

**Short Life Working Group – Meeting Schedule**

2020	Mon	Tue	Wed	Thu	Fri
W/C 04 May		SLWG No readout			
W/C 11 May		SLWG No readout			
W/C 18 May		WS2	WS1		
W/C 25 <sup>th</sup> May		WS2		WS1	
W/C 01 June		WS2		WS1	
W/C 08 June	SLWG	WS2		cancelled	
W/C 15 June		WS2		WS1	
W/C 22 June	SLWG	WS2		WS1	
W/C 29 June		WS2 No readout			WS1
W/C 06 July	SLWG	WS2			WS1
W/C 13 July		WS2			WS1
W/C 20 July	SLWG				
W/C 27 July		WS2			WS1
W/C 03 Aug	SLWG	WS2			cancelled
W/C 10 Aug		WS2			WS1
W/C 17 Aug	SLWG	WS2			WS1
W/C 24 Aug		WS2			
W/C 31 Aug	SLWG			WS1	
W/C 07 Sept		WS2			WS1
W/C 14 Sept	SLWG				
W/C 21 Sept		WS2			
W/C 28 Sept	SLWG	WS2			
W/C 05 Oct					WS1

W/C 12 Oct	SLWG	WS2			Cancelled
W/C 19 Oct		WS2			
W/C 26 Oct	cancelled	WS2			
W/C 02 Nov					
W/C 09 Nov		WS2			

**Action Note – meeting date 19 May 2020****1. In attendance :**

Gillian Barclay SG  
 [redacted - SG Official] SG  
 [redacted - SG Official] SG  
 [redacted - SG Official] SG  
 Dr Anne Macdonald University of Glasgow  
 Charlie MacMillan SCLD  
 Andy Kerr Piper Group  
 Austen Smyth Richmond Fellowship  
 Dr Ron Culley Quarries  
 [redacted] Parent/Carer  
 Dr Eleanor Brewster RCPsych  
 [redacted - NHS Official] GGC HSCP  
 [redacted - NHS Official] GGC HSCP  
 [redacted - LA Official] Moray HSCP  
 [redacted - NHS Official] NHS Grampian

**Apologies**

[redacted - COSLA Official] SG  
 [redacted - SG Official] SG

**1.1 Discussion****Introduction to Workstream 2**

Gillian provided an overview of the work the group will undertake in the coming weeks and months in line with the Terms of Reference issued. Gillian then invited the members of the group to introduce themselves and provide some background information to current and previous roles in the field of mental health and learning disability.

**Actions for next meeting:**

- Review the recommendations from the Mental Health legislation
- Introduction of the new Human Rights Assessment
- [redacted - NHS Official] and [redacted - NHS Official] to give a presentation to the group on “ Bridging the Gap”
- [redacted - SG Official] to give a presentation on “Delayed discharge data and improvements during Covid”

**Next meeting: 26 May 202, 15.30 – 16.30 by MS Teams**

**Action Note - meeting date 20 May 2020****2. In attendance:**

[redacted - COSLA official]	COSLA
[redacted - COSLA Official]	COSLA
[redacted - COSLA Official]	COSLA
[redacted - SG Official]	SG
[redacted - SG Official]	SG
[redacted - SG Official]	SG
[redacted - SG Official]	SG

**Apologies:**

[redacted - SG Official]	SG
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**2.1 Discussion:****Introduction to Workstream 1**

[redacted - COSLA Official] provided an overview of the group and details of the subject matter and detailed the work the group will be tasked with going forward.

[redacted - COSLA Official] also provide some clarity around the involvement of members within the group and opened up a question to the floor, “would additional members with experience and knowledge in this field be beneficial to the group and should we widen our net”?

**Actions for next meeting:**

- To invite a wider membership to the group to enable productive discussion
- Review the content of the Independent Living Fund (ILF) paper
- Review the “ Coming Home Report” for further action
- Review the costing data from [redacted - SG Official]

**Next meeting: 28 May 2020, 16.00 – 17.00 by MS Teams**

## Action Note – meeting date 26 May 2020

## 3. In attendance :

Gillian Barclay SG  
 [redacted - SG Official] SG  
 [redacted - SG Official] SG  
 [redacted - SG Official] SG  
 [redacted - COSLA Official] Cosla  
 Dr Anne Macdonald University of Glasgow  
 Charlie MacMillan SCLD  
 Andy Kerr Piper Group  
 Austen Smyth Richmond Fellowship  
 Dr Ron Culley Quarries  
 [redacted] Parent/Carer  
 Dr Eleanor Brewster RCPsych  
 [redacted - NHS Official] GGC HSCP  
 [redacted - NHS Official] GGC HSCP  
 [redacted - LA Official] Moray HSCP

**Apologies**

[redacted - NHS Official] NHS Grampian  
 [redacted - SG Official] SG

**Discussion**

Warm Welcome and introduction of members of the group.

The “Bridging the Gap” presentation was presented by [redacted - NHS Official] and [redacted - NHS Official], it was followed by a discussion on the presentation from the group.

**Actions for next meeting:**

[redacted - SG Official] to give a presentation to the group on “Delayed discharge data and progress during Covid” and an overview on the assigned codes to delayed discharge.

**Next meeting: 2 June 2020, 15.30 – 16.30 by MS Teams**

## Action Note - meeting date 28 May 2020

## 4. In attendance:

[redacted - COSLA Official]		COSLA
[redacted - COSLA Official]		COSLA
[redacted - SG Official]		SG
[redacted - SG Official]		SG
[redacted - SG Official]	SG	
[redacted - SG Official]	SG	
[redacted - SG Official]		SG
[redacted - Scotland Excel Official]		Scotland Excel

## Apologies:

[redacted - COSLA official]		COSLA
[redacted - SG Official]	SG	

## Discussion:

[redacted - COSLA Official] welcomed [redacted - Scotland Excel Official] to the group, [redacted - Scotland Excel Official] then provided some background information to her current and previous roles. [redacted - COSLA Official] confirmed that [redacted - COSLA official] has stepped down from the group due other commitments, [redacted - COSLA Official] will be chair of the group and [redacted - SG Official] will now be co-chair. [redacted - COSLA Official] supplied an update of the Terms of Reference. The group discussed the Coming Home Report and noted that the report was valuable, but it would be helpful to understand what had happened since its publication.

[redacted - SG Official] and [redacted - SG Official] provided an overview of the 'national top up scheme' and the group discussed its application for this cohort of people. It was agreed that some of the principles were useful but that the application of a national top up scheme was not appropriate.

There was a discussion about the potential additional cost of support, and it was noted that the cost of DD was significant therefore if strategic commissioning approach was taken where money follows the person into the community there may not be additional cost other than bridging costs. The data from [redacted - SG Official] will provide more information on this.

## Actions for next meeting:

- [redacted - COSLA Official] and [redacted - SG Official] to discuss with Gillian Barclay how to link the two workstreams, progress since coming home report and potential to look at bringing 2 groups together to hear from areas who have implemented new models.
- [redacted - COSLA Official] to update TOR to clarify work is to look at Delayed Discharge and out of areas placements.
- [redacted - SG Official] to give a presentation to the group on "Delayed discharge data and progress during Covid"

- [redacted - SG Official] to provide update on 'costing' from ISD

**Next meeting: 4 June 2020, 16.00 – 17.00 by MS Teams**

## Action Note – meeting date 2 June 2020

**5. In attendance :**

Gillian Barclay	SG	
[redacted - SG Official]		SG
[redacted - SG Official]	SG	
[redacted - SG Official]		SG
[redacted - SG Official]		SG
Dr Anne Macdonald	University of Glasgow	
Charlie MacMillan	SCLD	
Andy Kerr	Piper Group	
Austen Smyth	Richmond Fellowship	
Dr Ron Culley	Quarriers	
[redacted]	Parent/Carer	
Dr Eleanor Brewster	RCPsych	
[redacted - NHS Official]		GGC HSCP
[redacted - NHS Official]		GGC HSCP
[redacted - LA Official]		Moray HSCP
[redacted - NHS Official]		NHS Grampian
[redacted - COSLA Official]		CoSLA

**Discussion :**

Warm welcome and introduction to members of the group.

The “ delayed discharge data and progress during Covid” paper presented by [redacted - SG Official], was followed by a discussion from the group. One area discussed was the HBCCC / long-stay patient census and [redacted - SG Official] provided the link to the survey:

<https://www.gov.scot/publications/inpatient-census-2019-hospital-based-complex-clinical-care-long-stay/>

A key area for future discussion centered on a systemic approach and the requirement for a sustainable pathway with milestones to be mapped out with a consistent collaborative approach adopted throughout the process.

Gillian noted that it would be beneficial to receive an update at a future meeting about mental health patients currently in hospital settings who are identified as suitable for discharge.

[redacted - LA Official] offered to give a presentation on the Woodview House Specialist Care Home, sharing best practice on how they project managed the discharge of very complex patients.

[redacted] and Charlie MacMillan will present a presentation on a “parent led solution approach” at a future meeting.



Austen Smyth, Ron Culley and Andy Kerr will share some examples of good practice as well as examples of failed practices.

[redacted] noted that the group may benefit from having a representative with a housing background be invited to join the group. Gillian to consider this request.

**Actions for next meeting:**

Dr Anne Macdonald to give a presentation to the group on the “ Coming Home Report ”

**Next meeting: 09 June 2020, 15.30 – 16.30 by MS Teams**

**Action Note - meeting date 04 June 2020****6. In attendance:**

[redacted - COSLA Official]		COSLA
[redacted - COSLA Official]		COSLA
[redacted - SG Official]		SG
[redacted - SG Official]		SG
[redacted - SG Official]	SG	
[redacted - SG Official]		SG
Gillian Barclay	SG	
[redacted - SG Official]	SG	

**Apologies:**

[redacted - SG Official]	SG
[redacted - SG Official]	SG
[redacted - Scotland Excel Official]	Scotland Excel

**Discussion:**

Warm welcome and introduction to members of the group.

[redacted - COSLA Official] welcomed Gillian Barclay meeting and [redacted - SG Official] to the group, [redacted - SG Official] then provided some background information to her current and previous roles. [redacted - COSLA Official] supplied an update of the Terms of Reference, followed by an overview of last week's actions.

The “ delayed discharge data and progress made during Covid - 19” paper presented by [redacted - SG Official], followed by a discussion from the group.

The delayed discharge costing, 2019-20 from PHS was presented by [redacted - SG Official] which was followed by a discussion from the group.

There was a discussion about the potential of receiving data covering a financial costing on an individual level to give an indication of numbers. [redacted - SG Official] will provide more information on this at future meetings.

**Actions for next meeting:**

- Gillian to share recordings of all presentations given at Workstream 2 meetings.
- [redacted - SG Official] will follow up data request for drilled down information
- [redacted - SG Official] to share financial data from coming home report
- [redacted - COSLA Official] to draft updates for SLWG on 08<sup>th</sup> June

**Next meeting: 11 June 2020, 16.00 – 17.00 by MS Teams**

**Action Note – meeting date 8 June 2020****7. In attendance:**

Jane O'Donnell COSLA (chair)

[redacted - SG Official] SG

Gillian Barclay SG

[redacted - SG Official] SG

[redacted - COSLA Official] COSLA

[redacted - NHS Official] Social Work Scotland

Cleland Sneddon Solace

**Apologies :**

[redacted - SG Official] SG

Hugh McAloon SG

[redacted - LA Official] Social Work Scotland

Julie Murray CO East Renfrewshire & member of IJB CO Network group

**Discussion :**

Jane O'Donnell welcomed all group members to the SWLG meeting.

Discussion primarily focused on the progress to date of the 2 work streams:

Work stream 1 – Revenue Funding: [redacted - COSLA Official] provided a review of the work undertaken to date by work stream 1, which included a discussion on why the group felt the ILF national top up scheme was not appropriate at this time for the cohort of people being considered by work stream (appendix 2) and further work required to scope out future capital funding. [redacted - COSLA Official] will update her paper on top up scheme with further information on principle of cost sharing.

[redacted - COSLA Official] advised costing data had been requested and was being considered by the group.

[redacted - COSLA Official] also confirmed there will be future fortnightly meetings between the two work streams of the SLWG which will look at the recommendations of both groups and share best practice.

Work stream 2 – Gillian Barclay updated the members on the content of previous meetings for work stream 2, introducing all team members and the presentations that have taken place to date, followed by the presentations that will be taking place at future meetings. The recordings of future meetings will be recorded and shared with work stream 1, ensuring a consistent and collaborative approach is taken.

There was a short discussion of the delayed discharge codes 9 and 100 and whether a review of the delayed discharge codes is needed. Further updates on this approach will be shared with the SLWG.

Jane closed the meeting noting that good progress had taken place by both work streams.

**Actions for next meeting:**

[redacted - LA Official] requested assistance from the 3 work stream chairs with regards to the wording of the report to be shared with Councilor Currie and the Cabinet Secretary.

[redacted - COSLA Official] to update paper on top up scheme and share with the SLWG members.

**Next meeting: 22 June 2020, 14.00 – 15.00 by MS Teams**

## Action Note – meeting date 9 June 2020

**8. In attendance :**

Gillian Barclay	SG
[redacted - SG Official]	SG
[redacted - SG Official]	SG
[redacted - SG Official]	SG
Dr Anne Macdonald	University of Glasgow
Andy Kerr	Piper Group
Austen Smyth	Richmond Fellowship
Dr Ron Culley	Quarriers
[redacted]	Parent/Carer
Dr Eleanor Brewster	RCpsych
[redacted - NHS Official]	NHS GGC
[redacted - NHS Official]	NHS GGC
[redacted - LA Official]	Moray HSCP
[redacted - NHS Official]	NHS Grampian
[redacted - COSLA Official]	CoSLA
[redacted - SG Official]	SG

**Apologies :** [redacted - SG Official] SG  
 Charlie MacMillan SCLD

**Discussion**

Warm welcome and introduction to members of the group.

Gillian provided an overview of last week's action note, a request has been put into mental health for a representative to give an update at a future meeting about mental health patients currently in hospital settings who are identified as suitable for discharge.

Gillian confirmed the presentations that will be taking place at future meetings, then provided an update on the Short Life Working Group ( SLWG) meeting that took place 8 June. The initial findings of both Workstreams were discussed. Gillian highlighted that Workstream one had already concluded that it did not intend to take forward the "top up" funding proposal.

The " Coming Home Report" paper presented by Anne MacDonald, was followed by a discussion from the group. Questions were then opened up to the floor on the presentation.

An extensive discussion took place on the approach that should be adopted throughout the process, and concluded with the suggestion that Gillian would prepare a summary paper on the barriers and potential solutions in advance of the next meeting.

**Actions for next meeting:**

[redacted] and Charlie MacMillan will present a presentation on a “Systemic approaches to family-led solutions”.

Gillian requested for the group to take time to read the updated terms of reference, and invited the group to share comments at next week’s meeting.

Gillian would share a draft summary report on the barriers and potential solutions discussed in Anne’s report and include items raised in previous meetings.

Anne MacDonald to share the “ Coming Home Report” paper with Workstream 1.

**Next meeting: 16 June 2020, 15.30 – 16.30 by MS Teams**

## Action Note – meeting date 16 June 2020

**9. In attendance:**

Gillian Barclay	SG
[redacted - SG Official]	SG
[redacted - SG Official]	SG
[redacted - SG Official]	SG
Dr Anne MacDonald	University of Glasgow
Charlie MacMillan	SCLD
Andy Kerr	Piper Group
Austen Smyth	Richmond Fellowship
Dr Ron Culley	Quarriers
[redacted]	Parent/Carer
Dr Eleanor Brewster	RCpsych
[redacted - NHS Official]	NHS GGC
[redacted - LA Official]	Moray HSCP
[redacted - NHS Official]	NHS Grampian
[redacted - COSLA Official]	CoSLA

**Apologies:**

[redacted - SG Official]	SG
[redacted - NHS Official]	NHS GGC

**Discussion:**

Warm welcome and introduction to members of the group.

Gillian invited comments on action note from last week and the updated ToR. There was a one remark regarding the governance and incentives to support milestones within the ToR. They could not be elaborated on due to time scale; Gillian invited [redacted - COSLA Official] to discuss his reflections with her a later date. Anne MacDonald confirmed the sharing the cost sharing element of the “Coming home Report” with Workstream 1.

The “Systemic approaches to family-led solutions” paper presented by [redacted] and Charlie MacMillan, was followed by a discussion from the group. One area discussed was the Appletree Community, its current position, vision, and support received. The discussion drew out some of the key issues in relation to planning consents, transitions planning in terms of staff recruitment, who would accept new residents and how the community would be supported by care providers. Many of these issues will be drawn into the interim report as it develops.

[redacted] then shared an insight to her child, [redacted], and their current situation.

Gillian invited the group to share their thoughts with her directly regarding past discussions and presentations. This would assist with assembling an interim report which Gillian will share with the SLWG group.

Gillian shared with the group that [redacted - ALACHO official] from ALACHO, representative from local housing authorities will join the group as from 23 June.

[redacted - SG Official] will share the recording of the meeting with Workstream 1.

**Actions for next meeting:**

Austen Smyth, Ron Culley and Andy Kerr will share some examples of good practice as well as examples of failed practices.

**Next meeting: 23 June 2020, 15.30 – 16.30 by MS Teams**



Action Note - meeting date 18 June 2020

#### 10. In attendance:

[redacted - COSLA Official]	COSLA
[redacted - COSLA Official]	COSLA
[redacted - SG Official]	SG
[redacted - SG Official]	SG
[redacted - SG Official]	SG
Gillian Barclay	SG
[redacted - SG Official]	SG
Dr Anne MacDonald	University of Glasgow
[redacted - SG Official]	SG
[redacted - SG Official]	SG
[redacted - Scotland Excel Official]	Scotland Excel

#### Apologies:

[redacted - SG Official]	SG
[redacted - SG Official]	SG

#### Discussion:

[redacted - COSLA Official] welcomed Dr Anne McDonald to the meeting and [redacted - SG Official] to the group, [redacted - SG Official] is taking over as secretariat of the group from [redacted - SG Official]. The Group noted their thanks to [redacted - SG Official] for her support. [redacted - COSLA Official] supplied an overview of last week's actions and the meeting with Short Life Working Group ( SLWG ) that took place 8 June 2020, at present waiting for feedback from the SLWG group regarding latest meeting with Cabinet Secretary and Councillor Currie.

The "Coming Home Report" was presented by Dr Anne MacDonald followed by a discussion from the group. Points noted include;

- Assessment and treatment beds – it would be good to try to determine how many beds were required.
- Important links with housing
- Importance of bridging finance
- Further analysis required to show HSCPs of potential longer term cost saving.

The Complex Cases Data, 2019-20 supplied by PHS was presented by [redacted - SG Official] which was followed by a discussion from the group.

#### Actions for next meeting:

- [redacted - SG Official] to confirm with Gillian Barclay, members of the group could attend Workstream 2 meeting 23 June to listen to the presentation given by Austen

Smyth, Ron Culley and Andy Kerr who will share some examples of good practice as well as examples of failed practices.

- [redacted - SG Official] will follow up with ISD to request further data to show change in placements and will have data from Partnerships
- [redacted - SG Official] to provide information from the follow up work to the Coming Home Report.
- [redacted - SG Official] to provide overview of core and cluster models – [redacted - COSLA Official] and [redacted - SG Official] to follow up with Gillian in relation to bringing groups together to hear presentations from these areas.
- [redacted - SG Official] to speak with [redacted - SG Official] to see if information can be provided on capital funding cost sharing that has been used in housing.

**Next meeting: 25 June 2020, 16.00 – 17.00 by MS Teams**

**Action Note – meeting date 22 June 2020****11. In attendance:**

[redacted - SG Official] SG (Chair)

Gillian Barclay SG

[redacted - SG Official] SG

[redacted - COSLA Official] COSLA

Cleland Sneddon Solace

Hugh McAloon SG

Julie Murray CO East Renfrewshire & member of IJB CO Network group

[redacted - LA Official] Social Work Scotland

[redacted - SG Official] SG

**Apologies :**

[redacted - SG Official] SG

Jane O'Donnell COSLA (Chair)

**Agenda**

- Welcome and introductions
- Progress report from Workstream 1.
- Progress report from Workstream 2
- Agreed points to report to next Cab Sec/Cllr Currie meeting

**Discussion :**

The Chair of Workstream 1 [redacted - COSLA Official], provided a progress report to the group. The area of business covered the following points –

- Presentation of Coming Home Report
- Further discussion on cost data from Health and Social Care Partnerships and ISD
- Further analysis of data needs further work to provide in depth information of the cost of delays. Information has also been requested from HSCP on cost of out of areas placements.
  - An analysis of this will be provided to a future SLWG however early key findings are;

- The cost of delays in excess of 1 year was £8.4m in 2019/20.
- Out of area placements in 2019/20 cost £37.5m for people placed in other Local Authorities, (median £86k per placement), £7m for people placed in other areas of UK (median £140k per placement)
- Further analysis and report on cost data
- Discussion with housing on capital revenue
- Shared work with workstream 2 to look at good practice examples from local areas.
- Not a lot of discussion to date around Capital Funding

#### Questions asked –

- £8.4 million was the cost of delays for individuals? Can a breakdown be provided in terms of learning disability and mental health? [redacted - SG Official] to provide a full report
- £37.5 million was placed in local authorities substantially in Scotland, requires further analysis. Was this in hospital or South of the border? Need more insight into South of the border, only spend time in this area if this leads to the above.
- Partners for inclusion are non-recurrent startup costs and it is assumed costs will go down, this is a sophisticated financial framework
- Of the £7 million, English Providers having communication difficulties with the local authority to repatriate individuals. Local authorities seem to be unaware they are paying for someone down South of the border.
- Questioned whether the figure stated for individuals placed South of the border is correct,?
- A community based service model is applied. The assumption is that this would be about care costs and not housing benefits but this depends on the registration.

#### The Chair of Workstream 2, Gillian Barclay, provided a progress report to the group. The area of business covered the following points –

- Terms of Reference – agreed but one item to be amended
- Presentation from Anne MacDonald on Coming Home report
- Presentation from SCLD and Parent on Parent-Led solutions – due to a large payment, parents bought a large property which can accommodate 5 residents. At present this remains closed. Council have created a barrier that only Perth/Kinross residents can be accepted.
- Addition of Housing Representative to group – tease out housing versus care home. Two areas of concise are to have a register to record needs of complex care and define complex care.
- Interim Report is substantially edited – expected to evolve and happy to change the wording, it is a living document and will change from week to week. Will try to qualify statements or reference – this is a summary of the issues uncovered and some potential options without further exploration of viability or consensus
- Start planning for long term care of people with complex care from age 14/15 at transition from education services into adult care services. Planning should even begin earlier than this.

- Review of coding. There is a lack of motivation and stimulus to discharge patients who are coded in certain categories such as the “X” and 100 codes
- Examine examples of excellent service development with providers joint presentation 23 June
- Examining the similarities and differences with LD potential solutions and complex and enduring mental health client group to ensure group is covering both populations

#### Questions asked –

- An updated in-depth analysis of financial data from workstream 1
- Have we gathered evidence from elsewhere? There are several clinicians participating in the Workstream 2 group, Anne MacDonald’s report includes extensive research and publications such as the Lancet are reviewed.
- Are we learning from good experience in England? SCLD work closely with the UK Government and Gillian keeps regular contact with her counterpart in England.
- Could an official from the UK government be invited to one of the meetings?
- Need to reference the fact that the Coming Home report has good examples.
- Discussion around including social work Scotland but noted that [redacted - LA Official] from Moray on the group but welcome to have other representatives.
- Need to ensure rural and islands are represented. A member of the group brings lived experience. Recently seen 2 young people repatriated to Harris and Lewis islands.

#### AOB

- Feedback from previous meeting with Councilor Currie – the terms of membership in workstream 2, looking at provision and what could be available. To ensure the membership wasn’t made up of SG/COSLA officials and wide body of experienced, expert, knowledge professionals included. To help develop leadership.

#### Actions for next meeting:

- Councilor Currie meeting is next week –
- Week beginning 13 July for interim report will be required and the final report submitted in August.
- Barrier in commissioning process – workstream 1 to look and explore options
- Anne MacDonald’s report alluded to competitive tendering but haven’t discussed this topic.
- Perth/Kinross tenancy – how does self-directed support play into this or any scenario being considered?
- Different interpretations about the phrase “whole system approach” – explanation of who are the stakeholders and players in a ‘whole system approach’
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**Next meeting: 6 July 2020, 13.00 – 14.00 by MS Teams**

Action Note – meeting date 23 June 2020

## 12. In attendance:

Gillian Barclay	SG	
[redacted - SG Official]		SG
[redacted - SG Official]		SG
[redacted - SG Official]		SG
Dr Anne MacDonald	University of Glasgow	
Charlie MacMillan	SCLD	
Andy Kerr	Piper Group	
Austen Smyth	Richmond Fellowship	
Dr Ron Culley	Quarriers	
Dr Eleanor Brewster	RCpsych	
[redacted - NHS Official]		NHS GGC
[redacted - NHS Official]		NHS Grampian
[redacted - SG Official]		SG
[redacted - NHS Official]	NHS GGC	
[redacted - SG Official]	SG	
[redacted - COSLA Official]		COSLA
[redacted - ALACHO official]		Alacho
[redacted - SG Official]	SG	

## Apologies:

[redacted - COSLA Official]		COSLA
[redacted]	Parent/Carer	

## Discussion:

Presentation provided by Austen Symth, Ron Culley and Andy Kerr sharing example of good practices and failed practices. The presentation entailed a providers viewpoint, worked examples, challenges, work towards compatibility around financial risks, the learning process, what are the requirements to make this work and the potential journey forward demonstrated by a “flow” diagram.

## Main points are

- to gather information helps build a picture
- Leadership and culture need - effective support arrangements. If you get this wrong, can result in a knock on impact for the wider organisation
- Relationship with partnerships on a day to day level. A recognition and value that support people

- Sustainability – financial risk sharing but this is endured by the provider. If there is 5 people in the group the risk is low but if number in the group drops to 4 or 3 people, more risk is involved.
- Commissioning at short notice can lead to a crisis type response leading to compromises in housing and other associated factors
- Relationship between housing and neighbours. This has a roll on effect causing stress

## Questions

- Anne MacDonald has a provider background.
- The role of commissioners is to get their own strategic plan together.
- Some focused discussion around focus care and crisis management which are not the same. Working in a crisis the circumstances are not available. A crisis service would operate as a crisis service.
- A general sense around providers in an integrated service. Providers feel they are not in integrated services – what do we start or stop?
- In a crisis everyone works with you and money given. Why do we allow this to happen? How is that around the piece?
- Integrated teams are highly variable and build teams around people we support. Is this effective? Need to work on integrated community teams.
- What is the root cause of the crisis? Unpack it, circumstances built. Staff want to know who will support them through a difficult time. Having a management system makes the difference.
- Create a joint team that works through the crisis and support staff. Edinburgh Hospital are an example of this. Establishment of the specialist team. Cornerstone is about continuity and being supported. There was a psychiatrist attached to the hospital teams. There are models of this still available around the country. Have to plan and fund, difficult to come out of the ordinary run of the mill. Need to address crisis with teams and the wider remit. An example would be an issue with medication and need someone to come out. What is missing is people with that practical experience. Social Work Scotland need to be included in the group.
- A bit of repeating – build a large team to support this, backed by people who know what they are doing and the tools to implement is a path to success.
- Leadership and planning. Must be replicated inside and outside the organisation.
- The requirements slide is a strong shopping list. World around GIRFEC. Role of commissioning is a crisis lead response instead of a planned response. Guidance is unclear and need to unpick what the commissioners role is
- Work in a big organisation with 6 partnerships and in the middle of all this. There is variance across the providers, how can that be shared across the piece?
- Commercial/competitive element – doesn't produce the best outcomes. Values of the third sector collaboration and partnerships, commissioning models drive different procedures. This takes us in the opposite direction. Need a programme

of good providers, quality gate, sustainable service, geography and experience compatibility The daft procurement method/stuff.

- Astute issue raised – how do people know what they are doing? – through experience or baptism of fire. How do we build capacity, build leadership training and there is a university course available that is practice based.
- A group of individuals who care, confident and can build a team. Parallel lines but could be done more creatively
- The Scotland excel spreadsheet set up competitive procurement system. Peoples health needs change – older populations – drives the need for an emergency change, the environment doesn't allow them to.
- Glasgow developed a site for individuals under 60 with dementia. Adapted to how that was inspected but not person centred. Organisations represented around the table to share experiences. Have successes if we work together – people need the building and skills. Recognizing key skills and building on this.
- The drafted interim report is an ongoing record of issues
- Purple tiled diagram in the presentation – more work could be done around this and included in the interim report.
- SCLD – English housing – Keen to look at those in the next meeting. [redacted - ALACHO official] to provide views and brief.
- Not the remit of the group but the cost of the models
- Housing route explore further more insight helpful
- South of Border review what is happening – shift on transforming care from the UK Government – presentation – Gillian
- A lot of experience on housing benefit – Austen
- TORS – is there a collective view. Any comments please respond to [redacted - SG Official]
- Financial sustainability make sure we pick this up during reflections
- [redacted - COSLA Official]'s reflection – cross cutting areas, with workstream 1 flagged up. Housing, commission/procurement sits between both work streams. Some areas of work mentioned, commission/procurement under social care. Trying to remember the model but could provide, this would be helpful learning but will report back.
- Gillian – looking at cost data provided by ISD. Huge cross over between the 2 groups. [redacted - COSLA Official] maybe to sit on this group. Helpful to share outputs.
- Ask Social work Scotland if a representative could join the group.

### **Actions**

- Look at TORS – report back to [redacted - SG Official]
- Weave some of today's discussions into the interim report
- Invite [redacted - ALACHO official] to the next presentation

**Next meeting: Tuesday 30 June 1530 to 1630**



Action Note - meeting date 25 June 2020

### 13. In attendance:

[redacted - COSLA Official]		COSLA
[redacted - SG Official]		SG
[redacted - SG Official]		SG
[redacted - SG Official]		SG
[redacted - SG Official]	SG	
[redacted - SG Official]	SG	
[redacted - Scotland Excel Official]		Scotland Excel
[redacted - SG Official]	SG	

### Apologies:

[redacted - SG Official]	SG	
[redacted - COSLA Official]		COSLA
[redacted - SG Official]	SG	

### Discussion:

[redacted - COSLA Official] reported on the provider's presentation to Work Stream 2, which she and [redacted - SG Official] had attended on 23 June, and suggested we need to follow up on financial models. [redacted - COSLA Official] will join this workstream when possible. In relation to this, [redacted - SG Official] would check with [redacted - SG Official] about housing funding.

[redacted - Scotland Excel Official] noted the national learning disability procurement framework and suggested training might be able to be provided for commissioners, along with a guide to commissioning and procurement.

[redacted - COSLA Official] reported back from the Short-Life Working Group meeting on 22 June, highlighting the Group's focus was on those people delayed in their discharge. Acknowledging that, work stream members felt it important to address these in terms of the totality of resources available for the complex needs cohort. [redacted - SG Official] offered to provide a diagram that explains the complexities involved in this cohort.

[redacted - SG Official] provided an update on discussion he has had in relation to data – the group noted the importance of;

- Ensuring we had the full information to enable planning using a care programme approach including – inpatient usage, OOA and DD
- Need to look at context of cost of care packages and number of people using services for financial monitoring
- Other sources of data that could support – included in actions

There was a discussion on the interim report from workstream 2 the group identified areas to be taken forwards.

#### Commissioning

- Need for guidance on how to commission for complex care packages
- Link in with Commissioning and Procurement workstream on flexible models of commissioning

#### Funding

- Further work required on releasing money from hospital budgets linking with review of integration
- Cost sharing model to be scoped

#### Capital Funding

- Further work required to scope cost sharing mechanisms that already exist for capital funding

#### **Actions for next meeting:**

- [redacted - SG Official] to ask [redacted - SG Official] to change the time of the meeting
- [redacted - SG Official] to send on data from the autism report
- [redacted - SG Official] to follow up data requests from ISD and HSCP
- [redacted - COSLA Official] to share literature review from C & P workstream
- [redacted - SG Official] to look for ILF data
- [redacted - SG Official], [redacted - COSLA Official] and [redacted - SG Official] to pick up survey work on CFOs on cost of care packages
- [redacted - SG Official] to speak with [redacted - SG Official] to see if information can be provided on capital funding cost sharing that has been used in housing.
- [redacted - SG Official] to speak to housing in SG to see what information can be provided on funding projects
- [redacted - SG Official] to provide information on financial transactions
- [redacted - COSLA Official] and [redacted - SG Official] to work on interim report for workstream

#### **Next meeting: TBA**

Action Note - meeting date 3 July 2020

**14. In attendance:**

[redacted - COSLA Official]		COSLA
[redacted - COSLA Official]		COSLA
[redacted - SG Official]		SG
[redacted - SG Official]		SG
[redacted - SG Official]		SG
Gillian Barclay	SG	
[redacted - SG Official]		SG
[redacted - SG Official]	SG	
[redacted - SG Official]		SG
[redacted - SG Official]		SG
[redacted - SG Official]		SG
[redacted - SG official]		SG

**Apologies:**

[redacted - Scotland Excel Official] Scotland Excel

**Discussion:**

Capital Funding – local level connection between the 2 planning systems is key as well as identifying what is the likely need in a particular area. Finding ways to find housing, the needs of people and resources available. Opportunity for existing property to adapt to meet their needs this is delegated to IJB.

Innovative finance is available such as housing for sale, mid-market rents. HSCP and council identify what the need is and involve others in the discussion, work out what is right for people This has to be someone's home until no longer suitable – security of tenure. Agreeing models meeting local needs and find the funding.

Mechanisms are there for capital funding. Need oversight of how it works at the local level. Involvement of housing providers in strategic plans can vary and depends on how well local relationships are and the quality of the data to include in local plans.

There was recognition that we are dealing with a relatively small cohort of people who require specialist housing, may not be visible and data to inform planning was limited. There were numerous other challenges such as availability of land. However, there are models of care that work really well and good practice. This was not one specific model and a person-centered approach is required.

Discussion on ILF data and cost collection template for CFOs.

Want to be clear on ask and what is possible to collate in a non-burdensome way, requirement to work with CFOs on this to see what it would be possible to collate.

### **Data**

[redacted - SG Official] provided an update to the group. And has contacted each office who haven't responded yet and should have data by next week and present whole picture. [redacted - SG Official] will provide an initial analysis and there will be a discussion on any gaps in data.

### **Interim Report**

Capital Funding section of report will be revised following discussion today, there was a discussion about seeking wider input into report from workstream 2 and SLWG.

Commissioning section to be reviewed with [redacted - Scotland Excel Official] and include links to CCPS guidance.

ILF data is not to be shared out with group.

### **Actions for next meeting:**

- [redacted - COSLA Official] will revise interim report and send for comments
- Report will be shared with workstream 2 w/c 13 July and SLWG w/c 20 July
- [redacted - COSLA Official] to discuss template for cost collection with CFOs on Tuesday
- [redacted - SG Official] to follow up on data and present overview at next meeting
- [redacted - SG Official] will move meeting to 11am on a Friday

**Next meeting: 10 July 2020, 1100 – 1200 by MS Teams**

**Action Note – meeting date 6 July 2020****15. In attendance:**

Jane O'Donnell COSLA (Chair)

[redacted - SG Official] SG (Chair)

Gillian Barclay SG

[redacted - SG Official] SG

Cleland Sneddon Solace

Julie Murray CO East Renfrewshire & member of IJB CO Network group

[redacted - LA Official] Social Work Scotland

[redacted - SG Official] SG

**Agenda**

- Minutes of last meeting
- Progress report from Workstream 2.
- Progress report from Workstream 1
- Agreed points to report to next Cab Sec/Cllr Currie meeting

**Discussion :**

Minutes of last meeting accepted.

The Chair of Workstream 2 Gillian Barclay, provided a progress report to the group. The area of business covered the following points –

- Barriers and potential solutions
- Work Stream 2 developing a paper based on the 3 presentations – hospital, housing and providers
- Proposed number of potential solution's to put forward
- Next discussion about new central register
- Client group not visible at a strategic level – small in number and commissioning plans and investment statements need to be clearer
- Need to define who is recorded, where the records are stored and improve visibility.
- Better training in the workforce
- A better relationship between adult and children services

- This needs to be concluded before the report can be finalized.

#### Questions asked –

- How is the interface between workstream one and workstream 2? More interactive now.
- Can we do something similar to the National Development Inclusion team further down the line? Good idea, Gillian may have a couple of examples to share
- Consensus of opinion is this group is hidden/"forgotten". In general terms can a level of contribution from respective colleagues and peers be taken in this piece of work? It is not a "forgotten" group but of particular interest. – councils aren't measured on quality of life. Still at an early stage and still evolving work. Chief Officer meetings overwhelmed by COVID at the moment. Too early a stage to share papers. At this point in time the issue is not high up in the agenda and with little feedback need to have more concrete information to put to them. Any practitioner would agree these are the steps we should take. Each individual providers faces financial risk. Need to construct a commissioning plan level of certainty to providers. The whole service is fragile but need better planning. There is a debate around capacity and around risk – procurement system.
- Setting out 12 potential solutions, delignating between partnerships and provide proposals around governance guidance. Fundamental issues need sorting. This would require Cab Secs approval.
- Stratify big structural solutions which requires leg[redacted - NHS Official]tive reviews.
- Anne MacDonald's report was helpful – if this is the direction of travel this will need support to flourish. Funding to universities , positive behavioral support but not seen offers, people to implant to make real. Anne MacDonald's first cohort, disseminate the learning – In the first cohort, 60 student Learning Disability nurses in the first stages of qualifications, more based level of PDS. Need to advertise more, these courses have limited spaces and due to COVID are now on line
- What is the offer to get peoples head around this? What is the practical support? Launched a community practice a few weeks ago, don't know membership numbers but still to grow and gain in reputation.
- Understanding the narrative – large population is due to placements failing. Multi agency due to crisis, consider what is available but not what is available?? Same cycle of hospital admission but clinicians approval is required, if nothing else is available the clincians will admit. An example would be Greater Glasgow, hospital staff came out and had a few successful attempts – admission is due to a breakdown in placement, depleting the circle for that individual, how do we stop the cycle?
- After the publication of the report, the Minister wrote to the partnerships. What is available? vast majority had been taking steps to manage risks but not all would benefit. What we are doing here? There is a need for a summary paper.

**The Chair of Workstream 1, [redacted - SG Official], provided an oral update to the group. The area of business covered the following points –**

- Reason for no written update is due to work being stalled. [redacted - SG Official] is working with partnerships but the work hasn't been completed, need data from PHS and others. In agreement that a joint paper is needed but essential that we have the data collected first before we can continue with the work.

#### **Questions asked –**

- Has workstream one considered young people who use care facilities? This needs careful thinking and reasons why it wouldn't work.
- Tradeoffs for need of a personalized approach. Reflect the nervousness of the providers and start talking about the service users and not the money.
- Housing providers, need the right homes programme than sheer volume. It must be fit for purpose and what is the flexibility. Agreed there is no connection between SHIP and housing
- Does the group need help to progress the data collection? No, [redacted - SG Official] is in constant contact but with competing priorities, inundated requests, the tasks are many, no further help would be required.

#### **AOB**

- Gillian's paper is a good template and to be shared more widely. Councilor Curry and Cab Sec need to be made aware of what they might expect. This needs to include and make reference to the issues and barriers.

#### **Actions for next meeting:**

- Draft summary report – timescales and comments
- Week beginning 13 July for interim report will be required and the final report submitted in August.

**Next meeting: 20 July 2020, 13.00 – 14.00 by MS Teams**

## SLWG – WORKSTREAM 2

### NOTES FROM MEETING

Date: 07 July 2020

Time: 1530 hrs

Location: [Microsoft Teams](#)

#### APOLOGIES

- [redacted - SG Official] – Scottish Government
- [redacted - NHS Official] – NHS Highland

#### ITEM 1 – Discussions on the Register

Discussions from previous meetings recommended a ‘Revision of the Coding System.’ It was felt this was necessary because for this client group – they are not traditionally easy to discharge and get lost in the reporting cycle. It was noted that individuals currently flagged as Delayed Discharge have been clinically ready for rehabilitation to community placement for a significant amount of time.

There was agreement across the group that Delayed Discharges are a systemic failure where individuals are ‘lost in the system’, and/or the system being ‘slow in action’.

‘Slow in action’ consists of the need to commission appropriate accommodation solutions for a known group of individuals who are currently in hospital and a need to prevent ‘future individuals’ from becoming stuck in inappropriate care settings.

It was proposed that a ‘Register’ could assist in addressing some of these issues, albeit to differing levels, including providing for those who are not currently counted as a delayed discharge under the current coding. The majority of the hour was utilised to discuss practicalities, scope and use of the proposed register.

During the call [redacted - NHS Official] shared with us the register the Glasgow partnerships have developed from an English (Northampton?) Risk Register which aims to identify and capture a range of information about those at risk of a service breaking down or are currently in hospital.

The proposed Scottish register could:

- provide a way of tracking and managing individuals, making them visible.
- establish need from an early age, and assist with transitions.
- Improve local practice and pathways by providing easier access to monitoring information
- Provide more complete data/visibility for strategic purposes – e.g the Housing Contribution Statement and onwards to local Strategic Housing Investment Plans
- extend to other client groups, for example wider MH



The Register would need to properly governed, and from the outset have clear:

- Purpose
- Impact
- Management (How it is updated?)
- Responsibility (Who holds the information?)

There was discussion on the merit of framing this work in a Human Rights based approach, which mirrors work going on across national and local government. Suggestions of building existing successful pathways into the system, for example the PANEL approach, and learning from innovative solutions that already exist – children’s panel/Multi-Agency Meetings.

There was agreement that there would be a need for both local and national overview and scrutiny of the register. This scrutiny will need to address the local processes around delivering a suitable service and have authority. The register will only work with an authority panel to oversee.

It was suggested each HSCP have a (senior?) named person responsible/accountable in addition to the chief officer for oversight, review, planning and placements. It was discussed how holding the register at HSCP level risks prohibiting HSCP Collaboration.

Discussion around how current, variable approaches to NHS and HSCP commissioning can cause individuals to fall through cracks and therefore the need of an authority to oversee this. The register must lead to practical action.

It was noted that existing work in the policy areas of Adult support and protection and Mental Health Reviews may influence delivery, as well as recommendations from care reviews. There may also be learning from the Children’s named person scheme around the issues of GDPR.

It was noted there needs to be consideration of supporting the ability for families to provide solutions and the benefit of timescales and/or targets.

Action needs to be taken for individuals in the system now, not just for a theoretical ‘future need.’

## **ITEM 2 – Discussion on solutions**

It was agreed that discussion would be conducted via email.

## **ITEM 3 – Any other Business**

None recorded due to time constraints.

**ENDS**

Action Note - meeting date 10 July 2020

#### 16. In attendance:

[redacted - COSLA Official]	COSLA
[redacted - SG Official]	SG
[redacted - SG Official]	SG
Gillian Barclay	SG
[redacted - SG Official]	SG
[redacted - SG Official]	SG
[redacted - SG Official]	SG
[redacted - SG official]	SG
[redacted - Scotland Excel Official]	Scotland Excel

#### Apologies:

[redacted - SG Official], [redacted - SG Official], [redacted - SG Official] and [redacted - COSLA Official]

#### Agenda:

##### Introductions

##### Provision of estimate paper

##### Workstream Two report

##### Early thoughts on recommendations

#### Discussion:

Actions from last meeting – the interim report now includes all comments. This will be shared with workstream two.

Cost collections data with the Chief Finance Officer network - will be supported by CFO policy manager. [redacted - COSLA Official], [redacted - SG Official] and [redacted - SG Official] will meet next week to discuss.

#### Provision of estimate paper

The paper is self-explanatory but still incomplete, waiting on nine partnerships to respond and provide data. The issues/points that stood out were –

- A third of learning disability associated with delayed discharges
- Average costs taken, per person – total costs £150,000 per year, out of area placement out with Scotland £166,000, £148,000 per hospital and placement within Scotland £100,000.
- LRF returns total cost/total per person £115,000, can't equate with people with learning disabilities.

#### Questions

- Complexity of comparing such individual packages of care.

- Cost benefit analysis case studies might demonstrate better than tables.
- A discussion is important and CFOs can provide the appropriate data. A discussion with CFOs is planned for Wednesday and will follow up with group.
- An academic exercise around project budgeting analysis would be helpful to give national picture – overview of the Scottish spends, what the costs are different in every area? [redacted - SG Official] will pick up with [redacted - SG Official] to take forward.

### **Workstream two interim report**

WS2 interim report is a running record of discussions and views. It records the number of function's, barriers, emerging proposals and is a helpful template that is continually developing; going forward hoping the report will develop into a fulsome report. Overview of proposals from WS2 still in development but have consensus on a few areas.

- Establishment of a risk register is needed as folk are still invisible around strategic housing plans and investments. The individuals get lost in the system overtime.
- There is a need to form a national leadership, no national oversight/leadership at present and a commissioner monitoring and scrutiny body is needed to provide better outcomes for this group.

Discussion on the idea of a Change Fund to provide bridging finance. Point to note:

- Change Fund was a year fund and paid of the release of hospital costs and unscheduled care costs.
- Provided bridging fund to get delayed discharge out of hospital but at the same time ensuring beds did not fill up right away.
- Tends to punish those who do a good job and a nightmare to administer and it comes down to the lowest denominator.
- A key barrier is back filling the void. Could be an issue around hospital discharges.

WS1 report there is 3 broad areas;

- Capital Funding
- Revenue funding element including change fund proposal
- Commissioning

Group agreed interim report was focusing on the right areas – need engagement with workstream 1.

Further work required on capital funding and links with benefits such as higher housing rate. Financial transactions are complex given state aid issues.

Commissioning is a complex area – Scotland Excel to take the lead on this and who needs to be involved. People need to understand the procurement journey and help HSCP navigate through this. Commissioners may not be fully skilled or knowledgeable in certain areas. Part of their role is the strategic commission.

Actions

- [redacted - COSLA Official], [redacted - SG Official] and Gillian developing the paper and outlining emerging ideas.
- [redacted - COSLA Official], [redacted - SG Official], [redacted - SG Official] to discuss cost data with CFOs
- [redacted - SG Official] to produce paper on change fund
- [redacted - SG Official] to discuss with [redacted - SG Official] Project Budget Analysis
- [redacted - SG Official] to complete data analysis

**Next meeting: 17 July 2020, 1100 – 1200 by MS Teams**

## SLWG – WORKSTREAM 2

### NOTES FROM MEETING

Date: 14 July 2020

Time: 1530 hrs

Location: [Microsoft Teams](#)

#### ITEM 1 – Matters arising from last meeting 07 July 2020

No revisions to the readout from the previous meeting were requested.

It was agreed that the 'Register' be taken to the CabSec for comment as an immediate but short "emerging proposal" from the Work Group this week. A final report with more detail will be submitted in early August pending feedback.

Complementing notes from previous meetings, the Register will serve the function of making populations visible, meets data collection obligations under Article 31 UNCRPD, assists in planning, and provides national overview.

The register would benefit from Performance Metrics and a local lead responsible person.

Local infrastructure around the register will be critical to its objective of reducing delayed discharges and inappropriate placements.

There was discussion around the legal practicalities (Commissioning v Procurement) of the register which will need future attention. Future considerations, in addition to those noted in earlier meetings, include effective monitoring, clarifying roles of responsibilities of different areas using register, and accountability.

#### ITEM 2 – Workstream 1 Presentations

There is significant cross-over between Workstream 1 and 2.

Workstream 1 have been considering principles from the Independent Living Fund (ILF) and discussing a model of cost-sharing for complex care. They have also been considering issues around Capital Funding and Commissioning. The issue is made further complex through legacy resource transfer accounting practices.

As a result, Workstream 1 have identified a need to monitor the totality of funding within this sector, with a view to giving a better picture of the various complexities. There is an aspiration to make the accounting data visible so that it is possible to see what it is spent on, and compare against where it should be spent.

There was discussion around the feasibility of releasing money from hospital services, as the savings from reducing ward sizes are smaller than anticipated and there will be a requirement for small provision to be retained locally. It was also noted that community care may cost more than hospital, and therefore a simple resource transfer may not be sufficient.

It was noted that needs go both up and down, and the system needs flexibility to respond to changes in need. There needs to be planning for whole life.

It was noted that there are limitations on what can be achieved nationally and what needs to be done locally in the areas of Procurement, Commissioning (both strategic and local) and Planning.

There was discussion around ensuring that carers and service users are equally engaged.

### **ITEM 3 – Discussion of Proposal**

Discussion moved onto learning from the Care Reviews, which have consistently highlighted the practice of inappropriate placements which were made in times of crisis. An external mechanism to monitor suitability of placements was suggested.

External Scrutiny currently falls to:

- Mental Health Tribunals
- Mental Welfare Commission
- Care Inspectorate

It was noted there is potential learning from the current structure of Children's Panel's which complement the inspection process. Similarly, excessive security panels provide a means for the individual and/or their to appeal.

There is a need to join up the work of the various actors in an accessible but authoritative way.

It was highlighted that people in Scotland are receiving inappropriate care now that goes against their human rights, and that they are entitled to better.

### **ITEM 3 – Any other Business**

None recorded due to time constraints.

It was agreed that additional discussion would be conducted via email.

**ENDS**

Action Note - meeting date 17 July 2020

### 17. In attendance:

[redacted - COSLA Official]		COSLA
[redacted - SG Official]		SG
[redacted - SG Official]		SG
Gillian Barclay	SG	
[redacted - SG Official]		SG
[redacted - SG Official]	SG	
[redacted - SG official]		SG
[redacted - SG Official]		SG
[redacted - SG Official]	SG	

### Apologies:

[redacted - SG Official], [redacted - SG Official], [redacted - COSLA Official] and [redacted - Scotland Excel Official]

### Agenda items

- Actions from previous meeting - [redacted - COSLA Official]
- Data – [redacted - SG Official]
- Change Fund Paper – [redacted - SG Official]
- Progressing recommendations – All
- AOB

### Discussion:

#### Actions from previous meeting –

- Workstream two reported on the emerging recommendation on a register to Cabinet Secretary and Councillor Currie, this will be developed further. Glasgow already have this process in place which will be used to learn from.
- Report was taken to workstream 2 on the interim position, broad support for the emerging recommendations. There was a query about the requirement for more commissioning guidance, further analysis will be required as part of scoping this recommendation.
- Group agreed that raw data would be useful. [redacted - SG Official], [redacted - SG Official], [redacted - COSLA Official] and [redacted - SG Official] to progress.
- Data - [redacted - SG Official] advised around 10 partnerships have still to provide the data requested

**Change Fund** – [redacted - SG Official] provided an overview of the paper. The basic proposal was to provide bridging to cover double running costs. The paper identifies some gaps that will be required to further scope the recommendation. Further thought needs to be given to allocation of funds. Once agreed will then need to go to Ministers to establish if funds are available.

If bridging fund is needed, then it was suggested the experiences of the HSCPs should be sought. The group are not looking to replicate the change fund but use the ethos for what it was planned for.

The UK announced £62 million for local councils to discharge people with learning disability and autism. Colleagues in UK Department of Health and Social Care have been working over this issue for years. [redacted - SG Official] and Gillian in contact with UK colleagues to establish any lessons that could be learned.

It was agreed that there needs to be engagement with areas that have been successful in dealing with delayed discharge to learn what the enablers and barriers are. [redacted - SG Official] will speak with SWSLD subgroup to provide examples for engagement. Ayrshire and Arran and Midlothian have been suggested if no other recommendations are made.

### **Progress recommendations –**

Need to refine the recommendations into 4 broad areas and divide the work. The group discussed who would be best placed to support in each area. The table will be circulated for comment.

The need to widen the engagement was discussed, workstream two can provide overviews and act as a sounding board. The timescale for forming recommendations are short and need to establish a joined-up approach to asking for comments and views on proposals. SWSLD Autism sub group keen to engage.

### **AOB**

- 24 July meeting to be cancelled – [redacted - SG Official]
- [redacted - SG Official] to take interim report to SLWG and report back
- [redacted - COSLA Official], [redacted - SG Official], [redacted - SG Official] and [redacted - SG Official] to progress data request from CFOs
- [redacted - SG Official] to progress data analysis
- [redacted - SG Official] and Gillian to keep the group updated on UKG work
- [redacted - SG Official] to suggest areas for further engagement who have successfully reduced DD
- [redacted - COSLA Official] to send table on workload split to group for comment by COP 24/07/20
- Group to meet separately to discuss how to progress and report back to meeting 31/07/20

**Next meeting: 31 July 2020, 1100 – 1200 by MS Teams**



**Action Note – meeting date 20 July 2020****18. In attendance:**

Jane O'Donnell COSLA (Chair)

[redacted - SG Official] SG (Chair)

[redacted - SG Official] SG

Julie Murray CO East Renfrewshire & member of IJB CO Network group

[redacted - SG Official] SG

**Apologies**

Gillian Barclay, Cleland Sneddon, [redacted - COSLA Official], [redacted - LA Official] and Hugh McAloon

**Agenda**

- Welcome and introduction
- Progress report from Workstream 1 and complex care paper.
- Progress report from Workstream 2
- Agreed points to report to next Cab Sec/Cllr Currie meeting

**Discussion :**

Workstream two's proposal to the Cab Sec/Cllr Curry, is to develop a new register for severe learning disability and mental health cases. The Cab Sec/Cllr Curry agreed the work should progress.

**Discussion Points –**

- Need to address data protection, ethical and civil liberty issues
- Need to recognise this will be a complex area of work
- Glasgow already had this in place
- No interim report was delivered to the Cab Sec/Cllr Curry and the report is in the developing stages.

**The Chair of Workstream 1, [redacted - SG Official], provided an update and complex care paper to the group. The area of business covered the following points –**

- Complex care paper is incomplete, awaiting around 10 partnerships to provide the data
- 4 different streams of work to be carried out - Revenue and Cost Sharing, Change Fund, Capital Funding and Guidance for commissioning
- All teams to report back on 31 July to the WS1 group

#### **Discussion Points –**

- A government housing representative is in each workstream and have been informed the housing budget is not a problem and funds are available in the £1.4-£1.7 billion fund. A group has been tasked to explore this further.
- The majority of the group felt Commissioning guidance would be helpful. Concerns around CCPS, particularly the public sector membership and a disconnect between planning and contractual.
- WS2's carers representative, felt users such as individuals and carers are not involved in the strategic commission discussions but planning always starts with the individual and the family.
- Change Fund – need to learn from the older peoples change fund what went wrong. A whole system approach is required, so beds can be closed and if the placement has failed an alternative is needed instead of moving back to the hospital.
- Commissioning – Work was ongoing by a different group but their work has stalled. [redacted - SG Official] and [redacted - Scotland Excel Official] taking this forward.
- What to share with the Cab Sec? – The complex paper that [redacted - SG Official] provided, covers the key areas and could lessons could be learned from the change fund. There is a necessity for cross boundary collaboration. There is a nervousness about closing hospital beds and a need to develop an alternative default/last resort provider and to have a support team in place. A lot of breakdowns are not medical but can be more about other factors such as behaviors. Alternatives might not be viable for all partnerships.
- Housing and people losing tenancy – there appears to be a substantial amount of funds, confirmation and a plan is required.

**The Chair of Workstream 2, Gillian Barclay, provided an update paper to the group. [redacted - SG Official] provided a brief of the work. The area of business covered the following points –**

- Presentations from WS2 providers
- Register the main topic and approval given by Cab Sec and Cllr Curry to take this work forward.
- Marketing shaping exercise – How to develop new smaller providers? The Scotland Excel route only works with the bigger providers and need to commission work around having a mixed economy. Please refer to the National Inclusion development team section, bullet point 3.
- The UK announced £62 million for local councils to discharge people with learning disability and autism. Colleagues in UK Department of Health and Social Care have been working over this issue for years. [redacted - SG Official] and Gillian in contact with UK colleagues to establish any lessons that could be learned.

- Section 4 - External monitoring and scrutiny – more detail required.

#### **Agreed points for the Cab Sec and Councilor Curry meeting**

- Report to Cab Sec and Councilor Curry that the August deadline may not be met for all proposals and to manage expectations this may be moved to September. The work being carried out by the groups is not straight forward and a plan to access the housing fund will not be a quick fix.
- Agree the principles in the WS2 paper
- For Cab Sec and Councilor Curry to go back to their constituent bodies and set out what can be progressed forward.
- HSC boards are meeting in the third week in August. This feedback can be set out in the summary paper.

#### **Actions for next meeting:**

- A summary paper of the key issues to be presented to the Cab Sec and Councilor Curry. Initial draft **to be completed by Monday 27 July – [redacted - SG Official]/Gillian/[redacted - SG Official]**
- WS2 paper section 4 – external monitoring and scrutiny more detail required – **update by 31 July – Gillian**

**Next meeting: 3 August 2020, 13.00 – 14.00 by MS Teams**

## SLWG – WORKSTREAM 2

### NOTES FROM MEETING

Date: 28 July 2020

Time: 1530 hrs

Location: [Microsoft Teams](#)

#### **ITEM 1 – Matters arising from last meeting 14 July 2020**

No revisions to the readout from the previous meeting were requested.

#### **ITEM 2 – Recommendations from Winterborne and Whorlton Hall**

SG noted that the Cabinet Secretary was in agreement with the merits of a register and asked for further scoping of this recommendation to be initiated. Anne MacDonald agreed to lead on this scoping exercise with assistance from the group given her work on the Coming Home report and experience in assisting with the GGC register. It was noted that involvement of HSCPs would also be beneficial given that they will have worked on local registers.

The scoping exercise will develop the recommendation only, looking at issues such as:

- Whether it is National, Regional (NHS Board level) or Local (HSCP level).
- Information Governance issues – it was suggested SLDO expertise would be beneficial
- How and Whether the register would record Quality of Care, and how this would be recorded.
- Auditing of this information

It was noted that the timescales involved would be challenging, and there is a need to balance pace against a quality proposal that has been consulted on.

It was noted that openness and transparency of organisations should be encouraged, and this requires a culture change within certain organisations. The benefit of a charter of rights as a means to challenge an existing placement was discussed.

Members discussed the merit of recording instances of restraint and seclusion as flags to a potential service breakdown, or a flag for potential quality of care concerns. Work elsewhere in government on definitions and standardisation of seclusion and restraint could complement this.

It was suggested that mandatory commissioning guidance could also be beneficial. Members noted that providers are available in Scotland with accommodation solutions, and therefore barriers clearly exist as to why they aren't getting commissioned.

Members were reminded of previous discussions that the core issues remain a national lack of suitable housing.

It was suggested that the Ordinary Residence Disincentive be explored further.

It was noted that the IRMHA Report and subsequent recommendations be considered in any developing proposals.

**ITEM 3 – Any other Business**

It was agreed that additional discussion would be conducted via email.

**ENDS**

Action Note - meeting date 31 July 2020

### 19. In attendance:

[redacted - COSLA Official]	COSLA
[redacted - SG Official]	SG
[redacted - SG Official]	SG
[redacted - SG Official]	SG
[redacted - SG official]	SG
[redacted - SG Official]	SG
[redacted - SG Official]	SG
[redacted - SG Official]	SG
[redacted - Scotland Excel Official]	Scotland Excel

### Apologies:

[redacted - SG Official], [redacted - COSLA Official], [redacted - SG Official] and Gillian Barclay

### Agenda items

- Actions from previous meeting - [redacted - COSLA Official]
- Data Update – [redacted - SG Official] and [redacted - SG Official]
- Discussion on Groups to take forwards recommendations – All
- AOB

### Actions from previous meeting -

- [redacted - SG Official] took interim report to SLWG - this was acknowledged and approval to carry on. Amendments to be added to interim report and will be re-circulated to SLWG for further comment.
- [redacted - COSLA Official], [redacted - SG Official], [redacted - SG Official] and [redacted - SG Official] to progress data request from CFOs – carried forwards
- [redacted - SG Official] to progress data analysis – a further 3 partnerships provided data but Glasgow's data not included in report yet.
- [redacted - SG Official] updated the group on UKG work – Scotland to receive consequential of £6 million over 3 years. The UK colleagues have agreed to provide a presentation at a WS meeting.

### Data update

**Change Fund** – [redacted - SG Official] provided an update of the paper as more detail had been added. At present the financial data is up to date but will be amended when more information is received.

[redacted - SG Official] asked for views on the scope of the data, principles and potential funding allocation.

### **Discussion Points**

During discussions with UK colleagues the choice of method was option 3. This links evaluation and outcomes to funding. Will explore further with UK colleagues around funding. The formula method is weighted towards different client groups and gives an equal share but the bid process is difficult and bureaucratic.

Group felt that option 1 was favorable if formula can be tailored to deal with local need.

Group agreed on the principles – discussion on ensuring human rights was at the forefront and that non statutory partners are central.

The procurement element is seen as a barrier and needs to be streamlined across Scotland. The procurement process needs to be included in the early stages. A need to explore further with commissioning guidance.

The funding programme in England is over 3 years and our programme is over 2 years, this is a proposal and could be amended following wider consultation.

### **Groups**

Change Fund has made progress.

Other groups will meet next week to progress discussion including other relevant partners.

### **Actions**

- Group to feedback on Change Fund paper to [redacted - SG Official]
- [redacted - COSLA Official] to arrange discussion on cost sharing/ capital funding and commissioning
- [redacted - SG Official] to update Change Fund Paper following feedback and discussion
- [redacted - SG Official] will ask UKG to a future meeting of the group
- [redacted - COSLA Official] to develop discussion paper to engage with professional advisors
- [redacted - SG Official] and [redacted - SG Official] to discuss P4G with Gillian

**Next meeting: 7 August 2020, 1100 – 1200 by MS Teams**

Action Note – meeting date 3 August 2020

**20. In attendance:**

[redacted - SG Official] SG (Chair)

[redacted - COSLA Official] COSLA

Gillian Barclay SG

Cleland Sneddon Solace

[redacted - LA Official] Social Work Scotland

Julie Murray CO East Renfrewshire & member of IJB CO Network group

[redacted - SG Official] SG

**Apologies**

Jane O'Donnell, [redacted - SG Official] and Hugh McAloon

**Agenda**

- Welcome and introductions
- Progress report from Workstream 1 and complex care paper.
- Progress report from Workstream 2
- Publishing SLWG, WS1 and WS2 Terms of reference and action notes
- Agreed points to report to next Cab Sec/Cllr Currie meeting

**Discussion :**

[redacted - COSLA Official] chaired meeting due to issues with IT.

**The Chair of Workstream 1, [redacted - COSLA Official], provided an update and complex care paper to the group. The area of business covered the following points –**



- Main focus since the last meeting has been on the change fund proposal and the program budget approach.
- Interim report was update and re-circulated
- Need for further engagement with professional advisors was highlighted

#### **Discussion Points –**

- Need to engage with wider members on w/stream 1 particularly finance reps
- Developing recommendations but more discussion needs take place before a final recommendation can be given.
- [redacted - COSLA Official] and Gillian to draft an interim report to Cab Sec and Councilor Currie setting out need for wider engagement and proposed change in timescales to September.
- This would be used to engage with professional advisors and report to HSC Board for COSLA.
- Specific discussion around disinvestment from hospital and transfer of resource to community settings and the need to explore this further.

#### **The Chair of Workstream 2, Gillian Barclay, provided an update paper to the group and addressed the issue of transparency around SLWG documentation. The area of business covered the following points**

–

- Attendance at meetings has been low due to absences and therefore meeting timescales difficult.
- Group have received a number of PQs about SLWG and the Coming Home working group. How to support transparency? Draft PQs response is “findings will be published in the Autumn” and the group’s recommendation is to add that “stakeholder engagement will be sought on the publication.”
- To note the WS1 finance data cannot be published.
- Register – suggested title “Dynamic support register”, this register needs to make the population visible to the Commissioners.

#### **Agreed points for the Cab Sec and Councilor Currie meeting**

- Interim report to Cab Sec and Councilor Currie that the August deadline may not be met for all proposals and to manage expectations this may be moved to September.

#### **Actions for next meeting:**

- Interim report to be completed this week – Gillian, [redacted - COSLA Official] and [redacted - SG Official]
- Additional comment to added to the PQs - Gillian

**Next meeting: 17 August 2020, 13.00 – 14.00 by MS Teams**

## SLWG – WORKSTREAM 2

### NOTES FROM MEETING

Date: 4 August 2020

Time: 1530 hrs

Location: [Microsoft Teams](#)

#### ITEM 1 – Matters arising from last meeting 28 July 2020

No revisions to the readout from the previous meeting were requested.

#### ITEM 2 – Presentation and Discussion on the Midlothian Example

The Group were grateful to welcome representatives from Midlothian Local Authority and NHS Highland to share their commissioning experiences. A PowerPoint accompanied discussion.



SLWG - WS2 -  
Midlothian HSCP Pre

The group heard about the Midlothian approach to commissioning and building 'Teviot Court' – a town centre, purpose build, core and cluster model complex of 12 dwellings, build as local authority housing.

It was emphasised that failure to build the right properties is the key block, as structures then form around this compensating for a lack of the right environment for people.

Cultural successes to the project came about from strong and invested leadership for the project and Human Rights underpinning the decision making process.

The specific circumstances of Midlothian were discussed, namely access to land, geographically small authority and concurrency of the local authorities housing development programme. Consideration that these factors will not apply across Scotland is important.

It was highlighted that there is numerous examples of best practice for property development and layout – Teviot Court followed a single story, barrier free non-institutional model. The Core and Cluster model offered the best aspects of group living while offering the benefit of individual tenancies. Staff training is based in the PBS model of support.

Midlothian opted to keep one of the tenancies free as a safe house. It provides a suitable destination for a pre-hospital escalation however local authorities must be prepared for the sunk cost of an empty tenancy.

Teviot court is around twice the size of standard local authority housing.

Teviot Court cost around twice the cost of a standard local authority house. This becomes negligible over the 30 year lifespan of the property. Financial modelling was made on the 12 most complex individuals in the LA at the time, although not all moved in it aided discussions of the financial argument.

Teviot Court was built in the town centre, members noted this may not be appropriate for everyone's needs. There is a balance between access to community resources and a risk of creating invisible rural communities, this will be different for each locality across Scotland.

Members noted that staff recruitment and retention remain a barrier in rural areas. This can cause problems with inappropriate placements as a lack of staff prevents people living in individual tenancies and requires group living solutions. There are also complexities around matching staff to individuals labelled 'complex need.'

There was suggestion about whether regional commissioning could be a possible solution.

There was discussion round the definition of a successful placement. Members noted the possibility of cultural issues within Health services where they expect that once an individual is handed over to Social Care their involvement should end. Continuous health involvement in a social care package does not mean it is failing.

Members noted the need for political pressure in supporting reform.

### **ITEM 3 – Any other Business**

SG invited comments from members on the draft report by email.

It was agreed that additional discussion would be conducted via email.

The Presenters were happy to pick up with members via email after the meeting:

[redacted - LA Official], Planning Officer for Learning Disabilities – Midlothian Council

[redacted - NHS Official] , NHS Highland Head of Service - Learning Disabilities & Autism

**ENDS**

## SLWG – WORKSTREAM 2

### NOTES FROM MEETING

Date: 11 August 2020

Time: 1530 hrs

Location: [Microsoft Teams](#)

#### ITEM 1 – Matters arising from last meeting 04 August 2020

No revisions to the readout from the previous meeting were requested.

#### ITEM 2 – Discussion on Recommendations

Members were thanked for their efforts in completing the discussion paper.



20 08 03 Complex  
Care - engagement

This will be used as an aid to discussions with wider colleagues both internal to SG and within Local Authorities. Members discussed the need to involve NHS Leadership at this stage.

The discussion paper sits alongside the recently completed interim report.

Work is now to focus on production of the final report, which will require a collaborative effort from members.

Members were reminded of the importance of being clear while engaging externally between commissioners and procurement.

The group discussed good practice from the Greater Glasgow Drug and Alcohol services and Strategic Planners Networks.

The tone of the final report was discussed with agreement that the final report will highlight the collaborative opportunities open to decision makers, with families able to provide innovative solutions. Members agreed the final report must be about the system reform leading genuine integration of the social care and health care needs of the population. It must concentrate on the forces and nudges at play, given that concepts of active citizenship and autonomy are well known.

The group moved on to discuss the needs of the Mental Health populations. LD and MH populations share the same principles of a complexity of needs and can display challenging behaviour. MH populations are harder to identify as they can present at any time whereas LD is usually clinically identifiable by five years old.

Members discussed the need to consider the cohort of individuals currently delayed discharge within the independent hospital sector.

The merit of defining an unnecessary hospital admission was discussed.

Members discussed issues around workforce planning with agreement that further discussion was required on this topic. It was noted that qualifications and courses already exist, but there is a need to build national infrastructure/capacity within communities and allow a portability of these qualifications.

**ITEM 3 – Any other Business**

It was agreed that additional discussion would be conducted via email.

**ENDS**

Action Note - meeting date 14 August 2020

## 21. In attendance:

[redacted - SG Official]	SG	Chair
[redacted - SG Official]	SG	
[redacted - SG Official]	SG	
[redacted - SG Official]	SG	
[redacted - SG Official]	SG	
Gillian Barclay	SG	
[redacted - COSLA Official]		COSLA

## Apologies:

[redacted - COSLA Official], [redacted - SG official] , [redacted - SG Official], [redacted - SG Official], [redacted - Scotland Excel Official] and [redacted - SG Official]

## Agenda items

Discussion with [redacted - DHSC official], Policy Lead from the Health Inequalities (LD) & LeDeR, Dementia and Disabilities Team, Mental Health, Dementia and Disabilities Directorate regarding Community discharge grant in England

## Introductions and a discussion facilitated by [redacted - DHSC official]

[redacted - SG Official] introduced [redacted - DHSC official] to the group to facilitate discussion around the £62 million fund, providing background information and how this is being taken forward.

In December it was agreed investment would be provided to improve community services for learning disability and autism inpatients, to provide assistance to enable people to go back into the community from hospital. This is known as Transforming Care in England. The £62 million would be spread over three years and is seen as a new money stream.

- 2020/21 - £20 million
- 2021/22 and 2022/23 - £21 million

The work initially stalled because of COVID, but was then expedited after significant numbers of discharges being made in March and April with no sign of readmissions to hospital.

The target is to reduce inpatients by 50% by 2023/2024. Double running costs are seen as the main barrier although there is no published data on this and it is hard to quantify. It is assumed double running costs apply to 30% of inpatients in England. To ensure the funds are not swallowed up in the budget, the funding has been specifically allocated to double running costs, with the use agreed by Memorandum of Understanding with each Transforming Care Partnership. The funding mechanism applied in England is section 31 grants paid direct to local authorities and is seen as relatively easier, with the drawback that they cannot mandate what the funds are to be used for.

## Questions

Has there been any pushback from partnerships? - it has been difficult to justify to areas with less people.

Was the funding based on estimates, what is the timeframe for double running costs, was this sustainable, was appropriate accommodation developed? – Would need to consult with analysts and get back to you on estimated costs and timeframes but estimated timescales would be based on double running costs. Capital and sustainability, the main ask is about year 4 funding but this is about a specific issue and will not resolve all the problems.

Will you review this in year 2? What are you going to evaluate on? What data are you looking for? - It has not been confirmed what will be needed, but should include what the funds were spent on, did the inpatient numbers decrease, where inpatients discharged to the community or another inpatient setting. The Transforming Care Partnerships do publish monthly data on inpatients and [redacted - DHSC official] will forward the information to the group.

Retrospective payment – the memo is high level to reduce inpatient numbers in learning disability and autism. This is left to the discretion of the local authorities to spend and have left it quite open as different challenges are experienced in different areas. Section 31 cannot mandate a breakdown.

Question around hospital beds and releasing the resource from hospital beds? – [redacted - DHSC official] to provide [redacted - SG Official] with an answer once she has consulted with colleagues.

Reducing inpatients by 50%, is that people or occupied bed days? - People. There are about 2500 people at present and are looking to reduce this to around 1200. Approximately the £20 million would be shared with 1200 people, equating to £16000



per person. The proviso is the funds can be spent on the person or the service, ie start a new support service if required. All Transforming Care Partnerships have inpatients and funds will be distributed fairly. The funds will not follow the inpatient. Pockets of the country in England have bigger problems and it is known that there is five times the amount in some areas.

How is delayed transfer care data in England collated? Do you publish separate data on this group? - [redacted - DHSC official] to provide information on these questions

Are any of the inpatients originally from Scotland, who were sent out of area for a particular service provider and the service provider package went into crisis? No data known of but will consult with colleagues.

[redacted - DHSC official] will pull together responses and forward on to [redacted - SG Official]. Group noted that England had similar issues, solutions and considerations but in England the issue is about learning disability and autism and does not include mental health. Workstream 2 focus has been mainly on learning disability and autism and not mental health as learning disability have longer delays. However the types of accommodation and care are very similar for both groups but mental health is not a lifelong condition, there are subtle differences.

Double running costs in Scotland are £10000 per person but are just for resource and not capital. Health Finance have advised that a submission to Cab Sec would need to be submitted and for her to decide how the consequential are spent. This should be explained in the report that will be shortly submitted to Cab Sec.

## **AOB**

Suggestions on which stakeholders should be invited to the finance workstream –

- CFO network
- Local authority Director of finance
- NHS Finance Director
- SOLACE
- HSC Board
- Commissioning Managers network – Consult with [redacted - SG Official]/[redacted - SG Official]

**Next meeting: 21 August 2020, 1100 – 1200 by MS Teams**

**Action Note – meeting date 17 August 2020****22. In attendance:**

Jane O'Donnell COSLA (Chair)

[redacted - SG Official] SG

[redacted - SG Official] SG

Gillian Barclay SG

[redacted - SG Official] SG

Cleland Sneddon Solace

[redacted - LA Official] Social Work Scotland

Julie Murray CO East Renfrewshire & member of IJB CO Network group

[redacted - SG Official] SG

**Apologies**

[redacted - COSLA Official], [redacted - LA Official], Hugh McAloon

**Agenda**

- Welcome
- Progress report from Workstream 1, draft paper to Cab Sec & Cllr Currie and a paper on the change fund proposal
- Progress report from Workstream 2

**Discussion :**

[redacted - LA Official] chaired meeting.

**The Chair of Workstream 1, [redacted - SG Official], provided an update, draft paper and paper on the change fund proposal. The area of business covered the following points –**

- The change fund proposal is required to allow financial cover for running double costs for hospitals and community settings until individuals have a settled place.

- There is a need to unlock wider resources than those currently deployed with redesign as a key output of the process.
- Scotland Excel are supporting this work by providing guidance on procurement and commissioning.
- The UKG have announced a £62 million learning disability and autism fund over a three year period and we await final confirmation of the consequential for Scotland from that figure.

#### **Discussion Points –**

- The group endorsed the change fund proposal for the reasons set out above.
- The group have not given specific consideration to reporting and governance but took some time to discuss the example of the “older peoples change fund”. Colleagues noted that explicit inclusion of collaboration and partnership would be required.
- List of principles contained in the paper would be for a joint agreement signed by the Scottish Government and Local Government.
- SG colleagues noted that a cost sharing agreement should still be considered. LG colleagues noted that the proposal must be future proofed financially or we risk letting down those individuals who we are trying to support in the long term.
- It was noted that no Chief Finance Officers had been given an opportunity to provide advice to the group. BS and CT to present a paper to the Chief Finance Officer group shortly and will include their feedback in their next update. A key point was made that funds must be released from hospital provision to pay for initial double running costs in the community
- The Group agreed that separate emergency provision was required to avoid hospital admission in the future.
- No monetary value has been given/estimated. All returns have not been submitted by the HSCPs. Some figures were discussed but seemed low by colleagues in the group so were discounted.

#### **The Chair of Workstream 2, Gillian Barclay, provided an update paper to the group. The area of business covered the following points –**

- Attendance at meetings has been low due to holiday leave and other absences which has impacted on progress in the short term.
- Presentation to the group based on the Midlothian approach – useful for colleagues as it demonstrated how respite has been built into their processes while focus was on family support and crisis management
- It was noted that there was some frustration from colleagues who were not aware of the likely timescales for conclusion of this work which should be addressed.

#### **Questions**

- Group noted that Scotland Excel can offer specific procurement and commissioning advice which would be helpful to SG and LG colleagues as they consider the financial implications of a commissioning model.

#### **AOB**

- The Group agreed that the interim report will be shared with the Cab Sec and Councilor Currie, caveated that the report is not complete, as awaiting the professional experts responses to the interim report

#### **Actions for next meeting:**

- Clarity to be sought on consequential of UKG £62m funding announcement for Scotland.
- Advice from Chief Financial Officers to be shared with regard to the interim report.
- Views from professional associations to be shared with regard to the interim report.
- SG and COSLA colleagues to provide an update on the meeting with the Cab Sec and Cllr Currie on 20 August.

**Next meeting: 31 August 2020, 13.00 – 14.00 by MS Teams**

## SLWG – WORKSTREAM 2

### NOTES FROM MEETING

Date: 18 August 2020

Time: 1530 hrs

Location: [Microsoft Teams](#)

#### **ITEM 1 – Matters arising from last meeting 11 August 2020**

No revisions to the readout from the previous meeting were requested.

#### **ITEM 2 – Discussion on Final Report**

Members discussed the drafting of the final report, with an understanding that a collaborative effort would be required to meet the deadlines. Initial sections had been suggested as per agenda.

Members discussed the need for inclusion of issues around workforce planning, recruitment, retention and skills, and to tie in to the work of Workstream 1.

Members highlighted the need for the report to link to the wider Social Care Reform work and to highlight existing recommendations that have already been published. There was also suggestion to highlight existing models that could be repurposed, such as the MH Secure Care Appeal process.

Members discussed the importance of highlighting that there were currently widespread failures of respecting Human Rights.

A more thematic approach was suggested. This could include sections on 'how it all works' 'barriers' 'best practice' 'commissioning' 'avoiding hospital admissions' 'accountability' 'empowerment' 'governance'

A further suggestion of bigger themes reflecting a persons journey, and legislation/Human Rights was suggested.

Members suggested themes around a set of key principles, long term strategic changes and a section on immediate short term changes/solutions.

There was a desire to keep an element of positivity throughout the report, highlighting this can be done.

Members moved on to discuss the possibility of a change fund to enable this, which would cover double running costs. There was discussion on suitable allocation of this funding, with a fair share allocation being suggested from WS1. Members expressed a desire for this funding to be distributed in a person centred way, although it was noted that existing funding structures may prevent this. Members highlighted that LAs could spend surplus funding on assisting with transitions, and the dangers of rewarding failure.

Members discussed that the report would benefit from suggesting additional work such as detailed modelling on MH and LD bed reduction across Boards based.

- ◆ Foreword
- ◆ Executive Summary (key recommendations)

- ◆ Background (why we undertook this SLWG)
- ◆ Vision Statement
- ◆ Human Rights
- ◆ Personalisation
- ◆ Seem-less Transition
- ◆ Transition planning
- ◆ Strengthening Community Provision
- ◆ Better links with Strategic Housing Planning
- ◆ Changes required (exploration of the barriers to making the vision a reality)
  - [Perhaps on a thematic basis]
- ◆ How are we going to pay for this change?
- ◆ Best Practice – what are the barriers we considered and the solutions
- ◆ Commissioning – barriers and solutions
- ◆ Avoiding Hospital Admissions
- ◆ Governance and oversight (protection of human rights etc)

*\*NB – Report structure is discussed in meeting note of 25<sup>th</sup> August*

An extension has been granted to mid-October.

### **ITEM 3 – Any other Business**

It was agreed that additional discussion would be conducted via email.

**ENDS**

Action Note - meeting date 21 August 2020

**23. In attendance:**

[redacted - COSLA Official] COSLA Chair  
 [redacted - SG Official] SG  
 Alex Stephen CFO Aberdeen City  
 [redacted - SG Official] SG  
 [redacted - SG Official] SG  
 [redacted - SG official] SG  
 [redacted - SG Official] SG

**Apologies:**

[redacted - SG Official], [redacted - SG Official], [redacted - SG Official], Gillian Barclay, [redacted - Scotland Excel Official], [redacted - COSLA Official] and [redacted - SG Official]

**Agenda items**

- Introductions
- Overview
- Revenue Funding
- Change Fund and project budgeting approach
- Capital funding elements
- Commissioning and procurement
- AOB

**Introductions and overview**

- [redacted - COSLA Official] introduced Alex to the group.
- Overview of the 3 groups given. UKG providing £62 million over a 3-year period, with the aim to discharge 50% of the LD people in hospital, currently standing at 2500. The consequential figure expected would be £6 million and in discussions with Health Finance but would expect the Cab Sec to agree to this money being used for this group. Proposing that the change fund is short term over a couple of years but need to agree a strategy for the future. However, this could change with input from the finance experts.
- The final report was discussed which can be requested under FOI Act, a few PQs have already been received around this work and there is a need to make the final report public.

- Financial transactions and ILF sections would need to be reworded before any report went public.
- Cab Sec and Councilor Currie have agreed to extend the deadline to October and to bring Housing Minister into discussions.

### **Revenue funding**

The initial proposal was an ILF scheme, a cost sharing approach but was not suitable because of other challenges involved. Have not requested CFO data as it was felt that we needed to engage on proposals to determine whether to move ahead. There is a growing demand for this cohort as quality of life is improving and people are living longer. The question is if the SG pick up half of the care package costs, who picks up the other half? The care package will evolve overtime and need to be responsive to changing needs and will need to consider how to close the gap, will this be by making additional savings elsewhere? Need to engage further with CFO's and Finance Directors.

Proposal - Rather than cost sharing could this all be funded from one source and money is held back for bids. WS2 are developing a register of all severe LD and enduring MH cases, the age of this group will start from early teenage years. Instead of 32 local registers, could we propose that it is a national register funded nationally. Need to explore this further.

### **Change fund and project budgeting approach**

The proposal is to develop the services and care packages, which rolls into a programme to use the double running costs for wider service redesign and disinvest in hospital and out of area costs. What do we want to invest in? – localised care maybe in clusters like Midlothian.

The methodology for the funds is either to distribute on a fair share basis or bidding process. In previous discussions the fair share method was preferred but WS2 wanted the funds to follow the individuals. Due to different processes used in different areas the accounting is not exact, what are the actual costs?

### **Capital funding elements**

Need wider engagement in this area to address the challenges of the specialism. Area also includes housing benefit and need to explore further with the right people. This would include housing colleagues across the ministerial portfolios. [redacted - COSLA Official] and [redacted - SG Official] will meet [redacted - ALACHO official] today to discuss.



Providers need longer term investment to provide an appropriate level of return. What are the models of care? [redacted - SG Official] shared the Good Life group report with the group. Need to find out if this group is still ongoing and inform housing colleagues that there is a political interest in this work.

Does every single person need a unique building? Are there broader models we can develop and would you require a separate building to provider? Might be appropriate to build a business case around a broader model. Homes are for life regardless of age and physical disability, it could be possible to build certain models for all to live in. There is strong lobbying around these issues. Need focused discussions on this subject.

### **Commissioning and procurement**

Guidance has been proposed. Who owns the building? Providers need certainty. If people go into hospital what happens to the rent? Costs don't disappear just because you have a void, how does SDS work into this. A shift in thinking is required – how best do we support people and how not to go to hospital?

### **Next meeting: 28 August 2020, 1100 – 1200 by MS Teams**

#### Actions

- [redacted - SG Official] to speak to Gillian about Good Life Group report and whether this can be considered by w/stream 2
- [redacted - COSLA Official] and [redacted - SG Official] to meet [redacted - ALACHO official] to move forwards capital discussions

## SLWG – WORKSTREAM 2

### NOTES FROM MEETING

Date: 25 August 2020

Time: 1530 hrs

Location: [Microsoft Teams](#)

#### ITEM 1 – Discussion on Final Report

SG confirmed that an extension had been granted until October. Members agreed to assist with drafting of sections for the final report as per the following Themes/ headings:

Section/ Theme	Author
THEME – Setting the Scene	
Foreword Cab Sec and Cllr Currie	SG/ CoSLA
Why this Report? (Timing and need)	Can use existing background and update SG/ CoSLA
Previous Enquiries and Findings – recommendations	Any Volunteers?
THEME – the Future	
The Future Vision	Charlie, [redacted] and Austen
Getting the Right Support	
Models of support that work	
THEME – People	
Why we need a register	Anne MacDonald and sub-group
Who are the individuals that need “complex care	Anne MacDonald and sub-group
Who is accountable / Governance	Austen plus?
THEME – Place	
Where is best – appropriate use of Hospital	[redacted - NHS Official], [redacted - NHS Official], [redacted – SG official] + clinicians?
Importance of Accommodation	Providers, Charlie, [redacted]
Strategic Planning and housing	[redacted - ALACHO official] plus
THEME – Sustainability	
Commissioning	WS1

Funding Models	WS1
Proposals	WS1
Conclusions and Recommendations	
TBC	all

## ITEM 2 – Presentation from National Development Team for Inclusion (NDTi)



Small supports SG  
present .pptx

Presenters from the UK-wide National Development Team for Inclusion presented on their ‘Small Supports’ scheme which is a culmination of their experience in redesigning day and care services for those with complex histories or, as they termed, ‘hefty reputations.’

Presenters highlighted their research showed issues around commissioners not knowing what good looks like, lacked experience on how to create good and did not have capacity to design in a person centred way. Similarly, Providers were stuck in traditional purchasing cycles. There was therefore a gap in the market of the correct skills, causing people to end up in cycles of secure admissions.

Presenters highlighted that during service design and commissioning, if a compromise is made, things start to go wrong.

Small Supports is designed around the individual offering them choice and control. It involves what may be seen as radical changes in aspirations.

The model is extremely flexible in the first year. Staff are recruited by the individual and are often a dedicated resource.

Presenters highlighted they had seen a skew towards people choosing to live alone.

Small Supports model is flexible around the individual and attempts to balance changing home versus changing staff. Funding is controlled and used by the individual.

During crisis, staff may be doubled and this is done rapidly, without involving commissioners.

Presenters noted that their financial assessments had shown that small supports costs around the same or slightly less than an ATU placement, however quality of life is markedly improved in the community.

Presenters highlighted to the group that they should encourage creation of a system that includes: individual funding, funding being flexible to changing needs, system that supports small support organisations and to seek out and support suitable housing options.

Members discussed the presentation and noted that there was work to do on changing the mindset of commissioners.

Members wished to raise that the culture change wasn't limited to small organisations, and was equally possible in larger providers. Members highlighted that there is a resilience in larger organisations that smaller organisations will struggle to match. Members were in broad agreement a diverse 3<sup>rd</sup> sector in this area is a benefit.

Members and presenters agreed that there can be a reluctance in LAs to test innovative approaches, there is a job to do to convince them it is possible.

Presenters made the offer to pick items up outwith the group by email and wished to share additional reports with members should further reading be requested:

*This is the most detailed paper. It was written as a direct challenge to Transforming Care Partnership so has that connection into the English delivery framework but information is relevant:*

[https://www.ndti.org.uk/uploads/docs/Final\\_Small\\_Supports\\_paper\\_one\\_2020.pdf](https://www.ndti.org.uk/uploads/docs/Final_Small_Supports_paper_one_2020.pdf)

*I like this blog from Sam Smith as it offers both the concept and details of an individual experience:*

<https://www.ndti.org.uk/blog/risky-business-the-cost-of-human-value>

*This blog from me is a couple of years old but the key points are valid:*

<https://www.ndti.org.uk/blog/think-small-act-small>

Bill Love: [Bill.Love@ndti.org.uk](mailto:Bill.Love@ndti.org.uk)

Elaine Torrance: [elaine.torrance@ndti.org.uk](mailto:elaine.torrance@ndti.org.uk)

### **ITEM 3 – Any other Business**

It was agreed that additional discussion would be conducted via email.

**ENDS**

**Action Note – meeting date 31 August 2020****24. In attendance:**

[redacted - SG Official] SG (Chair)

Jane O'Donnell COSLA

[redacted - COSLA Official] COSLA

Cleland Sneddon Solace

[redacted - LA Official] Social Work Scotland

Julie Murray CO East Renfrewshire & member of IJB CO Network group

[redacted - SG Official] SG

**Apologies**

[redacted - SG Official], Gillian Barclay, [redacted - LA Official], Hugh McAloon, [redacted - SG Official]

**Agenda**

- Welcome
- Action note, 17 August
- Progress report from Workstream 1 & Delayed Discharge Complex Care engagement dates

**Discussion**

[redacted - SG Official] chaired the meeting.

**Actions from previous meeting, 17 August**

- Delays in Hospital for People with Complex Needs Interim Report shared with the Cab Sec and Cllr Currie at meeting on 20 August was welcomed and well received. Recognition by both around the complexity of the work undertaken by the two workstreams to date. Cab Sec agreed to extend the completion of this work to the end of October.

- [redacted - SG Official] placed a priority and focus on the complex mental health client group. Workstream 2 to ensure the right people/stakeholders are engaged in the process to consider how to progress this piece of work.
- Workstream 1 to review double running costs for hospitals and community settings as figures produced seem low. [redacted - COSLA Official] to clarify the figures with [redacted - SG Official] / [redacted - SG Official] / Gillian Barclay.

**The Chair of Workstream 1, [redacted - COSLA Official], provided an update, and paper on the Delayed Discharge Complex Care engagement dates with professional networks. The area of business covered the following points –**

- [redacted - COSLA Official] provided an update and feedback on the Complex Care engagement paper and engagement (to date) with professional networks.
- Interim Report discussed at both the COSLA Health and Social Care Board held on 19/08/20 and the Chief Finance Officers Network meeting on 27/08/20. Report well received with good, positive feedback from both groups who welcomed the focus on this longstanding piece of work.
- Alex Stephen, CFO, from Aberdeen City has now joined work stream 1 for wider engagement.
- SOLACE discussed paper and feedback was in relation to how money can follow the individual – change fund is a useful approach for time and place

**Discussion Points –**

- Revenue proposals - strong support from the meetings for the change fund proposal however this needs to be longer term and release of full hospital resources to ensure this works. Mechanism to allocate funding should be equitable.
- With regards the capital proposals, more consideration required for capital funding as some issues identified with Housing Benefit & landlords. Need wider engagement with housing colleagues around this issue.
- [redacted - COSLA Official] asked would it be beneficial for [redacted - ALACHO official] from Alacho (member of work stream 2) to join work stream 1 to provide guidance around this issue?
- Models of care and learning. Good work undertaken in the Midlothian area around this as well as a plethora of other good models to look at. Workstream 2 have good examples that can be pulled out for report.
- Long way to go to bottom out the detail around the funding around disinvestment from hospital. Engagement with Chief Executives and Health Boards needed in respect of where are all the beds located.
- [redacted - SG Official] to discuss with [redacted - SG Official] and request a slot at the next CE HB meeting.

**AOB**

- Discussion around the format of final report, due October. Cllr Currie has noted he wants the report to be transparent and action focused for stakeholders with recommendations and conclusions gathered.
- Agreed that financial/funding elements removed from draft final report and added prior to the publication of final report.

#### **Actions for next meeting**

- Continued engagement and focus from both work streams until the end of October. To consider engagement with users and carers through SCLD.
- Workstream 1 complex care engagement paper to be a standing agenda item for the SLWG.
- [redacted - COSLA Official] to discuss with [redacted - SG Official] and provide an update on the figures for double running costs for hospitals and community settings.
- Workstream 2 to place a focus on the mental health client group and provide an update at the next meeting.
- Workstream 2 to pull out good practice examples of models of care.
- [redacted - COSLA Official] to send the interim report to [redacted - SG Official]. [redacted - SG Official] to speak to [redacted - SG Official] to request a slot at the next Health Board Chief Executive meeting to discuss report and gather views.
- Further analysis requested on where the beds are based.
- Continual engagement with Cab Sec and COSLA.

**Next meeting: 14 September 2020, 13.00 – 14.00 by MS Teams**

Action Note - meeting date 3<sup>rd</sup> September 2020

## 25. In attendance:

[redacted - COSLA Official]	COSLA Chair
[redacted - SG Official]	SG
[redacted - Scotland Excel Official]	Scotland Excel
[redacted - SG Official]	SG
[redacted - SG Official]	SG
[redacted - SG Official]	SG
[redacted - SG official]	SG
[redacted - COSLA Official]	COSLA

## Apologies:

[redacted - SG Official], [redacted - SG Official], Alex Stephen, [redacted - SG Official], [redacted - SG Official], Gillian Barclay, [redacted - COSLA Official]

## Introductions

[redacted - COSLA Official] introduced [redacted - COSLA Official] from COSLA who is on WS2 to the meeting - [redacted - COSLA Official] will take the note.

## Minute of Last Meeting Agreed

## Actions

WS2 did not take place on Tuesday – [redacted - COSLA Official] to follow up in [redacted - SG Official]'s absence.

[redacted - COSLA Official] and [redacted - SG Official] Met [redacted - ALACHO official] of ALACHO and others to discuss housing.

## SLWG meeting on 31<sup>st</sup> August

Would like to see more formed recommendations being reported to SLWG.

## Engagement



[redacted - COSLA Official] had shared a paper on wider engagement

Paper has been well received:

- COSLA Board endorsed and provided feedback.
- CFO endorsed, funding allocation should be equitable, and workforce needs to be reprofiled towards support in the community.
- Importance of releasing hospital funding to support work.
- Housing colleagues noted revenue funding being a greater challenge, need to bring together funding streams - Housing Benefit does not cover full costs. Register could be an enabler. Cab Sec and Councillor Currie will engage with the Housing Minister.

### **Recs and Actions**

- Revenue funding and cost sharing: [redacted - SG Official], [redacted - SG Official], [redacted - COSLA Official] and Alex to start scoping out with support from [redacted - COSLA Official] – CFO network can provide information on the cost of packages – [redacted - SG Official] to organise this discussion.
- Change fund approach to be taken forward by [redacted - SG Official], [redacted - SG Official] and [redacted – SG official], feedback from Health Board Chief Executives will be important.
- Political discussion with Housing to be progressed – links with COSLA Community Wellbeing Board.
- Housing, engagement with RSL will be progressed, [redacted - SG Official] will provide details of RSL reps, will look to also engage with LA Housing Benefit expertise. Financial transactions and More Homes team will be engaged with following this.
- Commissioning and procurement – [redacted - Scotland Excel Official] will provide a paper on what commissioning guidance and step guide could look like including information on rates and links with Scotland Excel Framework. This will be used to engage with CFOs and C & P network and CCPS and the 3 providers on WS2 in this work. Need to also have SDS options.

**Next meeting: 11 September 2020, 1100 – 1200 by MS Teams**

## SLWG – WORKSTREAM 2

### NOTES FROM MEETING

Date: 08 September 2020

Time: 1530 hrs

Location: [Microsoft Teams](#)

#### ITEM 1 – Discussion on Final Report

Discussions around the audience of the final report was held to aid members in the drafting of their sections. While the ultimate audience is the Cabinet Secretary for Health and Sport and COSLA Health and Social Care Spokesperson, SG intends to publish the report. There is merit to tailoring the writing to groups involved in planning services. This includes Senior Officials within Integration Authorities, Hospital Administrators and Community Social Workers.

There will also be interest from families and carers, Human Rights Organisations and advocates.

Members discussed that the introduction/context of the report should be supported with data where we have it. The benefits of exploring data from ISD and MH Nurse leads for the report were discussed. Members also wished the report to highlight the human impact and make the case studies and people real for readers early on.

There was discussion on amendments to the formatting of the report, with possibility of inclusion of more factual headings to assist readers in navigating to relevant sections. EG – Procurement as a heading.

Members also discussed whether the report would benefit from a short/medium/long term distinction between recommendations, identifying the immediate need to act versus longer term systemic changes.

Members identified that housing provision would be example of an action that would fall under the immediate umbrella, given that it will take around 2 years for the stock to become realised. In this time the more medium term funding/SC package recommendations can be worked on.

Discussion was held on making an explicit recommendation to link into the independent review of adult social care.

Members discussed that the remit of the group was to look at Mental Health patients, although members noted that while LD patients are likely to remain stuck in hospital, the patient journey of a MH individual is likely to be far more cyclical with multiple re-admissions into hospital.

Members wished to highlight the overall tone of the report should be strong, acting as a driver similar to the LD Hospital closure – the decision was made that it was happening, now LAs need to deal with it.

There was discussion on whether the report should include examples of where things haven't worked and went wrong by way of example.

SG recommended members start drafting and a collaborative process of pulling the document together over the next few weeks can begin, where it will be easier to decide on issues of formatting with better context of the content.

SG Will provide a first draft skeleton of the report for the next meeting.

The drafting of sections for the final report as per the following Themes/ headings has been copied to this readout for ease:

Section/ Theme	Author
THEME – Setting the Scene	
Foreword Cab Sec and Cllr Currie	SG/ CoSLA
Why this Report? (Timing and need)	Can use existing background and update SG/ CoSLA
Previous Enquiries and Findings – recommendations	Eleanor
THEME – the Future	
The Future Vision	Charlie, [redacted] and Austen
Getting the Right Support	
Models of support that work	
THEME – People	
Why we need a register	Anne MacDonald and sub-group
Who are the individuals that need “complex care	Anne MacDonald and sub-group
Who is accountable / Governance	Austen plus?
THEME – Place	
Where is best – appropriate use of Hospital	[redacted - NHS Official], [redacted - NHS Official], [redacted – SG official] + clinicians?
Importance of Accommodation	Providers, Charlie, [redacted]
Strategic Planning and housing	[redacted - ALACHO official] plus
THEME – Sustainability	
Commissioning	WS1
Funding Models	WS1
Proposals	WS1
Conclusions and Recommendations	
TBC	all

**ENDS**

Action Note - meeting date 11<sup>th</sup> September 2020

**26. In attendance:**

[redacted - COSLA Official] COSLA Chair  
 [redacted - SG Official] SG  
 [redacted - Scotland Excel Official] Scotland Excel  
 [redacted - SG Official] Scotland Excel  
 Gillian Barclay  
 [redacted - SG Official] SG  
 [redacted - SG Official]  
 [redacted - SG official] SG  
 Alex Stephen CFO rep

**Apologies:**

[redacted - SG Official], [redacted - SG Official], [redacted - SG Official], [redacted - COSLA Official], [redacted - SG Official], [redacted - SG Official], [redacted - COSLA Official]

**Minute of Last Meeting Agreed**

**Actions**

- Revenue funding and cost sharing: [redacted - SG Official], [redacted - SG Official], [redacted - COSLA Official] and Alex to start scoping out with support from [redacted - COSLA Official] – CFO network can provide information on the cost of packages – **for discussion today.**
- Change fund approach to be taken forward by [redacted - SG Official], [redacted - SG Official] and [redacted – SG Official], feedback from Health Board Chief Executives will be important – **[redacted - COSLA Official] to follow up with [redacted - SG Official] on any progress.**
- Political discussion with Housing to be progressed – links with COSLA Community Wellbeing Board – **will be discussed at SLWG 14/09 and CWB Board 18/09**
- Housing, engagement with RSL will be progressed, [redacted - SG Official] will provide details of RSL reps, will look to also engage with LA Housing Benefit

expertise. Financial transactions and More Homes team will be engaged with following this – [redacted - SG Official] contacting RSLs to advise of meeting.

- Commissioning and procurement – [redacted - Scotland Excel Official] will provide a paper on what commissioning guidance and step guide could look like including information on rates and links with Scotland Excel Framework. This will be used to engage with CFOs and C & P network and CCPS and the 3 providers on WS2 in this work. Need to also have SDS options – for discussion today.

## **Benchmarking Survey and Step Guide**

[redacted - Scotland Excel Official] presented the paper;

Scotland Excel hold a range of rates, but number of providers are not on the framework. Step guide would support understanding of framework and tools in place to put support in place. Procurement can be seen as a barrier not an enabler, full flexibilities of light touch regime not always put in place. Need to link in with wider models of collaborative commissioning, these can take time though. Step guide could sit alongside change fund to support outcomes if this is progressed.

Comments included;

- Need to ensure complexity of people using support is recognised and the longer term and immediate outcomes for people not just price.
- Need to ensure people and families are engaged with providers following PIN notices and throughout assessment process.
- Principles could be included in step guide to inform procurement process
- Engagement and linking with CCPS is critical
- Need to ensure providers have the relevant skills and expertise to prevent services breaking down – PIN notice can be used in this way to find right providers.
- Benchmarking would cover national and local arrangements, provide more transparency and visibility and allow for better financial planning.
- Requirement for geographical benchmarking to allow for better planning.

## **Revenue Funding**

- Feedback from engagement recognises that the long-term revenue cost of packages needs to be addressed alongside change fund proposal.
- Questions raised about whether resource from hospital budgets can be released.
- Cost sharing proposal was paused until engagement could take place
- Data on costs and linking this with benchmarking will be important – [redacted - COSLA Official] and Alex will discuss at CFO exec next week.

## **Report Outline**

- Group supported suggested outline for report
- Need to recognise timescales in best practice examples and that it can take time to implement this level of change.
- Report should recognise practical challenges in doing this to be transparent.

### **Wider Context for Work**

- [redacted - SG Official] provided an overview of the new SG structure and importance for review division to be aware of work.
- [redacted - SG Official] and Gillian will ensure relevant people in SG are sighted with possibility of briefing the review advisory group at appropriate time.

### **Actions**

- [redacted - COSLA Official] and [redacted - SG Official] to engage with CCPS and [redacted – SG official] on linking work with C & P workstream of Adult Social Care Reform.
- [redacted - SG Official] to look out project plan for C & P workstream
- [redacted - COSLA Official] and [redacted - Scotland Excel Official] to provide update for SLWG on step guide and benchmarking survey.
- [redacted - COSLA Official] and Alec to discuss benchmarking and revenue cost sharing approaches with CFO network on Tuesday
- [redacted - SG Official] and [redacted - SG Official] to provide briefing on cost sharing proposal for next meeting.
- [redacted - SG Official] and Gillian to brief SG colleagues on work.

**Next meeting: 18<sup>th</sup> September 2020, 1100 – 1200 by MS Teams**

**Action Note – meeting date 14 September 2020****27. In attendance:**

[redacted - SG Official] SG (Chair)

Jane O'Donnell COSLA

[redacted - COSLA Official] COSLA

[redacted - LA Official] Social Work Scotland

Julie Murray CO East Renfrewshire & member of IJB CO Network group

Gillian Barclay SG

**Apologies**

[redacted - SG Official], [redacted - LA Official], Hugh McAloon, [redacted - SG Official], [redacted - SG Official], Cleland Sneddon

**Agenda**

- Action note, 31 August
- Progress report from Workstream 1
- Verbal update Workstream 2

**Actions from previous meeting, 31 August**

- Continued engagement and focus from both work streams until the end of October. To consider engagement with users and carers through SCLD – **complete**
- Workstream 1 complex care engagement paper to be a standing agenda item for the SLWG - **complete**
- [redacted - COSLA Official] to discuss with [redacted - SG Official] and provide an update on the figures for double running costs for hospitals and community settings – **clarification provided that estimated figures used, [redacted - SG Official] to work with CFOs on data for final report.**
- Workstream 2 to place a focus on the mental health client group and provide an update at the next meeting – **update provided that 3 members of w/stream 2 have dual role in LD and MH. Final report to pull out nuances, outcomes should be the same although pathway will be different.**



- Workstream 2 to pull out good practice examples of models of care – to be included in final report.
- [redacted - COSLA Official] to send the interim report to [redacted - SG Official]. [redacted - SG Official] to speak to [redacted - SG Official] to request a slot at the next Health Board Chief Executive meeting to discuss report and gather views – [redacted - SG Official] is waiting for response.
- Further analysis requested on where the beds are based – data provided although analysis has been requested.
- Continual engagement with Cab Sec and COSLA - ongoing

#### Discussion on actions

- Gillian noted reduction in number of delays in latest data – further analysis has been requested to understand reason for this whether due to the commissioning of new placements or a discrepancy in relation to data and how it is recorded.
- There was a discussion on the data provided on bed days per area and OOA placements. A breakdown at an individual level and analysis was requested for local areas.
- Julie reported that she had heard NSD also fund a number of care packages – [redacted - COSLA Official] to check with [redacted - SG Official] whether this came through in the data on OOA if not NSD to be contacted to provide information.

#### Update from Workstream 1 - [redacted - COSLA Official] on engagement with professional networks and proposals in relation to benchmarking of rates and step guide for commissioning and procurement. The area of business covered the following points –

- [redacted - COSLA Official] provided an update and feedback on the most recent engagement sessions; continuing feedback shows support for work and for areas of proposed further work.
- Issues in relation to the transparency of rates has been highlighted in a number of discussions and has resulted in proposal for piece of work to benchmark rates.
- Scotland Excel have worked on a proposal for benchmarking exercise and step guide. If SLWG agree this will be discussed at CFOs this week.
- Step guide will not alone resolve issues and there will be a requirement to align work with reform of adult social care C & P workstream on collaborative models of commissioning.

#### Discussion Points –

- Importance on need to set up a delivery advisory group when recommendations are made.
- Requirement to engage with CCPS on work.
- Support for benchmarking exercise and step guide – to be taken forwards.

#### Update from Workstream 2 – Gillian Barclay

- Work stalled slightly, last presentation was from NDTI – Julie noted the importance of small local providers as well as national providers. [redacted – LA Official] noted importance of commissioning to bring providers together to share learning.
- Thematic approach to report was discussed setting out current context, vision, models of support, proposal for register, sustainability. Gillian will prepare one-page report to go to Cabinet Secretary and Councillor Currie on Thursday.

#### **Actions for next meeting**

- Gillian to provide analysis of the change to current DD data
- [redacted - SG Official] and [redacted - SG Official] to do analysis of placements at a local level.
- [redacted - COSLA Official] to check with [redacted - SG Official] on whether NSD funded packages were included in data – if not can this be requested.
- Gillian to prepare one-page update on report format for Cllr Currie and Cab Sec.

**Next meeting: 28 September 2020, 13.00 – 14.00 by MS Teams**

## SLWG – WORKSTREAM 2

### NOTES FROM MEETING

Date: 22 September 2020

Time: 1530 hrs

Location: [Microsoft Teams](#)

#### ITEM 1 – Discussion on Final Report

Members heard from [redacted - COSLA Official], COSLA, on progress of workstream 1. WS1 was exploring options around a change fund approach to address the immediate issues with further discussions on recommendations around the longer term, preventative, capital revenue issues.

WS1 are exploring issues around data around funding, with a view to calculating the totality of care packages and making best use of current funding. The tool PBMA (Programme Budgeting, Marginal Analysis) is one of the methodologies being explored.

The issues around Ordinary Residences is still being explored in detail.

Scotland Excel have been assisting with a step guide to Commissioning. Members highlighted the risk of trying to produce a single response that will adequately address all the individual circumstances and nuances across Scotland. The guide will remain person centred.

Members discussed implications of the [recent court ruling](#) in England, the judgement which was based on article 19 of the UNCRPD around how the Court views care at home compared with care in an institution.

Anne MacDonald gave an update on the work of the 'Risk Register' sub group and discussed issues being explored within this group. Members raised the difficulties in balancing the purpose of the register between 'driving improvement' which would sit with organisations such as HIS, versus a performance management tool which would sit with Scottish Government.

Discussions continued on the final report. Members were reminded of the need for timely returns on their sections of the report, to enable an effective and thorough reviewing and editing process to take place before the October deadline. Members were asked for returns by next meeting.

**ENDS**

**Action Note – meeting date 28 September 2020****28. In attendance:**

[redacted - SG Official] SG (Chair)

[redacted - SG Official] SG

[redacted - COSLA Official] COSLA

Julie Murray CO East Renfrewshire & member of IJB CO Network group

Gillian Barclay SG

**Apologies**

[redacted - LA Official], Hugh McAloon, [redacted - SG Official], [redacted - SG Official], Cleland Sneddon, Jane O'Donnell, [redacted - LA Official]

**Agenda**

- Action note, 14 September
- Progress report from Workstream 1
- Verbal update Workstream 2

**Actions from previous meeting, 14 September**

- Gillian to provide analysis of the change to current DD data – **to be emailed**
- [redacted - SG Official] and [redacted - SG Official] to do analysis of placements at a local level – **requested from ISD**
- [redacted - COSLA Official] to check with [redacted - SG Official] on whether NSD funded packages were included in data – if not can this be requested - **requested**
- Gillian to prepare one-page update on report format for Cllr Currie and Cab Sec – **discussed 17/09/20**

**Discussion on actions**

- The Cabinet Secretary requested that this work be reported to the Independent Review of Social Care not to COSLA and Scottish Government, however some actions may be shorter term. Advice was sought from the SLWG on this approach.
- Discussion on finance and commission actions being shorter term and risk of losing momentum by reporting to review.
- Paper will be brought to next SLWG for discussion.

**Update from Workstream 1 - [redacted - COSLA Official] on engagement with professional networks. The area of business covered the following points –**

- [redacted - COSLA Official] provided an update and feedback on the most recent engagement sessions with NHS CE and constructive discussion with workstream 2.
- Gillian noted that there was still a risk of divergence between the workstreams on the recommendations. [redacted - SG Official] offered to provide support with [redacted - LA Official] on bringing the workstreams together.
- Julie flagged concerns raised by Glasgow in relation to capital elements of the work. [redacted - COSLA Official] has been engaging directly to address these and Glasgow are supporting the work.
- Separate discussions arranged for this week with RSLs and on commissioning guidance to form proposals.

**Update from Workstream 2 – Gillian Barclay**

- Gillian provided an update on the register proposal and noted that some members wanted to see greater accountability in the system.
- Julie provided an update on an independent review on a complex discharge that has taken place in South Lanarkshire and noted that there will be useful learning to inform this work. Julie will send on report and TOR when it is available.
- [redacted - SG Official] enquired about the practice of resource transfer in each area and whether the practice in GGC was replicated elsewhere. It was agreed this would be a helpful piece of work although noted sensitivities with this.

**Actions for next meeting**

- Chairs to develop paper for next SLWG on short term actions and what reports to review.
- This will then be reported to Cab Sec and Councillor Currie, to include delivery mechanisms.
- Julie to send on TOR for South Lanarkshire work with Enable.
- [redacted - SG Official] to make enquires on resource transfer.

**Next meeting: 12 October 2020, 13.00 – 14.00 by MS Teams**

## SLWG – WORKSTREAM 2

### NOTES FROM MEETING

Date: 29 September 2020

Time: 1530 hrs

Location: [Microsoft Teams](#)

#### ITEM 1 – Discussion on Final Report

Members discussed development of the register proposal, and were in broad agreement on the human rights/social model that was core to the register.

Members discussed the inclusion of an appendix which would give case studies to aid readers. This would be a mix of stories of best practice and stories of where things have gone wrong. Members agreed the ENABLE example in Lanarkshire would be a good example to include alongside.

Members discussed the role of the Mental Welfare Commission as part of broader discussions around scrutiny and oversight. The MWC role is only to monitor the care and support offered to individuals, it has no role in monitoring local processes.

Members agreed there was a need for a consistent approach to monitoring the register, something which a single regulatory body could facilitate, but there was discussion around unintended consequences of a register, such as a rush to remove people from it into unsuitable destinations. It was highlighted that there is still a role for advocacy in the process, and this would need to be clearly defined to run alongside the role of the MWC/Regulatory body with defined boundaries between the care, support and treatment monitoring versus the welfare guardianship role.

Further inadequacies in the current report mechanisms were highlighted given the discrepancy between ISD/PHS data on delayed discharge and Local Authority notification lists, the register would negate this.

Current influence of the MWC extends to escalating cases to chief officers and, if necessary, Scottish Ministers. There isn't a statutory power behind this. Any thoughts on a new system would need to avoid duplicating this and consider the totality of the delayed discharge process.

Members discussed whether there was merit in having the register run as a standing item at local Quality and Safety Boards.

Members highlighted the similarities between the current excessive security appeals procedure, however caution was noted in that there are still issues with this system.

Members highlighted the work ongoing by the Project Lead for the North of Scotland Collaborative off the back of the Coming Home report, and a contribution to the final report from them was suggested.

Members were reminded for timely returns to their sections.

**ENDS**

Action Note - meeting date 9 October 2020

## 29. In attendance:

[redacted - COSLA Official]	COSLA Chair
[redacted - SG Official]	SG
[redacted - SG Official]	SG
[redacted - SG Official]	SG
[redacted - SG Official]	SG
[redacted - SG Official]	SG
[redacted - NHS Official]	SG
[redacted - Scotland Excel Official]	Scotland Excel
[redacted - SG Official]	Scotland Excel
[redacted - SG Official]	South Lanarkshire Council
[redacted - COSLA Official]	COSLA
[redacted - SG Official]	SG

## Apologies:

Alex Stephen, [redacted - SG official] , [redacted - SG Official], Gillian Barclay, and [redacted - SG Official]

## Agenda items

- Actions – minute attached
- Community Living Change Fund - paper
- Discuss and agree actions
- AOB

## Actions

Template to be updated and [redacted - SG Official] will share with legal for advice. Questions raised about the scope of the paper to inform how the data/information was requested and gathered. A request has been made to CFO's for out of area data/information and will now need to ask CFO's for further information/data, this will be acknowledged in paper. It was agreed that all complex packages will be requested and a financial threshold agreed. [redacted - COSLA Official] will contact Gillian to ask for definition of complex care used by w/stream 2.

Data needs to be matched up with delayed discharge data – code 9 excludes Adults with incapacity but code 9 is a mix of learning disability and mental health and occasionally physical disability.

[redacted - SG Official] raised that NSS have produced a paper on MH cross border and were not aware of SLWG. They have looked at the pattern of referrals and the rationale for cross border. The total cost of care for a 6 year period was £25 million. [redacted - COSLA Official] and [redacted - SG Official] to connect with the team leader of this group and discuss a definition.

Need to highlight at the SLWG meeting the risk of no MH representatives.

### **Community Living Change Fund**

- Suggestions on what we call this. Comments about the paper welcome by email.
- Programme budget approach do we have the skills and tools nationally? Is this readily available? Need to bring in the 3<sup>rd</sup> sector budgets. Statutory sector budgets are readily available.
- People are positive about the thrust of the paper.
- Need to tease out programme budgeting, specifically around the market facilitation plan – capacity, demand and market
- Partnerships need to take a collaborative approach around market facilitation.- need to bring in WS2

Aware hospitals may be cheaper and may not lead to savings but need to take account of human rights. The National taskforce on human rights - socio-economic rights

- Right to adequate standard of living
- The right to the highest attainable standard of physical and mental health

Suggestion to include practical examples of what the change fund could do.

Tease out that this is not about long term funding but about the transition costs, this needs a bit more traction.

Group is in agreement about the paper

### **Capital**

Grant flexibility – need more engagement from housing colleagues.

Housing have the financial responsibility for funding adaptations but there are gaps around this.



The funding mechanisms need to be cleared up and should be flagged as a significant issue. Need to bring in the Housing Minister and COSLA representative.

Long standing issues with housing benefits and work needed to focus on the different revenue streams.

[redacted - NHS Official] to share the ihub website training programme and will liaise with Alison Docherty on adaptations.

Suggested that good practice examples of procurement processes be included in the step guide.

### **Actions**

- [redacted - COSLA Official] to check in with WS2 about definition for complex care
- [redacted - SG Official] will sense check survey and check with legal team
- Connect with the National Service Division – [redacted - COSLA Official] and [redacted - SG Official]
- Need to highlight risk to SLWG that there are no MH representatives.
- Alternative name for the Community Living Change Fund – emails welcome

**Next meeting: 16 October 2020, 1100 – 1200 by MS Teams**

**Action Note – meeting date 12 October 2020****30. In attendance:**

[redacted - SG Official] SG (Chair)

[redacted - SG Official] SG

[redacted - COSLA Official] COSLA

Julie Murray CO East Renfrewshire & member of IJB CO Network group

Gillian Barclay SG

[redacted - LA Official] Social Work Scotland

Cleland Sneddon Solace

[redacted - SG Official] SG

**Apologies**

[redacted - LA Official], Hugh McAloon, [redacted - SG Official] and Jane O'Donnell

**Agenda**

- Welcome and previous action notes
- Progress report from Workstream 1, SLWG and Community Living Change Fund papers. Please note the papers were circulated by [redacted - COSLA Official] on Friday.
- Progress report from Workstream 2
- Agreed points to report to next Cab Sec/Cllr Currie meeting

**Action Note – 28 September 2020**

Previous action notes accepted.

**Update from Workstream 1 –****Community Living Change Fund paper**

- Finalizing Change Fund proposals and awaiting WS1 approval
- Fund allocation would be a combination of NRAC and GAE

- Marginal analysis not being incorporated into the budget as this area is very technical and requires trained personnel
- Totality will include hospital activity
- The disinvestment expectations need to be robust and clearer, this is to include when the 2 year Change Fund will commence and how commissioning builds up the network/capacity creating long term relationships with robust providers. Collaborative commissioning needs to be finalized, adding in capital funding/housing benefits.
- SOLACE to engage/arrange to speak with Alison Taylor/Independent Review team.
- Will require extra funding for double-running costs
- Directors of Finance and CFO's have seen the proposals
- Issues with long term stay people who don't have the correct code allocated to them.

### **SLWG report**

- It was agreed that the proposed short term recommendations could move forward without waiting for the Independent Review.
- Wording used needs to be changed and more detail required.
- The first paper is to be an appendix to the final report

### **Update from Workstream 2 – Gillian Barclay**

- There are recommendations that could be taken forward without having to wait on the Independent Review
- Capital Funding proposal is crossing into the housing portfolio, need to engage with housing colleagues, there is a gap in the business case
- Inadequate funding for adaptations needs to be addressed
- Clarity on the role of the NHS inpatient services
- Admission to hospital should not be based on failed care placements.
- Longer term reviews (Scott review and Rome review) are about the legislation and regulation.
- Dynamic Support Register proposal – Who is the data owner? Earlier identification of children coming through the system, how does this interface with the education system? Need to dip test these proposals with MWC.
- MWC are on WS2 group and have made a significant contribution. MWC do review delayed discharge and report but do not have the authority to enforce.
- Set up a programme board and timeline

### **Actions for next meeting**

- All papers to be submitted as a final report by Friday 23 October
- Agenda for next meeting (26 October) is to sign off the final report and make final comments

**Next meeting: 26 October 2020, 13.00 – 14.00 by MS Teams**

## SLWG – WORKSTREAM 2

### NOTES FROM MEETING

Date: 13 October 2020

Time: 1530 hrs

Location: [Microsoft Teams](#)

#### ITEM 1 – Discussion on Final Report

Members discussed some further short term recommendations within the report:

- Members discussed the need to develop associated guidance to accompany the report recommendations – ‘Step Guide to Discharge.’ It is important to avoid duplication, noting that numerous commissioning guidance already exists.
- Members agreed for the need for the report to identify that there must be a single point of accountability/responsibility within each of the HSCPs for this population group. The role should feed into the new ‘national panel’ - reporting to or something more collaborative. There is a need for this role to be clearly defined in a ‘Change Management’ sense as opposed to an administrative one. The role needs to be appropriately recruited and staffed. The post could be dual role – both leading local change and reporting to the national panel why delays exist.
- An audit of ATU beds and the hospital estate across Scotland for this population. It is necessary to generate a baseline of what provision looks like across Scotland, similar to the exercise conducted in the review of the Forensic Estate. ATU Beds were last assessed in early 2018 and therefore a refresh is required given covid. The audit should include SLAs between boards with respect to the island populations. It is also important to include the private sector provision – noting that this has grown to plug gaps in local provision. The audit also needs to consider various naming conventions exist across the country and a deep-dive into provision across the country is required.
- Development of a financial incentive through a carers premium. The ENABLE case study supports an enhanced rate of pay for those caring for those with complex need. Similarly, a mandatory qualification would force pay-banding higher for staff as seen in NHS children services. Members discussed the merit of highlighting in the report the work required on valuing the workforce and the need for pay to match skill, responsibility and comparison to other similar roles.

Members discussed a need to add a ‘Purpose’ section to the final report near the top to highlight the vision of the report.

Members discussed the need to highlight that people can be out of area and happy, and therefore respect needs to be paid to the wishes of the individual in these cases.

Members noted the practicalities that significant financial resource is not unlocked from bed closures until an entire ward is shut, yet there will always been a need for a small number of treatment beds. The

report needs to highlight this is not a bed closure programme, but instead about developing appropriate community settings.

Members were updated on progression of the register proposal. The register is proposed to have 2 levels, Amber and Red, with others managed locally. The panel will have the power to require information from public bodies and will likely provide yearly reports to ScotGov in order to be transparent. Members will need remunerated given the significant time commitment required. It will likely need legislation to fully implement. Inclusion of children in transition in the register needs postponing as a medium term commitment given the data protection complexities and how central government can justify a national database of children in transition.

Members were asked to note the **final deadline for the report as 26<sup>th</sup> October.**

**ENDS**

## SLWG – WORKSTREAM 2

### NOTES FROM MEETING

Date: 20 October 2020

Time: 1530 hrs

Location: [Microsoft Teams](#)

#### ITEM 1 – Discussion

An error from the previous minutes was clarified that the deadline of **26<sup>th</sup> October** referred to a shorter recommendations paper. As a result, the session was spent with members discussing the paper, the inclusion of specific recommendations and offers to provide comments.

Members were thanked in anticipation of their efforts and contributions.

A copy of the submitted paper can be viewed below.



Complex Delays CS Annex C Discussion  
Cllr C .docx Paper - Delays in ho

**ENDS**

## SLWG – WORKSTREAM 2

### NOTES FROM MEETING

Date: 27 October 2020

Time: 1530 hrs

Location: [Microsoft Teams](#)

#### ITEM 1 – Summary Report

ScotGov explained that the summary paper developed at the last meeting will go to CabSec for consideration, and therefore it was proposed that next weeks meeting is cancelled to allow time for consideration of this paper. The paper summarised work into short term, non-regulatory changes and longer term recommendations, some of which are dependent on the outcomes of the Independent Review into Adult Social Care, as well as the Independent Mental Health Law Review.

The Summary report included proposals to establish an implementation group (IG) in order to drive progress on the recommendations. Members discussed membership and remit of the group. There was agreement that the IG should be action focused, which means a majority provider and expertise as opposed to policy. The IG membership should be primarily drawn from WS2 especially given the benefit of the frank and open discussions that can be comfortably held, however there are opportunities for others to join.

Members identified a gap in the areas of housing policy and MH policy which may need consideration. There was also agreement that the family/lived experience perspective remain invaluable going forward.

Members discussed the IG may have a requirement to set up specific commissions requiring specific expertise, and therefore while not everyone may need to be a member of the IG, there will likely be a need for all members to stay connected to the ongoing work if they wish.

#### ITEM 2– Final Report

Discussion moved onto the final report of which members were asked to continue drafting. There was agreement that both positive and negative case studies prove useful to share learning.

Members discussed the report needs to reflect that there is a small need for inpatient care, and therefore anticipation that significant budget can be freed up is unrealistic.

#### ITEM 3 – Derek Feeley Review

Members discussed the topics that would be worthwhile highlighting to Derek Feeley and the Independent Review into Adult Social Care Review Team and a number were raised:

- People with complex disabilities who are well-supported can live rich, fulfilled lives, contributing to society
- We know what that support looks like but needs a joined up approach across Accommodation, High-quality care, Activities & lifelong learning, Relationships with family, wider community, Purpose & meaning.

- There is insufficient high-quality care in combination with suitable housing to meet current demand in Scotland
- A genuine partnership approach is the way to tackle this with involvement of: families of people with complex disabilities, NHS, Local Authorities, HSCP/IJBs, Third Sector, Scottish Government, and care givers in the informal/community sector and faith sector.
- A fundamental Human Rights' approach, within a legislative framework is required. The solutions become drivers for the Scottish Economy - financial, intellectual and cultural.
- Is there an argument for this particular group to be taken out of standard procurement processes?
- The need for the fair work agenda to be examined, considering that the enhanced skills required need adequately remunerated.
- The role of the register, the national panel and funding, and how these will influence systemic change.
- The importance of a human rights based agenda and the shift from preventative interventions as opposed to the currently reactive system that exists.
- The existence of 'imaginary barriers' – we have evidenced that it is possible, just need to get on with it.

The next meeting will be Tuesday 10<sup>th</sup> November.

**ENDS**



## SLWG – WORKSTREAM 2

### NOTES FROM MEETING

Date: 10 November 2020

Time: 1530 hrs

Location: [Microsoft Teams](#)

#### ITEM 1 – Summary Report

The summary report has been considered by the Cabinet Secretary and Councillor Currie with all recommendations accepted. The paper has not yet been through COSLA governance, which will be completed towards the end of November. Following this, it is intended that a public facing version of the paper will be published and available to aid wider consultation. This is still a confidential document at this stage and is not yet ready for wider sharing.

Members were updated on progress of the Register proposal and informed a paper will be ready shortly for comment. It will identify the areas of further work and consultation required in order to deliver. These can be roughly split into 3 areas: The register itself - and the work required around issues of tendering, design and testing. The guidance - which is a necessary complement to the register but will require further consultation on how prescriptive it is, as well as alignment with other pieces of existing guidance available. And Reporting - how the register feeds into local and national government and the role of the national panel. Members fed back that there may be benefit in exploring the feedback of people with lived experience who have been delayed discharge and their experiences, as well as wider consultation with COSLA/MWC and others.

Members discussed the need to consult more widely with Mental Health leads and specialists given the need for solutions to cut across both populations, although there was acceptance that if a system can be developed that gets it right for the LD population, it should be possible to get it right for everyone. Many of the barriers across the populations are similar.

Members highlighted that there may be benefit of national work to define the role of the 'named person' within each local authority, and consider any national training requirements for them to be effective in post. There is an expectation that this post be 'change management' and therefore needs to be recruited appropriately.

Given the need to start work on implementation of the short term recommendations, while simultaneously completing the final report due in January, ScotGov and COSLA explained this would be a suitable time to consider management of the group. The 2 workstreams are now at a stage of being reconciled, given the limitations to this structure. Many of the actions are now at a stage of needing consulted, costed and project managed, which will require stricter governance.

ScotGov/COSLA will work on a paper proposing a new leadership structure for the SLWG which will be circulated for consideration. There was strong emphasis on the need to not lose any experience from the group, as well as members agreeing the benefit of the collaborative relations that have developed between members over the past few months.

ScotGov thanked members for their time and participation.

This meeting concludes Workstream 2 of the Short Life Working Group.

**ENDS**