

North Lanarkshire Council Report

Adult Health and Social Care Committee

approval noting

Ref MF/MF

Date 29/08/19

Development of the Integrated Rehabilitation Teams

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Executive Summary

The purpose of this report is to provide information in relation to the roll out of rehabilitation teams across all localities in North Lanarkshire and to provide an update to the committee on performance in relation to the teams. It will include proposals to further augment the work undertaken by the teams in the context of the North Lanarkshire Health and Care Partnership Strategic Plan, the implementation plan following the integration review, NLC Home Support Redesign, First Point of Contact, and Discharge to Assess work streams.

Recommendations

Committee members are asked to:

- Note that there will be a process put in place to agree a sustainable model which will take into account leadership, administrative support, an appropriate skill mix and identification of clear professional governance through the Integrated Operational Group.

The Plan for North Lanarkshire

Priority Improve the health and wellbeing of our communities

Ambition statement (12) Ensure our residents are able to achieve, maintain, and recover their independence through appropriate supports at home and in their communities

(13) Improve preventative approaches including self-management and giving people information and choice over supports and services

1. Background

- 1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 set the statutory framework for North Lanarkshire Health and Social Care Partnership (HSCNL) and the evolution of the locality model of health and care.
- 1.2 In March 2017, the Integration Joint Board approved the Strategic Commissioning Plan, 'Achieving Integration', which set out the commissioning intentions for 2017/18 where strengthening rehabilitation services across North Lanarkshire was one of the identified intentions. This defined the partnership's commitment to create multi-disciplinary teams in each locality, and for pan-North Lanarkshire services, in line with the Integrated Service Review Board Report.
- 1.3 On 18 September 2017 a demonstration site in the Motherwell locality was created, incorporating therapists from NHS Lanarkshire (community based services), and North Lanarkshire Council staff into an integrated community team.
- 1.4 The Long Term Conditions and Frailty Board Project Board, which contributes to the development of community and hospital based strategies, made the decision to roll out the Rehabilitation model to the other 5 localities. This was achieved on 29 October 2018. For the initial development and implementation of the teams, extra resourcing of temporary team leaders and temporary administrative support was provided by both partners.
- 1.5 The paper "Celebration of Achievement" presented to the IJB in June 2018 presented an overview of the project to date recognising the contribution of the teams to health and social care integration.
- 1.6 Strong progress has been made in rolling out and developing the new rehabilitation service, with an Integrated Operational Group now in place to drive the project forwards.

2. Report

2.1 Role of Rehabilitation Teams and Integration Review

- 2.1.1 The teams have now been established for 9 months and learning has informed wider strategic and operational developments. The primary aim of the team is to provide a range of specialist rehabilitation to enable maximum personal outcomes and wellbeing for the people in North Lanarkshire. The team provide prompt rehabilitation responses to support early discharge planning from hospital or, where possible, help avoid hospital admission. The Rehabilitation Teams are also involved in initial screening and assessment for home support and reablement services.

2.1.2 The team's work currently links with other ongoing service developments, including plans for Discharge to Assess where people will be discharged home from hospital to be assessed at home with immediate service and support as required. As well as developing services across the 6 localities, work is also progressing in relation to including Dietetics, Pharmacy and GPs in relation to prescribing. Imminent work will consider and detail relevant assessment stages and processes for all new enquiries, from signposting to complex high risk referrals. This is to offer service users a streamlined, consistent experience at initial contact across all professional groups and fit with the Partnership's first point of contact framework

2.2 Future Planning and Context

2.2.1 In May 2019 the short life steering group for the Rehabilitation Team development, which was chaired by the Head of Health, concluded and the lead operational responsibility is now held by the Integrated Operational Group chaired by a Health and Social Work Manager. This group reports directly to the Long Term Conditions and Frailty Project Board. Strategic development of the rehabilitation teams will be progressed and managed by the Board with performance being reviewed by this group and within each Locality based performance framework.

2.2.2 The additional temporary supports for the team leaders were funded from short term earmarked resources, with the team leaders agreed until October 2019 supplemented by additional administrative supports to date. This has been used to familiarise managers and staff with host recording systems to detail and improve existing pathways and offer practice consistency across all 6 Localities. Administrative support has been crucial in the coordination at the early stages of development and at present driving changes forward while supporting strategic development. Through the successful development of the service, 4 additional Band 4 posts have been added from Physiotherapy, highlighting the shift in the balance of care towards community.

2.2.3 Work will need to continue to build on the beginnings of simple collaboration and partnership towards radically different models of integrated care. Strong leadership is important in addressing the complexities associated with different health and social care policy and systems to benefit individual service users/patients. The professional leadership by an allied health professional (AHP) has strengthened service delivery, practice and joint working across localities and with acute colleagues. Creating a clear line management structure which supports the operational and professional needs of the rehabilitation teams creates an opportunity to facilitate active involvement on the wider developments for the Partnership.

2.2.4 The creation of a sustainable future rehabilitation model which fits within a broader service delivery in each locality will consider leadership, management and professional roles.

2.2.5 As part of the 2019/20 financial plan, savings were agreed with the local authority and IJB, including administrative support and assessment and planning staff.

2.2.6 The future direction and development of the rehabilitation teams need to be viewed alongside that of the home support redesign, assessment and planning and First Point of Contact (FPOC).

2.2.7 In addition, Locality management structures will require to be finalised, in line with the Integration Review implementation plan.

- 2.2.8 The Integrated Operational Group will undertake a review to agree:
- Professional supervision, governance, and accountability structures to support staff within each partner organisation
 - Agree a sustainable model that takes into account leadership, administrative support and appropriate skill mix.

2.3 Performance

2.3.1 Performance from the rehabilitation teams requires to evidence the above and this is happening in practice across localities.

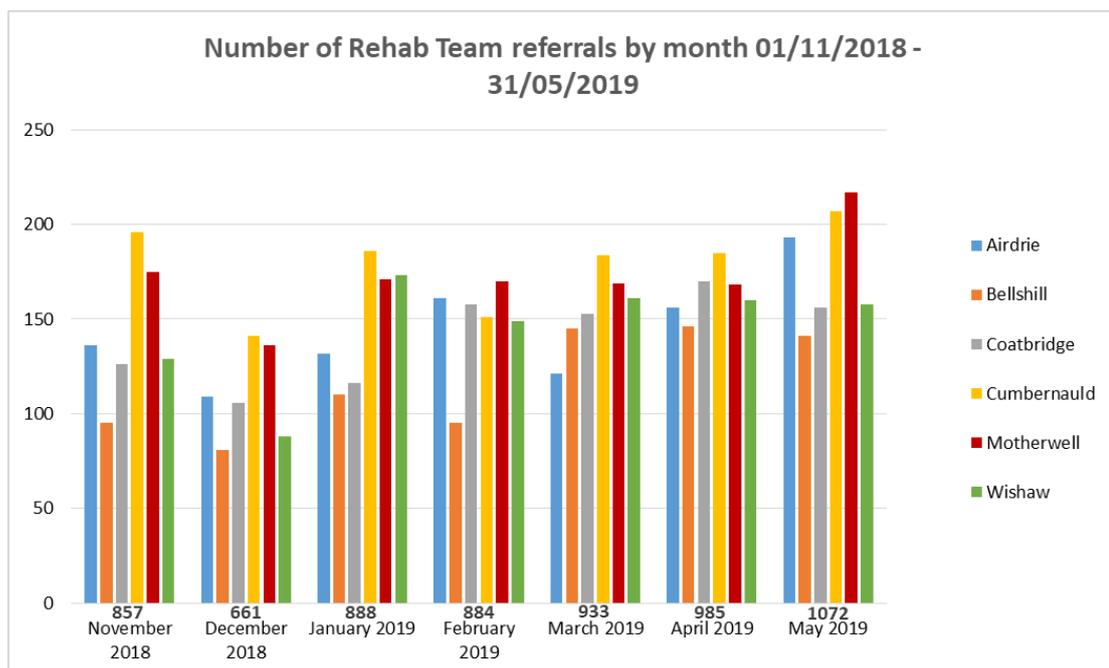


Fig 1.

2.3.2 This highlights that the number of referrals being received by the teams has increased by 25% over the last 6 months and visibility and confidence in the teams has increased.

2.3.3 This information was previously captured separately through the professions (Health Occupational Therapists, Physiotherapists, Social Work Occupational Therapists and Community Assessment and Rehab Service).

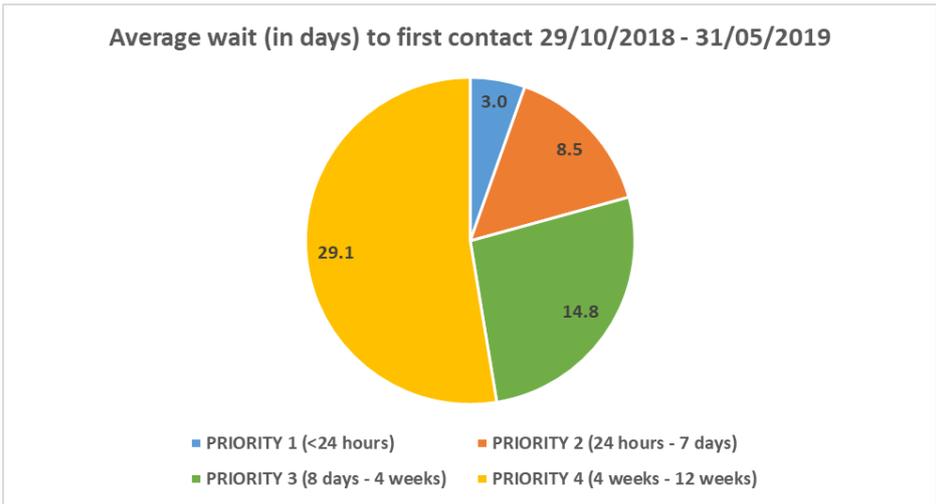


Fig 2.

2.3.4 Figure 2 provides a breakdown of the average wait in days to first contact split by prioritisation category.

2.3.5 This gives an indication that individuals are being seen mainly by one professional in the team within the agreed timeframes according to the prioritisation framework. While further attention is required to bring category 2 within the 7 day target, overall this presents a positive and improving picture.

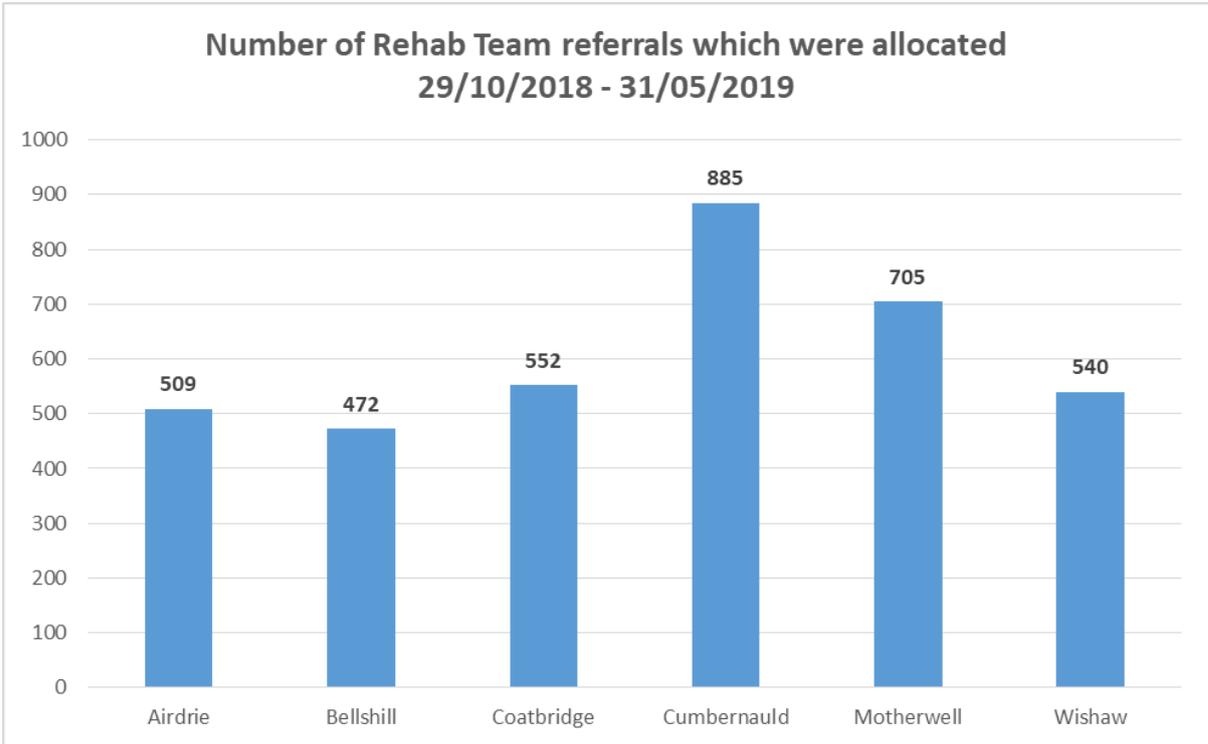


Fig 3.

2.3.6 Figure 3 shows the activity across localities. Rehabilitation waiting times and performance data is now being reported in a consistent manner across all 6 localities.

2.3.7 There has been a recently developed data set agreed across professional groups for both NLC and NHSL and the social work electronic recording system (SWIS) is able to support the gathering of this data. Future performance reporting will include the following:

1. Number of referrals allocated per month and per professional group
2. Number of cases closed/ discharged per month and per professional groups
3. The waiting times by priority level and by professional grouping
4. Information regarding responses within prioritisation frameworks

2.3.8 During 2019/20, the dataset reported to the Adult Health and Social Care Committee will be updated to include ongoing reporting on the progress of the service.

3 Equality and Diversity

3.1 Fairer Scotland

Service user feedback suggests a high level of satisfaction with the right service, right time, and right person model adopted by the rehabilitation teams. This fits with the objectives of the North Lanarkshire Plan. Performance will continue to be monitored and reported to the Operational Leads Group. **See appendix 1 (telephone surveys) which evidence strong satisfaction receiving supports from the rehabilitation teams.**

3.2 Equality Impact Assessment

Stage 1 has been completed.

4 Implications

4.1 Financial Impact

4.1.1 The initial demonstration team was achieved within current budgets, however, as part of the roll out 6 temporary team leader posts and 6 temporary admin supports were put in post, supported by fixed short term funding from earmarked reserves, some released funding from the previous Community Assessment and Rehabilitation Service and uplift funding from Physiotherapy.

4.1.2 The creation of a sustainable model now requires agreement through the Integrated Operational Group, taking into account management, professional leadership, administrative support and appropriate skill mix, whilst also recognising the agreed savings outlined within the 2019/20 financial plan.

4.1.3 A future report to committee will provide an update on the agreed funding position for relevant staff from October 2019 onwards.

4.2 HR/Policy/Legislative Impact

- 4.2.1 The rehabilitation teams are integrated, formed from NHSL (physiotherapists and occupational therapists) and NLC (occupational therapists) staff.
- 4.2.2 The rehabilitation teams currently have Team Leader and Administration posts through temporary funding. An exercise is being developed to review future skill mix and support for teams on a sustainable basis from existing resources.
- 4.2.3 Staff will continue to remain under their parent organisation legislative framework (presently NHS and NLC employees).
- 4.2.4 The recommendations comply with The Public Bodies (joint Working) (Scotland) Act 2014.

4.3 Environmental Impact

Individuals are being seen in a community setting.

5. Measures of success

- 5.1 The staff being co-located has resulted in a reduction of assessment duplication across therapists which was evidenced in the initial demonstration project in Motherwell; this improvement continues across all localities. Now, the most appropriate therapist undertakes the initial assessment and only when additional speciality is required is there a request for other therapists to be involved.
 - 5.2 Working alongside the redesign of home support and reablement there has been an increase in the percentage of new or increased supports which started in the reablement service. All increases in home support and new supports are screened by the rehabilitation team. This stood at 67% for quarter January- March 2019. It should be noted that performance against this indicator has shown gradual quarter-on-quarter improvement since July- September 2018 when it stood at 49.7% before the roll out of the teams.
 - 5.3 Positive feedback from people receiving the service. **See appendix 1 (surveys)**
 - 5.4 The shift from hospital to community based assessments and the number of people being supported home using the discharge to assess model highlights progress and improvement.
 - 5.5 During 2019/20, the Adult Health and Social Care Committee performance report will be developed to include key measures from the rehabilitation service.
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6. Supporting Documents

6.1 Review of Integration paper, submitted to the Adult Health and Social Care Committee in May 2019:

<https://mars.northlanarkshire.gov.uk/egenda/images/att90657.pdf>

6.2 Appendix 1: Telephone survey results.

A handwritten signature in black ink, appearing to read 'Margaret French'.

Margaret French
Interim Head of Adult Social Work Services
Health & Social Care NL

Motherwell Rehabilitation Project Telephone Survey of Discharges Sept – November 2018

Everything
was
fabulous



Patient was still very weak and is still trying to recover from her operation, team has given her more confidence.

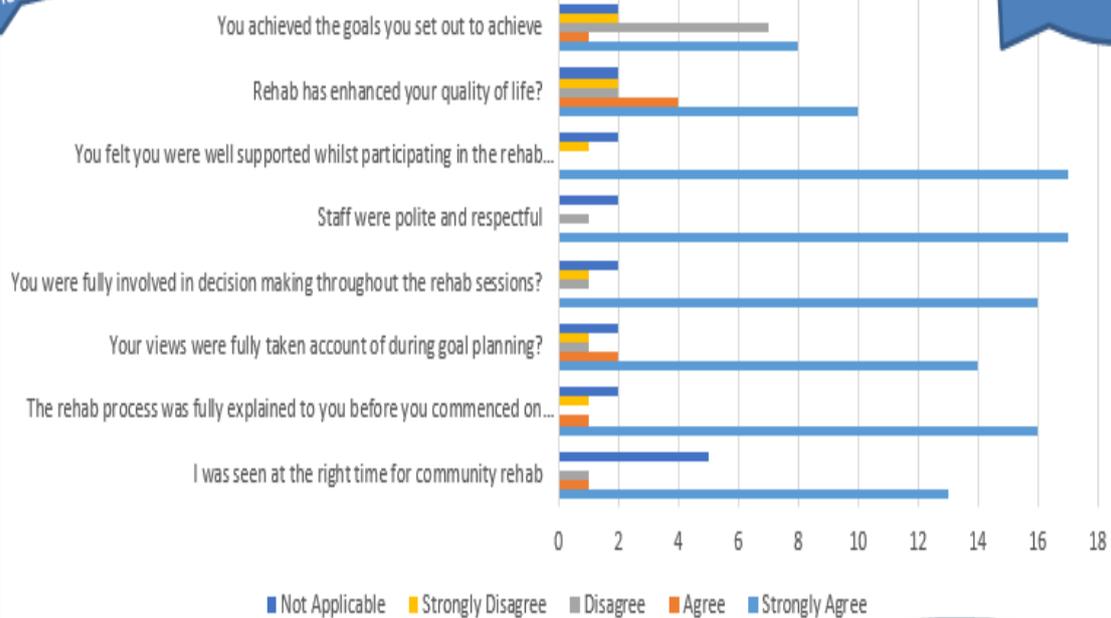
Patient has Alzheimers so wife spoke on behalf - she was delighted that the Physios were able to get him back on his feet.

North Integrated Rehabilitation Team Telephone Survey of Discharges 2019

Feedback
and
listening to
issues

Better
communication
between
departments

Chart Title



Everything good, really quick and also followed up to see if needing anything else

When discharged there was nothing in place, had to wait 2 weeks and no communication between Glasgow Royal and North Lanarkshire