The Independent Living Service Pilot

Appendix B

Service Method statement

Independent Living Service

Pilot Providers Joint Service Method Statement

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Method Statement 1 - Banding of the services

The support provided within the bandings below will focus on the five National outcomes

Banding:

Low Band

**£6.50 per week
(£3.25 lifeline & £3.25 support costs)**

Optional alarm service
Information and/or access to activities
Access to support if required
Access to emergency support if required
Information on telecare
Newsletter and information
Minimum 6 monthly wellbeing check

**Medium Band
£17.25
(inclusive of lifeline costs)**

As above with regular wellbeing checks to meet your support needs

**High Band
£33.25
(inclusive of lifeline charges)**

As above with up to 5 wellbeing checks per week to meet your support needs

**Transitional Band
FREE – max 6 wks
(Crisis band)**

Available from any band where additional, more intensive support is required above that which is currently being provided and a reassessment of support needs is required

Block Gross (Non chargeable)

**Active Ageing Centre
Management**

Advice, signposting or advocacy, assessment and identification of new clients plus maintenance of a dormant list for service users. These services will be provided by the Active Ageing Centres but cannot charge clients. Monitoring information will be provided on quarterly basis.

Block Gross (Non chargeable)

Each band will include:

- Contact with the client in accordance with their preferences,
- Provision of a range of cross-cutting services from which appropriate support can be delivered:
  - Advocacy;
  - Welfare rights advice;
  - Benefit and allowance entitlement advice or signposting;
  - Liaison and joint service deliver with other partners;
  - Advise and information;
  - Help with budgeting, bills, utilities;
  - Healthy living support;
  - Lifelong Learning signposting;
  - Support with social activities.

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The benefits of structuring the bands in the proposed way:

- Promotes independence and offers choice;
- Person centered approach;
- Outcome and not time driven focused;
- Targets support to those who need it;
- Provides short term intense support band;
- Sufficient gaps to build capacity;
- Wide range to cover all presenting needs;
- Flexibility to move between bands;
- Gives transparency to clients without being over prescriptive;
- Recognises whole service delivery;
- Addresses the preventative agenda;
- Aligns with approaches by Health and Social Care;
- Aims to decrease hospital admissions; and
- Related to Individual Budgets categorization provides transparency for choice.

The risks involved in structuring the bands in the proposed way:

- It is intended that the service user decides, with support where appropriate, to make the decision regarding chosen band therefore may opt for lesser band than needed and not receive adequate support to prevent slipping into higher band later or hospitalization;

- May restrict opportunities to build in capacity as service users may not want to take a lesser service than currently receiving;

- If a high number of service users opt for a very low band this could have negative financial implications threatening viability;

- If a high number of service users opt for higher bands resources to provide services could be inadequate;

- May have insufficient capacity to react to increased support needs;

- Geographical coverage requirements could put a strain on current resources;

- Administration and IT infrastructure implications with regard to charging for non tenant clients;

- Increased administration in respect of service users frequently changing bands;

- Use of direct payments by client for non-support services;

- Potential for Social Care providers to case-shunt from care to support provision;

- Management of change from 'one size fits all' to banding system;

- Rural nature of county and distance from locality hub give potential for isolated high band case who require greatest input to be furthest away;

- Open referral access and greater rurality cover may raise lone worker vulnerability issues**.**

Monitoring the effectiveness of the bands:

- Use of National outcomes monitoring tool to measure progress;
- Baseline data will be held and movement between bands will be monitored;
- We will adopt a system of Performance Indicators to record certain actions and outcomes:
    - No of Referrals;

- o Falls - prevention referrals;
- o Falls – assisted (reducing the number of calls to emergency services for uninjured fallers);
- o Recreational opportunities;
- o Advice and assistance referrals;
- o OT Referrals;
- o Band movement;
- o Service user involvement numbers;
- o Support Plan Outcomes.

- Team and Project Group meetings will be held
- We will carry out sample surveys of service users
- Feedback from User Group, partners and external agencies
- Service user satisfaction monitoring**.**

Arrangements for the review of Banding:

Banding will be reviewed with the service user according to Support Plan agreement unless otherwise instigated:

- Service user request or however often is considered necessary but at least annually;
- Change in circumstances eg. fall or hospital admission/discharge;
- Request of partner agency or family;
- Supported Housing Officer (SHO) concern;

The Service User will be involved along with the SHO and other family member, other agency worker or advocate as necessary or requested by service user.

Method Statement 2 - Method of Assessment

Tools involved in making assessments:

- Common Banding structure;
- Needs and Risk Assessment process;
- Referral forms;
- Appeals procedure;
- Supporting evidence from Social and healthcare professionals;
- Housing needs assessments;
- Staff competencies and capability;
- Support Plan;
- Training;
- Senior Supported Housing Officer (SSHO) monitoring;
- Compliance with SP contract requirements / QAF.

Who will be involved in the assessment

- Service User;
- Family/friends if required;
- Adult Social Care or Health if appropriate;
- Referring agency as applicable;
- Support workers;
- Senior staff to assist and train new staff;
- Advocate if appropriate.

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How have you tested the proposed method of assessment:
(varies according to provider's current service, contract and staffing levels)

Coastline:

- Comprehensive exercise with support staff to carefully record all activities over a four week period. This has given us an indication of the types of tasks, the time taken on them and provides an over-arching picture of current service delivery;
- The exercise has provided us with information regarding the banding of service users and at this point in time we estimate that the majority fit into either the Gold or Silver bands and a few into the other bands. This information needs to be verified against needs assessments and support workers actual knowledge of service users needs and wishes also subsequently with service users.
- A needs assessment has been completed with the majority of residents who currently receive the service. This process has indicated that 87% have a need for support and 13% do not.
- We also currently deliver an independent support service which can be adapted to meet other customers needing short term support.
- All support workers have individual social and recreational programmes, which are inclusive of residents in the neighbouring areas and promote existing community activities provided by other agencies.

Carrick:
- Needs Assessments prior to allocation are carried out by the Council, happy to consider changing this process so that support staff undertake the role, would need careful monitoring.

Devon & Cornwall / Penwith Housing Association:
- **Sarsen support assessment has not been tested in large scale. This will be rolled out after the Sarsen training in May 2009.**

Action to be taken if a service user disagrees with the outcome of assessment:

- Discuss and identify variations to arrive at a satisfactory agreement where possible;
- Explain and offer appeals process;
- Advice of other Agency support (i.e. SP);
- Explain risks involved;
- Sign statement – where variation has occurred

How will the assessment be monitored for quality:

- We will carry out annual monitoring of satisfaction levels via questionnaires, telephone surveys, conference or visits to schemes;
- Senior staff will monitor 5% sample of Needs Assessments and Support Plans and 100% of new staff during Probationary period**;**
- Feedback from service users groups;
- Application of in house audit tool (DCHA/PHA)?
- Monitoring against National outcomes framework.

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Method Statement 3 - services to be provided in the hub schemes

A complete list of all the services to be provided at each hub and the timescale over which it is intended to be provided

- Meal provision
- Laundry services
- Assisted Bathing
- Consulting room
- Domiciliary service
- Guest room
- Buggy storage
- IT suites
- Transport links
- Information & advice surgeries
- Recreational activities
- Age Concern and other voluntary agencies
- Healthcare provision
- Citizens Advice
- Falls prevention
- Befriending services
- Healthy living advisors
- Chiropody
- Hairdressing
- Holistic therapies

- See project plan for timescale

Description of each service:

Subject to resident consultation about the use of scheme facilities, Hub services will meet locally identified needs. Such services will be delivered in accordance with a clear service level agreement or in the case of a commercial service, a tender and contracting process.

Specification for the services will be drawn up with clients and stakeholder groups.

Details of who will be entitled to use the services

- Residents at the Hub (to start with)
- Residents in near by sheltered
- Self referrals - assessment
- Partner agency referrals – assessment
- All referrals will be considered and assessed

Which services are included in the SP banding?

- In the process of developing a chart to indicate which services are SP eligible and which are not.

Details of services that rely on sub contractors to provide the service

Services sub-contracted will be subject to:

- A Contract based on identified local need;
- A Service Level Agreement (non-commercial);
- A tendering process(commercial).

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Eligibility criteria to be agreed by service providers and stakeholders as part of the service specifications.

Arrangements for the service if the sub contractor is unable to provide

The contract of service level agreement would be drafted to idnluce an exit strategy allowing the service to transfer to another provider as appropriate.

- **How service users will be made aware of what services are available**

  - Support worker promotion
  - Consultation sessions
  - Service user consultation groups
  - Menu leaflet
  - Newsletters
  - Media marketing
  - Notice Boards
  - Internet
  - Open days

What scope is there for adding new services

- This is a flexible service and will allow choice. Any appropriate new service would need to be considered and a full cost benefit analysis completed and agreed with service users, stakeholders and commissioners.

Level of services provided at each scheme on a daily, weekly, monthly basis

The Hub and Spoke services will focus on the needs of the locality to which services are delivered. By operating a Hub team we will be able to offer flexibility according to the changing demands of the population within the target locality. For example:

- Subject to resources we envisage a staff member being available on demand in the major hub centres while the hub is open;
- With the satellite services we would offer a combination of appointments and pre-arranged surgeries;
- Outreach appointments would be arranged for those people unable to access the Hubs or Satellites in person.

Method Statement 4 - Quality Assurance

Internal quality monitoring systems and procedures that exist to ensure quality is maintained across the Pilot Providers work – these vary according to organisation:

Carrick:

- CHL has a robust performance monitoring structure. We will report quarterly to the pilot group and SP measure against agreed outcomes – Balanced score card approach – see attached
- Report monthly to the DFT & Managing Homes Committee

Quality assurance role

- David Blewett – Performance Monitoring Officer

Who has ultimate responsibility for Quality Assurance of the contract?

- Peter Jarman – Operations Director

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How are service users involved in quality assurance?

- District Forum of Tenants
- DFT members monitor external contracts and work streams – cleaning contract/voids lettings standards/mystery shoppers etc
- Older Persons Working Group
- Satisfaction surveys
- 'house' meetings

A project plan for the set up, including timescales and details of constraints, milestones and risks:

Attached?

Contingency arrangements in the event that services cannot be set up according to agreed timescales

- Continue to provide existing services

Coastline:

- SHO Performance Indicator Audit forms
- SHO Performance Indicator sheet
- SSHO monitoring
- Service user satisfaction questionnaire
- KLOE Improvement Plan
- QAF A Action Plan
- Board monthly Performance report
- Staff 1-1s, Annual Appraisals and Team meetings
- Service User Sounding Board
- SHO Handbook
-

Quality assurance roles:

- SSHO - Training and development , Needs Assessment / Support Plan Toolkit / SHO Procedure Handbook
- SHM - Training and development / Performance management

Ultimate responsibility for Quality Assurance of the contract:

- Louise Beard - Director of Housing & Support

How are service users involved in quality assurance

- Impact assessment reports for Sounding Boards
- Monitoring and review panel
- CHL Board

A project plan for the set up, including timescales and details of constraints, milestones and risks

- Attached at Appendix 2

Contingency arrangements in the event that services cannot be set up according to agreed timescales

- Review timescales via Project Plan

Devon and Cornwall Housing/Penwith Housing Association:

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We always look for ways to improve. Embedded in our working practices are:

- Outcomes monitoring
- Case audit tool
- Regular 1:1 supervision and staff support
- Ongoing training
- Professional development through vocational qualifications
- Adopting the standards of the QAF at Level B with a commitment towards Level A
- Good practice discussions
- Stakeholder feedback

Please state which members of staff have quality assurance roles and what the roles are

- All staff are responsible for quality of service
- A dedicated Cornwall ILS service manager
- A specialist Policy Research and Strategy Manager
- A Quality Support Manager

Who has ultimate responsibility for Quality Assurance?

- Quality assurance rests with service director

How are service users involved in quality assurance?

- Clients are elected to the Cornwall Regional Committee
- Involvement through Residents Associations and groups
- Client/resident satisfaction surveys are undertaken periodically
- "Expert" clients would be trained to undertake peer reviews

A project plan for the set up, including timescales and details of constraints, milestones and risks

We are undertaking some further work on the project plan drawing on the template provided by Supporting People to ensure a common approach.

Contingency arrangements in the event that services cannot be set up according to agreed timescales

We have Business Continuity Plan designed and reviewed by our Business Continuity Team. Where a risk is identified a management plan will be developed to mitigate this and ensure controls are implemented. We have assumed the default position to be delivery of existing service provision as per contracts.