

FALKIRK COUNCIL

SUBJECT: REVIEW OF COMMUNITY CARE LOCALITY AND INTEGRATED TEAMS

MEETING: HOUSING AND SOCIAL CARE COMMITTEE

DATE: 26th MAY 2009

AUTHOR: ACTING DIRECTOR OF SOCIAL WORK SERVICES

1. INTRODUCTION

1.1 The purpose of this report is to:-

- inform Committee of the progress of the Review of Community Care Locality and Integrated Teams.
- outline the proposed models for future service delivery arising from the review and the consultation which has taken place relating to these models.
- seek agreement to undertake further work on a preferred model, including piloting some aspects of this, in order to establish whether it can be successfully implemented and can achieve the anticipated benefits.

2. BACKGROUND

2.1 Members will be aware of the review which has been undertaken over the past 2 years and has been referred to in the Multi-Agency Inspection of Older Peoples Services (MAISOP) and the Social Work Inspection Agency (SWIA) reports.

This review was instigated by the Head of Service – Community Care from an initial assessment of the development of Locality and Integrated Teams when she took up the post of Head of Service. It was apparent that the service had grown incrementally over the years from having only locality teams to developing integrated teams for both learning disability and mental health services with the addition of the sensory team, within the new Sensory Centre in Camelon.

2.2 It therefore seemed appropriate to review the function of these teams and to set a clear direction of travel for the future.

3. CURRENT ARRANGEMENTS

3.1 At present, in Falkirk, there are 7 Locality Teams in the geographical areas of Bo'ness, Grangemouth, Meadowbank, Camelon, Grahamston, Denny & Stenhousemuir. These teams all provide duty, short and long term work. In addition there is the Falkirk District Royal Infirmary team, the Integrated Falkirk Learning Disability team (2nd tier i.e. receiving referrals via the locality teams), 3 Integrated Mental Health teams (2nd tier) and also a Sensory team. This equals 13 teams in total. Falkirk Council Social Work Services has lead responsibility for the Learning Disability Team and NHS Forth Valley has the lead for the Mental Health Integrated Teams.

- 3.2 This arrangement is a mixture of generic community care teams and integrated care specific teams, with the integrated teams being at different levels of development. The Service has now reached a point when it is time to ask key questions about how equitable current arrangements are and whether resources are being used as effectively as possible.

4. PURPOSE OF REVIEW & DESIRED OUTCOMES

- 4.1 In order to plan how the service can best delivery assessment & care management functions now and in the future these arrangements required review. It was necessary to consider how projected increasing demands, particularly in relation to predictions of an increased older population, older carers and people living longer with complex conditions in the community will be met. There was a need to review how effective these services are and how to make best use of these resources, in the delivery of services to meet assessed need.
- 4.2 It was timely to undertake this review as our key partner colleagues in NHS Forth Valley were also looking at how to delivery their services for example, in the new acute hospital at Larbert, the new Falkirk Community Hospital, NHS Forth Valley are also reviewing mental health and old age psychiatry and out of hours arrangements. This gives us an opportunity to consider closer ways of working together to avoid duplication and provide quicker access to resources.
- 4.3 The key outcomes of delivering an assessment and care management service are that service users have:
- clear processes for requesting support
 - faster access to services
 - avoidance of duplication
- 4.4 If any change is to be made to the current service delivery model this must be related to achieving improved outcomes such as:
- improved service delivery
 - reducing duplication
 - easier access to services
 - better partnership working with colleagues e.g. Health/CHP's
 - more effective & efficient use of financial & human resources
- 4.5 A steering group was set up to “steer” the process of the review and comprised representatives of service managers, team managers, admin support, human resources and finance advisers. The trade unions have been fully informed of the review and have been kept up to date on progress through the service based forum and written information in advance of the consultation.
- 4.6 It is intended that any changes arising out of the review will be achieved with existing financial and human resources, by way of redesign and reallocation.

5. PROCESS OF REVIEW AND FINDINGS

- 5.1 Initially the review commenced with an external facilitator being given a remit to review the functioning of the teams and how this could be improved upon. This work was undertaken by meetings with staff and the preparation of a report. Unfortunately, the report of this work raised further questions and lacked evidence as to the reasons for the models being suggested at that point. It was therefore decided to hold focused

workshops facilitated by the Council's Organisational Development Service and the Social Work Services Workforce Development Manager. These workshops were held throughout the early part of 2008 and involved all service managers, team managers and the customer services manager. From this work, a range of models were prepared and refined into 2 possible models which were seen to improve the current service delivery. A description of these models A & B are attached as appendices 1 & 2.

Model A is a slight change to the existing arrangements. In this model the integrated learning disability and mental health care specific teams would also undertake duty and short term working which currently they do not do. The Sensory Team would also provide duty, short term and long term work. The benefits of this model are:

- it provides local duty arrangements within each team and the care specific teams will have a direct access.
- it provides specific service delivery for people who have a learning disability/mental illness or sensory need.

However, as this model involves only minor change it may not maximise the opportunity for achieving substantial improvement to service delivery.

Model B is more radical and proposes a specific intake service which would receive all new referrals and undertake short term work up to 12 weeks with longer term work being carried out by the care specific teams. The learning disability, mental health and sensory teams would work with all service users with these specific care group needs as in Model A. There would be 3 locality teams: East, Central and West covering adults who have a physical disability and older people including people who have dementia. These locality teams would not do duty nor short term work and would concentrate on more complex, longer term working.

The benefits of this model are:

- clear 1st stage contact point (intake service)
- short term work being focused (with intake service)
- specific care teams experience building on joint working and sharing knowledge for a particular care group.

It will however require clear referral pathways between teams and will be much more of a change to the existing service delivery structure.

A summary of the evaluation of both models against outcomes is attached as appendix 3.

- 5.2 A period of consultation was carried out during February/March 2009 on these models and feedback was received from service users, carers, social work staff and NHS Forth Valley colleagues.
- 5.3 The outcome of the feedback showed clearly that the service users and carers consulted had a clear preference for Model B. The feedback from staff also indicated a preference for Model B and included many comments that more detail of the model was required including staffing implications before it could be fully supported.
- 5.4 All the detailed feedback was discussed by the steering group which was extended to include all service managers and team managers and had senior workers present on the day. The unanimous view from the steering group was to support more work being carried out on the detail of Model B to evidence if this model could be implemented within current resources and would provide better outcomes to service users.

6. **PROPOSAL**

- 6.1 Very careful and detailed work has been undertaken to date by a range of staff including feedback from service users and carers which has resulted in a proposal to work up Model B in more detail. This would consider the staffing implications/composition e.g. roles, training, budget allocation, accommodation needs and practicalities of moving from the current arrangements to a new model to evidence if this model could indeed be implemented in a way that would provide better outcomes. In addition it is proposed that some aspects of this model be piloted which would provide additional evidence as to the success or challenges with this model. This will be progressed in consultation with the trade unions.
- 6.2 This work will be time consuming as it requires to be very detailed and will involve staff from a range of services within social work, human resources and finance as well as colleagues in NHS Forth Valley in relation to the integrated teams. It will give consideration to any further aspects of integration and shared work. It is likely that the detailed work will take approximately 6 months due to the complexity and the absence of staff during the summer holiday period and thereafter a pilot.
- 6.3 If members agree this proposal the outcome of this work will be presented to committee for agreement as to the way forward by early in 2010.

7. **RECOMMENDATIONS**

It is recommended that Committee:

- **note the work undertaken on the Review**
- **agree that Model B be worked up in more detail**
- **agree that aspects of Model B can be piloted**
- **request the Acting Director of Social Work Services to provide an updated report once the detail of the model and the outcome of the pilot are available**

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Acting Director of Social Work Services

Date: 17th April 2009

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Appendix 1 – Review of Community Care Locality and Integrated Teams Review
Model A

Appendix 2 - Review of Community Care Locality and Integrated Teams Review
Model B

Appendix 3 Summary of Evaluation Community Care Locality and Integrated
Teams Review Models A & B

LIST OF BACKGROUND PAPERS

Nil

