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| Report To: | Inverclyde Integration Joint Board | Date: 24 August 2020 |
| Report By: | Louise Long Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP) | Report No: IJB/50/2020/AS |
| Contact Officer: | Allen Stevenson Head of Service Health and Community Care Inverclyde Health and Social Care Partnership (HSCP) | Contact No: 01475 715283 |
| Subject: | LEARNING DISABILITY SERVICES | |

1.0 PURPOSE

1.1 This briefing provides the Integration Joint Board with information on:

- The recovery plan to recommence centre based Learning Disability Day Services at the Fitzgerald Centre to service users by 11th August 2020 with an incremental increase of service users through a phased approach.
- Services will meet the requirement for social distancing, respiratory etiquette and the requirement for Personal Protective Equipment for staff and service users.
- The potential steps that will be required for an anticipated second wave of COVID19 infection that may require a stepping down of day services if recommended by Public Health Scotland.
- The estimated loss of income for out of area local authority placements and meal provision.
- The current status of Older People's Day Services, Hillend Day Service.

2.0 SUMMARY

2.1 During this period Learning Disability Day Services have regularly contacted service users and carers to ensure critical support including meal provision where appropriate has been maintained. Feedback from carers and services users during this difficult period has confirmed the importance of building-based Day services in the provision of support to service users with a learning disability and their carers as our community moves to a recovery phase post COVID. This is in line with feedback from our service users and carers consultation pre-COVID in terms of the importance of building-based services.

2.2 Day services have linked with Health & Safety on the services requirements for social distancing for service users and staff as well as taking the learning from Education's model of recovery in educational environments. This allows the proposal to re-engage day opportunity services in a phased recovery with sessions both morning and afternoon with deep cleaning taking place between sessions. An incremental approach will be taken at first to embed processes (including transport requirements and PPE) and support which can be quickly scaled up whilst meeting social distancing requirements.

2.3 Initially small groups of 3-6 service users with complex needs will be supported in morning and afternoon group sessions and numbers will be expanded incrementally

with an expectation of a capacity of 10 service users per session (20% capacity) due to 2m distancing regulations. The service will also notify the Care Inspectorate of the recovery of services and ensure that risk assessments are completed for all activities working in partnership with Trade Union colleagues.

- 2.4 As a result of the temporary cessation of learning disability day services, there has been a loss of income from out of area service user placements from other local authorities and meal provision. The estimated loss of income over this time period is £34,200 from an annual income of £79,350.
- 2.5 Based on the current shielding arrangements for older people, it is appropriate for the status of our older people day care services to remain closed at this time. As lockdown continues to ease it will be possible to review arrangements for day care services for older people to be reviewed at the end of July 2020.

3.0 RECOMMENDATIONS

The Integration Joint Board is asked to:

- 3.1 Note and approve the recovery plan to recommence centre-based Learning Disability Day Services at the Fitzgerald Centre for 20% of service users by 11th August 2020.
- 3.2 Note the incremental approach which will be taken at first to embed social distancing, respiratory hygiene processes and PPE (including transport requirements) to allow a recommencement of learning disability day services support.
- 3.3 Note the potential steps that will be required for an anticipated second wave of COVID19 infection that may require a stepping down of day services if recommended by Public Health Scotland.
- 3.4 Note the loss of income of £34,200 during the temporary closure to building-based service at the Fitzgerald Centre.
- 3.5 Note the status of older people's day care will be reviewed by the service at the end of July 2020.

Louise Long
Chief Officer
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 Learning Disability Day Services based at the Fitzgerald Centre ceased building-based support in mid March 2020 as it became apparent that a sustained community transmission of COVID19 was in progress and that day centres with physically vulnerable adults could be a potential source of community transmission.
- 4.2 The future level of reoccurrence of the COVID19 pandemic in Scotland and the community of Inverclyde will be hard to predict, but available evidence indicates that local flare-ups are increasingly likely and a second wave a real risk. Building-based Learning Disability Day Services may be required to step back services if a sustained second wave of community transmission occurs. Services will revert to the previous standing operating procedure implemented at the time of the first wave of COVID19.
- 4.3 Income generated for service user placements from other local authorities for placement, transport meals and support in 2019-20 was £79,350.
- 4.4 The arrangements for older people day care services will be reviewed at the end of July 2020 given the current advice in relation to the ongoing shielding of older people across Scotland. It is anticipated decisions in relation to older people day care will be reviewed at the end of July 2020.

5.0 IMPLICATIONS

FINANCE

5.1 Financial Implications:

| Cost Centre | Budget Heading | Budget Years | Proposed Spend this Report £000 | Virement From | Other Comments |
|-------------|----------------|--------------|---------------------------------|---------------|----------------|
| | | 20/21 | 34 | | Loss of income |

Annually Recurring Costs/ (Savings)

| Cost Centre | Budget Heading | With Effect from | Annual Net Impact £000 | Virement From (If Applicable) | Other Comments |
|-------------|----------------|------------------|------------------------|-------------------------------|----------------|
| | | | | | |

LEGAL

5.2 None

5.3 HUMAN RESOURCES

There are no human resources issues within this report.

5.4 EQUALITIES

There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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|---|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| | YES (see attached appendix) |
| √ | NO – An Equality Impact Assessment will be undertaken with service users, carers and other stakeholders as full details of the future redesign emerges. |

5.4.1 How does this report address our Equality Outcomes?

| Equalities Outcome | Implications |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| People, including individuals from the above protected characteristic groups, can access HSCP services. | Improve Access |
| Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated. | Improve Access |
| People with protected characteristics feel safe within their communities. | Improve Access |
| People with protected characteristics feel included in the planning and developing of services. | None |
| HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do. | None |
| Opportunities to support Learning Disability service users experiencing gender based violence are maximised. | Services within own community |
| Positive attitudes towards the resettled refugee community in Inverclyde are promoted. | None |

5.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no clinical or care governance implications arising from this report.

5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

| National Wellbeing Outcome | Implications |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| People are able to look after and improve their own health and wellbeing and live in good health for longer. | Improve Access |
| People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community | Improve Access |
| People who use health and social care services have positive experiences of those services, and have their dignity respected. | Improve Access |
| Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. | Improved Health |
| Health and social care services contribute to reducing health inequalities. | Improved Health |
| People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing. | Improved Health |
| People using health and social care services are safe from harm. | None |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. | None |
| Resources are used effectively in the provision of health and social care services. | Improved use of Resources |

6.0 DIRECTIONS

6.1

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|------------------------------------------------------------|--------------------------------------|----------|
| Direction Required to Council, Health Board or Both | Direction to: | |
| | 1 No Direction Required | x |
| | 2 Inverclyde Council | |
| | 3 NHS Greater Glasgow & Clyde (GG&C) | |
| | 4 Inverclyde Council and NHS GG&C | |
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7.0 CONSULTATION

7.1 None

8.0 LIST OF BACKGROUND PAPERS

8.1 None