



# Item No: 14

Meeting Date: Wednesday 18<sup>th</sup> September 2019

## Glasgow City Integration Joint Board

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**TENDER FOR A SPECIALIST CARE HOME SERVICE TO SUPPORT PEOPLE WITH LEARNING DISABILITIES REQUIRING COMPLEX CARE - UPDATE**

<b>Purpose of Report:</b>	<p>To inform the IJB of the outcome of the consultation with key stakeholders and to re-assure the IJB that the key messages from this consultation will be considered through the design of the specification, service model and formal procurement process.</p> <p>To advise the IJB of the continued commitment to a co-production approach with service users, families and legal proxies in relation to both the design of the tender documents and tender evaluation process. Thereafter to commit to the development of a service that meaningfully involves them in the on-going monitoring of the quality and delivery of the service.</p>
<b>Background/Engagement:</b>	<p>In November 2018 the IJB issued a direction to the Council to proceed with an open tender for a 15 person specialist residential service for adults with learning disabilities requiring complex care (<a href="https://glasgowcity.hscp.scot/publication/item-no-8-tender-specialist-care-home-service-support-people-learning-disabilities">https://glasgowcity.hscp.scot/publication/item-no-8-tender-specialist-care-home-service-support-people-learning-disabilities</a>)</p> <p>The need for a newly procured specialist service to support people with Learning Disabilities who are inpatients in Tier 4 services is referenced in the HSCP's Adult Services Transformational Change Programme 2018-21.</p> <p>A programme of engagement with stakeholders has now been completed – see section 3.</p>

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<b>Recommendations:</b>	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"><li>a) note the contents of this update report; and</li><li>b) note the indicative tender issue date of February 2020 and the continued work in developing this service design through the adoption of a co-production approach with key stakeholders.</li></ul>
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### Relevance to Integration Joint Board Strategic Plan:

The development of a specialist care home for adults with learning disabilities requiring complex care aligns with the aspiration of the Partnership to deliver support at the right time, in the right place, and from the right person, and to provide health and social care services in local communities where possible. It will also enhance GCHSCP's ability to provide alternative pathways to prevent hospital admission and support the Partnership's key priorities of shifting the balance of care and enabling independent living for longer. Improving performance in relation to delayed discharges remains a core priority of the HSCP. Glasgow faces a particular challenge in relation to providing suitable social care alternatives to hospital provision for adults with a learning disability requiring complex care.

### Implications for Health and Social Care Partnership:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	<b>Outcome 2:</b> People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
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<b>Personnel:</b>	The tender and associated consultation and engagement is being delivered by the HSCP Disabilities Commissioning team. Additional input will be required from Legal colleagues, Corporate colleagues, Care Managers, Finance colleagues and NHS practitioners and planners who are currently involved in the assessment and treatment of NHS tier 4 patients and others with learning disabilities requiring complex care.
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<b>Carers:</b>	Carers, Families and Guardians of adults who are anticipated to access the new care home service are aware that discharge options from Tier 4 services are being explored and have been consulted on the development and design of the new service.
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<b>Provider Organisations:</b>	The project will include a formal engagement with the Learning Disability Provider marketplace including organisations experienced in providing complex care services.
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<b>Equalities:</b>	An Equalities Impact Assessment has been undertaken. Positive impact has been identified and some of the key points summarised as follows: For adults with learning disabilities and very complex needs who have spent the majority of their lives in institutional care settings or hospital care, the development of a specialist care home in Glasgow offers a unique opportunity to
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	<p>experience living in an alternative environment closer to community connections. The specialist care home will also offer for opportunities for adults to develop skills for independent living with the goal of moving on to even more independent models of support. The full report can be accessed at: <a href="https://glasgowcity.hscp.scot/sites/default/files/media/file_storage/EQIA%20-%20Learning%20Disability%20Specialist%20Residential%20Care%20Home.pdf">https://glasgowcity.hscp.scot/sites/default/files/media/file_storage/EQIA%20-%20Learning%20Disability%20Specialist%20Residential%20Care%20Home.pdf</a></p>
<b>Fairer Scotland Compliance:</b>	<p>The development of a specialist community based alternative to long stay hospital admission is consistent with the IJB's duty to tackle socio-economic disadvantage, in this case, of adults with complex learning disabilities.</p>
<b>Financial:</b>	<p>The estimated annual recurring cost of this service is circa £2.7 million. This will be funded from Health Board Resource Transfer available for Long Stay Tier 4 patients, current budget provision for existing service users which will transfer with them, and new demand assumptions.</p>
<b>Legal:</b>	<p>The procurement exercise for accommodation and care services will be carried out in accordance with the Standing Orders Relating to Contracts 2017 and the Public Contract (Scotland) Regulations 2015 and advice from the Executive Director of Corporate Services.</p>
<b>Economic Impact:</b>	<p>Specialist care home placements of the type being procured are expensive relative to standard care home placement. Closure of long stay tier 4 hospital wards at Nethererton and Waterloo and reconfiguration of learning disability tier 4 assessment care and treatment beds, as articulated in the NHS Board's 2012 'Strategy for the Future' has created the need to develop alternative services to support people with the most complex needs previously assessed as requiring hospital based care. Resource release funding of between £120k and £130k per annum for up to 9 service users has been agreed between East Renfrewshire HSCP and Glasgow City HSCP to part fund the new service models.</p>
<b>Sustainability:</b>	<p>The project will require to be delivered by a provider experienced in supporting people assessed as requiring complex care, and which can demonstrate positive experience and commitment to appropriate, person-centred and value based approaches to challenging behaviour. In order to be sustainable, the service will require robust, planned and proactive in-reach support from a range of Health practitioners. Robust care and contract management will also be key to the success of the service. The contract price will need to reflect market rates for similar services and make provision for void periods in the care home and regular building repairs.</p>

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<b>Sustainable Procurement and Article 19:</b>	No issues identified
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<b>Risk Implications:</b>	<p>There are a range of risk implications associated with this Tender which are described later in this report. The risks can be categorised as:</p> <ul style="list-style-type: none"> <li>• Financial</li> <li>• Sustainability of service</li> <li>• Reputational</li> </ul>
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<b>Implications for Glasgow City Council:</b>	<p>This project represents a significant opportunity for the Council to work in partnership with key stakeholders to develop a new and strategically important service within our boundaries. The commissioning of this specialist care home offers multiple benefits including:</p> <ul style="list-style-type: none"> <li>• Increasing the range of service models available to people with learning disabilities assessed as requiring complex care in Glasgow</li> <li>• Allowing some people to move on from specialist Hospital provision</li> <li>• Allowing some complex people placed out of authority the opportunity to return and receive services in Glasgow</li> <li>• Promoting better service user access to family and friends who will have less far to travel to a service within our boundaries</li> <li>• Supporting complex service users to continue to access GCHSCP health services</li> <li>• Enabling proactive care management and professional support to complex service users</li> <li>• Allowing proactive contract/performance management of the awarded provider</li> <li>• ASP/AWI will be within the Glasgow jurisdiction.</li> </ul>
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	<p>The successful development of a Specialist Learning Disability Care Home with Glasgow's borders is supportive of the Health Board's 2012 'LD Strategy for the Future' Policy. It will also support the re-design of specialist Learning Disability in-patient services which are hosted by East Renfrewshire Health and Social Care Partnership.</p>
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<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	

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### 1. Purpose

- 1.1 To inform the Integration Joint Board of the outcome of the consultation with key stakeholders and to re-assure the IJB that the key messages from this consultation will be considered through the design of the specification, service model and formal procurement process.
- 1.2 To advise the IJB of the continued commitment to a co-production approach with service users, families and legal proxies in relation to both the design of the tender documents and tender evaluation process. Thereafter to commit to the development of a service that meaningfully involves them in the on-going monitoring of the quality and delivery of the service.

### 2. Background

- 2.1 In November 2018, the IJB approved the report requesting authorisation to develop a specialist residential care home to support people with learning disabilities assessed as requiring complex care. The IJB directed the Council to complete a procurement process for this purpose and an update report was presented to the IJB in June 2019 (<https://glasgowcity.hscp.scot/publication/item-no-16-tender-specialist-care-home-service-support-people-learning-disabilities>).
- 2.2 In the intervening period considerable work has been undertaken to ensure that the new service will be designed to best meet the needs of service users with learning disabilities and a range of complex care needs for whom supported living approaches have been unable to effectively meet their needs. Complex care needs is a term used to describe some people with learning disabilities who need very intensive support due to additional conditions such as complex autism spectrum disorder, profound and multiple disabilities, mental health issues, offending behaviour or any combination of these.
- 2.3 The planned service model offers a range of options available to potential service users. These include opportunities for shared living, individual apartments and an enhanced shared living support service aimed at sustaining people in the community. The outline service model was shared with key stakeholders and their feedback is now able to inform the final specification issued with the tender. See section 3 below.

### 3. Co-production Approach:

- 3.1 In May 2019, GCHSCP commissioned The Advocacy Project (TAP) to conduct a co-ordinated engagement and involvement exercise with key stakeholders on the development of the residential service. The Advocacy Project is an independent rights based advocacy agency based in Glasgow which promotes the equality, care and human rights of individuals.
- 3.2 TAP used a range of approaches in the consultation including one to one meetings, focus groups, paper based questionnaires and on-line surveys. TAP engaged with service users and carers with lived experience of using services for people with complex needs, including the following key stakeholders:

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- Individuals directly affected by the development of the proposed new service. These individuals will primarily be people with complex care needs who are inpatients resident with NHS GGC and have a learning disability
- The families and carers of resident inpatients, including those who have Power of Attorney, Guardianship or are known to be meaningfully involved in the care support and decision making of individuals with a learning disability
- Individuals with complex care needs who are or have been placed in residential services out with Glasgow
- The families and carers of individuals who are or have been placed in residential services out with Glasgow
- Individuals who have experience of, or who are at risk of admission to inpatient learning disability services and who are resident in the community
- Key stakeholders and support organisations, including disabled persons organisations and service user groups
- Individuals with a specialist interest in involving people in the design and delivery of care services.
- The wider public were also able to participate in the engagement via the online surveys.

#### 4. Consultation and Engagement Outcomes:

- 4.1 The consultation was advertised in a range of ways including on social media platforms such as the Scottish Commission for Learning Disability (SCLD) website, the TAP Website and the GCHSCP website. In addition to this GCHSCP staff were asked to identify service users, family members and people with proxy powers who had a range of experience and involvement in services for people with complex needs. The call for interest is included as Appendix 1.

A total of 102 people took part in the consultation. Sixty Five (65) people completed the questionnaire, some with individual support provided by TAP. Thirty Seven (37) people attended one of 5 focus groups. The 5 focus groups were organised on a “key stakeholder” basis as follows:

<b>Stakeholder Group</b>	<b>Number of participants</b>
People who use complex care services	8
Family/Carers/Guardians of complex care service users	5
Learning Disability Organisations	9
Service Providing Organisations	10
Health professionals	5

- 4.2 A wide range of views were expressed on the proposed service. Following an analysis of the data collected, views were divided into two broad categories; those of service users and carers/Guardians/family members and those of learning disability organisations/people working in social and healthcare services.

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4.3 TAP found that broadly speaking, people with lived experience of using complex care services themselves, either directly or via a family member, welcomed the service proposal. Their views were clearly rooted in direct experience and their concerns and feedback are based on what has and has not worked in the past, what is important to them and what will ensure the wellbeing of people who go on to be supported by the proposed service.

Their key messages concerned:

- Safety and security
- Quality of care and staffing
- Quality of life
- Dignity and respect
- Involvement of family
- Access to health services.

4.4 The views of the second group comprising people working in health and social care services and disability organisations was more critical. It is not possible to be more precise in terms of exact numbers from the TAP report, but some questioned the appropriateness of the service model and whether it would be able to support people in a person centred way. The views of this group were based on theory, policy, principles, legislation and fit with national strategy.

The key messages from this group concerned:

- The appropriateness of the service model
- Person centred planning
- Fit with principles of self-directed support
- Adherence to the Keys to Life strategy
- Individual rights and legal authority for decision making and intervention
- Minimum necessary restriction
- Concerns about clinical decision making (crisis admission, emergency medication.)
- Participation of service users and disabled person's organisations in the tender.

4.5 Although those involved in the consultation expressed a wide range of differing views, there was a general consensus between the 2 groups that the proposed service should:

- Be truly person centred
- Focussed on individuals
- Work towards agreed outcomes
- Be provided by well trained, dedicated staff.

A summary of the TAP report is included as Appendix 2

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### 5. Service Design

- 5.1 The outline service design detailed a range of options for the service including opportunities for shared living, individual apartments and an enhanced support service to provide additional support when a person's care plan in the community is breaking down or when the existing care provider can only continue to support the person if extra support can be accessed. See Appendix 1.
- 5.2 The consultation has provided valuable information which will be fully considered as the work progresses and will inform future engagement with stakeholders including providers. Work has commenced detailing how the 6 key themes from the consultation will be incorporated. Details of this are included as Appendix 3.
- 5.3 Part of the feedback from the consultation was that "a new radical model was needed to support people to move on to supported accommodation...People should be learning new skills and have specific outcomes." This and other feedback reinforces the need to secure an experienced care provider who can also deliver custom designed accommodation for each component of the service. The successful provider will have a proven track record in delivering excellence in service provision and be able to demonstrate innovation and best practice in relation to support for people with learning disabilities requiring complex care.
- 5.4 The successful service provider will ensure the involvement of service users, families, carers and guardians in the design and delivery process for this service. All providers participating in the tender will also be required to demonstrate how they propose to engage with service users, carers, guardians and advocates in monitoring service quality on an ongoing basis.

### 6. Planned Co-production in the Procurement

- 6.1 The tender evaluation strategy is being designed to include service user and carer involvement as active participants in the process. This approach will build on shared learning from recent tendering exercises including the current Glasgow Alliance to End Homelessness Tender. Some participants have been identified through the engagement process to date and opportunities will be offered to others to be involved in the ongoing tender process.

### 7. Next Steps

- 7.1 The indicative timescale for issuing the Tender is February 2020. This timescale includes capacity for meaningful co-production and engagement with service users, carers and other key stakeholders. There will be the continued involvement of Health colleagues who will ensure that specialist community and in-patient support services are available to support this new service.
- 7.2 The indicative cost of the service is circa £2.7 million per annum. It is anticipated weekly core service costs per person will be circa £3,000 per week. Service costs and building design elements of this proposal will be benchmarked against other similar service developments, in particular the services provided under the Scotland Excel National Learning Disability Care Home contract. The service costs will be met from NHS Resource Transfer arrangements, current committed GCHSCP expenditure and new demand cost assumptions going forward.

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**8. Recommendations**

8.1 The Integration Joint Board is asked to:

- a) note the contents of this update report; and
- b) note the indicative tender issue date of February 2020 and the continued work in developing this service design through the adoption of a co-production approach with key stakeholders.

## A New Support Service for People with Learning Disabilities and Complex Care Needs

### Introduction

Glasgow City Health and Social Care Partnership (GCHSCP) is planning to increase the range of services it provides in Glasgow, to support people with learning disabilities who have very complex care needs.

“Complex care needs” is used to describe some people with learning disabilities who need very intensive support. This might be because, as well as a learning disability, they also have an autism spectrum disorder, mental health issues, profound and multiple disabilities, offending behaviour or any combination of these.

GCHSCP believes that it should provide the right support from the right people at the right time. For this reason, it provides a good range of supports to people with complex care needs in Glasgow, including supported living in either shared or individual settings. This is provided by skilled and experienced support organisations with input from social work and health staff.

GCHSCP believes supported living works best for most people, but there are a small number of people who it has not yet worked well for. It is important to the GCHSCP that the right type of services providing the right type of support are available in Glasgow.

Therefore, GCHSCP is planning a new specialist residential service in Glasgow for people with learning disabilities and complex care needs. At the moment people with learning disabilities with complex care needs who are assessed as needing this kind of support have to go to live in other parts of Scotland to get it.

## Frequently Asked Questions (FAQs)

### **Isn't the right service already available in Glasgow?**

People with learning disabilities who have very complex care needs can act in ways that may cause themselves or others harm. This can make it difficult for them to tolerate and be accepted into ordinary community settings.

As a result they are likely to have experience of receiving treatment in specialist hospital wards, receiving specialist residential services a long way away from Glasgow or having difficulty finding support that can help them to live in ordinary housing in the community.

### **What will be good about this new service?**

The new service will help some people with learning disabilities who have complex care needs to:

- live closer to family and friends because it will be in Glasgow.
- get the right type of support in a setting that can meet their needs
- move on from hospital care
- get extra support if their usual care plan in the community is not working
- sometimes avoid being admitted to hospital
- get help with issues that are causing their supported living service to break down or
- move back to Glasgow from services elsewhere in Scotland.

### **What does this new service aim to achieve?**

The aim of the new service will be to:

- support individuals in positive ways
- help people to find good and safe ways to manage their challenging behaviours
- help people to develop independent living skills and self-management skills so the intensive supports they need will reduce and

## **A New Support Service for People with Learning Disabilities and Complex Care Needs**

- move on from the new service to less intensive services such as supported living.

### **What will the new service be like?**

GCHSCP has a draft proposal for a specialist residential service that has three parts:

#### **1. Shared living**

- Each person will have their own en-suite room with enough space for friends or family to visit.
- The other rooms such as kitchen, living room, dining room, recreation space etc. will be shared.
- Supporting up to 8 people

#### **2. Individual apartments**

- This part of the service will have a particular focus on developing independent living skills.
- These rooms will be self-contained apartments with living space with enough room for a friend to visit, cooking facilities, and bedroom with en-suite.
- Supporting up to 4 people

#### **3. An enhanced support service**

- This will be a shared living model.
- Each person will have their own en-suite room with enough space for a friend to visit.
- People will share communal living spaces such as kitchen, living room and dining room.
- This service will provide a safe-space for people in crisis, where their supports are no longer working for them, or their community living is at risk of breaking down.
- This service will also offer an alternative to hospital admission for some people who only need intensive supports for a short while.

## **A New Support Service for People with Learning Disabilities and Complex Care Needs**

### **Are people with learning disabilities and their families involved in designing the service?**

GCHSCP wants to listen to the experts.

GCHSCP is looking for people with learning disabilities who have complex care needs and their family and Guardians to help develop the new service.

The Advocacy Project will be talking to people who have experience of services for people with complex care needs and asking them to tell us what they think would work best. GCHSCP will use people's ideas and experience in the design of the new service.

We hope this information has been helpful. If you would like to help GCHSCP and give your views please contact Ann Lafferty from The Advocacy Project by telephone on **0141 420 0961** or e-mail at [ann@theadvocacyproject.org.uk](mailto:ann@theadvocacyproject.org.uk).

Alternatively you can ask a Care Manager or Healthcare Co-ordinator to pass on your contact details to Ann, and she will get in touch.

Thank you in advance for sharing your experience of social care supports and your views on this service development.

# Consultation analysis and summary:

Glasgow City Health and Social Care Partnership: specialist residential support service for adults with learning disability and complex care needs.

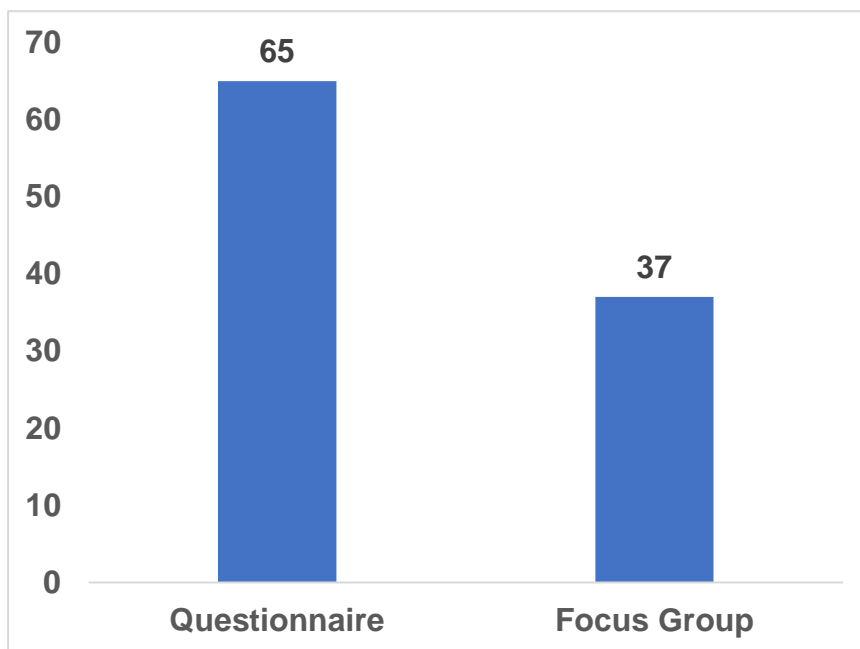


Facilitated by The Advocacy Project July/Aug 2019

# Consultation participants

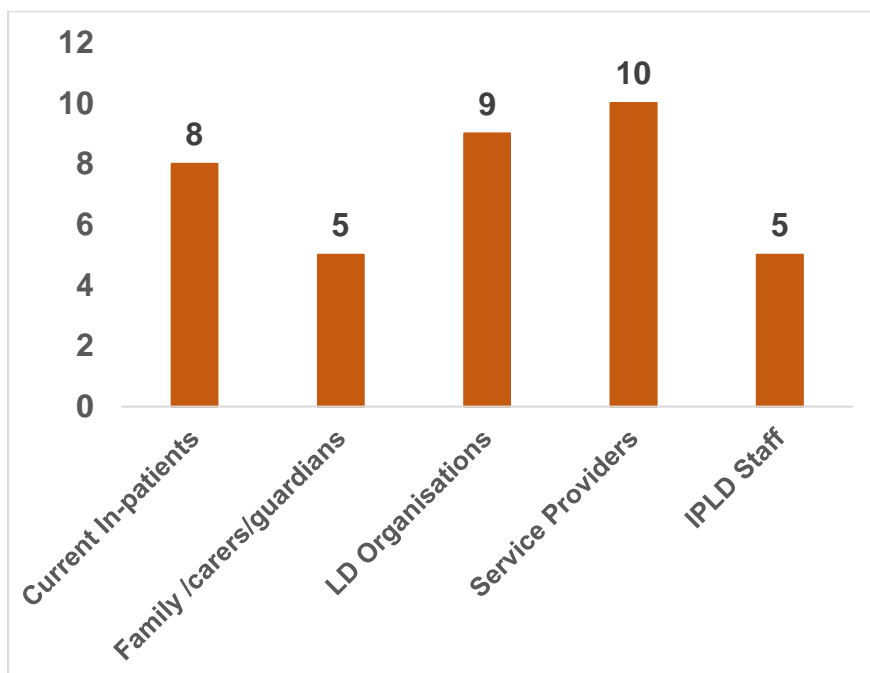
## 1. Participation method

A total of **102** people took part in the consultation. **Four** individuals had one to one support to complete the questionnaire and **one** individual was supported to complete the questionnaire via a telephone interview.



## 2. Focus Group Participants

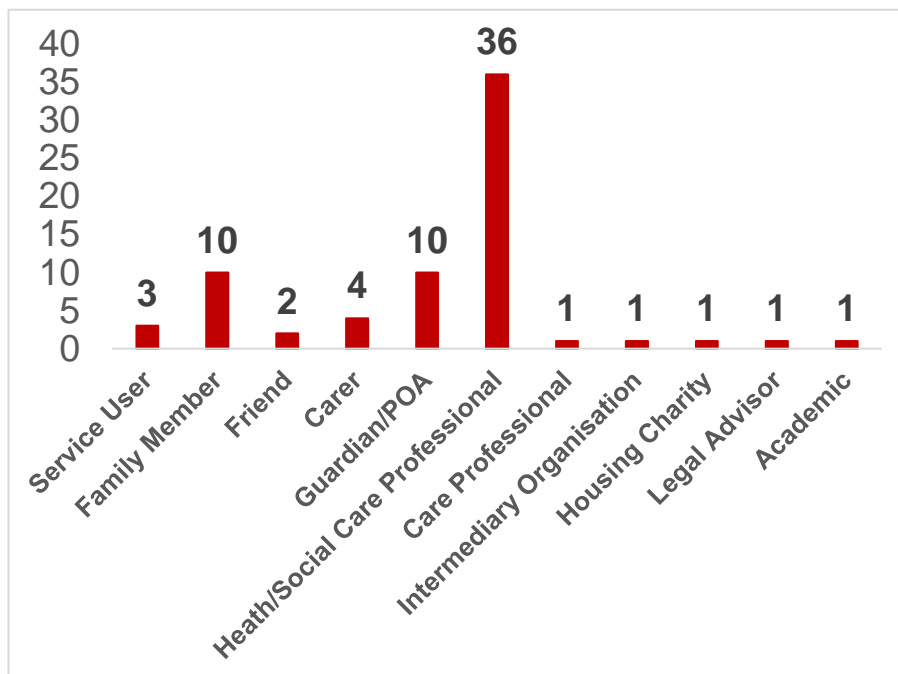
A total of **37** people attended the **five** stakeholder specific focus groups.



### 3. Questionnaire Participants

People were asked to identify which categories best described them. Some people identified themselves as fitting into more than one category, e.g. both family member and guardian, therefore the total number of participants recorded on the graph (70) is greater than the number of actual participants (60).

There was a free text box to allow people to identify as “other”: (care professional, intermediary organisation, housing charity, legal advisor, academic).





# Summary

Following our experience facilitating the focus groups and our analysis of the data collected it became clear that the views collected fell broadly into two distinct groups. These were based around respondent category; those from people with personal, lived experience of services, and those from professionals and organisations.

The purpose of this summary is to define these two groups and look at the broad themes and key messages that came from each.

## Group one

This group represents those with personal lived experience of using services (either themselves or via a family member or friend) and is comprised of services users, family members, friends, carers, guardians and attorneys.

Broadly speaking, their views drew from the practical and experiential, based on their own lived experience of using services or supporting family or friends who use services. They were informed both by consideration of what has and has not worked in the past and what is important to them in terms of ensuring the wellbeing of people living in the proposed service. Some felt that the proposed service is long overdue.

Concerns raised by this group were largely around past experiences of services failing.

The key messages arising from this group were as follows:

- Safety and security
- Access to health services
- Quality of care and staffing
- Involvement of family and respect for their views
- Quality of life
- Dignity and respect

## Group two

This group is comprised of social care professionals, health professionals, service providers and learning disability organisations.

The views of this group tended to be more critical and based on theory, policy, principles, government strategy, legislation and rights. Some participants viewed the proposed service negatively and questioned whether this model of care is appropriate in the current health and social care context. Some questioned whether the proposed service will be able to support service users in a person-centred way.

The key messages arising from this group were as follows:

- Concerns about the support model
- Adherence to the Keys to Life strategy
- Person-centred planning
- Self-directed support principles
- Individual rights and legal authority for decision making and intervention
- Minimum necessary restriction
- Concerns around clinical decision making (crisis admission, emergency medication)
- Organisations and service users should be involved in tendering process

## **Conclusion**

Over the course of the consultation we gathered a wide range of views.

Some people held the view that the service is very much needed and were asking why it has taken so long. Others questioned whether it fits with current policy and legislation and felt that it represents a backward step and some held the view that it represents an institution.

We found general consensus around the idea that support services for people with learning disability and complex care needs have to be truly person centred, focused on the individual, work towards agreed outcomes and be provided by well trained, dedicated staff.

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## Consultation on the specialist residential support service for adults with learning disabilities and complex care needs

### Initial Response to Key Messages and Themes

Work has started on identifying some of the key messages from the independent consultation and considering how these are likely to impact on the development of the service specification. The key themes identified so far are set out below and others will be added as the service specification is developed in partnership with key stakeholders:

1. Choice and Control
2. Rights and Respect
3. Staff
4. Building design
5. Safety
6. Range of service options and the risk of people getting stuck in the new service.

#### 1. Choice and control

##### People Said:

***“Start with the people who the service is for.”***

***“People whose home this is are at the heart of their support packages.”***

***The new service cannot be a “one size fits all” service. It needs to recognise that everyone is an individual and should be supported by a service which is flexible enough to meet each individual’s life choices and needs. Individuals should be able to exercise maximum choice and control over their accommodation and support and have a good quality of life.***

##### GCHSCP Says

We agree. The service will be based on person centred approaches including the use of person centred planning and positive behavioural support techniques aimed at supporting people to have a good quality of life and understanding and respecting individual’s choices, preferences and aspirations. People receiving this service will be supported to have meaningful activity in their lives based on the above.

##### GCHCSP Will:

**Continue with a co-production approach to the service and procurement design and make sure that the views of people with lived experience of services for people with complex needs are a key part of the tender. The service specification will highlight the need for the service to maximise choice and control for service users and organisations taking part in the tender will be evaluated on how their approach to achieving this.**

#### 2. Rights and Respect

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People said:

***“Individual rights should be first and foremost.”***

***People with complex needs have the same rights as other people to make choices and exercise control. They are also more likely to be subject to Adults with Incapacity legislation. If people’s choice and control is being limited in any way, including the use of physical restraint, the correct legal permissions need to be in place such as Guardianship or Power of Attorney.***

***Independent advocacy support is important.***

**GCHSCP Says:**

It is important that people with learning disabilities and complex needs are empowered in the service to exercise maximum choice and control over their care and support. It is important that their views and choices are heard and respected and that the service supports people to get as close as possible to the life they want to live. Being close to family and friends will help to safeguard people and keep them connected.

**GCHSCP Will:**

**Ensure that the specification emphasises the importance of individuals exercising maximum choice and control over their lives. Organisations applying to the tender will be asked to show how they will promote this in the new service and promote the involvement of family members and friends. Organisation’s responses will be marked in the evaluation.**

**Make sure that, where people are subject to legislation, the service will adopt the principles of a least restrictive approach. There will be close working between the provider of the service and GCHSCP health and social care professionals, including regular Multi-Disciplinary Meetings to review care arrangements and make sure this happens.**

**See that independent advocacy support is available to people using the service.**

### 3. Staff

People said:

***“Really strong staff are needed who really know what they are doing.”***

***“Staff should have a respect for rights, equality, dignity and respect. They should be empathetic and patient.....and understand the importance of independence, participation and inclusion.”***

***Getting the right staff and keeping them is important. Staff need to be well trained so they have the right skills to support people. They should also have experience of working with people with challenging behaviour and an understanding that some of this behaviour happens when a person is trying to say something. There needs to be enough staff in the service, and staff need***

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***to be enthusiastic about their job and be good at communicating with people with complex needs.***

***It is not good for people in services when staff keep leaving and people have to get used to new staff all the time.***

### **GCHSCP Says:**

We agree. For this service to succeed it needs to have an experienced, highly motivated and consistent staff team which is well trained and well supported. It will be important to keep the correct ratio of staff to meet people's needs and this is also a requirement of the service's registration with the Care Inspectorate. Staff need to be skilled at using augmentative communication strategies and positive behavioural support plans which are an important part of providing good quality support.

In recent years it has become more difficult across the full range of social care services to recruit and retain staff.

### **GCHSCP Will:**

**Ensure that the service specification highlights the need for well-motivated, trained and supported staff who are fairly paid for the work they do. The organisations taking part will be asked about how they will recruit, train and support staff and the plans and processes they describe for doing this will be included as part of the tender evaluation.**

## **4. Building design**

### **People Said:**

**"It's all about the building"**

***People expressed a lot of ideas about the design of the building and how it could support people's needs. Some of the ideas included:***

- Be spacious and have access to outside space
- Achieve a balance between shared space and personal space.
- Include safety features in the design
- Include assistive technology in the design
- Allow for privacy
- Keep people safe
- Be laid out in a way that is easy to understand
- Be situated in the community which will help people get out and about to community activities
- Be easy to get to for friends and family
- The building should be welcoming and homely.
- People should be able to decorate their own room.
- The different service elements should be distinct and separate.
- The shared living part of the building should be designed so that no more than 3 people are sharing, as 8 people sharing would be too big.

## OFFICIAL

- The short term Enhanced Support Service should not cause disruption to people who are living in the other parts of the service.

### **GCHSCP Says:**

We will give full consideration to these suggestions. The location of the service and how easy it is to access local amenities, transport links and services is very important. It is essential that the service can provide safe, high quality accommodation for people who need more individual supports as well as those who wish to live in a shared setting.

### **GCHSCP will:**

**Work with stakeholders to ensure all feedback is considered as part of the design of the service specification and tender evaluation. This will include in the request to divide the 8 person shared living element of the service into smaller shared accommodation for 2 or 3 people sharing and look at ways to minimise any impact that the enhanced support part of the service is likely to have on people in the other parts of the service. We will also ensure the provision of outside space and that the service be located close to local amenities with good transport links and car parking.**

## 5. Safety

### **People Said:**

***“Residents need to feel safe and protected.”***

***The new service needs to nurture social, family and community relationships which is an important way to help keep people safe. Having the right staff in place is also crucial (see 3 above.) There needs to be full involvement of the MDT and access to support from qualified health professionals. Supporting people in services which isolate them from friends, family and the community makes them vulnerable to abuse. Services for complex people need to foster good relationships with family and friends and help people to make links in the community.***

### **GCHSCP Says:**

Providing safe care is paramount to all work undertaken and commissioned by GCHSCP. The service will work in close partnership with staff employed by GCHSCP and NHS GG&C with expertise and knowledge in supporting people with learning disabilities and complex needs. This will be within a holistic multi-disciplinary team with inputs from psychiatry, psychology and key Allied Health Professionals along with MHOs and social workers.

This proactive strategy will ensure that this service is closely connected with other HSCP services and resources that will help to safeguard service users. This will be further strengthened by access to independent advocacy, nurturing close relationships with family and friends, and promoting community connections. The

## OFFICIAL

service will be actively contract managed by the disabilities commissioning team who have significant expertise.

### **GCHSCP Will:**

**Ensure that resident's safety and protection are woven through the design of the service and tender evaluation. Seek to develop a clear pathway indicating the routes in and out of the service and how it links with wider services for people with learning disabilities and complex needs.**

### 6. Range of service options and the risk of people getting stuck in the new service:

#### **People Said:**

*"People may end up stuck in limbo."*

*When we have this new service, some people with complex needs might not get access to supported living and their only option might be to be supported in the new residential service. People will get stuck and be unable to move on. What people really need is a permanent home. Is this a cost saving exercise?*

#### **GCHSCP Says:**

People with complex needs will continue to be offered the option of supported living. When this is not working for individuals it is important that there are other social care models in Glasgow, so that people who want and need them do not have to go to live in other parts of the country to get them. This service needs to be an additional service for people with complex needs and is not intended to reduce the number of people moving into supported living. It needs to increase the options open to people with complex needs and help them to move on to more independent living at the right time. This is an expensive specialist service aimed at meeting the demand for this model of support and making sure people can be supported in Glasgow rather than having to move to other parts of the country.

### **GCHSCP Will:**

**Make sure that all service options are fully considered in the care planning process and that people with complex needs and their families are offered all available service options before they take up a place in the service and at regular intervals once they are in the service so they can move on at the right time.**