

REPORT

Item No: _____

SUBJECT:	Home Support Update
TO:	Integration Joint Board
Lead Officer for Report:	Chief Accountable Officer
Author(s) of Report	Manager Adults (Frailty and Long Term Conditions)
DATE:	5 June 2018

1. PURPOSE OF REPORT

This paper is coming to the IJB for approval. The members are asked to:-

- (i) Approve the implementation plan
- (ii) Note when update reports and papers come to the sub committee
- (iii) Send appropriate directions to North Lanarkshire Council

For approval	<input checked="" type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input type="checkbox"/>
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2. ROUTE TO THE BOARD

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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By: Head of Adult Social Work Services

3. INTRODUCTION

- 3.1 The New Model of Home Support was agreed at the IJB on 27 March 2018 and as part of the recommendations an implementation plan with timelines was to be co-produced with staff and trade unions by the end of April 2018.
- 3.2 Since 27 March 2018 there has been extensive consultation at managerial and operational level and the Home Support Project Board has been re-established. This Board has agreed priorities for action, and the formation of sub groups required and their membership agreed. The make up of the sub groups includes trade union involvement at both the Project Board and each of the sub groups.

- 3.3 As part of the implementation plan, there will be staff briefings as part of a wider communication and engagement strategy.

4. PROPOSED MILESTONES

- 4.1 There are a number of work streams that require to work in parallel, and initially will be out of sync with each other and may take up to two years for all intended objectives to be fully delivered. For example, the establishment of three reablement teams in each locality requires to be done by December to reach the objective of same day discharge as part of Winter planning but not all the training needed for staff allocated to re-ablement teams on all elements of re-ablement will be completed by then and the work on self directed support and individual budgets will only be getting introduced on any significant scale.
- 4.2 Below is a high level overview of the implementation plan summary, which requires to be populated, with further metrics of what success should look like when the desired changes are achieved. This work is ongoing and the Project Board will measure progress and provide update reports of the implementation plan from detailed work by the Project Board sub groups.
- 4.3 Analysis of current capacity and demand on the service is progressing, to establish a baseline on which progress can be benchmarked and this will change and adapt with the rollout of the new model, by measuring demand and required capacity in both re-ablement, intensive teams and through use of individual budgets agreed via self directed support (SDS) roll out. The different elements of the implementation plan along with time scales is set out below.

HOME SUPPORT IMPLEMENTATION PLAN

Same Day Response / Reablement / First Response- By January 2019:

- Establish 3 reablement teams in each locality (currently 2 teams per locality)
- 100% of new referrals and identification of significant changes to people's need for support, will go through reablement team with base line figures established from July 2018 in order to demonstrate improvement.
- 50% of those going through re-ablement will require no further support at the end of the process.
- Pharmacy support plans will be in place for service users and carers as part of re-ablement

An outcome measurement tool will be agreed and implemented for use with individual service users

What success means:

- 100% of individuals with restart or new homecare service will have same day discharge from hospital
- Weekly occupied bed days for homecare will reduce from current baseline of c130 to c70.

(The median number of weekly bed days has reduced from 197 in early 2017 to 102 in April 2018.)

- Achieve 50% or more of people not requiring further support (including support with medication) at the end of re-ablement
- Pharmacy plans in place for those who need this following re-ablement
- Evidence produced and available showing good outcomes, particularly for inclusion and independence on the agreed outcome tool.

Create Additional Specialist Teams (Intensive) By end of March 2019:

- Establish two intensive teams in each locality (currently 2 localities with 2 teams, 4 localities with 1 team) and harness the learning from the integrated worker test of change.
- In conjunction with the Housing service review of sheltered Housing; establish a model of support for the three tiers of sheltered accommodation, particularly Sheltered Plus accommodation, so that it is a real alternative to residential care. (This will include a review of the housing support contract for very sheltered housing.)
- Establish the requirements of Children and families for any home support services and how this would be resourced.

**Self Directed Support
By October 2018**

- Rollout of SDS arrangements complete with new GSA agreed, SWIS changes made and Area Wide and Locality monitoring arrangements in place of the current LEG/SWEG arrangement.

From November 2018 to March 2020

- Full rollout of SDS for service users going through reablement. (Capacity of the in house service and Independent providers will partly dictate pace of change.)

**Medication Administration
By end of October 2018:**

- Policy, Procedure and training manual for medication administration agreed and signed off.
- Detailed and costed training programme agreed and timescales for training all staff, including SVQ 3 module on medication administration.
- Wider awareness training for staff and medics who prescribe medication on the value of medication alignment. (Taking account of service times when prescribing medication to ensure greater consistency).

From October 2018 to March 2020

- Full implementation of the medication administration policy across in house, independent sector and Acute sector collaboration.

Training - By March 2020

Registration for SVQ 2 for all staff to be complete

By March 2023 -

SVQ 2 Registration certification to be achieved by all home support staff

Detail yet to be agreed -

Full re-ablement training elements to be agreed and time scales for Implementation Medication module of SVQ 3 to be undertaken by all staff

Work Patterns**By October 2018 -**

- Complete the consultation with staff and unions on the agreed standardised set of work patterns across the workforce in order to provide a more consistent service across localities.
- Agreement on the individual staff who will be working in reablement and intensive support and those who will be working in mainstream or other specialist support.

By March 2020 –

- Work complete regarding staff working arrangements and new management arrangements for supporting in house work through SDS budgets
- Less staff working in the early afternoon with more appropriate tasks and functions being carried out in the morning and evening
- Developed performance measures to show greater flexibility in the mainstream service and greater service user choice.

IT Solution**By October 2018 –**

- Complete the process mapping required to commission the IT solutions required.

By March 2019 -

- Either tender or commission the IT solution(s) for real-time capturing and reporting of performance and management information and smart service delivery.

5. CONCLUSIONS

5.1 A significant challenge over the transition period will be about how we improve our use of data, analytics and metrics to be used in real time management as well as measuring performance. This is part of the discussion with Kirona, (who currently support the electronic Job Manager and dynamic recording systems for the home support smart phones) and our own IT services, that operating more effectively is not just about smarter staff scheduling but producing real time performance management information for managers to make decisions in the moment but also demonstrate the

6. IMPLICATIONS

The various elements of this implementation plan will require considerable engagement, cooperation among service users, carers, frontline staff and managers due to the range of changes which are needed. The IJB's support will be a positive contribution to delivering the changes.

6.1 NATIONAL OUTCOMES

The implementation seeks to reduce unscheduled care admissions, improve speed of discharge from hospital, give people more choice and control over their support and improve their health and well being.

6.2 ASSOCIATED MEASURE(S)

N/A

6.3 FINANCIAL

This paper has been reviewed by Finance:

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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6.4 PEOPLE

For people working the service, there opportunities for improved training opportunities and development of skills and experience. The trade unions are involved in the sub groups which are charged with implementing the changes and support the direction.

6.5 INEQUALITIES

EQIA Completed:

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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7. BACKGROUND PAPERS

None

8. APPENDICES

None

9. VARIATIONS TO DIRECTIONS?

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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A handwritten signature in black ink that reads "Janice Hewitt". The signature is written in a cursive style with a large, looped initial "J".

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CHIEF ACCOUNTABLE OFFICER (or Depute)

Members seeking further information about any aspect of this report, please contact Bobby Miller, Head of Adult Social Work Services on telephone number 01698 332069.