

**North Lanarkshire Council
Report**

Adult Health and Social Care Committee

approval noting

Ref

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Whole system approach to maintaining a positive balance of care

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Executive Summary

The Health and Social Care Partnership is fully committed to ensuring that people are supported to live full and active lives in their own homes and localities, minimising the use of hospital settings. This report is to advise Committee of the range of this work and to outline some of the changes made in response to the Covid-19 pandemic and to note that further development is ongoing.

North Lanarkshire Council programme of work was updated to reflect the key ambitions set out in the Strategic Commissioning Plan 2020-23. In particular, the Ambitions of:

- Provide a range of community services to support people to live well in connected communities
- Focus on what matters to people (outcomes)

Recommendations

It is recommended that the committee

1. Note the contents of the report
2. Note that further updated reports will be received

The Plan for North Lanarkshire

Priority Enhance participation, capacity, and empowerment across 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

1. Background

- 1.1 The positive balance of care in North Lanarkshire has been achieved in the main through individualising the arrangements to suit each person and the people important in their lives. Social care services have continued throughout the pandemic with specific consideration being given to maintaining the safety of the public and of staff. Service level risk assessments and individual considerations of how best to maintain health and wellbeing resulted in some alterations to services. All support services whether reconfigured (e.g. Integrated Day Support) or continued on existing model (e.g. Home Support) continue to be reviewed in the light of experience to ensure public health safety and the best use of available resources.
- 1.2 Recovery of all services will continue in line with Scottish Government guideline to assess individual need risk and manage risk where possible in a community setting.

2. Report

- 2.1 The following information provides an overview of the current use of services, noting the support to individuals with complex care needs, their families and carers during this pandemic.

Respite and short breaks

- 2.2 The availability of respite and short breaks is important to supporting family carers in their role whilst also offering valued experiences for people with disabilities. In response to the challenges of COVID 19 anyone receiving short or long term support in a residential or nursing home environment needs to self isolate for a 14 day period in accordance with current Scottish Government guidelines on self-distancing and in line with guidance for the management of COVID 19 in care home settings. For most people, support offered at home, has been the preferred option but residential and nursing home respite has remained an option with some alterations.
- 2.3 PHEW operates as a residential respite facility offering a short break service for people with a learning disability in North Lanarkshire. The current pandemic meant that previous respite services were not able to be offered, however, the 14 bedded facility was repurposed as a 12 bedded step-up/step-down facility available for all adults (over 18) to continue to offer essential respite services as well as to support people being discharged from hospital where it was not possible to move straight to their own home or to a nursing home. Reducing capacity to 12 people has meant that all bedrooms have en-suite facilities and pleasant outlook to the internal gardens.
- 2.4 An Interim contract was offered and accepted by PHEW (Scotland) to deliver supports to support essential respite, aide discharge from hospital, or if required to support individuals who cannot self-isolate at home. The service has been used in the main, by older adults.
- 2.5 The respite service has been working collaboratively with all key individuals and stakeholders to identify and deliver effective outcomes around supporting adults and their carers during the period of Corona Virus (COVID 19) pandemic. The changes introduced in partnership with PHEW have been welcomed by people using the service and family carers, and have been an opportunity to continue to use the skills

and abilities of the staff group in a way that been important to combating some of the adverse effects of the COVID period.

Planned Date of Discharge

- 2.6 The overarching goal of introducing a Planned Date of Discharge (PDD) within hospitals is to ensure patients, families and carers work together with health and social care partners to ensure expectations of discharge are person centred and realistic, providing the opportunity for families to anticipate discharge and to plan.
- 2.7 PDD has been developed to ensure more people receive a planned date for discharge as early in their hospital journey as possible. The emphasis is on fully integrated person-centred care in their local communities rather than remaining in acute settings when medically fit for discharge, maximising opportunity for individuals to have good quality lives at home and avoid long stay in hospital. Setting the date early also means more meaningful engagement with service users and their families as to expectations and what they also need to plan ahead.
- 2.8 Avoiding unnecessary admissions and planning for discharge from the date of admission for every person admitted to hospital is a key priority for all Partners. This focus has not always had the clarity required from the date of admission, which this new process for agreeing planned date of discharge (PDD), is beginning to achieve. This is supported by a daily call with staff from all areas of service to actively review the progress against each PDD to ensure the correct involvement has taken place and things are progressing in line with expectation.
- 2.9 Planning to an agreed date of discharge ensures that support required in the community can be put in place for that date, arrangements can be made for essential equipment to be delivered prior to discharge or that nursing homes make arrangements for admissions which balance well with their existing residents. Most importantly, people themselves and families are also more involved in the planning for discharge. The daily focus on the detail of progress has seen the average number of people waiting in hospital (which could be from one day to 150 days) move from about 122 in August to around 65 people in October.

Integrated Rehab Teams (IRT)

- 2.10 The IRT model was rolled out to 6 localities in October 2018. The teams comprising of both NLC and NHS staff are multi-disciplinary and staffed with Physiotherapy, Occupational therapy and therapy assistant staff across the 6 localities.
- 2.11 The aim was to be Locality focused, preventing admission for unscheduled care, community resilience for rehabilitation and ensuring timely in-reach to support discharge including discharge to assess.
- 2.12 The teams have direct access and collaboration to Hospital @Home to send and receive referrals

- 2.13 The immediate managed response to COVID19 resulted in IRT having assessed and treated 462 people in June 2020 during lockdown who are categorised as hospital discharge, prevention of admission or D2A.
- 2.14 NHS Near Me virtual clinics were initially introduced to IRTs to test alongside Making Life Easier (MLE) clinics. They were then developed in April 2020 in response to COVID-19 restrictions, which included cessation of all Priority 3 and 4 face to face service user contact. A small Test of Change was completed in North IRT over a 3 week period.
- 2.15 The introduction of Near Me clinics to the IRTs has been a hugely beneficial development to the service, enabling some non-urgent referrals to be assessed and managed effectively. This has reduced waiting times and numbers, managed the risks of service users and helped to reduce the risk of further deterioration and hospital admissions.
- 2.16 This is a very new technological addition to the IRTs and a major change to the way referrals are managed and therefore requires to be supported and developed to ensure each team and member feels confident and comfortable to access and use this. This will enable Near Me to be embedded into normal practice for the IRTs, with each referral being screened for suitability of a virtual clinic appointment before a face to face visit is considered

Individual supports

Individualised Budgets via Self - Directed Support

- 2.17 Individualised support is the cornerstone of ensuring choice and control for people in North Lanarkshire who need support to live full and active lives in their local communities. The individualised design of supports has been an important factor in the safe continuation of supports throughout the COVID crisis. Council officers have continued to provide support to individuals, carers and to support provider organisation in a range of ways in line with Scottish Government guidance. Individual Support arrangements have largely continued to be funded pre-Covid levels, to ensure consistency of support, whilst also meeting the challenges created through transmission, self isolating and social distancing.
- 2.18 The established positive relationship and partnership working with Independent providers has supported and enabled good conversations to flexibly meet individual needs and outcomes, this has been and continues to be maintained by weekly conference calls. Additionally, forward planning and horizon scanning has been a key feature of these calls to identify emergent trends in an effort to ensure resilience and recovery.
- 2.19 As many community facilities had not re-opened, there were limited opportunities to access, meaning that previously agreed support plans had to be revisited. Independent providers have been supported to find new and innovative ways of working, with one positive being an increased uptake of remote support, through the use of technology.
- 2.20 Work has continue with providers both on, and out with our provider framework to agree a RAG prioritisation system (Red, Amber, and Green) whereby support could

safely be reduced when appropriate, so that essential supports could be maintained. Additional funding has been agreed on a case by case basis as a means to resolve situations where additional COVID related support was required.

Supports Through the Day

- 2.21 Supports through the day are offered in two main ways in North Lanarkshire, through Integrated Day Services (IDS) for older adults and through Locality Support Services (LSS) for younger adults. Services are offered in each of the main towns with service bases in each locality. The services and supports offered are tailored to each individual to maintain health and wellbeing, achieve outcomes and build on strengths and abilities as well as offer essential supports to unpaid carers.

Changes to community facilities and Scottish Government guidance on supporting people in day services has seen change in the method of delivery to ensure that people and families receive the support that is right for them throughout the period of the pandemic. Since the beginning of the pandemic therefore the risks associated with bringing the most vulnerable together in service bases or in community settings to receive supports has resulted in the support being offered in a very different way.

- 2.22 All staff of IDS and LSS have been provided with the necessary technology to work from home which has resulted in innovative and creative ways of continuing to support people. In full discussion with people and their carers staff have also provided physical outreach or respite at home. The availability of supports in people's own homes has prevented crisis or carer burnout which may have resulted in care home or hospital admission.
- 2.23 As the presence of COVID 19 continues, wider engagement on the future model of supports has started, promoting the continuation of a more individualised and tailored approach to meeting individual need and achieving important outcomes. This development brings the models of support across older and younger adults into greater alignment. Engaging in how to continuing to deliver longer and more flexible blocks of care and support within the community and in peoples own home but doing that in ways which protect vulnerable people will see changes brought back to committee.
- 2.24 During COVID 19 Integrated Rehabilitation teams and in some localities care at home service have been based within what were the IDS buildings. This has provided the opportunity to further develop an integrated approach to support service users and carers living within the community.
- 2.26 This blending of services within a building allows for increased coordination of support. It provides opportunities for increased emphasis on rehab and re-ablement approaches across services and provides opportunities to get the right service, at the right time while supporting people to stay in their own home as long as possible in line with our Strategic Commissioning Plan.

Carers Support

- 2.27 To support carers, the council continues to promote the uptake and use of carer budgets through SDS, where appropriate. The council already had a rapid response approach to introducing carer budgets following priority unmet carer need being identified through an Adult Carer Support Plan and has sought to further fast track

this approach. The benefits of this have been two-fold – reducing carer stress and lessening the pressure on statutory services.

- 2.28 Work is ongoing with carer support organisations to ensure that carers remain well supported, have access to carer related information and that we are adaptable to rapidly changing circumstances.
- 2.29 A recent report on the experiences of carers during the COVID outbreak highlighted that all of the carers from our area who chose to respond to the survey reported that they were very satisfied response to their individual situations supporting document 2

3. Next Steps

3.1 Independent Review of Adult Social Care

- 3.2 On 1 September 2020 the First Minister announced that there would be an Independent Review of Adult Social Care in Scotland as part of the Programme for Government. The Council will participate within the Review which will follow a three phased approach
- 3.3 The principal aim of the review is to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. The review is taking a human-rights based approach.
- 3.4 The committee will be updated as the Review progresses.

4. Summary

- 4.1 The COVID-19 pandemic has required NHS Boards and Health and Social Care Partnerships to rapidly reconfigure services and provide care in new and different ways. As we enter the next phase of the pandemic response and consideration is given to current and future service provision, there is an opportunity to understand and build on the benefits brought by changes during the initial phase.
- 4.2 To ensure effective engagement with our staff stakeholders and residents we will build on the strong foundations and relationships that have been proactively built in North Lanarkshire to facilitate third sector, independent sector, service user and carer engagement.

5. Equality and Diversity

5.1 Fairer Scotland Duty

This Council will work towards improving the health and wellbeing of our communities by assisting to ensure our residents are able to achieve, maintain, and recover their independence through appropriate supports at home and in their communities.

5.2 Equality Impact Assessment

The Council will continue to carry out equality impact assessments to determine if policies, practices, decisions, functions and strategies identify any negative impact on any particular group covered by the protected characteristics of the Equality Act 2010

6. Implications

6.1 Financial Impact

Planned programmes and activity in respect of self directed support, locality support, integrated rehab teams and respite are supported by core Service budgets. The outbreak of the Covid pandemic has created additional financial pressures and these costs are tracked and monitored in a variety of ways including formal returns to the Scottish Government and the Service's financial monitoring reports. The Service observes Scottish Government guidelines in the treatment and reporting of Covid costs and corresponding grant claims/returns.

6.2 HR/Policy/Legislative Impact

There are no HR/Legislative impacts to note at this time.

6.3 Environmental Impact

Detailed risk assessment and have been undertaken and will continue to be reviewed to ensure the safety of staff and the public in line with government guidance.

6.4 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.

7. Measures of success

- 7.1 The partnership continues to monitor progress across all service areas through its performance framework and quarterly Chief Executive Performance Reviews.

8. Supporting documents

N/A



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