

REPORT TO: Executive Board
DATE: 19 January 2017
REPORTING OFFICER: Strategic Director, People
PORTFOLIO: Health and Wellbeing
SUBJECT: Redesign of Night Time Support
WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To inform Executive Board Members' of the outcome of a pilot scheme in London, that can be replicated to improve night time care in the Council's Supported Housing Network for people with learning disabilities, and how this can be achieved.

2.0 RECOMMENDATION: That

1) the report be noted; and

2) Executive Board be requested to approve the recommendations as outlined in 3.6.

3.0 SUPPORTING INFORMATION

3.1 There is a policy emphasis on providing good care options that promote choice for people with disabilities and that recognises the need to improve care standards in home settings. Standards or expectations specific to the provision of care through the night, are notably absent from both legislation and policy guidance. Many research projects have focused on the daytime care and services that service users receive and a review of the literature indicates that there is a need to better understand night time care practices.

3.2 What little research there is indicates a number of beneficial outcomes for service users where disturbances from staff at night is eliminated or reduced. The Southwark pilot is about the most substantive study currently in the public arena. Their report argues that more research needs to be done. A pilot in Halton will provide us with the opportunity to obtain much more robust and clear evidence from our own service users and contribute to the wider national debate

3.3 Evaluations of the Southwark Pilot scheme demonstrated positive outcomes for people by the replacement of Waking Night staff for

Sleep-ins with Assistive Technology and highlighted the potential to replicate the approach. It also suggests that if more widely adopted the approach has the potential to deliver more cost effective care personalised support.

3.4 The new model of night time support, challenges traditional thinking about risk that rely on intrusive, blanket solutions for responding to peoples' needs. A person centred approach linked with innovative use of new technologies can offer improved dignity and improved general health and well-being to some users.

3.5 Given the clear success of the Southwark Pilot (**see Appendix 1**), we propose to pilot this approach in Halton, and to consider the feasibility of replacing Waking Night staff with Sleep-ins and technology. The pilot will take into account; outcomes for service users, safety of service users and staff, staff terms and conditions. The Trade Unions have been informed that this pilot may be considered, and will be formally consulted on the proposals.

3.6 **Recommendations:**

- To establish a pilot based on the model presented in “Better Nights”¹ (**see Appendix 2**). This will include; consultation and reviews of all service users who may be affected by the pilot, the identification of appropriate use of technological solutions.
- Consultation will begin with the Unions in January 2017 and then staff side and carers over February and March. It is anticipated that service user exposure to the study will begin in March and last no longer than 3 months concluding by June 2017. The analysis and recommendations from the study will be assessed during July with a final conclusion and recommendations by August
- Staff terms and conditions will be protected during the pilot. The full implications on staff terms and conditions will be explored as part of the pilot, and consideration of the impact will be discussed with HR.

4.0 **POLICY IMPLICATIONS**

4.1 Services delivered to adults need to be both efficient and compassionate. Dignity in care means that all those supported by social care and health, are treated with respect, given the time and attention that they need and the opportunity to gain greater autonomy.

¹ “Better Nights. Evaluation of Choice Support in Southwark” Professors Roger Ellis and David Sines 2012 **Appendix 2**

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The current cost of a Sleep-in is £43.79 per night.

The current cost of a Waking Night is £145.40.

By replacing Waking Nights with Sleep-ins/technology there is the potential to achieve efficiencies; initial savings are estimated at £50k. There is a potential to achieve additional, however this depends on the assessed needs of individuals.

5.2 For Example:

In a house that is covered by Sleep-ins there will be a typical compliment of four staff. Each staff member will cover between one and two Sleep-ins per week, Typically they will start their shift at 4pm and support service users until retiring to bed at 10pm to sleep until 7am or 8am. They will be paid £43.79 for the period between going to bed and rising. It is very rare that staff are disturbed while sleeping but the expectation is that staff can be disturbed up to 3 times per night for a period of 20mins each time before additional payments are made based on the ordinary hourly rate. This has not occurred for at least the last 4 years.

In a house with Waking Night staff the same model is followed except the staff member who has come on at 4pm instead of going to bed at 10pm will go home and the Waking Night staff member will start their shift until relieved by the day time member of staff starting their shift the next morning. They will be paid at £145.40 for their shift during the night. The proposal removes the need for the Waking Night shift.

5.3 The assistive technology such as moisture alarms and pendants are accessed via Halton's Lifeline scheme. There are two levels provided by the Lifeline service:

Level 1 – this gives you a basic unit and a pendant for all members of the household and a response if triggered. £5.87 divided by the number of people in the house per week

Level 3 – this gives you the more complex service with sensors etc., a pendant for all members of the house and a response if triggered. £9.36 divided by the number of people in the house per week.

People currently accessing the service typically pay £243.36 per annum and is covered by their disability benefits. The pilot will provide further opportunities to explore cost reductions to the service user by removing the need to send alarms to the on-call Lifeline warden service by having our own sleep-in staff on duty

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Will improve the quality of life for those younger people with profound and multiple disabilities living in Halton and receiving services from the Network.

6.2 Employment, Learning & Skills in Halton

Will develop staffing expertise and increase their ability to provide tailored, needs led support.

6.3 A Healthy Halton

Will improve the health of those service users to whom the proposals will apply.

6.4 A Safer Halton

Not Applicable

6.5 Halton's Urban Renewal

Not Applicable

7.0 RISK ANALYSIS

7.1 The change will have to be piloted and phased with full consultation with all stake holders including service users, families, staff and unions. Each phase will need to be comprehensively analysed and reported upon.

7.2 The changes will result in a reduction in a number of posts, however there are alternative options within the existing structure for employment.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 This will improve levels of independence and dignity for service users.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Document	Place of Inspection	Contact Officer
Valuing People, A New Strategy for Learning Disability for the 21 st Century	Runcorn Town Hall	Sue Wallace-Bonner

Appendix 1

The Southwark Pilot

Professors Roger Ellis and David Sines, completed an action research study on the replacement of Waking Night staff for Sleep-ins with the use of Assistive Technology for a service providing support to 83 people with learning disabilities in Southwark in 2012.

The objectives of the pilot had three main intended outcomes:

- Safety should be maintained and any risks associated with the change from Waking Nights to Sleep-ins should be anticipated and managed.
- There should be an improvement in quality of life for service users. Less intrusive forms of night support should promote dignity and independence. Improved sleep should lead to improved health and well-being.
- There should be a reduction in costs for night time support

Key findings of the study

The reduction in costs was so clear that it was decided to focus the evaluation on the risk management and quality of life outcomes. These were assessed through an audit focusing on the individual service users. An audit tool was devised for this purpose with 27 topics including risk management for seizures, nocturnal incontinence and nocturnal activity. The tool was completed for each service user by a Support Worker familiar with the service user and verified by the manager. The findings are:

Cost Reduction

Substantial savings were achieved by the shift from Waking Nights to Sleep-ins. As a percentage the change represented a saving of 66%.

Safety Maintenance

Three issues were identified as involving potential risks:

- 1). Service Users having seizures and whether they would be detected and managed without regular observation. The study found the movement sensors and monitors worked well and accurately to alert Sleep-in staff.
- 2). Urinary incontinence and whether service users would experience undetected discomfort through soiling of themselves and their bedding. The study found the use of incontinence pads to be effective.

3). Nocturnal activity and whether service users might harm themselves or others. The study found Where Sleep-in staff attention was required the reasons were genuine and demonstrated that the Sleep-in was effective in providing appropriate night support.

Quality Enhancement

- Utility bill were cheaper with lights and appliances being switched off
- People were more settled with better sleep patterns
- Fewer distracting and intrusive handovers
- Greater consistency of support due to new shift patterns with the same staff at bedtime as waking in the morning. Also more able to spot ill health
- Service users developing the ability pursue activities without support e.g. go to lounge, turn on TV, go to toilet unsupported
- Tendency for people to retire at the same time like home
- Staff more confident to allow people to do things on their own
- More privacy and autonomy
- Regular day and night time routines

Assistive Technology

Included movement sensors, audio detectors and moisture sensors for the incontinence pads. The removal of night time supervision threw a heavier emphasis on the use of assistive technology. While staff are described as Sleeping-in they are obviously expected to respond to alarms from assistive technology. The interface between assistive technology and Sleep-in staff is vital.

Staff Development

Whilst the majority of staff seem satisfied with the new system there were a number of dissenters where indications were that additional training could contribute to attitude change, improve the effectiveness of the use of assistive technology, and also, at an interpersonal level, enhance the ability of the staff to develop independence and new skills in service users.

General Conclusions

- The switch from Waking Nights to Sleep-ins was successful
- The objectives of the pilot had been achieved;
 - Safety was maintained
 - An improvement in quality of life was achieved
 - There was a reduction in costs
- Changes in staffing was managed through redeployment or voluntary redundancy
- A clear commitment to personalisation was achieved through the benefits of a more normal day/night pattern
- Increased independence