

Report

Report to:	Social Work Resources Committee
Date of Meeting:	2 June 2021
Report by:	Director, Health and Social Care

Subject:	Transformation and Service Improvement Programme
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide an update of progress of the Transformation and Service Improvement Programme in relation to the following services and the impact the Coronavirus (COVID-19) has had on these services:
- ◆ Care and Support Service Redesign
- ◆ South Lanarkshire's Care Facilities Modernisation Programme
- ◆ Mental Health Strategy
- ◆ Care at Home Services Improvement Programme
- ◆ Adult and Older Peoples Day Services Review
- ◆ Equipment and Adaptations
- ◆ SWiSplus Replacement

2. Recommendation(s)

2.1. The Committee is asked to approve the following recommendation(s):-

- (1) that the content of this report is noted.

3. Background

- 3.1. This report provides a progress update on the Programme of Transformation and Service Improvement being undertaken by the Health and Social Care Partnership (HSCP). This work supports the delivery of the Integrated Joint Board's (IJBs) Strategic Commissioning Plan (SCP) and continues to strengthen many of our community-based supports.
- 3.2. The response to the Coronavirus (COVID-19) Pandemic continues to slow the progress of the Transformation Programme as resources have been redeployed. The work streams affected are the Care Facilities Modernisation Programme; the evidence-based Review of Adult and Older Peoples Day Services; Care at Home Improvement Programme; Care and Support Review, Mental Health Services and varying service improvement plans.
- 3.3. However, the work on the Transformation agenda has continued and is taking account of the risks that COVID-19 has posed, the learning that is accruing and is considering how we modify services to meet these risks.

- 3.4. This programme of work endeavours to put the people who use Social Care supports, their families and carers and the people who work in Social Care Services at the centre of care. It also gives us the opportunity to align services focussing on the outcomes of the recently published Independent Review of Adult Social Care, which is likely to influence the ongoing programme into the future.

4. Current Position

4.1. Care and Support Service Review

- 4.1.1. The outcome of the Review of the Care and Support Service has identified a number of key themes which need addressed and the recommendations for sustaining and modernising the service in the context of the IJB's Strategic commissioning and financial planning.

- 4.1.2. In concluding the Review, there are areas of the service which need updated to reflect the changing demographic, Social and Health equality profiles and care needs of its service users. One of the most important areas for consideration is the need to undertake a review of the Service Specification, which has not been done since inception of the service in 2004. This will be a critical driver in the re-design of the Care and Support Service which will take account of SDS principles and operate with a cost effective and safe staffing model.

- 4.1.3. The implementation of the outcomes of the Service Review and Service Redesign will require continued engagement with service users and carers along with key stakeholders across the HSCP, the Council, staff and trade unions. This can be seen in detail within the Care and Support paper.

4.2. Care Facilities Programme

- 4.2.1. Work is progressing well on Phase 1 of the Blantyre development and it is anticipated that eight of the technology enabled homes will be complete late October 2021, with a further block of six flats complete in November 2021. The final block of flats and care facility are scheduled for completion by April 2022.

- 4.2.2. Work streams are progressing well and work is continuing in these areas with input from partners including the carer's organisation and the third sector to enable an inclusive Health and Wellbeing Hub to enhance and support the delivery of Health and Social Care. These supports are not restricted to the people within the Hub, but also includes tenants from the technology enabled homes within the campus and the wider community.

- 4.2.3. As the Intermediate Care Service has proven to be very successful, in many ways, this affirms the rationale behind Phase 1 of the project which aims to deliver a similar model within the new custom-built facility in Blantyre which should achieve similar and potentially better results. There is no doubt a new facility with concentrated expertise on the on-site, has the potential to be a centre of excellence from a practice, care and outcomes perspective.

- 4.2.4. Canderavon House continues to provide Intermediate Care Service in the meantime and is providing valuable learning opportunities to inform the Blantyre model and building on the COVID response work that evolved at McWhirters House. This further underpins the evidence that delivering Intermediate Care within the new custom-built facility will deliver better outcomes for people.

- 4.2.5. Communication is key to the programme and in particular within the vicinity of the site, this continues to be of a high priority with a further Newsletter being issued by the contractor to neighbours surrounding the site, including the school and church. This proactive approach has helped to alleviate any issues arising within the development.
- 4.2.6. As part of the programme Cruden Construction are looking to work with the HSCP to add value to the area by donating skills, resources and equipment to help important local community projects. Work is underway within the Hamilton Locality Group to identify a worthwhile project who would benefit from this offer.
- 4.2.7. In response to the COVID-19 Pandemic the HSCP has had to refocus its priorities and this has had an impact on Phase 2 of the programme. The strategic and operational focus has changed significantly, we know the demand for traditional care home services has further decreased and we now need to think about the whole system in the context of this changing landscape. There is a need for the Strategic Commissioning Group to review our existing commissioning assumptions and update the IJB's strategic plan taking into account the consequences of and future risks posed by COVID-19. A further paper will be brought forward to detail the emerging options.
- 4.3. Mental Health
- 4.3.1. Remobilisation and Recovery
In February 2021, the Scottish Government announced the provision of additional non-recurring funding of £20 million for Mental Health Recovery and Renewal allocated as a result of Barnett Covid-19 consequential funding.
- 4.3.2. The key priorities for allocation of this funding source are:
1. promoting and supporting the conditions for good mental health and wellbeing at population level;
 2. providing accessible signposting to help, advice and support;
 3. providing a rapid and easily accessible response to those in distress; and
 4. ensuring safe, effective treatment and care of people living with mental illness.
- 4.3.3. Initial discussions with North Lanarkshire HSCP colleagues will focus on the needs of South Lanarkshire residents in relation to these priorities and how South Lanarkshire HSCP can collaborate, influence and contribute to the service improvement and development that will be required to respond and achieve the key priorities within this additional funding
- 4.3.4. Improving Access to Mental Health Services and Supports – Action 15 Programme
The Primary Care Mental Health Liaison Nurse service provides people experiencing mild to moderate mental health problems of a short term nature within GP practices. Work is now underway for the service to expand into more GP practices across Lanarkshire and to develop the non-clinical aspect of the stepped/matched care Primary Care Mental Health and Wellbeing service model.

4.3.5. Mental Health in Primary Care

Recently a national Mental Health Primary Care (MHPC) Development Group was established by the Scottish Government and the group is working towards an options appraisal to discuss options for funding MHPC Teams to increase mental health capacity in primary care. Part of the additional Mental Health Funding announced in the Finance Secretary's budget update on 16 February 2021 will focus on supporting improvements in Primary Care. From a Lanarkshire perspective, we feel that this options appraisal process and accompanying additional funding resource will enable the development of robust enhanced pathways to and from Mental Health Services. By developing a MHPC Team we will bring together primary care mental health, community mental health and community based psychological therapy services within Lanarkshire.

4.3.6. Integration of Community Mental Teams in South Lanarkshire

The proposed Integrated Community Mental Health (CMH) Service model for South Lanarkshire HSCP will provide integrated locality based Mental Health and Addictions Services within South Lanarkshire HSCP by 2022.

4.3.7. The advent of COVID-19 delayed the initial Community Mental Health Service transfer date of April 2020. Recently it has been agreed that North HSCP Chief Officer will present a report to both North and South Lanarkshire IJBs supporting the proposed transfer of responsibility and accountability for South Lanarkshire Community Mental Health Services to South Lanarkshire HSCP.

4.3.8. Access to Unscheduled Care

Similar to Accident and Emergency services, we are changing the way that people with mental health needs engage with services when they do not have an appointment with a health care professional. Initial implementation of these changes in Lanarkshire began in December 2020. The aim is to make sure that people get to the most appropriate service as quickly as possible.

4.3.9. The main change will be that a person who would previously have arrived at ED, will instead phone NHS24 and talk to a CPN (Community Psychiatric Nurse) or Psychological Wellbeing Practitioner. If it is decided that a more detailed Mental Health Assessment will be needed, the caller is handed over to the flow centre. The flow centre is an assessment area only, with no follow up or treatment capacity. It will be staffed by senior clinical decision makers who will assess and determine the correct next step. This could include a routine referral to a CMHT, an urgent appointment with a CMHT, a crisis response or signposting/referral to local mental health supports. This change in mental health unscheduled care response is in the very early stages of development in Lanarkshire and is part of the Scottish Government intention that Mental Health Services broaden their approach to unscheduled care access and responding to distress. Aligned with this principle, the recent National Distress Brief Intervention (DBI) Programme progress report, highlighted the expansion and development of the DBI Programme which now offers NHS 24 staff the additional DBI pathway to person-centred support for people who contact them in distress and don't require a clinical response.

4.3.10. Mental Health Prevention and Early Intervention – Launch of Well-Connected App

'Well connected' is Lanarkshire's social prescribing programme that makes it easier for us to take part in and benefit from activities and services we know improve our wellbeing.

4.3.11. The Well Connected programme has been shown to help people by:

- ◆ improving self-confidence and self esteem
- ◆ reducing low mood
- ◆ reduce feelings of stress
- ◆ helping people deal with some of the problems that are causing low mood such as money worries, loneliness and unemployment
- ◆ helping people develop positive ways of coping with the challenges of life
- ◆ increasing opportunities for social contact
- ◆ learning new and useful skills
- ◆ improving community spirit
- ◆ increasing the number of people taking part in arts, leisure, education, volunteering, sports and other activities

4.3.12. The Well Connected App is free to download on the App Store, just search for Well Connected Lanarkshire.

4.4. Care at Home Service

4.4.1. Care at Home Services continue to operate as normal, delivering essential services to some of the most vulnerable service users in our communities. As expected, staff absence has increased sharply as a result of increased COVID transmission, staff self-isolating and general illness. This has limited capacity within the Service. However, absence has reduced slightly over the last four weeks and this is expected to decrease further when staff in shielding categories return to work after the 26 April 2021.

4.4.2. A Community Meals service was introduced on temporary basis to provide reliance during the Pandemic. This service enabled Care at Home resources to be directed to those in greatest need while ensuring individuals with lower level needs continued to receive support with meals.

4.4.3. The service was stood down on the 19 April 2021, coinciding with the easing of COVID-19 restrictions that will see Home Carers return to work and the staff supporting the service from South Lanarkshire Leisure and Culture Ltd and Housing and Technical Resources returning to their own roles as services are reinstated.

4.4.4. A successful pilot of the Total Mobile, electronic scheduling system has recently taken place within the Bothwell and Uddingston areas. Work is now underway to fully implement the system throughout Hamilton locality by the end of May 2021, with implementation then taking place within Rutherglen, Clydesdale then East Kilbride localities by the end of the year.

4.4.5. As part of the implementation of the scheduling system, Home Carers are being issued with new mobile devices. The roll-out of these new devices will also see Home Carers receiving access to organisational email and Microsoft Teams providing the service with significant improvements in the way it communicates with staff.

4.4.6. Vaccination roll-out is now well underway and uptake has been exceptionally high. Across Lanarkshire, over 5,400 internal and external Care at Home staff have now received their first dose vaccination and the programme of second dose vaccinations is at an advanced stage.

- 4.4.7. Weekly staff testing arrangements have recently been finalised and were implemented across the Care at Home sector on 08 February 2021. Staff uptake has been good and we have experienced minimal numbers of positive cases as a result of the testing.
- 4.4.8. Improvement activity within the Service is ongoing but capacity has fluctuated in parallel with the Pandemic waves and response activity. As noted in previous reports, the Care at Home Improvement Board is overseeing a number work streams that have responsibility for taking forward the redesign of the Service. The COVID response, improvement activity in Hamilton/Rutherglen and the work to implement the scheduling tool have been prioritised. It is hope that the COVID related demands on the Service will ease and allow the Service to be refocused on this programme. It is anticipated that a fuller report on this Review will be brought to the IJB in early autumn.
- 4.5. Adult and Older People Day Service Review
- 4.5.1. Findings and recommendations from the Review of Adult and Older People Day Services were reported to the IJB on 2 March 2021 and Social Work Resources Committee on 17 March 2021.
- 4.5.2. The review identified shared key principles across all stakeholders that should underpin service access, opportunities and redesigning of a modern, fit for purpose support service for adults and older people. These are,
- ◆ fairness and equity
 - ◆ access to service based on priority need
 - ◆ robust assessment, support planning and review
 - ◆ flexibility and choice
 - ◆ an enabling and asset-based approach
- 4.5.3. Whilst the review found that there was no optimal model for redesign, it evidenced that ending separation from the communities that people live in by moving away from segregated building bases was best practice. A three-level model of support is recommended and should include.
- ◆ individualised tailored support
 - ◆ a reablement focus
 - ◆ intensive support for those with the most complex needs
- 4.5.4. A commitment to involve stakeholders in both the review and redesign of Adult and Older People Day Services was made at the outset of the review. It is proposed that consultation on options arising from the review should be the next stage of review activity. This consultation will focus on:
- ◆ being fully compliant with the SDS legislation and strategic intentions
 - ◆ maintaining an element of access to a building base in each locality,
 - ◆ developing an individualised outreach model and
 - ◆ continuing to support those with complex needs to have access to specialist services where required
- 4.5.5. This redesign will deliver on all three elements of a best practice model.

- 4.5.6. Plans are in place to commence re-opening of Day Service buildings for adult and older people as part of the COVID recovery planning. Plans for re-opening will be in line with the Scottish Government's route map out of COVID and some building based services will be available from 17 May. Services will be limited in line with the general population guidance for safe contact with others and social distancing, the use of PPE and adherence to infection prevention and control measures will remain in place. Regular COVID Testing of Day Service employees is now in place which will add an additional layer of protection.
- 4.5.7. Initial re-opening will see one Day Service building opening in each locality and will actively use the live learning opportunities which this presents, to inform how to expand access to the Service safely.
- 4.5.8. The Outreach Service, which was developed in response to the COVID situation, will continue and will become a permanent feature of the redesign of Day Services.
- 4.6. SWiSplus Replacement
- 4.6.1. The HSCP is in the final stages of securing approval and the budget to replace the current Social Care Information System (SWiSplus). This proposal represents an excellent opportunity to transform practice and also re-direct more frontline staff time to working with service users and carers. The current system, whilst serving the Partnership well over a long period of time (1994 to present) does not now meet the business requirements of today and tomorrow. Agile working and the ability to undertake efficient case recording require the HSCP to have a system which will service this delivery model of the next 10 years and beyond. Once final sign off is secured, the project will start in earnest in June 2021 with an expected full implementation realised over the next 24-36 months. The focus of this project will not be restricted to replacing an IT system, it will and perhaps more importantly, seek to bring about a cultural shift in Social Care practice and also how individual service user information is used and aggregated to drive future commissioning priorities. A multi-disciplinary Project Team including a Project Manager, frontline practitioners, IT business support and finance expertise will be recruited to oversee implementation. Overall, this will be a £2.6m infrastructure investment for the HSCP.

5. Reporting timetable

- 5.1. As indicated above, the HSCP intends to bring forward a series of reports providing more detail on the outputs of the review and transformation activity and to seek approval from the IJB for further actions.
- ◆ This cycle: Care and Support
 - ◆ Future 2021 cycles:
 - Care at Home
 - Mental Health
 - Care Facilities
 - Equipment
 - Day Care
 - SWiSplus

6. Employee Implications

- 6.1. The employee implications associated with this report will be individual to each work stream. However, the work streams referred involve service redesign intended to reshape services and have associated workforce issues. The work streams will continue to be the subject of consultation with the trade unions.

7. Financial Implications

- 7.1. There are no direct financial implications associated with this report. The transformation and improvement work streams are intended to support the HSCP to deliver the IJB's Strategic Commissioning Plan within the available resources and in accordance with the Financial Plan.
- 7.2. There is a significant element of financial risk associated with the ongoing response and consequences of the COVID Pandemic. The Chief Finance Officer has identified costs to be set against the Mobilisation Plan for the Scottish Government. However, there remains a risk that COVID will impact adversely upon the financial position and consequently the transformation and improvement programme.

8. Climate Change, Sustainability and Environmental Implications

- 8.1. There are no implications for Climate Change in terms of the information contained in this report.
- 8.2. There are no implications for sustainability in terms of the information contained in this report.
- 8.3. There are no implications for the environment in terms of the information contained in this report.

9. Other Implications

- 9.1. At this moment the risk implications associated with this report are being monitored through a COVID-19 Risk Report.
- 9.2. There are no sustainable development issues associated with this report.
- 9.3. This work has strategic fit with other transformational change work streams currently being progressed, for example primary care transformation.

10. Equality Impact Assessment and Consultation Arrangements

- 10.1. A full equality impact assessment will be developed in conjunction with the future strategy for Residential Care Homes.
- 10.2. There has been significant consultation and engagement with stakeholders as outlined throughout the report. This will continue to be intrinsic to this programme of work.

Val de Souza
Director, Health and Social Care

22 April 2021

Link(s) to Council Values/Ambitions/Objectives

- ◆ Improve Later Life
- ◆ Deliver better Health and Social Care outcomes for all

Previous References

- ◆ Social Work Resources Committee of 20 January 2021

List of Background Papers

- ◆ none

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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