

Report of Head of Service Access and Care

Report to Director of Adult Social Services

Date: 21 September 2016

Subject: Skills for Independent Living (SkILs) Service Developments

Are specific electoral wards affected? If relevant, name(s) of ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

1. The Skills for Independent Living Service (SkILs), a short term home care reablement service, was established through a restructure of the in house Community Support Service and has delivered a city wide reablement service from 2012. The service is well established and its purpose understood by all stakeholders but there are features of its structure and processes that have a negative impact on the customer experience and reduce the efficiency of the service.
2. To maximise the benefits of reablement for customers and for the overall health and social care system, the service now needs to move to a model of full operation 7 days a week and extended hours and to offer more direct access into the service through a range of assessors and care managers.
3. The restructure proposals include significant changes to working arrangements for some staff with the introduction of shifts and rotas for some who have previously worked Monday to Friday and core hours.
4. The proposed service model also ensures the SkILs service has Adult Social Care's move to a strength based and recovery model embedded in its approach
5. The proposed restructure creates an improved career pathway for staff and involves considering the competencies required for each post in the new structure and establishing the training and development needs of all staff.

Recommendations

6. The Director of Adult Social Services is recommended to approve the restructure of SkILs service.
7. Implementation will be by Head of Service for Assessment and Provision following approval of the delegated decision report.

1 Purpose of this report

- 1.1 To provide information on the proposals to develop the Reablement Service
- 1.2 To request the Director of Adult Social Services approve the recommendations as set out in section 6 of this report.

2 Background information

- 2.1 The SKiLs service was established through a restructure of the in house Community Support Service and has delivered a city wide reablement service from 2012. Amendments to the original service sizing, including addition of a Quality Assurance team, were agreed by DLT in summer 2013. The Collective Agreement, signed in February 2013, established that as Community Support Assistants left SKiLs through ELI or other routes, workers from the long term generic service would be provide the “switches” to maintain the size of SKiLs. With the Council’s ELI offer and the age profile of the in house home care workforce this has meant there has been continual changes to the SKiLs team workforce and the service still carries vacancies through staff leaving which are still to be replaced. The Support Worker element of the service is currently sized at 152.99 FTE.
- 2.2 A Delegated Decision Report ‘SKiLs Service – Service Developments’ dated 11 June 2015 made recommendations for 5 additional posts to be added to the structure of the SKiLs service using existing service budget. The report also requested agreement to take forward work on the structure and scope of the service including moving to a 7 day service with greater autonomy so that it could respond more quickly, increase productivity and support customers to achieve better outcomes. Agreement was given for the additional posts and for the work to commence on the service development.
- 2.3 The proposed developments of the reablement service support the Adult Social Care model to embed an asset based approach. The reablement service seeks to support people to build on or develop skills to help them regain or develop confidence and independence.
- 2.4 In August 2015 to March 2016 there was a project, led by Leeds Teaching Hospitals Trust, called ‘Discharge to Assess’ with the purpose of facilitating earlier hospital discharges by not doing assessments in hospital, but doing them in a person’s own home. Lessons learnt during the pilot have been used in the development of the enhanced reablement service.
- 2.5 During the six month pilot 68 people were supported through the SKiLs service via Discharge to Assess. During the pilot there was only one instance where a person was not safe to stay at home following discharge, and using a pre-arranged protocol, the customer was placed in a short term bed in an Adult Social Care residential home overnight, to enable an OT assessment to be carried out the following day.

- 2.6 The SKILs restructure creates opportunities for staff who have previously worked in the long term service which was agreed for closure by the Executive Board in July 2016. A reinvestment of the £656k cost of the service development was agreed in the same report.

3 Main issues

- 3.1 The reablement service has now operated for four years and as described above a number of service developments have taken place. The service is well established and its purpose understood by all stakeholders but there are features of its structure and processes that have a negative impact on the customer experience and reduce the efficiency of the service.
- 3.2 Entry into the service is via a referral from a Care Manager who carries out a supported self- assessment and agrees outcomes and level of initial support before reablement begins. The reablement service, together with the customer, agrees a delivery plan based on the outcomes that have been identified. A weekly progress report is sent to the care manager. Currently the service is required to wait for instruction from the care manager before changes are made to support plans. Typically these changes could be reduced/increased visits, reduced/increased length of visits and trying equipment or community meals. The service also waits for care manager to sign off discharge or to put in a package of care if this is required long term. This means that the service remains in place until these decisions have been made and/or until an independent provider is identified.
- 3.3 Once entry into reablement has been agreed, the customer has a further consultation visit and environmental assessment from the reablement service Supervisor. Currently Supervisors work 08:30 to 17:00 Monday to Friday. This limits the speed of intake into the service as any potential new customers identified in the evening or at weekends have to wait until at least until the next working day to be seen by the service. The Support Administrators, who plan and programme visits, also only work Monday to Friday which means planning is only undertaken within those days, leading to the service managing a lot of changes at the start of the week.
- 3.4 Most staff who provide management, supervision and business support also work Monday to Friday between 07:00 and 17:00. The Support Workers work to a 7 day rota with split shifts to cover between 08:00-22:00, with their Out of Hours management coming from a small separate Business Support team. This service is staffed with only one or two individuals at any one time. It is acknowledged that out of hours service is reliant on a small number of people making it vulnerable when needing to manage sickness and annual leave.
- 3.5 Currently each Supervisor has a team of 15-20 Support Workers. This means that a significant amount of their time is dedicated to staff management. The ratio of Supervisor to Support Worker posts means that there is little opportunity for career progression for the Support Workers. The Business Support arm also lacks a robust management structure which has led to a lack of clarity on the

reporting routes for Support Administrators as they are responding to multiple demands from the operational staff and from customers. There is also lack of clarity for support workers who have been reporting their sickness absence to support administrators, who are not their line managers.

- 3.6 When customers have completed active reablement and are in transition the service becomes chargeable, under Fairer Charging. However it has been shown that Pensions and Income are not routinely contacted about arranging this, thereby reducing income into the Council.
- 3.7 Reablement is currently only provided in relation to a customer's daily activity inside the home. This limits the level of independence people can achieve, and prevents the person being able to develop skills to take them outside the home.
- 3.8 Currently there is no out of hours Occupational Therapy or Social Work support to reablement customers and staff.

3.9 Proposals:

- 3.9.1 **The reablement service takes more control over the decisions about the delivery of the service.** Once a customer has been identified as potentially benefitting from reablement, they will be referred through a "light touch" assessment from a Social care or NHS assessor. The reablement service will then go out within 4 hours to undertake an assessment related to reablement, agree the desired outcomes to be achieved and the initial level of support with the customer, and put the service in place. This will make the customer journey smoother and the service more responsive. It will also significantly reduce the Social Worker/OT/Health involvement at the start and during the process. The service will review all documentation to ensure this takes a strength based approach.
- 3.9.2 **The reablement service is restructured.** The proposal provides clarity about the operational function and business support function of the service, with structures put in place that offer robust line management and support, and career progression. The proposed structure has new posts within the structure including a Senior Support Worker at C1. This post will supervise the B1 Support Workers as well as delivering direct support to customers. The Supervisor role is enhanced and re-graded to become a Reablement Case Officer, who manages the customer journey through reablement and liaises with the Neighbourhood Team they are linked to. Business Support has the addition of 3 Business Support Manager posts at PO1 which, with the existing PO2 Business and Quality Manager, will work a rota to cover 0700-2200 7 days per week so that there is management support for the whole period of the week when service is being delivered. During consultation it was determined that increasing the number of C1 Senior Support Workers from 30 to 32 would work better in the structure to pair up and work to the 16 Reablement Case Officers, and provide better management to the Support Workers. It is proposed that a reduction of B1 support Workers across the service to 143fte to accommodate creating the additional senior support workers and bring the overall structure in on budget is required as part of this service change. This will not have a detrimental impact on service delivery given the additional posts at senior support worker level. The proposed new

structure can be found in appendix A, and the changes from the current structure to the proposed structure are in appendix B.

- 3.9.3 **The reablement service moves to a full 7 day a week service.** The proposal is for the reablement service to move fully to a 7 day service and to no longer have a separate out of hours service. This means new working patterns for some staff roles with a move to 7 day working, and new posts being established with 7 day rota patterns from the start.
- 3.9.4 **The reablement service extends its role to fully support the strength based and recovery model.** This includes working with people outside their home to connect with community activities and to recommence the social and daily living activities as identified in their desired outcomes. This will be identified as part of their support plan and will be tailored to the individual requirements of the customer.
- 3.9.5 **Short Term beds in two Leeds Adult Social Care residential homes to be available, at short notice, to support an emergency.** These beds will be used if a customer is unable to be supported by the SkILs Service safely at home. This will enable a thorough assessment to be undertaken in a safe environment and appropriate services to be put in place to enable the person to return home as soon as possible.
- 3.9.6 **The reablement service develops clear pathways with Health colleagues to refer into reablement.** Reablement were involved in the work to pilot a discharge to assess process, and are now involved with the development of the Integrated Discharge Service so that that team can directly access reablement. This approach is being welcomed by health colleagues. The SkILs service has also piloted a Neighbourhood Team direct call on the service from health colleagues, without the need to access a social worker first. This has provided learning into the development of the reablement service going forward.
- 3.9.7 To support these proposals a number of systems and structures have been developed:
- 3.9.7.□.1 **A new customer journey has been developed.** The pathway demonstrates how the changes to reablement delivery impact positively on the customer experience, reduces the need for Social Work support during the process and clarifies how customers will enter and exit reablement. Further work is being carried out with staff from the service to add detail to the pathway and develop the Standard Operating Procedures.
- 3.9.7.□.2 **Reablement documentation has been reviewed.** The documentation has been streamlined to reduce the number of forms and create a single reablement needs identification tool and a personalised outcomes plan. These have been developed to mirror the look and feel of the current Care Act compliant documents used in ASC, so that if customers need further support they can be utilised by a Social Worker or OT and built upon rather than a whole new assessment being started.

- 3.9.7.□.3 **Job descriptions have been developed for new posts.** The new JDs, for the Business Support Manager, Reablement Case officer and the Senior Support Worker and reviews of JDs for existing posts have been subject to consultation with Trade Unions. Job evaluation has been completed. The process for implementing the new structure posts has been agreed with HR and the Trades Unions. New JDs can be found in appendix C. The implementation plan can be found in appendix D.
- 3.9.7.□.4 **A new structure (appendix A) and rota patterns for staff have been developed.** The new structure provides clarity on roles and reporting responsibilities. Standard Operating Procedures will be developed to support this.
- 3.9.7.□.5 **Out of hours response from SW and proposals for out of hours OT have been developed.** Out of hours SW support will be provided by the Emergency Duty Team. The proposal for providing Occupational Therapy assessments out of hours is to approach this in two stages. Additional funding is being sought to create a small specific team of OTs working 7 days and extended hours to support the overall ASC recovery model, including SkILs. In the interim negotiations are taking place with a partner NHS Trust to enhance their out of hours OT service to support SkILs.
- 3.9.7.□.6 **Training Needs Analysis.** A piece of work has been undertaken with Skills for Care to identify competencies required for the operational staff roles. Further work will be done to establish a role by role method of how to ensure every member of staff can demonstrate competencies by role. To support this all staff will complete a self-assessment checklist against the care certificate competencies to allow the Service to develop individual training plans for staff.
- 3.10 Expected benefits: it is expected that these changes will provide the following benefits:
- Better flow of customers through the service, meaning customers start the service quicker and exit in a timely fashion.
 - Less down time for Support Worker staff and a wider scope for their role increasing job satisfaction.
 - More rounded approach to reablement for the customer in and out of the home using asset based approach to deliver better outcomes for customers and staff
 - Consistent management cover across 7 days
 - Better management of service risks outside Mon to Fri 9 to 5
 - Cost savings if customers are not being managed in 'transitions' as long
 - New structure provides better career progression for Support Workers
 - Clear pathways for health colleagues to refer people to the service
 - Releasing Social Worker time because of the new process to enter service which will allow a more timely social work response for people who need an ongoing service after reablement
 - Reablement needs identification tool and personalised outcomes plan will feed into an asset based approach to long term support

4 Corporate considerations

4.1 Consultation and engagement

- 4.1.1 In agreement with Trades Unions 26 consultation meetings have been carried out with staff. 6 meetings were held in December to explain the principles and purpose of the service changes. In April 2016, 6 consultation events were held which were open to staff in reablement and in the long term service to discuss further developments to the proposals. These meetings were followed by 14 consultation meetings in May and June with groups of staff by role. Further meetings have been undertaken with staff to consider the changes to their roles and rotas and the impact on pay and work/life balance.
- 4.1.2 Wider consultations focussed on the high level changes including the proposed structure including proposed changes to grades. Staff group consultations discussed the new customer journey, highlighting the changes this would mean to job roles. Changes to Job descriptions, grades, rotas and the process for filling the proposed staff structure were also consulted on.
- 4.1.3 The majority of responses about the change have been positive. Staff can see a benefit of having management support right across 7 days and between the full hours of work 0700-2200. They reported that the establishment of a senior support worker role was beneficial for both line management of the support workers and for career progression.
- 4.1.4 Some staff have expressed most concern about the proposals specifically in relation to the change to their working pattern from a Monday-Friday working pattern to a 7 day a week pattern with extended hours. It was acknowledged that this was a major concern for staff and attention has been given to developing proposed options for rotas for consultation and taking feedback from staff. Negotiations are continuing on the specific rota pattern for the Case Officer post as affected staff were unhappy with the rota that is preferred by the business. In terms of the rotas the core principles that they all have are:
- They give enough coverage of the service, without too much disruption if people have annual leave or are off ill.
 - They provide consecutive days off as part of the rota and there are regular weekends off as part of the pattern.
 - They are based on only early and late shifts to manage the service effectively and that these are fairly distributed.
 - That the shift times (start and finish times) are proportionate for the job role.
- Consultation is also underway with the Support Administrators who are moving to 7 day working.
- 4.1.5 The consultation with staff and Trades Unions also highlighted where clear standard operating procedures (SOPs) needed to be developed so staff would be

clear about their roles and responsibilities in the delivery of the service and how they will be better supported.

4.1.6

Staff were consulted about a potential name change for the service. Staff felt strongly that SkILs was now well known by other professionals and understood by customers and staff. It was felt that if the name was changed there could potentially be confusion about what the service was about. Most responses said they liked the existing name of SkILs or SkILs Reablement, and Leeds Reablement was also suggested. It was suggested by staff that more needed to be done to promote the service and its benefits to some more specialist areas of health and social care and to the public.

4.1.7 Regular meetings have been held with the Trade Union Convenors, from November 2015, with 8 held to date in order to develop the thinking around the new structure and service developments. Trade Unions have also been present at all the staff consultation meetings and have continued to have regular Routine Business meetings with the service.

4.1.8 Consultation has been carried out with Social Work managers and their teams, including hospital social work. There has been support from Social workers for the new model. They are confident that the SkILs Service has the competence to manage the process and exit customers who do not have long term needs.

4.1.9 Health partners: work is currently ongoing with Neighbourhood Teams to test develop a pathway for NT health staff to request reablement directly. The Stroke Early Supported Discharge Group has been briefed on the proposals. The Chief Officer – Access and Care Delivery and Head of Service have met with the Consultant in Care of the Elderly with a specific interest in the work of community geriatricians to discuss the proposals. We are confident the new model will work effectively with the emerging Integrated Discharge Service model.

4.1.10 A detailed communications plan has been developed to support the roll out of the new service. This includes content and methods of communication to various groups. The communications plan is attached as appendix E.

4.2 Equality and diversity / cohesion and integration

4.2.1 An equality impact assessment screening has been undertaken and indicates that a full screening does not need to be carried out. There are no implications for this service that have not been considered. This is attached as appendix F.

4.3 Council policies and best council plan

4.3.1 The project aligns to the Delivering Better Lives programme of the Best Council Plan and impacts on all the outcomes that people with care and support needs in Leeds:

4.3.1.□.1 Are contributors to their community and live healthy, fulfilling lives with adequate access to, and choice and control over any support that they may need

4.3.1.□.2 Stay independent for as long as possible

4.3.1.□.3 Live safely and with dignity

4.3.1.□.4 Are treated as 'whole people' and have an altogether smoother, more seamless, less fragmented experience of their health and social care services

4.3.1.□.5 Have access to a greater choice of services that are geared to respond to people's specific needs

4.3.2 It contributes to the key performance indicators of:

4.3.2.□.1 Increase proportion of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement/rehabilitation services

4.3.2.□.2 Increase the proportion of older people offered reablement service following hospital discharge

4.4 Resources and value for money

4.4.1 Appendix G includes the 2016/17 reablement budget, and the final costings for the proposed structure. The final draft costs, including on-costs difference to the 2016/17 budget is £655,350. This takes into account job evaluation and grading and shift enhancements. The funding has been identified as reinvestment associated with the Executive Board decision regarding the closure of the Long Term Community Support Service.

4.4.2 The service currently has a target for the number of new customers receiving reablement, linked to reducing pressure on the home care and placement budgets. The new structure, 7 day working and the changes to the process to enter and exit the service are all designed to improve the flow and the number of customers receiving reablement. The target number of customers will be revised taking into account the increased investment into the service and performance will be monitored and reported monthly. It is anticipated that the additional investment will be recovered through a reduced requirement for longer term care and this will be closely monitored.

4.5 Legal Implications, access to information and call in

4.5.1 To note that the decision to re invest the £656k cost of the service development was agreed at Executive Board on 27 July 2016 and that decision was subject to call in. This decision therefore is a Significant Operational Decision and not subject to call in.

4.6 Risk management

4.6.1 The proposals to develop reablement consider the change in approach to social work practice and support the 3 conversation model. By taking on more responsibility for decisions in the service the needs of the customer can be tailored to that individual. Working with people outside of the home decreases their social isolation and reliance on services.

4.6.2 Developing a structure that has management across 7 days reduces risks to service delivery by providing consistent support across the hours of service delivery.

4.6.3 Table of managed risks

Risk	Management
Unable to fill the new posts in the structure	Ongoing consultation with the Trade Unions. Information presented to staff on the new structure and opportunities available including remuneration for those posts. Utilise the collective agreement for transfer of B1 staff from Long term. Consider the Apprenticeship scheme. Follow the council recruitment processes.
Risk that a number of staff leave the service because they don't like the changes, losing expertise	Robust consultation process involved staff from the start to capture all their comments and concerns. Have a full training and development package developed for new starters.
Risks that we extend the service; speed up the entry and exit and don't get enough referrals coming in?	Ensure the communication plan is followed and the new service is promoted to all referrers and users of service.
Risk that customers' needs are not effectively met if there is only light touch from a registered professional	The Reablement Needs Identification Tool mirrors the documentation developed for the care act and it follows an asset based approach. Case Officers will be promoted where they feel more input is needed from a social worker or OT. New processes are in place to work with referrers.
Risk that there is not OT support out of hours.	Negotiations with an NHS trust to put short term arrangements in place pending the development of a recovery service.

5 Conclusions

- 5.1 The proposed restructure allows the SkILs service to meet the requirement to operate a full service, including accepting new customers, 7 days a week and extended hours. The new model ensures that Strength Based Social Care and a recovery model are embedded.
- 5.2 The restructure creates career development for staff and improves the support to front line support workers and clarifies the line management arrangements throughout the service.

6 Recommendations

- 6.1 The Director of Adult Social Services is recommended to approve the restructure of SkILs service.
- 6.2 Implementation will be by Head of Service for Assessment and Provision following approval of the delegated decision report.

7 Background documents¹

- 7.1 Appendices
 - 7.1.1 A – New structure
 - 7.1.2 B – Current to new structure changes
 - 7.1.3 C – New JDs
 - 7.1.4 D – Implementation plan
 - 7.1.5 E – Communications plan
 - 7.1.6 F – Impact Assessment Screening
 - 7.1.7 G – Costings

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.