Item No: **18**

Meeting Date: **Wednesday 23rd September 2020**

Glasgow City Integration Joint Board

Report By: Stephen Fitzpatrick, Assistant Chief Officer (Older People Services)

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REFRAMING AND RENEWAL OF THE GLASGOW CITY HSCP MAXIMISING INDEPENDENCE PROGRAMME	

Purpose of Report:	To update the members of the IJB on the reframing and renewal work underway to support the delivery of the Maximising Independence Programme and seek their endorsement of the key requirements identified to support continued progress and momentum.

Background/Engagement:	As per 26 June 2019 IJB report referenced in main body of this paper.

Recommendations:	The Integration Joint Board is asked to: a) Note progress to date; b) Support our renewal and reframing plans for Maximising Independence; c) Endorse the recommended key requirements to ensure programme delivery and momentum d) Note the proposed resumption of routine progress reports to the IJB; and e) Support the development of singular approach for the HSCP's digital infrastructure and inclusion strategy through the Maximising Independence Programme.

Relevance to Integration Joint Board Strategic Plan:

The Maximising Independence Programme is intended to give effect to key elements of the Strategic Plan, including those in relation to shifting the balance of care, promoting independence and achieving budget balance.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Outcomes 1, 2, 3, 4, 6, 7 & 9.

Personnel:	The programme will develop proposals to invest in staff capacity and culture change to support a different way of working for staff, patients and service users to achieve the objectives of the approach.

Carers:	As per 26 June 2019 IJB report, it is envisaged this programme will result in an increasing contribution from families and carers, particularly in relation to low level needs that do not meet social work eligibility criteria. Potential new models of care around family support may also impact on the carer role in future.

Provider Organisations:	This programme acknowledges an increasing role for housing associations and third sector organisations around prevention and early intervention.

Equalities:	A high level EQIA has been undertaken to provide a baseline assessment at the start of the programme. This will be an ongoing process.

Fairer Scotland Compliance:	Any relevant implications from this paper in relation to combating the impact of socio-economic disadvantage within the city will be identified in the EQIA with appropriate mitigations put in place.

Financial:	£8.5M identified and approved by IJB from 2020/21 budget under spend to fund proposals and investments to support the delivery of the Maximising Independence Programme over two years (2020-2022).

Proposals developed as part of the Maximising Independence Programme are associated with the £4.2M balance of care saving approved as part of the |

	2019/20 IJB budget and £4.3M as part of the 2020/21 IJB budget.

Legal:	Any changes emerging from this programme will be consistent with the HSCP's statutory duties.

Economic Impact:	None

Sustainability:	None

Sustainable Procurement and Article 19:	There are likely to be procurement considerations in relation to the future funding of neighbourhood-level prevention and early intervention initiatives associated with this programme.

Risk Implications:	A risk management framework will be developed to support the programme of work.

Implications for Glasgow City Council:	The Council can expect some political challenge in relation to changes to the future HSCP offer in relation to adults and older people's care. This programme is also associated with delivery of significant council savings.

Implications for NHS Greater Glasgow & Clyde:	As provider of last resort the NHS can expect to experience higher levels of demand should this programme fail to deliver the desired reduction in overall levels in demand for adult and older people's social care.

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

1. Purpose

1.1. The purpose of the report is to update the members of the IJB by outlining the current position and planned next steps to support the successful delivery of the Maximising Independence Programme. This plan has been developed within the context of system-wide recovery planning processes.

2. Background

2.1 On 26 June 2019 the IJB approved the development of a Maximising Independence programme for Glasgow City.

2.2 The programme of work commenced in September 2019 with monthly seminars held with key stakeholders. A co-design approach was used to create a shared purpose for transformational change across systems.

2.3 As a result of the HSCP and system-wide response to the Covid pandemic all transformational programme activity was paused from the start of March 2020 to prioritise operational delivery of essential services. Services have been dealing with the impact of the virus and found new and different ways of working to keep the city supported. A number of these initiatives have progressed the principles and objectives of the Maximising Independence Programme. These include reducing front door activity and developing digital solutions to support patient and service user care; e.g. Attend Anywhere.

2.4 As the programme activity resumed in June, partners agreed it was essential that the reframing and renewal planning for Maximising Independence was informed by our combined learning from the recovery planning processes across the wider system, including Acute, third, independent and housing sectors.

3. Maximising Independence Programme Progress

3.1 A vision statement for Maximising Independence has been developed through a co-design process with programme board members, which seeks to describe our shared aspirations and ambitions. This vision as currently drafted is:

"Glasgow can be a city where everyone will achieve their full potential for health, well-being and resilience"

A strap line for the programme vision has been developed as:

Developing Glasgow's Communities' Health, Well-being and Resilience

3.2 The Programme Board has also developed a mission statement to describe what partners will do to give effect to the vision:

"Working alongside individuals, carers, communities, local organisations and partners we are moving on from traditional ways of providing services with the intention of enabling people to live the best lives they can by sharing decision-making about their care.

Reducing inequalities in health and well-being outcomes is core to our mission, as is promoting individual resilience and minimising the unnecessary presence of formal health and care services in their lives."

3.3 The HSCP has commissioned an external company to undertake research which will test the vision and mission statements as well as other key messages with the public. The research will also explore the specific impacts of the Covid-19 pandemic on changes in public attitudes and behaviours in relation to accessing statutory health and care services.

3.4 An initial priority has been to work collaboratively to develop a culture of trust within the Programme Board and create a set of shared principles describing how partners will work together. Membership of the Programme Board also prioritises links to related transformation agendas in Realistic Medicine and Unscheduled Care and seeks to ensure cohesion of approach, shared thinking and resources (see Appendix 1).

3.5 Pre-lockdown, through a co-design process members of the Programme Board identified five key areas of focused work that would structure the transformational activity under Maximising Independence:

- Reduce Health Inequalities and Improve Health Overall
- Workforce and Culture
- Communities
- Changing the Nature of Care Delivery
- Communication and Engagement

Appendix 2 provides an overview of the each of the work stream areas and the work stream leads.

4. Key Requirements to Ensure Programme Delivery

4.1 Following the pandemic interruption the Maximising Independence programme is moving from 'the what' to 'the how' stage, with a focus on implementing substantive change under each of the 5 work areas.

4.2 The workstreams are accountable to the Maximising Independence Programme Board and are required to meet on a 4 weekly basis. Workstream leads will be responsible for providing highlight reports which will: provide an update on progress of the work plan; identify anticipated and actual delays and the identified steps being undertaken to resolve; and, outline the next steps for the work. These reports will be submitted to the Programme Board.

4.3 Each workstream has identified initial key priority actions which will be the immediate focus of their work plans. Start-up meetings have been arranged with all leads to ensure that all work streams have commenced during July and August 2020.

4.4 To ensure programme deliverables are achieved work stream leads and group members have been given organisational permission to prioritise Maximising Independence work and to protect diary time for this purpose. This is intended to protect against drift in the face of daily events and short-term demands.

4.5   It is anticipated that the recruitment for Maximising Independence Programme support will be completed by end September 2020. This support includes Planning and Programme Management, Project support, Organisational Development support, Communications support, including graphic design and Partnership management support from the Third Sector. This team will provide dedicated support, advice and expertise across the programme of work as well as driving activity under each of the 5 work areas.

4.6   A Maximising Independence strategy paper will be developed over the next three months to provide an overview of the strategic approach and framework which will underpin this work.

4.7   Prior to lockdown the IJB requested regular progress reports on Maximising Independence. The intention would be to resume those reports to provide routine updates on the emerging detail of the work and the overall strategy.

5   Other considerations – Digital Infrastructure and Inclusion

5.1   Digital enabled care solutions continue to keep people healthy and safe at home. As a consequence of our response to the pandemic a number of services have also altered how they assess their patients and services users and have secured digital solutions to do this.

5.2   A digitally connected population will be integral to the success of Maximising Independence by supporting continued engagement and participation in our health and social care transformation programme.

5.3   Given the impact of poverty and wider inequalities the programme will seek to resolve issues around digital exclusion; for example, through the provision of equipment and training opportunities.

5.4   In addition a robust digital infrastructure requires to be in place to support evolving digital solutions and connections across the health and social care system. The Maximising Independence programme is therefore proactively engaging with the wider digital infrastructure transformation programmes in the city to ensure due weight is attached to health and social care priorities.

5.5   The programme will seek to develop a singular approach that coheres all of the above elements of the HSCP's digital infrastructure and inclusion strategy.

6   Recommendations

6.1   The IJB are asked to:

   a)   Note progress to date;
   b)   Support our renewal and reframing plans for Maximising Independence;
   c)   Endorse the recommended key requirements to ensure programme; delivery and momentum;

d)   Note the proposed resumption of routine progress reports to the IJB; and

e)   Support the development of singular approach for the HSCP's digital infrastructure and inclusion strategy through the Maximising Independence Programme.

Maximising Independence Programme Board - Distribution List

Name	Organisation	Designation
Susanne Millar	Glasgow HSCP	Interim Chief Officer, Health and Social Care Services
Sharon Wearing	Glasgow HSCP	Chief Officer, Finance and Resources
Stephen Fitzpatrick	Glasgow HSCP	Assistant Chief Officer, Older People (South)
Jackie Kerr	Glasgow HSCP	Assistant Chief Officer, Adult Services (North West)
Kirsty Orr	Glasgow HSCP	Programme Manager – Health and Social Care Out of Hours Services and Maximising Independence
John O'Dowd	NHS Greater Glasgow and Clyde	Consultant in Public Health
Fiona Moss	Glasgow HSCP	Head of Health Improvement and Inequality
Alison Noonan	NHS Greater Glasgow and Clyde	UCC Improvement & Development Manager
Olga Clayton	Wheatley Group	Group Director of Housing and Care
George McGuinness	Community Representative	North East Glasgow Locality Engagement Forum
Shona Stephen	Queens Cross Housing Association	Chief Executive Officer
Julia Egan	Glasgow HSCP	Chief Nurse
Fiona Brown	Glasgow HSCP	Head of Older People's Services (North East)
Isobel Paterson	Glasgow HSCP	Head of Adult Services (North East)
Hamish Battye	Glasgow HSCP	Head of Planning & Strategy (Older People and South Locality)
Janet Hayes	Glasgow HSCP	Head of Planning – Adult Services (North West)
Paul Adams	Glasgow HSCP	Head of Older People & Primary Care Services (North West)

Katrina Phillips	Glasgow HSCP	Head of Adult Services (South)
Isla Hyslop	Glasgow HSCP	Head of Organisational Change and Development
Jean Honan	Carers Representative	Glasgow South Carers Centre
Ian Bruce	Glasgow Council for Voluntary services	Chief Executive Officer
Frances McMeeking	Glasgow HSCP Direct and Care Services	Assistant Chief Officer for Operational Care Services
John Sherry	Glasgow City Council	Head of Financial Inclusion
Anne Mitchell	Glasgow HSCP	Head of Older People and Primary Care Services (South)
Gordon Bryan	Glasgow HSCP Direct and Care Services	Operations Manager (Care Services)
Richard Groden	Glasgow HSCP	Clinical Director
Pamela McGoldrick	Glasgow HSCP	Change and Development Manager
Sheena Arthur	GCVS	Partnership Manager (Health and Social Care)
Councillor Mhairi Hunter	Glasgow City Council	Convenor Health and Social Care Services
Gary McNally	NHS Greater Glasgow and Clyde	Senior Crisis Practitioner
Chris Furse	Glasgow HSCP	Senior Officer Older People's services
Laura Pluck	Loretto Care	Managing Director of Care
Colin McCormack	Glasgow HSCP	Head of Mental Health Services
Geri McCormick	Glasgow HSCP	Head of Commissioning
Peter Millar	Aspire	Chief Executive
Marion Ballantyne		

Maximising Independence Work Streams

Work Stream Area	Work Stream Lead(s)	Organisation	Work Stream Pledge(s)
Communities	Ian Bruce	GCVS	To test and develop new approaches that strengthen the role of communities in maximising people's independence and to consider how communities can best be involved in the design of public services (whether they are provided by public or third sector) that makes them owned by and responsive to local need.
Communication and Engagement	Sheena Arthur	GCVS	To develop a connected and linked system wide communication and engagement approach across the linked programmes and strategies of work. To provide an effective communication and engagement plan and approach which support the delivery of the Maximising Independence Strategy, based on research and learning.

Workforce and Culture	Isla Hyslop Isobel Paterson	Glasgow City HSCP	To develop our leadership and collective thinking to support our culture change required to deliver the objectives of the Maximising Independence Programme.
Health Inequalities	Fiona Moss	Glasgow City HSCP	Enable action concentrated in our communities experiencing the poorest health. Critically enabling through self-care and through empowering communities to respond to issues of importance which may include: • Promote Health literacy at a neighbourhood level • Enhancing action to complete and implement the Good Food Plan • Scale up programmes to reduce Social isolation and promote emotional well-being • Act on system inequalities and wider poverty mitigation action.

Changing the Nature of Care Delivery	Jackie Kerr Fiona Brown Frances McMeeking	Glasgow City HSCP	Develop and implement a family group decision making model. Embed OT integration across the HSCP and develop pathways for Community and rehabilitation Services to ensure an integrated approach. Enhance and develop representation and engagement with the 3rd Sector, and service users and carers. Research and develop front door asset based approaches utilising learning from elsewhere (Coventry) Further develop the carer's academy to include coaching and shadowing programmes and maximise this as an asset for the community.