REPORT

Item No:

SUBJECT:	Update on Community Alarm Service Developments
TO:	**Integration Joint Board**
Lead Officer for Report:	Alison Gordon, Head of Children, Families and Justice Social Work Services
Author(s) of Report	Jim McCreanor, Community Social Work Manager
DATE:	12 June 2019

1. PURPOSE OF REPORT

This paper is coming to the IJB

For approval	☒	For endorsement	☐	To note	☐

To further update the Integration Joint Board (IJB) on the progress made in developing the Community Alarm Service (CAS) since the initial report to the IJB in March 2018, and the report of 30th October 2018.

2. ROUTE TO THE BOARD

This paper has been:

Prepared	☒	Reviewed	☐	Endorsed	☐

By: Jim McCreanor / CAS Project Board

3. RECOMMENDATIONS

The Integration Joint Board is asked to

(1) Note the further progress made in developing the Community Alarm Service within North Lanarkshire.

(2) Endorse the planned extension of the partnership with Getting Better Together Shotts as detailed in section 5.7 of this report

(3) Note the Council's recommendation with respect to reversing the IJB's previous decision on needs led assessment for over 75s to be considered in conjunction with the further information and analysis provided below

(4) Agree intermediate action to enhance the response capacity of the CAS as outlined in section 9.2

(5) Agree the ongoing development of service be aligned with the Home Support Review

4.   BACKGROUND/SUMMARY OF KEY ISSUES

4.1   The Integration Joint Board agreed on 27 March 2018 that following the consultation work undertaken in autumn 2017: (1) A change be made to the eligibility criteria for the service removing automatic provision on request for those over 75 years old and living alone and linking provision of a Community Alarm Service to assessment of need in line with other social care support and (2) that future service planning be undertaken to address service quality, sustainability and the interface with wider developments in care at home,

4.2   The key actions identified included:-
- The implementation of a needs led assessment for all new referrals to the service from June 2018.
- Expanding the range of professionals who can undertake a needs led assessment.
- Building on our work through MLE (Making Life Easier) to develop a guided self-assessment.
- Establishing a service review group to address the challenges facing the service including an increase in demand, the need to improve response times going forward, and to revisit the core aims and objectives of the service.

5.   Progress to date: Assessment, Signposting and Service User Engagement

5.1   Since the introduction of needs led assessment for all accessing the service in June 2018 there have been 1954 assessments undertaken which have led to the provision of a community alarm service. These assessments have addressed not only the appropriateness of the request but wider factors including social isolation, carer's needs and income maximisation. The income generated from these assessments is just over £1.1million as at 30 April 2019. Of this sum the total generated for those individuals 75 and over was £509,997.

5.2   The majority of the assessment requests received into the service are not single service requests, i.e. a direct request for a community alarm, but are for wider community care assessments. Where this is to support hospital discharge to a person's home this may include consideration of natural supports, reablement and other services such as home support service and equipment to support daily living, in addition to the need for a community alarm. This makes it difficult to draw a direct comparison between service requests and provision of the service. We have from 1 June 2019 introduced a new option within the social work IT system to allow us to know how many individuals have requested a service, including a community alarm who have been signposted to other community 3rd sector supports, or other services. There is continued growth in demand, with an average of 150 service requests per month, minus the reduction via withdrawals resulting in a net increase per annum of around 600 alarms.

5.4   As outlined in the previous report to further enhance access we have been developing a guided self-assessment on 'Making Life Easier'. A guided self-assessment is a tool on the Making Life Easier website which allows an individual to choose aspects of their daily life with which they are having difficulty and may need support. The completion of the self-assessment will point people towards community supports, other service providers, support from health and social care services or recommend a fuller community care assessment.
The new facility will enable an individual, family member, or professional wishing to request a community alarm to undertake a guided self-assessment. There have been focus groups with service users and carers to evaluate the guided self-assessment, and there is a planned go live date of July 2019.

5.5   As part of the introduction of the new assessment process we wrote to all existing users of the service to assure them that there would be no change to their service and offering a needs led assessment. In addition we asked that they complete an updated personal information template to ensure our records were accurate. Some 3550 people returned these forms and our systems have now been fully updated with any amendments advised.

5.6   This exercise has led to the service holding fuller and more accurate information on its service user base. Going forward consideration is being given to other options including a regular newsletter to all community alarm users, which would advise them of any updates, changes, and prompt them to contact us if there is any change in their personal circumstances.

5.7   As part of a partnership initiative to improve our knowledge of, and service to, our existing service users we have been working with a 3rd sector provider, Getting Better Together, Shotts. A liaison officer from the organisation has been visiting individuals who have the service, and carrying out a "conversation" to ascertain whether they have used the alarm and if there is a change in their circumstances, or if they require additional support. If so, they are put in contact with the relevant organisation. Up until the end of April 2019 the liaison officer has carried out the following activity:-

Service Users Contacted	No of Visits carried out	Amendments made to S/U details	Signposting	Referrals made	Satisfaction
1418	994	971	2302	19	100%

- Funding for the liaison officer carrying out this work has been to date on a temporary rolling 3 month basis. There is an identified need to make this a permanent arrangement and monies have been identified from existing budgets to fund this post on a permanent basis.

5.8   In the previous report on the service a commitment was also made to expand the range of practitioners who carry out a needs led assessment. This has been achieved on a small scale, as a test of change with one of the acute hospital sites. A further expansion is with health professionals working in the newly established rehabilitation teams in the 6 localities. This has been positive and we are now working with them and beginning to receive assessments from allied Health Professionals within these teams.

5.9   **Council Recommendation**
On 4 April 2019 following a motion made with respect to the service, North Lanarkshire Council made the following decision:-

- that the Council notes the decision taken by the Health and Social Care Integration Board (IJB) on 27 March 2018 to alter the eligibility criteria for community alarms so that elderly people aged 75 years plus and living alone were no longer given automatic access to the service free of charge upon request to one whereby community alarm eligibility for individuals over the age of 75 is based on a needs assessment;

- that it be agreed that after one year since the change of eligibility criteria was approved, the IJB should re-evaluate the decision with a report being prepared for a future meeting of the Board containing recommendations to re-instate the previous eligibility criteria so that elderly individuals over 75 years old in North Lanarkshire, who are living alone, are able to receive a free community alarm from the Council

once they have requested access to the service and that this should no longer be dependent upon a needs assessment;

- that it be noted in the report approved by the IJB on 27 March 2018 one of the key reasons listed for changing the community alarm model in North Lanarkshire was that the Council did not possess enough information on the individuals currently using the service due to the lack of an assessment process; therefore agrees that under any formal decision to re-introduce the previous criteria, efforts should be made to assess the health of all over 75 years olds requesting a community alarm so that the Council holds as much relevant knowledge as possible on service users but accepts that a needs assessment should no longer be used to determine access to a free community alarm for every person in the 75 plus bracket living in North Lanarkshire, and

- that the Council re-instates its support for the provision of community alarms free of charge for over 75 year olds and is fundamentally opposed to the re-introduction of a change for access to the service.

5.10   It should be noted that the needs led assessment for all requests for a community alarm ensures that the service has a much greater understanding of the person's needs, living arrangements and supports, and that a return to the previous criteria as agreed by the Council on 4 April 2019 has the potential to disadvantage those individuals over 75 requesting an alarm, who do not receive a full needs led assessment.

6.   Wider Service Review

6.1   The wider service review continues to be progressed via a Project Board which includes the following representatives:

- Heads of Service
- Unison Trade Union
- 3rd Sector – Getting Better Together, Shotts; North Lanarkshire Carers Together and VANL
- HR Business Partner
- Enterprise and Housing Resources – Business Strategy Officer, Housing Solutions
- Social Work – Team Leader, Community Alarm Service, Community Social Work Manager; Manager Adults (Frailty and Long Term Conditions).
- Health – Discharge Co-Ordinator (University Hospital Monklands)

6.2   The main areas of focus have been:

- revisiting the aims and objectives of the service
- requirements and recommendations from the Care Inspectorate
- linkage to the wider Home Support Review
- opportunities to develop greater links with the 3rd sector
- equipment and digitalisation
- service quality and sustainability

7.   Service Scope Aims and Objectives

7.1   The Project Board has looked at how other similar services operate across the rest of Scotland. There is no uniformity of service provision, number of service users, nor types of response. The majority of Council community alarm services offer only an emergency response, with some only offering the call handling aspect to the response with the response, if required, coming from a relative, neighbour or the blue light service.

7.2   Currently 57% of service delivery by the CAS in North Lanarkshire is providing support to individuals with unplanned personal care rather than emergency or crisis response per se. A further percentage of calls to the service are also individuals seeking reassurance. The challenge for the service is that supporting people with personal care means that the response to more urgent needs i.e. for someone who has fallen, may take the service longer particularly at times of heavy demand (This links to 8.1 and the Care Inspectorate's grading's and the need to consider additional temporary staff to offer a more timeous response). Peaks in demand are around the times when people are getting out of bed in the morning, needing assistance with toileting, or some aspect of personal care. This is also the peak time in demand for the home support service, which CAS call handles for up until the local offices open at 8.45am. Home support calls at this time between 6am and 8.45am are 2 fold. The public calling because of a change in their needs in the morning, they may be going out, in hospital etc and they or a family member is calling to cancel a service. Also this is the peak time for staff calling in due to their inability to attend work, due to their or a family member's illness or another change in their circumstances which impinges on their planned work schedule. The current CAS IT system makes it difficult to accurately monitor and produce data on response times. We are currently working with Provider of IT System to find a solution to this problem. In the interim we are, for a 3 month period, carrying out a manual exercise to retrieve data to monitor the services response times.

7.3   The Project Board has considered various options for a new set of aims and objectives for the service and the preferred option is attached at appendix 1. It should be noted that the proposed aims and objectives are broad and reflect that the service is not just an urgent response service, but one which supports the wider principles of the Health and Social Care Partnership to allow to individuals to live in their home, safe, healthy independent lives

8   Registration and inspection of the Service

8.1   The service is registered with the Care Inspectorate and has until recently consistently had grading's of 5 (very good) for all areas, reflecting a well-run but busy service. The 2 most recent inspections have seen a change in the grading's with the service being graded at 2, weak, for both Quality of Care and Support, and Quality of Management and Leadership. The grading's in these two areas reflect the Care Inspectorate's analysis that there are not sufficient staff resources to meet the service demand. This is based on observation, the scale of the service and the capacity absorbed by the provision of unplanned personal care as outlined above. Although satisfaction levels for the service remain high, as reflected in the feedback from the work of the Liaison Officer from Getting Better Together Shotts, the majority of complaints to the service are in relation to response times.   The Care Inspectorate have been explicit in their most recent inspection report, May 2019, that due to the level of risk that people may be at due to the length of some response times they would consider issuing an enforcement order on the service if additional staffing are not recruited.

9   Future Development of Service

9.1   Proposals for the future development of the service include looking at the co-dependence of many people who call the service for assistance, but also receive services from the wider home support service, to consider if we can move to a more integrated approach (as outlined in section 9.5 below) There are also opportunities to develop a role for the 3rd sector around calls which are received from people seeking reassurance (see section 9.6 below). Both these and further potential developments to improve the quality, appropriateness and prioritisation will however take some time to progress.

- There are currently 9383 service users and an annual growth rate of 600 service users per year. At any given time over a 24 hours period the service has 3 vehicles operating across the 6 towns. As well as responding to calls the home support workers also install alarms and other equipment at the rate of circa 150 units per month.
- The average number of requests which result in a home visit is 10 per hour. Each of these visits can last 20-30minutes, not including travel time.
- Ability to measure response times from the CAS IT system to enhance staff development and improve service delivery

9.2   Options for enhancing capacity in the interim to support improved response times to meet service demand and mitigate the risk of enforcement were tabled at the Health and Social Care Resource Planning Meeting on 13 May 2019. It was agreed to temporarily increase the capacity of the service to respond by adding an additional response vehicle and crew to augment the current response team. This would enhance capacity to allow for a vehicle and crew to be developed across 4 areas at all times and could begin to mitigate the risk currently identified from longer response times. The need for staff is seen as a temporary measure as the wider Home Support review would allow for greater synergy and opportunities for merging and sharing resources more efficiently and effectively across the authority.

9.3   Moving forward it is proposed to link the further development and review of the Community Alarm Service more integrally with the Home Support Review given the clear synergies and co-dependencies between the two areas of work. Specifically it is proposed to

- opportunities to look at co-location and call handling
- closer links between the locality home support teams and the Community Alarm Service to see if there are opportunities for closing working
- To consider opportunities to deregister the community alarm service and have it inspected in the way we currently have our re-ablement teams inspected, i.e. as a sub set of the home support service. We are currently in dialogue with colleagues at the Care Inspectorate to explore options.

9.4   As part of the work of the Project Board we have been exploring ways to utilise 3rd sector options as a response to need, particularly around areas such as someone calling the service to seek reassurance.

- We have started discussions on options to explore opportunities to see if a 3rd sector provider could respond to these types of calls and offer reassurance, support, access to local community supports such as befriending.
- This in turn would free up the call handlers to deal with the more urgent priority calls.

9.5 In the last report to the I.J.B. in October 2018 we noted the potential financials implication for the UK government's plan to move all households to Digital Telephony by 2025. The service has been attending information briefings from the current equipment providers and the Scottish Government Digital Office.

The three main areas of risk are:

1. That individual service user's telephony equipment is changed by their provider to digital, they do not notify the service, and the equipment is not compatible with our current system, Tunstall. The service would have no way of knowing this and it would leave the service user at risk if they required assistance from the service.

2. The need to replace the current analogue alarms, based on 10,000 units, at a cost of £199 each, would total a cost of approximately £2 million.

3. The new digital alarms use a sim card and the cost of each sim per month is £5 and again this would need to be met by the service at an annual cost, based on 10,000 service users of £600,000 per annum.

Both these options are based on a worst case scenario if the move to digitisation means full replacement costs for all the current analogue equipment.

At this juncture it is unclear whether the current analogue equipment will be able to operate with the new digital telephony.

10. CONCLUSIONS

10.1 To endorse and agree the revised aim and objectives of the community alarm service.

10.2 As can be seen from the report there has been positive progress made on the areas outlined in the 2 earlier reports to the I.J.B. in March and October 2018. In particular the enhanced information and knowledge that call handlers to the staff attending a person's home have from the detailed information contained within the needs led assessment. This allows staff to better prioritise calls and to be better informed prior to the response visit. Also the work with the 3rd sector has ensured that we have accurate updated information on an individual and this is one area, along with a test of change on calls from individuals needing reassurance, that we would want to continue to develop in the future. The greater depth of personal information around areas such as medical needs, carer support, living circumstances for those living alone, would suggest some caution on the Council's recommendation to reverse this. The removal of a needs led assessment for all requests for the service may inadvertently disadvantage those over 75 and living alone.

10.3 There is a need now to link the next phase of operational development with the wider Home Support review and having the Community Alarm Service work stream as a sub group of the Home Support Implementation Plan would seem logical and offer synergy between the 2 work streams.

10..4 The bigger challenges around staffing resources, response times, how we develop options with our 3rd sector partners for low level support and the digitalisation agenda would all be taken forward via this work stream. Any future updates on these areas of work would be reported via the Home Support review.

11. IMPLICATIONS

11.1 NATIONAL OUTCOMES

Outcome 1: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Outcome 2: People who use health and social care services have positive experiences of these services, and have their dignity respected.

Outcome 3: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Outcome 4: Health and social care services contribute to reducing health inequalities.

11.2 ASSOCIATED MEASURE(S)

As a registered service the service is subject to external evaluation by the Care Inspectorate. A number of performance measures are currently recorded and will be reviewed as part of ongoing service development referenced above.

11.3 FINANCIAL

This paper has been reviewed by Finance:

Yes	☒	No	☐	N/A	☐

The financial impact of changes to the eligibility criteria has been marginal with the individual community alarm units and installation costs continuing to be absorbed within existing resources.

Following the inspection in May 2019, in order to respond to the Care Inspectorate requirements, officers supported the recommendation to the IJB that an earmarked reserve of £0.220m is established to fund an increase in the capacity of the Community Alarms Service for a fixed period of time. The establishment of the earmarked reserve will ensure an adequate 'minimum' staffing level and vehicle provision is in place to ensure a safe and timeous response to people who request assistance from the Community Alarms Service.

This option was supported by officers at the Health and Social Care Resource Meeting on 13 May 2019 in order to address the immediate priority of increasing the capacity to improve the response times of the Community Alarm Services and mitigate the concerns raised by the Care Inspectorate.

The request to establish the earmarked reserve of £0.220m is pending IJB approval and is subject to consideration of both this report and the separate report to the IJB on 12 June 2019 in respect of the IJB Reserves Strategy.

It is recognised that this is a temporary funding solution at this stage. The financial implications of the next phase of operational service developments will be considered as part of the wider Home Support review and the medium to long term financial planning strategy.

11.4   PEOPLE

None

11.5   INEQUALITIES

Yes		No		N/A	
	☐		☐		☒

12.   BACKGROUND PAPERS

None

13.   APPENDICES

Appendix 1. -   Community Alarm Service Revised Aims and Objectives

14.   VARIATIONS TO DIRECTIONS?

Yes		No		N/A	
	☐		☐		☒

IJIB - Variation to
Direction.docx

The direction to North Lanarkshire Council will be updated following consideration of both this report on the Community Alarm Service and the request to establish the earmarked reserve of £0.220m by the IJB.

....
INTERIM CHIEF OFFICER (or Depute)

Members seeking further information about any aspect of this report, please contact Alison Gordon, Head of Children, Families and Justice Social Work Services on telephone number 01698 332001.

Appendix 1.

Community Alarm Service
Revised Aims and Objectives

North Lanarkshire Council provides a Community Alarm Service to help people live as independently as possible within their community.

Aims and objectives of the Community Alarm Service (CAS)

• North Lanarkshire Council aims to support individuals in maintaining their independent lifestyle in the community by providing an urgent response service.

• The service will be sensitive and responsive to the race, culture, religion, age, disability, vulnerability, gender and sexuality of the people receiving a service.

• Our aim is to deliver a high quality service which provides support and care with dignity, respect and choice for individuals, carers, relatives and representatives.

The Community Alarm Service is registered with the Scottish Commission for the Regulation of Care (The Care Inspectorate).

Service objectives

• To provide a 24 hour response service to support people to remain independent and safe in their own homes.

• To contact emergency services such as ambulance, fire or police on behalf of the service user.

• To reduce admission to hospital, residential or nursing home care.

• To assist in the early discharge of people from hospital.

• To provide a quality, cost effective service that meets service user needs.

• To deliver an integrated service that compliments other support being provided.

• The service does not provide regular support or replace a care package.

The service is available to any North Lanarkshire resident who is assessed as needing the service.