



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	28 October 2020
<b>Report Title</b>	Commissioned Day Services and Day Activities
<b>Report Number</b>	HSCP20.045
<b>Lead Officer</b>	Sandra MacLeod, Chief Officer
<b>Report Author Details</b>	Name: Anne McKenzie Job Title: Lead Commissioner Email Address: anne.mckenzie@nhs.net
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	Yes
<b>Appendices</b>	<i>Appendix 1: 'Commissioned Day Services and Day Activities - HSCP.20.018'</i> <i>Appendix 2: Summary of consultation</i> <i>Appendix 3: Direction</i> <i>Appendix 4 – Draft Implementation Plan</i>

### 1. Purpose of the Report

#### 1.1. The purpose of this report is:

- to inform the Board of the outcome of consultation on the approved model for the future delivery of Commissioned Day Care and Day Activity,
- to inform the Board of the intended means of implementing the model, including management of the transitional period between current and future model,
- to seek approval of funding for current providers during the transitional phase in order to provide market stability, and ensure that service users continue to be supported,



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- to assure the Board of processes to be put in place to support current providers throughout the transitional period,
- to seek final approval for the implementation of the approved model.

### 2. Recommendations

#### 2.1. It is recommended that the Integration Joint Board

- a) Notes the outcome of the consultation process, the proposed implementation plan with a transitional phase between current and future model, including arrangements made to support current providers through this transition,
- b) Approves the implementation of the future model for day care / day activity,
- c) Approves the funding for current providers during the transitional phase, and makes the direction as attached at appendix 3 and instructs the Chief Officer to issue a direction to ACC to procure the service provided by Livingwell Café until 31st March 2021.
- d) Instructs the Chief Officer to proceed with the implementation of the new model,

### 3. Summary of Key Information

On 11 August 2020 the IJB Members considered the report 'Commissioned Day Services and Day Activities - HSCP.20.018' as outlined in Appendix 1. The Board decided: -

- (i) to note the progress made with the review of day services and day activity, and the COVID impact,
- (ii) to acknowledges the strategic alignment of the future model for day care and day activity, building upon personal resilience and connecting people to their communities through early intervention and prevention,
- (iii) to approve the proposed model for the future delivery of day care and day activity highlighted in Appendix 1,



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- (iv) to direct the Chief Officer to proceed with the necessary redesign including consultation with service providers and service users of services affected by the change. This redesign will include consideration of technological solutions,
- (v) to approve the recommendation to advise current commissioned providers of day care not to mobilise their services until the redesign is complete and recommendations approved by the IJB,
- (vi) to note that the ACHSCP will continue to work with carers and cared for people in the redesign of these services,
- (vii) to make the direction as attached at appendix 2 and instructs the Chief Officer to issue a direction to ACC to procure the service provided by James Tyrrell day services; and
- (viii) to notes that final recommendations for future delivery will be made to the IJB in October 2020.

The following narrative describes the activity which has taken place between August 2020 and October 2020.

### **Planned Respite**

The level of carer stress and distress during COVID is perpetuated by the reduction in opportunities for respite. On the 11<sup>th</sup> August, members of the IJB agreed the recommendation to advise current day care providers not to mobilise their services until the redesign is complete. Part of the reason for this decision is founded upon the level of risk associated with the transmission of COVID 19, and our responsibility to ensure that we learn from other examples of social care delivery. There has, however, been continued efforts to ensure that provision of additional support has been made where the level of carer stress and distress is overwhelming for the individual. Provision has been made through some of our step up and surge capacity within residential and nursing accommodation, through additional care at home support and through the minimal provision of a buildings-based day care service. The buildings-based service has been planned and delivered in close consultation with colleagues from NHS Grampian Public Health team. The numbers of clients have been significantly reduced to ensure that any risk of transmission has been minimised.



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### **Outcome of Consultation**

- 3.1.** In accordance with the recommendation approved at the IJB meeting on 11 August 2020, the Chief Officer directed the Lead Commissioner to make plans for consultation on the approved future model for the provision of Day Care and Day Activity with current service providers and service users.
- 3.2.** The Lead Commissioner has adhered, throughout this process, to the ACHSCP strategic commissioning approach and has worked in partnership with current providers to co design the future model. However, specific consideration has been taken to ensure that current providers understand the potential implications of the new model on their business sustainability. A meeting took place between providers, Lead Commissioner, ACVO and Scottish Care on the 9<sup>th</sup> September to ascertain their understanding. The key themes that emerged from that meeting are as follows:
- Providers require information on future demand in order to flex their business model and meet the future demand.
  - There is an appetite for providers to work together through this period, to share experiences (past and present), to support one another and to consider future collaboration.
  - For some providers, the future model poses a significant challenge and they will need to seek funding from elsewhere. For these providers, they feel that their current service model has a place within the overarching design, but that in the absence of ongoing, secured funding from the Partnership there is a significant risk of failure to provide.

The presence of our third and independent sector interface providers at this meeting was invaluable and their offer and plans of support for current providers throughout this transitional phase are outlined in point 3.6.

At this meeting, the Lead Commissioner assured current providers of the plan to work through a transitional phase, and that approval would be sought from the IJB for continued funding throughout this period. Assurance would be required from providers that they continue to support clients during this time.



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Providers were asked to consult with their service users and gather their views on the means of implementing the model with returns due to the Lead Commissioner by the 18 September 2020

**3.3.** In addition to this consultation with service users, the following groups were also asked for their views on the means of implementing the model:

- Carer support services
- ACHSCP Locality Engagement Groups
- ACHSCP teams
- Other providers – third and independent sector

A summary of the key themes within this feedback are included in appendix 2.

Key themes which emerged included the following:

### **Plans for Implementation**

**3.4.** Based upon this feedback, the Lead Commissioner has worked with others on drafting an implementation plan for consideration. This draft plan is available in appendix 4 and has the following component parts:

- Commissioning of planned residential respite
- Market shaping, including the design and delivery of a market position statement
- Working with current providers to deliver opportunities for testing other short breaks which reflect an individual's choice
- Evaluation of the tests of change and the collation of examples for sharing

It is anticipated that these activities will be co designed with and informed by representatives from provider services and carers.

Organisational development and communication will underpin the implementation of the plan.

**3.5.** It is anticipated that there will be a phased implementation, with a transitional phase from the 1 November 2020 until the 1 April 2021. There are several reasons for adopting this approach which include:



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- Sufficient time for market shaping. It is apparent that there is an appetite within the market for responding to this change in delivery, however it is acknowledged that this will take time, and clear communication to the market in the form of a market position statement
- Clear messaging to the public about the means with which they are able to exercise choice and control through their direct payment
- Collating examples for sharing of potential options, as well as working with providers to further co produce and co design future options based on current understanding of need

**3.6.** We will adopt a Programme Management methodology during this transitional phase with key milestones to be achieved within this time period. There will also be a continued focus on ensuring that continued provision is made for people who require care and support.

There are some key enablers to support the implementation of this model and ease the journey through the transitional phase. These include the following:

- There is the potential to work with Healthcare Improvement Scotland and other partners throughout this transitional phase. A meeting took place between their representative and representatives from the ACHSCP leadership team on the 18<sup>th</sup> September 2020. This work links directly to conversations happening nationally regarding the future provision of day care, and further information can be found via the following link:  
<https://www.sharedcarescotland.org.uk/wp-content/uploads/2020/09/SCS-Promoting-Variety-2020-WEB.pdf>
- Our localities, both through our operational teams and their delivery of health and social care within a locality, including the stepped care approach, and also our strengthening locality engagement groups,
- Our relationships with current and future providers,



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- Our market facilitation plan and the development of a market position statement.

### **Plans for support for current providers**

#### **The James Tyrrell Centre**

Representatives from the James Tyrrell Centre have been working alongside us to design the revised model and have been supportive of the change. They have announced that with regret, they will stop providing services from 31<sup>st</sup> December 2020. The team who have been instrumental in the delivery of support to the members of the centre have asked that the IJB members are aware of this closure. They have asked that members understand that the Tyrrell Centre was not closed on a whim but with a very heavy heart. The pandemic only hastened the end, but they have confirmed that the church closure, which has been spoken about for the past 5 years, will now happen. They would like to assure members that once the merger of the three churches in the north of the city happens and a new building is in place, the centre will resume in a building that is fit for purpose.

Funding remains in place until the 31<sup>st</sup> December 2020 and the ACHSCP Health and Well-being team have been working closely with the James Tyrrell centre with the team there now feel better able to support members out with the centre itself and in a more organised way.

- 3.7.** As we have set out in the earlier points, current providers have had an opportunity to have a facilitated conversation between Lead Commissioner and our commissioned third and independent sector interface organisations.
- 3.8.** The outcome of the meeting was that our interface organisations will continue to support our current providers throughout this transitional phase, and, in particular, support them as they consider their future sustainability and business models. Offers of support included:
  - Facilitation of peer support,
  - Support to identify potential and alternative means of funding, and in the application process.



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The Lead Commissioner has confirmed their ongoing support to these organisations throughout the transitional period and the detail of that requirement will be provided by the third sector interface organisations.

In addition, and in line with recommendations within this paper, it is anticipated that there will be ongoing financial support to these organisations until the end of the transitional period. The rationale for this funding is to ensure that service users continue to receive the necessary support that they require and also to allow for tests of change associated with the new model.

### 4. Implications for IJB

- 4.1. **Equalities** - An equalities assessment had been completed prior to consultation and at that time there was no anticipated negative impact on equality or human rights with the redesign of this contract. This impact assessment will be reviewed following the current period of consultation. It is anticipated that the design of this contract focusses on an individual's personal outcomes and therefore we would anticipate that this will have a positive impact for the future. Contractual arrangements require providers to evidence their commitment to fair working practice.
- 4.2. **Fairer Scotland Duty** - Fundamental to the redesign is the requirement to respond to local need, and to ensure that all services are accessible to the local population.
- 4.3. **Financial** - The financial implications (extended funding arrangements) are associated with the continued funding for day care / day activity facilities for a period of time to allow for the redesign. The delivery of the approved model will be within the same level of funds that are available within the current model.
- 4.4. **Workforce** - The ACHSCP workforce will adopt multi-disciplinary case finding, identifying people at risk of losing their resilience and working with them to help them connect back into their community.





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**4.5. Legal** - There are no direct legal implications arising from the recommendations of this report. There will be legal implications for the ongoing contractual arrangements with providers during the transitional period.

**4.6. Other** - There are no other implications in relation to this report.

### 5. Links to ACHSCP Strategic Plan

The ambition of giving people the resilience to remain connected to their communities links directly to the key aims of the ACHSCP strategic plan.

### 6. Management of Risk


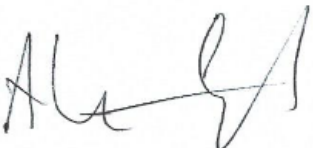
#### 6.1. Identified risks(s)

#### 6.2. Link to risks on strategic or operational risk register:

This option links directly to strategic risk 8 – localities.

#### 6.3. How might the content of this report impact or mitigate these risks:

This model offers the best opportunity to restore people’s connections within their locality. It also affords staff teams and locality empowerment groups the opportunity to work with wider partners and develop services according to local need.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)