

Item No: 13

Meeting Date:

Wednesday 27th January 2021

Glasgow City Integration Joint Board

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Learning Disability Transformational Change Programmes: Progress Report on Service Integration and Review of Overnight Supports

Purpose of Report:	To update IJB members on progress being made to introduce a more integrated service delivery model within GCHSCP's Learning Disability (LD) services, as well as progress on the transformational change programme to review overnight supports, in the context of technology enabled care and support (TECS) and provider-led
	'Responder Service' solutions.

Background/Engagement:	Engagement with community groups, service users, and their families and carers has been a core element of the overnight supports change programme. Similarly, staff
	engagement and development has been an important component of the service integration work. Unfortunately, the service contingency measures introduced over the last 8 months in response to COVID 19 have significantly impacted on both programmes' ability to engage and involve stakeholders.
	However, with service recovery plans now in place and adjustments made to new ways of working, it is considered that work on both programmes can now be stepped up again.
	By necessity, this will mean both programmes running beyond the original timeframe of March 2021, as previously set out in the overarching Adult Services Transformational Change Programme 2018-22.

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Recommendations:	The Integration Joint Board is asked to:
	 a) note the content of this progress report; b) note the revised timescale of September 2021 to conclude both change programmes, with a commitment to report to IJB members thereafter; c) note the intention to explore the alignment of wider work on the use of TECS for adult service users with GCHSCP's Maximising Independence Programme.

Relevance to Integration Joint Board Strategic Plan:

The aforementioned LD transformational change programmes contribute to the delivery of all strategic priorities set out in the IJB's strategic plan 2019-22. In particular, the priorities of 'early intervention, prevention and harm reduction', 'enabling independent living for longer' and 'providing greater self-determination and choice'.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	 This work supports the delivery of all 9 national outcomes, with a particular impact on: Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer. Outcome 2: People, including those with disabilitiesare able to live, as far as is reasonably practical, independently and at home or in a homely setting in their community. Outcome 3: People who use health and social care services have positive experiences of those services and have their dignity respected. Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.
Personnel:	An integrated service management structure is in place
	within LD services, with Heads of Service and Service Managers in each locality responsible for LD health and social work team staff. However, during the COVID 19 pandemic, health staff across localities have been reporting to one service manager, to help ensure

Carers:	The vital role played by carers is recognised and LD
	staff will continue to do all they can to ensure carers
	have access to assessments, advice, information and
	support offered by the HSCP.

consistency of approach. This arrangement is likely to

remain in place for the duration of the pandemic.

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Provider Organisations:	Providers are key partners in the establishment and
	delivery of services to meet assessed eligible need.
	Glasgow City HSCP's 2019 Framework Agreement
	identified 5 care providers as being able to provide
	technology enabled care and support (TECS).

Equalities:	EQIAs for the LD transformational change
	programmes were previously completed and
	published. These can be accessed at:
	https://glasgowcity.hscp.scot/equalities-impact-
	assessments Addressing issues arising from EQIAs is
	an ongoing process and continues to inform
	implementation plans.

Fairer Scotland Compliance:	Covered within EQIAs.
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Financial:	The assessment of people's care needs considers whether the use, or greater use, of TECS should be explored and adopted, where such alternative arrangements meet assessed need. This has the potential to either increase or decrease the relevant amount identified to address an individual's assessed care needs.
	GCHSCP has agreed a funding model for the Connecting Neighbourhoods test for change programme. An evaluation of this will take place later in 2021, which will consider the scope for continuation and roll-out. The evaluation will include consideration of the financial impact.

Legal:	None
Economic Impact:	None

Sustainability:	None
Sustainable Procurement and Article 19:	Not applicable
Risk Implications:	An aim of the transitional change programmes is to

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	identify solutions and measures which support
	individuals to continue to live independently using a
	risk enabling approach, in line with agreed policies and
	procedures.

Implications for Glasgow City	None
Council:	

None

Implications for NHS Greater	
Glasgow & Clyde:	

Direction Required to Council, Health Board or Both		
Direction to:		
1. No Direction Required	\boxtimes	
2. Glasgow City Council		
3. NHS Greater Glasgow & Clyde		
4. Glasgow City Council and NHS Greater Glasgow & Clyde		

1. Purpose

- 1.1. To update IJB members on the progress being made to introduce a more integrated service delivery model within GCHSCP's Learning Disability (LD) services, as well as progress on the transformational change programme to review overnight supports, in the context of technology enabled care and support (TECS) and provider-led 'Responder Service' solutions.
- 1.2. While moving to a more integrated service delivery model will have benefits across the spectrum of LD services and the various pathways to other services, the focus of the service integration sections of this progress report are on community learning disability teams (CLDTs).

2. Background

2.1. In March 2019 and September 2019, IJB members received a progress report, respectively, on the LD transformational change programmes covering service integration and overnight supports. Both programmes were initiated as part of a wider Adult Services Transformational Change Programme, 2018-21. The aforementioned previous progress reports can be accessed at:

https://glasgowcity.hscp.scot/publication/item-no-16-adult-servicestransformational-change-programme-2018-21-progress-report

https://glasgowcity.hscp.scot/publication/item-no-17-transformational-changeprogramme-overnight-supports-progress-report

2.2. The service contingency measures introduced over the last 8 months in response to COVID 19 has significantly impacted on both LD change programmes. This included the inability to engage effectively with key stakeholders. By necessity, this will mean both programmes running beyond the original timeframe of March 2021 set out in the overarching Adult Services Transformational Change Programme, 2018-21. As such, a revised completion timescale of September 2021 for both programmes is proposed. This will allow time for the multi-stakeholder Overnight Supports Steering Group to resume, as well as further staff development sessions to take place – albeit both through remote I.T. platforms for the foreseeable future.

2.3. Notwithstanding the above, good progress has been made this year. This includes the introduction of an integrated service manager structure within LD services and progression towards more integrated working practices. In addition, GCHSCP has agreed a funding model for Technology Enabled Care and Support (TECS) and a 'Responder Service' as part of the Connecting Neighbourhoods work - which is aligned to the Overnights Supports change programme. Further details on progress are set out in the following sections.

3. Integrated Service Model

- 3.1. An integrated management structure is in place within each locality for LD services, with Heads of Service and Services Managers in each locality responsible for LD health and social care staff and services. However, during the COVID 19 pandemic, health staff across localities have been reporting to one service manager, to add capacity and help ensure consistency of approach across health teams. This arrangement is likely to remain in place for the duration of the pandemic. In addition, the NHSGGC-wide LD Professional Leads for the different health professions are full members of GCHSCP's LD management team and play a vital role in helping to improve operational practice and inform service redesign.
- 3.2. Work has been undertaken to review existing processes and systems for CLDTs, with a view to introducing more integrated working practices. As a result of this test for change work, integrated operational procedures have been developed covering referral, screening, allocation and review processes for CLDTs. In particular, this includes:
 - Referrals received through health and social work routes will be screened and cross-checked through a new joint triage checklist. Multi-disciplinary Team meetings (MDTs) will then provide a single point of allocation, with all new referrals (for both health and social work) to come through these MDTs. These meetings will have a shared ownership by health and social work staff, improving integrated working and decision making.
 - Health staff will attend locality MACRO meetings to input to decision making for managing the allocation of community resources.
 - Contingency planning during the initial phases of the COVID 19 pandemic necessitated the introduction of processes to jointly review health and social work caseloads in order to prioritise support to the more complex, vulnerable and higher risk patients and service users. This joint approach to managing risk and vulnerability will be routinely and systematically adopted and forms part of the integrated operational procedures. The service will look to develop joint risk assessment procedures to underpin this.
- 3.3. In addition to processes and systems, the importance of staff development and establishing a culture that promotes greater integrated working is recognised. To that end, an organisational development approach has been adopted, supported by regular staff development events. To date, these have mainly involved senior LD management and Professional Leads. The next phase will be to widen those sessions to include frontline operational leadership within teams. Clearly events over recent months have

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compromised the ability to hold such sessions in the normal way and therefore sessions are now held remotely via online platforms. Future sessions are planned, focussing on embedding MDT working and producing an integrated LD strategic work plan.

4. Overnight Supports

- 4.1 To recap, the objective of this transformational change programme is to review the current services in place for people assessed as needing overnight support and to identify future overnight service provision which meets the objectives of supporting people to live safely and as independently as possible, at home or in a homely setting, in a cost effective and risk enabling way.
- 4.2 Earlier this year, GCHSCP approved a funding model for the Connecting Neighbourhoods 'test for change' programme. This is currently being introduced within Castlemilk and Shettleston, with a view to also extending into an area within North West locality by spring 2021. Connecting Neighbourhoods is an innovative partnership approach between GCHSCP, specialist TECS providers and care providers. As well as exploring the use of TECS to support people's independence, it aims to develop a "clustered response" model among local care providers, potentially sharing responsibilities to respond quickly to someone at home when the need arises, as a possible alternative to a sleepover service, where deemed safe and appropriate.
- 4.3 There are distinct phases associated with the Connecting Neighbourhoods programme, from identifying a suitable cohort of service users who may potentially benefit, to an initial assessment of need, followed by a joint risk assessment. Following these steps, if a person is considered suitable to receive the TECS and/or responder service, then a trial period will commence before any decision is taken on whether it is safe and beneficial for a person to receive that service on an ongoing basis. Working closely with service users and their family or carer to build confidence and consensus is a core element of this programme. To date, 22 service users have been assessed as potentially suitable across Castlemilk and Shettleston, with risk assessments commencing in the near future.
- 4.4 As previously mentioned, implementation timescales have been impacted by the COVID 19 pandemic. It is now hoped to conclude full implementation and evaluation of the Connecting Neighbourhoods test for change by September 2021. This will be overseen by the multi-stakeholder Overnight Supports Steering Group and arrangements are in hand to re-start this group in the coming weeks. The output from the evaluation will be reported to IJB members thereafter.
- 4.5 While Overnight Supports will remain the focus of this transformational change programme through to its conclusion later in 2021, there is a need to strengthen processes for considering the potential use of TECS more generally across Adult Services. This broader consideration of TECS within Adult Services is consistent with GCHSCP's Maximising Independence programme and therefore consideration will be given to aligning the broader TECS work with that programme. For information, Adult Services are currently identifying

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suitable people to live in 24 new TECS-enabled supported living homes in Helenvale in the East End of the City.

5. Recommendations

- 5.1 The Integration Joint Board is asked to:
 - a) note the content of this progress report;
 - b) note the revised timescale of September 2021 to conclude both change programmes, with a commitment to report to IJB members thereafter.
 - c) note the intention to explore the alignment of wider work on the use of TECS for adult service users with GCHSCP's Maximising Independence programme.