

To: SOCIAL WORK COMMITTEE		Subject: HOME SUPPORT SERVICES - INTEGRATION OF PROJECTS
From: DIRECTOR OF SOCIAL WORK		
Date: 19 DECEMBER 2002	Ref: JD/CC/NL	

1. PURPOSE OF REPORT / INTRODUCTION

- 1.1 The purpose of this report is to advise Committee of proposals for the integration of the Home From Hospital Schemes and Intensive Home Support Project into mainstream home support services, and to develop the current Out of Hours Support Service management structure. The report also seeks Committee approval for implementation.

2. BACKGROUND

- 2.1 In 1994 the volume of home care referrals and assessment activity generated from hospitals in Lanarkshire and problems in the throughput raised the profile of this area of work. The Social Work Department identified the need for Home From Hospital Schemes to enhance the capacity of the Department to provide specialist home care assessment and management input to hospital systems and to improve the level of co-ordination and liaison with community based social care services.
- 2.2 Following discussions with Lanarkshire Health Board, a proposal to establish short term intensive home care schemes in Law (now Wishaw General) and Monklands District hospitals to promote effective and efficient discharge of patients aged 65+ years who require social care was approved by Social Work Committee in March, 1994. Both Schemes became operational in the summer of 1994.
- 2.3 Each Scheme comprised of staff solely from Social Work, in the form of a Home Support Manager, admin worker and a dedicated team of Home Support Workers.
- 2.4 Health Care services were provided by community based GP and District Nursing Services, where required.
- 2.5 From the Lanarkshire Joint Community Care Plan for 1995-1998, a joint working group was established to determine how the financial resources (Resource Transfer) released from the planned closure of 35% of continuing care beds could be used to fund alternative services. One option identified for North Lanarkshire was the creation of an Intensive Home Support Service.
- 2.6 The aim of the service was to offer assessment, care management and appropriate levels of social and health care to enable vulnerable older people with high support needs to remain within their own homes. Home Support Services provision in all instances was 20+ hours per week. The target group was those who might otherwise require to move to an alternative care setting such as Residential, Nursing or long stay hospital care. In March, 1998 Social Work Committee approved the setting up of an authority-wide Intensive Home Support Project to support up to 30 individuals.

- 2.7 The Project has a multi-disciplinary team comprising social work and health staff, namely, Care Manager (Social Work), Care Manager (Health), Home Support Manager, admin worker and dedicated team of Home Support Workers.
- 2.8 While the health care component was considered to be essential within the assessment and care management process, the hands-on requirement for nursing and other Primary Care services are provided by mainstream services and the involvement of the Care Manager (Health) has been important in networking with Primary Care partners.
- 2.9 Reports on the development of the Council's Home Support Services were approved by Social Work Committee in August and October 1998. Within these reports a key component for change involved the creation of a formal structure of support and development for the service outwith daytime working hours.
- 2.10 Development of a Home Support Out of Hours Service was seen as essential to provide necessary support for workers to intervene immediately to meet changes in presenting needs of out of hours services users. In November 1998 Social Work Committee approved the establishment of an Out of Hours Service.
- 2.11 The Out of Hours Service and associated staffing levels were set in 1998 to reflect the projected amount of out of hours activity within North Lanarkshire Council at that time. This could not take account of more recent developments in the social work agenda and in particular the new agenda embraced by the Scottish Executive, nor the increase in the volume of overnight home support provision.

3. CURRENT POSITION

- 3.1 There have been significant developments impacting on the health and social care agenda in the last two years. Among the key developments are Modernising Community Care, the Joint Future agenda, Free Personal Care and the Lanarkshire Delayed Discharge Action Plan.
- 3.2 In order to meet the modernising agenda, there have been a number of initiatives developed jointly by Health and Social Work, including Early Supported Discharge Teams and a Rapid Response Service in the area served by Wishaw Home From Hospital Scheme. Joint work with health partners to establish a Rapid Response Service for the area served by Monklands Hospital is currently being undertaken, although an Early Supported Discharge team operates there.
- 3.3 One consequence of these new initiatives has been a redirecting of referrals that may previously have been directed to the Home From Hospital Schemes. In order to meet the challenges of avoiding inappropriate admission to hospital and facilitating rapid and early discharge, these new initiatives have been developed with a greater focus on multi-disciplinary working, joint resourcing and integrated working. As a result, the new initiatives are much better placed to deliver the agenda which was previously that of Home From Hospital Schemes.
- 3.4 Referrals to both Home from Hospital Schemes reduced significantly with the introduction of Early Supported Discharge Teams to the extent that both schemes now offer a limited service. As an interim measure and pending formal discussions between the partner agencies the staffing and resources attached to the Schemes have been appropriately redirected to augment the initiatives that have been developed to tackle delayed discharge.
- 3.5 A formal evaluation of the Intensive Home Support Project has been concluded, the findings showing the service to be both valuable and valued from the perspective of service users, carers and other stakeholders from Health and Social Work. Operational evidence would suggest that in order to make the most effective use of the resources the small project be integrated into mainstream provision.
- 3.6 The Council has acted to shift the balance of care to community-based services by:

- i. increasing the number of home support hours provided by the Council's Home Support Services from 1,634,819 in 2000 to the present total of 2,315,978 hours per annum – an increase of 29.4%.
- ii. getting the independent sector to provide home support services to the value of £600,000
- iii. increasing the number of service users supported by community alarms from 2,400 in 1999 to in excess of 7,000 at the present time and with plans to develop the service further by 1,200 additional units
- iv. providing community alarms on request to people over 75 living alone on request, and
- v. increasing the number of intensive home support packages

3.6 It is worth noting that while the Intensive Home Support Project was designed to support 30 individuals, the six area team Home Support Teams currently support in excess of 200 individuals at a similar intensive level (over 20 hours of service per week). Intensive Home Support has therefore moved from a pilot service to being a service now provided by mainstream Home Care Services.

3.7 Out of Hours services to people with complex needs has increased very significantly and beyond original expectations. In 1998, 10% of service users were receiving support out of hours and over the weekends. At the present time 29/8% of service users receive support out of hours, an increase in 3 years of 19.8%. It is anticipated that with the drive to providing community based services as an alternative to institutional care, such service levels will continue to rise.

3.8 In 1998 the level of overnight service provision was limited. At that time the need for overnight management support to be provided by an Out of Hours Service Home Support Manager was not an essential requirement. Advice and guidance required overnight is provided by the Community Alarm Service nightshift Call Centre Operators.

3.9 However, as the home support service has developed so too has the volume of activity overnight. Currently the service provides excess of 8,500 hours per week to service users with complex needs and it is expected that this figure will increase. There is currently one overnight home support team per Division and there are plans to develop the service further to meet service demands. The presenting needs of service users and carers overnight indicate a more structured approach to overnight management support is required.

3.10 In the light of the developing agenda revision of the Out of Hours Service management structure is necessary to ensure more effective work with partner agencies, in particular the NHS, deliver on new responsibilities and ensure continuous improvement in the delivery of home support services.

This would include:

- i. Immediate response to requests for assessment outwith office hours, including overnight from health colleagues (Acute Hospital staff), service users, carers and home support staff.
- ii. Timeous response to the provision or enhancement of home support services to prevent admission to hospital or care home.

4. PROPOSED OPERATIONAL ARRANGEMENTS

4.1 Over recent months discussions have taken place with Health partners to determine the way forward for the Home From Hospital Schemes and the Intensive Home Support Project.

4.2 In recognising the partner agencies ongoing commitment to facilitating early discharge home from hospital, it is proposed that the resources attached to the Home from Hospital Schemes continue to be directed towards this area of work. However, in the light of the new initiatives developed in line with current thinking it is proposed to re-channel funding associated with the Projects into mainstream services that focus on hospital discharge.

- 4.3 A centralised single Intensive Home Support Project does not fit with either of the partner agencies future plans or the Scottish Executive Joint Future agenda which sees local area based management and resourcing of services Area Teams and Local Health Care Co-operatives (L.H.C.C.s) as the preferred model.
- 4.4 At present, Area Teams are providing intensive home support packages but lack the formal involvement of Community Nursing and the benefits accruing from that involvement. It is therefore proposed that the Intensive Home Support Project is subsumed within mainstream Home Support services delivered from Social Work Area Teams.
- 4.5 It is also proposed that discussions continue to identify a model of working which would facilitate Community Nursing input into the assessment and review process.
- 4.6 With the increasing growth in out of hours service provision, service expectations and changes in the way services are delivered it is proposed to enhance the management structure within the Out of Hours Service to provide management support to service users, carers and home support staff overnight. The support provided would also include responding to requests for assessment from health colleagues (Acute Hospital staff) and partner agencies.

5. PERSONNEL IMPLICATIONS

To integrate the Schemes and Projects into mainstream Home Support Services the Department proposes:

a) Home From Hospital Schemes

- i. Redesignation of the two Home From Hospital Scheme Organiser posts (AP4) to Home Support Manager. The posts will be taken into account when the home support services infrastructure and management support trip mechanism requires an increase in the Home Support Manager establishment.
- ii. The Clerical Assistant/Typists posts (GS1/2) be relocated into mainstream home support services to provide support to the above posts.
- iii. Home Support Workers (Grade 2) be relocated into mainstream home support teams.

b) Intensive Home Support Project

- i. In recognition of the growth agenda for the Council's Life Choices Service, the 50% of the Care Services Manager post (RW32) attached to Intensive Home Support be transferred to Life Choices. This change will improve the management structure within the service.
- ii. The Home Support Manager post (AP4) be deleted. The current postholder be relocated into a vacant post within a mainstream Home Support Team.
- iii. Deletion of Care Manager (Social Care) post (QSW). In order to facilitate the smooth hand-over of care management arrangements it is proposed the post be deleted six months from Committee approval being gained. During this time discussions will take place with the current post holder regarding redeployment to an alternative post.
- iv. The Clerical Assistant/Typists post (GS1/2) be relocated into mainstream home support services to provide support to the Home Support Manager.
- v. Home Support Workers(Grade 2) be relocated into mainstream home support teams.

To Enhance Out of Hours Service provided by the Department to Home Support service users the Department proposes:

c) Out of Hours Service

- i. Create 2wte Home Support Managers posts (RW23) to provide overnight management support to service users, carers and home support staff.

6. FINANCIAL IMPLICATIONS

6.1 There will be no financial implications for the Council. Financial resources will transfer with the various posts to the relocation settings.

6.2 The costs of creating the Out of Hours Home Support Manager posts will be funded from savings arising from the integration of the Intensive Home Support Project into mainstream services.

7 CONCLUSION

7.1 It is considered that the proposals contained within this report recommends a way forward which brings into line Projects which, while having proved their worth, require to be brought into mainstream services.

7.2 The proposals are in line with current national and local thinking, meet the aspirations of all partners and seek to modernise both social care and health services.

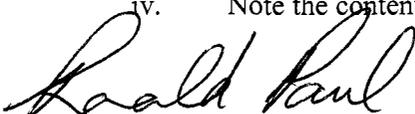
8. RECOMMENDATIONS

8.1 Committee is asked to:

- i. Approve the proposal for the integration of the Home From Hospital Schemes and Intensive Home Support Project into mainstream services.
- ii. Approve the proposed changes at 5. Above.
 - a. Redesignation of two Home From Hospital Scheme Organiser posts (AP4) to Home Support Manager and relocate.
 - b. Relocate 1.5 Home From Hospital Scheme Clerical Assistant/Typist posts (GS1/2)
 - c. Relocate Home From Hospital Schemes Home Support Workers (Grade 2)
 - d. Relocate Intensive Home Support Project Clerical Assistant/Typist post (GS1/2).
 - e. Relocate Intensive Home Support Project Home Support Workers (Grade 2).
 - f. Attach the Intensive Home Support Project 50% of Care Services Manager post (RW32) to Life Choices.
 - g. Deletion of Care Manager (Social Care) post (QSW).
 - h. Deletion Intensive Home Support Home Support Manager post (AP4).
 - i. Creation of 2wte Home Support Manager posts (RW23).

The posts noted from a. to d. to be relocated into mainstream home support settings. The posts noted at h. to be located within Out of Hours Service.

- iii. Remit to Policy and Resources (Personnel) Committee for their consideration.
- iv. Note the contents of this report.



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