



**Care and Support Service  
Review and Re-design Report  
May 2021**

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## **1. Context**

### **1.1 Introduction**

South Lanarkshire Health and Social Care Partnership (SLHSCP) provide a Care and Support service to adults with a learning disability to enable them to live safely in the community, in their own homes. The “Same as You” national learning disability strategy was implemented in Scotland during the period 2000 to 2012. This outlined an approach to end the separation of people with learning disability from the wider community with the closure of long-term institutional settings. Fifty-six service users transitioned from institutional settings across the Partnership to the Care and Support Service (Learning Disability) in 2004.

The Care and Support arrangements in place have changed little since inception of the Care and Support Service in 2004. The numbers of users have reduced year on year; with the service not taking new referrals since 2010 leading to a diminishing and changing profile of users. More than half of the service users are now aged between 50-80 years of age; some with increasing levels of dependency, others requiring more complex care and support, requiring additional resources, and putting pressure on finite resources available to deliver the service.

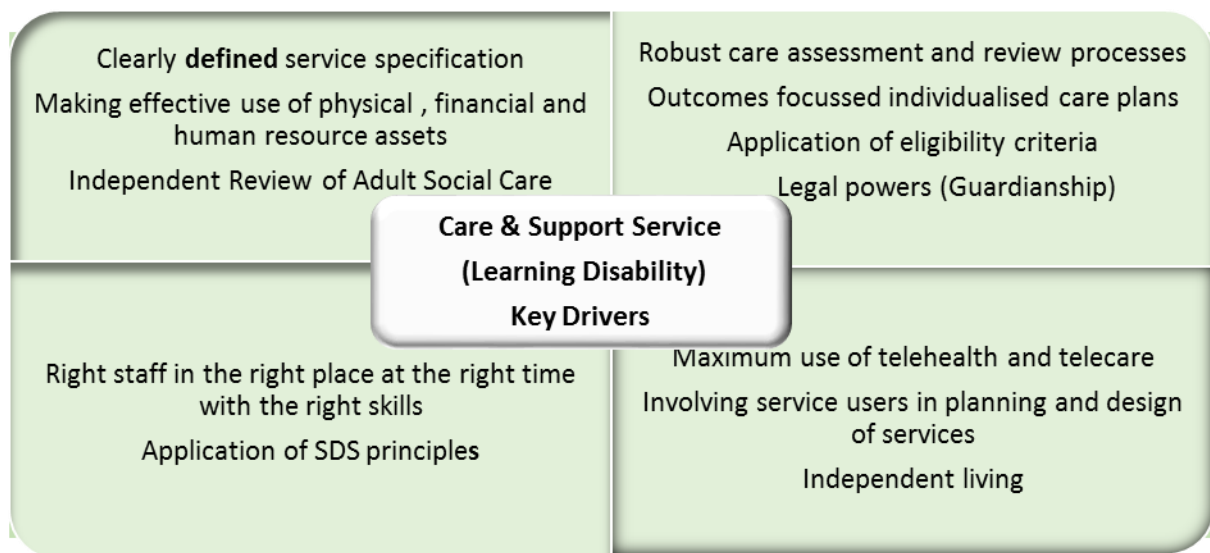
The review also recognised that the Self-Directed Support legislation that has been enacted after the service’s inception requires a move away from fitting people into a service towards establishing a Personal Budget which the Supported Person can use to tailor a service to meet their personal outcomes.

The Integrated Joint Board approved the review and re-design of the Care and Support Service on 3<sup>rd</sup> December 2019. Senior Management and other key stakeholders were tasked with reviewing the status of the service and identifying the key aims and outcomes required to have a service fit for the future.

This process was influenced by many challenging factors such as changes in the legislative landscape, service user’s needs, efficiency savings, staff recruitment challenges, and changes to working practices (sleepovers) to meet the Working Time Directive. A further driver was under occupancy levels, lost economies of scale through natural movements amongst service users leading to a reduction in shared tenancy options.

Alongside those challenges were opportunities to redesign the service to ensure individuals had enhanced choice and control over their care and to achieve outcomes that matter to them; whilst ensuring there is sufficient capacity and skilled staff to deliver cost effective, sustainable, safe person-centred care and support services.

Key areas identified were:



## 1.2 Background

### 1.2.1 Policy and Legislation

Throughout the process a PESTEL analyses was completed which sought to identify key risks and opportunities for re-designing the Care and Support Service. This involved scanning the macro environment identifying some of the key drivers for change as follows:

POLITICAL	ECONOMIC	SOCIOLOGICAL	TECHNOLOGICAL	ENVIRONMENTAL & LEGAL
<ul style="list-style-type: none"> <li>• High performing Council run service</li> <li>• Valued by family members</li> <li>• Concern about change</li> <li>• Employee impact</li> <li>• Concerns about decommissioning in favour of external services</li> <li>• Reputation</li> </ul>	<ul style="list-style-type: none"> <li>• Over budget</li> <li>• Efficiency Savings</li> <li>• Increase uptake of SDS</li> <li>• Best value: making best use of physical &amp; human resource assets</li> <li>• Effective Commissioning</li> <li>• Scotland Excel Framework</li> <li>• Eligibility Framework</li> <li>• Supported Living Framework</li> </ul>	<ul style="list-style-type: none"> <li>• Shared tenancies</li> <li>• Reduce isolation</li> <li>• Maintain independence</li> <li>• Changing profile of service users</li> <li>• Workforce Planning</li> <li>• Equalities</li> <li>• Right of access</li> <li>• Demographic and health inequalities</li> <li>• Employment</li> <li>• Housing</li> </ul>	<ul style="list-style-type: none"> <li>• Assistive technology</li> <li>• Alarms</li> <li>• Use of mobile devices</li> <li>• Virtual appointments</li> <li>• Agile working</li> </ul>	<ul style="list-style-type: none"> <li>• Adults with Incapacity Act</li> <li>• Regulated service</li> <li>• European Working Time Directive</li> <li>• Carbon footprint</li> <li>• Public Bodies (Joint Working) Act (Scotland) 2014 Shifting the balance of care</li> <li>• Same as You- National Disability Strategy</li> <li>• Self Directed Support Strategy: Person centred Outcomes focussed care</li> <li>• Best Value Guidance (2020)</li> <li>• See Hear Strategy</li> <li>• A Fairer Scotland for Disabled People</li> <li>• Scottish Strategy for Autism</li> <li>• Protecting Scotland- Renewing Scotland</li> <li>• Carers Act</li> </ul>

irected Support Strategy 2010-2020 was a joint 10-year plan by the Scottish Government and COSLA to ensure individuals had choice and control over their care. The strategy offered a framework for local services to remodel care systems and shift current practice to focus on integrated personalised care.

The progress of Self-Directed Support in Scotland was reviewed by Audit Scotland in 2017 and followed by a thematic review by the Care Inspectorate in 2018; this involved six partnership areas including South Lanarkshire. The findings from both reports highlighted good<sup>1</sup> examples of effective outcomes for individuals through SDS, however there was inconsistency found across Council areas in terms of choice and control.

Since 2009, local authorities have had authority to adopt a common standard eligibility framework for people, in line with the Scottish Government and COSLA guidance under Section 5(1) of Social Work Scotland Act 1968. Eligibility criteria is used as part of the SDS assessment process to assess needs and then determine which needs will be met through the provision of the right services at the right time.

South Lanarkshire, guidance was issued in 2019 outlining four categories of risk within the eligibility criteria: low, moderate, substantial, and critical. For those assessed as having substantial or critical risks, the HSCP has a duty to provide funded support.

The partnership also has a duty to deliver best value across all its services. The Revised Guidance on Best Value was published by the Scottish Government on 4 March 2020 and it recognises the changing landscape for public services with individuals having greater choice in the design of their personal support plan and utilising individual budgets. Public services must set strategic priorities that reflect the needs of individuals and their communities; this can be seen throughout South Lanarkshire Health and Social Care Partnership Strategic Commissioning Plan 2019-2022.

Working Time Directive (WTD) regulations were enacted in UK Law in 1998. They provide support to workers by setting minimum requirements for working hours, rest periods and annual leave. The staffing structure within the service that was established in 2004 has remained unchanged since then. The review has identified that the model of staff sleeping over in the between late and early shifts presented a risk in terms of contravening the WTD.

## 1.2.2 Registration and Governance

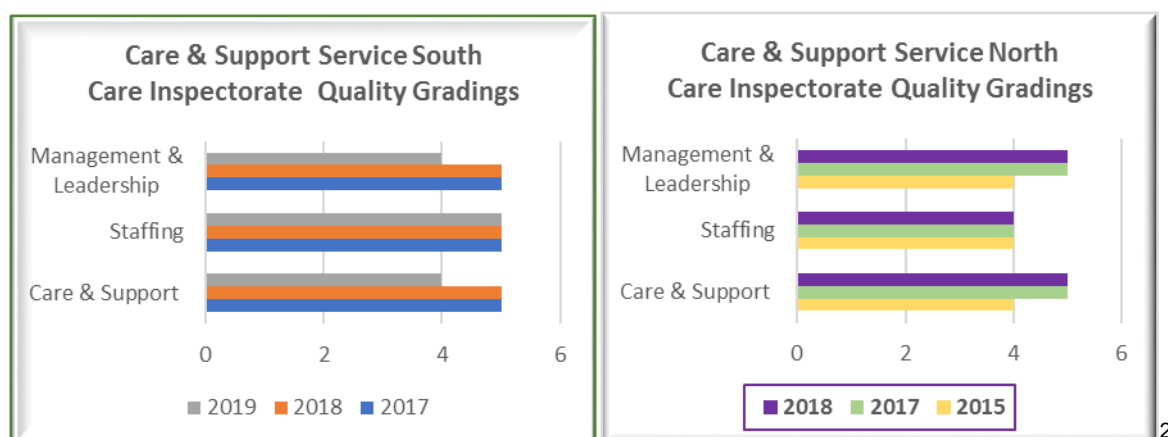
Scrutiny of the Care and Support service is undertaken by The Care Inspectorate. All registered services are subject to regular inspection; the frequency of inspections is directed by the level of risk associated with service and how well it is performing.



The framework for inspection is based on the National Health and Social Care Standards. Performance is measured against those standards and organisations are graded against key areas such as care and support, environment, staffing, and management and leadership

<sup>1</sup> (Thematic Review of Self-Directed Support in Scotland: South Lanarkshire Local Partnership Report, June 2019)

The Care and Support Service is registered with the Care Inspectorate now as one service; however, two services were originally registered for South Lanarkshire. Grading's have been rated consistently at 5, very good and 4, good.



## 2. Service Overview

### 2.1 Care and Support Service

The Care and Support Service offers care and support to 30 individuals with a learning disability to live as independently as possible within their own home and remain valued members of their community. Skilled care staff provide a full range of supports from practical tenancy support to helping manage finances. Staff also provide direct personal care and support, including medication management, continence support and promoting wellbeing and health improvement. Staff support individuals to achieve their potential whilst at times managing situations of challenging or distressed behaviour.

It is a high performing service that is valued by service users and their families. Many of the service users have complex levels of dependency and some can exhibit challenging behavior when experiencing stress or distress. Overall, the care team have supported the service users well over the past 17 years.

The service was created for a particular cohort of service users and consequently has had no new referrals since 2010. The number of service users has subsequently reduced from 56 to 30 with some making choices to transfer to other providers or moving to long term care and, others sadly dying. It is expected that following the completion of individual care reviews, and the application of the prioritisation framework to provide support to those with substantial or critical needs only, the number of service users will decrease further. By April 2021 we anticipate that the number of remaining service users will be 28.

As a result of changes to service users existing care and support plans the current models of care require to be re-designed. Some individuals now have increased complexity of care needs meaning that continuing to offer the same support and service may not meet the person's current needs or desired outcomes. Meanwhile others are now living in a single tenancy where previously they shared accommodation. This has resulted in previously shared care packages, such as overnight support, now being delivered to just one

<sup>2</sup> Care Inspectorate Reports

individual, leading to a significant increase in costs to the partnership, for the remaining service user.

It is important that those supported by the Care and Support Service are in receipt of Self-Directed Support. This enables regular assessment of any changing needs and helps service users contribute to their outcome-based and co-produced support plan. The assessment and support planning function for those in receipt of Care and Support services is undertaken by the locality Assessment and Care Management Teams. Assessments and reviews have been an ongoing feature throughout the timeline of this review and re-design.

## **2.2 Learning Disability Population Profile**

Care and Support services offer support to adults with a learning disability. A learning disability occurs when a person's brain development is affected, either before they are born, during birth or in early childhood. Those diagnosed with Down's syndrome will have a learning disability, and so will many with cerebral palsy. People with autism may also have learning disabilities, and around 30% of people with epilepsy have a learning disability<sup>3</sup>.

Around 1.5 million people in the UK have a learning disability and for approximately 350,000 (23%) this can be severe.<sup>4</sup> Within South Lanarkshire 1,072 people with learning disabilities were known to South Lanarkshire Council, the lowest number since 2007<sup>5</sup>.

South Lanarkshire has more people with a learning disability living in mainstream accommodation than is found in other areas of Scotland; meanwhile over half of those with a learning disability in South Lanarkshire live with a family carer compared to two fifths in Scotland. This is supported by a higher proportion of individuals in South Lanarkshire attending day services, at 29.9% compared to the Scottish average of 20%<sup>6</sup>.

## **2.3 Health facts and Inequalities**

A national study undertaken by the UK Government in 2018, Learning disabilities: applying all our Health highlighted the impact of health inequalities for people with a learning disability. It was reported that those with a learning disability generally had more health care needs than the general population and estimated that about 50% of people with a learning disability will have at least one significant health problem.

Weight issues for adults with a learning disability is a health concern. Both over or under weight can be a significant problem and the study reported that less than 10% of individuals with a learning disability in supported accommodation had a balanced diet, with insufficient intake of fruit and vegetables.

Many individuals with a learning disability are likely to have eating, drinking and swallowing difficulties with 40% of people with dysphagia experiencing recurrent respiratory tract infections.

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<sup>3</sup> NHS 2021

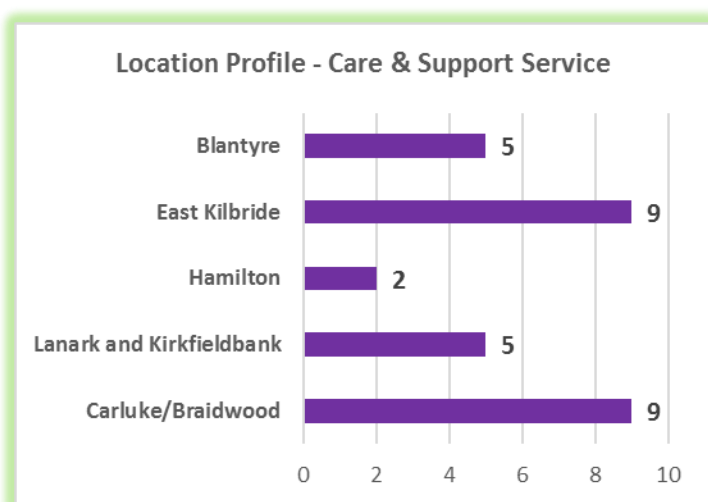
<sup>5</sup> Statistical Information Notes: Learning Disabilities, South Lanarkshire Council, Central Research Unit, 2016)

<sup>6</sup> Statistical Information Notes: Learning Disabilities, South Lanarkshire Council, Central Research Unit, 2016)

## 2.4 Service User Profiles

### Location Profile

The Care and Support service is currently supporting 30 service users across the local authority area. The locality with the highest number of service users is Clydesdale with 14 (47%), followed by East Kilbride with 9 (30%) and, Hamilton/Blantyre with a total of 7 (23%). There are currently no service users in the Rutherglen/Cambuslang Locality.

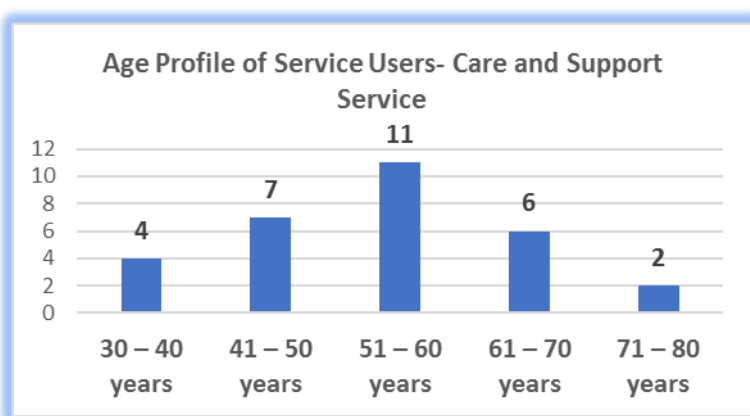


### Age profile

19 service users (63%) are over 50 years of age. The dependencies of those remaining service users have also increased as service users are affected by health conditions related to age, increased falls risk and frailty.

### Other considerations

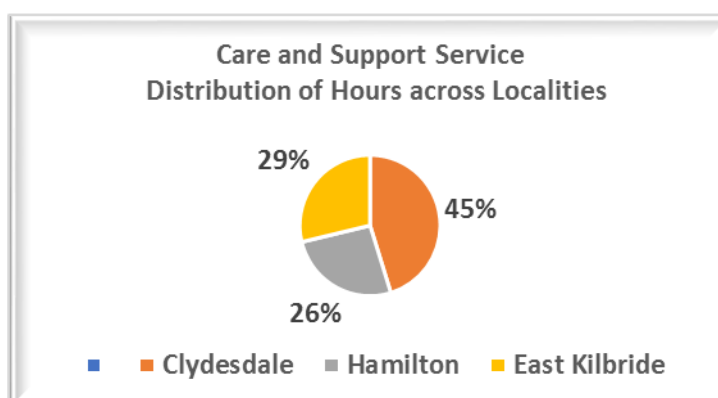
There are service users (13) who lack capacity and have no legal powers in place to safeguard their welfare. This is being addressed as part of the locality service review and re-design arrangements. Social Workers are engaging with family members to arrange Adults with Incapacity applications. This is a lengthy process but will ultimately enable Guardians to work with Social Workers to make Welfare decisions in the interests of the service users. 56% (17) of service users require the support and reassurance of over-night support currently through a sleep-over arrangement.



## 2.5 Distribution of hours

The distribution of Care and Support resources is split across the three localities. Clydesdale, with the greatest number of service users, has the highest proportion of hours (45%) allocated.

There are currently 17 sleepover shifts each week, which equates to almost a quarter of the available staffing hours. Each shift is 9 hours long and technically counts as working time under the Working Time Directive. During the Review it was determined that the regular requirement for workers to sleep-over, results in a technical breach of the directive, even though the staff member is not disturbed over-night.





Shift	Clydesdale	East Kilbride	Hamilton	Total
Days (hours)	1367	799	647	2813
Sleepovers (shifts)	42	42	35	119

## 2.6 Staffing Profile

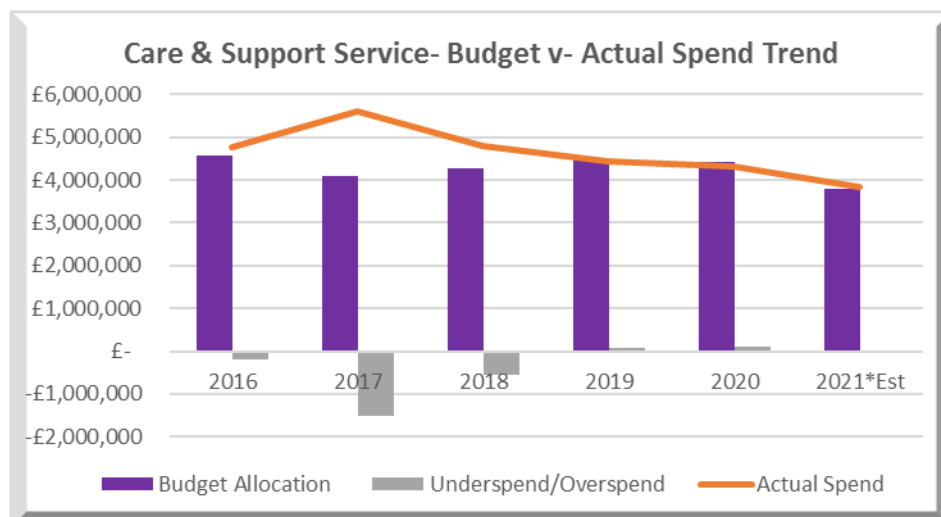
There continues to be ongoing discussions with staff and Trade Unions to ensure staff are supported positively during this period of change and transition.

The table below reflects changes made in the management structure that the review and redesign process has addressed. Five management and supervision posts have been removed from the structure and through vacancies and redeployment these can now be considered for deletion from the staffing establishment and enables efficiency savings.

	Restructured Care & Support Service	
Position Name	Budgeted Establishment	Current In post
Care & Support Manager	1	1
Care & Support Co-ordinator	10	8.3
Care & Support Worker (Nights)	6.83	3.62
Care & Support Worker	103.5	85.43
Clerical Assistant	0.5	0.5
Grand Total	122.73	99.25

## 2.7 Cost of Care and Support Services

The six-year budget trend graph below shows the actual spend against budget for the service and is based on financial years. An accumulated overspend amount of £2.251m was seen across 2016 (£201k), 2017 (£1.5m) and 2018 (£540k). However, due to work commenced in association with this review, 2019/20 and 2020/21 years came within budget.

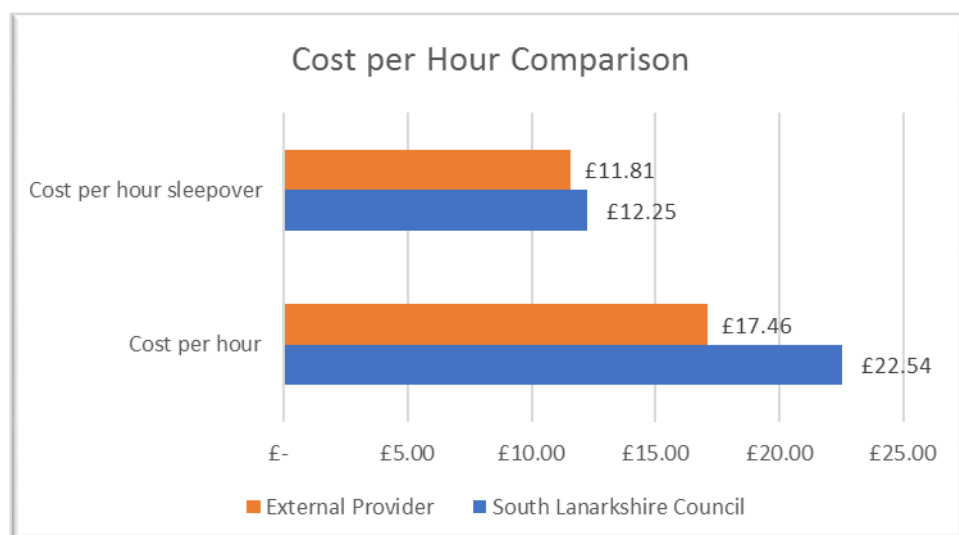


The ongoing review, and change in management structure outlined above, as well as changes to existing support and care arrangements for some service users has resulted in savings being made throughout 2019-2020 (approx. £250k). The full year efficiency (£500k) will be realised in 21/22.

We are confident that in 2021/22 we will be on target to achieve our savings commitment made to the Executive Committee and the Council at its meeting on 26<sup>th</sup> March 2020. It is important to note at this juncture, the budget allocated for 2021/22 is £3,799.980 and, has been reduced by the £500k savings requirement. Additional, re-design around the staffing model has resulted in a more cost effective model which ensures that there is sufficient peripatetic cover reducing the requirement for overtime. The model will be further refined to improve the need of staffing for the service and on call arrangements which were not required have been discontinued.

The operational management team will continue to progress the implementation plan arising from the review of the re-design of the Care and Support Service.

An early cost analysis of the hours of care delivered comparing the in-house service with contracted framework providers who deliver the same type of service provides a cost comparison for our in-house service against an external provider for 2021/22. The graph below shows that the current cost per hour with the external provider is 22.5% cheaper than our in-house rate; with external providers sleepover rate per hour is 44p per hour less than in-house rate equating to just under 3.6% less per hour.



### 3. Review and Re-design Process

#### 3.1 Scope of the review and re-design

Following approval by the IJB on 3 December 2019 to undertake a review and redesign process of the Care and Support Service, a Review Project Board (PB) was established to provide direction and leadership around the activity of the Review and monitor progress. This group comprised of a range of individuals from across the South Lanarkshire Health and Social Care Partnership (SLHSCP), Housing, Finance, Telehealth and Telecare and Trade Union colleagues. The Team Leader from the Care Inspectorate was appraised of and kept updated on review and redesign activity, as were locality managers across SLHSCP.

Sub-groups were identified to support the PB and to take forward the work of the review and redesign. These groups included membership from key stakeholders including, Social Work, Housing, Finance, telehealth and telecare, personnel, and Trade Unions. The sub-groups focussed on seven key areas:

- Assessment and review of service users
- Workforce Planning
- Trade Union consultation and engagement
- Telehealth and Telecare
- Housing with Support
- Finance
- Consultation and Communication

At the outset of the review and redesign process, several external and internal factors were considered in establishing the scope of the activity, as outlined in the PESTEL analysis. All aspects of the service were within scope for review and re-design process. An important starting point was to look at the service specification to determine if it remained fit for purpose. Alongside this it was important to consider how to continue to sustain services throughout the re-design and change process through a robust business continuity plan.

### **3.2 Review Methodology**

A Project Board led by the Head of Health and Social, and associated subgroups were established with key professional stakeholders and service experts. Terms of References were developed for good governance and to give focus around the various work streams arising from the review and re-design process.

A desktop review of service users' current care needs and dependencies was undertaken. A programme of individual care reviews was also planned by the locality Assessment and Care Management Teams to ensure that service user's reviews were obtained in line with SDS legislation and to determine the need for Guardianship (Adults with Incapacity Act). Housing arrangements and tenancy agreements also needed to be reviewed to ensure that they continued to meet the changing needs of service users.

### **3.3 Benchmarking**

The benchmarking work confirmed that the Care and Support Service is very similar in nature to many registered housing support providers. Relatively speaking, it is a very small-scale service with a traditional and inflexible staffing model. As noted previously, the quality of the service stands up as a strong example of housing support but in terms of actual cost (pre-review) was amongst the more expensive examples.

### **3.4 Consultation, Communication and Covid-19**

The impact of the Pandemic on the review and re-design process was challenging with respect to the level and degree of consultation that could be carried out effectively with service users and their carers/families. Correspondence was issued to service users advising and seeking feedback on the review and re-design process. An alternate option used by the Care Management Team was to seek views during the subsequent one to one review with Assessment and Care Management staff to enable progress to be made in this area.

Due to communication challenges of many service users, it was agreed that an opportunity for feedback on the re-design and review process could be shared with their Social Worker during the one-to-one personal care plan reviews that were taking place. Meanwhile, the aims and objectives, focus and timeline of the review would be communicated by letter. Questionnaires were issued to family and friends of service users' and staff to gather

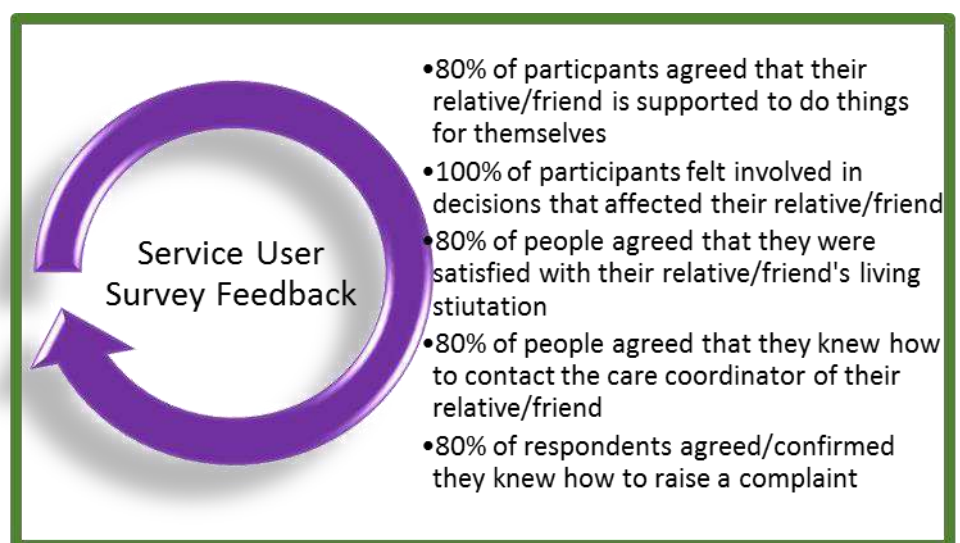
feedback on their current experience of the service. Meetings of the Project Board and subgroups continued throughout the pandemic with regular attendance by all key stakeholders actively contributing throughout the process.

Drop-In sessions were set up for Care and Support staff in East Kilbride and Lanark localities to attend and share their views on the service and the ongoing review and re-design

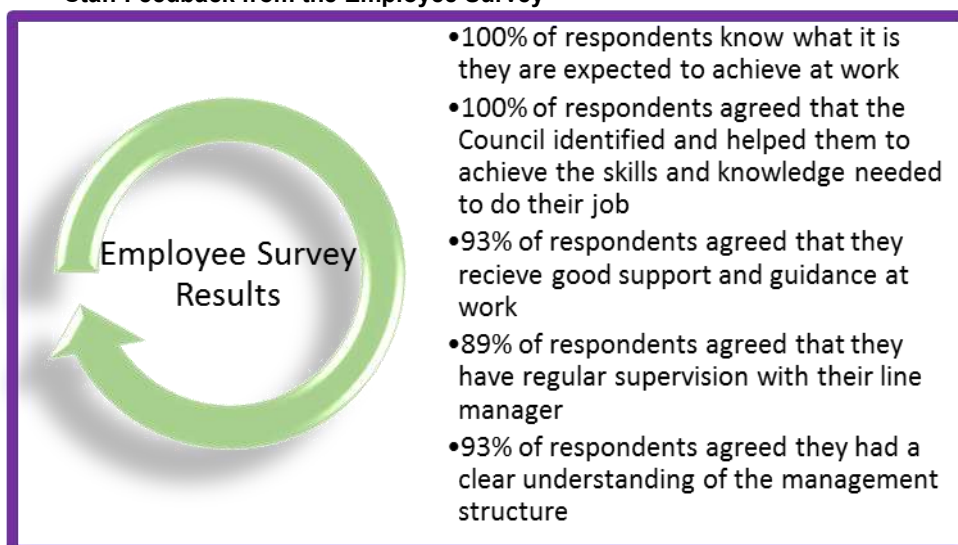
### 3.5 Consultation Feedback

Care and Support service users, carers and their families have previously been wary of change with a preference to maintain the status quo and to avoid any risk to their family member from changing services they were satisfied with. Whilst this is a position that could be expected, the prevailing circumstances have change materially. Service users are ageing, and the Resource wants to work with family members to ensure that a safe, reliable, and appropriate service is in place.

A questionnaire was issued to family and friends of service users during August 2020 to gather their views on their current experiences of the Care and Support service.



#### Staff Feedback from the Employee Survey



Although the surveys were issued during the period of the review and design process, and general comments were encouraged, there was no specific feedback shared by either the family and friends or staff in terms of the ongoing re-design of the service.

### 3.6 Assessment and Support Planning

The Care and Support Service is a provider of care. It was clear from the outset that any changes to a service user's care plan had to be addressed within the Locality Team's assessment and review process. This would bring a degree of independence, scrutiny and ensure appropriate advocacy to each care review. A further goal was to apply the Self-Directed Support principles of empowering people to have increased choice and options regarding how their care is provided in supporting their personal outcomes.

It was agreed that SDS principles and South Lanarkshire Eligibility Criteria would be applied and used to establish a personal budget for each individual which fund the Support Plan for each supported person. This is an important principle that moves away from fitting the adult into a fixed service led model towards consideration of how a personal budget can be used to develop a bespoke support plan.

## **4. Outcome**

### **4.1 Key findings**

Adults with learning disabilities are more likely to have other significant health conditions compared to the general population. This is likely to impact on their health and frailty at an earlier age. This has led to increased levels of need and complex care and care and support requirements for some service users currently supported by the Care and Support Service.

The original service specification is outdated and lacks clarity about the level of dependency that can be safely and sustainably supported. The current model of care was designed around supporting individuals within shared tenancies. Over time, the departure of fellow house mates resulted in a loss of long-term relationships and companionship. Consequently, this has caused individuals to feel more isolated and experience loneliness and anxiety. Tenancies are now spread throughout South Lanarkshire, increasing costs per person as service users are left as single tenants with a staffing model designed for sharing.

The impact of Care and Support service not accepting new referrals since 2010 has resulted in attaining a 50% occupancy against the original capacity and an ongoing trend for reduced usage but with fixed costs retained.

### **Review of overnight care arrangements**

The overnight sleepover arrangements within the service and the associated work patterns are problematic in terms of full compliance with the European Working Time Directives (WTD). The 9-hour sleepover shift pattern counts as working time even though staff may not be needed or disturbed during the night, this could be a potential breach of the WTD. There is also evidence that this shift pattern has a negative impact on attracting people to vacancies. This presents an opportunity to design an alternative, sustainable waking night shift or sleepover model where the use of technology, such as the Care at Home Alert Model could be used to provide a safe response in the event of a service user needing support. This would complement the preferred core and cluster housing model. Further consideration is required to determining work base locations for staff undertaking night duty as a waking employee in the service user's home could be intrusive and disruptive to their sleep. Changes to night shift working will be subject to consultation with Trade Unions,

staff, service users their families and Guardians. The review has also done some benchmarking with other providers and has identified the potential to consider alternative work patterns that are WTD compliant that could provide part of the solution; however, this would require some renegotiation with existing employees and the trade unions should it be an option that is taken forward.

## **Housing**

Housing options are being explored to determine the scope to move closer to a core and cluster accommodation model which would address several of the identified issues. Core and cluster arrangements would enable service users to live in their own flat or house within the same building or housing development as other people with learning disabilities. The new Blantyre Development which is spearheading the renewal of the older peoples care home estate is a good example of this approach. Staff would be based nearby to assist this group of individuals when required. This would provide some assurance to service users and their families' that support will be available whilst offering service users the opportunity to be as independent as they can be. This would reduce the number of stand-alone tenancies, enable a sharing of staff resources and provide a financially sustainable model. This option would offer a care service from a consistent staff group, built on existing staff and service user relationships.

## **4.2 Principles for Service Redesign**

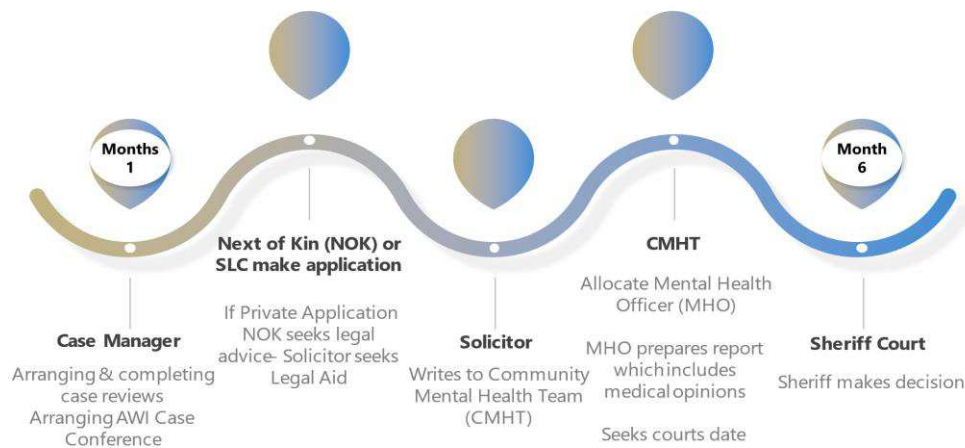
There is consensus between professional stakeholders on the key principles which should underpin service opportunities, development and redesign going forward. Those of highest priority included:

- Assessment and support planning must be undertaken to ensure that SDS is embedded
- Eligibility criteria should be used to access Care and Support services
- Outcomes focussed and individualised care plans are paramount
- Making use of telehealth and telecare
- A clearly defined service specification that can be flexible and responsive to meet people's needs
- Sustainable staffing model

It is noted that Care managers anticipate a level of concern and reluctance from some families to any change within Care and Support. The absence of legal powers for thirteen of the service users compounds this situation and imposes a delay in implementing the review objectives. An example of a timeline below is used here for illustration purposes:

### Adults with Incapacity Application Process & Timelines

The following timeline is an example of how long an AWI application can take. The timeline can be positively and/or negatively impacted upon depending on complexity of the case, availability of staff and access to legal and medical personnel/and guardians etc



### 4.3 Potential Redesign Options/ Next Steps

The findings of this Review are consistent by the national Independent Review of Adult Social Care ensuring that individuals are given the appropriate care and support to meet their needs; they have choice and control over the care they receive; and they are supported to be active citizens within their community.

The redesign proposals are intended to deliver safe and sustainable care arrangements that are founded on the principle of the self-Directed Support Act and support people to participate in their community. The individual involved will be consulted on their wishes and preferences for delivering a support plan which meets their personal outcomes.

It will also be important to work in partnership with housing colleagues to realise the full potential of the proposed core and cluster housing model.

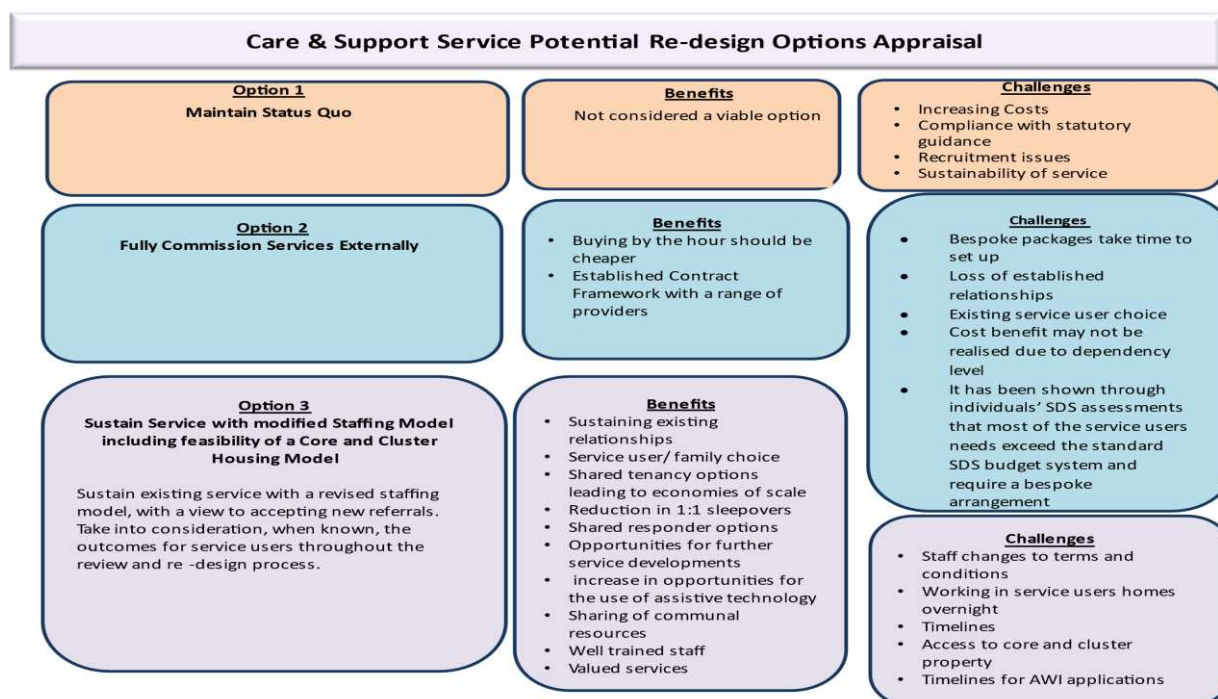
The review team has tried to consider all the dimensions referred to in this report in concluding that there are a set of key factors which should shape the future service:

- The application of SDS with tailored support planning for each individual
- Use of indicative budgets to inform the support plan
- Refresh the Service specification
- Supporting service users whose dependency needs are beyond the scope of a supported housing model to access a more appropriate provision
- Commission more specialist support for those service users with the highest dependencies and complex needs
- Support service users who wish to move into potential core and cluster tenancies
- Review staffing model and working patterns to be fully compliant with the European Working to best meet service user's needs.

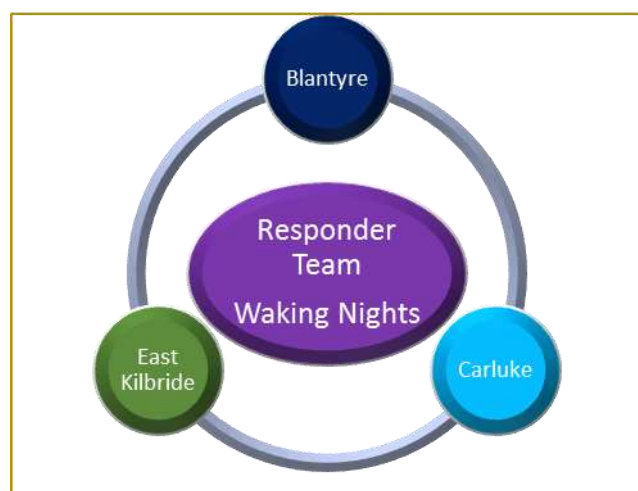


## 4.4 Potential options for appraisal

The review has considered *potential* options for the redesign of the Care and Support service, including:



### Potential Example of Core & Cluster Housing Model



A potential *example* of Option 3 which would be to redesign the current service to provide a maximum of 1:1 care for service users with mild to moderate learning disabilities. This would take the form of Core and Cluster developments within Blantyre, Carluke and East Kilbride within the overall service capacity.

Each option will require individual assessment for each service user, ensuring appropriate legal powers are in place, and that housing arrangements be considered and agreed with service users' carers and guardians.

To further progress this and other potential options; a formal options appraisal process will need to be initiated.

An associated implementation plan and timeline would be developed in partnership for each locality.

A revised service specification and eligibility criteria would be central to this objective. The key factors will include individual SDS budgets being used to fund tailored Support Plans which meet individuals' outcomes.

In the interim period there will be a transition from the existing service model to include a reduction of the number of 1-1 sleepovers. The overnight care would be changed taking account of options including:

- the sharing of overnight support



- revised staff rota/contracts
- increase of waking nightshift
- Use of technology with a responder team.
- Any changes to existing arrangements would be based on review of service users' overnight needs and risk assessments.

## 5 Recommendations

In conclusion of the review and re-design process, there are several areas of the service which need updated to reflect the changing statutory, demographic, social and health equality profiles and care needs of its service users. It is recommended that:

1. Care planning needs to be led by SDS principles
2. Services should be configured within the person's SDS budget to meet outcomes and not be service led.
3. The Service Specification should be updated
4. Further review is required of existing physical assets to potentially maximise and use void tenancies. This could offer individuals the opportunity to live with peer groups and friends whilst maximising their independence
5. Work with Housing colleagues to work towards a Core and Cluster housing model
6. Complete Reviews of those service users with specialist and/or complex care needs to support informed choices about how to best deliver their care requirements.
7. Conclude AWI processes for relevant service users
8. Consult on a review of shift patterns to be WTD compliant
9. Introduce assisted technology proportionately to support care requirements
10. Further consultation and engagement with service users and stakeholders takes place regarding these recommendations and how they should be implemented.
11. A phased approach to implementing the recommendations will be required; it is anticipated that a period of three years be allocated to implementing the re-design process.

## 6. Proposed Next Steps

### Phase 1: August 2021

- Complete the development of a service specification and eligibility criteria for the new service
- Initiate a formal options appraisal process
- Complete care reviews and consultation with those service users with complex needs
- Initiate and complete Adults with Incapacity applications
- Review and update service users care plans in line with SDS assessment outcomes
- Work in partnership with housing colleagues to scope the feasibility of the development of core and cluster housing models within localities
- Optimise service users' tenancy arrangements in accordance with their assessed needs and funded support plans
- Consult on potential revisions to the staffing model and staff terms and conditions
- Continue to review and update communications plans
- Establish implementation oversight arrangements

## **Phase 2 – September 2022**

- Support service user and carers through transition arrangements
- Review and amend service level agreements
- Take forward future housing options
- Accept new referrals
- Develop communication and engagement approach for the new service