

**Report of the HEART Management Board**

February/October 2020

**1 Introduction**

- 1.1 This report provides information about the HEART shared service partnership. The partnership was established to better deliver the legal requirements on Borough and District Councils to provide mandatory grants for private housing assistance (Disabled Facilities Grants). Its' aim is to deliver holistic home assessments and interventions to enable applicants to remain independent at home.
- 1.2 The HEART shared service is a legal partnership of the six Councils in Warwickshire. It is delivered by two teams – one in the north and one in the south – with the host authority, Nuneaton and Bedworth Borough Council, provides a single line managed staff structure.
- 1.3 The information in this report provides the background to the establishment of the partnership and an update on current performance. It also sets out the HEART Management Board's recommendations for improvements which need to be made in order to deliver a successful service.

**Recommendations**

- a That the progress to provide one, consistent service to deliver Disabled Facilities Grants for the whole County be noted; and
- b That the findings of the independent review of the service be considered; and
- c That action plan to improve the service be agreed: and
- d That a further independent review by undertaken in March/ April 2021 to provide assurance that the actions to improve the service have been completed: and
- e That the necessity to consider the position of the host in advance of the end of the 5 year contractual term of the shared service partnership in March 2022 be noted.

**2 Background**

- 2.1 In 2011 an ambitious and challenging collaborative project was proposed for Warwickshire with the aim of creating a new way of delivering grant assisted home improvements and housing adaptations for disabled and older people across Warwickshire.
- 2.2 The project was agreed following a fundamental system review which had shown that the traditional way of delivering services to provide Disabled Facility Grant adaptations was inefficient. This included delays of over 395 days from a customer enquiry to providing an adaptation. Whilst not satisfactory this level of performance was in line with the national picture. In Warwickshire there was a 35% drop out rate as teams struggled to deliver across the organisational barriers of up to 3 organisations in each district and borough locality. Until the review was undertaken there was no comprehensive information which showed how the system was performing.
- 2.3 The aim of the project was to create a new customer focused service delivery model. This would bring together different professions from the many organisations providing the services in Warwickshire, create a new job role and link together existing service within a service model that involved working together to deliver holistic housing assessment and appropriate solutions.

- 2.4 A Business Case was drafted in 2012 which set out a comprehensive proposal to improve and explore the future delivery of housing adaptations and the range of services provided by Home Improvement Agencies across Warwickshire. Stage 1 was to develop the experimental service in Nuneaton and Bedworth and North Warwickshire involving the Borough and County Councils. Stage 2 was to roll in Rugby Borough Council area which required the involvement of Orbit Housing Group. Stage 3 was to establish a similar service to south Warwickshire involving the District and Borough Councils as well as Age UK and Warwickshire County Council.
- 2.5 The proposal was ambitious and challenging because it involved many partners. Staff from all organisations were to be brought together in one service, new systems of work needed to be forged from disparate methods of service provision, it had to deal with a variety of organisational cultures and policies and provide data for two separate IT systems.

### 3 Partnership Proposal

- 3.1 In 2016 the Business Case was revised. (*Appendix 1*) It reflected on the experience of the pilots and set out a comprehensive and radical proposal for the service.
- 3.2 At that time, as part of the pilot experiment, there was a single line managed team for the north of the County with agreed working protocols in place. The service in the south was in the pilot project phase. Age UK and Orbit Housing Group continued to provide Home Improvement Services.
- 3.3 The new Business Case asserted that following the initial review and the implementation of new ways of working the pilots were showing that the redesign of the customer pathway, using a lean thinking approach, had brought significant improvements. The initial customer contact assessment steps had reduced from 22 to 1 through direct contact to the integrated team, there was a single assessment process, collaborative working had improved, and a range of interventions could be offered to customers requiring assistance. Evidence was shared that showed that the time taken from initial enquiry to the delivery of a solution for the customer had reduced significantly (from an average of 365 days to 138 days) and the drop out rate had reduced.
- 3.4 The Business Case proposed a shared service vehicle involving the 5 Districts and Boroughs and County Council. There would be a host authority with a distinct role in the partnership for delivery and a Governance Board comprising of senior managers from each partner. Whilst the host would provide the organisational and support functions the spirit of the partnership was to be one of shared endeavor to improve and develop the service.
- 3.5 The Business Plan promoted the development of one organisation - HEART - the new Home Environment Assessment and Response Team. This organization would create a streamlined, customer focused service delivery model across Warwickshire which would bring different professions together. To do this a new role of 'Housing Assessment Officer' was created to combine case work skills of an Occupational Therapy Assistant and Housing Case Worker. This role, and the necessity for its development, encapsulated the need for the service to have a holistic and tailored approach to meet the needs of customers in order to enable them to live independently.
- 3.6 The Business Case gave a firm basis and clear direction for the new service. It is underpinned by a legal contract. The shared service contractual agreement was signed by Warwickshire County Council, Nuneaton and Bedworth, North Warwickshire and Rugby in October 2016. In 2017 Warwick and Stratford joined the legal partnership. The contract is for 5 years and set out the terms for the host authority (Nuneaton and Bedworth Borough Council) and for the other partners. It includes terms for financial arrangements, a combined staff structure, employment arrangements, use of IT, dealing with complaints and the role of the management board- with the Chair of the board being decided annually. It makes provision for any partner to leave the

partnership if they give 12 months notice. Given its ambition and challenges it also set out a requirement for the management board to conduct a formal review when the arrangements had been in place for 2 years.

### 4 Development of the Shared Service

4.1 From the Spring of 2017 the partnership acted to build on the early successes of the pilot projects.

- In accordance with the partnership agreement the host appointed a Head of Home Environment Services to lead and manage the service and report to the management board.
- The structure of the team was established using a combination of HR procedures which included a mix of secondments and permanent posts.
- The role of Housing Assessment Officer was novel and created for the Warwickshire model therefore bespoke training was provided for existing staff and newly recruited team members.
- Comprehensive information about the service was developed to be presented to the Board in order to track performance and to allow for service improvements to be developed. The reports expose areas of the service which would have otherwise remained hidden to scrutiny and therefore invite intervention when appropriate.
- The new model demanded a holistic response to a customer's request for assistance. In order to deliver this a joint Financial Assistance Policy was developed and agreed in September 2017. This enabled Assessment Officers to deliver more than Disabled Facilities Grants to ensure that the whole house environment was suitable to promote independence. It also provided for a none means tested grant for urgent, priority cases.
- Noting that part of the delay in delivering adaptations was due to contractors not acting quickly enough a procurement exercise was undertaken to provide a firm contractual framework for quality and delivery for all adaptations.

4.2 The novelty and the ambition of the service was recognised as national good practice by Foundations, the professional body for Home Improvement Agencies, for forging better service methods in the delivery of Disabled Facility Grants and Home Improvement Services generally.

4.3 Recognising its role in enabling residents to remain independent at home the HEART Management Board has become part of the Warwickshire Cares Better Together infrastructure because the services provided can act to improve outcomes for well being. These include reducing non elective admissions to hospital, reducing delayed transfers of care from hospital, reducing permanent admissions to residential and nursing care and help to increase the effectiveness of re-ablement services.

4.4 The most recent performance reports show that demand for HEART services continues to rise – 8% over the last year. Home Safety cases are a significant part of the increase with interventions providing quick solutions for clients. The average time taken to deliver adaptations for adults in the south team is 145 days and 197 in the north team. Customer satisfaction rates are high and the team receive many appreciate comments about the work that they undertake.

4.5 The performance reports show sufficient detail to indicate where there are problems in the system which need addressing. Over the last 12 months there have been significant delays in both teams between the initial assessment and a home visit. This has been due to staff shortages in the team.

**5 Improving Performance**

- 5.1 The HEART management board has received reports about intransigent matters which are hampering the development and improvement of the service and which need to be addressed. These include a difficult environment for recruitment which is resulting in staff shortages and the limitations of the use of the IT systems used by the team and which are not fit for the purpose of supporting the new service.
- 5.2 There have been difficulties in achieving a settled staff structure with a positive team culture since the shared service was established. Secondment arrangements caused significant problems for managers and staff. Vacancies have impeded the service from the outset of the partnership. This has been exacerbated by staff in the same team having different pay grades and working to different terms and conditions. Recruitment exercises have frequently caused internal churn of staff rather than delivering new staff into the team. Following concerns raised by the Head of Home Environment Services with the Board a meeting with HR Managers in February 2019 discussed how these issues could be addressed.
- 5.3 Unfortunately there has continued to be a high level of vacancies and some long term sickness the team. Using agency staff has only been partly successful in helping to reduce waiting lists for services. Agreed systems of work have been disrupted as a consequence of vacancies and the use of agency staff who are not trained for the Housing Assessment Officer role. Some of these issues have caused pockets of low morale however individuals in the team are committed to providing a good service for customers and where necessary have stepped out of their job role to fill in service gaps caused by vacancies. In doing so the systems of work recommended by the Business Case have been disturbed and now need to be revised and reformed.
- 5.4 The staff structure established for the shared service agreement reflects the level of grant income and customer demand at the time it was agreed. Subsequently Government has increased the level of capital grant income available for adaptations in order to support people to remain independent at home and demand has increased. The Board will make recommendations for the review of the staff structure to support current demand and reduce the time customers wait for the full service but in doing so revenue funding has to be made available to support capital budget spending.
- 5.5 HEART staff input information into two IT systems. This has been the case since its inception. One supports the housing element of the service and the other the social care aspect. The housing IT system is no longer fit for purpose. The County Council has recently implemented a new IT system for social care which is being implemented in HEART. Following an Internal Audit report about data accuracy in performance reports and concerns raised by the Head of Home Environment Services about the staff time taken to input and find data in 2018 the Board commissioned an independent review of data management systems and the production of performance reports from Foundations. A report was presented to the Board at its meeting in February 2019. The report set out some significant issues with data reporting mechanisms and indicated that the IT systems used are not fit for purpose for the HEART service. It also noted a conservative estimate of 5 to 6 days per month used in providing management information and therefore the need to a system which would enable automation was urgent. As well as concerns about data entry the staff have to use two IT systems and not all staff are allowed to use the social care system due to data protection requirements.
- 5.6 As the IT systems have not fully supported the HEART service and cause duplication and inconsistent management data the Board committed to make improvements. This includes implementing a new system to support the HEART service, providing for an agreed joint data security policy to enable all staff to access the systems which reflect service activity and seeking a way of integrating the systems to avoid time being spent in duplicate entry.

5.7 The Government grant funding which supports the delivery of the HEART services has increased over the last 2 years. Each authority receives a designated amount. The grant funding is spent in the designated Borough or District and is not pooled. For Warwickshire the grant funding for 2019/2020 is £4,516,609. This is capital funding and can be used for capital spending only. It does not support revenue funding which is required for staff. Services are allowed to charge a fee for the assistance that is provided to a customer to deliver an adaptation or home improvement. This fee does support the funding of the staff structure. Given the need to enhance the team in order to reduce waiting lists for visits and meet increasing demand the Board will be recommending a review of the fee structure.

## **6 HEART Shared Service Partnership Review**

6.1 In accordance with the HEART shared services agreement an independent review has been undertaken after two years of its implementation.

6.2 The review was conducted by an independent consultant. It considered five key lines of enquiry agreed by the Board:

Leadership and governance and operational management is effective  
To include partnership arrangements, governance, the board and reporting.

Data is recorded and counted accurately (operational and strategic level)  
To include operational data, trends, understanding system wide and highlighting pressure points.

Processes are optimised  
To include the flow through the system and testing process when under pressure and working with partners.

Demand is actively managed  
To include performance against priority outcomes, benchmark comparisons, capacity and productivity.

Service offer and capacity is appropriate  
To include expenditure and how we compare nationally, capacity in the system and cost benefit analysis of services as well as consistency across the teams. Leadership and governance and operational

A summary of the independent review is included with this report at *Appendix 2*. Its main findings are:

- A lack of staff capacity is a contributory factor in the increasing waiting times customers are experiencing for the service.
- The absence of appropriate IT systems is a factor in demand not being met more efficiently.
- A more flexible system of assessing customer needs and prioritising interventions should be introduced.
- The systems of work in HEART could be more efficient and should be reviewed to provide for better service pathways which are fully implemented by staff and meet customer needs
- In line with the findings of the Foundations report data collection methods and performance reporting should be improved
- The management board reflect on its own role in delivering the HEART service and to ensure that the leadership, governance and operational management is provided in a manner which allows HEART to thrive and meet customer expectations.

## APPENDIX 2

The reviewer undertook an options appraisal to include in her final report. Her recommendation is that whilst the difficulties being experienced by the service need to be addressed the underlying premise of HEART with its concept of a holistic, unified service to deliver adaptations in Warwickshire remains the most preferable option.

To respond to the independent review and address matters that have come to the Board's attention over the last 12 months a service improvement plan has been drafted for approval. This includes:

- Specifying and procuring an IT system to support the HEART service and work effectively with the County Council's preferred IT software. Agree a revised privacy statement which will enable all staff to fully utilise both IT systems which are used by the service.
- Review the performance data provided to the Board to ensure the information can be used to give strategic direction for the service
- Updating and revising the staff structure, management structure, how HR policies support the team, where the team is based and how budget provision can support recruitment of additional staff.
- Use budget reserves to increase the staff establishment and recruit dedicated duty officers support customer assessments and release other staff to undertake home visits.
- Review the level of fee charges in order to revise the staff structure and meet current demand
- Appoint an experienced consultant to review and recommend efficiencies in systems of work and in accordance with recommendations update procedures.
- Revise procedures to enable the team to assess the need for urgent action and fast track interventions for customers at an early stage
- Reflecting on the requirements of the shared service agreement and recommending changes where they are needed to enhance governance, leadership and service performance.
- Refresh the Business Case in order to give clear direction for the shared service

The Board is acting promptly where it can to complete actions in the improvement plan however some have financial implications and will require consideration and agreement before they can be completed.

The Board has appointed an experienced consultant to work with the team to provide system improvements which will result in better outcomes for customers. In order to track the actions required to deliver the improvements a plan which will be monitored by the Board has been produced. The current version is attached at *Appendix 3* for information. Whilst this report and the initial action plan were drafted in February 2020 progress was inevitably interrupted by the Government's COVID-19 virus safety requirements. The action plan shows that good progress is now being made by the team with the support of the consultant.

It has been agreed that there will be a further independent review in March/April 2021 to evaluate the Board's achievements in the completion of the improvement plan and to consider whether the performance of the service has improved.

The report of the independent reviewer includes reference to some positive case studies. They are included here to indicate the breadth of the HEART service and how it can reach out to meet its customers individual needs.

## APPENDIX 2

Case 1 - "Urgent potential hospital discharge case – HEART intervention:

The ward manager contacted the HEART duty desk to discuss an elderly patient. There was concern that mould and damp in the person's home was an infection risk. It would seem that mould had been a long-standing issue in the property and an investigation determined that this was mainly due to condensation (not opening windows).

The Private Sector Housing Manager (RW) instructed that permission should be gained from the customer and access via a key-holder to enter the property. The ward manager obtained these and the customer's key safe number which was given to the HAO.

Following an inspection visit to the home, the HAO has engaged with contractors to look at a preventative solution regarding issues with the flat roof, which is causing the damp problems.

Urgent work will be undertaken so that the customer can be discharged home to a better environment that will reduce the risk of infection and readmission."

Case 2 - "Delayed hospital discharge case – swift HEART intervention resolved issue.

The SM for Integrated Care Services was notified of a delayed hospital discharge patient that OT's had visited her home and discovered issues with her toilet and other faults in the home.

The ambulance crew had isolated the water due to a leaking pipe from the downstairs toilet area and a leak from the upstairs toilet.

The HEART Manager (LP) arranged for a member of the technical team to visit the property to assess the situation with the water. Permission to access the property was gained from the customer.

The customer wanted to be there when HEART arrived so a plan was agreed for her to be discharged to the home address with 2 members of staff from the hospital. It was arranged for a HAO and a plumber from Activate Energy to meet at the property at the same time.

The water leaks were successfully repaired to facilitate discharge."

## **HEART Review - Executive Summary**

The independent review of the HEART service was commissioned by the HEART Board to provide assurance (to the HEART Board, the Housing Board and wider partners on the Warwickshire Cares Better Together (BCF) Programme) that the HEART service has a robust work programme to deliver improved health and social care outcomes and maximise people's independence in their own homes.

HEART is a partnership service between Warwickshire Councils. The service provides advice and assistance to deliver disabled adaptations and home improvements to keep customer's homes safe, secure and warm. Caseworkers assess needs and housing conditions and provide tailored advice and support on a range of issues including:

- Home equipment and adaptations
- Housing conditions, repairs and safety matters
- Benefits, grants or loans for essential building works

The HEART service with the Disabled Facilities Grant can support the Better Care Fund priorities which can improve the following outcomes:

1. Reduce non-elective admissions
2. Reduce delayed transfers of care
3. Reduce permanent admissions to residential and nursing care
4. Increase the effectiveness of reablement

### **The Review Process**

The review was conducted by an independent consultant and covered what was included in the review outline, scoped by Board, under 5 key lines of enquiry:

1. Demand: current and future
2. Service offer and capability
3. Process
4. Data and information
5. Leadership, governance and operational management

The methodology of the review included a desktop review of all relevant information, data and board papers, plus shadowing at the HEART board and several meetings with HEART staff.

### **Demand: current and future**

The HEART review identified that demand has not been effectively managed, resulting in a waiting list of people waiting for an assessment. Lack of staff capacity has been identified as a contributory factor to the waiting list and funding for additional staff to alleviate this pressure has recently been approved by the HEART board. Staff and stakeholders have fed back, as part of the review, that they are concerned that there are vulnerable people waiting for an assessment.

Staff capacity challenges and the absence of an effective triage system has resulted in the current service not meeting current levels of demand, with a reported average 56 days wait for a home assessment visit.

Referrals to HEART have previously been processed in date order and there was an absence of an effective triage system to help identify and prioritise urgent cases. Duty and triage have been prioritised as urgent business by the HEART Board.



## APPENDIX 2

The absence of an appropriate IT system has contributed to demand not being met more efficiently. This has exacerbated the lack of consistency around demand figures reported to the HEART Board and has resulted in not being able to compare performance figures year on year.

Minor adaptations are fast tracked through direct issue because they are non means tested, as part of the Home Safety Grant scheme. More complex customers are required to wait for lengthy periods of time for a home assessment visit. Customers requiring a major adaptation face lengthy waiting times, delays in between DFG processes, which can result in cancellations, dropouts and lower DFG completion rates. Without an effective triage process, there is a high risk that the current ways of working are resulting in inequitable access to HEART services.

The review highlighted that there is no evidence of explicit reviews, against the outcomes framework, to verify whether customer needs had been met.

The review highlighted inconsistencies in the way in which the 'drop out' rate had been calculated. Changes to the parameter, had not been agreed by the HEART Board in advanced, resulting in a misplaced confidence in the representation of dropouts.

There is no strategy in place to improve the uptake of adaptations, both DFG eligible and fee-paying individuals.

The hospital discharge grant was identified as an option that can be used to meet demand, a non means tested option to support older or disabled people being discharged from hospital.

Most patients can be discharged safely from hospital without the adaptation in place on a temporary basis but that is not the case if the accommodation needs deep cleaning or decluttering due to the risk to the patient of falls etc.

Opportunities to further explore the use of hospital discharge grants for deep cleaning, hazard removal and urgent home repairs will be explored as part of the service improvement plan.

## Service Offer and Capability

The review identified several areas which will enhance the HEART offer, these include:

- Putting the person at the centre with better communication and promoting choice – there is a need to develop better partnerships with health and social care, using strengths-based approaches and good conversations. It is recommended that HEART assessment forms are aligned with this new approach.
- Triage/prioritising - eligibility criteria is deemed unclear and inconsistent, it is recommended that the eligibility criteria for the HEART service is developed in a user-friendly version for customers and staff and volunteers, that illustrate the customer journey. Customers with more complex needs tend to wait longer, due to requiring a home assessment visit by an occupational therapist. There appear to be three sets of customers; self-funders, those assessed and eligible and those assessed and not eligible.
- Strength based approach using good conversations
- Collaborative working with partners e.g. Fire Service
- Better identification of need – through advertising services and use of JSNA insight
- Culture and policy changes - an indication was provided during the review that the HEART service was being used for housing suitability services. This is not a service HEART should be undertaking.

## **APPENDIX 2**

The review identified inconsistencies in approach given to customers and referrers, depending on the member of staff on duty, this also highlights inconsistencies in induction and training.

Stronger links are required with health and social care partners to ensure early identification and efficient management of customers who will benefit most from housing adaptations and interventions.

HEART needs to be promoted more amongst health, social care and the third sector.

It is imperative to improve the customer experience from the first point of contact through to completion.

### **Early intervention/prevention**

Home safety grant – this has grown in success, from 11 orders in 17/18 to 588 orders in 18/19. Further consideration is needed to ensure there is ample staff capacity to process the increasing demand. The HEART board should consider linking Home Safety Grants with the Fire Service/Hospital Liaison. The home safety grant is non means tested and there was some feedback as part of the review that some HEART staff felt this should not be used by people who own their own homes. Training and guidance have now been issued to address this challenge.

A positive example of using the Home Safety Grant has been used to cover the costs of repairing stair lifts for customers when their 5-year guarantee expires.

### **Staff feedback**

Staff fed back that their skills and expertise were not being used efficiently, either they were being asked to do tasks that another staff level could complete, or, they were being allocated customers that should have been supported by a more senior member of the team. It is recommended that staff capacity and skills need reviewing.

Staff also fed back that increased workflow was due to having to use a cumbersome IT system, which if streamlined, would release staff capacity.

The standard operating procedure was reported as not being fit for purpose, going forward it is recommended that both the induction process and standard operating procedure are reviewed and updated.

Recruitment and retention were identified as a challenge for the HEART service, holding vacancies and a delay between recruitment approval from Board and appropriate remedial action. Inconsistent terms and conditions remain a challenge with differences in local arrangements, resulting in inequity across roles.

It has become evident that whilst the ambition of the HACEP project is well intentioned (installing level access showers to customers who had previously had bath lifts, central heating for customer with no central heating and external wall insulation), it may have resulted in an adverse impact on staff capacity to deliver HEART core business, as they were required to spend time on the project, potentially resulting in an inequitable service offer, not based on need.

## **Process**

The current processes at HEART are not optimised to enable flow through the service and this is evident given the number of customers waiting for a home assessment visit. Unclear processes, pathways and a lack of a suitable IT system has left staff feeling unable to work efficiently.

The review identified that a greater strategic oversight is required to develop pathways into HEART and to work more effectively with the third sector to avoid hospital admissions and facilitate hospital discharges.

The review identified a lack of an effective triage system. Referrals into the service are processed in date order, regardless of complexity, resulting in potentially vulnerable complex patients waiting longer than less complex patients. Since the start of the review, this matter has been given urgent attention and appropriate pathways are now being designed/developed.

The review reported concern that the HEART service is hampered by lengthy waiting times, cumbersome processes and unclear pathways. Induction and training is lengthy and the manual/standard operating procedure needs to be reviewed and updated, along with an appropriate ICT infrastructure to support.

### Data and Information

The review highlighted that a disproportionate amount of time has been spent on producing figures for performance reports and that these data reports have been assessed as often incorrect, which has resulted in the Board making decisions on incomplete or inaccurate data. Moving forward, data functions need to be improved to ensure consistency and accuracy of performance reporting.

The HEART service does not actively use insight to target preventative services, for example the JSNA data can be used to target interventions or address inequalities.

The review identified that the 'drop out' calculation had been altered, which has resulted in a low percentage being reported. Going forward the HEART Board will need to review and agree the parameters of this calculation to ensure this is reported consistently in the future.

The current IT system and ways in which data is captured is not fit for purpose and there are multiple opportunities for error. The performance report development review, undertaken by Foundations in 2018 highlighted challenges around data extraction from Flare being incorrect and often require rerunning and management time to check their accuracy. A disproportionate amount of time is spent on producing performance report for Board due to the IT system.

The review highlighted that customer outcomes are 'assumed' (based on experience of what adaptations can achieve for customers but moving forward, more customer outcomes can be achieved working in a strengths based approach) via a matrix, rather than established, meaning unvalidated customer outcomes have been reported.

There is little evidence to suggest that data is used proactively to identify trends or forecast demand.

IT would benefit from a case management solution.

### Leadership, Governance and Operational Management

The review highlighted perceptions of ineffective leadership from staff, Board members and stakeholders, suggesting this as a reason as to why the service is not fully meeting all of the objectives within the Shared Service Agreement.

Concerns were raised about low staff morale, due to a number of factors.

There should be a renewed focus on staff capacity and the structure required to meet demands.

Stakeholders fed back that the financial position of the service is unclear and greater transparency and accountability about spend is required. In addition, decisions about spending priorities in relation to the reserves is also required.

## APPENDIX 2

Outcomes and recommendations from the Performance Report Review carried out by Foundations in December 2018 have not been given adequate leadership focus, in particular the challenge around ICT infrastructure, systems, processes and case management. This delay has resulted in a disproportionate amount of management time being spent entering KPI data and staff are left feeling frustrated that the various IT systems do not support them to work effectively.

The review identified some internal leadership challenges, both in relation to the HOST organisation and the HEART service. More leadership time should be directed towards improving customer pathways, identifying blockages and causes, process mapping and developing a more efficient workflow and IT system. Internal leadership needs to be more present in both north/south office locations.

Staff fed back they do not feel there is a positive culture within the team. There were concerns from staff that there had been a recent investigation, which some staff were involved in giving evidence, however they had not been provided any feedback on the outcome and therefore, lack confidence that the matter had been effectively addressed.

Staff also fed back that their professional opinions and professional requirements/standards were not respected, because some instructions and directives could compromise their professional registration.

The review highlighted the need to produce an up to date, refocused business plan, which reflects the current issues of concern.

Much of the 'project' work has not been formally evaluated, nor sufficient evidence presented to Board to provide a strategic business case for such projects. It is recommended that for the foreseeable future, HEART 'core business', should be the focus of the Board and the staff team.

Since the start of the review, HEART staff have been more regularly consulted and communicated with, and this has been welcomed by the staff team.

The absence of suitable IT system coupled with the standard operating procedure/manual being out of date has resulted in staff feeling ill equipped and not confident in their roles.

Since the initiation of the HEART review, staff have reported an improved relationship with the Director of Housing and Communities.

### HEART Board

Momentum is lost between Board meetings and there is a recommendation to increase the frequency of these meetings in order to retain a focus on continuous improvement. There needs to be a stronger strategic oversight and the effectiveness of decisions needs to be regularly monitored. Going forward, the Board should decide on the strategic priorities, agenda and monitor progress of the service improvement plan.

It has been acknowledged by Board members that there is a need for a structural and governance change and moving forward, it is imperative for business cases to be presented to the Board for full consideration and approval, as well as prioritising how reserves are spent. This will also allow for clarification as to whether the objectives of such business cases are aligned to those within the shared partnership agreement.

### Financial position

The financial position of the HEART service requires clarity and transparency around underspend, reserves fee income and any surplus that had been agreed to return to partners.

### Shared partnership agreement

It is recommended that the shared partnership agreement is reviewed during the improvement plan, to reintroduce some of the key principals and quality assurance.

#### Objective 1 – integrate housing and occupational therapy services to meet statutory requirements

To support a more effective integration of the service, there needs to be clearer pathways to ensure quality of services, information and advice, access and that better customer experience is achieved.

Staff feedback indicated that the role of OTs within HEART is not fully optimised and the shortage has resulted in delays before allocations or assessment home visits can take place. It is recommended that the capacity of OTs is increased so that statutory requirements are met in a timely manner.

Difficulty in resolving HR challenges around varied terms and conditions and pay needs a renewed focus, this will enhance the integration of housing and OT services.

#### Objective 2 – maximise customers potential within their homes and improve quality of life

This objective was identified as being partly met, due to pathways and processes requiring simplifying, with a more customer focused approach, in order to support customers meeting their full potential.

#### Objective 3 – reduce pressure on residential care, hospital and reduce care and support needs

Urgent improvements are required to make HEART a more responsive service as the waiting times for assessment and delays in DFG completion are compromising the aim of reducing pressure on more expensive placements. An analysis of why people drop out of the process may give further insight to improve service provision.

#### Objective 4 – to be proactive and avoid crisis situations for customers and carers

The review concluded that this objective is compromised because; the lack of an effective triage system to deal with urgent and complex referrals, the waiting list is not effectively managed, processes are not mapped to avoid blockages and joint working with other services that could support are underdeveloped. In order to resolve these complex service challenges, more proactive leadership is required with a renewed focus on customers.

#### Objective 5&6 – promote health and wellbeing, falls prevention, hypothermia, reducing hazards in the home

More evidence is required about how this objective has been met.

Hoarding has been identified as an increasing demand, however a better understanding around the challenges of this is required. The introduction of the Hospital Liaison Officer project will assist with this. It could also be considered as part of the Home Safety aspect of HEART, providing it is planned and resourced appropriately.

#### Objective 7 – prevent hospital admissions and facilitate timely hospital discharges

Further work is required to make more frequent use of the hospital discharge grant to avoid readmission.

**Objective 8 – develop staff with skills and capabilities to provide intervention and achieve better outcomes for customers**

This objective was judged as being partly met. Recent developments since the review, have been made to support improvement of staff performance, such as a renewed focus on induction and training.

Staff recruitment and retention continues to be a challenge, impacting on the service's ability to meet demand.

The quality of staff supervision requires monitoring and consideration needs to be given around who mentors new staff within the service.

Staff have fed back that complex cases are sometimes allocated to the Home Assessment Officers and they do not feel skilled or competent enough to assess or case manage. Improving recruitment and retention of OTs will support a resolution to this, along with the renewed focus on induction and training to upskill and increase confidence of the Home Assessment Officers.

Opportunities to further develop the role of the Hospital Liaison workers to support an improved transition to out of hospital.

The review highlighted outcomes are 'assumed' using a matrix which captures potential outcomes. Practitioners need to be implementing a more strength-based approach with customers which will be more focused on customer outcomes.