

**Consultation about Care at Homes Re-Design with Daniel Stoddart Care at Home and
Review Lead from Falkirk's Health and Social Care Partnership (HSCP).**

Held on Thursday 1st October 2026

At the Carers Centre, Falkirk

Chaired by Sharlene Ramage (Carer Participation Development Worker).

Online option facilitated by (Katie Baker Hospital Worker).

Notes by Zoom note taker and Sharlene Ramage.

Quick recap

This meeting focused on the proposed restructuring of Care at Home services in Falkirk. The new model will include reablement care to help people regain independence after hospital stays or health declines, higher intensity care for complex needs, and rapid response services to prevent hospital admissions.

Participants raised concerns about continuity of care, the impact on existing care packages, recruitment from private providers, and delays in social work assessments. Daniel explained that the service would be implemented in stages over the next year, with quality assurance officers monitoring care provider performance. The meeting also covered how the new service would integrate with existing community support.

Next steps

Daniel

- Include questions about unpaid caring responsibilities in the recruitment process for Care at Home staff.
- Continue to engage with the Carers Centre over the next year to provide updates on the rollout of the new care at home service.

Sharlene

- Send Daniel some dates for 2027 to confirm his attendance at future Carers Centre meetings. (Sharlene has sent some suggestions).

- Provide the link to the palliative care questionnaire to anyone who requests it.

Care at Home Redesign Updates

Sharlene opened the meeting and welcomed participants, encouraging them to share questions in the chat. Katie confirmed she would address questions posted in the chat. Sharlene announced updates, including an upcoming Alcohol and Drugs Partnership event and a visit from NHS leaders, whilst reminding attendees to please complete evaluations and to stay on topic. Daniel, the Care at Home Lead joined remotely to discuss the agreed proposals for the redesign of care at home services, explaining how feedback from carers influenced the development of the new structure.

New Care Service Structure Proposal

Daniel presented a proposed structure for new care services. The service would focus on reablement, higher intensity care at home for complex needs, and rapid response to prevent hospital admissions. A carer raised concerns about people living alone, without family members/carers to raise concerns. Daniel explained that the quality assurance function would conduct audits to monitor care quality, particularly for vulnerable individuals living alone.

Rapid Response Service Launch Plan

Daniel explained that the planned rapid response service will provide short-term support to prevent hospital admissions when incidents like falls or infections have occurred. He clarified that this service would not replace existing care packages but work alongside them, focusing on preventing hospitalisation rather than providing long-term care.

Home Care Quality Assurance Discussion

Daniel explained that his role focuses on helping people stay at home where possible, with a focus on care maintaining quality of life at home. A carer questioned whether the same standards of care and support would apply after the initial six- eight-week reablement period, expressing concern about care potentially returning to a task-oriented system rather than the person-centred approach promised. Daniel explained that the Quality Assurance Team will be created to improve and maintain good

standards of care, if standards are dropping this team will investigate the why's and liaise with care companies to make improvements.

Outcomes-Based Care.

Daniel explained that while he would like to move away from the current time-and-task based care commissioning model to an outcomes-based approach, he cannot make changes to the existing framework agreement with care providers at this moment in time. He outlined plans to develop a new commissioned framework through consultation, with the goal of eventually allowing more flexibility in care provision based on individual needs rather than fixed schedules. The discussion also touched on concerns about staff recruitment and retention, particularly regarding paid staff on limited visas.

Paid Carer Recruitment

Daniel highlighted the importance of a quality induction process and training for care providers. Daniel explained efforts to attract younger staff with the right values through partnerships with schools and colleges and outlined plans to standardise shift patterns while maintaining flexibility for staff, including those who are unpaid carers. Daniel committed to including questions about unpaid caring responsibilities in the recruitment process to better support staff with diverse needs. Daniel spoke about the recruitment drive and there have been over 100 applicants. Daniel recognises the importance of staff feeling valued and said that if people are well looked after and trained, they are more likely to stay in post and access the progression pathways into leadership roles.

Reablement Approach Public Consultation Results

Daniel discussed the results of public consultations on reablement approaches for care at home services. Daniel explained that while the reablement approach was generally well-received, participants expressed concerns about continuity of care and potential changes to existing care providers. In response to these concerns, Daniel's team decided to offer people the option to switch to external commissioned care providers, whilst ensuring that no one had to take this option.

Daniel spoke about the need for the reablement teams to have good contacts for community networks, Sharlene mentioned the role of community link workers and suggested that perhaps the teams could work closely together.

New Care Service Quality Assurance

Daniel recognises that good care is based around good relationships. This new service will include three quality assurance officers who will monitor and improve care quality, with mechanisms for staff, service users and carers to raise concerns whilst also capturing where things are working well. Daniel explained that if providers don't comply with improvement plans, they could face contract breaches. The service aims to offer assessments and reviews directly through Home Care, potentially reducing waiting times. Daniel outlined a staged rollout timeline, with recruitment underway and the rapid response function planned for Spring/Summer 2027, with measurements of effectiveness planned for the following year.

Carers Views/Suggestions/Comments

- A carer asked, “what happens if people don’t have any family to help them/ raise concerns on their behalf, how are we making sure these people get good care at home”. Reply from Daniel is above.
- A carer asked how they can get care at home as there cared for persons dementia has progressed, Katie who works for the Carers Centre will chat with this carer to update their adult carer support plan.
- A carer said that they have contacted social work as they need an assessment to access part of the Dollar Park Dementia Services, this carer said that they were told it would be a few months at least before social work could carry out this assessment, this carer feels that this wait is “not acceptable”. Katie will also follow up with this carer.
- Katie asked about external care providers and the risk that staff may move to Falkirk’s HSCP team, Daniel said he would welcome anyone to apply who has the right values and skills, Daniel also explained that many skills can be learned.

Consultations for
carers to share their
views with external
organisations

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- A carer commented “I was told to think about what support I may need in 6 months, not what support I need just now because it may take social work that time to react”.
- A carer commented that “Dollar Park are great, not sure if that helps, but they truly are!”
- A carer commented that it is “lovely to see” that they have been listened too.
- A carer asked if there is a cost for reablement, Daniel explained that this is free.
- A carer asked what rapid response is, information about this is in the text above.
- A carer said that the person that they care for had good support at home but when moved into a care home the care was not good enough, this carer feels that more needs to be done to support carers with complaints.
- A carer asked what “category of people” will be eligible to access rapid response, information about this is in the text above.
- A carer said that Daniel’s plans for improvements “sound good, but it’s not solving the problem of people needing support and social work not coming out for months”.
- Depute carer rep Mandy commented that it “was clear to see that carers views were listened to as it was all written up in the IJB papers”. Mandy thanked Daniel for this.
- A carer asked if there cared for person needed reablement care, would they be able to continue with their existing support, Daniel said that this can happen as the reablement team would work around the existing package of care.
- A carer asked how people can access the reablement supports. Daniel explained that referrals can come from hospital but also from the community too.
- A carer asked about quality improvement supports and how carers can let them know if things are not working well for them regarding care providers. Daniel said that there will be things in place that will allow these conversations to occur.
- A carer commented that they contacted the care commission about a care home and the care commission “were not good”.
- A carer asked what if someone is not suitable for reablement at home. Daniel commented that if people need to be in hospital that is where they will be,

however where possible we want to make sure people are not unnecessarily going to hospital.

- A carer commented that it is “very admiral” of Daniel to aim to get this in place.
- A carer asked how Daniel will make sure that people receive a good standard of care once they have finished with the reablement teams. Daniel explained that this is why monitoring and evaluation is important.
- A carer mentioned international carers and short contracts, resulting in changes of carers. Daniel said that this is a home office decision and not a HSCP one.
- A carer asked Daniel if this “work” will “liase” with social work teams. This carer said that “it’s all good you doing a great job with reablement but if social work doesn’t get the package of care right it won’t mean anything”.
- A carer mentioned post diagnostic support and how this wasn’t needed at the initial diagnosis, this carer said they could “be doing with it just now, 3 years later, but I can’t get it”.
- A carer said that the Dollar Park team “have been great, someone comes and goes for a wee walk with the person that I care for”.
- A carer commented that they are “worried that people needing reablement will take priority of care packages”.
- A carer commented that they are worried that “people in hospital will get priority over those in the community”.