

North Lanarkshire Council Report

Adult Health and Social Care Committee

approval noting

Ref MD

Date 12/05/20

Update on the progress of Home Support redesign, Community Alarms Service and First Point of Contact

From Ross McGuffie, Chief Officer

Email Ross.McGuffie@lanarkshire.scot.nhs.uk **Telephone** 01698 858 143

Executive Summary

The purpose of this report is to advise Committee of the progress being made on the redesign of home support services, community alarms and First Point of contact in the context of the response to the COVID-19 pandemic. Whilst some aspects of developments have not progressed as planned, the report notes the actions which help inform and create a positive building base for the months ahead

Recommendations

It is recommended that the Committee:

- a) Notes the progress on the key Programmes of Work relating to:-
 - i. Home Support Redesign
 - ii. Community Alarms
 - iii. First Point of Contact
- b) Notes that further update reports will be received

The Plan for North Lanarkshire

Priority Improve the health and wellbeing of our communities

Ambition statement (15) Encourage the health and wellbeing of people through a range of social, cultural, and leisure activities

1. Background

- 1.1 COVID-19 was declared a pandemic by the World Health Organisation on 12 March 2020. There is now a spread of COVID-19 within all communities in the UK.
- 1.2 Extensive measures have been implemented to slow the spread of COVID-19. Modelling from the Business School of Strathclyde University indicates that following

the current suppression policy, subsequent waves are likely to occur after the end of the first wave though predicted to be less intense.

- 1.3 Planning for continuing COVID-19 related health and social care responses is underway which will ensure capacity to manage potential further COVID-19 waves later this year.
- 1.4 The immediate health and social care response to COVID-19 in North Lanarkshire has impacted on some planned activity relating to the future design of services previously agreed through the Adult Health and Social Care Committee. This report provides an update on key Programme of Work activities relating to Home Support redesign, Community Alarms and First Point of Contact.

2. Report

Home Support Redesign

- 2.1 Three key actions were noted at the Adult Health and Social Care Committee on 18 February 2020 to achieve the modernisation of service:
 - i. Deleting 228 posts and creating 197 new post that best fits with the demands of the new service
 - ii. Implementing the best dynamic scheduling solution, not solely only for home support, but fit for purpose for all council services that would need to make use of this resource
 - iii. The creation of a central base for the management and administration of the service and a shared base and integration with Merrystone Care Base services.
- 2.2 The HR element has been achieved and every staff member moved onto their new contract on 30 March. Staff have however, largely remained in their current operating locality and maintaining their current shift pattern in order to focus on the delivery of service through the pandemic.
- 2.3 The move to the centralised base at Dalziel will now take place when the safe movement of staff is recommended. However the Netcall telephone system has continued to be rolled out, with all localities now live with this system. This has the advantage of networking all the incoming and outgoing calls for the home support services both individually and together so that strains on the system can be monitored and calls diverted to other workers who have capacity. This works equally well for home working or where staff were together in an office. Under the current crisis this is a real benefit to give more flexibility of response across all services.
- 2.4 There is still a training element to take place with many of the support officers who would do the initial calls, scheduling and customer care. The training programme put in place with Talent and Organisational Development will resume as part of the phasing required for responding to the Covid-19 measures. These posts were created to free the home support managers up to work away from their desks in their localities, providing support to staff and having regular meetings with service users. Given this is not possible just now, the home support managers are continuing in their traditional role at present. As the steps to reducing lockdown are introduced, then the phasing of staff in their new roles will also take place.

- 2.5 In terms of dynamic scheduling the work with Kirona is still progressing but the June date for initial piloting of the new scheduling tool is being reviewed and may be several months longer to achieve. A longer term whole council solution as part of DigitalNL programme has also been prioritised within the DigitalNL work programme, but is not expected to have a working solution for at least 18 months.
- 2.6 The central base on the 4th floor of the Dalziel building has been created and was fully ready for all the teams to move across. Bellshill and Motherwell locality home support staff moved to this central base in March. The other locality teams will move in quickly once the appropriate time arrives for a bigger staff group to be together.
- 2.7 The operational manager has supported the locality response to Covid-19, supported by a number of area wide senior officers who have reprioritised their workloads to support the service maintain a high quality of support for the most vulnerable service users during this challenging time.
- 2.8 Throughout the period of the pandemic, the delivery of the highest quality, essential service has been maintained safely and effectively. This has also shown strongly on the hospital sites, with the vast majority of Home Support discharges supported within a day of referral.
- 2.9 From the outset of Covid-19, discussions have taken place with carers and families, resulting in around 400 less Home Support cases being supported by the service. Some service users/carers/families were concerned at the risk of having frontline workers regularly in the house, while others were now able to work from home and were therefore better able to provide support. It is important to emphasise there have been no enforced reductions in service and there is open dialogue with all service users/carers/families where changes have taken place so the statutory service can re-start as required.
- 2.10 Through what has been an incredibly challenging time, it is important that the efforts of all staff are acknowledged and commended.

Community Alarms

- 2.11 The Merrystone care base has closed and all services located there have moved over to Dalziel. Community alarms now comes under the management of home support and is located on the second floor alongside the Social Work Emergency Service, Out of Hours and Access Social Work on the 4th floor. Access has currently been relocated to localities to assist in the current crisis.
- 2.12 The work relating to the introduction of a charge for Community Alarms of £3.40 per week has not been a priority during the pandemic but will be resumed when there is capacity to progress as approved by the IJB in March 2020.
- 2.13 Throughout the pandemic, Community Alarm services have provided an essential reassurance and assistance to people who confidently seek assistance.

First Point of Contact

- 2.14 Agreed through the Adult Health and Social Care Committee in August 2019, First Point of Contact (FPoC) is an approach which aims to support people in our communities to receive the right support, from the right person, at the right time. The

approach seeks to focus on prevention and early intervention, resolving issues quickly and reducing the need for further referral.

- 2.15 The proposed development of FPoC recommended a project management approach with clearly identified support and staff training to start the process of change. With the onset of the pandemic this work has been paused. It has to be noted, however, that although the formal programme of change has not progressed as planned, many of the responses to COVID-19 have naturally required a different conversation with people with an emphasis on resilience, which will be an important building base for the work to progress, essentially creating a new starting point.
- 2.16 To work to a model of social distance, there have been conversations with all recipients of service including support at home and support through the day services, to consider people's individual circumstance. A response designed to minimise footfall in people's own home whilst maintaining safety and wellbeing ensuring that the response dovetails with family and unpaid carers roles has been supported by a RAG system to ensure that appropriate contact is maintained throughout the period of lockdown. This has offered a focus on priority and essential supports that have to be maintained (red) as well as circumstances where family want to and are able to pick up that role (green).
- 2.17 Technologies have played an important role in maintaining social distance and helping people access the right support and service without risking infection. These have included the continued use of Making Life Easier and the extended use of Near Me and Attend Anywhere, facilitating face to face appointments from people's own homes.
- 2.18 Since the onset of the COVID-19 crisis, North Lanarkshire Council, NHS Lanarkshire, Voluntary Action North Lanarkshire (VANL) and other Community Planning Partners have worked in partnership to provide vital support to the communities of North Lanarkshire. This includes those who are required to shield, those who are not required to shield but who are considered vulnerable and those who are not necessarily known to key agencies as vulnerable but who, under the current circumstances may be more vulnerable than others or than they normally would be due to their ability to access their usual support mechanisms being cut off.
- 2.19 Approaches have been put in place, which continue to be developed, to ensure that vulnerable residents at this time can access assistance around, for example:-
 - i. health and wellbeing support
 - ii. Welfare Benefits/Money Advice
 - iii. access to basic food and supplies
 - iv. shopping
 - v. dog walking
 - vi. prescriptions
- 2.20 The main source of support has been via the Council's Community Assistance Hub operated through deploying a mix of specialist knowledge, skills and resources across a range of Community Planning Partners, including the community and voluntary sector.
- 2.21 The role the voluntary sector should play in the development of FPoC is already recognised and embedded within the meeting structures, but the lessons learned from COVID-19 simply serve to further reinforce the importance of their role.
- 2.22 The development of Community Assessment Centres for COVID-19 responses, the development of Mental Health Hubs and the relocation of staff to centralised or community based teams, also provide invaluable understanding of the flow of first presentation of issues to an effective and robust response.

3. Equality and Diversity

- 3.1.1 The intention underpinning The Fairer Scotland Duty is to reduce the inequalities of outcome caused by socio-economic disadvantage. Socioeconomic disadvantage is defined as *“living on a low income compared to others in Scotland, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services”*.
- 3.1.2 The guidance also asserts that socio-economic disadvantage can be experienced by (a) communities of place - people who are bound together because of where they reside, work or visit, and (b) communities of interest - groups of people who share an identity, experience, or one or more of the protected characteristics listed in the Equality Act 2010.
- 3.1.3 The Fairer Scotland Duty is intended to reduce the inequalities of outcomes caused by socio-economic disadvantage. Inequalities of outcome mean any measurable differences between those who have experienced social-economic disadvantage and the rest of the population.
- 3.1.4 The statutory focus of The Fairer Scotland Duty is on strategic decision making and, as such, the future recommendations of the review will require to be considered under the Duty.

3.2 Equality Impact Assessment

- 3.2.1 Equality Impact Assessments form part of the individual programmes of work described above.

4. Implications

4.1 Financial Impact

The impact of COVID-19 on the progress of implementing service change has been included in the Mobilisation Plan submitted to the Scottish Government reflecting the challenges for the Health and Social Care Partnership.

4.2 HR/Policy/Legislative Impact

There is no HR/Legislative impact to note at this time.

4.3 Environmental Impact

There are no environmental impacts to note at this time.

4.4 Risk Impact

The risk presented by the impact of COVID-19 on the developments described is being reviewed and updated as the circumstances change, via the corporate risk register.

5. Measures of success

- 5.1 Continued development of Home Support Services to increase choice and control in support arrangements and provide efficient and effective infrastructure to support that
- 5.2 Continued development of Community Alarms and introduction of the weekly charge
- 5.3 Continued development of First Point of Contact, building in different conversations designed to empower and promote active citizenship

6. Supporting documents

- 6.1 N/A



Ross McGuffie
Chief Officer, Health and Social Care NL