

# **Fife Adapting for Change – One Year On review**

**Introduction**

**Method**

**Key Points from conversations**

**The original submission**

**Progress and issues**

**Priorities and action plan**

**Programme organisation**

**Conclusions**

**Recommendations**

Margaret Moore  
Place Home and Housing  
Ihub

April 2016

## Introduction

The Project Board agreed at its March meeting that a **One Year On review** should be undertaken. The purpose of the review was to:

- Review the original submission against current direction
- Capture progress, what worked well, what hasn't
- Identify priorities going forward and to re-focus the project
- Develop a revised action plan
- Review programme organisation and agree the framework for the future

Margaret Moore from the ihub undertook the review during April 2016.

## Method

The approach involved:

- Desk top review of original submission against the action plan
- Individual conversations with Project Board members and other key stakeholders from Housing, Health and Social Care
- Individual submissions from Project Board members

A series of telephone interviews, including with John Mills, Head of Housing, the Project sponsor and face-to-face meeting with the Project lead (Lynn Leitch) took place during April. A list of those who took part and the areas covered are attached at appendices 1 and 2.

## Key points from conversations

- Consensus that the original submission was still valid
- Strategic positioning – a sense that it is not on the strategic agenda for health and social care
- Authorising environment – a lack of clarity around the decision making powers of the Project Board
- Need for a Project Manager – general view that a PM was necessary to support and drive the project
- Focused action plan on agreed priorities, which can be delivered over the next 6/9 months.
- Support of Customer service centre/contact centre
- Links with ADL Smartcare – Smart Life in Fife – a need to make direct connections between Smartlife in Fife and the project
- Making use of resources available – integrating front line housing management resources and the DPHS as an asset to the project.
- Engagement with RSLs requires to be developed more effectively

- Housing options and Fife Housing Register - develop their role and contribution to the project
- End to end process – need to finalise this and test
- There should be virtual budgets across all tenures
- There should be Measurement across the three tenures
- Equipment store review – explore and understand how it contributes to the project
- Opportunities and encouragement for collaboration

## Review the original submission against current direction

**Aim** – to improve service delivery for people requiring assistance due to disability

### Objectives

- to integrate, streamline, and make more efficient all processes, systems, information and support services in an end-to-end approach to enhance the service user journey
- To be more user centred and outcome focused
- To enable service users to continue to live within their own communities as independently as possible

The general view was that the original submission was still valid, but that the project has developed and there was a desire

- to increase the emphasis on the customer/service user’s experience, putting them at the centre of the service.
- To position the project directly with Smartlife in Fife
- To link the equipment store review and explore how that work can contribute to the meeting the project objectives.

## Progress and issues

There have been some specific successes which have either emerged out of the project or which can be linked to the project:

	Involving	More information
Vascular pilot	OTs and Fife Care and Repair	* See scope in Appendix 3
Retaining OT assessment when you move house	OTs and housing	Where someone has had an assessment and then moves house, the person will not need to wait for a new assessment.
Complex Cases	Housing and social care	Decision making group

		established to consider complex cases where adaptations are required
End to end process	OTs and housing	End to end process been designed.
Collaboration and joint working	All	Increased collaboration evident as a result of involvement in the Project Board
Digital postcards for people living with dementia	All (AFC TEC) (Carolyn MacDonald leading)	Designing a digital postcard with people living with dementia to provide information and advice that is important to them.

DPHS	Housing	Service increased in hospitals to weekly service and 2 Specific Needs Officers (Housing) will also be based with DPHS in hospital.
Housing Contribution Statement	Housing, Health and Social Care	Specific reference to the project in the HCS and identification of outputs and other areas to be developed (extract attached at appendix 3)

### Strategic Positioning

There was a strong sense that the project needed to be more strategically positioned within the health and social care partnership. It should be noted that the Partnership's Strategic Plan now contains a Housing Contribution Statement that makes specific reference to the project:

- Delivering the Fife Demonstrator Project to redesign the end-to-end housing adaptations process, increasing the number of adaptations and reducing the time taken to receive an adaptation.
- Reviewing the opportunities for 'telehealthcare', using technology in homes to maintain independent lives.
- Investigating the provision of drop-in clinics for minor adaptations, information

and advice.

- Reviewing the potential for extending the adaptations process to include the Council, registered social landlord and private housing sectors.
- Considering options for 'healthy-homes' health checks to help prevent hospital admissions and help with hospital discharge.
- Providing options for earlier notification of the housing requirements of people awaiting hospital discharge.
- Providing joint planning for hospital discharge where there are complex needs

Fife Health and Social Care Strategic Plan, Housing Contribution Statement, 2016

A more detailed extract with targets is contained at Appendix 4.

It was also suggested that John Mills, the Executive Project Sponsor, should attend the Project Board from time to time. It should also be noted that the Council's Policy Advisory Group (PAG) is taking a keen interest in adaptations and the work of the project and this should be built upon to promote the project. It was recognised that we should be linking the project outcomes to the 9 national Health and social care outcomes and look at how it can support some of the priorities for Partnership, such as, delayed discharge.

### **Authorising Environment**

There was a lack of clarity about the authorising environment for the Project Board, it was felt that the PB was not empowered to make decisions that would then be actioned within the Council and Health and Social Care Partnership. It was suggested that this should be explored further with the Executive Sponsor and the authorising environment should be set out and agreed within the Council and HSCP.

### **Priorities and action plan**

Everyone agreed that there was a need for an action plan on agreed priorities, which can be delivered over the next 6/9 months. There was a sense that we need to decide whether we should focus on a Fife wide approach or focus on a particular area to implement a test of change. The key priorities, which emerged were:

- Design a person centred process to deliver a faster, streamlined service for the people of Fife
- Minimise inequalities across the tenures

- Make the best use of the resources to deliver an improved process and outcomes for the people of Fife
- Ensure that the project is positioned strategically and operationally and is recognised and owned within Housing and the Partnership
- Promote and increase awareness about the project across Fife for all (customers and staff)

There is a degree of similarity between the priorities and the original submission.

The conversations identified a number of actions, which should be included in the revised action plan:

- Engagement with RSLs requires to be developed more effectively
- Links with ADL Smartcare – Smart Life in Fife – a need to make direct connections between Smartlife in Fife and the project
- Making use of resources available – integrating front line housing management resources and the DPHS as an asset to the project.
- Housing options and Fife Housing Register - develop their role and contribution to the project
- End to end process – need to finalise this and test
- Virtual budgets across all tenures
- Measurement across the three tenures
- Equipment store review – explore and understand how it contributes to the project
- Increase the visibility and awareness of the project and promote it more widely

Significantly any action plan needs to include how the outputs from the project can be mainstreamed to deliver an improved service for the people in Fife that lets them realise the best outcomes for themselves.

## **Programme organisation**

### **The Project Board**

Everyone felt that the Project Board needed to develop a more action focus and the meeting should be structured around the delivery of the Action Plan (to be reviewed on 9<sup>th</sup> May). There was a general consensus that there was a need for a dedicated Project Manager to drive the project forward. Crucially everyone felt that the customer contact service should be part of the Board. SmartLife in Fife should make a difference in terms of how people contact the services, but that will take time, the need to address what happens at that first conversation to signpost people quickly and effectively to the right service is critical if the project is to improve the end to end process and reduce waiting times for people in Fife.

## **Using the resources of the Project Board**

The Project should develop the roles and contributions of all the members. A general sense that the focus of the Board has been on the OT service and that this has meant that the contribution of the other services is not being developed as it could be. Exploring how intelligence of front line staff can be channelled to develop a more preventative approach and be used to follow up with people who need help to stay at home is an important element of delivering the project objectives, which has so far not received the attention, which is needed.

There were a number of specific areas identified, which could make a much bigger contribution:

- Housing management teams
- Housing option team
- Housing OTs
- Disabled persons housing service
- The RSLs

It is essential to improve the strategic and operational positioning and ownership and to establish a robust authorising environment.

## **Conclusions**

In general the response from Project Board members was very positive and there was an energy and commitment to deliver the project objectives. There was a reasonable fit between the original submission and the current direction. The desire for action came through very strongly and a recognition that there have been some small success which have emerged from the project. Creating more visibility for the project is crucial going forward and consideration needs to be given to developing an identity for the project, which would allow it to be positioned with related mainstream activity.

There was a strong view that the project should be positioned strategically with a robust and recognised authorising environment. The project is focusing on core business and as such we need to consider how to mainstream the outputs that are achieved. Developing and integrating the contribution of the other services to delivering adaptations and supporting people to stay at home offers a huge opportunity to capture and share local intelligence, provide specific services and improve the process and experience for people in Fife.

Consistently, Project Board members identified the need for a dedicated Project Manager to co-ordinate and drive the project forward.

A key positive, which came through the conversations, was the increase in collaboration and the increased awareness of opportunities to collaborate. The

process of the review itself was seen as a positive opportunity to re-focus and engage effectively with the project.

The next stage for the Board is to develop a revised action that focuses on the priorities agreed. The key issue remains around whether the project should continue with a Fife wide focus or shift to a specific area focus to test the new end-to-end process. This needs to be discussed and decided on at the next project Board meeting (9<sup>th</sup> May).

### Recommendations

The Project Board and the Executive Sponsor is invited to consider and agree the following recommendations:

Recommendation	Lead
To improve the strategic positioning of the Project.	John Mills, Head of Housing through role on strategic plan.
To link the project priorities and outcomes to those of the Health and Social Care Strategic Plan.	Project Board
To develop a clear authorising environment	Lynn Leitch and the Project Board
To identify a dedicated resource to support the project board	John Mills, Head of Housing
To invite a representative from Customer Service to join the Project Board	John Mills/ Lynn Leitch
To initiate discussions within the council and the RSLs to establish a virtual budget across tenures for adaptations.	Lynn Leitch/ Nicki Robertson/Ida Taylor
To develop a branding for the project.	The Project Board
To develop and integrate the other services and organisation that are involved in delivering adaptations.	The project board and heads of service
To revise the action plan to focus on the key priorities and objectives which have emerged through the review	Project Board at 9 <sup>th</sup> May meeting.
To decide whether the project should shift from a Fife wide focus to an area focus	Project Board at 9 <sup>th</sup> May meeting.

## **Appendix 1**

List of those who took part

John Mills, Head of Housing Service

Lynn Leitch

Paul Short

Scott Neil

Morag Gilchrist

Jackie Cavanagh

Janis Burt

Ida Taylor

Carolyn Mac Donald

Neil Carnegie

Nicki Donaldson

## Appendix 2

Areas covered

The original submission – do you think that this still captures what the programme is about? Are there elements you would change, delete or add?
What has your contribution been so far – what successes/ changes have been delivered?
How visible is the AFC programme in your own organisation, where is it reported on and are the outcomes aligned?
What do you think are your biggest challenges for the programme locally and in the context of health and social care integration?
What changes do you think would make the biggest impact going forward?
What is within your gift to do, what timescale and resources would be required?
Have we got all the right people on the project board? Who else should we have?

## Appendix 3

### Vascular Pilot Scope

#### Pilot for NHS OT to directly request technical advice and door widening

Scope	Tracy Bowen, OT NHS Fife, based in Victoria Hospital Kirkcaldy (VHK) In patients on vascular ward having undergone lower limb amputation(s) living in private owned/rented properties
Criteria	Patients who require a wheelchair and would be able to use a toilet if bathroom door widened and would require a care package to empty a commode as an alternative.
Aim	Reduce discharge delays waiting for a care package Reduce requirement for care packages Reduce number of people discharged home with no access to a flushing toilet Increase satisfaction with home situation on discharge
Process	Where TB unsure if door widening is structural or non-structural, TB will email a request to care and Repair for a joint visit for technical advice cc Morag Gilchrist OT Team Manager. If door widening non structural, TB will request door widening directly using the same process as for minor adaptations included in extended liaison policy – it would be an extension to this policy but only in the circumstances stated in this proposal. TB will have duty of care to follow up once work is complete. If door widening structural TB will refer to local area Social Work Team at critical priority.
Impact/limitations	This will have a minor financial impact on the extended liaison budget, but should be offset by this work not going to local SW teams and commissioned from there. Due to small numbers this pilot will not significantly reduce referrals to Social Work. The intention however would be to identify and resolve any issues that may arise and then roll out wider. There is the potential that having TB visiting Care and Repair technical advisor before discharge may raise the expectations of service users. This is something that is recognised and should be managed by a shared understanding of criteria and process. This is only anticipated to apply in a very few situations. Work is on going to provide a similar level of advice for local authority tenures. The number of critical referrals should not increase, as the assessment for a solution to enable toilet access to enable hospital discharge and avoid the need to wait for a care package would be critical anyway. There was discussion around the NHS OT taking the next step and commissioning major door widening, however it was agreed that this would be considered as a future development.
Timescale	Starts on 1 <sup>st</sup> February 2016 with on-going reviews

## Appendix 4

### Extract from the Housing Contribution Statement

- Delivering the Fife Demonstrator Project to redesign the end-to-end housing adaptations process, increasing the number of adaptations and reducing the time taken to receive an adaptation.
- Reviewing the opportunities for 'telehealthcare', using technology in homes to maintain independent lives.
- Investigating the provision of drop-in clinics for minor adaptations, information and advice.
- Reviewing the potential for extending the adaptations process to include the Council, registered social landlord and private housing sectors.
- Considering options for 'healthy-homes' health checks to help prevent hospital admissions and help with hospital discharge.
- Providing options for earlier notification of the housing requirements of people awaiting hospital discharge.
- Providing joint planning for hospital discharge where there are complex needs.

Fife Health and Social Care Strategic Plan, Housing Contribution Statement, 2016

## Action and recommendations

<b>Outcome 4.2: People are provided with housing adaptations to enable independent living</b>					
Enhance the end to end customer journey for those requiring adaptations	N/A	N/A	Deliver Housing Adaptations Demonstrator Project (including review of Telehealthcare)	Mar 2017	FC / H&SCP
Increase the percentage of approved applications for adaptations completed in year	82.08% completions	SHR ARC	85.2% 92.89%	Mar 2017 Mar 2017	FC
Reduce the time taken to provide a major adaptations	29.09 days	SHR ARC	18.90 days 18.30 days	Mar 2017 Mar 2020	FC
Reduce requirement for housing adaptations	3.7% of homes Fife 2.67% of homes Scotland 2011-2013	Scottish House Conditions Survey / adaptations required	Reduce to or below Scottish average	Mar 2020	FC / RSLs
Increase the number of households accommodated through the specific needs housing process	102 households 2013-2014	Fife Council	110 households 125 households	Mar 2017 Mar 2020	FC / RSLs

