



## Item No: 11

Meeting Date: Wednesday 21<sup>st</sup> June 2017

### Glasgow City Integration Joint Board

**Report By:** Sharon Wearing, Chief Officer, Finance and Resources

**Contact:** Allison Eccles, Head of Business Development

**Tel:** 0141 287 6724

<p><b>PROOF OF CONCEPT OUTCOME: REVIEW AND REFORM OF SOCIAL CARE CONTRACTS AND DELIVERY OF THE NATIONAL MINIMUM WAGE 2020</b></p>
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<p><b>Purpose of Report:</b></p>	<p>The purpose of this report is to advise on the outcome of Glasgow City Health and Social Care Partnership's Proof of Concept and seek approval to progress proposals to implement.</p>
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<p><b>Recommendations:</b></p>	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"><li>a) note the contents of this report;</li><li>b) approve the progression of the Partnership's proposals for contracting, contract management, care management and finance;</li><li>c) approve that the Partnership progresses a separate transformation project for low level interventions;</li><li>d) approve the progression of Proof of Concept provider proposals;</li><li>e) approve the progression of the development of proposals by remaining social care providers;</li><li>f) approve that the Partnership and Proof of Concept providers continue to assess the development and implementation of proposals and plan wider communication and engagement activity with relevant stakeholders; and</li><li>g) approve that the outcome of the Proof of Concept and any legal and procurement implications are reported to Glasgow City Council Executive Committee as previously instructed by the committee on 31 March 2016.</li></ul>
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## Relevance to Integration Joint Board Strategic Plan:

The Proof of Concept is an opportunity to deliver transformational change in service provision, leading to positive health and well-being outcomes for Glasgow's citizens.

## Implications for Health and Social Care Partnership:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	The Proof of Concept will support delivery of all nine National Health and Wellbeing Outcomes.
<b>Personnel:</b>	None
<b>Carers:</b>	None
<b>Provider Organisations:</b>	The Proof of Concept should better support provider organisations to have greater flexibility in the development and delivery of innovative social care and support provision with more emphasis on community-based assets, local social networks and the achievement of positive and sustainable service user outcomes. This should enable providers to pay all their staff the new National Minimum Wage 2020 of £9 per hour as a minimum requirement and make a future 5% saving in 2018-19 based on planning assumptions.
<b>Equalities:</b>	An Equality Impact Screening had been previously carried out for the Proof of Concept and has been regularly monitored and subsequently reviewed (see Appendix E). No significant impacts have been identified. It will continue to be monitored by the Contracts and Contract Management workstream where proposals are further tested/developed before implementation, and an action plan will be put in place if required. Where proposals involve service redesign or service development activity with provider organisations, respective Strategic Commissioning Leads within the Partnership will be responsible for considering the equality impacts of such proposals once they have been fully developed.
<b>Financial:</b>	In delivering the Proof of Concept and based on planning assumptions, there is expected to be a future 5% saving on total spend for purchased community-based social care services (including residential).
<b>Legal:</b>	Glasgow City Council legal, procurement and audit staff provided advice on certain aspects of the Proof of Concept to ensure compliance with procurement law and regulations, Council Standing Orders on contracts, governance and audit standards and social care statutory responsibilities. Relevant

	officers from the Partnership will continue to work with them as required to ensure compliance.	
<b>Economic Impact:</b>	As above for Provider Organisations.	
<b>Sustainability:</b>	As above for Provider Organisations.	
<b>Sustainable Procurement and Article 19:</b>	As above for Legal.	
<b>Risk Implications:</b>	Without the Partnership reviewing its contracting, contract management, care management and finance arrangements for community-based social care contracts and engaging with providers to develop alternative solutions for service provision, there is a risk that there may be a significant gap in the Social Work budget, and of providers not being in a strengthened position to achieve service user outcomes whilst paying all their staff new National Minimum Wage 2020 as a minimum.	
<b>Implications for Glasgow City Council:</b>	Proof of Concept proposals will have implications for commissioning/procurement, contract management, care management, finance, and ICT functions within the Partnership as set out within this report.	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None	
<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	✓
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

## 1 Background

- 1.1 Social Work Services currently purchases circa £247m per year of social care services from provider organisations. Approximately £160m of this relates to community-based services (including residential ones), which are unlikely to pay all their staff anywhere near the new National Minimum Wage of £9 per hour that is to be phased in by 2020. The remaining £87m relates to national contracts for care homes and residential schools, which were out of scope for this review.
- 1.2 To meet the new National Minimum Wage, it is estimated that the gap between current funding and maintaining a standstill position for service provision by 2020 would be an uplift in the Social Work budget of circa £21m per annum. The additional funding for the Scottish Living Wage for adult social care workers has assisted to offset this, but it is unlikely to be made up by national or local government.

- 1.3 In [February](#) and [March](#) 2016 Glasgow City Council Executive Committee approved the proposal that the Partnership work with a small number of social care providers to establish a 'proof of concept' over an 18-month period that would assist them and other providers to meet the two-fold objectives to pay all their staff the new National Minimum Wage and make a future 5% saving on total spend in 2018-19 based on planning assumptions. This was also reported to the Glasgow City Integration Joint Board (IJB) in [May](#) and [October](#) 2016. It was envisaged that proposals would require a shift away from the traditional commissioning, procurement and audit/monitoring of social care provision and the model of provision itself.

## **2 Project Arrangements and Engagement**

- 2.1 The Proof of Concept is an Integration Transformation Project sponsored by the Partnership's Chief Officer Finance and Resources. It adopted a project management approach and comprised of project groups and workstreams (see Appendix A). The Social Work and Provider project groups identified and routinely monitored and managed key deliverables, timescales, dependencies, risks and issues. The project groups and workstreams included involvement from:
- Partnership staff supporting commissioning/procurement, contract management, care management, finance, ICT and communications
  - Glasgow City Council staff supporting legal, procurement and audit functions and
  - five social care provider organisations – Aspire, Enable Scotland, Fair Deal, Mainstay Trust and Turning Point Scotland.
- 2.2 Proof of Concept providers participated in workstreams to facilitate a partnership approach to the development of co-produced proposals.
- 2.3 Different aspects of Proof of Concept proposals have been considered at different points during the project by members of the project groups, professional social care staff within the Partnership, the Social Work Professional Governance Board and providers at the Social Care Provider Event in April 2017. Council legal, procurement and audit staff provided advice on specific aspects to ensure compliance with procurement law and regulations, Council Standing Orders on contracts, governance and audit standards and social care statutory responsibilities. Participating providers also engaged with a range of stakeholders.

## **3 Proof of Concept Outcome: Proposals**

- 3.1 The Proof of Concept set out to develop and test a different model of commissioning, procurement and auditing/monitoring of social care services with the Proof of Concept providers, including the development and delivery of more holistic service provision with more use of community-based assets and local social networks and a focus on achieving service user outcomes. This would then be the evidence base to engage in a transformational way with all remaining Glasgow social care providers for them to likewise transform their community-based services (including residential) within a similar timeframe and assist them to meet Proof of Concept objectives. It would consist of both Partnership and provider proposals.
- 3.2 During the Proof of Concept there were certain business pressures that impacted it, which are noted below. Proposals have been developed, but these business

pressures restricted opportunities to test and fully develop all of them to evaluate whether they achieved Proof of Concept objectives. The business pressures also restricted opportunities for participating providers to develop joint solutions that could potentially and significantly transform the marketplace and how providers deliver services (for example, joint venture/alliance contracting or use of shared resources for back-office functions). This means that the outcome of the Proof of Concept is to present a set of proposals to be progressed. There was however an opportunity to test the Partnership's proposed Provider Service Return for contract management, and some individual provider solutions have been tested and/or implemented. The business pressures referenced above included:

- implementation of the Scottish Living Wage for adult social care workers
- Independent Living Fund – funding conditions and Scottish Living Wage uplifts (now confirmed)
- cost pressures for sleepovers arising from Employment Tribunal decisions
- competitive tenders and mini-competitions and
- programme of service user reviews as part of the 2015 Social Care Framework.

#### **4 Contracting, Contract Management, Care Management and Finance**

- 4.1 The majority of purchased community-based social care provision is undertaken on an hourly rate basis. Primarily this is to enable effective tracking of the public purse and because the long-standing processes for commissioning, procurement and monitoring/auditing have been traditionally undertaken on an 'inputs' and 'outputs' basis. This is set within a system where their arrangements and processes are significant, requiring providers to work with a range of professional and business support staff across the Partnership and Council.
- 4.2 The Proof of Concept provided the opportunity to review current arrangements and consider/develop alternative and/or 'leaner' ones to enable and better support holistic service provision and the achievement of service user outcomes, facilitating providers to meet Proof of Concept objectives. There would continue to be a framework to manage risk, professional safe care and financial accountability.
- 4.3 **Outcomes-based Contracting.** Outcomes and inputs associated with procurement contracts are set out in a contract's service specification and within the Invitation to Tender document. The contract is therefore the legal basis upon which the provider becomes accountable for the delivery of these outcomes and inputs via its performance and regulatory frameworks governing delivery by providers.
- 4.4 Whilst there will always be circumstances where the contract explicitly states the social care inputs to be delivered, there has often been no correlation between the delivery of them and achievement of outcomes. The Proof of Concept also highlighted the importance of providers using an outcomes-based care planning tool to measure change for individuals, manage staff and service performance and track overall performance.
- 4.5 It is proposed that for future social care contracts the Partnership:
- considers whether the service model required is to be procured on an outcome and/or input basis with regard to any associated risks

- develops service specifications that explicitly detail outcomes and inputs and acceptance of any associated risk with them, which will be the basis of contractual obligations for both parties to the contract
- provides detailed financial instructions to the Council's Legal Services about the payment terms associated with the type of specification and
- requires providers to use an outcomes-based care planning tool.

4.6 **Service Outcomes Framework.** The Partnership does not have an outcomes framework linked to service specifications to evidence the achievement of outcomes by providers at a service level. To make connections between individual and service-level outcomes and assess the achievement of measurable service outcomes within the context of Partnership strategic priorities, the Proof of Concept reviewed a number of service outcomes frameworks with a view to develop one.

4.7 The review found that there is no standard framework or ICT system/tool for recording and aggregating individual social care outcomes to provide whole-service analysis. To develop one, existing health and social care outcomes frameworks and their measures were mapped against each other within the context of Partnership strategic priorities. Also critical to this was ensuring that the framework: safeguards service users' rights and preferences; reflects Audit Scotland reporting requirements; meets procurement requirements (including Council Legal and Audit); and delivers improved individual outcomes. It is proposed that:

- there is a standard but flexible service outcomes framework across care groups and service models for the Partnership, with six core service outcomes and the capacity to add care group-specific ones (see Appendix B)
- there is a proportionate reporting framework with indicators for the core service outcomes that providers are required to evidence and report on in advance of six-monthly contract management meetings as a minimum, with greater frequency dependent on risk assessment and
- providers have discretion on the tools that they use for recording and reporting.

4.8 **Contract Management.** The [Social Work Contract Management Framework](#) is used to continually monitor, evaluate and manage the performance of purchased social care services by the Council. Various elements of the framework were reviewed with a view to making it more effective and efficient, allowing the incorporation of the service outcomes framework into contract management activity and creating a sharper focus on risk management and service user safeguarding and welfare. As part of its review, Proof of Concept providers tested a revised Provider Quarterly Return, and they provided positive feedback (for example, less duplication of questions, more relevant questions and easier and less time to complete).

4.9 The following key changes to the Contract Management Framework are proposed:

- Provider Quarterly Return (the monitoring return completed by providers): rename it as the 'Provider Service Return'; reduce/simplify the number of questions from 42 to 12 to focus more on risks and issues; reduce its frequency from quarterly to six-monthly; increase its completion window from one to two weeks and introduce a two-week timescale for commissioning/procurement staff to address non-completion for providers who do not submit it (see Appendix C)

- risk assessment and recording by commissioning/procurement staff: reduce its frequency to six-monthly as a minimum and for any change in risk introduce notification to relevant commissioning and procurement manager
- CM1 (recording template for contract monitoring of services): reduce its frequency to six-monthly as a minimum, allow aggregation of services and take cognisance of good practice principles as set out in the Social Care Institute for Excellence's 'Safeguarding and Quality in Commissioning Care Homes'
- service reviews: reduce their minimum frequency for providers who cut across care groups from at least once every two years to at least once per contract term and introduce tiered sign-off arrangements by Partnership staff
- care manager concerns: expand to include concerns made from external agencies and stakeholders, communicate outcome of concerns to all stakeholders and improve/'lean' recording proformas and logs
- revise the current performance framework and guidance to reflect changes
- risk assess contract management changes prior to implementation and
- progress the Contract Management Console/Commissioner as the IT solution for contract management activity, recording and reporting.

**4.10 Lead Commissioning/Contract Management Model.** Commissioning and procurement staff within the Partnership are currently organised by care groups/themes and not providers. Of the Partnership's current 190 providers, 163 (85.8%) have one link officer and 27 (14.2%) have more than one. Almost all of these 27 providers engage with officers across different care teams (25, 92.6%). During the Proof of Concept, participating providers had one link officer. Providers viewed this positively in that it increased the link officer's knowledge of the provider's business, maintained continuity and reduced duplication in work. To better resource and plan contract management and service review activity and reduce duplication, it is proposed that, other than by exception for business reasons, there is one lead officer per provider irrespective of care group or service model and the Council's procurement and contracting regime is the default.

**4.11 Care Management.** Early on the Proof of Concept recognised that future demographic changes in Glasgow will likely result in increasing demand for social care services against a backdrop of financial and workforce pressures of higher costs with a reduced resource. To mitigate the impact of this, the Proof of Concept identified that the current approach to assessment and care management for individuals with substantial/critical levels of risk (via Personalisation) needs to shift – with less emphasis on prescriptive inputs and outputs, and, based on assessed risk, more proportionality and flexibility for providers with a greater focus on achieving outcomes. This would facilitate opportunities for providers to better resource plan and make efficiencies that could then be reinvested into service provision to assist addressing greater demand and resource pressures. Social Work would continue to meet its statutory responsibilities, and the management of service user risk, safeguarding and welfare would remain paramount.

**4.12** It is proposed for assessment and care management that:

- there is a greater focus on the three key areas of risk within the current Support Needs Assessment used to assess individuals' social care needs (meeting personal care needs, staying safe and risk to others)
- the six wellbeing areas within the Support Needs Assessment remain (social relationships and community activities, employability and volunteering, personal

development, are you also a parent or carer, running and maintaining the household that I am living in and available social support)

- there is greater devolution of care planning activity to providers where they assist Social Work in care planning to meet an individual's social care needs, with inputs and outputs linked to the social care outcomes detailed in the Support Needs Assessment
- there continues to be prescribed inputs and outputs for the three key areas of assessed risk by the Partnership, particularly for service users with complex needs, but providers have more flexibility to resource plan the provision of support to meet the six wellbeing areas based on assessment of risk
- the accountability of inputs and outputs and delivery of outcomes continue to be monitored and evaluated through routine individual service user reviews and contract management and service reviews and
- guidance for staff and providers is reviewed to reflect changes.

4.13 Low level interventions and the screening/assessment of individuals with a low level of risk were not in scope for the Proof of Concept. The Proof of Concept identified that there is an opportunity to review and transform the pathway for low level interventions, and it proposes that the Partnership takes this forward as a separate Integration Transformation Project.

4.14 **Finance.** The Proof of Concept undertook a review of invoicing and payments to the Proof of Concept providers. Most but not all payments are recorded on and paid from careFirst (the Partnership's Social Work client information system), but there is significant variation in processes across care groups and service contract types to authorise and issue payments (with the exceptions of Personalisation for Adults and Children and Families). Client contributions are directly collected by providers themselves. Further, when invoices cannot be matched on careFirst, there can be a delay in payment (for example, due to incorrect value/rate or client contribution).

4.15 To make invoicing and payments more effective and efficient, it is proposed to:

- make careFirst the default position for all provider payments for social care
- maximise the use of careFirst auto invoicing, once audit and governance requirements are met
- continue with the development of the Income Team/Income Max in respect of adult contributions. This includes improved use of careFirst functionality
- review current care group payment processes (including payment terms) with a view to unification and simplification and
- improve resolution of the 'disputed payments' process.

## 5 Provider Proposals

5.1 **Provider Participation.** Together the five Proof of Concept providers represent a mixture of local and national organisations from the independent and voluntary sectors, supporting individuals across a range of support categories: addictions, children and families, criminal justice, disabilities, homelessness, mental health and older people. They also bring experience of supporting individuals through a wide range of different service models: care and support, care homes, short breaks (community-based), day services/day opportunities/employability, home care (care at home), housing support, supported living/accommodation and offender accommodation services. This variation was designed to facilitate the development



of a range of different provider solutions so that there would then be greater relevance for remaining providers.

- 5.2 **Project Arrangements.** All Proof of Concept providers had project arrangements in place to develop their proposed solutions with key stakeholders through their own existing internal organisational structures and governance arrangements and/or project workstreams. They also reported in totality at regular meetings with the Partnership and networked with each other prior to and outwith meetings.
- 5.3 **Hourly Paid Staff.** As at March 2017, Proof of Concept providers employed approximately 583 Whole Time Equivalent (WTE) social care and non-social care staff for care and support services contracted by the Council. Of these, there were 486 (83.4%) social care and 56 (9.6%) non-social care staff paid hourly. All social care staff were paid as a minimum £8.25 per hour (although sleepover rates are limited to previously agreed contracted levels). A third (157, 32.3%) were paid £9 per hour and above. Half (27.7, 49.5%) of non-social care staff were paid £9 per hour and above, but two-fifths (22.5, 40.2%) were paid £7.20 to £8.24 per hour. To maintain current service provision and pay all their staff as a minimum £9 per hour, providers reported that they would need to increase their salary bill between 2.8% and 9.1%. Hourly service rates would need to increase between 2.2% and 13.3%. These figures do not reflect preserving salary differentials.
- 5.4 **Proposed Provider Solutions.** Proof of Concept providers developed a number of proposed solutions that aimed to assist them to pay all their staff as a minimum the new National Minimum Wage and make a future 5% saving. It also facilitated exploring opportunities for social care service development and delivery, service redesign, use of technology and/or reviewing back-office structures and systems. This also involved exploring holistic provision of support with more emphasis on community-based assets, local social networks and achieving positive and sustainable service user outcomes. The majority of providers indicated that their proposals will assist them to meet the required efficiencies for the Proof of Concept objectives (this is only an approximation and based on current proposals being fully implemented). Proposals are included at Appendix D for each provider. The main ones are summarised in the table:

Categories and Proposed Provider Solutions
Review/Redesign of services or their delivery for them to be more effective and efficient, with a focus on outcomes
<ul style="list-style-type: none"> <li>•review transport arrangements to maximise independent travel by service users and explore options to rationalise the use of taxis and provider driver/escort services</li> <li>•review night-time supports and sleepover arrangements with flexible alternatives and use of assistive technology where appropriate</li> <li>•realign existing resettlement services to provide greater flexibility of service provision and be more effective and efficient, making more use of mainstream resources and facilities and promoting greater integration into local communities to meet the changing needs of service users</li> <li>•progress a service redesign agenda that would provide a seamless integrated approach and flexible care pathway to better meet the needs of vulnerable individuals affected by drug use, alcohol dependency and homelessness</li> <li>•review service delivery models (e.g., pay, grading and financial modelling for national/living wage, staffing structures and arrangements and/or rostering/shifts)</li> <li>•develop/evolve the use of outcomes-based care planning tools to assist analysis of outcomes at individual, single service and aggregated service levels</li> </ul>
Greater use of shared care/supports, community-based assets and local social networks
<ul style="list-style-type: none"> <li>•develop common interest groups, group day activities, shared care/supports, supported employment and/or peer initiatives for individuals who have common social care needs/outcomes</li> <li>•map local resources, networks and activities for people with a learning disability</li> </ul>

<ul style="list-style-type: none"> <li>•use community-based assets, local social networks and/or informal sources of support such as volunteers to develop, compliment or provide services based on individual and local needs, particularly in partnership with other providers, organisations and networks (e.g., for support at home, day opportunities, night-time support, community safety and volunteering)</li> </ul>
Greater use of assistive technology for service delivery
<ul style="list-style-type: none"> <li>•increase the use of assistive technology to support service delivery of night-time supports (e.g., the Council's Overnight Responder Service, Just Checking and Sol Connect)</li> <li>•use assistive technology to enhance communication and support the safety of vulnerable individuals in the community</li> <li>•use technology to connect supported individuals with activities within their communities including independent travel</li> </ul>
Review/Redesign of back-office arrangements
<ul style="list-style-type: none"> <li>•review/redesign back-office functions (HR and/or Finance) with greater use of technology/systems solutions</li> <li>•introduction of a social care electronic management system for supported individuals</li> <li>•introduction of contracted hours for staff</li> </ul>

5.5 The progression of some of the above provider proposals may have legal and procurement implications for the Council, which may require a new procurement procedure rather than a modification of an existing contract. Partnership staff are currently engaging with Council legal, procurement and audit staff for advice. If a provider solution requires a new procurement procedure, then there is a risk that it may not proceed.

5.6 **Additional Transformational Benefits.** Providers identified additional transformational benefits that their proposed solutions will potentially assist them to achieve. The main ones are:

- greater flexibility in the development and delivery of innovative social care and support networks within communities
- better use of resources for service delivery
- greater integration of services
- greater use of technology enabled care to a position of mainstream provision to meet individuals' social care and support needs
- leaner commissioning and contract management arrangements
- less one-to-one and/or paid staff involvement in the lives of supported individuals with strengthening of communities and greater use their assets and local social networks and
- greater focus and emphasis on delivering sustainable service user outcomes.

5.7 **Stakeholder Engagement.** In totality, Proof of Concept providers engaged with a range of stakeholders including supported individuals and their carers/families, staff, senior managers, Board Members and other social care providers. A number of channels were used, including letters, newsletters, service user forums, service user reviews, staff briefings and governance/business meetings. Providers reported both positive outcomes and challenges in their engagement activity:

*Positive outcomes:*

- involvement: supported individuals and staff felt more involved in the future of services and the development of their organisation. This led them to take an active role and have ownership in generating ideas and opportunities. Staff felt encouraged to be proactive in risk management discussions
- buy-in: engagement generated stakeholder buy-in to review current services and processes and develop a more collaborative outcomes-based approach

- communication: engagement on Proof of Concept developments were facilitated by existing internal communication processes for changes within provider organisations and
- satisfaction: engagement can lead to satisfaction with proposed solutions to take forward for testing and implementation

*Challenges:*

- organisational issues (for example, active engagement opportunities for all stakeholders, job security, workload and budget positions)
- individual support (for example, individual budgets, service user safety and service user and family concerns) and
- Proof of Concept participation (provider selection, purpose and objectives).

5.8 **Risk Management.** Whilst there were a number of business pressures that impacted on the Proof of Concept (Paragraph 3.2), providers regularly reviewed risks during the development of their proposals, and they had mitigating actions in place. Risks broadly included ones relating to finance, contracts, staffing levels and relations, supported individuals, compliance with regulations, service redesign and communication and engagement. In addition to the business pressures, providers highlighted that resources (time, staff and costs) to participate in the Proof of Concept and managing stakeholders' understanding of the Proof of Concept and its implications for service provision were a particular challenge. However, providers reported that collaborative engagement with stakeholders was critical to the development of their proposals, and they generally viewed it as positive. Their involvement in the Partnership's workstreams was also similarly viewed. This has led to a more strategic partnership approach to person-centred care planning and service delivery with the utilisation of local experience and greater ownership.

5.9 **Participation.** Providers reflected on their participation in the Proof of Concept, and some of their experiences and key 'lessons learned' included:

- important to clearly define and stay focussed on project objectives, ensuring stakeholders are engaged in the process and well communicated with
- important for providers to work together without being too distracted by concerns about sharing potentially commercially sensitive information
- the diversity of participating providers brought with it a challenge in terms of being able to identify collaborative opportunities given differences – there could have been more collaborative solutions between providers and exploration of funding opportunities
- the external environment can have a significant impact on project participation – make time and realise the potential opportunities
- there is a greater understanding of how the Partnership plans and implements transformational change, although it can be resource intensive and sometimes process-led (providers acknowledged that the Partnership minimised this where it could) and
- transformational change is a journey; the Proof of Concept is not the final destination.

## 6 Next Steps

6.1 An Equality Impact Screening was previously carried out for the Proof of Concept and has been regularly monitored and subsequently reviewed (see Appendix E). No significant impacts have been identified. It will continue to be monitored by the

Contracts and Contract Management workstream where proposals are further tested/developed before implementation, and an action plan will be put in place if required. Where proposals involve service redesign or service development activity with provider organisations, respective Strategic Commissioning Leads in the Partnership will be responsible for considering risk assessments and equality impacts of such proposals once they have been fully developed.

- 6.2 For the Partnership's contracting, contract management, care management and finance proposals set out in Section 4, it is proposed that workstream leads further test and develop proposals (if required) for implementation, including risk assessment of them. Workstream Leads are to continue to liaise in the normal way with Council legal, procurement and audit staff where required to ensure compliance with procurement law and regulations, Council Standing Orders on contracts, governance and audit standards and social care statutory responsibilities.
- 6.3 For the Proof of Concept providers' proposals set out in Section 5 and Appendix D, it is proposed that providers progress their proposals. Where required, providers are to continue to liaise with their lead commissioning/procurement officer and relevant Strategic Commissioning Lead (or delegate) in the Partnership. Progression of proposals may be subject to engagement with Council legal, procurement and audit as per Paragraph 6.2.
- 6.4 It is proposed that relevant Partnership staff engage with remaining providers currently contracted by the Council for community-based social care services (including residential) as required for them to develop their proposals as per Paragraph 6.3.
- 6.5 It is proposed that the Partnership and Proof of Concept providers continue to meet to assess the development and implementation of proposals. As part of this, it is proposed that there is wider communication and engagement activity on proposals planned for later in the year with relevant professional and business support Partnership staff and social care providers who the Partnership currently engages with.

## **7 Recommendations**

- 7.1 The Integration Joint Board is asked to:
  - a) note the contents of this report;
  - b) approve the progression of the Partnership's proposals for contracting, contract management, care management and finance;
  - c) approve that the Partnership progresses a separate transformation project for low level interventions;
  - d) approve the progression of Proof of Concept provider proposals;
  - e) approve the progression of the development of proposals by remaining social care providers;
  - f) approve that the Partnership and Proof of Concept providers continue to assess the development and implementation of proposals and plan wider communication and engagement activity with relevant stakeholders; and
  - g) approve that the outcome of the Proof of Concept and any legal and procurement implications are reported to Glasgow City Council Executive Committee as previously instructed by the committee on 31 March 2016.

## Hyperlinks for Reports Referenced

### Paragraph 1.3

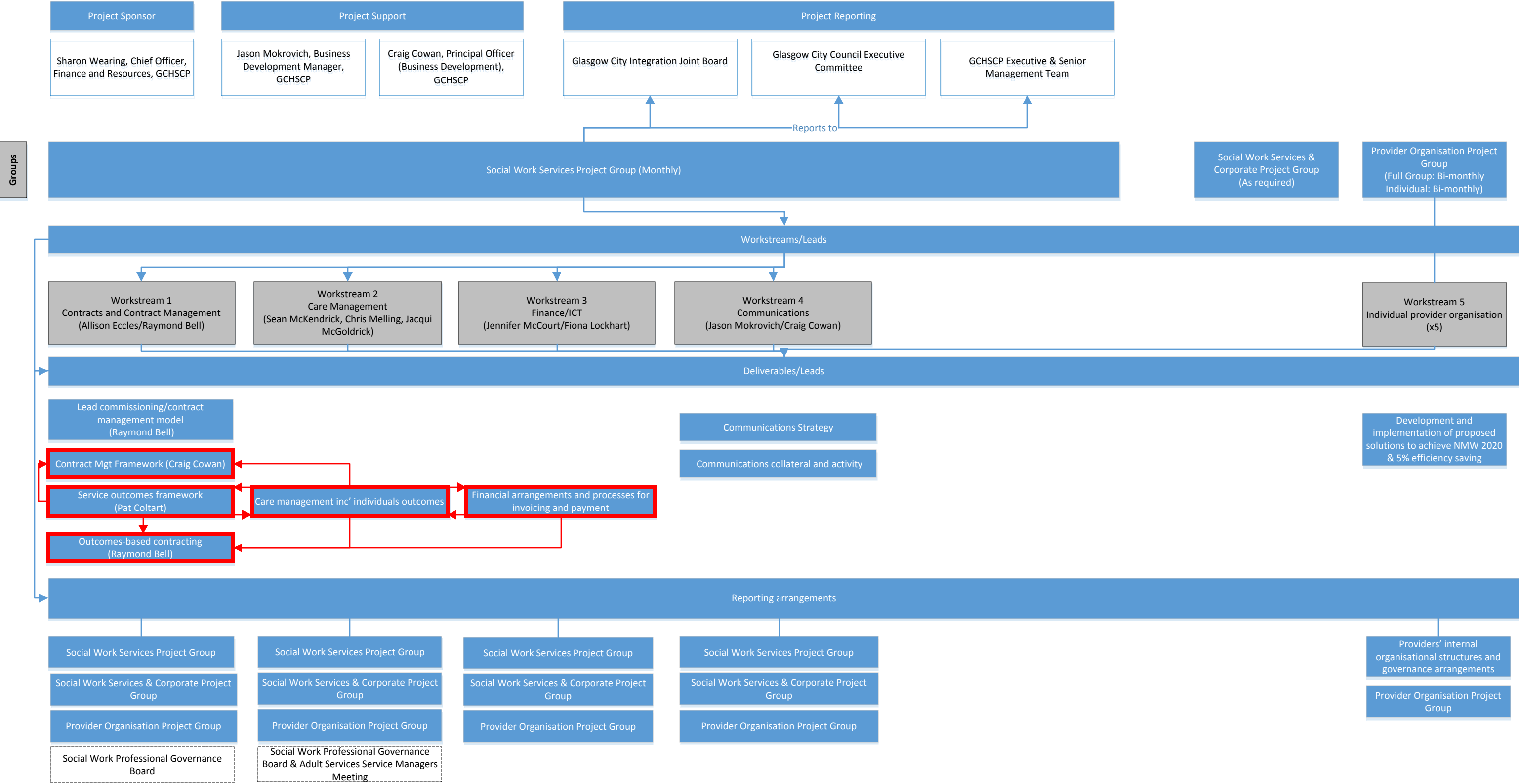
- Glasgow City Council Executive Committee February 2016  
<http://www.glasgow.gov.uk/councillorsandcommittees/submissiondocuments.asp?submissionid=78066>
- Glasgow City Council Executive Committee March 2016  
<http://www.glasgow.gov.uk/councillorsandcommittees/submissiondocuments.asp?submissionid=78935>
- Glasgow City Integration Joint Board May 2016  
<https://www.glasgow.gov.uk/CHttpHandler.ashx?id=33433&p=0>
- Glasgow City Integration Joint Board October 2016  
<https://www.glasgow.gov.uk/CHttpHandler.ashx?id=35619&p=0>

### Paragraph 4.8

- Social Work Contract Management Framework  
<https://www.yoursupportglasgow.org/glasgow-homepage/pages/are-you-a-service-provider/information-for-providers-of-social-work-services/content/contract-management-framework/>

## DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	210617-11-a
2	Date direction issued by Integration Joint Board	21 June 2017
3	Date from which direction takes effect	21 June 2017
4	Direction to:	Glasgow City Council only
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes (reference number: 311016-10-a)
6	Functions covered by direction	Commissioning/procurement, contract management, finance/ICT and care management for all purchased community-based services (including residential) for all care groups.
7	Full text of direction	Glasgow City Council is directed to further develop and test (if required) and implement Proof of Concept proposals, with liaison between staff in the Partnership; Council legal, procurement and audit staff; and social care providers as required.
8	Budget allocated by Integration Joint Board to carry out direction	Direction to be carried out from within existing resource allocation as directed by the Chief Officer Finance and Resources.
9	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
10	Date direction will be reviewed	21 June 2018



Provider workstream representation

**Workstream 1: Contracts and Contract Management**  
Service outcomes framework sub-group: Ann Marie Docherty (Fair Deal) & Wendy Spencer (Turning Point Scotland)  
Contract Management Framework sub-group (CMF): Jamie Gilday (Enable) & Ann Marie Docherty (Fair Deal)

**Workstream 2: Care Management**  
Peter Millar (Aspire) & Gill Dow (Mainstay)

Dependency



Health and Social Care Partnership  
Proof of Concept – Service Outcomes



diagram 1

HSCP Purchased Service Outcomes

Service Level Outcomes



## 1. Introduction

**IMPORTANT - READ ALL TEXT BELOW BEFORE COMPLETING YOUR RETURN.**

**This survey covers the period 1st October 2016 to 31st March 2017.**

**You must fully complete this survey in one sitting. If you close the survey before you have completed all questions and clicked "Done" you will lose all of your answers and have to start again. The survey will remain open for two weeks and providers have to complete the survey within this timescale. If you are unable to complete within that timescale please make alternative arrangements within your organisation to ensure the return is submitted on time. The survey will close on TBC**

**It is highly recommended that before filling in the survey you look through all of the questions on this page and make sure that you have to hand all the information that you will be asked for. Guidance on completing the survey is available at:**

**<http://www.glasgow.gov.uk/PQR>**

**When you click 'Done' to submit your survey, you will see a new screen with a message confirming your return has been submitted. If you do not see this screen, your return has not been submitted as it is likely that you have not answered one or more mandatory questions. You should review your answers and make sure every question has been completed.**

**Please note that if you want to print out a hard copy of your completed survey for your records, you will need to print it out after completing the final question, before you click the "Done" button at the bottom of the screen.**

**If you have any difficulties completing this return please contact your link officer at Glasgow City Council, or email [SW\\_ContractManagement@glasgow.gov.uk](mailto:SW_ContractManagement@glasgow.gov.uk)**

## 2. Provider Service Return questions

Q1 - Please provide the following information in relation to the appropriate service:

a) Provider ID

b) Service Name

c) Name of person  
completing form

Q2 - Total number of service users in this period

Q3 - Number of new service users during this period

\* Q4 - a) Number of leavers during this period - planned or unplanned

Planned

Unplanned

Q4 - b) Please detail the reasons and numbers of unplanned leavers

Dissatisfaction with service

Service user deceased

Risk of harm to self or  
others

Personal choice

Unmet need/outcomes

Changing needs

Financial reasons

Not disclosed

Reason unknown

Other

Q4 - c) If you answered "Other" above please provide details

Q5 - a) Is your staffing complement sufficient to ensure service users outcomes are met?

☐ Yes

☐ No

Q5 - b) If 'No' please provide details of any pressures faced in terms of staffing

\* Q6 - Are all care staff appropriately trained and/or registered with the relevant professional body?

☐ Yes

☐ No

Q7 - a) How many volunteers/unpaid staff does your organisation use to support delivery of health and social care services?

Q7 - b) Please identify how these staff support delivery of Health & Social Care Services by each category:  
(Tick all that apply)

☐ Care and Support

☐ Peer Mentoring

☐ Community Engagement

☐ Administrative Support

☐ Other (please specify)

	Yes	No
Training	<input type="radio"/>	<input type="radio"/>
PVG/Disclosure	<input type="radio"/>	<input type="radio"/>

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Not upheld/not pursued	
Partially upheld	
Fully upheld	
Pending	

[illegible]

	Total no of incidents	No reported to Care Inspectorate	No reported to Health & Safety Executive	No reported to Police	No reported to Mental Welfare Commission	No reported to SSSC
Incidents of actual or intended physical abuse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Incidents of actual or intended sexual abuse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medication errors	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maladministration of service user's funds or property	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Incidents of financial exploitation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Serious loss or damage to property	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Illegal restraint or restrictions on liberty	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Missing persons - total number of all incidents	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Missing persons - total number of service users involved in these incidents	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Breaches of Data Protection and/or information security laws	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q10 - Have there been any changes to the management of your organisation (either at local level, area level, national/board level) that your organisation has not yet informed the Partnership about? (if yes please detail)

Q11 - Are there any risks that could prevent your organisation providing a service for the next reporting period? (for example financial, legislative, staffing, resources, referrals, turnover) (Please Describe)

Q12 - Are there any current issues you need to discuss with your link officer at the Partnership? (Please describe)

I confirm that the information submitted as part of the return is accurate and that it is my responsibility to inform the Partnership of any inaccuracies or changes.

☐ Yes

☐ No

## Proof of Concept Proposed Provider Solutions

<b>Provider organisation</b>	<b>Aspire Housing and Personal Development Services</b>
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<b>Proposal number</b>	1
<b>Proposal description</b>	<p><b>This proposal involves the evolution of Aspire's existing Homelessness services in Glasgow. This will provide further improvements in the services' effectiveness and cost-efficiency and will include better use of staffing.</b> This will include, but not be limited to:</p> <ul style="list-style-type: none"> <li>the removal of staff sleepovers;</li> <li>increased efficiency in the deployment of staff in services;</li> <li>altering staffs' bases in the two Resettlement services, with associated opportunities for greater focus on maximising mainstream activities and facilities in the community;</li> <li>creating further capacity for greater use of housing support accommodation resources;</li> <li>greater use of volunteers, including current and previously supported Individuals, for example, to act as peer mentors, services evaluators and in other activities and</li> <li>making further progress towards services becoming paperless.</li> </ul> <p>The above proposal will provide significant cultural benefits due to the increasing availability of different kinds of resources being made available to the services (e.g., staff and more volunteers working in a complementary manner), and more of a mainstream community orientation, not least in the Resettlement services). This should effect further positive attitudinal and behavioural changes in all concerned – and it is anticipated that supported Individuals should be particularly empowered.</p> <p>From a financial perspective, this proposal will reduce the cost per place and as such has significant benefits that could be used in meeting the Living Wage/£9.00 per hour targets.</p>

<b>Key activities undertaken to date or planned to progress/implement proposal (* denotes completed activity)</b>	<b>Management resources applied/required</b>	<b>Key dependencies</b>	<b>Cross-provider working (actual/desirable opportunities/challenges)</b>	<b>Transferability? Yes or No</b>	<b>Status of proposal Started, Completed or Not started</b>	<b>Estimated timescale for implementation</b>
The work that has been carried out so far or is planned is shown below. This includes: <ul style="list-style-type: none"> <li>development of proposal;</li> </ul>	The Service Manager would drive the changes to achieve the successful implementation of the above proposal,	A) Provision of assistive technology (telephone) link with existing Aspire overnight staffing and review/enhancemen	There are opportunities for networking/working in partnership with other organisations, e.g., in relation to the use of	Yes	Not yet started (see 'Key Dependencies')	If approvals shown in 'Key Dependencies' can be secured shortly, implementation of these proposals

<ul style="list-style-type: none"> <li>• identification of stakeholders;</li> <li>• engagement and communication with stakeholders;</li> <li>• testing of proposal and</li> <li>• internal approval of proposal planned implementation of proposal following approvals (see 'Key Dependencies').</li> </ul>	<p>fully supported by Aspire's HR Manager, Finance Manager, Quality Development Manager &amp; Chief Executive.</p>	<p>t of fire-alarm in a service.</p> <p>B) Capital funding availability to convert services offices to better utilise residential provision.</p> <p>C) Approval of the relevant aspects of the proposal by:</p> <p>1) detailed discussion to be undertaken regarding approving the financial details;</p> <p>2) the Authority's Legal Services/Internal Audit;</p> <p>3) the applicable Housing Associations and</p> <p>4) the Proof of Concept Group.</p>	volunteers.			<p>could commence in the current financial year on a phased basis and should be fully realised in 2018/19.</p>
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<b>Provider organisation</b>	<b>Aspire Housing and Personal Development Services</b>
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<b>Proposal number</b>	2
<b>Proposal description</b>	<p><b>Evolution of Aspire's Outcomes-Based Planning Approach</b></p> <p>For the past nine years, Aspire has been centrally involved in the creation, design and ongoing development of an outcomes framework known as 'Better Futures'. This outcomes-based approach assists supported Individuals and support staff to work more effectively at the Individual Personal Planning level where that Individual's needs and aspirations are set out, jointly agreed and regularly reviewed with the Individual in terms of the 'distance travelled' in meeting their personal trajectories. To date, Aspire has undertaken 8,356 such reviews.</p> <p>We have placed most emphasis to date on analyses at the Individual outcomes level. However, we now propose to more systematically collate and analyse the data at aggregate levels, such as across (e.g., a 10 place service) and multiple services</p>



	(e.g., across our current four Emergency Accommodation (with support) services and our two supported Resettlement services). The purpose in doing this is to analyse patterns of results/outcomes and to what extent meaningful comparisons can be made in terms of relative achievements that can be useful from management, quality assurance and learning and development perspectives to help inform continual improvements in these services. We would wish to systematically share those findings with our colleagues who are responsible for contract management to verify the relevance and continuing value of those services.
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<b>Key activities undertaken to date or planned to progress/implement proposal (* denotes completed activity)</b>	<b>Management resources applied/required</b>	<b>Key dependencies</b>	<b>Cross-provider working (actual/desirable opportunities/challenges)</b>	<b>Transferability? Yes or No</b>	<b>Status of proposal Started, Completed or Not started</b>	<b>Estimated timescale for implementation</b>
Well established in relation to Individual data; partially developed in respect of aggregate data.	The collation and analysis of the results would involve a member of staff undertaking this on a part-time basis.	Subject to the approval of the POC group.	Subject to ensuring Data Protection, we would be delighted to work in partnership with any other Glasgow provider who uses the Better Futures Outcomes framework.	Potentially, yes, subject to the finalised Council Contract's Core Outcomes criteria being comparable with Better Futures.	Well established in Aspire in relation to Individual data; partially developed in respect of aggregate data.	If part-time staff resource confirmed, could be implemented commencing in July/August 2017.

<b>Provider organisation</b>	<b>Aspire Housing and Personal Development Services</b>
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<b>Proposal number</b>	3
<b>Proposal description</b>	<p><b>Creation of a Care Pathway</b></p> <p>For well over a decade, Aspire has operated a range of accommodation-based support services within Glasgow for adults who are homeless, (currently four Emergency Accommodation and two Resettlement services accommodating over 100 people). The knowledge and experience gained by Aspire in operating those services, together with a detailed understanding of the current day-to-day dynamics of each of those (mainly) co-living facilities, creates enhanced opportunities for Aspire to assist GCHSCP staff who refer Individuals for placement in these services to be offered a place in a given service that best matches each Individual's needs and aspirations in relation to the available vacancies. Furthermore, as an Individual's needs and aspirations will understandably change, this proposal also provides positive opportunities for that person to later move to a vacancy in another Aspire service, subject to the Individual's full agreement and where such a move clearly reflects best practice.</p> <p>In undertaking the above proposals Aspire would closely liaise with Council/GCHSCP colleagues who have a statutory responsibility for the assessment process. In so doing, we would propose to complement their work in that respect.</p>

	Subject to a whole-system approach being undertaken that also involves other providers, and if it is jointly agreed as being beneficial, the above approach could potentially be extended to much closer partnership working in a more coordinated and collaborative way with other providers who have relevant services/accommodation in Glasgow. This would expand the possibilities of finding the options that best meet the needs and aspirations of each Individual and make the best and cost-effective use of the available resources.
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<b>Key activities undertaken to date or planned to progress/implement proposal (* denotes completed activity)</b>	<b>Management resources applied/required</b>	<b>Key dependencies</b>	<b>Cross-provider working (actual/desirable opportunities/challenges)</b>	<b>Transferability? Yes or No</b>	<b>Status of proposal Started, Completed or Not started</b>	<b>Estimated timescale for implementation</b>
	Existing Aspire service management would undertake this in partnership with the nominated statutory sector colleague(s).	Detailed discussion required to be undertaken with the nominated statutory sector colleague(s) and agreement on proposal.	Not at this stage. Could be reviewed in future (see last paragraph in 'Proposal Description' above).	Not at this stage. Could be reviewed in future (see last paragraph in 'Proposal Description' above).	At early discussion stage.	Subject to agreement (see 'Key Dependencies'); could begin to be implemented this year.

<b>Provider organisation</b>	<b>ENABLE Scotland</b>
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<b>Proposal number</b>	1
<b>Proposal description</b>	<ul style="list-style-type: none"> <li>• Greater use of shared care/supports, community-based assets and local social networks.</li> <li>• Greater need for asset-based approaches to reduce reliance on paid support, and reduce overall budget costs. An appetite to reduce the duplication of isolated activities by service users by connecting people with common interests.</li> <li>• Service redesign which adopted 'Community Circles' approaches and Big Plan approaches, a focus on employment/volunteering, and collaboration with partner Orgs.</li> <li>• To identify and map existing local networks, to connect and integrate supported people within communities and help strengthen communities, applying asset-based approaches to develop informal sources of support to increase community integration. Less paid staff involvement in the lives of supported individuals.</li> </ul>

<b>Key activities undertaken to date or planned to progress/implement proposal (* denotes completed activity)</b>	<b>Management resources applied/required</b>	<b>Key dependencies</b>	<b>Cross-provider working (actual/desirable opportunities/challenges)</b>	<b>Transferability? Yes or No</b>	<b>Status of proposal Started, Completed or Not started</b>	<b>Estimated timescale for implementation</b>
<ul style="list-style-type: none"> <li>• Engagement with stakeholders and in partnership with a Provider (NN) in planning sessions with pilot group of service users.*</li> <li>• Identification of employment as outcome (using SDS budget to finance), and possible shared support options.*</li> <li>• Utilising Community</li> </ul>	<ul style="list-style-type: none"> <li>• Set up internal workstream: Participant service users, Service Manager, Facilitation Planning Manager, TFs, PAs and Supported Employment staff.</li> <li>• Held information sessions/events with all staff and carers.</li> <li>• Held multiple planning sessions for</li> </ul>	<ul style="list-style-type: none"> <li>• Buy-in from Participants.</li> <li>• Buy-in from Stakeholders.</li> <li>• Availability of Senior Staff.</li> <li>• Appropriateness of workstream KDs to included external agencies.</li> <li>• Concerns over potential budget cuts.</li> <li>• Clarity behind</li> </ul>	<ul style="list-style-type: none"> <li>• Collaboration with Neighbourhood Networks (NN) to consider setting up new Networks in the city.</li> <li>• Part of 'The Life I Want' PSP: led by VIAS, PEOPLE First, to community map Glasgow.</li> <li>• Research city-wide provider activities/events - to be</li> </ul>	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• Completed</li> </ul>	<ul style="list-style-type: none"> <li>• June 2017</li> </ul>

<p>Connections: ENABLE Branches and our ACE Groups.</p> <ul style="list-style-type: none"> <li>Develop 'peer initiatives' in partnership via 'The Life I Want' PSP.</li> <li>Hosted a 'Discovery Day' with NN to set up common interest groups.</li> <li>Building on our Helensburgh 'Day Services' model to develop group day activities.</li> </ul>	<p>participants to identify new outcomes.</p> <ul style="list-style-type: none"> <li>Supported employment staff held one-to-one sessions with participants to further identify employment goals.</li> <li>Set up a steering group comprising of Executive Director of Services, Director of Finance, Director of HR, Health &amp; Safety Officer.</li> </ul>	<p>the drivers of the POC.</p> <ul style="list-style-type: none"> <li>Satisfaction with new service redesign.</li> <li>Using our national profile to speak up about the challenges facing the social care sector.</li> </ul>	<p>accessible via CKUK APP.</p> <ul style="list-style-type: none"> <li>Work on an influencing agenda with the Scottish Government and other key stakeholders.</li> </ul>			
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<b>Provider organisation</b>	<b>ENABLE Scotland</b>
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<b>Proposal number</b>	2
<b>Proposal description</b>	<ul style="list-style-type: none"> <li>Greater use of assistive technology for service delivery.</li> <li>A need to reduce reliance on sleepovers in light of the sleepover rate, and a desire to increase independence by use of technology, to further support independence and social integration by increasing the use of digital inclusion for people with learning disabilities.</li> <li>Partnership with specialist Digital Technology providers, funders and the internal development/implementation of digital technology from our ICT division.</li> <li>Providing greater independence to supported people in their own homes, exploring the viability of alternative models of overnight support that do not compromise safety or quality. Upskilling supported people in Digital inclusion, increasing social networks and community participation.</li> </ul>

<b>Key activities undertaken to date or planned to</b>	<b>Management resources applied/required</b>	<b>Key dependencies</b>	<b>Cross-provider working (actual/desirable)</b>	<b>Transferability? Yes or No</b>	<b>Status of proposal Started, Completed or Not</b>	<b>Estimated timescale for implementation</b>
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progress/implement proposal (* denotes completed activity)			opportunities/challenges)		started	
<ul style="list-style-type: none"> <li>Extending access to SOL Connect to people living in Glasgow.</li> <li>Exploring assistive technology with GCHSCP (Just Checking).</li> <li>Partnership with CKUK: promoting their 'TEXT TO SPEAK' APP: connecting people to their communities, including our own 'travel support' APP for people with learning disabilities.</li> </ul>	<ul style="list-style-type: none"> <li>SOL representatives.</li> <li>GCHSCP Just Checking representatives.</li> <li>ENABLE Works Senior Management, in partnership with JP Morgan (funded by).</li> <li>Engagement with CKUK and GCC LAC's to promote.</li> </ul>	<ul style="list-style-type: none"> <li>Multi-partnership approach to develop and promote various forms of AT and APPS.</li> <li>Funding from external bodies.</li> <li>Costing of AT, and approval of suppliers not on GCC approved list of suppliers.</li> <li>Completion of pilot testing of APPS.</li> </ul>	<ul style="list-style-type: none"> <li>Many opportunities for cross-provider working.</li> <li>Developing a responder service with providers- geo mapping Glasgow.</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>	<ul style="list-style-type: none"> <li>Started</li> </ul>	<ul style="list-style-type: none"> <li>June 2017</li> </ul>

<b>Provider organisation</b>	<b>ENABLE Scotland</b>
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<b>Proposal number</b>	3
<b>Proposal description</b>	<ul style="list-style-type: none"> <li>Review and redesign of internal back-office functions and assets including their processes and systems.</li> <li>Need to reduce the duplication of back-office tasks and staff resources, and decrease human error, to provide a more robust outcome monitoring system, and data recording system.</li> <li>To implement a social care electronic management system and a new HR system that will have a number of benefits for a range of stakeholders and allow the HR team to work more closely with Finance and Services.</li> <li>Key areas involved: admin staff, rota processes, ICT.</li> <li>Lead to greater efficiencies in administrative tasks; facilitating management decisions allowing for improved internal</li> </ul>

benchmarking and reducing the time required to achieve the completion of tasks.

Key activities undertaken to date or planned to progress/implement proposal (* denotes completed activity)	Management resources applied/required	Key dependencies	Cross-provider working (actual/desirable opportunities/challenges)	Transferability? Yes or No	Status of proposal Started, Completed or Not started	Estimated timescale for implementation
<ul style="list-style-type: none"> <li>Implementing CARISTA: will generate all rotas and timesheets.</li> <li>CARISTA Phase 2: implementing : outcome monitoring tools, billing information, funding stream monitoring, Accident &amp; Incident recording.</li> <li>Using the inbuilt Service Designs and Support Strategies that are currently used.</li> <li>Use of APPs to allow PAs to access rotas and update outcome information in</li> </ul>	<ul style="list-style-type: none"> <li>Project led by ICT Dept, steered by Exec Directors.</li> <li>Supported by Admin staff and Team Facilitators across each LA.</li> <li>Senior representatives from HR.</li> <li>Internship from Glasgow University.</li> </ul>	<ul style="list-style-type: none"> <li>Multiple departmental collaboration.</li> <li>Available staff resources.</li> <li>Financial costs of implementing new systems.</li> <li>Going live and testing new system.</li> </ul>	<ul style="list-style-type: none"> <li>Creating the space and potential through additional funding for conversations to explore partnership solutions.</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>	<ul style="list-style-type: none"> <li>Started</li> </ul>	CARISTA Phase 1 shall be operational by 1 April 2017.

real time. <ul style="list-style-type: none"> <li>• Procure a new HR System.</li> <li>• Managing absence is a KPI.</li> <li>• Reviewing and promoting our staff benefits.</li> <li>• Exploring alternative methods of bespoke recruitment.</li> </ul>						
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<b>Provider organisation</b>	<b>ENABLE Scotland</b>
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<b>Proposal number</b>	4
<b>Proposal description</b>	<ul style="list-style-type: none"> <li>• Review and redesign of services or their delivery for them to be more effective and efficient, focussing on outcomes, financial modelling for the SLW and the implementation of outcome based care planning tools.</li> <li>• To reduce the duplication of staff resources.</li> <li>• Develop more robust service delivery model, reviewing the sleepover arrangements with consideration of assistive technology and responder services. Reviewing and researching current resources to increase community integration for people with learning disabilities.</li> <li>• Key areas: community-based assets, and existing local networks and initiatives.</li> <li>• Giving us the right framework to build on in terms of any re-design, affording greater flexibility in the delivery of services.</li> </ul>

<b>Key activities undertaken to date or planned to progress/implement proposal (* denotes completed activity)</b>	<b>Management resources applied/required</b>	<b>Key dependencies</b>	<b>Cross-provider working (actual/desirable opportunities/challenges)</b>	<b>Transferability? Yes or No</b>	<b>Status of proposal Started, Completed or Not started</b>	<b>Estimated timescale for implementation</b>
<ul style="list-style-type: none"> <li>• Developed a more robust service delivery model such as a Personal Assistant role,</li> </ul>	<ul style="list-style-type: none"> <li>• Business Development Team and Board of Directors.</li> </ul>	<ul style="list-style-type: none"> <li>• Uplift to the new Framework Rate.</li> <li>• Agreement and Uplift for ILF</li> </ul>	<ul style="list-style-type: none"> <li>• This has been in collaboration with 'The Life I Want' PSP led by VIAS and People First'</li> </ul>	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• Started</li> </ul>	<ul style="list-style-type: none"> <li>• Oct 2017</li> </ul>

<p>bespoke recruitment and developing ISFs.</p> <ul style="list-style-type: none"> <li>• Financial Modelling for SLW and SO rates.</li> <li>• Identifying and actioning opportunities for individuals to live with others (not necessarily others with LD).</li> <li>• Reviewing sleepover arrangements.</li> <li>• 'Part of The Life I Want' PSP: to community map Glasgow.</li> <li>• Research city-wide provider activities/events - to be accessible via CKUK APP, and existing online resources (ALISS).</li> <li>• Working with GCC to explore the KEEP SAFE initiatives.</li> <li>• Considering partnership to review transport arrangements for supported people.</li> </ul>	<ul style="list-style-type: none"> <li>• Consultation with supported people, and other stakeholders.</li> <li>• Collaboration with external providers.</li> <li>• Collaboration with Las.</li> </ul>	<p>rate.</p> <ul style="list-style-type: none"> <li>• Impact of sleepover rate.</li> </ul>				
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<b>Provider Organisation</b>	<b>Fair Deal</b>
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<b>Proposal Number</b>	<b>1: Review of Night Time Support Services to all 22 current Service Users in receipt of Sleepover Services at 11 Locations</b>
<b>Proposal description</b>	<p><b>Issue identified:</b> costs/ lack of sustainability/ value for money of paying ultimately (2020/21) £9 hour to staff for sleeping v current cost of £4.33/hour</p> <p><b>Expected benefits:</b> (1) greater flexibility in the development and delivery of innovative social care; (2) better use of resources for service delivery; (3) greater use of technology enabled care to meet individuals' social care and support needs; (4) less one-to-one staff involvement in the lives of supported individuals and (5) greater focus and emphasis on delivering sustainable service user outcomes.</p>

<b>Key activities undertaken to date or planned to progress/implement proposal (* denotes completed activity)</b>	<b>Management resources applied/required</b>	<b>Key dependencies</b>	<b>Cross-provider working (actual/ desirable opportunities/ challenges)</b>	<b>Transferability? Yes or No</b>	<b>Status of proposal Started, Completed or Not started</b>	<b>Estimated timescale for implementation</b>
<p>(*) Night Time Support Action Plan in place from 25/8/16 covering 20/22 service users.</p> <p>Phase 1 (7 service users) (Aug to Dec 2016) and Phase 2 (2 service users) (Jan to May 2017) are underway.</p> <p>(*) Stakeholder Group, (comprising service users, families and sleepover staff) has approved pilot usage of technology enabled care.</p>	<p>Fair Deal Board &amp; CEO.</p> <p>Fair Deal Team Leaders.</p> <p>Fair Deal staff delivering sleepovers.</p> <p>Fair Deal Finance &amp; Admin Managers.</p> <p>GCHSCP Care Managers conducting Commissioning Plan reviews.</p> <p>GCHSCP Service Managers signing off revised Care</p>	<p>1: Completion of care plan reviews for 22 individual service users including 2 non Glasgow users (This is already an issue for Phases 1 and 2 service users but there is an element of "chicken and egg" – we need to see how the pilot use of technology enabled care is progressing, and the responses of stakeholders before signing off new care plans potentially not involving traditional sleepover cover.).</p>	<p>Working with technology providers – Sol, Carr Gorm, GCC technology staff.</p>	<p>Yes</p>	<p>Started</p> <p>Night Time Support Action Plan in place from 25/8/16 covering 20/22 service users.</p> <p>Updated 13/4/17.</p>	<p>Implementation of any agreed changes, NOT necessarily including ending of sleepover cover:</p> <p>Phase 1 – 31/3/17</p> <p>Phase 2 – 1/8/17</p> <p>Phase 3 – 1/11/17</p>

SOL, Carr Gorm and GCC working with the first 4 of 11 Phases 1 and 2 service users.  Phase 3 (11 service users) planned to run June to August 2017 but is likely to slip.	Plans and application of Framework Rates.  Technology providers working with Fair Deal staff and service users – Sol, Carr Gorm, GCC.	2: Agreement of stakeholders – service users, their families, staff.  3: Approval of new service arrangements by Care Inspectorate.				
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<b>Provider Organisation</b>	<b>Fair Deal</b>
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<b>Proposal Number</b>	<b>2: Review of Daytime Support Services, especially the delivery of one-to-one support, including to 25 Service Users at 5 Addresses in Stravanan Road, Cairngorm Road, Hickman Street, Machrie Road and Tormusk Road</b>
<b>Proposal description</b>	<p><b>Issue Identified:</b> At the start of the POC Project, Fair Deal saw an opportunity to review the delivery of day support to service users at 5 sets of accommodation at the same addresses at Stravanan Road, Cairngorm Road, Hickman Street, Machrie Road and Tormusk Road, alongside the review of night time services at 4 of these 5 addresses (Proposal 1). With the completion of a significant number of care plan reviews through the recent CPR process, there is now a wider opportunity to review the delivery of one-to-one services across all Fair Deal service users.</p> <p><b>Expected Benefits:</b> (1) greater flexibility in the development and delivery of innovative social care and support networks within communities; (2) better use of resources for service delivery; (3) greater integration of services and (4) less one-to-one staff involvement in the lives of supported individuals.</p>

<b>Key activities undertaken to date or planned to progress/implement proposal (* denotes completed activity)</b>	<b>Management resources applied/required</b>	<b>Key dependencies</b>	<b>Cross-provider working (actual/desirable opportunities/challenges)</b>	<b>Transferability? Yes or No</b>	<b>Status of proposal Started, Completed or Not started</b>	<b>Estimated timescale for implementation</b>
(*) Individual or group services rationalised so that a single Fair Deal Team Leader has responsibility for	Fair Deal Board and CEO.  Fair Deal Team Leaders.	1: Completion of care plan reviews for 25 individual service users including 2 non Glasgow users.	Little need or opportunity.	Yes, limited. Service rationalisations may be of interest to other providers with multiple properties	Started	Original target dates for completion of reviews set out in Service Review and Re-design Workstream PID

<p>services to all service users at each of the 5 locations.</p> <p>25 care plan reviews have been started and/or completed in respect of service users at the 5 original locations, with service packages approved and framework rates applied and uplifted.</p> <p>Substantial number of support plan reviews completed across all Fair Deal service users, giving a wider opportunity to review the delivery of one-to-one support.</p>	<p>Fair Deal Finance &amp; Admin Managers.</p> <p>GCHSCP Care Managers conducting Care Plan reviews.</p> <p>GCHSCP Service Managers signing off revised Care Plans and application of Framework Rates.</p>	<p>Delay in completing some care plan reviews though the CPR process has led to some slippage in the earlier implementation dates in the final column at the original 5 locations.</p>		<p>at a single address.</p>		<p>were:</p> <p>Stravanan Road – 30/9/16</p> <p>Cairngorm Road – 31/12/16</p> <p>Tormusk Road – 31/3/17</p> <p>Machrie Road – 30/6/17</p> <p>Hickman Street – 30/6/17</p> <p>It is estimated that the review of the delivery of one-to-one day support services across all Fair Deal service users can be completed in the course of financial year 2016/17 as outstanding care plan reviews are completed.</p>
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<b>Provider Organisation</b>	<b>Fair Deal</b>
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<b>Proposal Number</b>	<b>3: Review of Transport Services</b>
<b>Proposal description</b>	<p><b>Issues Identified:</b> Fair Deal sees opportunities to increase the number of its service users who are Independent Travellers, benefitting both the service users and reducing costs to the organisation. Fair Deal also sees opportunities to rationalise its transport services.</p> <p><b>Expected Benefits:</b> (1) better use of resources for service delivery; (2) greater integration of services; (3) less one-to-one staff involvement in the lives of supported individuals and (4) strengthening of communities and greater use their assets and local networks.</p>

Key activities undertaken to date or planned to progress/implement proposal (* denotes completed activity)	Management resources applied/required	Key dependencies	Cross-provider working (actual/ desirable opportunities/ challenges)	Transferability? Yes or No	Status of proposal Started, Completed or Not started	Estimated timescale for implementation
<p>(*) Initial audit of service users' taxi usage undertaken in May-July 2016.</p> <p>Requires to be updated to take into account revised care plans/ application of framework rates arising out of the recently completed CPR process.</p> <p>Audit of use of Fair Deal staff time as Drivers/ Escorts for service users underway.</p> <p>(*) Identification of 3 service users as first group to be trained/ supported to be Independent Travellers.</p> <p>Wide review of transport options – community transport, SPT,</p>	<p>Fair Deal Board and CEO.</p> <p>Fair Deal Team Leaders.</p> <p>Fair Deal Finance &amp; Admin Managers.</p> <p>Working with Values Into Action Scotland (VAIS) on programme of staff training to support 8 service users into Independent Travel (£400/day).</p> <p>Working with J&amp;BG, SPT &amp; DNDP on transport logistics.</p>	<p>Commitment/ management capacity of other Providers to feasibility study of potential for greater integration of transport services across Providers.</p>	<p>Cross-provider working highly desirable in achieving maximum flexibility/ efficiency in use of transport services; this is where the possibility of greater integration of services lies in respect of service user transport.</p>	<p>Yes</p> <p>Fair Deal will have capacity to provide staff training to staff of other Providers (daily rates will apply) in developing and supporting Independent Travel.</p>	<p>Started</p>	<p>VAIS supported independent travel for 8 service users.</p> <p>Rationalisation of use of taxis, and Fair Deal driver/escort commitments - mid June 17.</p> <p>Feasibility/ Value for Money study on Fair Deal usage of leased vehicles a) as a sole venture - July 2017 b) in -conjunction with other Providers - August/ September 2017.</p>

travel logistics analysis (across providers), social enterprise models, vehicle leasing.						
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<b>Provider Organisation</b>	<b>Fair Deal</b>
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<b>Proposal Number</b>	<b>4: Feasibility Study into Potential Uses of the Former Torbrae Nursing Home</b>
<b>Proposal description</b>	<p><b>Issue Identified:</b> The recent closure of the modern Torbrae Nursing Home in Castlemilk creates a potential base for a range of better integrated community-based care services. The proposal is for a cross agency/ provider feasibility study into the potential uses of the Torbrae facility.</p> <p><b>Expected Benefits:</b> (1) greater flexibility in the development and delivery of innovative social care and support networks within communities; (2) better use of resources for service delivery; (3) greater integration of services; (4) strengthening of communities and greater use their assets and local networks and (5) greater focus and emphasis on delivering sustainable service user outcomes.</p>

<b>Key activities undertaken to date or planned to progress/implement proposal (* denotes completed activity)</b>	<b>Management resources applied/required</b>	<b>Key dependencies</b>	<b>Cross-provider working (actual/ desirable opportunities/ challenges)</b>	<b>Transferability? Yes or No</b>	<b>Status of proposal Started, Completed or Not started</b>	<b>Estimated timescale for implementation</b>
Engaging with two local housing providers and community organisations to undertake a feasibility study	<p>Fair Deal CEO.</p> <p>Working with local housing providers and community organisations to contribute to the feasibility study.</p> <p>Working with GCHSCP to discuss options and logistics.</p>	Commitment and management capacity of partners to engage in the feasibility study.	Cross provider working highly the possibility of greater integration of services within the neighbourhood.	Yes	Not started	<p>Initial meeting to be held with stakeholders - June 2017.</p> <p>GC.HSCP to provide list of providers within the Castlemilk locality.</p> <p>Feasibility study to identify options/ opportunities/ challenges and</p>

						value for money
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<b>Provider Organisation</b>	<b>Fair Deal</b>
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<b>Proposal Number</b>	<b>5: Review of Back-Office Functions</b>
<b>Proposal description</b>	<p><b>Issue Identified:</b> Fair Deal is in the process of implementing 4 new back office systems to introduce more efficient administration into the organisation. Fair Deal also expects to benefit from quicker and more efficient processing of Council invoices and has reviewed its processes for collection of client contributions to speed up collection and improve cash flow.</p> <p><b>Achieved Benefits:</b> the introduction of 3 of the 4 new IT systems has already freed up Team Leaders from a range of administrative functions and given them more time to play leading roles in change management for example in relation to Proposals 1, 2 and 3 above.</p>

<b>Key activities undertaken to date or planned to progress/implement proposal (* denotes completed activity)</b>	<b>Management resources applied/required</b>	<b>Key dependencies</b>	<b>Cross-provider working (actual/desirable opportunities/challenges)</b>	<b>Transferability? Yes or No</b>	<b>Status of proposal Started, Completed or Not started</b>	<b>Estimated timescale for implementation</b>
<p>(*) Initial implementations of a) XERO ledger system b) Webroster staff rostering system c) Electronic Wage Slips is complete.</p> <p>Further development of the XERO ledger system is planned to allow monthly rather than quarterly reporting.</p> <p>Further development of the</p>	<p>Fair Deal Board and CEO.</p> <p>Fair Deal Team Leaders.</p> <p>Fair Deal Finance &amp; Admin Managers.</p>		Not applicable.	<p>Limited</p> <p>Fair Deal is in a position to demonstrate the functionality of its new IT systems. However, the process of implementing IT systems requires a mapping of current processes, and this will be different for each Provider.</p>	Started	<p>Monthly reporting from XERO ledger – July 2017</p> <p>Webroster feed to Payroll run – August 2017.</p> <p>Implementation of Bee system – December 2017.</p>

<p>Webroster system to allow a direct feed to Payroll is planned with potential reduction in administrative tasks inappropriately placed on Team Leaders.</p> <p>Implementation of the Bee system which will record start and finish time of shift and will link directly to payroll</p> <p>(*) Introduction of monthly (instead of annual) system for collection of client contributions implemented (April 17) to improve cash flow.</p>						
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<b>Provider organisation</b>	Mainstay Trust Ltd.					
<b>Proposal number</b>	1					
<b>Proposal description</b>	Introduction of Shared Support and Group Opportunities					
<b>Key activities undertaken to date or planned to progress/implement proposal (* denotes completed activity)</b>	<b>Management resources applied/required</b>	<b>Key dependencies</b>	<b>Cross-provider working (actual/desirable opportunities/challenges)</b>	<b>Transferability? Yes or No</b>	<b>Status of proposal Started, Completed or Not started</b>	<b>Estimated timescale for implementation</b>
*Creation of Service User forum  *Introduction of interest group based activities  *Introduction of shared services previously 1:1 services for individuals involved  *Relationship building with local venues to host some indoor activities  *Shared transport arrangements created  *Budgets approved for shared supports with transport costs approved	Activity Coordinator to facilitate the forum group and make necessary connections to enable groups to be set up.  Staff members to support the individual groups – based on individual interests/strengths of the staff member.  Account set up with local taxi company with negotiated rates for the journeys undertaken.  Hub area in head office dedicated to service user activities every day.	Staff members at support level being on board to support the change in the way services are being provided.  Introducing change to the service users/families prior to engaging with staff.  Agreement of GCHSCP to redesign services to incorporate shared supports for individuals.	Potential to work with other providers in relation to accessing community resources in partnership to achieve reduced rates for venues if applicable/realistic.	Yes	Started	This will continue to evolve but full implementation has been successful to date will spread across full organisation by December 2017.



<b>Provider organisation</b>	Mainstay Trust Ltd.
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<b>Proposal number</b>	2
<b>Proposal description</b>	Development of Alternative Night Supports

<b>Key activities undertaken to date or planned to progress/implement proposal (* denotes completed activity)</b>	<b>Management resources applied/required</b>	<b>Key dependencies</b>	<b>Cross-provider working (actual/desirable opportunities/challenges)</b>	<b>Transferability? Yes or No</b>	<b>Status of proposal Started, Completed or Not started</b>	<b>Estimated timescale for implementation</b>
<p>Reviewed options for a night support service for individuals currently supported by sleepovers.</p> <p>Costed out alternative plan with a view to removing all sleepover supports.</p> <p>Used Just Checking to monitor night activity in 3 services.</p> <p>Discussions with family members about night supports in individual services.</p> <p>Discussions with care management in relation to risk management of night supports removed.</p>	<p>Management team members to discuss each individual service.</p> <p>Just Checking equipment provided by local authority and support to read results given, followed up by installation of appropriate equipment and Cordia call out service when required.</p>	<p>Requires a higher number of service users than currently supported by Mainstay to offer in-house support over night as cost analysis showed no saving and higher risks to individuals based on current numbers.</p> <p>Availability of call out services in each local area for those moving to assistive technology for night supports.</p> <p>GCHSCP agreements to remove night supports that are sleepovers.</p>	<p>The partnership with other providers would be essential to meet necessary numbers to make this a cost effective proposal, this could mean one lead provider in each area based on the resources available for each.</p>	<p>Yes</p>	<p>Started but not progressed as not financially viable with numbers supported.</p>	<p>No timescales can be given at this time.</p>

<b>Provider organisation</b>	Turning Point Scotland
<b>Proposal number</b>	1
<b>Proposal description</b>	<p>Review service delivery models (e.g., pay, grading and financial modelling for national/living wage, staffing structures and arrangements and/or rostering/shifts).</p> <p>Turning Point Scotland currently employs 912 WTE staff across Scotland with 128 (14%) based in Glasgow.(based on POC Questionnaire submitted prior to commencing delivery of FHOSS).</p> <p>To ensure that all staff in care and support services contracted by Glasgow City Council are paid a minimum £9 per hour would increase our salary costs by 2.8% or an increase of 2.2% in the funding received from Glasgow City Council through our existing contractual arrangements.</p> <p>However in order to maintain differentials between staff grades, which reflects job roles, responsibilities and encourages progression, we would increase our salary costs by 6.2% or an increase of 4.8% in the funding received from Glasgow City Council through our existing contractual arrangements.</p> <p>In addition as a national organisation we have to ensure that improvements to terms and conditions are applied fairly across the country and not only in Glasgow. This is a particular issue for a small number of ancillary staff (cooks, cleaners, caretakers etc).</p> <p>To meet the challenge of the £7.20 p/h national living wage rising to £9p/h by 2020 Turning Point Scotland began a process to review the pay and grading structure for all staff (nationally) while taking into account the objective of the Proof of Concept to meet this challenge early for staff working in Glasgow. The introduction of the Scottish Living Wage of £8.25 p/h further impacted on the proposals developed.</p> <p>The key elements of this project were to retain differentials in the role, responsibilities and remuneration of different staff grades, retain incremental progression within those grades, to facilitate recruitment of people with lived experience, to address historic anomalies within the workforce (e.g. operating both 37 and 39 hour working weeks) and, as far as possible, to minimise any negative impact on individuals.</p>

Key activities undertaken to date or planned to progress/implement proposal (* denotes completed activity)	Management resources applied/required	Key dependencies	Cross-provider working (actual/desirable opportunities/challenges)	Transferability? Yes or No	Status of proposal Started, Completed or Not started	Estimated timescale for implementation
<p>*Extensive work with staff and trade union representatives to agree a revised pay and grading structure [complete].</p> <p>*Differentials between different staff grades recognised and maintained [complete].</p> <p>*Historical anomalies with the workforce addressed [complete].</p> <p>*Address national workforce (not just those employed within Glasgow) [complete].</p> <p>*Staff Consultation Events took place across the country with a member of</p>	<ul style="list-style-type: none"> <li>• Board Members</li> <li>• Executive Team</li> <li>• HR Team</li> <li>• Finance Team</li> <li>• ACAS</li> </ul>	<ul style="list-style-type: none"> <li>• Staff Representatives</li> <li>• Staff Consultation</li> <li>• Trade Union Consultation</li> <li>• One to One meeting with some individuals</li> </ul>	No	Yes	Completed	Implemented from February 2017 with pay increases backdated to October 2016.

the Executive Team and HR Team attending each event. [complete].

\*One-to-one meetings took place with a number of individual staff members. [complete].

\*The Finance Team and HR Team undertook significant work to develop a number of alternative proposals and to model and forecast the potential impact on the organisation as a whole and on individual service budgets. [complete].

\*The initial proposals were rejected after the recognised trade union balloted its members. Further negotiation was unable to resolve the issues and so the Executive Team and Trade Union representatives met with ACAS in order to reach a negotiated

settlement which was subsequently implemented. [complete].						
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<b>Provider organisation</b>	Turning Point Scotland
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<b>Proposal number</b>	2
<b>Proposal description</b>	<p>Progress a negotiated service redesign that would provide a seamless integrated approach as part of a flexible care pathway to better meet the needs of vulnerable individuals affected by drug use, alcohol dependency and homelessness.</p> <p>In line with the transformational change agenda within in HSCP Homelessness and Addiction services it is proposed to redesign existing provision as an integrated model for the delivery of crisis services for vulnerable individuals affected by drug use, alcohol dependency and homelessness which will form a key element of a flexible care pathway, removing traditional service silos and delivering better outcomes for service users.</p> <p>The plans for the regeneration of the Tradeston area as part of the City Deal initiative and the requirement to relocate services from that area have also impacted on the development of the proposal.</p> <p>Turning Point Scotland has established a strategic working group to develop our initial thinking around the service model (from the point of access/assessment through to exit and an onward care plan / referrals) and to look at proposals around staffing (including a review of the role and number of staff required) and the financial implications of the service redesign.</p> <p>An initial specification for premises was prepared however as a result of the Tradeston regeneration proposals an interim solution was required and an options appraisal of the existing premises and outline capital costs was undertaken with a preferred site identified. However there are significant capital costs involved in this approach which will require to be offset against the efficiencies achieved.</p> <p>A short-life co-production approach which involves stakeholders, service users and staff is proposed for 2017/18 which will further develop the service model and embed it within the network of wider services including the proposed development of a safe consumption facility. It will also offer an opportunity to explore alternatives to the current model of medical provision within the service.</p> <p>Turning Point Scotland has also commissioned a focused piece of research to identify best practice in terms of integrated service models, crisis intervention and links to wider service provision which will draw on Scottish, UK and international examples.</p>

Key activities undertaken to date or planned to progress/implement proposal (* denotes completed activity)	Management resources applied/required	Key dependencies	Cross-provider working (actual/desirable opportunities/challenges)	Transferability? Yes or No	Status of proposal Started, Completed or Not started	Estimated timescale for implementation
<p>Redesign of service model for an integrated crisis service. <b>[ongoing]</b></p> <p>Determine the workforce requirements for the redesigned integrated service. <b>[ongoing]</b></p> <p>Establish regulatory requirements for redesigned service, e.g. Care Inspectorate, Home Office. <b>[ongoing]</b></p> <p>Undertake option appraisal of existing premises to identify preferred site and indicative capital costs. <b>[ongoing]</b></p> <p>Clarify income, costs and indicative savings / identify potential redundancy costs. <b>[ongoing]</b></p>	<ul style="list-style-type: none"> <li>• Board Members</li> <li>• Executive Team</li> <li>• Finance Team</li> <li>• Business Development Team</li> <li>• Operations Managers</li> </ul>	<ul style="list-style-type: none"> <li>• Further discussion with and approval from GCHSCP and Council Legal and Audit</li> <li>• Proposal would also need to be developed in conjunction with the Addiction service wider co-production approach to transformational change agenda</li> <li>• Planning permissions</li> <li>• Staff Consultation</li> <li>• Invest efficiencies in capital costs</li> <li>• Long-term joint approach</li> <li>• City Deal / Tradeston Regeneration</li> <li>• Changes to Housing Benefit</li> </ul>	<p>Yes</p> <p>To ensure service model is embedded in a flexible care pathway which meets the needs of vulnerable people in Glasgow.</p>	Yes	<p>At planning and feasibility stage with outline plan for implementation.</p> <p>Significant elements of work around the evidence base, co-production of the service model and finalising the proposal will take place over the next few months.</p>	Implementation to commence in 2017/18 with redesigned service operational during 2018/19.

Commission focussed research to inform the evidence base and support co-production process.  
**[ongoing]**

Engagement with staff, service users and stakeholders as part of rapid co-production process.  
**[not yet started]**

## EQIA Screening Form

### EQUALITY IMPACT ASSESSMENT (EQIA): SCREENING FORM

Introduction to the EQIA screening process

A successful EQIA screening will look at 5 key areas:

1. **Identify the Policy, Project, Service Reform or Budget Option to be assessed**

A clear definition of what is being screened and its aims

2. **Gathering Evidence & Stakeholder Engagement**

Collect data to evidence the type of barriers people face to accessing services (research, consultations, complaints and/or consult with equality groups)

3. **Assessment & Differential Impacts**

Reaching an informed decision on whether or not there is a differential impact on equality groups, and at what level

4. **Outcomes, Action & Public Reporting**

Develop an action plan to make changes where a negative impact has been assessed. Ensure that both the assessment outcomes and the actions taken to address negative impacts are publically reported

5. **Monitoring, Evaluation & Review**

Stating how you will monitor and evaluate the **Policy, Project, Service Reform or Budget Option** to ensure that you are continuing to achieve the expected outcomes for all groups.



## EQIA Screening Form

### 1. IDENTIFY THE POLICY, PROJECT, SERVICE REFORM OR BUDGET OPTION:

a) Name of the Policy, Project, Service Reform or Budget Option to be screened

Proof of Concept (POC): Outcomes Based Commissioning and Delivery of the National Minimum Wage 2020

b) List main outcome focus and supporting activities of the Policy, Project, Service Reform or Budget Option

- Establish the evidence base with which to engage in transformational change with social care providers to support identification of 5% savings on total spend during 2018-19
- Explore alternative governance, care management and monitoring/auditing arrangements focusing on service user outcomes, risk management, professional safe care and service user welfare.
- Shift from purchasing social care provision 'by the hour' to a holistic provision of support to individuals that makes maximum use of community based assets and local social networks with the emphasis on providers achieving positive and sustainable outcomes for their service users
- Achieve transformational change in the following ways:
  - free provider organisations to develop and deliver innovative social care support networks within communities;
  - transform the use of technology enabled care within the city to a position of mainstream provision within the care arrangements around individuals;
  - enable provider organisations to fund the new National Minimum Wage;
  - reduce the bureaucracy for all stakeholders involved in supporting service users
  - deliver efficiencies, including the better use of resources (particularly staff) and leaner administration and processes with an even greater focus on achieving positive service user outcomes;
  - create the opportunity for even greater choice and control for individuals
  - strengthen local communities and
  - establish the evidence base with which to engage in a transformational way in contractual terms for all community

## EQIA Screening Form

based existing contracts to enable providers to have a similar timeframe to likewise transform their services to get to a point where payment of the new National Minimum Wage is not an issue and becomes the norm.

c) Name of officer completing assessment (signed and date)

Craig Cowan, Principal Officer (Business Development) 3<sup>rd</sup> April 2017

d) Assessment Verified by (signed and date)

Stuart Donald, Principal Officer (Business Development)

## EQIA Screening Form

### 2. GATHERING EVIDENCE & STAKEHOLDER ENGAGEMENT

The best approach to find out if a policy, etc is likely to impact negatively or positively on equality groups is to look at existing research, previous consultation recommendations, studies or consult with representatives of those groups. This will provide you with what do you need to know that will provide you with evidence of the needs of the diverse population and their needs.

Please name any research, data, consultation or studies referred to for this assessment:	Please state if this reference refers to; Gender, BME, Disabled people, LGBT, older people, children & young people or faith & belief.	Do you intend to set up your own consultation? If so, please list the main issues that come from this consultation.
SW Area Demographics Data Compendium	All protected characteristics	No
SW Staffing Profile	All protected characteristics	

## EQIA Screening Form

### 3. ASSESSMENT & DIFFERENTIAL IMPACTS

Use the table below to tick where you think the **Policy, Project, Service Reform or Budget Option** has either a negative impact (could disadvantage them) or a positive impact (contributes to promoting equality or improving relations within an equality group), based on the evidence you have collated

		<b>Positive Impact – it could benefit an equality group</b>	<b>Good Practice/ Promotes Equality or improved relations</b>	<b>Negative Impact – it could disadvantage an equality group</b>	<b>Reason for Change in Policy or Policy Development</b>
<b>GENDER</b>	Women	<ul style="list-style-type: none"> <li>-NMW for predominantly female workforce</li> <li>-Reduction in bureaucracy for services staff</li> <li>-Individual and service outcomes framework</li> <li>-Outcomes based contract</li> <li>-Increased autonomy for providers to innovate in service provision</li> <li>-Adoption of latest technological advances in service provision</li> <li>-Improved contract mgt processes in relation to risk &amp; reporting concerns</li> <li>-Leaner invoicing and payment</li> </ul>	No impact	<ul style="list-style-type: none"> <li>-Potential reduction in predominantly female workforce</li> <li>-Risk to financial viability of providers</li> <li>-Not all services in scope (e.g. Cordia)</li> <li>-Reduced minimum requirement for contract management</li> <li>-Changes to current service delivery (e.g. sleepovers)</li> </ul>	

## EQIA Screening Form

		<ul style="list-style-type: none"> <li>processes</li> <li>-Leaner contract mgt liaison arrangements</li> <li>-Leaner, more viable providers</li> </ul>			
	Men	<ul style="list-style-type: none"> <li>-NMW for staff</li> <li>-Reduction in bureaucracy for services staff</li> <li>-Individual and service outcomes framework</li> <li>-Outcomes based contract</li> <li>-Increased autonomy for providers to innovate in service provision</li> <li>-Adoption of latest technological advances in service provision</li> <li>-Improved contract mgt processes in relation to risk &amp; reporting concerns</li> <li>-Leaner invoicing and payment processes</li> <li>-Leaner contract mgt liaison arrangements</li> <li>-Leaner, more viable providers</li> </ul>	No impact	<ul style="list-style-type: none"> <li>-Potential reduction in predominantly female workforce</li> <li>-Risk to financial viability of providers</li> <li>-Not all services in scope (e.g. Cordia)</li> <li>-Reduced minimum requirement for contract management</li> <li>-Changes to current service delivery (e.g. sleepovers)</li> </ul>	
<b>RACE</b>	Asian People	<ul style="list-style-type: none"> <li>-NMW for staff</li> <li>-Reduction in</li> </ul>	No impact	-Potential reduction in predominantly female	

## EQIA Screening Form

		bureaucracy for services staff -Individual and service outcomes framework -Outcomes based contract -Increased autonomy for providers to innovate in service provision -Adoption of latest technological advances in service provision -Improved contract mgt processes in relation to risk & reporting concerns -Leaner invoicing and payment processes -Leaner contract mgt liaison arrangements -Leaner, more viable providers		workforce -Risk to financial viability of providers -Not all services in scope (e.g. Cordia) -Reduced minimum requirement for contract management -Changes to current service delivery (e.g. sleepovers)	
	Black People	As above	No impact	As above	
	Chinese People	As above	No impact	As above	
	White People	As above	No impact	As above	
	People of mixed race	As above	No impact	As above	
	European People (Polish, Greek, Italian, etc)	As above	No impact	As above	
<b>DISABILITY</b>	Physical disability	-NMW for staff -Reduction in	No impact	-Potential reduction in predominantly female	

## EQIA Screening Form

		bureaucracy for services staff -Individual and service outcomes framework -Outcomes based contract -Increased autonomy for providers to innovate in service provision -Adoption of latest technological advances in service provision -Improved contract mgt processes in relation to risk & reporting concerns -Leaner invoicing and payment processes -Leaner contract mgt liaison arrangements -Leaner, more viable providers		workforce -Risk to financial viability of providers -Not all services in scope (e.g. Cordia) -Reduced minimum requirement for contract management -Changes to current service delivery (e.g. sleepovers)	
	Sensory Impairment (sight, hearing, )	As above	No impact	As above	
	Mental Health Issues	As above	No impact	As above	
<b>LGBT</b>	Lesbians	-NMW for staff -Reduction in bureaucracy for services staff	No impact	-Potential reduction in predominantly female workforce -Risk to financial viability of	

## EQIA Screening Form

		<ul style="list-style-type: none"> <li>-Individual and service outcomes framework</li> <li>-Outcomes based contract</li> <li>-Increased autonomy for providers to innovate in service provision</li> <li>-Adoption of latest technological advances in service provision</li> <li>-Improved contract mgt processes in relation to risk &amp; reporting concerns</li> <li>-Leaner invoicing and payment processes</li> <li>-Leaner contract mgt liaison arrangements</li> <li>-Leaner, more viable providers</li> </ul>		providers -Not all services in scope (e.g. Cordia) -Reduced minimum requirement for contract management -Changes to current service delivery (e.g. sleepovers)	
	Gay Men	As above	No impact	As above	
	Bisexual	As above	No impact	As above	
	Transgender	As above	No impact	As above	
<b>AGE</b>	Older People (60 +)	<ul style="list-style-type: none"> <li>-NMW for staff</li> <li>-Reduction in bureaucracy for services staff</li> <li>-Individual and service outcomes framework</li> <li>-Outcomes based contract</li> </ul>	No impact	-Potential reduction in predominantly female workforce -Risk to financial viability of providers -Not all services in scope (e.g. Cordia) -Reduced minimum requirement for contract	



## EQIA Screening Form

		<ul style="list-style-type: none"> <li>-Increased autonomy for providers to innovate in service provision</li> <li>-Adoption of latest technological advances in service provision</li> <li>-Improved contract mgt processes in relation to risk &amp; reporting concerns</li> <li>-Leaner invoicing and payment processes</li> <li>-Leaner contract mgt liaison arrangements</li> <li>-Leaner, more viable providers</li> </ul>		<ul style="list-style-type: none"> <li>management</li> <li>-Changes to current service delivery (e.g. sleepovers)</li> </ul>	
	Younger People (16-25)	As above	No impact	-As above	
	Children (0-16)	As above	No impact	-As above	
<b>MARRIAGE &amp; CIVIL PARTNERSHIP</b>	Women	<ul style="list-style-type: none"> <li>-NMW for staff</li> <li>-Reduction in bureaucracy for services staff</li> <li>-Individual and service outcomes framework</li> <li>-Outcomes based contract</li> <li>-Increased autonomy for providers to innovate in service provision</li> </ul>	No impact	<ul style="list-style-type: none"> <li>-Potential reduction in predominantly female workforce</li> <li>-Risk to financial viability of providers</li> <li>-Not all services in scope (e.g. Cordia)</li> <li>-Reduced minimum requirement for contract management</li> <li>-Changes to current service delivery (e.g. sleepovers)</li> </ul>	

## EQIA Screening Form

		-Adoption of latest technological advances in service provision -Improved contract mgt processes in relation to risk & reporting concerns -Leaner invoicing and payment processes -Leaner contract mgt liaison arrangements -Leaner, more viable providers			
	Men	As above	No impact	As Above	
	Lesbians	As above	No impact	As Above	
	Gay Men	As above	No impact	As Above	
<b>PREGNANCY &amp; MATERNITY</b>	Women	As above	No impact	As Above	
<b>RELIGION &amp; BELIEF</b>	All religions	As above	No impact	As Above	

\* There are too many faith groups to provide a list, therefore, please input the faith group e.g. Muslims, Buddhists, Jews, Christians, Hindus, etc. Consider the different faith groups individually when considering positive or negative impacts

## EQIA Screening Form

Continue to answer or tick the following questions where the initial screening (above) indicated that there may be a negative impact on certain equality groups. \*\* Equality Legislation listed a back of this document.

IMPACT	YES	NO
<b>HIGH</b>		
There is substantial evidence and/or concern that people from different groups or communities are (or could be) differently affected by the policy.		✓
<b>MEDIUM</b>		
There is some evidence and/or some concern that people from different groups or communities are (or could be) differently affected		✓
<b>LOW</b>		
There is little or no evidence that some people from different groups or communities are (or could be) differently affected.	✓	
<b>Does the negative impact breach any of the equality legislation? **</b>		✓
	<b>Immediately</b>	<b>Within next 6 months</b>
The negative impact requires action to be taken	N/A	N/A

\*\* See summary of legislation in appendix at the back of this form (you may also require to refer directly to the Equality Act 2010)

## EQIA Screening Form

### 4. OUTCOMES, ACTION & PUBLIC REPORTING

#### SCREENING ASSESSMENT OUTCOME ACTIONS

Screening Outcome	Yes /No /Not At This Stage	Further Action Required	Lead Officer	Timescale for Resolution
Was a significant impact from the project, policy or strategy identified?	No			
Does the project, policy or strategy require to be amended to have a positive impact?	No			
Does a Full Impact Assessment need to be undertaken?	Not at this stage	Where proposals involve service redesign or service development activity with provider organisations, respective Strategic Commissioning Leads in the Partnership will be responsible for considering risk assessments and equality impacts of such proposals once they have been fully developed	Respective Commissioning Lead	
If none of the above is required, please recommend the <b>next steps</b> to be taken.  (i.e. is there a strategic group that can monitor any future impacts as part of implementation?)		Ongoing monitoring of the impact on equality groups to be completed by the Contracts and Contract Management Workstream of the POC Steering Group as individual proposals are confirmed/progressed/fully implemented.	Allison Eccles	Ongoing during 12 months following POC conclusion (June 2017) to coincide with follow up sessions with POC Providers.

### EQIA Screening Form

		Note that any impacts on individuals as a result of this programme of work is due to their status as a service user or member of staff working for organisations involved in the POC activity, not due to any protected characteristic they may have.		
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#### PUBLIC REPORTING OF SCREENING ASSESSMENT

All completed EQIA Screenings are required to be publically available on the Council website once they have been signed off by the relevant manager, and/or Strategic, Policy, or Operational Group. (See EQIA Guidance: Pgs. 11-12)

## EQIA Screening Form

### 5. MONITORING OUTCOMES, EVALUATION & REVIEW

The Equalities Impact Assessment (EQIA) screening is not an end in itself but the start of a continuous monitoring and review process. The relevant Strategic, Policy, or Operational Group responsible for the delivery of the Policy, Project, Service Reform or Budget Option, is also responsible for monitoring and reviewing the EQIA Screening and any actions that may have been take to mitigate impacts.

Individual services are responsible for conducting the impact assessment for their area, staff from **Corporate Strategic Policy and Planning** will be available to provide support and guidance.

## EQIA Screening Form

### Legislation

#### **Equality Act (2010) - the Equality Act 2010 (Specific Duties) Scotland Regulations 2012**

The 2010 Act consolidated previous equalities legislation to protect people from discrimination on grounds of:

- race
- sex
- sexual orientation (whether being lesbian, gay, bisexual or heterosexual)
- disability (or because of something connected with their disability)
- religion or belief
- being a transsexual person (transsexuality is where someone has changed, is changing or has proposed changing their sex – called ‘gender reassignment’ in law)
- having just had a baby or being pregnant
- being married or in a civil partnership, and
- age.

Further information: <https://www.gov.uk/equality-act-2010-guidance>

As noted the Equality Act 2010 simplifies the current laws and puts them all together in one piece of legislation. In addition the **Specific Duties (Scotland Regulations 2012)** require local authorities to do the following to enable better performance of the general equality duty:

- report progress on mainstreaming the general equality duty
- publish equality outcomes and report progress in meeting those
- impact assess new or revised policies and practices as well as making arrangements to review existing policies and practices
- gather, use and publish employee information
- publish gender pay gap information and an equal pay statement
- consider adding equality award criteria and contract conditions in public procurement exercises.

Further information: <http://www.equalityhumanrights.com/about-us/devolved-authorities/the-commission-in-scotland/legal-news-in-about-us/devolved-authorities/the-commission-in-scotland/articles/understanding-the-scottish-specific-public-sector-equality-duties>

### Enforcement

Judicial review of an authority can be taken by any person, including the Equality and Human Rights Commission (EHRC) or a group of people, with an interest, in respect of alleged failure to comply with the general equality duty. Only the EHRC can enforce the specific duties. A failure to comply with the specific duties may however be used as evidence of a failure to comply with the general duty.