Connecting Neighbourhoods G45 Locality

Report on learning and outcomes from the Castlemilk Project

1   Purpose

The purpose of this report is to conclude the 2 phases of the Connecting Neighbourhoods G45 Locality Project in Castlemilk and to summarise the outcomes and learning from both phases of this 'test of change' site.

2   Background

2.1   Connecting Neighbourhoods is an innovative approach to community collaboration that has been developed in Glasgow City. Initially known as 'Connecting Neighbourhoods: a collaborative approach to night time support' the project was set up to take forward the overnight supports transformational change agenda. It is a locality based, technology enabled care and support partnership. There are two Connecting Neighbourhoods projects, the first in Castlemilk and the second in Shettleston.

2.2   The concept was developed between the social care provider, Fair Deal and the technology enabled care provider, SOL Connect, working together to utilise technological alternatives to traditional support arrangements.

2.3   The G45 Castlemilk project commenced in September 2018 and has been beset by a number of delays relating to the funding model, having sufficient staffing resources to carry out the assessments, changes in leadership and service management and significant resistance to change.

2.4   The assessment phase started in September 2019 and was due to conclude in March 2020 but this had to be postponed due to the Covid-19 pandemic.

2.5   There were 54 people identified as being in receipt of 18 separate overnight arrangements across 7 providers in the Castlemilk (G45) area project.

2.6   A responder plan was put in place as a starting point for how SOL Connect (the TECS provider) and local providers could work together in the area to deliver overnight support using a combination of existing services and technology enabled care and support (TECS). This plan originally split G45 into 3 areas and phases. In Phase 1 there were originally 28 service users which over time reduced to 24.

2.7   Phase 2, when it commenced in October 2020 following a prolonged period of suspension due to the pandemic, was combined with phase 3 and included 24 service users in receipt of 8 separate overnight arrangements delivered across 3 providers (CIC, Fairdeal and Leonard Cheshire). Due to vacancies, and the death of a service user, a total of 20 assessments were undertaken in phase 2.

3   Phase 1: Outcomes

3.1   From the initial 24 in scope within this phase, there were 8 SOL Connect risk assessment meetings carried out which involved the service user (where it was safe to do so), families, guardians, social worker, health professional, provider staff and advocacy.

3.2   At the same time the CRT undertook the support needs assessment (SNA) of 4 service users. Locality colleagues undertook assessments on 3 others. There was one other individual funded by a local authority out with Glasgow and so they were not assessed by Glasgow or included as part of the Connecting Neighbourhoods Project.

3.3   16 reviews were undertaken on Carr Gomm service users, connected to the Barlia Way service, by the CRT.

3.4   A RASG was undertaken on 8 June 2020 to consider the assessments completed to date and to review the outcomes of the 16 Carr Gomm service users to determine how they linked back to the original Castlemilk Local Responder Plan.

3.5   The conclusion of the assessment process completed by CRT and locality care managers originally highlighted 3 individual service users where further discussion was required to conclude whether or not TECS and responder service may be an option. These discussions have now been completed and the decision taken not to progress these further for a number of reasons including fluctuating need, resistance from guardians, queries about service user capacity and complexity of need.

3.6   Carr Gomm Barlia Way - 16 service users reviewed and only 1 was identified as being considered to have some limited overnight needs with the possibility that these could be met by the HSCP Responder service. Given the lack of service user need for the sleepover support within Barlia Way, discussions on the removal of the sleepover from this service have been concluded with Carr Gomm and the sleepover support has now been removed. There is agreement with the service provider that the original sleepover provision can be put back in place should the need arise in the future.

3.7   With reference to the original Castlemilk Local Response Plan, this decision does not preclude consideration of implementing a wakened night shift within the Barlia Way service at a future date to meet the wider support needs within the Castlemilk locality.

4   Phase 2: Outcomes

4.1   Phase 2 commenced in October 2020. From the initial 21 service users in scope within this second phase, the South locality completed 17 Support Needs Assessments, with the CRT picking up the remainder. The imbalance was due to the fact that the South already had a significant number of these clients with allocated care managers and others where SNAs were already underway.

4.2   There were only 2 SOL Connect risk assessment meetings carried out in phase 2 for 2 service users.

4.3   The second phase of assessments had available to it, from early 2021, access to 'Just Checking' kits which allow accurate monitoring of night time activity. 2 of these kits were utilised as part of the risk assessment process.

4.4 There was one other individual funded by a local authority out with Glasgow (within the Leonard Cheshire service) and so they were not assessed by Glasgow.

4.5 The outcomes, in terms of TECS deployment within these services, has not progressed as hoped. In one service the risk enablement process was instigated but not progressed. In another service, the potential has been identified to convert to one wakened night shift worker across the 2 houses, but it was considered unsafe to proceed with this during the pandemic. The decision to proceed will be made following removal of lockdown restrictions.

5 Reflections and Learning

5.1 Firstly, it is important to recognise the time, energy and resources that all involved support providers put into the collaboration. Their contribution towards establishing clear governance arrangements in terms of assessment process maps, data sharing arrangements and a general willingness to offer resource options for the project - for example, when seeking a potential responder base for the locality – was essential to allow for the completion of the project.

5.2 The G45 Locality Project has made a significant contribution in terms of identifying and, in many cases, resolving practice issues as they arose and included successful multi-agency work with other statutory agencies such as the Fire Service, the Care Inspectorate and a number of Housing Associations. All involved contributed towards what is viewed as a successful partnership between the HSCP, community-based support providers within the locality and other statutory agencies.

5.3 As stated, significant time has been put into the project over a prolonged period by a range of stakeholders and it has not produced the outcomes that were hoped for and anticipated. For phase 1, the Local Response Plan projected replacing 5 sleepovers with a combination of increased waking night and responder cover. The outcome of these assessments, and in some cases following further discussion, concluded that TECS and responder service would not be a viable option. The assessed outcome to safely remove the sleepover from the Carr Gomm service was implemented.

5.4   In phase 2, the lack of progress with TECS and/or responder options were similar and are summarised below:

- complexity of needs with a mix of physical as well as learning disabilities in most services;
- age and stage of life of service users with frequent assessment that this would prohibit them from interacting effectively with any TECS within their home;
- the focus within the project on removing sleepovers as the starting point, which then made it difficult to get service users and legal guardians to buy-in to what we were attempting to achieve;
- questions about capacity of service users to consent to the use of TECS;
- lack of consent from legal guardians to proceed with trials;
- processes for filling vacancies in shared houses with new service users coming into services (requiring transitional periods before determining their suitability for TECS) whilst overnight needs assessments were underway with existing service users;
- resistance to the potential significant change that TECS/responder deployment could make to existing long term 24/7 care arrangements – this was a factor with legal guardians, service support staff and locality HSCP staff

5.5   There are a number of learning points that have emerged from phase 1 and 2 and they are as follows:

- All service users in a house should be assessed at the same time – a failure to do so in some cases during phase 1 complicated the assessment process;
- Where possible, splitting assessment responsibilities between locality and CRT staff within a single shared service should be avoided to help ensure consistency of approach;
- The approach of using a restrictive postcode only criteria to identifying services and individuals within scope for assessment has not proven to be the most effective in terms of successfully implementing TECS options;
- Work has been done to improve communications with commissioning teams to better co-ordinate actions around new referrals to prevent

vacancies being filled with people who have overnight needs whilst TECS assessments are underway within a service;

- Current budget should be included in the assessment form;
- Significant time is required to be spent at the beginning of the Connecting Neighbourhoods project briefing all stakeholders on how the project will progress and what is expected of them;
- Larger services are more likely to lend themselves to consideration of how the existing sleepover can be utilised to provide a wider response within the local area, rather than seeking to reduce or remove existing provision within that service;
- Issues of mixed needs within services identified, where some service users have no assessed overnight needs but others do
- New fire safety regulations are impacting in relation to the granting of fire safety licences for HMOs from the Fire Service where the HSCP is seeking to remove sleepover provision from the building – further consultation with the Fire Service is planned
- Regular communication between CRT and locality assessors throughout the project ensures consistency in the application of assessment processes and consensus in decision-making

6   Moving Forward

6.1   Through the important learning from the Connecting Neighbourhoods Project in Castlemilk and Shettleston, the HSCP message about TECS has evolved with the focus now on how TECS can enhance quality of life and increase independence for someone, at any time of the day or night.

6.2   The HSCP has now relaunched the Adult Services (Learning Disability) TECS Steering Group (previously known as the Transformational Change Steering Group). Stakeholders and participants include service providers, service user & carer representatives, advocacy and the Care Inspectorate. This group will oversee the strategic development and direction of TECS implementation across the HSCP. The work undertaken through Connecting Neighbourhoods will continue to be an important element of this strategy.

6.3   The launch of the overnight SOL Responder Service in the NE locality in May 2021 will provide an opportunity to expand this new overnight

response model across the NE as well as into key areas in the South and NW localities.

6.4   Another aspect of the HSCPs evolving approach is around the current review programme. As reviews are completed, we are identifying people who are interested in TECS and/or who have been identified by a care manager as someone whose needs could potentially be met via TECS, leading to an increase in their independence by giving them more control over their lives. For these service users, the HSCP will consider prioritising for allocation and the potential for a TECS assessment.

6.5   The HSCP is expanding the potential care groups in scope for TECS consideration. As such we have identified Young People in Transition as a care group that may have greater potential to utilise TECS as a key component of their care plans as they move into Adult Services.

6.6   Following completion of the Connecting Neighbourhoods G32 project in the NE locality later this year, initial planning work is underway to open up a new Connecting Neighbourhoods Project in the NW locality.