

# Public Document Pack



Aberdeen City Health & Social Care Partnership  
*A caring partnership*

To: Members of the Integration Joint Board

Town House,  
ABERDEEN 4 February 2020

## INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Rooms 4 & 5 - Health Village** on **TUESDAY, 11 FEBRUARY 2020 at 11.30 am.**

FRASER BELL  
CHIEF OFFICER - GOVERNANCE

### **B U S I N E S S**

1 Welcome from the Chair

### **DECLARATIONS OF INTEREST**

2 Members are requested to intimate any declarations of interest (Pages 3 - 4)

### **DETERMINATION OF EXEMPT BUSINESS**

3 Members are requested to determine that any exempt business be considered with the press and public excluded

### **STANDING ITEMS**

4 Minute of Board Meeting of 21 January 2020 (Pages 5 - 12)

5 Business Planner (Pages 13 - 16)

6 Chief Officer's Report (Pages 17 - 26)

## **GOVERNANCE**

- 7 Health and Care (Staffing) (Scotland) Act 2019 Update (Pages 27 - 34)

## **STRATEGY**

- 8 Aberdeen City Health and Social Care Partnership Workforce Plan 2019/21  
(Pages 35 - 62)

## **TRANSFORMATION**

- 9 Care at Home and Supported Living (Pages 63 - 72)

## **ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE**

- 10 2020/21 Supplementary Procurement Work Plan (Pages 73 - 92)

Website Address: <https://www.aberdeencityhscp.scot/>

Should you require any further information about this agenda, please contact Derek Jamieson, tel 01224 523057 or email [derjamieson@aberdeencity.gov.uk](mailto:derjamieson@aberdeencity.gov.uk)

## **DECLARATIONS OF INTEREST**

You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether reports for meetings raise any issue of declaration of interest. Your declaration of interest must be made under the standing item on the agenda, however if you do identify the need for a declaration of interest only when a particular matter is being discussed then you must declare the interest as soon as you realise it is necessary. The following wording may be helpful for you in making your declaration.

I declare an interest in item (x) for the following reasons .....

*For example, I know the applicant / I am a member of the Board of X / I am employed by...*

and I will therefore withdraw from the meeting room during any discussion and voting on that item.

**OR**

I have considered whether I require to declare an interest in item (x) for the following reasons ..... however, having applied the objective test, I consider that my interest is so remote / insignificant that it does not require me to remove myself from consideration of the item.

**OR**

I declare an interest in item (x) for the following reasons ..... however I consider that a specific exclusion applies as my interest is as a member of xxxx, which is

- (a) a devolved public body as defined in Schedule 3 to the Act;
- (b) a public body established by enactment or in pursuance of statutory powers or by the authority of statute or a statutory scheme;
- (c) a body with whom there is in force an agreement which has been made in pursuance of Section 19 of the Enterprise and New Towns (Scotland) Act 1990 by Scottish Enterprise or Highlands and Islands Enterprise for the discharge by that body of any of the functions of Scottish Enterprise or, as the case may be, Highlands and Islands Enterprise; or
- (d) a body being a company:-
  - i. established wholly or mainly for the purpose of providing services to the Councillor's local authority; and
  - ii. which has entered into a contractual arrangement with that local authority for the supply of goods and/or services to that local authority.

**OR**

I declare an interest in item (x) for the following reasons.....and although the body is covered by a specific exclusion, the matter before the Committee is one that is quasi-judicial / regulatory in nature where the body I am a member of:

- is applying for a licence, a consent or an approval
- is making an objection or representation
- has a material interest concerning a licence consent or approval
- is the subject of a statutory order of a regulatory nature made or proposed to be made by the local authority.... and I will therefore withdraw from the meeting room during any discussion and voting on that item.



Aberdeen City Health & Social Care Partnership

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ABERDEEN, 21 January 2020. Minute of Meeting of the INTEGRATION JOINT BOARD.

Present:- Councillor Sarah Duncan, Chair; Luan Grugeon, Vice Chair; and Cllr Gill Al-Samarai, Councillor Philip Bell, Kim Cruttenden, Councillor Lesley Dunbar, Alan Gray, John Tomlinson, Mike Adams, Jim Currie, Caroline Howarth, Heather MacRae, Maggie Hepburn, Graeme Simpson, Sandra MacLeod and Alex Stephen.

Apologies:- Dr Howard Gemmell, Chris Littlejohn, Dr Malcolm Metcalfe, Gill Moffat and Faith-Jason Robertson-Foy

## **DECLARATIONS OF INTEREST**

1. Councillor Al-Samarai declared an interest in Item 10 - Update on the Alcohol and Drug Partnership Delivery Plan and Investment – by virtue of her membership of the Adult and Drug Partnership, but had considered her interest and did not intend to withdraw from the meeting.

Luan Grugeon also declared an interest in Item 10 by virtue of her membership as a volunteer of Aberdeen in Recovery, but had considered her interest and did not intend to withdraw from the meeting.

The Chair declared an interest in Item 9 - Engagement and Consultation Protocol with Trade Unions - by virtue of her position as an employee of UNISON and having considered her interest intended to withdraw from the meeting. During that time the Vice Chair would Chair the meeting.

## **EXEMPT BUSINESS**

2. The Board agreed that Item 12 (Learning Disabilities Service Work with Meridian) would be heard in private.

## **MINUTE OF PREVIOUS BOARD MEETING - 19 NOVEMBER 2019**

3. The Board had before it the Draft Minute of the Board Meeting of 19 November 2019.

With reference to Article 3 of the minute, the Board was advised that the timeframe by which a training approval plan was to be returned to the Board had been omitted from the minute.

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With reference to Article 9 of the minute, the date incorrectly stated 12 February 2020 when it should be 11 February 2020.

The Board heard that following the nature and volume of discussions that took place during Item 11 - Integration Joint Board Scheme of Governance - Annual Review - HSCP.19.070, there had been an expectation that those discussions would have been captured within the minute.

The Board further heard that the decision recorded at (ii) - to approve the revised Audit and Performance Committee Terms of Reference, as outlined in Appendix A and as discussed – was insufficiently detailed to advise of the changes sought following those discussions.

The Chair advised that it was not normal to capture such discussion or debate which took place especially as the changes sought were quite extensive. In respect of the recorded decision, any amendments would be reflected in the final document.

### **The Board resolved :-**

- (i) to amend Article 3 at 3 (iii) to include ‘and report to the IJB meeting on 25 June 2020.’
- (ii) to amend Article 9 to read, ‘The Board heard that the meeting on 11 February 2020 would now revert to a normal business meeting and not the intended Budget Meeting.’
- (iii) to amend Article 11 to insert after the recommendations, ‘The Board engaged in lengthy and robust discussion during which changes to the Scheme of Governance were identified.’
- (iv) that a track changes document capturing the required amendments be made publicly available on the appropriate websites, and
- (v) to otherwise approve the minute as a true record of the meeting.

### **DRAFT MINUTE OF CLINICAL AND CARE GOVERNANCE COMMITTEE - 17 NOVEMBER 2019**

4. The Board had before it the Draft Minute of the Clinical and Care Governance Committee Meeting of 17 November 2019.

### **The Board resolved :-**

to note the contents of the minute.

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### BUSINESS PLANNER

5. The Board had before it the Business Planner.

**The Board resolved :-**

to note the Business Planner.

### CHIEF OFFICER'S REPORT - HSCP.19.085

6. The Board had before it a report from the Chief Officer, Aberdeen City Health and Social Care Partnership (ACHSCP).

**The report recommended :-**

that the Board note the content of the report.

The Board heard a summary of the report which included an update that the positive work of the Partnership had been acknowledged elsewhere including at a recent Scottish Government meeting.

The Board indicated that they were content on this mode of presenting the Chief Officer's report.

**The Board resolved :-**

(i) to approve the recommendations, and

(ii) to direct the Chief Officer to arrange circulation of a recent Scottish Parliament Health Meeting.

### CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT - HSCP.19.088

7. The Board had before it a report from the Chief Officer – Integrated Children's and Family Services which presented the Chief Social Work Officer's Annual Report.

**The report recommended :-**

that the Board note the content of the Annual Report, as attached at Appendix A.

The Board heard that whilst the report could not cover every aspect of social work activity it delivered a good understanding of principle activities. The Board also heard of the strong working relationship with the Lead Social Worker, Aberdeen City Health and Social Care Partnership (ACHSCP).

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The Board queried the volume of unmet demand in respect of provision of care at home and asked what the percentage of decrease in demand was. The Chief Officer – Integrated Children’s and Family Services undertook to provide an update to the query.

**The Board resolved :-**

- (i) to approve the recommendations, and
- (ii) to note that an update on unmet demand would be circulated by the Chief Officer – Integrated Children’s and Family Services

### **FAST TRACK CITIES - HSCP.19.081**

8. The Board had before it a report from the Chief Officer, ACHSCP which presented a Draft Action Plan to achieve the identified 2030 goals.

**The report recommended :-**

that the Board –

- (a) note the ongoing cross partner work to progress towards the long-term goals of achieving zero new HIV transmissions, zero HIV related deaths and zero HIV related stigma by 2030, and
- (b) endorse the draft action plan, noting this is a live working document, and instruct the Chief Officer to provide an update on progress in January 2021.

**The Board resolved :-**

to approve the recommendations

### **ENGAGEMENT AND CONSULTATION PROTOCOL WITH TRADE UNIONS - HSCP.19089**

9. The Board had before it a report from the Chief Officer, ACHSCP which presented the manner in which they wished to engage, consult with and meaningfully involve Staff, Trade Unions, Professional Organisations, and Staff Partnership representatives in the work of the IJB.

**The report recommended :-**

that the Board endorses the proposed principle of how it engages, consults with and involves Staff, Trade Unions, Staff Partnership and Professional Organisation Representatives.

**The Board resolved :-**

to approve the recommendations



## **INTEGRATION JOINT BOARD**

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**With reference to Article 2 of the minute, Councillor Duncan withdrew from the meeting prior to discussion of the following item, at which juncture the Vice Chair took the Chair.**

### **UPDATE ON THE ALCOHOL AND DRUG PARTNERSHIP DELIVERY PLAN AND INVESTMENT - HSCP.19.087**

**10.** The Board had before it a report from the Chief Officer, ACHSCP which provided an update on the progress in taking forward the Alcohol and Drug Partnership delivery plan and investments, as agreed at the IJB meeting of 11 December 2018.

**The report recommended :-**

that the Board -

- (a) note this report and continue to support and monitor progress, and
- (b) endorse the action to undertake a whole system approach to alcohol and drug issues across the Aberdeen City Health and Social Care Partnership (ACHSCP) and in conjunction with Aberdeen City Council (ACC) and NHS Grampian (NHSG).

The Board heard a summary of the report which included reference to the creation of a Tasking and Coordinating Group (TCG) to assist expedite the delivery of identified actions which included the requirement to spend identified and time limited funding.

**The Board resolved :-**

- (i) to approve the recommendations,
- (ii) to note the creation of a Tasking and Coordinating Group (TCG) to expedite the required spending, and
- (iii) to instruct the Chief Officer to report on the status of the TCG activities to IJB on 8 September 2020.

### **STRATEGIC RISK - HSCP 19.086**

**11.** The Board had before it a report from the Chief Officer, ACHSCP which presented the latest version of the ACHSCP Risk Appetite Statement and Strategic Risk Register, as reviewed by the Board at its workshop on 19 November 2019.

**The report recommended :-**

that the Board –

- (a) approve the revised Risk Appetite Statement, as detailed in Appendix A to the report;
- (b) approve the revised Strategic Risk Register in Appendix B to the report; and
- (c) agree that Strategic Risk 9 (Workforce) form the basis of the IJB Workshop on Workforce on 11 February 2020.

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The Board heard a summary of the report and were advised that the majority of the Risk Owners were present to assist with any questions.

The Board discussed Risk 1 and reference to 'provider of last which generated a volume of discussion.

The Board also heard that there had been much benefit in previous workshop sessions around 'Risk'.

### **The Board resolved :-**

- (i) to approve recommendations (a) and (c), and
- (ii) to note recommendation (b) and instruct the Chief Officer to obtain legal direction to revisit Risk 1 specifically in regards to 'Provider of Last Resort' and to report to the Board on 11 February 2020.

### **LEARNING DISABILITIES SERVICE WORK WITH MERIDIAN - HSCP.19.090**

**12.** The Board had before it a report from the Chief Officer, ACHSCP which presented an update which the Board had requested.

### **The report recommended :-**

that the Board –

- (a) note the contents of the report,
- (b) note the current Project Action Plan and implementation progress,
- (c) note ongoing staff and staff side / staff partnership involvement,
- (d) support the ongoing work and creation of an Action Plan for 2020/21, and
- (e) consider and support the LD leadership team offer to share learning and experience with other service areas.

### **The Board resolved :-**

- (i) to approve recommendations (a) to (c) and (e), and
- (ii) to endorse the ongoing work and creation of an Action Plan for 2020/21.

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A	B	C	D	E	F	G	H	I	J
<b>INTEGRATION JOINT BOARD BUSINESS PLANNER</b>									
The Business Planner details the reports which have been instructed by the Committee as well as reports which the Functions expect to be submitting for the calendar year.									
Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/ Status (RAG)	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
<b>11 February 2020</b>									
04.09.2019	Safe Staffing Bill		HSCP 19098	Heather Macrae	Nurse Lead	ACHSCP			
04.09.2019	Audit Scotland Workforce Audit Report	Referred from CCG	HSCP 19097	Sandy Reid	Resources Lead	ACHSCP			
Standing Item	Chief Officer Report	A regular update from the Chief Officer. On 21.01.2020, IJB confirmed the format of this update was appropriate.	HSCP 19096	Martin Allan	Business Lead	ACHSCP			
26.03.2019	Update Paper - Medium Term Financial Framework			Alex Stephen	Chief Finance Officer	ACHSCP		R	
19.11.19	Care at Home and Supported Living		HSCP 19095	Anne McKenzie	Commissioning Lead	ACHSCP			
19.11.19	Supplementary Work Plan		HSCP 19094	Jean Stewart Coxon	Commissioning Lead	ACC			
22.01.20	Strategic Risk Register	On 21.01.2020, from the report Strategic Risk - HSCP 19.086The Board resolved :- (i)to approve recommendations (a) and (c) (ii)to note recommendation (b) and instruct the Chief Officer to obtain legal direction to revisit Risk 1 specifically in regards to 'Provider of Last Resort' and to report to the Board on 11 February 2020.		Martin Allan	Business Lead	ACHSCP		D	March Committee for turnaround of legal advice for wording
<b>10 March 2020</b>									
Standing Item	Annual Budget Papers			Alex Stephen	Chief Finance Officer	ACHSCP			
29.01.19	Grampian Mental Health Strategy			Kay Dunn					
Standing Item	Chief Officer Report	A regular update from the Chief Officer		Sandra Ross	Chief Officer	ACHSCP			
<b>24 March 2020</b>									
Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			
30.09.2019	Social Care – Self-directed support: Transformational Funding 2019-21 and Reporting on Impact and Learning			Alison MacLeod	Performance Lead	ACHSCP		T	This will be reported to the 24.03.20 business meeting
26.03.2019	Health Improvement Fund	IJB 26.03.19 Article 12 - The Board instructed the Chief Officer to bring an annual report relating to the Health Improvement Fund to the IJB in April 2020 and annually thereafter.		Gail Woodcock	Transformation Lead	ACHSCP		T	This will be reported to the 24.03.20 Business meeting
04.09.2019	Market Facilitation Update			Anne McKenzie	Commissioning Lead	ACHSCP		T	This will be reported to the 24.03.20 Business meeting
29.01.2020	Mental Health Strategic Statement			Karen Gunn	Mental Health Lead	ACHSCP			
11.11.2019	Grampian Mental Health Strategy			Sandra Ross	Chief Officer	ACHSCP		Bring Forward	Bring Forward to March 10th Meeting
11.11.2019	Livingwell with Dementia			Alison MacLeod	Performance Lead	ACHSCP			
18.12.2019	HASS Technology (CM2000)			Gail Woodcock	Digital	ACHSCP			
19.11.2019	Local Survey	On 19.11.2019, the IJB resolved to instruct the Chief Officer to bring forward a further report following publication of the results of the current national survey which are expected in April 2020 along with details of actions undertaken to address those areas of the survey which would benefit from improvement. This report will come to the June meeting of the IJB.		Alison MacLeod	Performance Lead	ACHSCP			
19.11.2019	Review of commissioned Day Care Services - an update	On 19.11.2019, The Board resolved:- (i)to note progress made with the review, and that a final recommendation will be made to the IJB in March 2020.		Anne McKenzie	Commissioning Lead	ACHSCP			
15.01.2020	Denburn Full Business Case			Alison MacLeod	Capital Team	ACHSCP			
21.01.2020	Strategic Risk Register - Risk 1			Martin Allan	Business Lead	ACHSCP			
04.09.2019	Immunisations	Following comment at IJB on 03.09.2019, future reporting requested		Gail Woodcock	Transformation Lead	ACHSCP		D	Will be reported to the March 2020 meeting
13.01.2020	Carers Expense Policy			Alison MacLeod	Performance Lead	ACHSCP			



	A	B	C	D	E	F	G	H	I	J
	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/ Status (RAG)	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
2										
51	22.01.2020	Update on Tasking & Coordinating Group Activity within ADP	On 21.01.2020, from the Update on the Alcohol and Drug Partnership Delivery Plan and Investment - HSCP.19.087, the Board resolved :- (i)to approve the recommendations, (ii)to note the creation of a Tasking and Coordinating Group (TCG) to expedite the required spending, and (iii)to instruct the Chief Officer to report on the status of the TCG activities to IJB on 8 September 2020.		Simon Rayner	Alcohol & Drug Lead	ACHSCP			
52	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			

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<b>Date of Meeting</b>	11 February 2020
<b>Report Title</b>	Chief Officer's Report
<b>Report Number</b>	HSCP.19.096
<b>Lead Officer</b>	<i>Sandra Macleod</i>
<b>Report Author Details</b>	<i>Sandra Macleod Chief Officer samacleod@aberdeencity.gov.uk</i>
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	None

### 1. Purpose of the Report

- 1.1. The purpose of the report is to provide the Integrated Joint Board (IJB) with an update from the Chief Officer

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board note the content of the report.

### 3. Summary of Key Information

#### Local Updates

#### 3.1. Carden Medical Centre

The practice's GP partners are ending their contract with NHS Grampian (NHSG) to provide General Medical Services and have now given their notice. No suitable notes of interest were received from other practices by the deadline for receipt of tender applications. This means that the Carden service and all its staff will transfer to NHSG on 4<sup>th</sup> May 2020 and will then



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be directly managed by the Aberdeen City Health & Social Care Partnership (ACHSCP).

There is no need for patients to change practice because Carden Medical Centre will continue to operate from the same premises and work as normal throughout. Patients do not need to do anything because of these changes.

Recruitment to both salaried GPs has gone live and one-to-ones with all staff will be complete by the end of January, 2020. Service delivery review alongside recruitment is being completed late Jan/early February. An overarching project management group has been set up with actions agreed relating to specific areas such as IT, estates, finance, nursing, HR and communication. The Project Management Group (and Sub Groups) are linking with the Primary Care Improvement Plan leads to identify if any projects can be directed towards Carden to support whilst in transition.

In terms of public engagement, it has been agreed to have patient engagement events at the practice with the first one planned after the recruitment timelines in late February/early March.

### 3.2 Localities

Following the decision by IJB on the planned approach to developing localities, work is ongoing to support the establishment of the three Locality Empowerment Groups (LEG's). A work plan focusing on key themes of data and profiling, communication and engagement, membership and recruitment, upskilling and governance has been established, to be led by the Public Health Coordinators and key stakeholders including community representatives on current Locality Leadership Groups (LLG's) and wider members of the local communities. Recruitment of community members for the LEG's has commenced. Key outputs anticipated to be delivered by spring will include a visual data tool ready for April to engage with communities; revised membership of LLGs/LEGs; and clear governance arrangements for these groups being in place. Two workshops will be held with partnership Service Managers in February and March to support them to: build relationships; adopt a collaborative leadership approach; identify the skills they need to support their teams to work collaboratively in



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localities and develop an implementation plan that they will lead the delivery of.

### 3.3 Lead Nurse Recruitment

The assessment centre for the recruitment to the Lead Nurse post took place on Thursday 23<sup>rd</sup> January 2020. A preferred candidate has been chosen and is awaiting announcement after pre-employment checks. The Lead Nurse Assessment Centre saw partners, trade union colleagues and key team members be part of the recruitment process.

### 3.4 Commissioning

The Strategic Commissioning Programme Board is now established, with agreed terms of reference. Included within the membership are representatives from the third and independent sectors; partnership and staff side; Aberdeen City Council and NHS Grampian procurement; and members of the ACHSCP leadership team.

Market facilitation continues. Four local providers have volunteered to test a proof of concept, delivering training around the administration of medication. This work has been informed by a workshop for all providers held in October 2019.

A provider engagement event took place on 13<sup>th</sup> January, 2020. The idea for the session was developed during a collaborative session with local providers in October 2019. Over 80 delegates representing provider services across Scotland and beyond participated at the session. The invitation was aimed at the Chief Executives and Board members of individual organisations. This was an ideal opportunity to inform the group of our strategic commissioning approach and for the group to give members of the ACHSCP leadership team feedback on this approach. The invite was also extended to a recognised leader in market sustainability in the third sector and feedback has been extremely positive.

Commissioning of services for care at home and supported living, day care, and carer support services continues.

Finally, work is under way to pull all relevant commissioning activity (including the three-year plan) into a business planner. This is a significant piece of work, but the aspiration is that this will drive future strategic commissioning activity in a planned way. It is anticipated that this piece of



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work will be “owned” by relevant partnership teams and create stronger links between their work and the work of the contracts and procurement team.

### 3.5 **Community Days 2019, Len Ironside Centre, 27<sup>th</sup> and 30<sup>th</sup> December 2019**

The Community Learning Disability Team got together with Best Volunteers to run 'Cosy Days' at the Len Ironside Centre for vulnerable and isolated people who otherwise may have spent the festive period on their own. Over 60 people attended and enjoyed hot meals, social activities and entertainment. They were able to use the centre's facilities and left with parcels containing non-perishable food and toiletries donated by the general public and staff from the Partnership and City Council. The organisers were overwhelmed by staff and public donations and subsequently arranged for surplus hot food, parcels, blankets and clothing to be made available to their colleagues in Homeless Services.

### 3.6 **Criminal Justice - Care Inspectorate Inspection**

A formal notification has been received from the Care Inspectorate to advise of an inspection of criminal justice social work from January to April 2020. The notification gave detail of the timings for each stage of the inspection and the quality indicators that the Partnership will be inspected against. The focus of the inspection is on Community Payback Orders (CPO) only and there are nine quality indicators within the inspection.

It has been 12 years since the last criminal justice inspection and within this time there have been significant changes in legislation with the disestablishment of Community Justice Authorities, the enactment of duties under Community Justice and the introduction of Community Payback Orders. This inspection will allow the opportunity for self-evaluation and support the Partnership with how it evidences the outcomes for those involved in offending and subject to community disposals.

A meeting with senior leaders was held on 10<sup>th</sup> January 2020 with the lead inspector and further details were received around the scope of the inspection and guidance on the self-evaluation. The key stages of the inspection are:

- **Stage 1 – notification, preparation and engagement stage.** Meeting held 10<sup>th</sup> January, pre-inspection information submitted on 17<sup>th</sup> January 2020
- **Stage 2 – Self-Evaluation and supporting evidence.** To be submitted by 19<sup>th</sup> February 2020.



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- **Stage 3 – Case file reading.** Week commencing 2nd March 2020, 100 files will be read. Sample will be chosen from list of 2,000 records of CPOs over last two years (submitted on 17<sup>th</sup> Jan).
- **Stage 4 – Onsite activity.** Weeks commencing 16 & 30 March 2020, focus groups with staff, managers and leaders, as well as service users/groups, will be held, based on the findings and evidence from stages 2 & 3. This will also include feedback from self-evaluation and file reading.
- **Stage 5 – Published report.** Verbal feedback on the findings will be given on 20 April with the draft report expected on 8<sup>th</sup> May. Inspection report will be published in June 2020.

An Inspection Steering Group has been established and a lot of preparatory work has been undertaken. The focus at the moment is on completing the self-evaluation and gathering the evidence to be submitted. Regular updates will be made available over the course of the inspection.

### 3.7 Appropriate Adults - Statutory Guidance

Statutory guidance has been introduced which places a duty on Local Authorities to provide an Appropriate Adult Service. This is secondary legislation under the Criminal Justice (Scotland) Act 2016 and came into force on 10th January 2020.

<https://www.legislation.gov.uk/ssi/2019/437/contents/made>

The role of the Appropriate Adult is to facilitate communication between a mentally disordered person and Police Scotland and to ensure comprehension of both parties to understand what is happening during contact. This relates to perpetrators of crime, witnesses and victims over the age of 16.

For the purposes of the new duty, mental disorder will be as defined in section 328 of the Mental Health (Care and Treatment) (Scotland) Act 2003 meaning mental illness, personality disorder or learning disability.

Local authorities currently provide a non-statutory Appropriate Adult service to support vulnerable perpetrators of crime and occasionally victims of crime. Appropriate Adult provision in Aberdeen has always been delivered by social work. During 2019, there were around 80 requests for appropriate adult support with similar figures for 2018. The new duty extends to victims and witnesses and therefore it is anticipated that demand for the service will rise in future although this is difficult to quantify. Social Work will continue to



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deliver the service and work will be undertaken over the year to complete a full options appraisal on the future delivery of this service.

### Regional Updates

#### 4.1 Hosted Services

The IJB at its meeting on 11<sup>th</sup> June 2019 instructed the Chief Officer to prepare a draft role and remit for the North East Partnership Steering Group (NEPSG). The Group comprises the Chairs and Vice-Chairs of the NHSG Board and the three IJBs and is supported by the Chief Officers and Chief Finance Officers of the three IJB's as well as key NHSG executive staff members. The first meeting of the group took place in November 2019 and included a draft Terms of Reference. The NEPSG will play an important role in the review of the transformation/strategic plans developed through the strategic planning process, while respecting the role, remit and powers of NHSG and the three IJBs.

The Group is scheduled to meet on the following dates:

28 February, 2020

29 May, 2020

28 August, 2020

27 November, 2020

26 February, 2021

### National Updates

#### 5.1 International BMJ Forum on Quality and Safety in Healthcare, Copenhagen, April 2020

Aberdeen City Health and Social Care Partnership has been invited to present (poster presentations) at the above conference on:





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- Enabling collaborative leadership through self-managing teams.
- Doubling the capacity of a community nursing team using Lean Six Sigma methodology.

As well as providing an opportunity to showcase the innovative work in Aberdeen on an international stage, the event will also provide an opportunity for the two presenting partnership staff to hear about other areas of good practice from around the world, as well as finding out at first hand, areas of Danish good practice.

### 5.2 Ministerial Strategic Group – Strategic Commissioning Plan and IJB Performance Reports

An overview of all IJB Annual Performance Reports and Strategic Commissioning Plans was considered by the national Ministerial Steering Group on Health and Social Care on 22<sup>nd</sup> January 2020.

The overviews highlighted some of the good work in Aberdeen including the work to reduce hospital use through the Acute Care at Home service (citing that in comparison to an acute hospital admission, 2.5% more patients were living at home 90 days following a period of acute care, with 6.8% lower mortality rates); and Transforming Primary Care, highlighting the afternoon home visiting service. Both of these projects are now being scaled up and embedded as business as usual through our step-up step-down care approach.

Individual feedback on annual reports will be fed back to Partnership officers.

## 6 Implications for IJB

- 6.1 Equalities – there are no implications in relation to our duty under the Equalities Act 2010
- 6.2 Fairer Scotland Duty - there are no implications in relation to the Fairer Scotland Duty



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- 6.3 Financial – there are no immediate financial implications arising from this report.
- 6.4 Workforce – there are no immediate workforce implications arising from this report. Relevant Workforce implications will be highlighted in any future report on action required in relation to Carden Medical Practice.
- 6.5 Legal – there are no immediate legal implications arising from this report
- 6.6 Other- there are no other immediate implications arising from this report.

### 7 Links to ACHSCP Strategic Plan

- 7.1 The Chief Officers update is linked to current areas of note relevant to the overall delivery of the Strategic Plan.

### 8 Management of Risk

#### 8.1 Identified risks

The issues at Carden Medical Practice could potentially impact on our ability to deliver services in this area.

#### 8.2 Link to risks on strategic or operational risk register:

The main issues in this report directly link to the following Risks on the Strategic Risk Register:

1-There is a risk that there is insufficient capacity in the market (or appropriate infrastructure in-house) to fulfil the IJB's duties as outlined in the integration scheme. This includes commissioned services and general medical services.

3- There is a risk that the outcomes expected from hosted services are not delivered and that the IJB does not identify non-performance in through its systems. This risk relates to services that Aberdeen IJB hosts on behalf of Moray and Aberdeenshire, and those hosted by those IJBs and delivered on behalf of Aberdeen City.

5-There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes







## INTEGRATION JOINT BOARD

as set by regulatory bodies and those locally-determined performance standards as set by the board itself. This may result in harm or risk of harm to people.

7- Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system.

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

This report details the mitigating action being taken to manage these risks. The Chief Officer will monitor progress towards mitigating the areas of risk closely and will provide further detail to the IJB should she deem this necessary

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

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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	11 February 2020
<b>Report Title</b>	Health and Care (Staffing) (Scotland) Act 2019 Update
<b>Report Number</b>	HSCP.19.099
<b>Lead Officer</b>	Sandra MacLeod, Chief Officer
<b>Report Author Details</b>	Name: Elizabeth Wilson Job Title: Senior Nurse Workforce Planning & Development Email Address: ewilson20@nhs.net Phone Number: 01224 551058
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	a. Safe Staffing Bill Legislation – <a href="#">here</a> b. National Health and Social Care Workforce Plan – <a href="#">here</a>

### 1. Purpose of the Report

- 1.1. To update the IJB on the Health and Care (Staffing) (Scotland) Act 2019

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:

a) Note the content of the report

### 3. Summary of Key Information

#### 3.1 Introduction

- 3.1.1 The Health and Care (Staffing) (Scotland) Act 2019 gained Royal Assent in June 2019 following parliamentary process in 2018/19. It is the first legislation of its kind in the United Kingdom that applies in both health and



## INTEGRATION JOINT BOARD

social care settings and the first in the world to consider it from a multi-professional perspective.

Legislation can be accessed:

<http://www.legislation.gov.uk/asp/2019/6/enacted>

3.1.2 It is described below in the Scottish Government document 'An Integrated Health and Social Care Workforce Plan for Scotland' (Dec 2019)

'The Health and Care (Staffing) (Scotland) Act 2019 introduces into legislation guiding principles for those who commission and deliver health and care, which explicitly state that staffing is to provide safe and high quality services and to ensure the best health care or care outcomes for service users. While this is the main purpose, health and care services should promote an efficient, effective and multidisciplinary approach which is open with and supportive of staff.

The 2019 Act places a duty on Health Boards to ensure appropriate numbers of suitably qualified and competent staff are in place for the health, wellbeing and safety of patients. It enables rigorous, consistent assessment of workload, based on assessment of acuity, patient need and the delivery of patient outcomes. The Act also requires that Health Boards ensure clinical team leaders have adequate time to fulfil their leadership role. In some areas this may require additional clinical or administrative staff.

For Care Service providers, the 2019 Act places a statutory duty to ensure that at all times suitably qualified and competent individuals are working in such numbers as are appropriate for the health, wellbeing and safety of service users, and the provision of high-quality care. Providers are also required by the Act to ensure staff are appropriately trained for the work they perform.

Implementation of the legislation will generate a significant amount of data on the staffing needed across services based on the needs of people who use services and will therefore inform workforce planning at local and national level.'

3.1.3 Where a health care function has been delegated to an Integration Authority then the duties in the Act apply to both the Health Board and the Integrated Joint Board.



## INTEGRATION JOINT BOARD

3.1.4 Therefore it is clear we as a partnership in Aberdeen require to be compliant with the recommendations of the Act while using this to support our locally required workforce plans to help shape the workforce we require for the future.

### 3.2 National Update

3.2.1 The implementation timelines are as yet un-documented however it is anticipated that finalised statutory guidance will be published in autumn 2020 with the first full reporting period April 2021-March 2022.

3.2.2 The legislation comprises of 4 parts:

- Part 1 – Guiding Principles for Staffing
  - Guiding principles for health and care staffing
    - “health care” means a service for or in connection with the prevention, diagnosis or treatment of illness
    - “care service” means a service mentioned in section 47(1) of the Public Services Reform (Scotland) Act 2010
    - “multi-disciplinary services” means health care or care services delivered together by individuals from such a range of professional disciplines as necessary in order to meet the needs of, and improve standards and outcomes for, service users
  - Guiding principles etc. in health care staffing and planning
  - Guiding principles etc. in care service staffing and planning
- Part 2 – Staffing in the NHS
- Part 3 – Staffing in Care Services
- Part 4 – General Provisions

3.2.3 While it is explicit within the scope of the Act that it covers nursing, midwifery, medical practitioners and allied health professionals, it is inferred that Dentists, Psychologists, Pharmacists and Health Scientists are also included. Social work is not included, however care services that are included are support services, care home services, school care accommodation services, nurse agencies, child care agencies, secure accommodation services, offender accommodation services, adoption



## INTEGRATION JOINT BOARD

services, fostering services, adult placement services, child minding, day care of children and housing support services.

3.2.4 The Act also applies where services are commissioned. Standard national Primary Care agreements, including independent General Practitioners, pharmacists, opticians, ophthalmologists and dentists, should provide Boards with sufficient assurance to satisfy the 'appropriate staffing' requirement.

### 3.3 Local Update

3.3.1 NHS Grampian has established a Strategic Steering Group, with Aberdeen City Health and Social Care Partnership representation. During 2020/2021 the work stream will be supported by a Project Officer.

3.3.2 Aberdeen City H&SCP will be supported by NHS Grampian expertise along with a Programme Advisor and Assistant Programme Advisor from the national Healthcare Staffing Programme (previously Nursing Midwifery Workload Workforce Planning Programme).

## 4. Implications for IJB

4.1 The extent of implications for IJBs is still being understood, as with Health Boards. Current draft statutory guidance is for health care, for which Integrated Boards also have responsibilities. A legislative stakeholder event in December 2019 indicated a need for a chapter specifically for integrated joint boards or local authorities. Guidance for Care Settings is not currently available.

4.2 The legislative duties apply where a health care function has been delegated to an integration authority with both the Health Board and Integration Board required to implement and comply with the legislation, and to utilise the requirements to support local workforce planning and performance management.

4.3 A clear scheme of delegation should be detailed by the Nurse and Medical Director which defines the clinical advice that is provided at each level in the organisation and how decisions that may conflict with that advice should be escalated through the professional structures. Guidance on the quarterly



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reporting by medical and nurse directors to the Integration Authority is also required.

- 4.4 The provision of appropriate clinical advice, within existing clinical governance, professional structures and processes, should already support the requirement. Professional advice should be sought from individuals who have sufficient seniority and experience, assuring the professional voice is heard while professional, clinical, quality, safety and governance aspects have been considered.
- 4.5 The role of clinical team leaders in assuring clinical care governance, through leading the delivery of care to patients as well as supporting and managing their teams and in some instances services, is recognised. Sufficient time and resource to fulfil these roles alongside other professional duties will require consideration.
- 4.6 Within existing staff governance, education and training strategies there is a requirement to ensure that staff are suitably qualified and are able to maintain competence to provide safe, high-quality person-centred care in their clinical role.
- 4.7 There is no additional resource to support an increase in staffing levels, where implementation of the requirements suggests that this is required to maintain safe, high quality service delivery. It is anticipated that through implementation of the legislation, opportunities will arise to consider redesign, remodelling and rebalancing of services to ensure the most effective use of existing multi-professional staffing resource.

### 5. Links to ACHSCP Strategic Plan

- 5.1 The Act will support the Partnership's Workforce Plan which is a key enabler in the delivery of the Strategic Plan. The principles of the Act fit with the IJB's ambitions in terms of assuring the quality of care and that the workforce is enabled to deliver on quality outcomes. The requirements included in the Act will ensure appropriate staffing for the health, wellbeing and safety of patients; provision of safe and high-quality care; and the wellbeing of staff in both Healthcare and Care Services.

### 6. Management of Risk

#### 6.1. Identified risks(s)



## INTEGRATION JOINT BOARD

- 6.1.1 A number of current risks are emerging, particularly from the many unknowns, including within Care Services. As referred to earlier, draft Statutory chapters are health focused at this time, although these do indicate Integrated Authority responsibilities with a specific chapter related to commissioning of health care.
- 6.1.2 The multi-disciplinary focus of this legislation presents a risk in itself. While nursing and midwifery are the furthest ahead in the use of workforce tools, all professional groups will be required to use robust workforce data and data analysis to inform real-time and future workforce planning.
- 6.1.3 The protection of time to deliver clinical leadership across professional groups along with the time and resources to ensure staff receive training as the Board considers appropriate will necessitate further discussions as to how this is to be resourced and delivered.

### **6.2 Link to Risks on Strategic or Operational Risk Register:**

- 6.2.1 The IJB strategic risk register identifies a very high risk regarding failure to recruit, recognising that “workforce planning across the Partnership is not sophisticated enough to maintain future service delivery”.
- 6.2.2 The robustness of the requirements of the Act will help mitigate this risk but also ensure that performance management is centred on improved outcomes for patients and staff. In addition, operational risk registers that have workforce challenges contained will be mitigated by the duties required by the Act. However, it should be noted that where the duties required by the Act indicate a need to employ additional staff, if this workforce is not available the risk will remain.

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



- 6.3.1 In addition to NHS Grampian’s Strategic Steering group referred to above, Aberdeen City is utilising the opportunity of Scottish Government resource (through NHS Grampian) to enable the release of a Nursing Service Manager 0.2WTE/week from December 2019 for 12 months. This will ensure the professional drive within Community Nursing Teams to prepare for the transition from workforce and workload tool use to the application and subsequent actions from these tools within the common staffing methodology.





## INTEGRATION JOINT BOARD

6.3.2 The development of Board member awareness of the multi-professional, Healthcare Service and Care Service scope of this legislation should enable future discussions when considering how to proceed with mitigating actions.

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

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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	11 February 2020
<b>Report Title</b>	Aberdeen City Health and Social Care Partnership Workforce Plan 2019/21
<b>Report Number</b>	HSCP.19.097
<b>Lead Officer</b>	Sandra Macleod, Chief Officer
<b>Report Author Details</b>	Name: Sandy Reid Job Title: Lead, People & Organisation Email Address: <a href="mailto:sandy.reid1@nhs.net">sandy.reid1@nhs.net</a>
<b>Consultation Checklist Completed</b>	Yes
<b>Appendices</b>	a. ACHSCP Empowered Workforce Plan 2019/21 b. Workforce Plan – Progress Monitoring Aberdeen City Health and Social Care Partnership

### 1. Purpose of the Report

This report seeks to update the IJB on implementation of the Aberdeen City Health and Social Care Partnership (ACHSCP) Empowered Workforce Plan.

### 2. Recommendations

2.1. It is recommended that Integration Joint Board :

- a) Note progress made to date in the Implementation of the ACHSCP Empowered Workforce Plan (2019-21)



## INTEGRATION JOINT BOARD

### 3. Summary of Key Information

- 3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) required that a strategic plan is produced and presented to the Integration Joint Board (IJB).
- 3.2. The workforce plan supports the ACHSCP in delivering its strategic priorities and ensures appropriate staffing arrangements are in place across the ACHSCP. It was co-produced with a wide variety of stakeholders and staff groups.
- 3.3. There are also detailed workforce plans for each statutory partner organisation (Aberdeen City Council (ACC) and NHS Grampian (NHSG)) who will continue to contribute to and be part of these discussions and processes. The ACHSCP workforce plan looks to ensure a workforce with the right skills and behaviours that is sustainable. The aim is to enhance the work which is currently in place and to specify workforce priorities for the health and social care partnership.
- 3.4. The Plan acknowledged that in order to achieve the identified objectives, there is a need to:
  - Fundamentally change what is done, the way it is done and with whom to fully integrate services
  - Increase engagement of the workforce, in its widest sense, by making them feel more valued
  - Support staff's well-being (physical & mental)
  - Make work a joyful thing and increase trust with colleagues and partners



## INTEGRATION JOINT BOARD

These enablers are required in order to ensure change is achieved that positively impacts both colleagues and customers.

- 3.5.** It considered some of the key challenges that have been reported to the IJB in other contexts (such as ageing population; ageing workforce and increasing complexity; lack of digitalisation). These challenges point to a need to engage in the potential of younger people, in order to have appropriate succession planning in place. The need to retain and train people to support the transformation of the way support is delivered is also required.
- 3.6.** Ensuring the workforce is digitally enabled and mobilised using new technologies is a priority for the partnership.

### Delivery

- 3.7.** Underpinning the delivery of the workforce plan was an action plan based upon four themes; Right People, Right Skills, Right Roles and
- Short Term: 1 year
  - Medium Term: up to 2 years
  - Long Term: 3 years
- 3.8.** In the past year, ACHSCP has become much more proactive in seeking to attract its future workforce. This now includes regular attendance at school 'career fairs' and 'Developing Young Workforce classroom sessions in Aberdeen and Aberdeenshire, hosting apprenticeships and working with Job Centre Plus colleagues. Much of this activity inevitably can only produce



## INTEGRATION JOINT BOARD

benefits (future staff) in the medium to long term and creates interest in clinical and 'business support' roles (admin; cleaning; estates).

- 3.9.** A major impact on increasing workforce capacity will also be achieved, if we can improve the health and wellbeing of our workforce. ACHSCP sickness levels are typically 4% - 5% on average but formal activity is now taking place in areas with much higher absence (Woodend Hospital). This work is now also a high priority within ACHSCP, and we expect to attain our Healthy Working Lives 'Gold' Award in the Spring. Similarly, a system-wide 'Quality Improvement' approach (Lean Six Sigma) is being used to increase the capacity of the current workforce, with a focus on reducing waste, duplication and digitalisation.
- 3.10.** A lot of effort is now also being made to retain more staff within ACHSCP. This includes the Annual HEART/Staff Recognition) Awards, making ACHSCP an enjoyable and fun place to work and working with NHS Grampian and Aberdeen City Council to develop 'Long Service' Awards.
- 3.11.** However, the challenges faced in maintaining an appropriate level of staff in the workforce are complex, multi-functional and require collaborative solutions with partners across Grampian.
- 3.12.** For example, the housing costs in Aberdeen, can often mean that staff whose skills are in short supply nationally, may decide not to move to Aberdeen to work. Similarly, younger staff may have attended school in Aberdeen, but then choose to move to Aberdeenshire when buying a home thus making future working in Aberdeen less attractive. Some collaborations do now exist with housing providers to provide 'key worker' housing, but the scale of this provision will not meet all future demands.



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- 3.13.** Attracting new staff to Grampian will be essential and ACHSCP can only do this working as part of a Grampian 'system'. This could for example include social media campaigns promoting the benefits of living and working in Aberdeen.
- 3.14.** Working with Aberdeen University and Robert Gordon University to attract more Grampian residents to study locally, is another solution that could increase the future supply of the primary care workforce. For example, in 2018, only 3/43 Physiotherapy graduates at RGU came from Grampian and only one went on to work for NHS Grampian after graduation.
- 3.15.** Another option which could be explored would be to ask some staff to work in other areas, if there was a high risk of not being able to provide safe service levels. This would require support from Union/Staff-side colleagues.

### 4. Implications for IJB

- 4.1. Equalities** – Both partners are committed to equalities of opportunities both in recruitment and progression as well as non-discrimination within the workforce.
- 4.2. Fairer Scotland Duty** – Part of our workforce strategy will be to ensure we recruit the right people and to increase exposure across all socio-economic groups with a particular focus on developing young people, modern apprenticeships and overall succession planning. By doing this we are paying due regard to the Fairer Scotland duty. We look to recruit the right staff who can support those in need no matter their situation.



## INTEGRATION JOINT BOARD

- 4.3. By reviewing our workforce arrangements and making improvements we look to ensure socio-economic implications are taken into account of Fairer Duty Scotland
- 4.4. **Financial** – There are no direct financial implications arising from the recommendations of this report.
- 4.5. **Workforce** – the report reflects the plan to ensure a workforce that can deliver the strategic vision and plan of the ACHSCP.
- 4.6. **Legal** - Implementation of the workforce plan will help ACHSCP ensure that it fully meets its duties as set out in the Public Bodies (Joint Working) (Scotland) Act 2014. Powers under the Act which would permit the Board to employ its own staff have not yet been invoked.

### 5. **Links to ACHSCP Strategic Plan**

- 5.1. The workforce plan seeks to support delivery of all five themes within the Strategic Plan. The plan includes key enablers and actions which are aligned to its priorities.

### 6. **Management of Risk**

#### 6.1. **Identified risks(s)**

There are no specific risks relating to the Committee noting the Audit Scotland Report.





## INTEGRATION JOINT BOARD

However, there is a risk to the future availability of our workforce if ACHSCP is not able to increase its supply of staffing and retain existing staff.



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

There are links to the Strategic Risk 9 (which is reviewed and updated regularly). There is a risk of failure to recruit and that workforce planning across the Partnership is not sophisticated enough to maintain future service delivery.

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

This Report has highlighted a number of potential solutions to mitigate the risks within the Workforce.

However, many of these are National and Grampian challenges and as such cannot be mitigated solely by ACHSCP.

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



## INTEGRATION JOINT BOARD

### Appendix B

Workforce Plan – Progress Monitoring Aberdeen City Health and Social Care Partnership

ACHSCP Empowered Workforce Plan 2019 /21 - Action Plan Progress Monitoring		
Aim	Progress Update	Status
<b>Staff Wellbeing</b>	'Gold ' Healthy Working Lives Award expected by end March 2020 `	
<b>Attraction</b>	Significantly higher profile now for ACHSCP at school career fairs and with Job Centre Plus clients	
<b>Retention</b>	Plans to begin 'Long Service' and 'Special Recognition' Awards in 2020.	
<b>Training</b>	More focus planned in 2020 on social care training	
<b>Development</b>	Greater emphasis on OD in 2020 via OD and Culture Group	
<b>Flexibility</b>	Good progress made in promoting benefits of flexible working to staff and the organisation	
<b>Collaborative Service Redesign</b>	More focus planned in 2020	
<b>Customer Engagement</b>	More focus planned in 2020	
<b>Feeling Involved (Staff and Partners)</b>	Good progress made to date	
<b>Digitalisation</b>	Some progress but much more focus planned in 2020	
<b>Prevention</b>	'Gold' Healthy Working Lives Award expected	
<b>Young People and Pathways</b>	Organisation has made numerous new partnerships with schools and tertiary education in past year and these will be developed in 2020.	



Aberdeen City  
Health & Social Care  
Partnership  
*A caring partnership*



# ACHSCP

Empowered Workforce Planning  
2019 – 2021



If you require further information about any aspect of this document, please contact:

Aberdeen City Health & Social Care Partnership  
Business Zone 8  
Marischal College  
Broad Street  
Aberdeen  
AB10 1AB

# Contents

- 1** Vision
- 2** Collaborative Approach to Workforce Planning
- 3** Our greatest resource is YOU
- 4** Who are we?
- 5** Challenges & Risks
- 6** What do we want to achieve?
- 7** Future Focus

## Vision

Our ACHSCP strategic plan will determine our workforce plan and vision. Our organisational values underpin all our activities, initiatives and developments. As part of the strategic plan refresh and wide consultation process we have revised these, but their essence remains the same.

“We are a caring partnership working in and with our communities to enable people to achieve fulfilling, healthier lives”.

## Our Values:

“Caring, Person centred, Enabling”

This vision and these values are relevant and applicable across the diversity and complexity of all the delegated functions across the health, social care, third, independent and housing sectors. They define who we are and we remain committed to integrating our services for health and social care.

We remain committed as an organisation to improving the:

- the health and wellbeing of our local population across all localities
- the experiences and outcomes of the individuals who use our services
- the allocation of our staffing, financial and physical resources



## Strategic Plan Priorities

Prevention

Enabling

Communities

Resilience

Connections

## Workforce Plan Purpose

The workforce plan supports the HSCP to deliver priorities in the strategic plan and ensure appropriate staffing arrangements are in place across the ACHSCP. In terms of this plan we aim to achieve several key objectives. These are ;

- To integrate we need to fundamentally change what we do, the way we do it and with whom
- To increase engagement of our workforce by making them feel more valued
- To communicate with staff to show the difference they are making
- To support our staff's well-being (physical and mental)
- To make work a joyful thing and increase trust with colleagues and partners
- To become a 'learning organisation' in its culture and ways of working.



## Collaborative Approach to Workforce Planning

Currently there are detailed workforce plans for each of our partners organisations (*Aberdeen City Council and NHS Grampian*) and we will continue to contribute to and be part of these discussions and processes. Our plan looks to set out our vision for health and social care services, and thus the workforce required to deliver this, as well as identify specific challenges.

The aim of this report is to enhance what we have and to give workforce priorities for the health and social care partnership.







Workforce Plan

Taking pride in ...  
Caring, Listening, Improving

NHS  
Grampian

Shaping  
Aberdeen

Housing  
Delivering affordable housing

Digital  
Connecting Aberdeen

Regeneration  
Inspiring an Aberdeen  
transforming communities

Transport  
Moving Aberdeen forward

Skills  
Good people  
our future

www.aberdeencity.gov.uk/ShapingAberdeen  
@aberdeencity AberdeenCC

WORKFORCE PLAN 2018 - 2021

Workforce Supply

Ageing Workforce

Supplementary Staffing

Transformational Roles

Employability and Role Development

Risks and Challenges

Cost Risk Benefits

Shaping Our Future Workforce - 2016 and Beyond

Fig. 1: Workforce Plans

Our partners from NHS Grampian, Aberdeen City Council (ACC), Third and Independent sectors are an integral part of ensuring our vision is realised and meaningful engagement and participation in development of the plan and its actions is vital. Together we will take the right steps to plan for and deploy our future workforce effectively against this complex, shifting background.



## Context

There are many factors which impact our workforce supply, demographic trends, recruitment/retention and technological advancement (please see underpinning workforce plans). Therefore within this plan we need to be agile and flexible in our thinking in order to be able to adapt our initiatives and actions appropriately and quickly.

## National drivers

From the original publication of the national outcomes for health and social care (2014) which stated an intention to increase empowerment of staff in decision-making, the Scottish Government has supported this intent with publishing its first joint health and social care workforce plan over 2017/18. Published in 3 parts its purpose is to better enable local and national workforce planning to support improvements in service delivery and redesign (Scottish Government, 2019). This links inherently to other legislative changes including tools to ensure safer workforce, the new GP contract and implementation and widening of the multi-disciplinary team.

Audit Scotland published a report in 2017 recommending the better need to understand future demand and how to meet that demand. Last year this was followed up with a progress toward integration in 2018. The report notes areas such as collaborative leadership and digitalisation as key areas of focus for integrated authorities (Audit Scotland, 2018). All of these reports, amongst others, have informed this plan.

## Delivering Safe and Effective Services Through Our Workforce

We are committed to developing a flexible, adaptable and supported workforce. It is essential that we continuously monitor and review our workforce requirements. In doing so, we are committed to working in partnership with Trade Unions, in line with staff governance standards already established within NHS Grampian and Aberdeen City Council. In doing so it is the intention to deliver an integrated workforce plan supporting the delivery of **“Safer, Healthier, Independent Lives”**.

This sits within the context of national work including the Health and Care (Staffing) (Scotland) Bill which places a legal requirement to ensure appropriate numbers of suitably trained staff are in place, irrespective of where care is received. As part of this, each delegated NHS service produces an annual workforce plan that underpins the NHS Grampian overarching plan and the Primary Care strategy for the city.

## Impact of Brexit

With 3.5% of the current Aberdeen City Council workforce from the EU, and with the government stating that there are no plans to repatriate current employees, the short-term effect on the workforce is still estimated to be minimal. In the medium to long term there may be some return to EU countries of origin. As such consideration will be given to workforce planning in service areas with high ratios of EU nationals.

## Our greatest resource is YOU...

We know that our staff are dedicated and hard working and there is a need to maximise the use of this scarce and reducing resource more effectively. This will ensure that staff feel supported and listened to and are able and empowered to make change.

People working together to actively share, learn  
and apply to ultimately achieve best practice



Sustainable improvements will only be achieved by a strong and continued focus on innovation, improvement and accountability across the whole health and social care workforce.

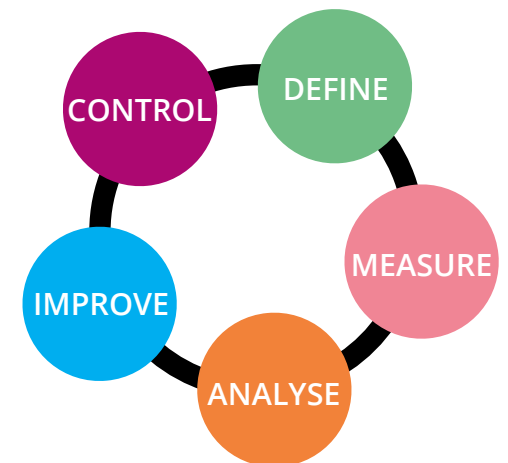
As an organisation we are looking to examine what we do and how we do it, to be more effective and efficient.

We want staff to have knowledge of improvement methods and how to use them at all levels. Staff may already be working on ideas and by giving training and support then this can be progressed to its potential as well as staff being felt listened to and able to take action.

Using well established improvement tools and techniques staff are empowered to make changes to improve frontline services.

### Quality improvement...

- ...Creates time and opportunity
- ...reduces staff frustration and allows ideas to be voiced
- ...Supports understanding of what and how work is delivered by those doing it
- ...Improves quality
- ...Supports action and tests ideas and good practice



## Who are we?

Our workforce provides services to adults and children. This plan covers staff within the NHS, Council and Third & Independent Sectors. The services we provide aim to help those who are unwell, those most in need and maximise the number of people in Aberdeen to be healthy, well and independent.

Prevention is better than cure and much of our work looks to ensure we prevent illness and connect with our local communities and resources to support them to maintain their health and wellbeing and build positive, collaborative relationships.

We support a wide range of people including those ;

- With long term conditions or disabilities ;
- Who have caring responsibilities ;
- Who have a degree of vulnerability or are in need of protection ;
- Who are well and want to maintain or improve their current level of health and wellbeing ;
- Who need an intensive or acute level of service ;
- We also see and support children within our services, for example as part of health visiting, speech and language therapy & community nursing



“ *The partnership is more than who we are. It is how we collaborate. It's about having the right people, with the right skills, in the right roles, at the right time, at the right cost* ”

Sandra Ross, Chief Officer

# At a Glance: Who we are

We have 2013 staff



76% Female / 24% Male

270 new starts (on avg) each year which equates to 23 new people every month



We are a diverse complex organisation delivering multiple & complex services



18

Annual Turnover of staff 10.6%\*




(ranges in some services up to 22.2%)

Age profile of workforce being over 40 62.8%  
Age profile below 25 5%



1 in 3 nurses are aged over 50

Overall budget £305,000,000



£90m of which is with 3rd & Independent partners

Recruiting to Vacant Posts (on average) 160 at any one time



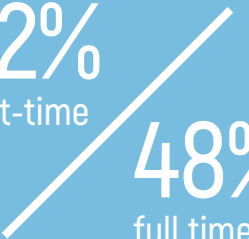
Our staff operate out of approx. 40 locations across the city



Staff Absence 5.13%

Costing £3.1million (5.4% Scottish average, 2017/18)

Full time/Part-time split



52% part-time  
48% full time

## Challenges & Risks

Workforce planning is a moving feast with multiple dependencies and complexities. In order to secure the workforce required to deliver our organisational priorities we need to consider these on a regular basis. These include skill shortages in specific fields and occupations, ensuring we are attracting, retaining and retraining our staff. We are integrating as we will never have enough resource to meet the demands of population.

### Some of our biggest challenges currently are:

- By 2037, Aberdeen's over 65s population will increase by almost 56%. With projection that the over 75s population is projected to grow by around 70%. This likely means a huge increase in the demand on services but also a decrease in available workforce. However Aberdeen does have the highest proportion of working age population than the rest of Scotland.
- There is a national shortage of social workers with a drop of nearly 32% over the past five years of students completing the course, additionally there has been a drop in the number of students applying to join the profession
- Reducing the levels of turnover within services with high rates. As people leave, the organisation loses critical experience and expertise and invokes costs. The average costs of a leaver is £30,000 (**\*incl. lost output, recruitment cost, management time, ref. Oxford Economics Report 2014**). We want to have those who work here to want to stay. In addition, we have anecdotal evidence about staff leaving for instance, due to work pressures, or lack of flexibility. More work should be under taken to monitor and record exit interviews with staff to ensure that we understand the reasons why staff are leaving us and address these.
- Within the medical workforce there have been decreases of GPs in recent years and again this is impacting on our current workforce supply. This causes large costs in terms of locum cover. Better cross service and integrated working to support individuals better and meet the demands appropriately in Primary Care and reduce the workload on GPs (**Ref: ACHSCP Primary Care Improvement Plan, 2018**)
- High level of vacancies in particular in nursing and mental health. We need to improve pathways from our schools and Higher Education Institutions for our young people to easily access work and work experience opportunities.
- Locality working looks to deliver more integrated health and social care services (less silos) and to improve access by delivering more locally based services. Recent studies also note the impact of social isolation and the importance of connecting communities and to help build real and lasting relationships to address this.
- Care worker recruitment is a huge challenge. The health and social care system depends on care to deliver services to those most vulnerable in society. This is a huge challenge with a budget of £90million.
- We have lengthy recruitment processes and the longer that we take to recruit staff the more likely that these people will take up employment elsewhere.

## What do we want to achieve?

A workshop with key stakeholders including the senior leadership team, exam-aged school children and their teacher from Harlaw Academy took place in November 2018. This wordle represents the outputs of discussion regarding what the organisation should seek to achieve and will be used as priority areas for our action plan to focus our work on:



### Collaborative Working



To facilitate and enable integrated working and development of equal partnership with communities.  
By leaders at all levels being compassionate, supportive and thoughtful in responding to staff and situations this will ensure everyone feels valued, equal and empowered. This is an essential ingredient for the partnership's success and sustainability.

### Development of new training & Skills and sharing of current



We will require new skills and knowledge to deliver services in the future. By becoming more flexible and better use of mobile technology staff can have better work/life balance. We need to share cross-system training, coaching and development opportunities to ensure all colleagues have equal opportunity and diverse training.

### Living healthy for longer



Whilst we expect our population and staff to live longer there is a projection that the number of ill health years will also increase. We recognise there are health inequalities in our workforce which we will need to address in different and engaging ways.

### Better use of space to ensure effective use of resources



### North East Economy



The north east economy fluctuates with the oil economy in the area which impacts on health and social care recruitment of staff.

### Independent & Third Sector

The value and contribution of the third and independent sector needs to be recognised for the difference it makes to the communities across Aberdeen.

Opportunities of greater collaboration and coproduction of services would greatly improve effectiveness.

### Releasing Capacity

We are committed to making the best use of our resources to deliver best value in improving outcomes for people.



Digital technology is key to transforming our health and social care services across the partnership so that we can be truly person-centred, enabling and effective.

We have inherent challenges in implementation and ensuring staff have the necessary skills and support to take advantage of new technology.

Where we want to focus?

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Vision

**Our Vision**  
We are a caring partnership working in and with our communities to enable people to achieve fulfilling, healthier lives

**Workforce Plan Vision**  
The right people, with the right skills, in the right roles, at the right time at the right cost

Themes

Right People

Right Skills

Right Roles

Sustainability  
(Right Time, Right cost)

Aims

Staff Wellbeing

Attraction

Retention

Training

Development

Flexibility

Collaborative Service Redesign

Customer Engagement

Feeling Involved  
(Staff & Partners)

Digitalisation

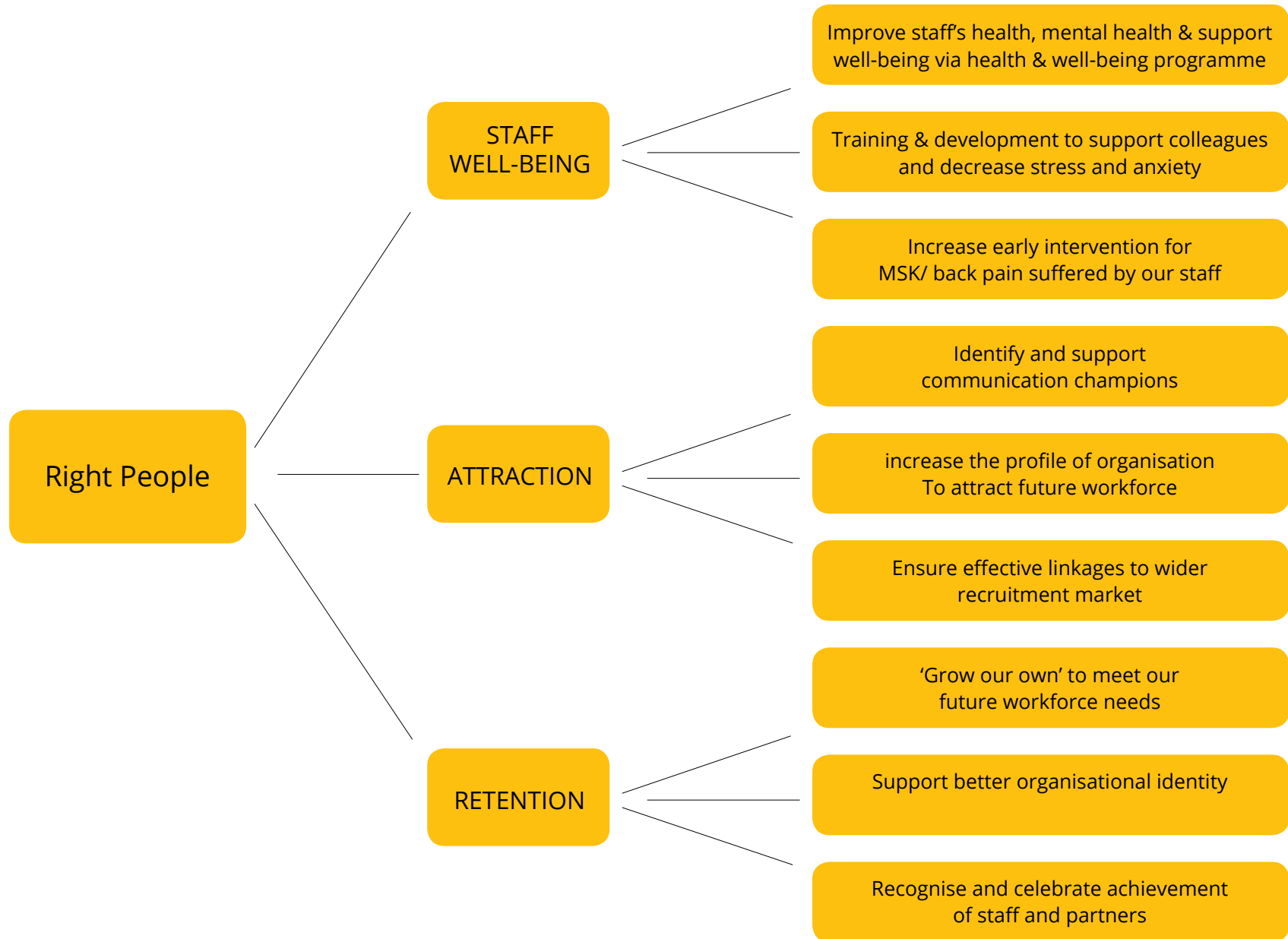
Prevention

Young People & Pathways

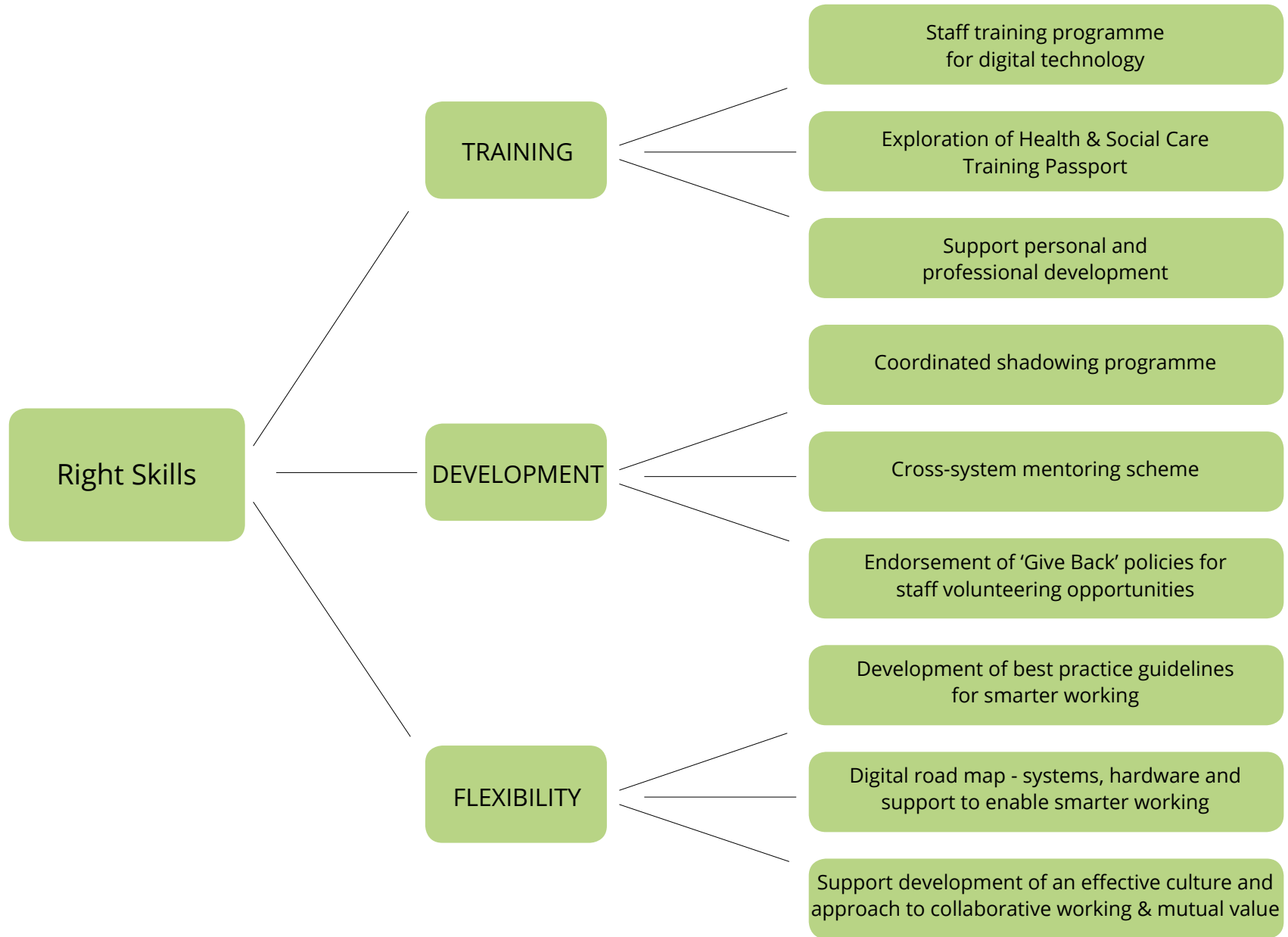


Action Plan Overview: In four parts

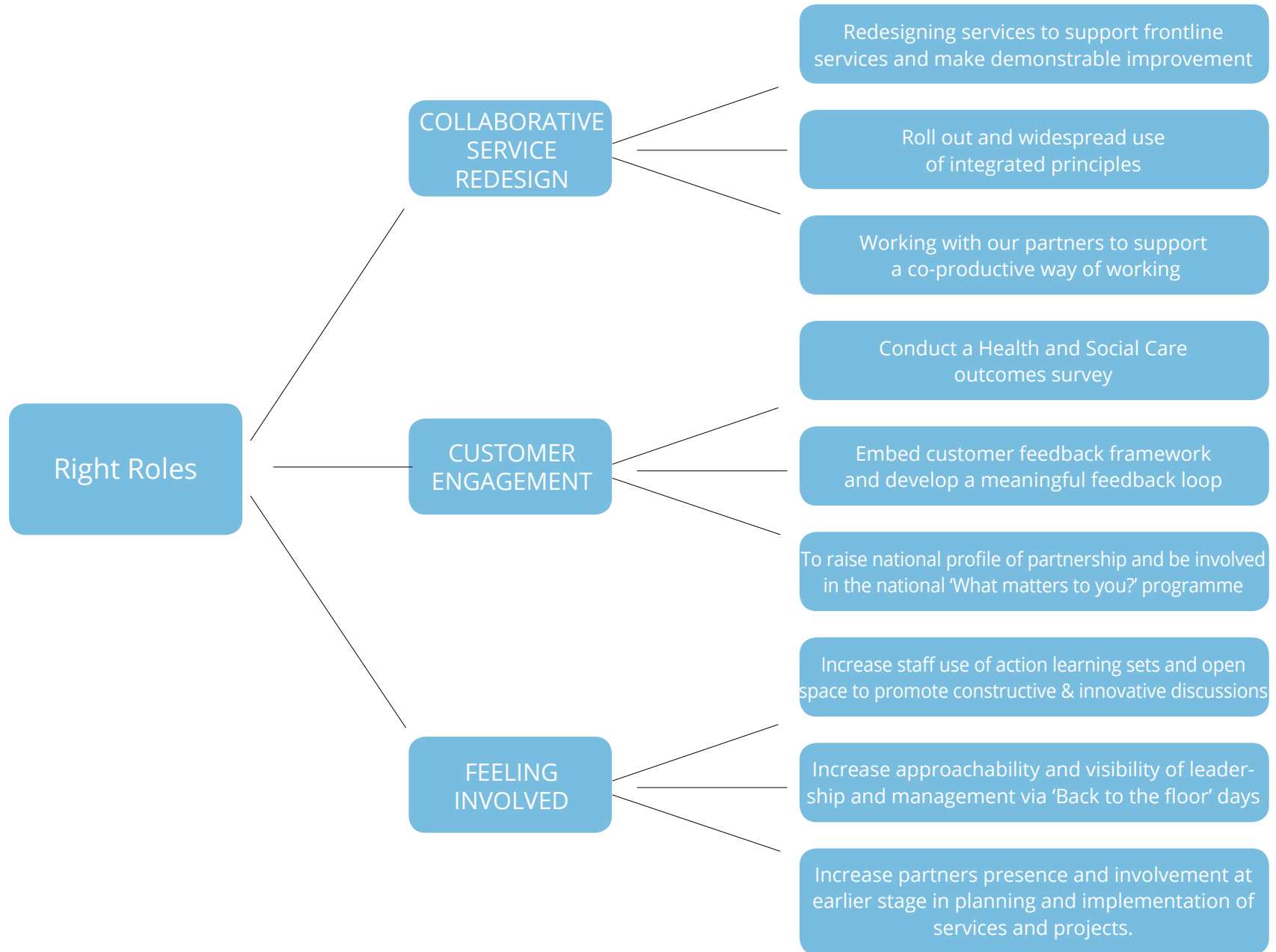
Theme 1



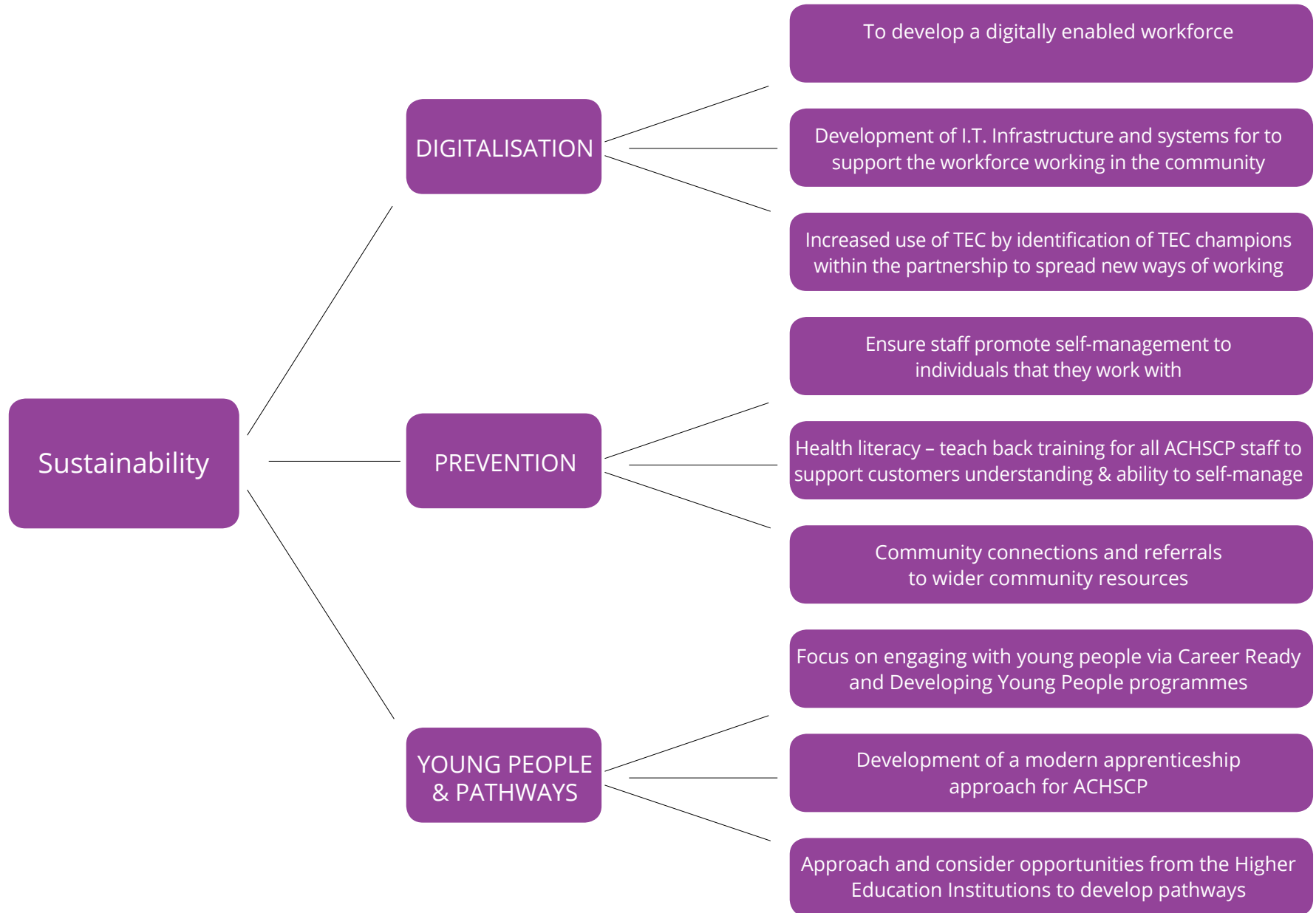
# Theme 2



# Theme 3



# Theme 4



## Next Steps

Monitoring of progress with the actions and intentions set out in the 2019-21 Workforce Plan will be carried out within the governance framework of the partnership. It is accountable and reporting to the Enabling Systems Programme Board. The Organisational Development and Culture Change (ODCC) working group will continue to support the monitoring and delivery of the plan and the projects which it is founded on.

Across the health and care system much of the workforce are already currently engaged in re-thinking pathways of care to create a more integrated and joined-up system in order to improve services for individuals across Aberdeen city. This includes earlier intervention, better preventive and supportive care in community settings, better links between mental health and physical health, and ensuring choice and person led care and support whatever form that may take.

The models of care are clearly still evolving however this plan looks to be adaptive and aims to think through what staff is needed, as well as how continuing professional development and re-training can allow greater flexibility and experience once people are trained. Indeed recognising that much of our future workforce is already currently employed and is indeed our greatest resource and force for change for the better.

“ *The partnership is more than who we are. It is how we collaborate. It's about having the right people, with the right skills, in the right roles, at the right time, at the right cost* ”





If you require further information about any aspect of this document, please contact:

Aberdeen City Health & Social Care Partnership  
Business Zone 8  
Marischal College  
Broad Street  
Aberdeen  
AB10 1AB

or email [achscpenquiries@aberdeencity.gov.uk](mailto:achscpenquiries@aberdeencity.gov.uk)



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	11 February 2020
<b>Report Title</b>	Care at Home and Supported Living
<b>Report Number</b>	HSCP.19.095
<b>Lead Officer</b>	Sandra MacLeod, Chief Officer
<b>Report Author Details</b>	Name: Anne McKenzie Job Title: Lead Commissioner Email Address: <a href="mailto:anne.mckenzie@nhs.net">anne.mckenzie@nhs.net</a>
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	<ol style="list-style-type: none"> <li>1. Supported Living and Care at Home Risk Log</li> <li>2. Financial Arrangements for Care at Home and Supported Living</li> </ol>

### 1. Purpose of the Report

- 1.1. The purpose of this report is to inform the Board of the progress made with the commissioning of care at home and supported living services in Aberdeen City, and of the model for future delivery.

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board
  - a) Notes the progress made and the model for future delivery

### 3. Summary of Key Information

- 3.1. The current arrangements for the provision of care at home and supported living have been under review since April 2019. The full term date for the current arrangements was December 2019, and the IJB agreed to extend the



## INTEGRATION JOINT BOARD

current arrangements in November 2019 to allow for the conclusion of the service review.

- 3.2. The review process has adhered to the strategic commissioning approach approved by the IJB in September 2019, analysing the needs of the population, the demands placed upon current care at home and supported living services, considering the current means of providing services and future requirements, exploring the evidence taken from other models of provision and making recommendations for a change in provision which offers the best opportunity to meet key outcomes.
- 3.3. Our approach also demands that our approach is collaborative, there have been several opportunities for collaborative design and consultation sessions between Aberdeen City Health and Social Care Partnership teams and provider services.
- 3.4. The output of our data gathering, consideration of current and future model and collaborative workshops was the establishment of clear outcomes to be achieved through our commissioning process, and four different delivery options for appraisal.
- 3.5. The outcomes can be divided into organisational and individual level. At an organisational level we identified the following outcomes:
  - Market stability (linked to strategic risk number 1)
  - Efficient and effective delivery
  - Financial sustainability
  - Social value and cohesion with communities (linked to strategic risk number 8)At an individual level we identified the following
  - Meeting individual outcomes
  - Linked to our strategic plan, linking people back to their communities through an asset based approach
- 3.6. The three options are listed below:
  - Do nothing – continue with a 2 separate frameworks for care at home and supported living, based upon time and task related delivery
  - Move to a single framework arrangement to include both care at home and supported living with 3 locality primary providers based on outcomes focussed delivery and away from time and task
  - Move to three locality primary provider contracts for care at home with immediate effect, and a transition to the same arrangements for supported living providers, based on outcomes focussed delivery and away from time and task





## INTEGRATION JOINT BOARD

- Continue with 2 separate frameworks for care at home and supported living but aligned to localities, and based on outcomes focussed delivery
- 3.7. The options were appraised by a working group which was inclusive of nominated provider service representation (third and independent sector). The preferred option was identified as:  
Move to three locality primary provider contracts for care at home with immediate effect, and a transition to the same arrangements for supported living providers, based on outcomes focussed delivery and away from time and task.
- 3.8. The preferred option was approved by the Executive Programme Board in December 2019 and a recommendation made to take this to the Integration Joint Board meeting on the 11<sup>th</sup> February 2020, to inform Board members of the future plan for the provision of Care at Home and Supported Living.
- 3.9. It is acknowledged that this plan will see a radical departure from our current provision, for provider organisations, for staff working across the whole system and for the people who receive care. Based upon this understanding, we have committed to continue to work with all of these groups over the duration of the contract.
- 3.10. Market sustainability is a key consideration in this design. We recognise that the Care at Home market in the current arrangement is unstable, with three examples of provider failure in the last eighteen months. Market sustainability is particularly compromised in smaller organisations and this model affords an opportunity for greater collaboration between large and small organisations, should providers choose to take this opportunity.
- 3.11. The funding arrangements for the contract also present a radical shift from the current arrangement –see appendix 2. Both Provider and ACHSCP will be assured of the financial arrangements for the duration of the contract. There is the opportunity within these arrangements for investment, agreed in partnership between provider and ACHSCP and based upon available data. Examples of such investment could be technology – to use appropriately to support efficient delivery, or training and support for care staff to allow them to deliver care based upon outcomes.
- 3.12. The Supported Living market is more currently more stable. A collaborative approach between ACHSCP and supported living providers will be taken to determine the means of transitioning current arrangements to a locality based primary provider model over the next two years.



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- 3.13. Identified risks have been considered, and mitigation is in place for all identified risks. We acknowledge that this radical change could present risks that we have not considered, our approach is one of shared risk, working closely with providers to identify risk early and work together to identify a means of mitigation.
- 3.14. Whilst the number of providers may reduce as a consequence of this model, we do not anticipate that there will be any reduction in the capacity to deliver care. There will be a requirement from any submission made as part of the procurement process to assure the evaluation panel of sufficient capacity to meet the needs of the population within a particular locality.
- 3.15. The timeline for the procurement process has taken many different factors into consideration – avoidance of entering into a new system at a time when we know there is a likelihood of reduced capacity (summer holidays) and increased demand (later in 2020). We are also aware that neighbouring partnerships are also commissioning Care at Home and Supported living services and have taken their dates into consideration. Our plan is for the tender to be published on Public Contracts Scotland on the 1<sup>st</sup> March 2020, with a submission date of 31<sup>st</sup> March 2020 and contract award date of 1<sup>st</sup> June 2020. The new arrangements will be operational on the 1<sup>st</sup> September 2020

### 4. Implications for IJB

#### 4.1. Equalities

An equalities assessment has been completed and there is no anticipated negative impact on equality or human rights with the redesign of this contract. It is anticipated that the design of this contract focusses on an individual's personal outcomes and therefore we would anticipate that this will have a positive impact for the future.

#### 4.2. Fairer Scotland Duty

Our strategic plan states that all commissioning activity will be mindful of the Ethical Care Charter. The Ethical Care Charter can be found at: <https://unison-scotland.org/wp-content/uploads/Final-Ethical-Care-Charter-PDF-1.pdf>



## INTEGRATION JOINT BOARD

### 4.3. Financial

There are no direct financial implications arising from the recommendations of this report. The future financial model affords both ACHSP and providers with an assurance of spend / income for the next 4 years and the opportunity to work together to invest in the best means of delivering the model and meeting the expected outcomes

### 4.4. Workforce

There are no direct implications on workforce numbers from the recommendations of this report. Delivering for outcomes will require the whole workforce to work more flexibly, and in a more integrated way. This redesign allows us to redesign some of the processes currently undertaken and in reducing the number of processes release vital capacity for face to face contact with clients.

### 4.5. Legal

There are no direct legal implications arising from the recommendations of this report.

### 4.6. Other

## 5. Links to ACHSCP Strategic Plan

- 5.1 The ambition of adopting an asset based, outcome focussed approach to care at home and supported living links directly to the key aims of the ACHSCP strategic plan. Notably, prevention and resilience – an outcomes focussed approach could lessen the requirement for support through recovery of skills and function; enabling – a review of our systems ensuring that we are as responsive as we can be when people are identified as requiring care and support; finally, reconnecting people to their local communities wherever possible.

## 6. Management of Risk

### 6.1. Identified risks(s)

**See appendix 1**

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





## INTEGRATION JOINT BOARD

This option links directly to strategic risk 1 –market sustainability, and to strategic risk 8 – localities.

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

This model has the best potential to further strengthen market resilience and sustainability.

By commissioning in localities we hope to ensure that care is provided based upon the knowledge and understanding of the needs of the local population and of the local assets available for connecting people back in to their communities – an asset based approach.

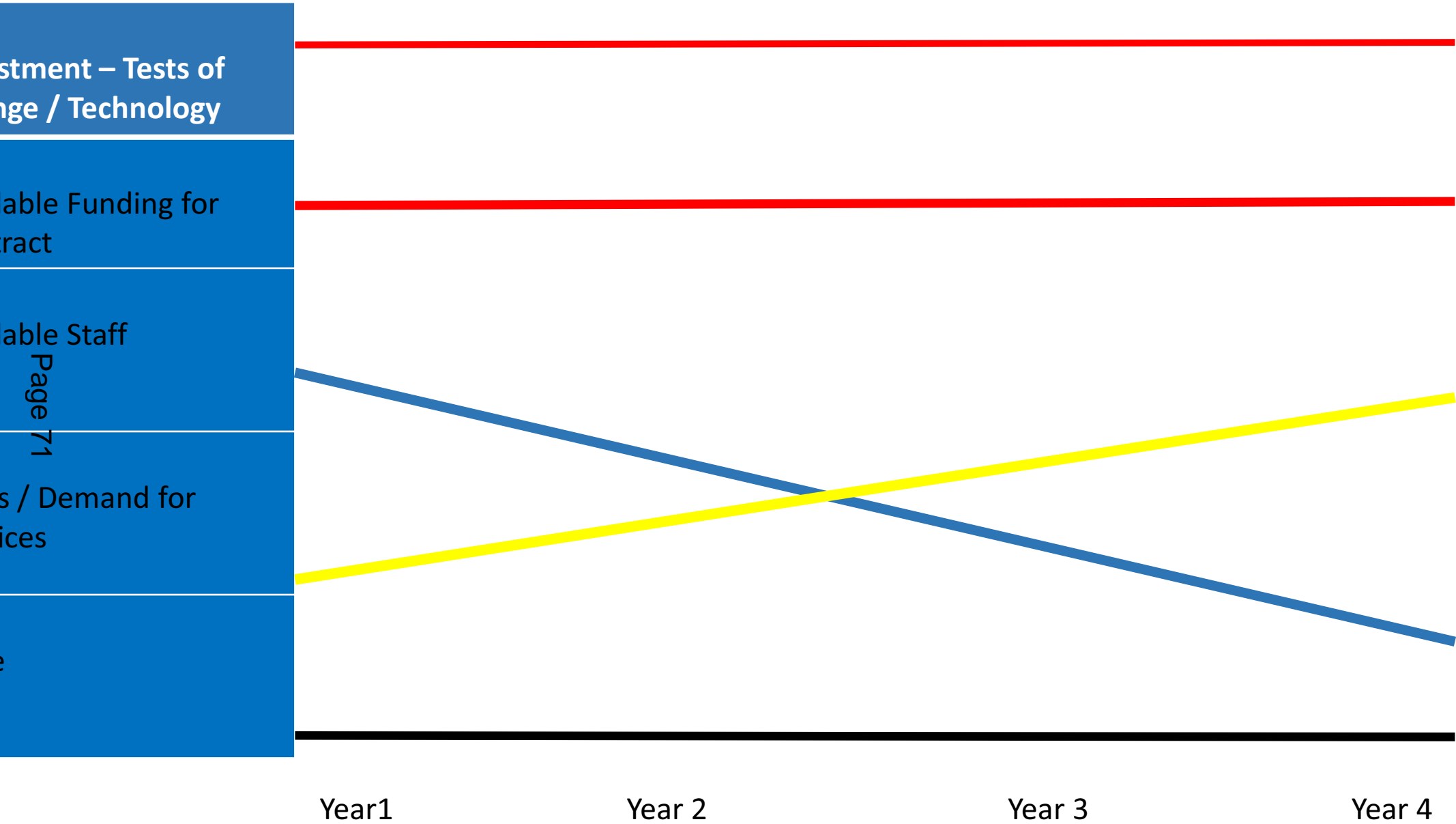
Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)

## Appendix 1: Risk Log

Risk	Probability / Likelihood	Mitigation / control
Statutory duties are not met	Low	Advice taken from legal. Contract will make it explicit that no one will be left at risk
Insufficient / inadequate communication with the members of the Integration Joint Board	Low	Discussion at IJB development session 3 <sup>rd</sup> December 2019 Briefing to IJB members issued February 2020
Insufficient / inadequate communication with the elected members of Aberdeen City Council	Low	Briefing to elected members issued February 2020
Insufficient / inadequate communication with providers	Low	Collaborative sessions to design the contract held in July and October 2019 Meeting with CEOs and Board members 13 <sup>th</sup> January 2020 Session with independent providers 23 <sup>rd</sup> January 2020 at their invitation. Provider question and answer session 28 <sup>th</sup> January 2020
Insufficient / inadequate communication with Aberdeen City HSCP teams	Low	ACHSCP teams involved in collaborative sessions to design the contract in July and October 2019 ACHSCP teams invited to and present at the provider question and answer session 28 <sup>th</sup> January 2020 Attendance at service manager meeting January 2020 Dates for care manager operational meetings during 2020 in lead commissioner diary
Insufficient / inadequate communication with those receiving care and support	Low	Communication strategy in development Specific communication to clients affected by change will be made following award of contract
Lack of interest from bidders	Low	This is a high value contract with a confirmed financial arrangement for 4 years. It is anticipated that these arrangements will prove to be attractive to potential bidders
Potential of a monopoly from a large organisation	Low	This will be taken into consideration during the design of the tender process
Disruption to more stable parts of the market	Low	There will be a phased approach for supported living – which is more stable
Reallocation of care in circumstances where the provider owns the building	Low	There will be a phased approach for supported living, which will allow consideration of fir for purpose accommodation for the future
The primary provider leaves Aberdeen	Low	Market facilitation will continue with those providing care at home and supported living for the duration of the contract. Measures will be in place for early identification of market failure. Contract monitoring will be in place. Work will continue to ensure that there is an earlier identification of risk of market failure
Lack of financial modelling – locality budget, and concern about fairness of allocation	Low	Use of available data for financial modelling

Providers fail to create an alliance	Low	Support will be made available on request by commissioned third and independent sector interface organisations
Control of provision including market sustainability and quality assurance passed to primary provider	Low	KPIs, quarterly monitoring with capacity released to do the same
ACHSCP are unable to capture and submit statutory information	Low	Agreed protocols will be established. Systems teams included within the mobilisation group
3 large providers and the associated risk of market failure	Low	Market facilitation will continue with those providing care at home and supported living for the duration of the contract. Measures will be in place for early identification of market failure. Contract monitoring will be in place. Work will continue to ensure that there is an earlier identification of risk of market failure

# Appendix 2: Financial Arrangements for Care at Home and Supported Living



Investment – Tests of  
Change / Technology

Available Funding for  
Contract

Available Staff  
Page 71

Demand for  
Services

e

Year 1

Year 2

Year 3

Year 4

HOW MIGHT  
A HELP US?

**LOCALITY  
BASED**

PERSON ENTERS THE SYSTEM

**SINGE POINT  
OF CONTACT**

LINKS TO  
HOSPITAL?

INITIAL SCREENING (MULTI-DISCIPLINARY) – IMMEDIATE NEEDS, DO THEY  
APPEAR TO MEET THE ELIGIBILITY CRITERIA?

INITIAL ASSESSMENT – MULTI DISCIPLINARY, INCLUDES  
CARER ASSESSMENT AND OFFER OF SDS

**NEEDS TO BE  
RESPONSIVE**

**OUTCOMES  
FOCUSSED  
CONVERSATION**

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PERSON IDENTIFIED AS NEEDING CARE / SUPPORT –  
OUTCOMES IDENTIFIED

WHAT SKILLS  
DO STAFF  
NEED?

WHAT ARE THE  
PROCESSES FOR  
COMMISSIONING

CARE / SUPPORT NEEDS “ADVERTISED” AND ACCEPTED

PERIOD OF ASSESSMENT – 6 WEEKS

**TEC ENABLED,  
AND ASSET  
BASED**

HOW DO WE ALL  
COMMUNICATE

REVIEW – MULTI DISCIPLINARY TEAM, PERSON  
AND FAMILY

COULD THERE  
BE A SHARED  
CARE PLAN?

ONGOING CARE AND SUPPORT, AT  
SAME LEVEL

NO FURTHER  
SUPPORT

LESS ONGOING CARE AND SUPPORT

MORE SUPPORT – HOUSING ETC



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