report and addressed as an on-going concern basis the steering group and/or in practice, including:

- Workforce challenges (particularly in respect of Llanidloes and Llandrindod Wells)
- Adequate and timely resourcing
- Data management system and practice support
- Administrative support

What references, learning and applications can be made from practice in other areas?

Comparative analysis and learning from Tunstall Televida tele assistance service in Spain needs to be seriously considered in terms of ongoing development, application and sustainability in Powys….

"By looking at prevention at scale – would the Barcelona model work here? As indicated when you're doing something differently at scale, it becomes a game changer. It's not messing around at the edges. Clearly we don't want to place people into a care home setting if that can be prevented because that is invariably not what people want and as part of a 'promoting independence' philosophy there's something really preventive by thinking at scale."[21]

Is there good enough information to inform conclusions and recommendations?

Yes. See above and report recommendations.

Is there a need for the service, or even a need for further development and expansion?

Yes. This report has also shown clear opportunities to develop the service further that address current and projected need:

- Better consistency across the four areas in terms of provision, recording and data collection and asking individuals about their views and experiences which in turn will help shape the service going forward
- Health and wellbeing promotion, improvement and intervention
- Proactive approaches to tackling loneliness and social isolation

[21] Tele assistance in Spain: adding value with a preventative approach http://Tunstall.com/media/1237/tunstall-televida-case-study.pdf

- Partnership and integration with similar health and social care services
- Co-production with service users and carers to develop and review services
- Diversion from more intensive service interventions, in particular, emergency service escalations
- Return on investment particularly in terms of cost avoidance of health services
- Application of an established service model, practice and systems to other areas
- Analysis and learning from comparator services

Section 9: Recommendations

1	**Extend and expand the Home Support project in the four service areas as detailed below to March 31st 2021**
Strategic	
2	Refocus the role of the Steering Group to future proofing and sustainability of Home Support beyond April 2021 – including working with related HS services in PCC, PHTB and community services to consider pooled budgets, commissioning opportunities and future intentions
3	Continue the project reporting and evaluation (6-monthly) to inform a business case going forward that is based upon research , the revised and implemented service specification, practices and documentation and data recording systems established in 2018 and with key stakeholders
4	Review service eligibility criteria particularly in terms of age and service user group
5	Evaluation to provide a clear picture regarding the added value of Home Support return on investment, including cost avoidance, cost saving and income generation
6	Evaluation to include analysis and learning from comparator/related services and research/evidenced base practice
Operational	
7a	Review service resourcing to ensure right sizing and right pricing for all service areas including pay and non-pay commitments
7b	Confirm capacity for project support, service reviewing/evaluating services and admin support across all service areas
7c	Review and optimise both in-house and commissioned Home Support workforce capacity and allocation to ensure parity and proportionality across the service areas
8	Establish full Home Support services in Llandrindod Wells. Ring-fence a dedicated workforce and separate recording, documentation and Data Management System from Rhayader Home Support
9	Progress the establishment of Llanidloes Home Support ensuring there is a distinction from Bodlondeb service and workforce. Ensure the service has access to Manga Elk equipment and that transferred Bodlondeb cases are reviewed. Consider alignment of service area with Health boundaries for Llanidloes
10	Continue the East Radnor service with reference to Recommendations 3 (including day time capacity), 7, 8 and 9
11	Continue the Rhayader service with particular reference to Recommendations 3, 7, 8 and 9
12	Review case work activity across all areas to optimise resources and consistency whilst also taking account of services/stakeholders/need in each locality (Inc. shopping and prescription collection, healthy lifestyles)
13	Early review and ratification of the current eligibility criteria
14	Clarify if CIW registration is a requirement for this service
15	Develop Home Support services (working with key partners) in response to the needs identified in the personal profiles/snap shot questionnaires) so interventions include proactive healthy lifestyles interventions (mental/physical health/wellbeing/isolation & loneliness/Technology Enabled Care)
16	100% completion of personal profiles/snap shot questionnaires/referral activity forms, one focus group questionnaire per annum and completion of the Data Management System across all service areas
17	Improved recording at the point of/during Home Support interventions regarding the involvement of other services to help determine whether Home support services were additional to people's support or used as an alternative.
18	Update the Data Management System and amalgamate all data recording/reporting requirements where possible to minimise duplication (including in-house operational reporting)
19	Refine revised Home Support documentation for continued application across all service areas
20	Promote and support specific and service focused workforce development through staff training and service meetings
21	Review and implement a Home Support marketing approach to optimise awareness, uptake and partnership/joint/integrated working practices

Section 10: Appendices

Appendix One: Abbreviations

Abbreviation	Reference
CIP	Corporate Improvement Plan
CIW	Care Inspectorate Wales
DMR	Data Management Record
DMS	Data Management System
DPB	Disability Partnership Board
ERHS	East Radnor Home Support
ICF	Integrated Care Fund
LHS	Llanidloes Home Support
OOH	Out of Hours
P/T	Part Time
PCC	Powys County Council
PHTB	Powys Health Teaching Board
R&LWHS	Rhayader and Llandrindod Wells Home Support
RHS	Rhayader Home Support
RPB	Regional Partnership Board
SSWB Act	Social Services and Wellbeing Act – Wales (2014)
SWW	Senior Support Worker
WTE	Whole Time Equivalent

Appendix Two: Home Support Service Specification

Home Support
Service Specification

Appendix Three: Powys Home Support Steering Group Terms of Reference

PHS Steering Group
TOR SH V5 (29.06.18

Appendix Four: Project Finances

Project and service costs to be confirmed and authorised prior to publication.

Appendix Five: Indicative Return on Investments

Unit Costs to support cost analysis (to be competed):

Role/Service	Unit costs available 2016/2017 (costs including qualifications given in brackets)	Source
Home Support Worker	TBC: Grade 5: WTE: 19,554-20,344/HRLY: 10.1354-10.5488. On-costs = approx. £17 HRLY rate/OOH? + £12.05 per call-out	Pay Scales for NJC Employees – 01/04/19/PCC
Social Worker	£43 (£59) per hour; £59 (£82) per hour of client-related work.	https://www.pssru.ac.uk/project-pages/unit-costs/ unit-costs-2017/#sections
Home Care Worker	Based on the price multipliers for **independent sector home care** provided for social services: £22 per weekday hour (£22 per day-time weekend, £22 per night-time weekday, £22 per night-time weekend); **Face-to-face**: £26 per hour weekday (£27 per day-time weekend, £27 per night-time weekday, £27 per night-time weekend). The average standard hourly rate is £25.62 for services provided in-house, compared to £15.52 for provision by external providers.	
LA own-provision day care for older people	£63 per client attendance; £14 per client hour; £48 per client session lasting 3.5 hours.	
Private sector residential care for older people (age 65+)	£659 establishment cost per permanent resident week; £708 establishment cost plus personal living expenses and external services per permanent resident week.	
Private Sector Nursing Homes	£806 establishment cost per permanent resident week; £831 establishment cost plus personal living expenses per permanent resident week; £115 establishment cost per permanent resident day; £119 establishment cost plus personal living expenses per permanent resident day.	
GP (HV/TC)	Per hour of patient contact: £242/£205 (Q/UQ); prescription costs per consultation (net ingredient cost) £29.203;	
District Nurse	Depending on AFC Band (5-7): £36/ £44/£53	
Ambulance Callout	Every emergency ambulance mobilised costs the Welsh Ambulance Service an average of £238.	www.healthcosts.wales.nhs.uk/news/35294
A&E Assessment	TBC	
Community Hospital Adm	TBC	
Day Hospital (per day)	TBC	
Community Hospital per night	TBC	
Pharmacy Prescription Delivery	Cost of worker TBC; Charge to individual - £1 per delivery	Current Powys Practice
Police	TBC More detail required (101/999 response required?)	
Fire Service	On average, crews are tied up for 23 minutes, costing up to £300 per engine.	https://www.bbc.co.uk/news/uk-wales-43726836
Re-ablement	£23 per hour; £45 per hour of contact; £2,187 average cost per service user.	PCC
PURSH	TBC	PHTB
Red Cross	TBC	PHTB
PCC Project Support Officer	TBC	PCC
Project Admin	TBC	PCC
Project Evaluator	TBC	PCC

Delta Wellbeing	**Careline installation and programming charge**: £48.00 (Inc. VAT)/£40.00; **Home installation** (alarm can be pre-programmed and sent in the post for individual/HS service to connect at home) recorded postal charge included: £30.00 (Inc. VAT)/£25.00; **Rental and Monitoring charge per quarter**: £59.50 (Inc. VAT)/£49.58; **Rental and Monitoring Monthly Charge**: £19.84(Inc. VAT)/£16.53; **Weekly cost**: £4.58(Inc. VAT)/£3.82	Delta Wellbeing 2019/20 Charge Sheet

Appendix Six: References

I. A Profile of Rural Health in Wales (Centre for Health March 2007) file:///Z:/EB%20Research/RuralProfile%20Wlaes.pdf
II. Prevention services, social care and older people: much discussed but little researched?
III. What role can local and national supportive services play in supporting independent and healthy living in individuals 65 and over? Future of an ageing population: evidence review. Foresight, Government Office for Science file:///Z:/EB%20Research/gs-15-24-future-ageing-supportive-services-role-er14.pdf
IV. Accommodation for an ageing population Powys County Council. Market Position Statement March 2017. file:///Z:/Wellbeing%20&%20Population%20Assessment/Market_Position_Statement_Older_Peoples_Accommodation%20(2017).pdf
V. Care and Support Population Assessment for Powys. file:///Z:/Wellbeing%20&%20Population%20Assessment/Powys_Population_Assessment_Summary_-_Final_V1.pdf
VI. Joint Commissioning Strategy and Plan for older people in Powys 2016 to 2021. http://pstatic.powys.gov.uk/fileadmin/Docs/Comms/Older_People_strat_and_plan_2016_en.pdf
VII. Local Area Profiles based on 2012 Census Data. https://customer.powys.gov.uk/article/5963/Local-Area-Profiles
VIII. The Provision of Integrated Care in a Rural Community - an Evaluation of Rhayader Home Support Scheme. Final Draft Report 2013. Carol Jarrett, Fiona Williams and Leo Lewis. Institute of Rural Health. Commissioned Rural Health Plan Innovation Project: Report for the Welsh Government.
IX. https://solvacare.co.uk/
X. Tele assistance in Spain: adding value with a preventative approach http://tunstall.com/media/1237/tunstall-televida-case-study.pdf

Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol

Health and Care Committee Scrutiny Committee 25th June 2021

Report Title:	Creating a Sustainable Domiciliary Care Services in Powys
Lead Officer:	Dylan Owen, Head of Commissioning (Children & Adults)
Key Issues in the report highlighted by Lead Officer	To update Scrutiny regarding the Powys Pledges, which improve and standardise rates and Terms & Conditions for the external domiciliary care providers and workforce. Also, to discuss the Care and Support at Home in Powys for Adults Market Position Statement.

Key Feeders (tick all that apply)	Strategic Risk		Cabinet Work Plan		Corporate Plan	
	Director / HoS Key Issue	x	External / Internal Inspection		Service Business Plan	
	Existing Commitment / Annual Report		Performance / Finance Issue		Suggestion from Members	
	Suggestion from Public	x	Referral from Council / Committee		Partnerships	
	Impacting Public / other services	x				

Scrutiny Impact (tick all that apply)	Policy Review		Performance		Pre-Decision Scrutiny	
	Informing Policy Development	x	Evidence Gathering		Strategic Issue	
	Risk		Corporate Improvement Plan / Strategic Equality Plan		Finance	
	Service Plan		Partnerships			
	Other (please specify)					

Suggested scrutiny activity	Committee's Role: Constructive challenge Ideas for service improvement
On what specific elements of the report would scrutiny comment add value	Questions and comments regarding the Powys Pledges. Additional work that could strengthen the Care and Support at Home in Powys for Adults Market Position Statement.

Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol

Care and Support at Home in Powys for Adults

Market Position Statement - 2021/22

Review Date: April 2022

Foreword

Powys is a fantastic place in which to work, live and play.

Care and support at home covers a range of essential services. For example, early help and support via a phone call to Assist (the council's front door for Adult Social Care enquiries), through to providing care and support to an individual in their own home. The council provide and also commission these services to private and charitable organisations, supporting many vulnerable adults in our communities to remain at home and lead independent and fulfilled lives.

The purpose of this Market Position Statement is to allow new and prospective providers a useful insight into the care and support at home market in Powys. Allowing existing providers to make strategic decisions to expand or realign current provision and new organisations a greater understanding of the opportunities and challenges within the existing market. The council is committed to creating a sustainable and diverse care and support at home market and with this transparent approach, with access to 'live' data, we hope that our valued providers will be able to flex, grow and thrive.

Cllr Myfanwy Alexander Portfolio Holder for Adult Services

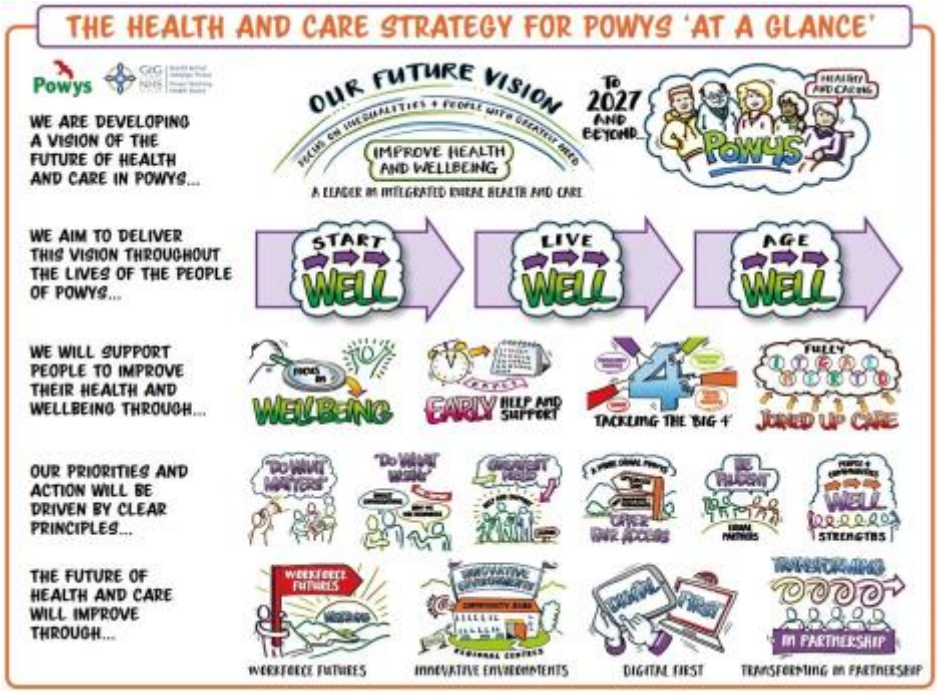
Strategic Overview

Powys County Council have developed a vision for the future, Vision 2025[1], with clear objectives linked to the economy, health and care, learning and skills, and, residents and communities.

[1] https://en.powys.gov.uk/article/5809/Powys-2025---Our-vision-for-the-future

Providing care and support at home and 'what matters' to people, links to the health and care objective which states that "we will lead the way in providing effective, integrated health and care in a rural environment". This priority discusses the importance of providing high quality seamless health and social care services at the right time and in the right place.

Alongside Vision 2025, the Health & Care Strategy for Powys[2] plays a fundamental role in delivering the Health & Care objective. This strategy seeks to enable children and young people to 'Start Well', for people to 'Live Well' and older people to 'Age Well'.



[2] https://www.powysrpb.org/

In addition, the Joint Area Plan[3] outlines how the Health & Care Strategy will be delivered and highlights 5 year priorities of key partners that form the Regional Partnership Board.

The plan identifies the joint areas of work that have been agreed as those that will have the greatest impact, responding to the identified care and support requirements in Powys' population assessment, and in delivering the new integrated health and care model for Powys and its intended outcomes.

In order to capture projects and tasks associated with the continuous improvement of care and sup port in Powys the council has produced a **Care and Support at Home in Powys - Plan on a Page.** By 'Preventing Demand', 'Meeting Demand' and 'Increasing Capacity', people will be able to access care and support at home when required.

[3] https://a8a6bc9c-3153-4282-95e2-a13aac62ba07.filesusr.com/ugd/33b29e_ffdd6752ed804814b7278161dc6fe736.pdf

Demographics

National Overview

The UK population as a whole is ageing. As life expectancy increases, our care needs are likely to increase too. Remaining at home allows individuals to stay connected to their community, helping to retain independence and be close to friends and family.

Powys Overview

Powys is a large, rural and sparsely populated county, covering a quarter of the geographical area of Wales. The dashboard below shows *Population Projections by year and age* in Powys. Overall the population is slowly increasing, however the working age population is decreasing significantly. It is anticipated that this will result in challenges for the domiciliary care market.

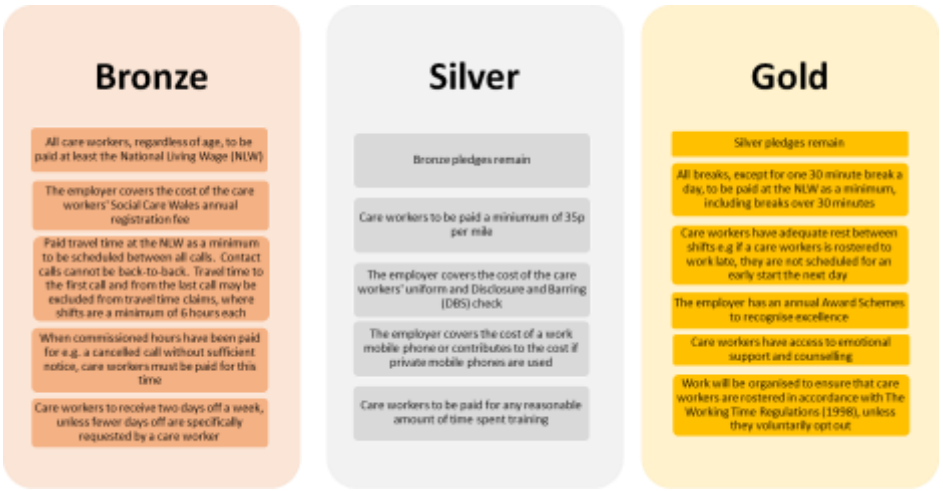
Embed://<iframe src="https://app.powerbi.com/view?r=eyJrIjoiMDhkOWY2OWQtYzcyYS00YmU3LWFhYWEtNDI1MDZiY2I0ZWMzIiwidCI6ImMwMWQ5ZWUxLTBlYjAtNDc1NC05OWFlLTAzYWU4YTczMmI1MCIsImMiOjh9&pageName=ReportSection" frameborder="0" allowFullScreen="true"></iframe>

Further information relating to demographics can be found in the Powys Population Assessment Summary[4].

Workforce

In order for the market to be sustainable, the council and our providers need to attract new people and retain the current workforce, at a time of a reducing working age population. It is recognised that the role of a care worker is both challenging and rewarding and it is crucial that staff need to meet their own outcomes, feel valued and be appropriately remunerated. Starting in 2021-22 the council have launched the **Powys Pledge** - a series of requirements providers can sign up to designed to improve terms and conditions for domiciliary care workers. Each level of the Pledge is linked to an uplift in provider rates, aligned to the United Kingdom Homecare Association[5] recommended minimum rate for homecare.

[4] https://powys.moderngov.co.uk/documents/s15144/Powys_Population Assessment_Summary V5.pdf
[5] https://www.ukhca.co.uk/



1 - The Powys Pledge. The Bronze level is in place for 2021-22. A potential Platinum level is also under discussion with providers for the future.

Ensuring our workforce have the right amount of skills, training and education is an important factor in delivering our health and care services in Powys. Working in partnership with Powys Teaching Health Board and PAVO on behalf of the third sector, we have developed a Health and Care Academy blueprint which describes how we will deliver education, training and development to our workforce across the sector. This will enable the health and care sector in Powys to become the sector of choice, by growing the workforce through local training and education, skills development and leadership. The sector will become an exemplar provider of rural professional and clinical education through modern physical and virtual spaces, combined with a leadership and management talent operating at all levels and across systems. This will enable leaders to develop innovative models of care in a rural setting through technology, education, research and innovation, making sure the health and care workforce including our volunteers and carers can respond to people's needs in a timely way.

Social Care Wales Registration

All domiciliary care workers in Powys are registered with Social Care Wales[6]. Registration with SCW is mandatory in order to work in the sector. Registration of the workforce helps build trust and confidence in a professional workforce, raises standards and increases awareness of the essential work that care workers undertake on a daily basis.

Training

In addition to the training requirements needed for Social Care Wales registration, the council (via the Social Care Wales Workforce Development Partnership) offers a range of courses[7], which are free for all care workers and personal assistants in Powys. People Handling Training that complies with the All Wales Passport Scheme can be arranged by the council but this 2 day course[8] is chargeable.

[6] https://socialcare.wales/registration
[7] https://en.powys.gov.uk/article/4159/Social-Care-Workforce-Training
[8] https://en.powys.gov.uk/article/4115/People-Handling-Training---2-Day

There are also various online courses available via the NHS Learning site[9] - in order to access these e-learning courses you need to be set up with an account. To do this you will need to send your name, email address and organisation/title ptsa@powys.gov.uk[10]

PREVENTION AND EARLY INTERVENTION

Information, Advice and Assistance

Information, advice and assistance can empower people and help them make informed decisions. It can also delay or prevent the need for care and support at home, ensuring services are sustainable for the future.

ASSIST

Assist is the council's front door for all Adult Social Care enquiries and can be contacted on 0345 602 7050 or assist@powys.gov.uk[11] or via the website[12].

INFOENGINE

infoengine[13] is the directory of third sector services in Wales. infoengine highlights a wide variety of excellent voluntary and community services that are able to provide information and support so that individuals can make an informed choice.

DEWIS CYMRU

Dewis Cymru[14] works alongside infoengine but also includes information about private providers, micro-enterprises and personal assistants.

ASKSARA

AskSARA[15] is an online self-help guide providing advice and information on products and equipment for older and disabled adults. By answering a series of questions, individuals can receive a free personalised report, providing clear, tailored advice on ways to help with daily activities.

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[9] https://learning.wales.nhs.uk/
[10] mailto:ptsa@powys.gov.uk
[11] mailto:assist@powys.gov.uk
[12] https://en.powys.gov.uk/article/7708/ASSIST
[13] https://en.infoengine.cymru/
[14] https://www.dewis.wales/
[15] https://powys.livingmadeeasy.org.uk/language

COMMUNITY CONNECTORS

PAVO's Community Connectors[16] help people in Powys (aged 18+) and their families or carers, to access community-level services and activities that will help them maintain independent lives and which help prevent their circumstances deteriorating to a point where they might need higher level health or social care services.

POWYS BEFRIENDING SERVICE

Powys Befriending Service[17] helps improve the independence of people over 50 by helping maintain social networks and remain in their own homes for as long as they are able.

SAFE AND WELL

Safe and Well[18] offers information and advice regarding daily living aids, which can help an individual live more independently. The service can help people choose products that will help with daily living tasks, suggest places where they can be purchased, and let individuals know where they can try them out locally.

CREDU

CREDU[19] (formerly Powys Carers Service) support young carers, young adult carers and adult carers in Powys, providing information, advice and assistance to support life alongside caring.

Technology Enabled Care

Technology Enabled Care[20] can provide support to vulnerable individuals, which can reduce, avoid or delay the need for face-to-face support by e.g. domiciliary care agencies.

Technology can also provide support to unpaid carers to keep a "remote eye" on the cared- for, thus enabling family carers to have or maintain a life outside caring. Outcomes to individuals and carers include an increase in confidence, independence, reduced stress, and anxiety.

Currently, work is ongoing to introduce robotics to support people to live independently. One example is the provision of a robotic cat to support someone with a dementia diagnosis.

[16] https://www.pavo.org.uk/help-for-people/community-connectors.html
[17] https://www.pavo.org.uk/help-for-people/befriending.html
[18] https://www.safeandwell.co.uk/powys/
[19] https://credu.cymru/
[20] https://en.powys.gov.uk/article/10016/Help-to-live-at-home-through-the-use-of-technology

Equipment and Adaptations

Individuals with a permanent and substantial physical or sensory disability can get equipment to help, or have changes made to their home.[21]

Community Equipment Services provides a range of equipment from simple aids for daily living to more complex pieces of equipment enabling people to stay in their home environment.

Adaptations are alterations to an individual's home that can be installed to improve safety and independence. Examples include a ramp, stairlift and door widening.

Powys Home Support

Home Support provides support and practical assistance so individuals can stay living at home, safely and independently.

The home support service is open to any person in later life who feels that they would benefit from a little extra help to enable them to live life the way they want to.

The service provides early support (including 24/7 cover for emergencies through community alarms) to assist members and their families to:

- remain at home,
- maintaining and maximising their independence and health and wellbeing;
- retaining their links with the community; and
- to contribute towards preventing and/or delaying the development of needs for care and support and reducing isolation and loneliness.

The Home Support project is based on an existing service operating in **Rhayader**, called Rhayader Home Support. It has been developed in **Llandrindod Wells** to provide 24/7 cover for emergencies through community alarms (Careline) for those living in sheltered housing/receiving warden based services; in **Llanidloes** Town Centre and in the **Knighton** and **Presteigne** area.

Some of the things Home Support can help with include:

- Welfare visits and telephone support
- Essential Shopping
- Emotional Support
- Assistance with prescriptions

[21] https://en.powys.gov.uk/article/1541/Get-equipment-and-adaptations-at-home

- Support with appointments
- Assist carers with their role
- Support in emergency situations
- Staying fit and healthy
- Signposting and help to access other services
- Accessing local community groups and supportive networks

For further information contact Assist on 0345 602 7050 or assist@powys.gov.uk[22] or via the website[23].

Home First: Discharge to Recover and Assess

The Powys Home First team consists of a qualified Occupational Therapist, Physiotherapist and Rehab Therapy Assistants and provides support on a short-term basis to enable patients to be discharged in a timely manner, identify relevant services that need to be involved and continue the rehabilitation process in the most appropriate environment. It provides rehabilitation at home 7-days a week and can support with a range of daily tasks including:

- Washing and dressing
- Meal preparation
- Progressing mobility/ transfers.

Once a patient is ready to go home from hospital, we know a hospital bed is no longer the most appropriate place for them. It can be difficult to assess what support is needed whilst in a hospital setting. The Powys Home First team carry out a detailed assessment at home on discharge to get a true reflection of the rehabilitation and support needs can be identified and addressed.

Reablement

The Reablement Service[24] provides short term support to individuals to retain or regain their independence, at times of change and transition, which promotes the health, wellbeing, independence, dignity and social inclusion.

Service aims and objectives:

- Reablement addresses service users' physical, social, cognitive and emotional needs.
- Reablement is an outcome focused, personalised approach, whereby the person using the service sets their own realistic foals and is support by the Reablement Team to achieve these goals over a limited period.

[22] mailto:assist@powys.gov.uk
[23] https://en.powys.gov.uk/article/7708/ASSIST
[24] https://en.powys.gov.uk/article/1670/Get-help-with-reablement

- Reablement focuses on what people can do, rather than what they cannot do and aims to reduce or minimise the need for ongoing support.

The team includes an Occupational Therapist, Physiotherapist, Reablement Support Officers and trained support workers. The team will usually work with an individual for short term intervention. All services from the Reablement team are non-chargeable.

If required, following Reablement intervention, the team will support in accessing longer term care and support in line with Social Services and Well-being (Wales) Act 2014 eligibility.

Moving with Dignity

Moving With Dignity is an approach employed by the Occupational Therapy team in Powys. The basis of the approach is the promotion of a single-handed care in a safe and dignified way encouraging independence. The OT team work with service users, care providers, families and hospital staff to ensure all parties are confident in the skill set needed when moving and handling people who receive care.

In addition to offering training and advice which align with the Moving With Dignity approach the team also assess for suitable equipment and adaptations which aid in moving and handling.

COMMUNITY BASED CARE AND SUPPORT

Direct Payments

Direct Payments

Direct Payments[25] allow people in need of support to arrange and pay for their own care; rather than having social care arrange this on their behalf. For people who meet the council's eligibility criteria, Direct Payments give more flexibility and greater control over their lives and how their care is delivered by promoting independence, choice and inclusion. Direct Payments are given to both people with care and support needs as well as unpaid carers.

Direct Payments are used to pay for care and support to meet an individual's outcomes as agreed in their social care assessment and support plan. This can include:

- Personal care and practical household tasks
- Attending appointments
- Making arrangements for day activities or respite/short breaks

[25] https://en.powys.gov.uk/article/1573/Direct-Payments

- Accessing social activities
- Residential care and support
- Domiciliary care and support
- Training personal assistants
- Purchasing equipment/technology enabled care

Employing Personal Assistants directly to support people to live independently is one of the most common ways people choose to use Direct Payments.

Micro-enterprises

Micro-enterprises are private enterprises which operate in the areas where their clients live, providing a local care and support service that increases the choice and options available to those in need of support. Micro-enterprises are small, private businesses, which employ between one and ten people. All micro-enterprises will have gone through a quality assurance process, provided by the commissioned support provider.

Virtual Wallet

Virtual Wallet[26] an app which helps Direct Payment recipients manage their budgets, the services they purchase as well as billing and other administration. Virtual Wallet simplifies the administration of Direct Payments and gives people more choice and control over how they purchase the care and support they need.

Care & Support Finder

The Powys Care & Support Finder[27] is an online service which connects people seeking care and support with people who are, or want to be, Personal Assistants or micro- enterprises. The website provides information about working as or employing a Personal Assistant or using a self-employed Personal Assistant, care agency or micro-enterprise, ways for Personal Assistants to find suitable vacancies and for employers to find suitable Personal Assistants and also links to training courses and other information.

[26] https://www.myvirtualwallet.co.uk/powys
[27] https://caresupportfinder.org/s4s/WhereILive/Council?pageId=5357

Domiciliary Care Commissioning

Dynamic Purchasing System

The council purchases domiciliary care services from private and charitable organisations through a Dynamic Purchasing System. The contract notice, which contains further information re garding how to apply, can be found here[28].

Service Specification

The principles underpinning the domiciliary care service, is that everyone is supported to achieve individual outcomes including being able to exercise choice and control over their lives (un less they lack capacity to do so). Personal Plans are co-produced between the individual receiving the service and the service provider. These Personal Plans are strengths'-based and reflect the outcomes that the service user wants to achieve.

Equalities - Active Offer [EXPAND THIS]

More Than Just Words [29]

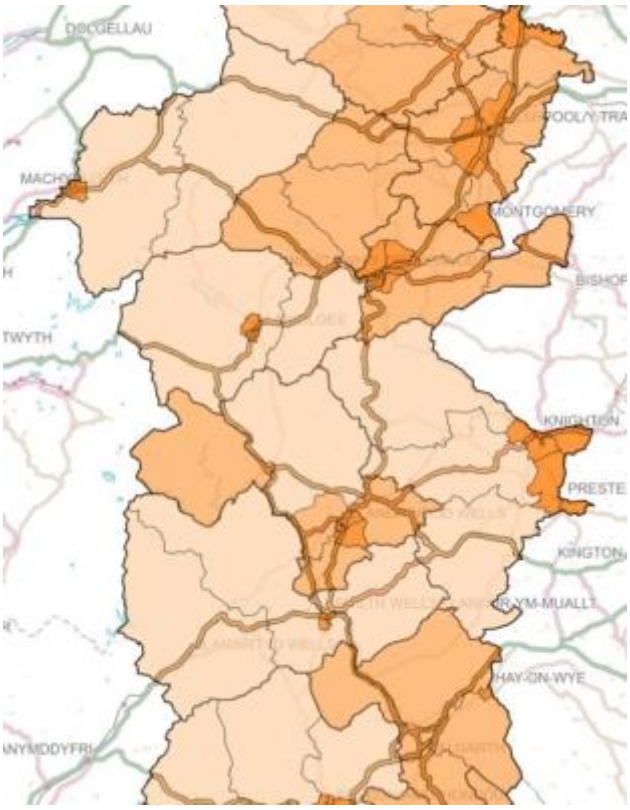
In order to implement the Active Offer effectively social services must:

Discover and record service users' first language and other languages spoken;

Discover and record staff's linguistic skills in Welsh. Good practice would require the percentage of staff who speak Welsh to closely reflect the percentage of service users who speak Welsh in the community;

Allocate bilingual (Welsh speaking) staff to work with Welsh speaking service users. The active offer should give Welsh speakers the opportunity to receive services through the medium of their mother tongue without having to request it or to state a linguistic preference

[28] https://www.sell2wales.gov.wales/search/show/search_view.aspx?ID=DEC353747
[29] https://gov.wales/sites/default/files/publications/2019-04/delivering-the-active-offer-information-pack-social-services-and-social-care.pdf



2 - Town, rural and remote rural classifications.

Town, Rural and Remote Rural

Domiciliary care packages are classified as being either town, rural or remote rural. The criteria for determining each classification is based on population density and proximity to main roads. For example, if a care package takes place at a property where there are fewer than 15 people per km2 and it is more than 250m away from a main road, then it is classified as remote rural.

12.1% of care hours are classified as being remote rural. 25.4% of care hours are rural. The remaining 62.5% of care hours are town. The map shows that dark orange shaded areas are classified as town, medium orange areas are rural and the lightest orange areas are remote rural.

Continuous Improvement

We monitor providers' adherence to the Service Specification through contract monitoring visits (either in-person or virtual) and contract meetings with providers. In addition we monitor the number of individuals who experienced a delay in returning home from hospital, the average waiting times for domiciliary care packages to be put in place and seek and act on feedback from people who receive the service. Furthermore, on a quarterly basis, we ask providers to report on a series of Key Performance Indicators (KPI's), these include data regarding staff turnover, training and continuity of care.

Contract Monitoring section needed (surveys)

Alternative Commissioning Arrangements

In addition to work commissioned by the council, domiciliary care providers also work with Powys Teaching Health Board, delivering care and support to people with long-term complex health needs. Furthermore, some people choose to go direct to providers using private funds or a Direct Payment.

In-house Domiciliary Care Service

Powys County Council has a small in-house domiciliary care service, covering the entire county and bridges the gap until a private or charitable organisation can be sourced. This enables packages of care to be commissioned where there is little or no alternative external provider and ensure equity of access across Powys. This service also supports the flow of discharge from hospitals and the Reablement service.

Domiciliary Care Localities and Data

Domiciliary care supply and demand varies across the county. Powys can be split into seven community areas, which reflect natural communities as well as the main GP clusters. The seven community areas can also be broken down further into thirteen localities.

Community Area	Locality
North East	Llanfyllin, Welshpool & Montgomery
North West	Machynlleth
North Central	Newtown, Llanfair Caereinion, Llanidloes
Mid East	Knighton & Presteigne
Mid West	Llandrindod & Rhayader, Builth & Llanwrtyd
South Central	Brecon, Hay & Talgarth, Crickhowell
South West	Ystradgynlais

Locality	Average waiting time (days)
Newtown Locality	9.34
Crickhowell Locality	13.07
Machynlleth Locality	14.61
Llanidloes Locality	15.96
Welshpool & Montgomery Locality	17.40
Hay & Talgarth Locality	17.75
Brecon Locality	18.25
Llanfair Caereinion Locality	21.00
Llandrindod & Rhayader Locality	22.91
Knighton & Presteigne Locality	27.72
Builth & Llanwrtyd Locality	33.15
Ystradgynlais Locality	39.44
Llanfyllin Locality	45.17

Waiting times for new packages from 01/04/2020 to 01/04/2021

Demand for domiciliary care continues to outstrip supply, with certain localities having significantly longer waiting times for packages of care and support to start. This table shows the average waiting time in days across the thirteen localities. This is the time from when funding for a care package is approved until the date a care agency begins providing care and support.

The first page of this dashboard shows the number of care hours delivered each week to service users across the thirteen localities. The second page (accessed by clicking the purple arrow in the top right of the dashboard) shows weekly delivered hours of double-handed care packages. The dates and localities can be filtered to break the the data down into different configurations.

Embed://<iframe
src="https://app.powerbi.com/view?r=eyJrIjoiMGRhNDQ0ODctYjk0Ni00YzNhLTg1ZDgtN2JjMGZkZTRjMGVlIiwidCI6ImMwMWQ5ZWUxLTBlYjAtNDc1NC05OWFlLTAzYWU4YTczMmI1MCIsImMiOjh9&pageName=ReportSection005f5e08108040d90bc3" frameborder="0" allowFullScreen="true"></iframe>

Finance

In 2020/21 the total cost of delivering **domiciliary care** services in Powys was £11.239m, excluding Direct Payments.

In 2020/21 the total cost of delivering **direct payments** in Powys was £7.987m.

Individuals who receive direct payments or domiciliary care may be asked to make a financial contribution depending on their financial circumstances. The maximum charge for 2021/22, set by the Welsh Government for Community Based Social Care, is £100 per week. **[ADD LINK TO CHARGING POLICY]**

Contact Information

Please email pccsscommissioning@powys.gov.uk[30] if you require further information or have a query.

[30] mailto:pccsscommissioning@powys.gov.uk

The Powys Pledge

Valuing the Domiciliary Care Workforce

Introduction

This briefing provides an update on the Powys Pledge for Domiciliary Care. It is worth noting that a similar Powys Pledge is being developed for care home provision and some details can be found HERE.

Background

Commissioning domiciliary care in rural Powys, the UK's second most sparsely populated county, has always been challenging. Ten years of receiving the worst financial settlement from the Welsh Government from 2010 to 2020 led to unique financial pressures and difficult commissioning decisions, while the changing demographics of Powys add to the complexity. Between 2019 and 2039 the number of older people in Powys is expected to increase from 17,600 to 28,200, while the working age population is expected to reduce from 73,500 to 56,900 over the same period (a reduction of approximately 850 people of working age annually). This suggests a potentially serious long term care staff shortage.

Work began in 2018 to develop a domiciliary care 'plan on a page' strategy (2019 version in Appendix I and 2021 version in Appendix II), considering reducing demand, meeting demand and increasing capacity. A domiciliary care market position statement demonstrated the ongoing challenges and the increasing recruitment and retention issues. It was also recognised that the fees paid to care providers in Powys were among the lowest in Wales, with potential care staff being enticed to work in less demanding roles for more money and better terms and conditions.

Finally, it was recognised that domiciliary care staff are, as stated by the Adult Social Care Portfolio Holder in Cabinet (Councillor Myfanwy Alexander), superheroes, but that not all superheroes wear capes. Working in difficult circumstances, providing the most important role within society, but often for low

salaries and poor terms and conditions. The domiciliary care staff in Powys are mostly female and this contributes to an imbalance of pay between genders. There were also concerns about the availability of Welsh speaking care staff across the county.

The Voice of Care Workers

The usual voice of care agencies requesting fee uplifts was overtaken in Powys during 2019/20 by citizens and carers representatives at the Powys Regional Partnership Board. One individual was so keen to influence change that she decided to apply for a care job with a domiciliary care agency and learnt through normative experience about the challenges care staff faced. She advised of examples where care staff were required to pay for their own uniforms; pay for their own DBS checks; not paid for mileage and sick days; and where there were instances of care staff having to travel in their own time from home (therefore not receiving mileage) to provide 30 minutes of care (i.e., 90 minutes away from home for 30 minutes paid work). It is worth noting that Powys County Council ended the practice of 15-minute calls in 2017.

The citizen and carers representatives on the Powys Regional Partnership Board became critical friends, providing constructive challenge to Council officers and commissioning strategies.

Consideration of New Fee Rates

Having adopted a Dynamic Purchasing System for the procurement of domiciliary care, different providers had already agreed fee rates. Trying to avoid a 'race to the bottom' was challenging, as well as ensuring that care was available in rural areas as well as the more populous urban areas.

The UKHCA (United Kingdon Home Care Association) calculate a fair fee for care provision and publish this annually. Powys' fee rates were, on average, more than £5 under the recommended rate by the UKHCA. Having considered this calculation and the fee rates provided, it was decided to develop the Powys Pledge.

Council Cabinet Agreement

The discussion at the Council's Cabinet was honest and frank. Any real changes would cost money and it was money that currently was not available to social services. However, ensuring fair fee rates was described as a cornerstone of the longer-term strategy for domiciliary care sustainability in Powys.

Cabinet members were keen to ensure that adopting higher fee rates would result in the care staff themselves benefiting and that employee terms and conditions were improved.

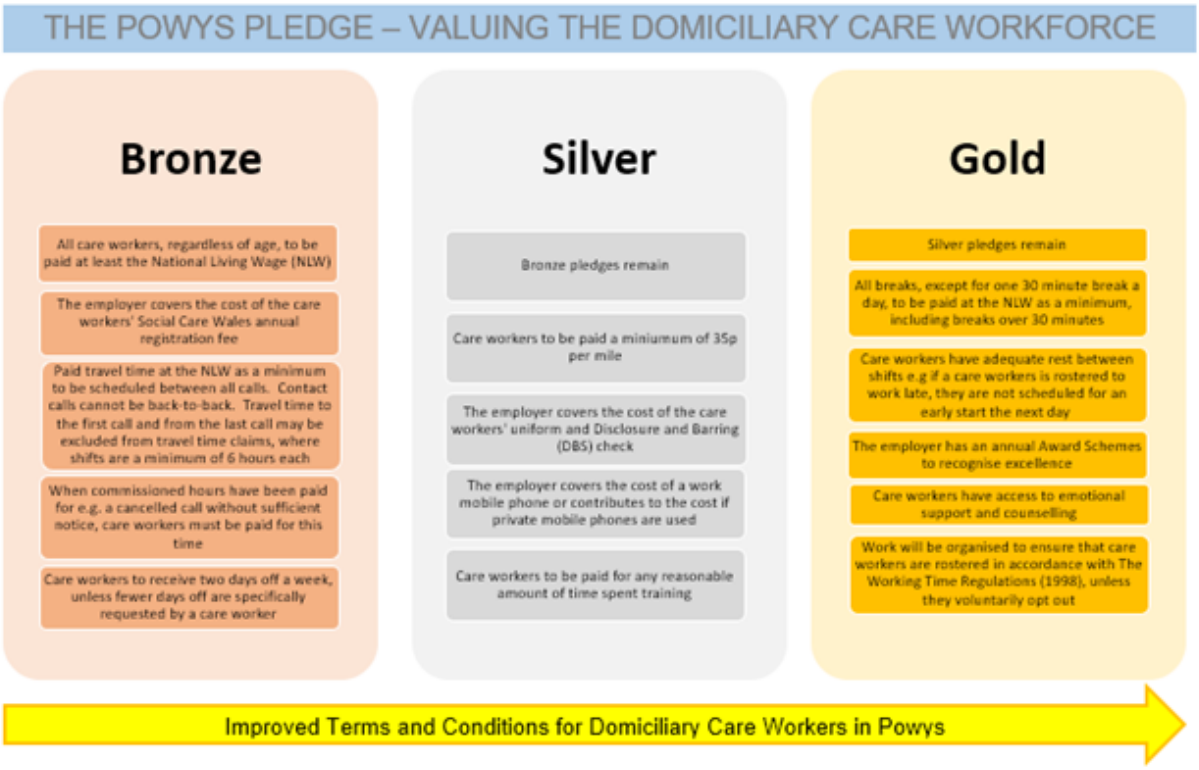
Powys County Council sees the value of the 'Powys Pound' and that the Council's money should be spent, where possible, in Powys for the benefit of the people of Powys, with that money circulating through the Powys and Welsh economy.

Following a period of consideration of wider budgetary implications, the Cabinet report was supported and approved unanimously in December 2020.

The Powys Pledge

1. We aim to pay all domiciliary care providers the UKHCA recommended hourly rate. We will increase fees annually (details follow) up to the UKHCA recommended rate.
2. All Domiciliary Care Providers to receive an uplift of 74p for inflation etc. (per hour) from 1st April 2021. This amount reflects the increase in the UKHCA recommended rate.
3. If Domiciliary Care Providers achieve the Bronze standard in the pledge, then the uplift is £1.50 per hour as of 1st April 2021. The maximum rate for providers to be the UKHCA recommended rate.
4. The same will be true for 2022 (silver standard) and 2023 (gold standard). There is also a draft platinum standard, but this will require further discussions with the providers and is aspirational for 2024. It includes paying staff the Real Living Wage.
5. The minimum fee has increased to £17 per hour resulting in some providers who previously bid via the Dynamic Purchasing System at low rates (some received £15 per hour) receiving a significant uplift in April 2021.

The aim, over time, is to achieve the UKHCA rate for all providers to ensure the best standards and terms and conditions to the care staff.



Aspirational Benefits

It is recognised that this is a medium/long term strategy. Many will read the standards within the Powys Pledge and express disappointment at the requirements.

However, it is important that the Council is enabled to manage the fiscal position appropriately and that providers can meet the Powys Pledge standards. As at the 1st April 2021 all providers have reached the Bronze standard and are receiving the full uplift. However, achieving the bronze standard was not easy for some providers.

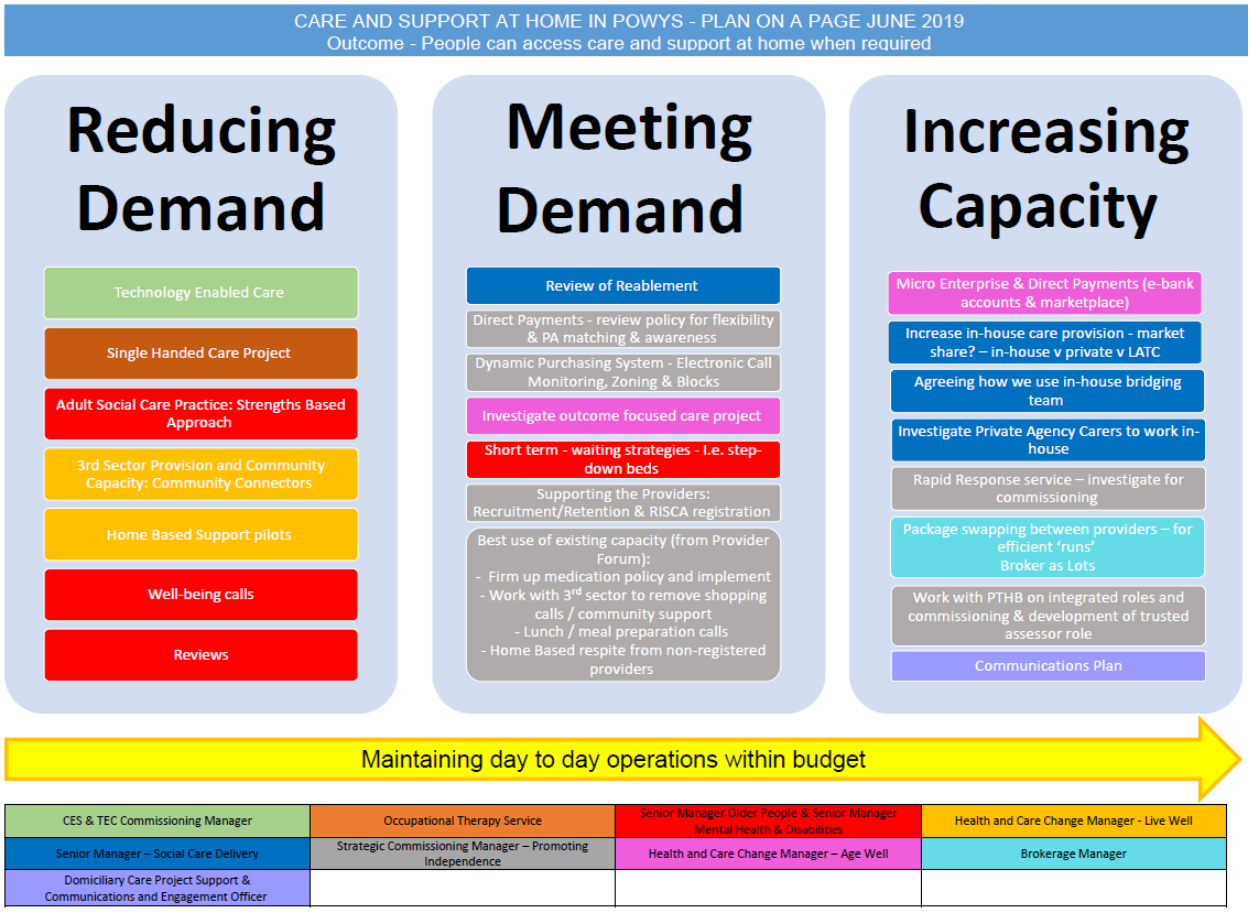
The hope is that all care staff in Powys will, over time, receive pay that reflects the value of their labour and that their working terms and conditions are enhanced. Recruitment will enable growth in the number of Welsh speakers applying for caring roles, and reduce the gender pay imbalance.

The benefits will be for the Powys population, the Powys economy, Powys social care service users, Powys care staff, Powys care agencies, and Powys County Council. That is the Powys Pledge.

Version 1.0 1 April 2021

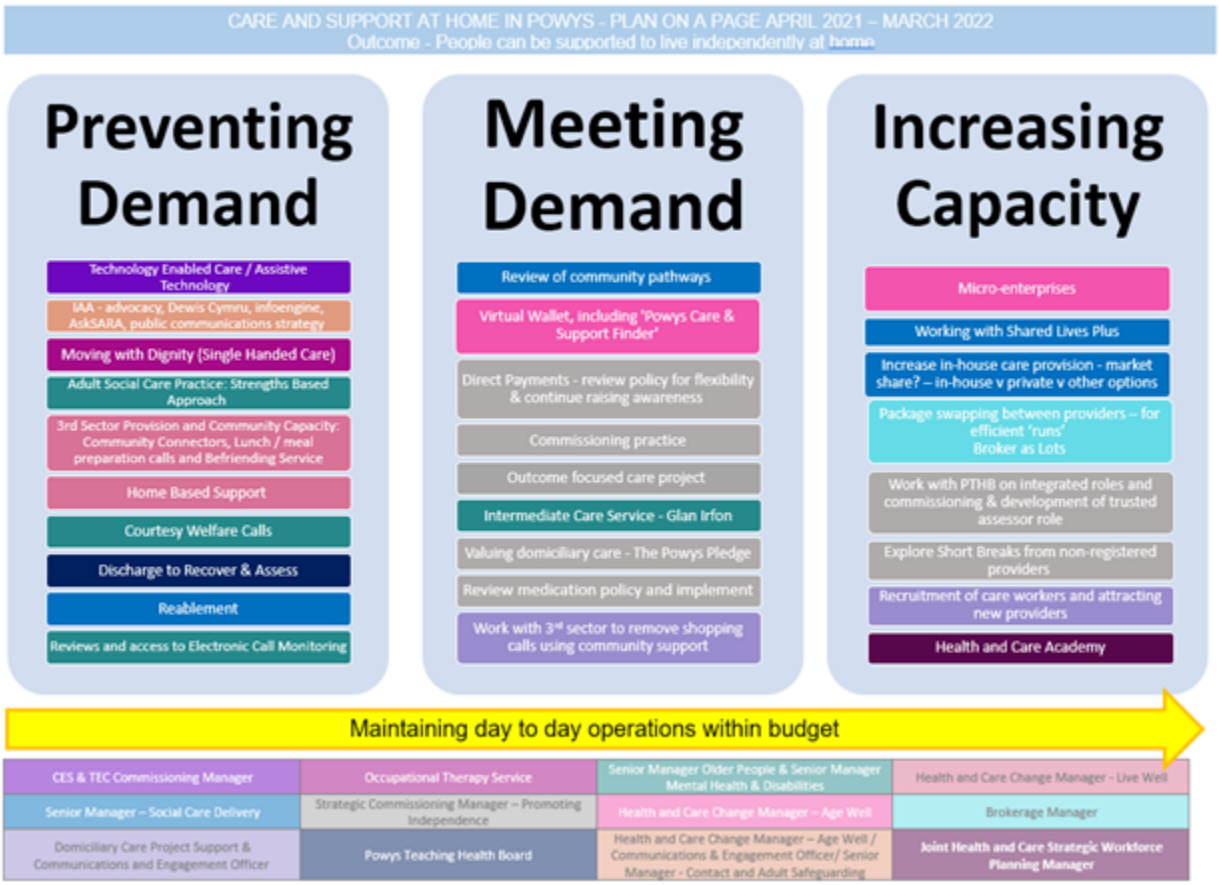
Appendix I

Care and Support at Home in Powys – Plan on a Page 2019-21



Appendix II

Care and Support at Home in Powys – Plan on a Page 2021-22



Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol

THE POWYS PLEDGE – VALUING THE DOMICILIARY CARE WORKFORCE

Bronze

All care workers, regardless of age, to be paid at least the National Living Wage (NLW)

The employer covers the cost of the care workers' Social Care Wales annual registration fee

Paid travel time at the NLW as a minimum to be scheduled between all calls. Contact calls cannot be back-to-back. Travel time to the first call and from the last call may be excluded from travel time claims, where shifts are a minimum of 6 hours each

When commissioned hours have been paid for e.g. a cancelled call without sufficient notice, care workers must be paid for this time

Care workers to receive two days off a week, unless fewer days off are specifically requested by a care worker

Silver

Bronze pledges remain

Care workers to be paid a miniumum of 35p per mile

The employer covers the cost of the care workers' uniform and Disclosure and Barring (DBS) check

The employer covers the cost of a work mobile phone or contributes to the cost if private mobile phones are used

Care workers to be paid for any reasonable amount of time spent training

Gold

Silver pledges remain

All breaks, except for one 30 minute break a day, to be paid at the NLW as a minimum, including breaks over 30 minutes

Care workers have adequate rest between shifts e.g if a care workers is rostered to work late, they are not scheduled for an early start the next day

The employer has an annual Award Schemes to recognise excellence

Care workers have access to emotional support and counselling

Work will be organised to ensure that care workers are rostered in accordance with The Working Time Regulations (1998), unless they voluntarily opt out

Improved Terms and Conditions for Domiciliary Care Workers in Powys

Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol

Health and Care Committee		
2021		
20/01/21	Cancelled	
28/01/21	Health and Care Budget	
05/03/21	Cancelled	
10/03/21	Valuing Residential Care	
14/04/21	Cancelled	
26/05/21	Q4 Performance Report	
	Q4 Risk Report	
	Short Breaks Review	
27/05/21	Quarter 4/End of Year Performance Report	
	Quarter 4/ End of Year Strategic Risk Register Report	
25/06/21	North Powys Project governance and update on Programme Business Case	
	Domiciliary Care: Market Position Statement and Powys Pledge	
	Transforming Prevention Services - Roll out and mainstreaming of Home Support across Powys	
23/07/21	Q1 Finance and Cost Reductions	
	The Impact of COVID-19 on Provision of Daytime Opportunities in Powys	
08/09/21	ACRF	
24/09/21	Joint Working - Jamie Marchant (PtHB)	

Health and Care Committee		
04/11/21		
16/12/21		