

To: Renfrewshire Integration Joint Board

On: 25 June 2021

Report by: Interim Chief Officer

Heading: Developing Models of Care

Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	X
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Summary

- 1.1. The current policy context for integrated health and social care services, driven through the Independent Review of Adult Social Care (Feeley Review) and the recently published national Self-directed Support framework alongside service remobilisation, focuses on the enablement of choice, flexibility and control in service provision.
- 1.2. This context is reflected in national good practice and in the HSCP's guiding principles. The report considers how these policy drivers and our guiding principles will be applied to the development of models of care across the different care groups supported by the HSCP. A key element of this activity will be considering how choice and flexibility can be best delivered through Self-directed Support (SDS), and this paper sets out the Partnership's current position regarding the utilisation of SDS locally.
- 1.3. In particular, this paper focuses on the development of models of day support. It sets out initial thinking on a proposed direction of travel and features of a future day support model which will further enhance the level of choice and control individuals' have over the support they access.

2. Recommendations

It is recommended that the IJB:

1. Note the assessment of current policy drivers for developing models of care, and the relationship with the HSCP's guiding principles (sections 3 to 4);
2. Note the HSCP's current position with regards take-up of Self-directed Support options and the findings of national audits of the implementation

of Self-directed Support which provide a case for further development (section 5);

3. Note the current position of day support for older people, people with physical disabilities and people with learning disabilities, reflecting the impact of the COVID-19 pandemic (sections 7 to 8); and
4. Approve the direction of travel and proposed features set out for the development of day support, based on policy and good practice, subject to further development and consultation with stakeholders (section 9).

3. Background and the Policy Context

- 3.1. Enabling individuals to have choice, control and flexibility over the health and social care services and support they access has been at the centre of national policy and decision-making for several years. The Social Care (Self-directed Support) (Scotland) Act 2013 set out these principles in legislation, with the Public Bodies (Joint Working) (Scotland) Act 2014 furthering the integration of health and social care with individuals at the centre of service planning.
- 3.2. The core objectives of these legislative building blocks have been central themes in national policy across support for older people and those with disabilities, including but not limited to 'A Fairer Scotland for Older People'; 'A Fairer Scotland for Disabled People'; the 'See Hear' strategic framework for people with a sensory impairment; 'The Keys to Life'; and the 'Shared Vision for Independent Living'. Each of these policies seeks to celebrate the diversity and experience of all parts of society, break down barriers to participation and address inequalities. In particular, they focus on promoting independent living, choice and opportunity.
- 3.3. Each of these drivers for how care is delivered have been further reinforced through recent policy developments in Scotland, including:
 - The Independent Review of Adult Social Care which makes broad recommendations for the future of Adult Social Care, with a focus on (i) shifting to a more consistent and fairer model of care; (ii) enabling and promoting the rights and capabilities of individuals; (iii) enabling independent living which improves outcomes; and (iv) putting individuals at the centre of the planning process.
 - The publication of the National Self-directed Support Framework in March 2021. This framework has been developed in recognition that the full intended impact of the original Act has not yet been achieved nationally, with variation in practice across areas. The framework includes 11 standards which are expected to be incorporated into future Care Inspectorate thematic inspections focused on Self-directed Support.
- 3.4. These elements will be central to the development of the IJB's Strategic Plan for 2022-25, which is the subject of an accompanying paper to the IJB, and which will set out the direction of travel for service development over this period. This plan will be collaboratively developed with Care Planning Groups and the Strategic Planning Group, ensuring a cross-representation of views.

- 3.5. The policy drivers are also underpinned by the breadth and depth of the impact of the COVID-19 pandemic, which has necessitated the implementation of alternative models of care and will also require different approaches moving forward to reflect service user feedback and ongoing guidelines around physical distancing and the use of existing buildings. More broadly, it is projected that the pandemic will change the future needs and demands of service users, which must be reflected in service provision.
- 3.6. Responding to these identified drivers, this paper seeks to provide further detail on a direction of travel for day support services, considering the key elements of:
- The HSCP's *agreed guiding principles* and how these will help to shape models of care in future;
 - The *national and local position with regards delivery of Self-directed Support* and how this sets out a case for further assessment and development;
 - The *supporting evidence base* which reinforces the HSCP's guiding principles and highlights the importance of choice, flexibility and control in service provision;
 - Current *demographic indicators* for older people, people with a physical disability and those with learning disabilities and the *impact of COVID on pre-existing delivery approaches*; and
 - How each of these elements contributes to a *proposed direction of travel for day support*.

4. Renfrewshire HSCP's Guiding Principles and their influence on Models of Care

- 4.1. Renfrewshire HSCP developed four guiding principles for service change collaboratively with staff and partners within the Strategic Planning Group. These principles were subsequently approved by the IJB in March 2020:
- We share responsibility and ownership with our communities.
 - We take a person-led approach to public health and wellbeing.
 - We provide realistic care.
 - We deliver the right services at the right time and in the right place.
- 4.2. These principles have been reinforced by the experience of the pandemic, and they can be applied to the development of models of care across all care groups. In practice, these principles align with the policy drivers set out above and will:
- Be centred on the human rights of each individual, enabling equality of access, participation and opportunity.

- Enable individuals to have choice and control over flexible packages of care and support – designing services around the individual rather than being guided by historic approaches and locations of care.
- Focus on the strengths of individuals and what they can achieve rather than what they are not able to do.
- Be focused on prevention and early intervention and, where possible, support rehabilitation and recovery for individuals.
- Recognise that the HSCP is not always best-placed to support individuals, with a focus on supporting people within their communities, in partnership with providers and the third sector.
- Recognise the importance of individuals' relationships, friendships and common interests, and enable a range of opportunities to support these.

5. Renfrewshire's current position for Self-directed Support (SDS)

5.1 Self-directed Support (SDS) is the underlying mechanism through which people are able to exercise choice and control over the services they access. It is not how services themselves are delivered but is a key enabler of person-centred services and improved outcomes, and it supports the HSCP to deliver on the guiding principles set out above.

5.2. As noted in Section 3.3 however, the National Framework for SDS has been created in part in recognition that there is variation in how SDS is applied between areas and to support greater consistency and sharing of best practice. This follows several national audits and reports which have identified challenges in how SDS has been implemented. These include:

- Audit Scotland's 2017 report which found limited evidence that authorities had fully implemented the SDS strategy, with greater leadership and permission required for staff to be bold and innovative. Audit Scotland also found tensions for providers in providing flexible services and retaining staff.
- The Care Inspectorate's Thematic Review of SDS in 2019 identified both positive experiences and areas for development in how SDS is applied, noting that most supported people are positive about SDS but in practice more needs to be done to inform and enable people to fully participate. However, discussions and decisions about options, choice and control were not routinely documented in case records and reporting on personal outcomes was inconsistent, making it difficult to evaluate progress in SDS.
- Self-Directed Support Scotland and the ALLIANCE published the 'My Support, My Choice: National Report' in October 2020 which found that most people felt SDS had improved their social care experience. However, a significant minority reported issues in accessing information, gaining access to all SDS options and for those in rural

areas meaningful choices were much more limited. The report itself made over 60 recommendations to increase the effectiveness of SDS.

5.3. Within this context of national variation in practice, it should be noted that SDS uptake in Renfrewshire has continued to increase in each financial year since 2017/18, in terms of the number of clients, total spend and overall spend as a percentage of the gross cost of Adult Services provision.

5.4. The 2020/21 position in comparison to 2017/18 is shown in Table 1 below. The table demonstrates the increased uptake across SDS Options 1 to 3, with an increase of 65% in the number of clients and 161% in the total spend in delivering these options, evidencing an ongoing positive trend in uptake.

SDS Option	2017/18		2020/21	
	No. of clients	£	No. of clients	£
Option 1	267	£2.637m	287	£3.506m
Option 2	102	£0.696m	238	£1.659m
Option 3	395	£0.865m	736	£5.791m
Total	764	£4.198m	1261	£10.956m

5.5. However, Option 3, under which the HSCP is responsible for determining and arranging the services provided, accounts for over half of the SDS support packages in place. Options 1 and 2, where a person takes a direct payment or is in charge of how the SDS payment is spent, accounted for 42% of all packages (by client) in 2020/21.

5.6. In addition, in February 2021 the Improvement Service published the 2019/20 Local Government Benchmarking Framework (LGBF) performance data for all Scottish local authorities. This included benchmarking on SDS (Direct Payments and Managed Personal Budgets) spend for adults aged 18 and over as a percentage of total social work spend on adults of that age. This benchmark showed a percentage spend figure for Renfrewshire of 4.05%, meaning that Renfrewshire had moved from 11th to 24th place out of 32 local authority areas.

5.7. Further analysis of this performance indicator has highlighted a change in how this comparison was calculated in 2018/19, as Option 3 spend (where the HSCP determines the services provided) was not taken into account. Were this to be included, the benchmark figure for Renfrewshire would be 7.84% (rather than 4.05%). Nevertheless, there is evident opportunity for further development of how SDS is applied and accessed locally.

5.8. Each of the elements outlined in this section of the report therefore combine to create a positive case for the review and further development of how Self-directed Support Renfrewshire and nationally. Fundamentally this describes an opportunity to improve outcomes for people by enabling them to exercise greater choice and control in the support they receive. This opportunity exists across all care groups, and the HSCP has sought to develop a direction of

travel in this context for the model of care for day support for older people, and people with disabilities. This is set out in further detail in the following sections of this report.

6. Reflecting good practice in the development of models of care

6.1. The development of future models of care will reflect the current and emerging policy environment and will draw upon leading policy and practice from across Scotland and more widely throughout to ensure that day support is flexible and fit for the future. The HSCP has undertaken a literature review to determine the key components of successful day support models. In summary, the key findings from this review of existing evidence include:

- Community-based approaches to providing support can improve outcomes by promoting equity and increasing people's choice and control (Source: Public Health England, Community-centred approaches to Health and Wellbeing, 2015).
- Community-centred approaches can improve the health and wellbeing of individuals by (i) building on existing community resources, assets and capacity; (ii) enhancing community capability for improving advice and support; and (iii) delivering collaboratively and in partnership (Source: Public Health England, 2015).
- The move towards greater personalisation is focused on the empowerment of individuals. For older people, centre attendance and participation in interventions within them impact positively on their mental health, social contacts, physical function, and quality of life as well as contribute towards sustaining health. However, some attenders can experience better outcomes than others (such as the isolated, those lacking mobility, on low incomes or younger), suggesting that day centres do not maximise outcomes for some individuals and broader choice would be beneficial (Source: Cambridge University: Day centres for older people: a systematically conducted scoping review of literature about their benefits, purposes and how they are perceived, 2018).
- While traditional public health models are important, they could and should be complemented by considering available community assets, whose factors can help develop resilience and promote positive health and wellbeing within the community (Source: BMJ: Open Assets in a global context, 2019).
- The disability experience is multi-factorial and people with disabilities face significant attitudinal, physical and communication barriers that hinder their full participation in communities. However access to and use of communities assets (including services, places, businesses and people) can increase the participation of people with disabilities (Source: BMC Public Health, Columbia 2020).

6.2. These characteristics are embedded in good practice across the UK. This includes the Wigan Deal which focuses on the strengths, assets and talents of

individuals and access to community resources. Kirklees Council has moved to the provision of day opportunities for those with complex dementia, to allow people to live independently for as long as possible by providing day services, events and outings which also provide a break for carers and family. The Shared Lives model, utilised by Kirklees and other authorities, also provides day support within an individual's home at times which suits them most.

- 6.3. There are also many examples of good practice for people with physical and learning disabilities. This includes the Quality Checking project run by the Council and the NHS in Gloucestershire that uses lots of ways to check for quality and includes people with learning disabilities. They visit services to see undertake quality checks on services, checking how well they are doing and asking people what they think of the services provided. Scottish Borders HSCP's physical disability strategy has been developed to set out six clear ambitions built around enabling people with a physical disability to live the life they choice, have control, make informed choices and to participate fully in education, employment and their communities.
- 6.4. These examples of good practice will inform the future of models of care for day support developed within Renfrewshire.

7. Models of Care for Day Support: the Renfrewshire Demographic Context

Older People

- 7.1. People in Renfrewshire are living longer but not necessarily healthier lives, often experiencing multiple long-term conditions. This is changing the nature and volume of demand for care and support. There were 14,842 people aged 75 years and over in Renfrewshire in 2018, with a projected increase of 72% in these numbers by 2045 (Source: National Records of Scotland). People aged 75 years and over accounted for 34.22% of all emergency admissions to hospital in 2018-19.
- 7.2. Renfrewshire is also projected to see a 47% increase in dementia prevalence by 2035. Current prevalence is 2,994 people at 2017, with a projected prevalence of 4,400 by 2035. This means that care and support services need to be increasingly designed to meet the needs of people with dementia and their unpaid carers.
- 7.3. This demographic context provides clear evidence of the requirement to continue to develop support to older people to represent the broad spectrum of need within our local communities. Services need to be flexible to suitably support those who are highly independent through to frail older people and those with dementia.
- 7.4. This was echoed in the report on future considerations for services for older people, provided by Journey Associates following a process of engagement with a range of stakeholders, including service users, families and carers. A final version of this report was shared with the IJB in November 2020. It set out the key action areas and themes by which support should be developed, considering partnership working, place, information and communication and enablers (such as transport and technology).

- 7.5. The findings from the engagement amplified a number of key points: (i) community-based services should enable access and connection and reduce loneliness and social isolation; (ii) services within the community should develop to be dementia-friendly and accessible to everyone; and (iii) existing community assets should be used and built upon to support broader and easier access, including the exploration of service provision which is not building-based or considers alternative uses for existing buildings.

People with a learning disability

- 7.6. The Scottish Commission for Learning Disability publishes an annual report, 'Learning Disability Statistics Scotland' which reports statistics about adults with a learning disability who are known to Scottish local authorities. The most recent annual report published was in 2019.
- 7.7. The data gathered by the Commission shows that in Renfrewshire 826 adults with a learning disability are known to the local authority and HSCP. 39.6% of these individuals at the time of publication lived with a family carer and 437, or 44.6%, of these adults were identified as attending a day service. This compares with a significantly lower average across Scotland of 18.2% of adults attending a day centre, and as a result the local position does not align with national policy such as 'The Keys to Life'.
- 7.8. More widely, the Commission's annual report also provide statistics on the number of adults with a learning disability with access to employment and Further Education opportunities. In 2019, these figures showed that (i) 1.3% of adults with a learning disability in Renfrewshire were in employment compared with a Scottish average of 4.1%; and (ii) 10.8% of adults with a learning disability were in Further Education, whereas across Scotland the average figure was 4.9%. It should be noted that these figures do not consider the complexity of individual needs and should therefore be considered within this context.
- 7.9. The review of Learning Disability Services completed by Paradigm in 2019 considered the views of people with a learning disability on what they want from the services they access. People highly value the support they accessed at that time, and families and carers did raise concerns with regards any significant change to traditional services. However, the importance of choice, flexibility and meaningful activity was central to the feedback received including flexibility in when people go out, the opportunity to have a job, to leave home and to form relationships.
- 7.10. Fundamentally, those involved in the process wanted access to opportunities and activities that most people are able to take for granted. This also reflects the changing demands and expectations of younger people with learning disabilities. Following the Paradigm report, the HSCP continued to work co-productively with the Learning Disabilities Planning group to progress the recommendations made. This work was paused at the outset of the pandemic, with activity now underway to determine how it can be most effectively restarted.

People with a physical disability

7.11. The most recent census data notes that there are 12,593 people in Renfrewshire with a physical disability – 7.2% of the population compared to 6.7% across Scotland. Older people are more likely to have a physical disability. Only 1.1% of 16–24-year-olds have a physical disability, but this rises to 34.6% of those over 85 having a disability. In addition, 6.9% of Renfrewshire’s population are deaf or have partial hearing loss, and 2.4% are blind or have partial sight loss.

7.12. For these individuals, physical disability is a broad term which encompasses a range of disabilities of differing complexity, of individual experience, and in age as highlighted by the statistics in paragraph 7.10. It is therefore essential that support for those people who require it is flexible, person-centred and built around the specific needs and desired outcome of each person.

8. Developing interim models of day support

8.1. Day support services across Renfrewshire were significantly impacted by the COVID-19 pandemic with the necessary closure of building-based provision. This posed significant challenge to the continued provision of support to vulnerable individuals across Renfrewshire. It is also clear at the time of writing that the use of buildings will remain severely limited for the foreseeable future in terms of both the buildings that can be utilised, and the capacity of those for staff and service users.

8.2. However, the changes enforced by the pandemic have also provided the opportunity for the HSCP to develop broader offerings to support people digitally and through community outreach. These approaches are described further in the remainder of this section of the report. As recovery from the pandemic becomes possible, these interim models will provide additional learning for the HSCP which can be used to inform the future shape of day support.

The impact of COVID and an interim model of Day Support for older people and people with a physical disability

8.3. Day Support for Older People in Renfrewshire has been provided from five Day Support Centres across the region. Prior to COVID-19, there were a total of 323 people who used these day centres, with positive perceptions of the support and safety and security provided by day centres amongst service users and family. However, the average utilisation of available spaces within these centres varied significantly, with an overall average utilisation of 56%. This suggests that for many older people the day centre-based model does not offer the choice and flexibility in support that they seek.

8.4. Day support for people with a physical disability or sensory impairment is provided through the Disability Resource Centre (DRC). Whilst the average utilisation of the Centre on a weekly basis was 85% before the pandemic, within this figure Fridays in particular saw significantly lower utilisation, at an average of 63%.

8.5. Previous reports to the IJB have described the impact of COVID-19 on day support services for older people and people with physical disabilities. Building-based provision within Renfrewshire’s five Day Support Centres for

Older People was necessarily closed, as was the Disability Resource Centre for individuals with a physical disability. Older people have been supported through weekly welfare calls throughout the period of closure, with a programme of virtual support for those who previously attended the DRC.

- 8.6. As reduced infection levels have allowed, the HSCP has focused on the development of an interim 'hub and spoke' model of day support for older people and individuals with a physical disability. The hub and spoke model recognises that it is not possible to reopen all day care buildings immediately. The day care buildings at Johnstone, Montrose and Renfrew continue to be utilised as drop-down facilities for care at home staff, who currently have no access to the network of staff facilities within extra care, sheltered housing and care homes.
- 8.7. The hub opened on 19 April 2021, following sign off from Health and Safety, the Chief Social Work Officer and Environmental Health. All staff within the hub received a full induction and PPE, and Test Kit were distributed, in line with safe working practices. Visits to service users' homes commenced with over 100 visits completed by mid-May. The number of service users supported through outreach will continue to grow as the model is embedded. These visits included both indoor and outdoor activity and feedback has been positive from service users and staff. Welfare calls to all other service users continue. The HSCP has also received 52 iPads and free Wi-Fi for 12 months, from Connecting Scotland, which will enable the further enhancement of digital support.

Learning Disability Tiered Model for Day Support and Respite

- 8.8. At the outset of the pandemic, Renfrewshire Learning Disability Services (RLDS) implemented a four-tier model of day support and respite model to enable the continued provision of essential support to the most vulnerable adults with learning disabilities and their families, where risk to their welfare is assessed as critical. The services provided at each tier are as follows:
- Tier 1 – Care at Home via Welfare Calls and Door Stop Visits
 - Tier 2 – Access to Daily Exercise/Community Outreach support
 - Tier 3 – Outreach Day Respite (Based at Anchor/Spinners Gate) (necessarily paused when Renfrewshire was under Tier 4 restrictions)
 - Tier 4 – Crisis Overnight Respite (Based at Weavers Linn)
- 8.9. The model was designed to incorporate day/respite services working in close partnership with the Integrated Community Team. An additional aim was to ensure that some of RLDS most vulnerable service users continued to receive support. Planned day and respite services, via controlled referral pathways, were offered in response to assessment of risk indicators as part of telephone monitoring contacts.
- 8.10. As local and national restrictions have eased, the HSCP has sought to reopen day centres on a reduced capacity basis. During week commencing 8 March 2021, the Corporate Management Team approved the reopening of the Mirin Day Service, which is located within the Lagoon Leisure Centre. Access to Mirin was made possible due to the utilisation of the Lagoon as a

mass vaccination centre (with separate access available). The initial occupancy of the day service was limited to 10 people initially, moving to 20 when it has been deemed safe to do so. The Milldale Day Service, located at On-X, reopened on 26 April 2021 and Paton's Resource Centre has also been reopened for use by staff only at this time.

8.11. RLDS continues to utilise the tiered model as the safe re-opening of wider building-based services develops. More widely, the RLDS team has also identified and is assessing an opportunity to participate in the next phase of the Healthcare Improvement Scotland / iHub Learning Disability Collaborative which will consider new models for learning disability support. This assessment will consider the areas of alignment with the direction of travel set out in this report.

8.12. The Learning Disability Planning Group continues to meet every three weeks, providing the opportunity for engagement with a range of stakeholders including carers and service user representatives, and this group will continue to be integral to decision making within the ongoing response to and recovery from the pandemic.

Evaluating the Interim Models

8.13. Evaluation of these interim models is a critical step in understanding the experience of staff, service users and their families and carers. This feedback will enable the HSCP to understand the positive impacts that the model has had on individuals' wellbeing and opportunities where the models can be further developed, and this evidence will be used to inform future models of day support.

8.14. This evaluation will be carried out using a number of methods. Service users, carers and family will be asked to complete surveys and questionnaires and will be supported by further one-to-one discussion and focus groups with these individuals and with staff. Staff are also capturing relevant feedback from informal discussions to support the collation of additional anecdotal and case study evidence to support future decision-making.

8.15. Some of the feedback and case studies which have emerged already are set out below. Each of these is provided in summary however they form part of a growing evidence base on the impact of the interim models of support:

Feedback

"Recently I have felt so much better since I had outreach support. Amazing, life saving and I'm not being dramatic."

"I [felt] no hope for the future and isolated. Outreach has helped me to gain confidence. I think it's brilliant."

Case study One

A service user was keen to use direct payment funding to create an additional indoor space in the garden to focus on their hobbies. In doing so, the person now has their own space and privacy and can now have a beer with their Grandad, and they can use the space all year round.

Case Study Two

A service user used their direct payments to purchase an indoor camera system which once installed has allowed their husband to have a break from his caring role. He could see via his phone that his wife was fine and being cared for appropriately.

Case Study Three

Using SDS enabled a client to be supported with personal care, meal/drink preparation, medication and physiotherapy exercises. The benefits realised were better flexibility and the client's full time carer (sister) has been able to continue her volunteering role.

9. Proposed features of future day support models

9.1. The research and assessment highlighted throughout this report, aligned with national policy and the HSCP's guiding principles, has enabled the Partnership to develop a high-level direction of travel for the future of day support in Renfrewshire. This also reflects previous work undertaken under the Older People's Services Review and the Learning Disability Services Review and the additional necessity to review models of care as a result of the COVID-19 pandemic.

9.2. The core proposed features identified are:

- Proposals further develop the HSCP's approach to enabling choice, control and flexibility for individuals and deliver upon the recommendations of the Independent Review of Adult Social Care and the National Self-directed Support Framework.
- Services will focus on enabling people to live as independently as possible, for as long as possible, within their own homes.
- Services focus on the needs of individuals rather than providing group support and recognise the importance of supporting existing relationships and friendships and enabling the development of new relationships within communities (both geographic and interest-based).
- The support provided by the HSCP and within communities will focus on supporting meaningful activity for each person, including but not limited to the pursuit of interests, access to employment or education.
- In meeting the needs of individuals, the need for and use of buildings will be assessed and will change in the most appropriate way to reflect changing demand.

- The learning and feedback gathered from the interim models implemented due to the pandemic will be assessed and used to guide further development of day support models, reflecting the importance of community outreach alongside support provided within buildings.
- Day support will be provided in partnership, reflecting, and maximising the use of the assets within Renfrewshire's communities and the skills, expertise and breadth of provision available within the third sector.
- Enhanced communication and information provision will support staff and service users, carers and families to understand and access the breadth of community-based support available, providing opportunity to meet individual needs.
- People will be supported through a range of means, including further development of the use of digital technology as an additional strand of support and to enhance opportunities for engagement.

10. Next Steps

- 10.1. The IJB is asked to approve the proposed direction of travel and development approach as set out above. This will contribute to the further development of Renfrewshire's approach to Self-directed Support and enhance the opportunity for individuals to exercise choice, control and flexibility over the services they access.
- 10.2. Subject to the IJBs approval, the HSCP will subsequently define a development plan for the enhancement of Self-directed Support and the interdependent development of models of care for day support to address (i) resource requirements; (ii) timescales and (iii) the development of a consistent approach and supporting processes across different care groups. Further updates on progress will be provided to the IJB.

Implications of the Report

1. **Financial** – No implications from this report.
2. **HR & Organisational Development** – No immediate implications from this report. However, further development of the interim day support models and future design activity will seek HR guidance and implement required organisational development support for staff.
3. **Community Planning** – No implications from this report.
4. **Legal** – No implications from this report.
5. **Property/Assets** – The direction of travel set out in this report, and the ongoing impact of COVID-19 will necessarily require ongoing consideration of how buildings are used a part of any agreed future model of day support.
6. **Information Technology** – No implications from this report.
7. **Equality and Human Rights** – No immediate implications from this report, however future developments of day support will consider all equality and human rights implications and undertake supporting equality impact assessments.

8. **Health & Safety** – No implications from this report. The implementation of interim arrangements for day support have engaged Health and Safety advice throughout.
 9. **Procurement** – No implications from this report.
 10. **Risk** – No implications from this report.
 11. **Privacy Impact** – No implications from this report.
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List of Background Papers – None

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