



## **Connecting Neighbourhoods G32 Project**

### **Report on the learning and outcomes from the Shettleston Project**

#### **1. Background**

- 1.1 The Connecting Neighbourhoods Shettleston Project was a North East (NE) locality based, Technology Enabled care and Support (TECS) partnership, based in Shettleston. It served as a 'test and learn' model, contributing to Glasgow City HSCP's policy direction in the development of TECS within existing social care support packages. It focused on assessing the viability of using TECS to facilitate the transitioning from overnight sleepover support to alternative support arrangements.
- 1.2 The focus of the work was carried out across a range of learning disability services currently providing 24/7 support across a variety of service models – including HMOs, shared and single tenant occupancies.
- 1.3 The Shettleston Project work built on the processes and learning from the previous test of change in Connecting Neighbourhoods Castlemilk.

#### **2. Purpose**

- 2.1 The purpose of this report is to provide an overview of the work carried out summarising the outcomes and learning from this 'test of change' project.

#### **3. Scope**

- 3.1 The planning work for the Shettleston project started around June 2019 (running concurrently with the Castlemilk Project work). This involved engagement sessions with service users, carers and guardians as well as briefings undertaken for all involved care providers and HSCP staff. The assessment work for phase 1 in the locality commenced in October 2020, with the completion of phase 2 assessment work and the conclusion of the project in February 2022.

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- 3.2 As was the case in Castlemilk, the stakeholder engagement and assessment work carried out was prolonged and at times delayed due to Covid-19 restrictions prohibiting home visits. TECS risk assessments were completed through online meetings with the TECS and care providers, support staff and advocacy services assisting the service user and carers/guardians to attend as required.
- 3.3 There were 63 people initially identified as being in scope and in receipt of 29 separate overnight arrangements, across 10 providers in the Shettleston (G32) area. As the assessment work commenced, the total number in scope came down to 59 service users. (1 person was deceased; 2 vacancies in service; 1 person in process of moving on from the service).
- 3.4 A Local Response Plan was agreed between the partner agencies for the first phase of assessment work. This document provided 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 split the G32 postcode area into 9 separate neighbourhood areas with 2 separate phases. In phase 1 (neighbourhoods H & F), there were 23 service users, across 6 different service providers with 11 separate sleepover arrangements in place.
- 3.5 In phase 2, 36 service users from the remaining neighbourhoods went through the assessment process. Commencing in August 2021, phase 2 included 7 service providers operating with 17 separate sleepover arrangements in place.

## **4 Project Governance**

- 4.1 The Connecting Neighbourhoods Project in Shettleston set up a Local Planning Group who were instrumental in the successful completion of the work. There were 10 provider organisations in scope and the time, energy and resources that all involved put into the collaboration, was essential for ensuring consistency of messaging to families and service users going through the assessment process. The contribution of care provider support staff and advocacy services towards the assessment

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processes ensured that service users and families were involved and fully informed throughout.

- 4.2 In terms of the governance arrangements for the project work, as well as the Local Planning Group, a Connecting Neighbourhoods Steering Group was created with provider and HSCP representatives as well other agencies to deal with some of the wider ranging issues that emerged. The Steering Group provided a significant contribution in terms of identifying and 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 and other statutory agencies.
- 4.3 The Steering Group took a lead role in agreeing and signing off the practice and assessment protocols underpinning the project work. This included the initial Local Response Plan for the locality work as well as a Memorandum of Understanding, that all participants signed up to, which laid out the aims and scope of the project as well as the responsibilities of all involved organisations. Amendments to the risk assessment Process Map were also agreed by this group, whilst the HSCP completed an initial Equalities Impact Assessment (EQIA) for the work and agreed a Data Protection Impact Assessment (DPIA) setting out the data sharing responsibilities between the various organisations involved.
- 4.4 The Connecting Neighbourhoods Steering Group reported directly to the HSCPs Adult Services (Learning Disability) TECS Steering Group (previously known as the Transformational Change Steering Group). Stakeholders and participants within this group include service providers, service user & carer representatives, advocacy services and the Care Inspectorate. This group oversees the strategic development and direction of TECS implementation across the HSCP. The work completed to date, through Connecting Neighbourhoods, has been regularly communicated to this group and will continue to inform future TECS development work.

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**5 Outcomes**

5.1 Summary of Shettleston TECS assessment outcomes:

<b>Shettleston</b>	<b>Phase 1</b>	<b>Phase 2</b>	<b>Totals</b>
Assessments completed	23	36	59
Just Checking used			15
TECS Assessments initiated	18	10	28
Trials completed	2	0	2
Sleepovers removed	1	0	1

5.2 **Phase 1:** From the 23 service users assessed in the first phase, 18 were taken through the SOL Connect risk assessment process. Meetings were carried out which involved the service user (where it was appropriate and safe to do so), families, guardians, social worker, health professional, provider staff and advocacy support.

5.3 A further 5 individuals from this phase did not proceed with the TECS risk assessment. This decision was taken by care managers following discussions with the support providers, families and other health professionals involved. The decision not to proceed with TECS assessment was mainly for reasons of identified levels of risk - that it was assessed could not be safely mitigated through technology – or in 2 other cases, where there were currently no overnight support needs.

5.4 Completed assessments were split between the Central Review Team and a small, dedicated staff team from the NE locality. Locality colleagues undertook 11 phase 1 assessments while the CRT were allocated the remaining 12. There were a further 2 service users, funded by a local authority out with Glasgow, that were not assessed by Glasgow or included as part of the TECS assessment work because the service they were resident in did not proceed with TECS – this decision was taken after reviewing household needs/risks, not to initiate TECS assessment.

5.5 From the 18 TECS assessments carried out, 15 completed the process and, for the other 3, a decision was taken to abandon the process after the initial risk evaluation meeting agreed that TECS would not be a viable option to pursue.

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- 5.6 From those that completed the risk assessment process, there were 2 service users (from a single shared service) where there was agreement from all stakeholders to proceed to a formal trial of the TECS. SOL Connect then liaised directly with the existing care provider, service users and involved families to set up the technology in the individual's home with a direct link into their remote support hub and overnight responder service. The daily support plan was amended to reflect any changes to the support being delivered and to ensure both care support provider and TECS provider responsibilities were documented and clearly understood. This service trial was successfully concluded and resulted in 2 service users transferring from having long-standing sleepover support provision in their shared home, to a TECS-based responder service. Initial feedback on the impact of this change has been reported very positively and verified by the service users themselves, as well as by social care and the TECS provider. (Case Study available)
- 5.7 Further trials were planned for 4 service users in another shared service in Shettleston. Risk assessment work was concluded with general stakeholder agreement to move to trial. This decision, however, was reversed at the trial planning stage as a family member of one of the service users withdrew their consent to proceed with the trial. This late withdrawal of consent impacted on all 4 individuals within this service and the trial planning was abandoned.
- 5.8 **Phase 2:** There were 36 individuals assessed as part of phase 2. This phase was bigger in scope as it contained a number of larger services, including HMOs. Assessments completed were split between the Central Review Team and the NE locality. The assessing care managers were the same as those involved in the first phase to ensure continuity of approach.
- 5.9 Locality care managers undertook 21 phase 2 assessments, while the CRT were allocated the remaining 15. There were a further 3 service users in this phase, funded by a local authority out with Glasgow City HSCP, that were not assessed by Glasgow or included as part of the TECS assessment work. Two of these service users were excluded because of known risks identified by the support provider or because the service they were resident in, did not proceed with TECS. In the remaining case, TECS assessment progression was ruled out by the other local authority

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due to their assessment of service user support needs. (See section below on Reflections and Learning)

- 5.10 From the 36 initially in scope, 10 individuals were taken through the SOL Connect risk assessment process. The number taken through was smaller in this phase due, in large part, to the service models being reviewed. There were 4 services with multiple resident service users (4 services, 18 individuals). TECS assessments could not proceed in these larger services if one or more individuals was identified as being unsuitable for TECS. As a result, decisions were made not to proceed with TECS assessments as there was no prospect of being able to remove or adapt the existing sleepover arrangement. (See section below on Reflections and Learning)
- 5.11 From the 10 TECS assessments carried out, 7 completed the process and, for the other 3, a decision was taken to abandon the process after the initial risk evaluation meeting agreed that TECS would not be a viable option to pursue. For those that completed the risk assessment process in phase 2, there were no service users that progressed to a trial phase.
- 5.12 'Just Checking' kits, already used by the HSCP Telecare Service, which allow accurate monitoring of night-time activity within a household, were available for use over both phases of the Shettleston Project. The Connecting Neighbourhoods project was able to access these kits from January 2021 and, in total, 15 'Just Checking' kits were utilised as part of the TECS assessment process – 6 of these in shared or joint tenancy arrangements. Care managers and support providers gave feedback to verify that the use of 'Just Checking' technology provided valuable information as part of the risk assessment process, influencing decisions on whether, or not, to proceed with TECS.
- 5:13 26 service users did not proceed with the TECS risk assessment. This decision was taken by care managers following discussions with the support providers, families and other health professionals involved. The decision not to proceed with TECS assessment was mainly due to the mixed level of needs within larger, shared service models as well as identified individual levels of risk and legal guardian resistance to TECS trials. (See section 7 below for further details)

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## 6 Reflections and Learning

- 6.1 It is clear from the evidence above that the service user outcomes, across both ‘test of change’ projects, in terms of TECS deployment within these services, have not been delivered as hoped. There has, however, been a significant amount of learning from both projects with very positive outcomes in terms of the partnership approach to the work undertaken and the invaluable groundwork that has been carried out to raise awareness, understanding and knowledge of Technology Enable Care and Support.
- 6.2 Despite the significant time that has been put into the project over a prolonged period, by the full range of stakeholders, it has not produced the outcomes that were hoped for in terms of the take up of TECS. For phase 1, the Local Response Plan projected reducing the existing 11 sleepovers down to 5, with a combination of increased waking night and overnight responder cover providing the alternative. Following the completion of risk assessment processes and care management discussions, the outcome of these assessments concluded that TECS and a responder service would not be a viable option for the majority of the services in scope (see section 5 above for detail of outcomes). In phase 2, the lack of progress with TECS implementation and responder options was similar (section 6).
- 6.3 A number of common challenges and barriers emerged during the assessment process that prevented TECS trials from progressing. These issues were apparent across both ‘test’ sites but, for the Shettleston Project, are summarised in the table below:

<b>Reason TECS did not progress</b>	<b>Service user count *</b>
Legal guardian/family member refused consent	14
Complexity of needs / identifiable risks	15
HMO issues	11
Male emergency responder required	2

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Existing care plan unstable	2
Provider/ Health colleague concerns existing care plan should remain in place	4
Age / frailty / person not able to engage with TECS	3
Other Local Authority issues	3
No overnight needs / residing in shared service	6
Rescue meds required to be administered by existing sleepover support	2
Palliative care planning underway	1
Residing in shared service where 1 or more residents required ongoing sleepover	9 (services) **

\* (some service users featured in more than 1 category)

\*\* (includes services where individuals were identified who had no / limited overnight needs but where TECS assessment could not progress)

6.4 There were a few other challenges that emerged which are summarised below:

- Covid had a significant impact on relationship building with the service users, families, and support providers - the lack of face-to-face contact hindered progress
- a lack of consent from guardians/family members to installing 'Just Checking' kits which, in some situations prevented care managers from getting an accurate picture of overnight activity that would have informed the ongoing risk assessment work
- 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
- legal guardians/family support networks reluctance to consider TECS as an alternative to existing overnight support provision, with regular



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refusal to give consent to proceed with risk assessment work or to move to trial

- the removal of consent to proceed with a TECS trial by one service user in a shared service also impacts on the whole service, depriving those other individuals of the opportunity to engage with TECS
- questions about capacity of service users to consent to the use of TECS and the lengthy process required to resolve, meant some TECS assessments were abandoned for that reason
- where a neighbouring local authority funded an individual's support package it often proved difficult to make contact with the relevant officer from that authority to seek permission to include their service user in the TECS process – in one case, the local authority refused to share needs assessment information with Glasgow HSCP
- processes for filling vacancies in shared houses with new service users coming into services whilst overnight needs assessments were underway, caused delay
- larger shared services were more likely to have a wider spectrum of support need, with some individuals with no overnight needs, while one or two others had significant overnight needs requiring the continuation of existing support arrangements – this prevented TECS assessments progressing for anyone in the service

6.5 There are a number of learning points that have emerged from both Connecting Neighbourhoods projects that should inform future planning and assessment processes involving TECS:

- The issue of service user/legal guardian consent to proceed with TECS assessment work or move to a trial period, was a significant barrier to progress; in shared services this prevented any further TECS work, even where it was identified that an individual had no existing need for a sleepover support
- All service users in a house should be assessed at the same time to avoid complicating the process
- Where possible, splitting assessment responsibilities between locality and Central Review Team staff within a single shared service should be avoided
- Having a dedicated team of care managers, who fully understand the technology being proposed as well as the TECS assessment processes

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(from both CRT and locality) was essential in terms of ensuring effective communication with service users and guardians

- Having a named contact person in neighbouring local authorities, who can act as a conduit would assist with the efficiency of the assessment process
- There was an identified lack of existing resource materials that care managers could share with service users/families/support staff that helped explain what TECS could do and how the assessment processes would work
- The approach of using a restrictive postcode only criteria in identifying services/ individuals within scope for assessment has not proven to be the most effective – a more focussed approach identifying a service user group more willing to adopt TECS into their support packages is required
- 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
- Significant time is required to be spent at the beginning of any future TECS development work, briefing all stakeholders on the aims and expectations of the work being undertaken
- 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 was identified, where some service users have no assessed overnight needs, but others do – TECS can only work in shared services overnight where there is a much closer alignment of needs and risks
- 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 – ongoing consultation with the Fire Service is planned
- Regular communication between CRT and locality assessors throughout the project ensured consistency in the application of assessment processes and consensus in decision-making – this worked particularly well in the Shettleston project

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### 7 Moving Forward – ongoing development work

- 7.1 As a result of the work and learning that has come out of the Connecting Neighbourhoods Project in Castlemilk and Shettleston, the HSCP message around TECS has evolved. In line with the Maximising Independence work underway across the HSCP, the focus is now on how TECS can enhance quality of life and increase independence for people, through either day or night-time supports.
- 7.2 The launch of the overnight SOL Responder Service in the NE locality in May 2021 has supported the project work in Shettleston and will provide an opportunity to expand this new overnight emergency response model across the NE as well as into key areas in the South and NW localities. It is already picking up new referrals through the Framework Agreement as a result of the promotional work undertaken by Connecting Neighbourhoods. Referrals should continue to increase as this TECS service is better promoted and understood by care managers across the city.
- 7.3 The HSCP continues to seek to develop the TECS options available through the Framework Agreement. A TECS Service Development Group liaises with existing TECS providers on the Framework to assist and encourage service development.
- 7.4 A TECS Communication Workplan has now been agreed. This details the planning and activity required to ensure that the communication and stakeholder engagement work, both completed or planned, matches the ongoing development, progression and implementation of TECS as part of an individuals' assessment of need. This plan was co-produced with the stakeholders on the TECS Steering Group.
- 7.5 A significant element of the communication workplan involves the development of a suite of resource materials that will provide information that care managers can access and share with service users/families/support staff that will explain what TECS can do and how the assessment processes work. This information will take the format of 'easy read' materials and short video's demonstrating TECS in operation and detailing the assessment processes, as well as service user rights.
- 7.6 The HSCP is currently looking to expand the potential care groups in scope for TECS consideration. As such, Young People in Transition has

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been identified 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. There is currently a review underway looking at existing protocols between Children and Families and Adult Services and consideration of how to incorporate TECS assessment into overall assessment and transition processes is being included.

- 7.7 There is ongoing close collaboration work with the HSCP Telecare Service. Through discussions with this service we continue to explore options for further 'test of change' work utilising TECS across the various care groups, care providers and spectrum of service models operating in the city.
- 7.8 Following completion of the Connecting Neighbourhoods project work in the South and NE localities, initial planning work is now underway to identify a service user group that is willing to incorporate a technology enabled care and support option into their existing support that will allow the HSCP to clearly demonstrate the positive service user outcomes that can be achieved from having TECS as an integral part of an individual's support plan.
- 7.9 The broader learning and stakeholder feedback from across the Castlemilk and Shettleston 'test of change' projects is detailed in the Executive Summary report, 'Evaluation of Connecting Neighbourhoods as a vehicle for advancing Technology Enabled Care and Support'. This report contains the strategic recommendations for the further development of TECS across the city.

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