Item No: 9

Meeting Date: **Wednesday 26th May 2021**

Glasgow City
Integration Joint Board
Public Engagement Committee

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Update on Older People's Transformational Change Programme Impact Report

Purpose of Report:	The purpose of the report is to provide an update to the IJB Public Engagement Committee on progress towards the agreed actions/next steps outlined in the Older People's Transformational Change Programme Impact Report. It looks into the five key areas of older people's services; home care, technology enabled care, anticipatory care, intermediate care and the specialist dementia unit at Leverndale Hospital.

Background/Engagement:	The Older People's Transformational Change Programme 2018 – 2021 was approved by the IJB in November 2017. The programme sets out the vision for older people's services and details a major programme of service reform. A report to the IJB Public Engagement Committee on 26th February 2020 described how five of the key work streams are engaging with patients, users, carers and other stakeholders. A number of actions/next steps were identified and an agreement made to report on progress in early 2021.

Recommendations:	The IJB Public Engagement Committee is asked to: a) consider and note the progress made with reference to the five key work streams of older people's services; b) note the impact of COVID-19 and the implications that this has had on HSCP public engagement activity throughout 2020; and c) receive a further update on engagement activity in older people's services in twelve months' time

Relevance to Integration Joint Board Strategic Plan:

Stakeholder engagement is at the core of the Strategic Plan. Involving stakeholders in how to plan and deliver services reflects the objectives of the Strategic Plan, the Participation and Engagement Strategy and is in line with the HSCP's Consultation and Engagement Good Practice Guidelines.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	The approach detailed in this report reflects the objectives of the Strategic Plan, which in itself outlines how the National Health and Wellbeing Outcomes will be achieved.
Personnel:	The report sets out the ways in which staff are required to support consultation, participation and engagement. Both in the delivery and the design of services and processes.
Carers:	Carers are identified in this report as a key stakeholder group.
Provider Organisations:	Community and third sector organisations are identified in this report as key stakeholders.
Equalities:	People with protected characteristics are identified in this report as key stakeholders.
Fairer Scotland Compliance:	Actively encouraging and facilitating engagement from stakeholders in planning the services relevant to them will support the contribution to reducing the impact of socio-economic disadvantage experienced by some people within the city.
Financial:	No Implications
Legal:	The Public Bodies (Joint Working) Scotland Act outlines the minimum requirements regarding consultation with stakeholders. The examples outlined in this report go beyond the minimum requirements.
Economic Impact:	No Implications
Sustainability:	No Implications
Sustainable Procurement and Article 19:	No Implications
Risk Implications:	No Implications
Implications for Glasgow City Council:	No Implications

Implications for NHS Greater Glasgow & Clyde:	No Implications

1. Introduction

1.1. The purpose of this paper is to provide a progress report on the actions and next steps agreed by the Public Engagement Committee on 26th February 2020, in relation to the Older People's Transformational Change Programme Impact Report.

1.2. The Impact Report describes a range of participation, consultation and engagement activity undertaken by five of the key work streams within the programme. Participants in these activities were patients, users and carers of the specific services involved. The Impact Report set out in detail how their involvement impacted on the way in which the service was delivered. Each work stream also set out a number of further actions and next steps. The work streams cited in the Impact Report are:

- Specialist Dementia Unit, Leverndale Hospital
- Home Care services
- Technology Enabled Care
- Intermediate Care
- Anticipatory Care

2. Progress on Agreed Actions/Next Steps

2.1. Each workstream was asked to set out a number of further actions and next steps. An update on the progress being made by the 5 work streams are detailed in the table below. However, it must be noted that due to COVID-19 there has been significant setbacks with public engagement and participation as services have had to adapt to the consequences of COVID-19 and the changes required. As a result, it has also meant that the progress has been delayed alongside additional participation and engagement planned.

2.2. COVID 19

Coronavirus disease (COVID-19) is an infectious disease that came to affect the UK and GGC in February/ March 2020. NHSGGC and the HSCP had to rapidly adapt to ensure that they managed the risk of transmission of the virus whilst maintaining delivery of a high quality service. It has been established by all 5 work streams of older people's services and across the sector that COVID affected the methods of delivery and delayed various elements of public engagement. However what it provided was new innovative ways to engage with the public. See below table for updates across the 5 work streams.

2.3. Table below highlights key updates from all five work streams from the submissions to the Impact Report.

Workstream	**Impact of the activity/service improvement on people using the service was**	**Progress made towards the identified 'Next Steps'**	**Additional activity and/or developments involving people who use the service**
Specialist Dementia Care Unit	The unit has been engaged in the acute hospital dementia development in collaboration with the focus on Dementia team to share the learning from Balmore ward across a national platform and across acute hospital sites and other specialist dementia units. This programme is also suspended at this time.	All development actions have been hindered by the COVID-19 pandemic. The carers' pack has been developed and sent for printing we are now also considering an electronic version in light of current visiting restrictions and infection control restrictions. Patient activities have continued to progress through engagement with local staff only due to COVID-19. In addition to this sports memories group and therapy has been suspended due to infection risk from outside visitors to the ward. The steering group will continue to pursue alternative options to engagement with relatives and carers over the next few months. During the pandemic staff have used various methods to communicate with relatives including zoom calls, telephone engagement, letters to carers by patients and visiting via windows and garden doors	
Technology Enabled Care	Due to the cross-infection risks associated with COVID, since March, restrictions have been placed on the supply of telecare to protect service users, HSCP installation staff and	Phase 2 of the 'Can Do' Challenge innovation projects have been initiated in 2020/21. These aim to improve and redesign technology enabled care	Due to COVID-19 there has not been an opportunity to engage with service users and other stakeholders as planned.

	response resources. While this has reduced the capacity of the service to provide telecare, the introduction of an online referral system (designed to ease access to telecare) has improved accessibility in an environment where remote solutions have become increasingly important.	equipment and services to assist the HSCP meet the challenges of transitioning from analogue to digital. The HSCP successfully applied for funding for project management to drive the wider service transformation forward in early 2021. The HSCP is also developing a strategic partnership with its TEC platform provider to identify viable future models of service.	The success of the 'Can Do' projects will require meaningful user engagement. The HSCP is currently working with the SMEs involved in the challenge to identify a safe and effective means of achieving this.
Intermediate Care	A questionnaire has been developed to be completed by individuals and their families at the point of discharge from Intermediate Care. In addition a process for distribution, collating and evaluating feedback has been agreed. Feedback will be used to ensure continuous improvement and practice development as required. As a result of COVID and pressures on Care Home staff who deliver Intermediate Care the implementation of the evaluation questionnaire is on hold at present. The HSCP's Intermediate Care Improvement will continue to monitor the current COVID pressures and establish a suitable date to progress.	HSCP personnel have been involved in the development of a GGC Board-wide Hospital Discharge Protocol which aims to re-enforce effective communication by ward and social work staff with individuals and their families in relation to early conversations regarding plans for discharge from hospital. The protocol re-enforces the importance of communicating a "home first" and the"discharge to assess" principal as well as the role of HSCPs in providing effective information following Social Work assessment of discharge resource options. There are plans to implement the protocol early in 2021.	
Anticipatory Care	An updated Anticipatory Care Plan (ACP) awareness programme was completed in March 2020. However there was little opportunity to consolidate this training and implement into practice due to the pandemic. The lock down period provided many staffing challenges and although it was perhaps the	As staff adapt to new ways of working (e.g. remote consultations) there is opportunity to refocus our attention on ACP conversations and sharing ACP summaries on the Clinical Portal. Service Managers and Team Leads will be responsible for re-establishing and	The MacMillan ACP Programme has proposed a number of quality improvement projects to the ACP Implementation Group and offered support to take these forward. These include:

	optimum time to initiate ACPs with individuals there was an element of negative publicity that impacted on people's perception of what an ACP was and a willingness to engage in the process. As Older People and Primary Care (OPPC) Teams were limited to "essential work" only, recording of ACP conversations was paused. Therefore there is no data contribution from the majority of teams. It is likely that ACP conversations continued and ACPs shared with GPs as well, however we cannot fully report on this. eHealth has reported 429 ACP summaries completed on clinical portal since Nov 2019 to December 2020 however reports are unable to identify which HSCP generated these within GGC. Work is underway to try to resolve this.	prioritising this within their areas of responsibility. The MacMillan ACP Programme commenced in April 2020. This small team has developed a number of resources to support managers, staff and the general public in promoting ACP. A website has been developed with dedicated information and resources to help people think about future planning. http://www.nhsggc.org.uk/planningcare Online training resources have been created for all staff. The team have conducted a staff survey to establish how staff currently use these tools, their awareness of ACPs and what challenges there may be to creating a joined up system. This will provide a baseline for refocusing this agenda. An advisory network is in the early stages of development and is a way to stay up to date with all developments, as well as giving you the opportunity to work alongside the Macmillan Anticipatory Care Planning Programme as they develop staff resources and promote future planning to the public.	• Care Homes • Primary Care • Carers Services • Acute • Housing • Team specific pilots The ACP Implementation Group recommend a positive publicity campaign promoting the use of ACP and will seek future opportunities taking forward with existing campaigns that promote anticipatory approaches.

Home Care	***Introduction of Risk Assessment and Care Diary Review***	A Care Inspectorate audit requirement identified improving the visibility and communication of risk to home carers and service users in the service user held records – the care diary. This led to the development of a diary held risk assessment document and a review of existing supporting documents like the 24hr mobility assessment documentation and the personal support plan for individual service users.	
	The Quality Assurance Group have a role in monitoring and sampling documents to monitor quality and improved outcomes. Event Notifications to the Care Inspectorate, complaint activity and members liaison unit enquiries will be monitored for improved outcomes and benefits of change Service User engagement via surveys and focus groups or 1:1 consultations will also monitor outcomes and views.	A working group was established to develop the risk assessment documentation and review the supporting documents to ensure that all relevant information was captured and that any duplication was minimised. Guidance was devised and a range of briefing sessions organised By February 2020 these sessions were complete and the risk assessment documentation was rolled out city wide. In April 2021 the renewal exercise of all the service user held records (the care diary) commenced following a delay due to covid-19, ensuring that up to date copies of all documentation will be in every service user's home including copies of the new risk assessment. HSCP staff played a key role in identifying and supporting unpaid carers. Guidance was issued to enable Social Work Services duty teams to quickly access additional	The working group reviewed the care diary and other relevant documentation and moved to HSCP branding The roll out and distribution of the new diaries was delayed due to the pandemic but roll out commenced in April 2021. Care services continued to communicate key messages and information throughout the year with commissioned services, partners, service users and staff; engaging across a wide variety of media and ensuring senior managers were aware of feedback as the pandemic continued. Service users were made aware of services that they could access to support the care recommended in their care diary. This included

		funding for care at home or other respite in the community. This met the requirements of the Carer (Scotland) Act 2016 and ensured that support provided was recorded against the carer on Carefirst	information and media on how to access partner services. A communication group is planning how to engage with service users over their experience of the service as due to the pandemic we are unable to perform our normal focus groups. Conference call and 1:1 engagements are planned for 2021. Annual survey for service users is complete and due to be sent out to all service users with their winter newsletter. Key themes will be reported in the Summer 2021 newsletter for service users, with feedback incorporated into ongoing improvement planning. HSCP care services ensured information pertaining to training, retraining and key messages relating to risk and protection, for preventing Covid-19 and patient safety was communicated across a

			wide variety of media that was accessible. Revised Duty process for recording support to unpaid carers: where the service user met the SWS eligibility criteria and they had a carer who was eligible for support, the carer was recorded on CF6 and support arranged using a Short-Term Intervention e-form.

3. Recommendations

3.1. The IJB Public Engagement Committee is asked to:

a) consider and note the progress made with reference to the five key work streams of older people's services;
b) note the impact of COVID-19 and the implications that this has had on HSCP engagement activity throughout 2020; and
c) receive a further update on engagement activity in older people's services in twelve months' time.