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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board

Town House,
ABERDEEN 29 June 2021

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Virtual - Remote Meeting on TUESDAY, 6 JULY 2021 at 10.00 am.**

FRASER BELL
CHIEF OFFICER - GOVERNANCE

B U S I N E S S

1 Introduction

DECLARATIONS OF INTEREST

2 Members are requested to intimate any declarations of interest (Pages 5 - 6)

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 25 May 2021 (Pages 7 - 18)

5 Draft Minute of Clinical and Care Governance Committee of 1 June 2021 (Pages 19 - 24)

6 Draft Minute of Risk Audit and Performance Committee of 22 June 2021 (Pages 25 - 32)

7 Business Planner (Pages 33 - 36)

8 Chief Officer's Report - HSCP.21.083 (Pages 37 - 46)

GOVERNANCE

9 Independent Review of Adult Social Care - HSCP.21.052 (Pages 47 - 166)

10 Whistleblowing Updates - HSCP.21.082 (Pages 167 - 188)

PERFORMANCE AND FINANCE

11 Market Facilitation Update - HSCP.21.076 (Pages 189 - 194)

12 Health and Care Experience Survey 2020 - HSCP.21.080 (Pages 195 - 204)

STRATEGY

13 Justice Social Work Delivery Plan 2021-2024 - HSCP.21.077 (Pages 205 - 224)

14 Locality Plans - HSCP.21.078 (Pages 225 - 308)

15 Carers Strategy - HSCP.21.079 (Pages 309 - 352)

16 Portfolio Management - HSCP.21.081 (Pages 353 - 356)

DATE OF NEXT MEETING

17 IJB Meetings

Tuesday 24 August 2021 at 10.00am
Tuesday 2 November 2021 at 10.00am
Wednesday 15 December 2021 at 10.00am
Tuesday 25 January 2022 at 10.00am

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

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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.

Integration Joint Board

ABERDEEN, 25 May 2021. Minute of Meeting of the INTEGRATION JOINT BOARD. Present:- Councillor , Convener; Councillor , Vice-Convener; and Councillors Luan Grugeon, Duncan, Bell, Chalmers, Cruttenden, Lesley Dunbar, Gray, Tomlinson, Adams, Cooke, Jim Currie, Dr Caroline Howarth, Gibb, Hepburn, Alison Murray, Shona McFarlane, Simpson, MacLeod and Stephen.

The agenda, reports and meeting recording associated with this minute can be found here.

Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.

INTRODUCTION

1 The Chair welcomed everybody to the meeting and intimated this was her first full meeting since being appointed as Chair.

Members were advised that given the volume of reports to be presented, there would be a break in proceedings at a convenient point around 11.30am.

Members heard that Article 17 - Vaccinations - HSCP.21.061, and Article 21 - Community Nursing Digitalisation - HSCP.21.069 were submitted late, as was anticipated.

The Chair resolved :-
in terms of Section 12(2) of the Standing Orders to accept these reports as matters of urgency.

DECLARATIONS OF INTEREST

2 Members were requested to intimate any declarations of interest in respect of the items on today's agenda.

There were no declarations.

DETERMINATION OF EXEMPT BUSINESS

3 The Chair indicated that Article 20, Supplementary Procurement Plan 2020/2021 - HSCP.21.045 and Article 21, Community Nursing Digitalisation - HSCP.21.069 were Exempt Reports and would be heard in private.

The Board resolved :-
in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973, to exclude the press and public from the meeting during consideration of the above item so as to avoid

disclosure of information of the classes described in the paragraphs 6 and 9 of Schedule 7(A) to the Act.

MINUTE OF BOARD MEETING OF 23 MARCH 2021

4 The Board had before it the minute of its meeting of 23 March 2021.

The Board resolved :-
to approve the minute as a correct record.

MINUTE OF BOARD MEETING OF 27 APRIL 2021

5 The Board had before it the minute of its previous meeting.

The Board resolved :-
to approve the minute as a correct record.

DRAFT MINUTE OF CLINICAL AND CARE GOVERNANCE COMMITTEE OF 6 APRIL 2021

6 The Board had before it the draft minutes of the recent meeting of the CCGC.

Members heard a summary from the Chair, CCGC who highlighted that Article 12 on the agenda had escalated a matter to the IJB which had resulted in Article 12 of this IJB - Vaccinations - HSCP.21.061.

Members were advised of Article 13 Valedictory following Graham Gauld's retirement.

The Board resolved :-
(i) to note the draft minutes; and
(ii) to acknowledge Article 13 – Valedictory in respect of Graham Gauld's retirement, and added the Board's appreciation to the remarks already made.

MINUTE OF RISK, AUDIT AND PERFORMANCE SYSTEMS COMMITTEE OF 27 APRIL 2021

7 The Board had before it the minute of the recent meeting of the RAPC.

Members from the Chair, RAPC that a considerable volume of reports had been presented which had provided appropriate assurance to the Committee.

The Chair, RAPC gave recognition to officers who managed to maintain service delivery during the pandemic.

The Board resolved :-
to note the minute.

BUSINESS PLANNER

8 The Board had before it the Business Planner which was presented by the Chief Finance Officer.

Members heard of the updates to reporting intentions and that further items would be added to future reporting cycles.

The Board resolved :-
to note the business planner.

CHIEF OFFICER'S REPORT - HSCP.21.055

9 The Board had before it the report from the Chief Officer, ACHSCP which presented an update on highlighted topics.

Members heard an overview of the report which included reference to the IJB Annual Report due in August 2021, to a potential meeting date in early June 2021 to discuss accounts and to the receipt of positive feedback around some of the ACHSCP activities.

Members were advised of regional and national updates which impacted on the work of the Partnership.

The Chief Finance Officer provided explanation around the ACHSCP Accounts and assured the Board that these would be presented to Members when completed.

The report recommended :-
that the Board note the content of the report.

The Board resolved :-
(i) to approve the recommendation;
(ii) to instruct the Chief Officer, ACHSCP to circulate the Finance Report to be presented to RAPC in June 2021 to the next IJB thereafter; and
(iii) to instruct the Chief Officer, ACHSCP to present an updated report on Portfolio Management to a future IJB.

INTEGRATION JOINT BOARD
25 May 2021

IJB MEMBERSHIP – ACC MODIFIED NOMINATIONS - HSCP.21.068

10 The Board had before it the report from the Chief Officer, ACHSCP which sought to modify membership of the Aberdeen City Integration Joint Board (IJB) and to appoint the Vice-Chair of the Board and the Chair of the Clinical and Care Governance Committee (CCGC).

Members heard from the Clerk on the amended nominations of membership to the IJB received from one of the constituent authorities, Aberdeen City Council, following Councillor Duncan's departure from IJB business.

Members heard that whilst recommendation (e) sought a report on 31 March 2023, this report could be accelerated following the results from the proposed Local Government Elections on 5 May 2022.

The report recommended :-
that the Board –
a) endorse the nomination of membership to the Integration Joint Board as proposed by Aberdeen City Council (ACC) at paragraph 3.2 of this report for the period from 28 May 2021 to 31 March 2023;
b) endorse the appointment of the Vice-Chair as proposed at paragraph 3.4 of this report for the period to 31 March 2023;
c) endorse the appointment of Councillor Sandra Macdonald as the Chair of the Clinical and Care Governance Committee (CCGC) from 28 May 2021 to 31 March 2023;
d) agree to suspend Standing Order 15(4) to allow Councillor Lesley Dunbar to Chair the meeting of CCGC on 1 June 2021; and
e) to instruct the Chief Officer, ACHSCP to reconsider these arrangements by report to the IJB prior to 31 March 2023

The Board resolved :-
(i) to approve the recommendations; and
(ii) to record the appreciation of the Board for the many years of service given by Councillor Duncan.

ADULT PROTECTION COMMITTEE BIENNIAL REPORT 2018-20 - HSCP.21.051

11 The Board had before it the report from the Chief Officer, ACHSCP which shared the Aberdeen Adult Protection Committee (APC) Convener's Biennial Report for 2018-20, as published, with the Integration Joint Board (IJB), as found at Appendix A to the report.

Members heard from the Lead for Social Work, ACHSCP who provided an overview of the APC and its reporting obligations and advised the report had been shared to both

Risk Audit and Performance Committee (RAPC) and the Clinical Care Governance Committee (CCGC).

Members were advised that it was intended to present an Annual APC Report effective from 2022.

The Lead for Social Work highlighted the impact that the pandemic had on 'hidden harm' which would be reported to a future CCGC.

Members heard that statutory responsibility for the APC was with the Chief Officer's Group, comprised of senior members of ACHSCP, Aberdeen City Council, NHS Grampian and Police Scotland which provided a further level of assurance to the Board of scrutiny around the operation of APC, its Independent Chair and the relevant data generated within that environment.

The reported recommended :-
that the Board note the information contained within the report

The Board resolved :-
to approve the recommendation.

INTEGRATION JOINT BOARD - 6 MONTHLY STRATEGIC RISK REGISTER REVIEW - HSCP.21.054

12 The Board had before it the report from the Chief Officer, ACHSCP which presented its Strategic Risk Register, as part of the IJB's 6 monthly consideration and review of its strategic risks.

The report also presented the decisions from the Risk, Audit and Performance Committee (RAPC) of 27 April 2021 with regards to report HSCP.21.043 - Strategic Risks.

Members heard from the Business Manager who provide an overview of the report and explanation of the RAPC directions.

Explanation was provided to Members around Risk 2 – IJB Financial Failure following a Members question, and the probability of reduction in that risk following completion of the 2020/2021 Annual Accounts.

Members were reminded of the intention to hold a Risk Workshop around October 2021 when greater explanation, description and update of the Risks could be carried out.

The report recommended :-
that the Board –
a) note Appendix A, the current position of the Strategic Risk Register;

b) approve Appendix A, the proposed addition to the Strategic Risk Register relating to the Integration Joint Board's duties under the Civil Contingencies Act 2004 as endorsed by the Risk, Audit and Performance Committee at its meeting on 27 April 2021;
c) approve the removal of Risk 10 (European Union Exit) from the Strategic Risk Register, as endorsed by the Risk, Audit and Performance Committee at its meeting on 27 April 2021; noting that any workforce risks arising from the EU Exit will be captured within Risk 9 (Workforce).
d) note that a review of Risk 3 (Hosted Services) will be presented to the September 2021 meeting of the Risk, Audit and Performance Committee; as supported at its Committee on 27 April 2021.

The Board resolved :-
(i) to note the current position of the Strategic Risk Register at Appendix A, and approve the proposed addition to the Strategic Risk Register relating to the Integration Joint Board's duties under the Civil Contingencies Act 2004 as endorsed by the Risk, Audit and Performance Committee at its meeting on 27 April 2021;
(ii) to approve the removal of Risk 10 (European Union Exit) from the Strategic Risk Register, as endorsed by the Risk, Audit and Performance Committee at its meeting on 27 April 2021; noting that any workforce risks arising from the EU Exit will be captured within Risk 9 (Workforce); and
(iii) to note that a review of Risk 3 (Hosted Services) will be presented to the September 2021 meeting of the Risk, Audit and Performance Committee; as supported at its Committee on 27 April 2021.

EQUALITIES AND EQUALITIES OUTCOMES - HSCP.21.058

13 The Board had before it the report from the Chief Officer, ACHSCP which presented an update on progress against the existing Equality Outcomes 2018 – 2020 and the proposed Equality Outcomes and Mainstreaming Framework for 2021-2025 for approval, along with the evidence which supported the development of the framework.

Members were advised that a revised approach to undertaking Equality Impact Assessments in Aberdeen City Health and Social Care Partnership (ACHSCP) was also proposed along with a consequential change to the IJB and Committee report template.

Members heard from the Lead Strategy and Performance Manager who introduced colleagues from Scottish Care whom had assisted development of the report and the Framework.

Members were reminded of the legal obligations on the Board and of Scottish Government guidelines and requirements.

Members heard that a multi-agency partnership existed to develop the equalities requirements which were subject to regular scrutiny to best enable an Equality environment.

The report recommended :-
that the Board –
a) note the progress made on the existing Equality Outcomes (Appendix A);
b) approve the proposed Equality Outcomes and Mainstreaming Framework 2021-25 (Appendix C) and reporting schedule as described in paragraph 3.16;
c) approve the revised approach to undertaking Health Inequality Impact Assessments (Appendix D); and
d) approve the consequential amendment to the IJB and Committee report templates to replace both the Equalities and Fairer Scotland Duty sections under Implications with a single section entitled 'Equalities, Fairer Scotland and Health Inequality' and that the Health Inequalities Impact Assessments will be published on the ACHSCP Website

The Board resolved :-
(i) to approve the recommendations; and
(ii) to instruct the Chief Officer, ACHSCP to submit 6-monthly reports alternately to the RAPC and IJB.

ABERDEEN CITY AUTISM STRATEGY UPDATE REPORT - HSCP.21.050

14 The Board had before it the report from the Chief Officer, ACHSCP which provided an update to the Integration Joint Board on the implementation of the Aberdeen City Autism Strategy and Action Plan 2019-2022.

Members heard from the Lead for Community Mental Health, Learning Disabilities & Substance Misuse Services who highlighted the partnership approach to preparation and delivery of the plan which had been delayed from October 2020 due to the pandemic.

Members were advised that during the period of delay, it had been possible to apply some momentum to the service which was now in a stronger position than anticipated. It was further anticipated that national developments around autism would see further positive developments in better service provision which would be reported as appropriate.

Members acknowledged the developments against the background of the pandemic and wished to record their appreciation to all staff involved in this success.

The report recommended :-
that the Board –
a) note the report and the information on progress against the action plan as presented in Appendix A; and

b) note that an interim update report will be provided to Clinical and Care Governance Committee in November 2021

The Board resolved :-
(i) to approve the recommendations; and
(ii) to record appreciation to the team for moving forward with the Action Plan during the challenging pandemic.

LESSONS LEARNED FROM COVID - HSCP.21.059

15 The Board had before it the report from the Chief Officer, ACHSCP which highlighted the lessons learned during the last 14 months of responding to the Covid 19 pandemic and how these lessons would feed into future planning.

Members heard from the Lead Strategy and Performance Manager who provided context and further explanation around the report.

Members heard of the impact on staff well-being during the response and of further arrangements being considered to better capture and manage effects in that area.

Members were advised of the many competing and sometimes new challenges to service delivery across health care which was often further complicated by government or health direction in certain areas of provision.

Members agreed that further reporting and scrutiny on implementation of the lessons learned was essential on the role of the Board to provide oversight and strategic direction.

The report recommended :-
that the Board –
a) notes the content of the report and the ongoing activity; and
b) Instructs the Chief Officer to provide an update on progress on embedding these lessons to the Clinical and Care Governance Committee.

The Board resolved :-
(i) to note the content of the report and the ongoing activity;
(ii) to instruct the Chief Officer, ACHSCP to consider how best to present updates on progress within appropriate timelines to the IJB on the discussed themes of Digital, Public Engagement, Long Covid and Self-Management ;
(iii) to instruct the Chief Officer to ensure all 'lessons learned' are included in the strategic planning for AHSCP's new strategy; and
(iv) to instruct the Chief Officer to include a brief update on staff wellbeing at every IJB during 2021 whether within the CO's or separate report.

FAST TRACK CITIES - HSCP.21.047

16 The Board had before it the report from the Chief Officer ACHSCP which presented the annual update on the action plan submitted to the Board on 21 January 2020, which was delayed from presentation to the Board as previously requested due to the response to the pandemic.

Members heard that whilst the focus remained on 0 stigma and 0 deaths arising from HIV, the previous 14 months had delivered some testing regime challenges due to the pandemic.

Members heard of the continuing public engagement to introduce change to behaviours and attitudes which interacted with other health challenges and included work within areas of deprivation.

Members complimented the Fast Track Cities on their focus and achievements during the challenging pandemic.

The report recommended :-
that the Board -
a) consider the Fast Track High Level Plan at Appendix A and note the progress on the action plan; and
b) endorse the proposed actions for 2021/22, noting that the action plan is a live document, and to instruct the Chief Officer to provide an update on progress to the IJB on 29 March 2022

The Board resolved :-
(i) to approve the recommendations; and
(ii) to commend the Fast Track Cities team for maintaining focus and achieving targets during the pandemic.

VACCINATIONS - HSCP.21.061 (LATE REPORT)

17 The Board had before it the report from the Director of Public Health, NHS Grampian which provided an update on the progress of the delivery of Covid-19 Vaccination programme within Aberdeen City, in response to the questions raised by the Clinical, Care and Governance Committee.

Members heard from the Director of Public Health that there were many challenges to the delivery of the vaccination programme which included but was not limited to topics such as low take-up, misinformation, public confidence, geography, social depravation, transient population and lack of understanding.

Notwithstanding, some 185,000 vaccinations had been delivered and take up was often between 98.5% and 100% of the cohorts invited.

Members heard of that vast range of support and activity that had been carried out to maximise take up of the available vaccines which included tried and tested methods together with examples of innovation which continued to be developed.

Vaccine hesitancy had been identified and activities to reduce this continued within the community, including assistance from faith leaders, BAME community leaders and involved use of social media.

The report recommended:-
that the Board –

a) notes the update provided by the Director of Public Health, NHS Grampian on the delivery of the Covid-19 Vaccination programme in Appendix A.;
b) notes the action plan in Appendix B which details locality based activity to address the cold spots in vaccine uptake.
c) request that IJB members continue to support the programme by raising awareness of the importance of the covid-19 vaccinations to protect the health of our population and support opening up the economy. This can be carried out by sharing key messages from the weekly programme updates with relevant networks; and
d) Instruct officers to provide an update to the next IJB meeting on progress in improving uptake in areas identified.

The Board resolved :-

(i) to note the update provided by the Director of Public Health, NHS Grampian on the delivery of the Covid-19 Vaccination programme in Appendix A;
(ii) to commend the action plan in Appendix B which details locality based activity to address the cold spots in vaccine uptake;
(iii) to support the request that IJB members continue to support the programme by raising awareness of the importance of the covid-19 vaccinations to protect the health of our population and support opening up the economy by sharing key messages from the weekly programme updates with relevant networks;
(iv) to instruct the Chief Officer, ACHSCP to provide an update to the next IJB meeting on progress in improving uptake in areas identified; and
(v) to record appreciation of the high volume of delivery of the vaccine during pandemic conditions.

COMMISSIONED DAY SERVICES AND DAY ACTIVITIES - STAY WELL, STAY CONNECTED - HSCP.21.048

18 The Board had before it the report from the Chief Officer, ACHSCP which provided an update on progress with the implementation of the revised model for the provision of day care and day opportunities within Aberdeen City, now known as “Stay Well, Stay Connected (SWSC).”

Members heard from the Lead Commissioner, ACHSCP who provided a summary of the report.

The report recommended :-
that the Board -
a) note the progress on implementation of the day care and day opportunities model now known as "Stay Well, Stay Connected; and
b) instruct the Chief Officer, ACHSCP to present a further update report on 15 December 2021.

The Board resolved :-
to approve the recommendations.

SUPPLEMENTARY PROCUREMENT PLAN 2020/2021 - HSCP.21.045

19 The Board had before it the report from the Chief Officer, ACHSCP which presented a supplementary 2021/2022 procurement work plan for expenditure on social care services, together with the associated procurement business case, for approval.

The Chair reminded Members that this was a non-exempt report however was related to Article 20 of the same title, which contained Exempt information and that Members could decide to refrain from decision until entering private business if they so desired.

Members heard from the Strategic Procurement Manager who outlined the plan and its costs which had been previously presented to the Board.

Members were content to make their decision based on the information contained within the report.

The report recommended :-
that the Board –
a) to approve the expenditure for social care services as set out in the annual work plan at Appendix A;
b) to approve the tendering exercise and subsequent award of a contract as set out in the procurement business case, at Appendix B, and
c) to make the Direction, as attached at Appendix C, and instructs the Chief Officer to issue the Direction to Aberdeen City Council.

The Board resolved :-
to approve the recommendations.

SUPPLEMENTARY PROCUREMENT PLAN 2020/2021 - HSCP.21.045

20 **The Board resolved :-**

to not require consideration of this report having resolved to make their decision at Article 19 – Supplementary Procurement Plan – HSCP.21.045

COMMUNITY NURSING DIGITALISATION - HSCP.21.069 (LATE REPORT)

21 The Board had before it the report from the Chief Officer, ACHSCP which outlined the current digital landscape in the Community Nursing Service and made a recommendation for the procurement of a digital solution to support the modernisation of the delivery of Community Nursing Services.

The report recommended :-
that the Board –
a) approve the immediate procurement of an enterprise license, associated hardware and project support is in order to allow for the implementation of Morse across the Community Nursing Service; and
b) make the Direction outlined in Appendix B and instructs the Chief Officer, ACHSCP to issue the Direction to the Chief Executive, NHS Grampian.

The Board resolved :-
(i) to approve the recommendations; and
(ii) to instruct the Chief Officer, ACHSCP to present an evaluation report on implementation of the project to include outcomes within 1 year.
– LUAN GRUGEON, Chair

Aberdeen City Health & Social Care Partnership
A caring partnership

CLINICAL AND CARE GOVERNANCE COMMITTEE

ABERDEEN, 1 June 2021. Minute of Meeting of the CLINICAL AND CARE GOVERNANCE COMMITTEE. Present:- Councillor Lesley Dunbar Chairperson; and Kim Cruttenden, Alan Gray and Councillor Sandra Macdonald.

In attendance: Sandra MacLeod, Carol Wright, Fiona Mitchelhill, Alison MacLeod, Graeme Simpson, Grace Milne, Emma Virasami, Brenda Massie, Luan Grugeon, John Donaghey, Carol Simmers, Barbara Dunbar, Anne McKenzie, Carol Buchanan and Mark Masson (Clerk).

Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.

WELCOME AND APOLOGIES

1. The Clerk made reference to the meeting of the Integrated Joint Board (IJB) on 25 May 2021 and intimated that they considered a report to modify their membership and in terms of the Clinical and Care Governance Committee they agreed (1) to endorse the appointment of Councillor Sandra Macdonald as chair from 28 May 2021 to 31 March 2023; and (2) to suspend standing order 15(4) to allow Councillor Lesley Dunbar to chair the committee meeting today.

The Chairperson welcomed everyone to the meeting.

Apologies for absence were intimated on behalf of Claire Wilson and Lynn Morrison.

DECLARATIONS OF INTEREST

2. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING OF 6 APRIL 2021, FOR APPROVAL

3. The Committee had before it the minute of its previous meeting of 6 April 2021, for approval.

The Clerk advised (1) that in relation to article 4(ii) regarding the IT concerns within Mental Health Services, a Service Update had been circulated to members on 31 May 2021; (2) that in relation to article 6(iii) regarding complaint numbers, this had been covered within the CCG Group Monitoring report at item 2.1 on the agenda; and (3) that in relation to

article 12 regarding vaccinations, a report had been considered by the IJB on 25 May 2021.

The Committee resolved:-
(i) to note the information provided; and
(ii) to otherwise approve the minute.

BUSINESS PLANNER

4. The Committee had before it their Business Planner for consideration.

The Committee resolved:-
to note the information contained within the planner.

CCG GROUP MONITORING REPORT - HSCP.21.065

5. The Committee had before it a report by Grace Milne, Development Officer which provided data, information and assurance that operational activities were being delivered and monitored effectively and that patients, staff and the public were being kept safe whilst receiving high quality service from ACHSCP (Aberdeen City Health and Social Care Partnership) during the Covid-19 pandemic.

The report recommended:-
that the Committee **–**
(a) note the Group Monitoring Report at Appendix A; and
(b) approve the extension of the 26 August 2021 pre-agenda meeting to incorporate a development session for Clinical and Care Governance Group and Committee.

Grace Milne provided an overview of the report.

Sandra MacLeod provided a verbal update in relation to recruitment and redesign within Mental Health and Learning Disability services and indicated that this was to be monitored in a wider context of Leadership Objectives; monitoring reports would be submitted to future Risk and Audit Performance Committees (RAP).

The Committee resolved:-
to approve the recommendations.

CLINICAL AND CARE GOVERNANCE COMMITTEE
1 June 2021

MENTAL WELFARE COMMISSION ADVANCE STATEMENT OVERRIDES MONITORING REPORT - HSCP.21.071

6. The Committee had before it a report by Kevin Dawson, Lead for Community Mental Health, Learning Disabilities and Substance Misuse Services which presented the Mental Welfare Commission's (MWC) findings of their monitoring of Advance Statement Overrides for the periods 2017-18 and 2018-19; and outlined Aberdeen City Health and Social Care Partnership's (ACHSCP) proposed actions for review and improvement from the recommendations made within the MWC report.

The report recommended:-
that the Committee –
(a) note the content of the Mental Welfare Commission report at Appendix A;
(b) note the current position of the ACHSCP, and proposed action within this report; and
(c) instruct the Lead for Community Mental Health, Learning Disabilities and Substance Misuse Services to bring back a report to the November 2021 committee meeting on the progress of the actions.

In Kevin Dawson's absence, John Donaghey highlighted the key information from the report and responded to questions from members of the Committee. He indicated that in terms of benchmarking, it would be useful to have an overview of the number of advance statements and the advance statement overrides to compare nationally.

The Committee resolved:-
to approve the recommendations.

ADULT PROTECTION COMMITTEE BIENNIAL REPORT 2018-20 - HSCP.21.031

7. The Committee had before it a report by Carol Simmers, Service Manager which provided information in relation to the Aberdeen Adult Protection Committee (APC) Convener's Biennial Report for 2018-20, as published.

The report recommended:-
that the Committee notes the information contained within this report.

Carol Simmers provided an overview of the report.

The Committee resolved:-
to approve the recommendation.

CLINICAL AND CARE GOVERNANCE COMMITTEE
1 June 2021

ADULT SUPPORT AND PROTECTION INSPECTION PREPARATION - HSCP.21.062

8. The Committee had before it a report by Val Vertigans, Lead Strategic Officer, Adult Public Protection which provided an update on preparations for a forthcoming Joint Inspection of Adult Support and Protection (ASP) in Aberdeen and outlined governance arrangements for Adult Protection within Aberdeen City Health and Social Care Partnership (ACHSCP) including future reporting arrangements.

The report recommended:-
that the Committee –
(a) note progress made to date, and planned, in relation to a Joint Inspection of Adult Support and Protection in Aberdeen; and
(b) note the governance arrangements.

Graeme Simpson and Emma Virasami highlighted the key issues from the report.

The Committee resolved:-
to approve the recommendations.

RECLASSIFICATION OF UNMET NEED - HSCP.21.064

9. With reference to article 6 of the minute of the previous meeting of 6 April 2021, the Committee had before it a report by Barbara Dunbar, Acting Service Manager, Older People and Physical Disability Care Management which provided information on the alteration to the way Aberdeen City Health and Social Care Partnership (ACHSCP) record data relating to unmet need; and the work undertaken in the past year on referrals and assessment.

The report recommended:-
that the Committee note the revised classification of unmet care at home needs which would ensure, from a governance point of view, that we have a true account of those who are awaiting a service with no alternative provision.

Barbara Dunbar made reference to the appendix which provided (1) a summary of findings from the unmet need review undertaken at the beginning of the year; and (2) evidence of the disparity between the number of service users with a true unmet need (no provision) and those whose needs were being met although a change was being pursued.

Anne McKenzie advised that the gap in provision was a challenging situation, however they were working with care providers to address the issue. Anne also provided information on the new pathways in place for people who come into care, seasonal fluctuations and contractable arrangements with care providers.

The Committee resolved:-

to approve the recommendation.

MR CR: INITIAL CASE REVIEW (ICR) PLUS MULTI AGENCY GUIDANCE FOR MANAGING SELF-NEGLECT AND NON-ENGAGEMENT - HSCP.21.063

10. The Committee had before it a report by Carol Simmers, Service Manager which provided details in relation to an Adult Support and Protection Initial Case Review (ICR) undertaken in relation to Mr CR; related Guidance developed as a result, and actions to be taken to publish the Guidance and to disseminate learning on this topic.

The report recommended:-
that the Committee –
(a) note the ICR undertaken in relation to Mr CR;
(b) note the Guidance that had been subsequently developed; and
(c) note the actions to be taken to disseminate the Guidance and related learning.

Carol Simmers provided an overview of the report referring to the following actions which were agreed and progressed:-

- multi agency Guidance for staff in relation to Hoarding and Self- Neglect had been developed and was approved by the Adult Protection Committee (APC) meeting on 13 April 2021;
- input had been obtained from Child Protection Committee (CPC) colleagues regarding the roll-out of operational guidance; and
- a plan was being developed for the roll-out of the Guidance and related awareness-raising, across lead agency (Aberdeen City Council) and wider partner staff groups, other Public Protection forums (including CPC, ADP and Violence Against Women Partnership), and the wider public. This would include a review of current training materials, and consideration of how to assess effectiveness on an ongoing basis, across multi agency staff and also the wider public. The plan included ways of raising awareness with GPs and other health colleagues.

In response to questions raised by members, Carol advised that the APC would receive regular progress reports in relation to training and the roll out of the guidance.

Graeme Simpson advised that discussions were ongoing at a national level regarding Adult Protection data reporting.

The Committee resolved:-
to approve the recommendations.

CLINICAL AND CARE GOVERNANCE COMMITTEE
1 June 2021

ITEMS WHERE FURTHER ASSURANCE IS REQUIRED

11. The Committee did not have any items where further assurance was required.

ITEMS WHERE ESCALATION IS REQUIRED TO THE IJB

12. The Committee considered whether there were any items where escalation to the IJB was required.

Alan Gray suggested that a joint development session should be arranged with all IJB members on the landscape, complexities, opportunities and improvements which were currently ongoing.

The Committee resolved:-
that consideration of a development session be referred to the next meeting of the IJB.
- **COUNCILLOR LESLEY DUNBAR, Chairperson**

Aberdeen City Health & Social Care Partnership
A caring partnership

Risk, Audit and Performance Committee

Minute of Meeting

Tuesday, 22 June 2021
10.00 am Virtual - Remote Meeting

Present:	John Tomlinson (Chair); and Luan Grugeon, Councillor Philip Bell and Councillor John Cooke
Also in attendance;	John Forsyth, Derek Jamieson and Alex Stephen.
Apologies:	Jessica Anderson and Sandra Macleod.

The agenda, reports and meeting recording associated with this minute can be found here.

Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.

INTRODUCTION

1. The Chair welcomed all to the meeting.

The Chair intimated that Article 10 - Audited Accounts - HSCP.21.056 and Article 11 - External Audit Report - HSCP.21.057 had been submitted late however in terms of Section 12(2) of the Standing Orders these were accepted as matters of urgency.

The Chair advised that these matters would be heard following presentation of Article 5 – Business Planner.

INTIMATION OF DECLARATIONS OF INTEREST

2. The Chair enquired of members if they wished to declare any interests in matter before the Committee.

There were no declarations.

DETERMINATION OF EXEMPT BUSINESS

3. There was no exempt business.

RISK, AUDIT AND PERFORMANCE COMMITTEE
22 June 2021

MINUTE OF PREVIOUS MEETING OF 27 APRIL 2021

4. The Committee had before it the minute from its previous meeting.

The Committee resolved :-
to approve the minute as a correct record.

BUSINESS PLANNER

5. The Committee had before it the Business Planner.

Members heard from the Chief Finance Officer/Deputy Chief Officer who provided context around future reporting.

The Committee resolved :-
to note the business planner.

EXTERNAL AUDIT REPORT - HSCP.21.057 - LATE REPORT

6. The Committee had before it the report from the External Auditor, KPMG which presented the 'Annual Audit Report to the Members of Aberdeen Integration Joint Board and the Controller of Audit for the year ended 31 March 2021'.

The Chair welcomed Michael Wilkie and Matthew Moore of KPMG to the meeting and invited a summary presentation of the report.

Members heard apologies on late submission of the report which was due to Aberdeen City IJB being one of the first organisations in Scotland to present their accounts, which when combined with the challenges of new pandemic accounting policies had caused additional demands on all.

The External Auditors (KPMG) expressed appreciation to the Chief Finance Officer and his team for the assistance provided during preparation of the report.

Members were advised that pending completion of a couple of minor points, that KPMG's conclusions at the highest level indicated that they would be able to provide a qualified opinion on the assurance of the accounts.

Members heard that there had been a late adjustment to the Accounts which KPMG were satisfied was the correct treatment in terms of financial management and financial sustainability and in line with other funding indications aligned to the pandemic throughout the report.

KPMG referenced the Executive Summary at page 3 of the report, page 71 of the Additional pack which provided their assurance.

The report recommended :-
that the Committee note the contents of the report.

The Committee resolved :-
to approve the recommendation.

AUDITED ACCOUNTS - HSCP.21.056 - LATE REPORT

7. The Committee had before it the report from the Chief Finance Officer (CFO), ACHSCP which presented the IJB Audited Accounts for 2020/2021.

Members heard of the challenging financial activities in consequence of pandemic delivery and that monies in connection with the pandemic had been treated as directed by Scottish Government direction.

Members were advised that the high level of reserve funds was due to funding being received which was required to be spent during the next financial year, some of which was aligned to the pandemic funding arrangements.

The CFO wished to reinforce that the IJB was not in possession of a large balance of 'spare funding' and that anticipated continued pandemic demands together with financial scrutiny and savings, would still be applied during the next year. This would see a reduction in reserve funding to more normal levels.

KPMG provided assurance to Members that these statements were correct and a common theme to all IJB's throughout Scotland.

The report recommended :-
that the Committee -

a) consider and agree the Integration Joint Board's (IJB) Audited Accounts for 2020/21, as attached at Appendix A;
b) instruct Officers to submit the approved audited accounts to NHS Grampian and Aberdeen City Council; and
c) instruct the Chief Finance Officer to sign the representation letter, as attached at Appendix B.

RISK, AUDIT AND PERFORMANCE COMMITTEE
22 June 2021

The Committee resolved :-
(i) to approve the recommendations; and
(ii) to instruct the Chief Finance Officer to review the ACHSCP Digital Strategy at a future Workshop.

JUSTICE SOCIAL WORK PERFORMANCE MANAGEMENT FRAMEWORK - HSCP.21.053

8. The Committee had before it the report from the Lead for Social Work, ACHSCP which presented the newly-developed Justice Social Work Performance Management Framework.

Members heard a summary of the development of the framework which developed from the recent inspection and included a considerable volume of data gathering and management which was presented to the Social Work Performance Management Board. This enabled more coherent and coordinated discussions to produce Key Performance Indicators (KPI's).

Members were advised that this was a particularly complex area of the ACHSCP activities and involved national drivers combined with statutory obligations and inter dependency with local Strategy and the ACC Local Outcome Improvement Plan (LOIP).

Members heard that whilst this was the first iteration of the framework, it was intended to continue development which would include output from the forthcoming IJB Workshop.

The report recommended :-
that the Committee –
a) approve the Justice Social Work Performance Management Framework and agree to its implementation by the justice service; and
b) instruct the Chief Officer (ACHSCP) to use this framework as the basis for a report outlining the performance of the justice service and present this report to RAPC no later than the end of Q1 2022-2023 and then similarly on an annual basis thereafter.

The Committee resolved :-
(i) to approve the Justice Social Work Performance Management Framework as a first iteration of work in progress and agree to its implementation by the justice service; and
(ii) to instruct the Chief Officer (ACHSCP) to use this framework as the basis for a report outlining the performance of the justice service and present this report to RAPC no later than the end of Q1 2022-2023 and then similarly on an annual basis thereafter.

DELIVERY OF LEADERSHIP TEAM OBJECTIVES - HSCP.21.072

9. The Committee had before it the report from the Deputy Chief Officer, ACHSCP which sought to provide assurance on the arrangements in hand to monitor and report on delivery of the 2021/22 Leadership Team Objectives.

Members heard a summary of the Objectives which were aligned to Operation Home First, the ACC LOIP and would be adapted to include the refreshed Strategic Plan.

Members were advised of the intended Performance Indicators which would be reported to Committee and would be considered work-in-progress to develop and enhance performance.

The report recommended :-
that the Committee –
a) note the arrangements described in this report and the accompanying appendices for the delivery of the Leadership Team Objectives and monitoring progress; and
b) instruct the Deputy Chief Officer to submit progress reports to the 23 September 2021, 21 December 2021 and 1 March 2022 meetings of the RAPC.

The Committee resolved :-
to approve the recommendations.

CONTRACT REGISTER / COMMISSIONING ANNUAL REVIEW - HSCP.21.073

10. The Committee had before it the report from the Chief Officer, ACHSCP which presented the review of the contracts register / commissioning activity for 2020/21 within the Aberdeen City Health and Social Care Partnership (ACHSCP).

Members were advised that presentation of the report had been delayed from the previous year due to the pandemic response and now presented an update on previous commissioning activity together with intended activity.

Members heard of the significant volume of work which required to be adapted to respond to the pandemic and from which the Community Workplan activities had further developed.

Members were advised that all commissioning activity remained on track so much so that there had been no instance of contract extensions being sought due to late considerations.

Members indicated their appreciation of these activities against the challenging pandemic responses.

The report recommended :-
that the Committee note the content of the report.

The Committee resolved :-
(i) to approve the recommendation; and
(ii) to express appreciation and acknowledge the progress on production and development of the Commissioning approach.

STRATEGIC RISK REGISTER - HSCP.21.074

11. The Committee had before it the report from the Chief Officer, ACHSCP which presented the latest version of the Aberdeen City Health & Social Care Partnership's (ACHSCP) Strategic Risk Register.

Members heard a summary of the amendments that had been applied to the Risk Register following a considerable volume of work with the IJB and its Committees.

Members were reminded of a forthcoming Risk Workshop when a deep dive would be applied to the Register.

Members discussed that risk of public communications and involvements to ensure awareness of the services available to them from the ACHSCP.

The report recommended :-
that the Committee note the revised Strategic Risk Register at Appendix A.

The Committee resolved :-
(i) to approve the recommendation; and
(ii) to instruct the Chief Officer, ACHSCP, to consider the appropriateness of inclusion of a risk around public awareness of ACHSCP services.

OPERATION HOME FIRST - EVALUATION REPORT - HSCP.21.075

12. The Committee had before it the report from the Chief Officer, ACHSCP which provided and update on progress on the evaluation of the Aberdeen City Priorities relating to Operation Home First (OHF).

Members received a short presentation which provided a summary and explanation of the extensive reports presented to the Committee.

Members expressed a desire that learning outcomes from OHF would be included within future reports and strategic planning.

The report recommended :-
that the Committee note the information provided in the report.

The Committee resolved :-
(i) to approve the recommendation; and
(ii) to note that learning outcomes from OHF reporting would feature within future reporting on Leadership Team Objectives and Strategic Planning.

CONFIRMATION OF ASSURANCE

13. **The Committee resolved :-**
to note they had received Confirmation of Assurance from the reports and associated discussions presented and that further assurance had been evidenced by the activity of all staff in not only producing the necessary information but also by the delivery and modifications of processes and services in a regular and sustained manner.
- **JOHN TOMLINSON, Chair**

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INTEGRATION JOINT BOARD BUSINESS PLANNER -
The Business Planner details the reports which have been instructed by the Board 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
06 July 2021									
Standing Item	Chief Officer Report	A regular update from the Chief Officer; from IJB on 25 May 2021 - (iv) to instruct the Chief Officer to include a brief update on staff wellbeing at every IJB during 2021 whether within the CO's or separate report	HSCP.21.083	Martin Allan	Business Lead	ACHSCP			
Standing Item	Financial Monitoring - Quarter 1			Alex Stephen	Chief Finance Officer	ACHSCP		Delayed	This will be reported to 24 August 2021 to allow preparation of Final Accounts
Standing Item	Audited Accounts	Standing Item but from Decision at IJB on 25 May 2021 - (ii)to instruct the Chief Officer, ACHSCP to circulate the Finance Report to be presented to RAPC in June 2021 to the next IJB thereafter		Alex Stephen	Chief Finance Officer	ACHSCP		R	A Meeting of RAPC was held on 22 June 2021; C/F from 25 May 2021
Standing Item	External Auditor Report			Michael Wilkie	External Auditor	KPMG		R	A Meeting of RAPC was held on 22 June 2021; C/F from 25 May 2021
	IJB Whistleblowing Policy		HSCP.21.082	Martin Allan	Business Lead	ACHSCP			At pre-agenda on 04.05.2021, to IJB on 24.08.2021 Chair confirmed July 21;Author agreement.
23.03.2021	Social Work Justice Delivery Plan	On 23.03.21, IJB resolved :- (iv)to agree that the justice social work delivery plan should be presented to a future meeting of the IJB for approval following consultation in respect of the draft plan.	HSCP.21.077	Lesley Simpson	Lead Social Worker	ACHSCP			
03.09.2019	Market Facilitation Update	On 03.09.19 at IJB from Strategic Commissioning HSCP.19.043, Co-Vid-19 measures delay from 24/03/20; On 23.03.21, IJB(ii)to amend Line 18 to show intended reporting in July 2021;	HSCP.21.076	Anne McKenzie	Commissioning Lead	ACHSCP	On 01.12.2020 delayed to July 2021		
03.02.2021	Independent Review of Adult Social Care in Scotland (Feeley Report)	Following publication of SG Report , update to be reported to IJB, on 23.02.2021, delayed until 23.02.2021; on 23.03.21, deferred to 06.07.2021 after Scottish Parliamentary Elections to allow SG update on intentions	HSCP.21.052	Sandra Macleod	Chief Officer	ACHSCP			
19.11.2019	Health and Care Experience Survey (was 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, then on 28.10.2020 transferred to 01.12.20, then on 23.02.2021 delayed to May 2021	HSCP.21.080	Alison MacLeod	Performance Lead	ACHSCP			
	Carers Strategy	Strategy was due to be refreshed March 2021 but due to Covid we were unable to bring that on time. Report will present plans for this going forward.	HSCP.21.079	Alison MacLeod	Performance Lead	ACHSCP			
28.05.2021	Locality Plans	Endorsement of the Locality Plans before they are published with the refreshed LOIP. Loca(to be presented to CPA Board on 7th July and likely published before the August IJB; along with the refreshed LOIP so IJB should see them first. They are not approving them – they can't as they are a community produced document under our new joint community and locality planning arrangements however they should endorse them at the same time as CPA do.	HSCP.21.078	Alison MacLeod	Performance Lead	ACHSCP			
25.05.21	Portfolio Management	Chief Officer report discussion at 25 May 21 IJB; to instruct the Chief Officer, ACHSCP to present an updated report on Portfolio Management to a future IJB.	HSCP.21.081	Alison MacLeod	Performance Lead				
23.03.2021	Vaccinations Blueprint	At IJB on 25 May 2021 - (iv)to instruct the Chief Officer, ACHSCP to provide an update to the next IJB meeting on progress in improving uptake in areas identified. An update to IJB for all Vaccination programmes - including Covid.		Alison Chapman		ACHSCP		Delayed	This report is subject to continuing discussions with ACHSCP and NHSG and will be presented to IJB on 24.08.2021
15.06.2021	2C Redesign Project (to include Marywell Update)	Direction to present a report to the July IJB.		Sandra Macleod	Chief Officer	ACHSCP			This has been included as an update within the CO Report - HSCP.21.083
24 August 2021									
Standing Item	Chief Officer Report	A regular update from the Chief Officer; from IJB on 25 May 2021 - (iv)to instruct the Chief Officer to include a brief update on staff wellbeing at every IJB during 2021 whether within the CO's or separate report		Martin Allan	Business Lead	ACHSCP			
Standing Item	Strategic Risk Register			Martin Allan	Business Lead	ACHSCP			
Standing Item	IJB / ACHSCP Annual Report			Alison MacLeod	Performance Lead	ACHSCP			
Standing Item	Code of Conduct			Jennifer Lawson	Legal Manager	ACC			
26.04.2021	Guidance for Public Engagement -	To present to the Integration Joint Board (IJB) Our Guidance for Public Engagement (OGPE) for approval	HSCP.21.060	Alison Macleod	Performance Lead	ACHSCP		Delayed	Due to staff engagement and association with Locality Empowerment Group's, C/F from 25 May 2021

	A	B	C	D	E	F	G	H	I	J
1	**INTEGRATION JOINT BOARD BUSINESS PLANNER -** **T**he Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.									
2	**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**
24	26.03.2019	Diet, Activity and Healthy Weight	IJB 26.03.19 Article 17 - The Board instructed the Chief Officer that an annual update on ACHSCP GCGF is presented to the IJB, and (v) Instruct the Chief Officer that the Grampian consultation strategies for Tobacco and Diet, Activity and Healthy Weight are presented to the Board. To be reported to 23.06.20 meeting from PreAgenda on 29.01.20, then IJB on 11.02.20		Alison MacLeod	Public Health Coordinator	ACHSCP	Initially delayed due to CoVid-19 responses;		Due to operational response to pandemic, this report was delayed and will be issued as a Service Update (Target - August 2021)
25	11.11.2019	Living well with Dementia	On 23.02.2021, IJB moved this report to 24 August 2021		Alison MacLeod	Lead Performance and Strategy Manager	ACHSCP			
26	27.04.2021	Rosewell - Options Appraisal and Recommendations	At Special IJB - April 2021 Rosewell House – Extension to Interim Arrangements - HSCP.21.046 The Board resolved :- (ii) to instruct the Chief Officer to commission an options appraisal to identify the most appropriate delivery mechanism for the integrated model at Rosewell House; (iii) to instruct the Chief Officer to present the options appraisal and recommendation(s) to the IJB at its meeting on 24 August 2021.		Sarah Gibbon	Project Manager	ACHSCP			
27	11.06.21	Post COVID 19 Mental Health - update on activity from Steering Group	ACHSCP response to the Cosette Report; Discussion at pre-agenda 15/06/21 agreed to include a statement in the CO report for July IJB; with a report to IJB / CCGC at later date. Perhaps a presentation at the end of the August meeting also? Post COVID 19 Mental Health Steering Group set up, named to reflect the work the group has been remitted to do by the Scottish Govt		Dr Alastair Palin		ACHSCP			
28	15.06.2021	Hybrid Meetings	At IJB PreAgenda on 15.06.2021, it was reaffirmed that as the result of the revised Standing Orders, a report on how IJB can ensure inclusivity for all attendees by offering phytsical and/or digital participation at meetings.		Sandra Macleod	Chief Officer	ACHSCP			
29	25.05.2021	Progressing Updates	At IJB on 25 May 2021 Lessons Learned HSCP.21.059 - (ii)to instruct the Chief Officer, ACHSCP to consider how best to present updates on progress within appropriate timelines to the IJB on the discussed themes of Digital, Public Engagement, Long Covid and Self-Management ; (iii)to instruct the Chief Officer to ensure all 'lessons learned' are included in the strategic planning for AHSCP's new strategy		Alison MacLeod	Lead Performance and Strategy Manager	ACHSCP			
30	**02 November 2021**									
31	Standing Item	Chief Officer Report	A regular update from the Chief Officer; from IJB on 25 May 2021 - (iv)to instruct the Chief Officer to include a brief upda		Martin Allan	Business Lead	ACHSCP			
32	Standing Item	Financial Monitoring - Quarter 2			Alex Stephen	Chief Finance Officer	ACHSCP			
33	Standing Item	Strategic Risk Register	Bi-annual Reporting (May and November 2021)		Martin Allan	Business Lead	ACHSCP			
34	Standing Item	Review of Scheme of Integration to incorporate Review of ACC Governance (delayed from June 2020)	Annual review. IJB 20200128 move to June 2020, then to September then December 2020. On 02.10.20 The Board resolved :- to amalgamate the intended 'Review of Governance (ACC)' report referenced at Line 21 on the Planner with the intended 'Review of Scheme of Integration' referenced at Line 20 on the Planner. On 28.10.20 the Board agreed to defer this report until 23.02.2021 to allow consultation with the Constituent Authorities		Jess Anderson	Chief Officer - Governance	ACC	23.03.21 defer to 02.11.2021		
35	Standing Item	Chief Social Work Officers Annual Report	To present the Chief Social Work Officer annual report.		Graham Simpson	Integrated Children's and Family Services	ACC			
36	Standing Item	Winter Plan	An update to IJB on winter planning arrangements		Martin Allan	Business Lead	ACHSCP			
37	10.06.2021	Mental Health & Learning Disabilities	Mental Health & Learning Disabilities - update presented to IJB on 1 December 2020 which indicated Annual Reporting		Kay Dunn	Lead Planning Manager	ACHSCP			
38	Standing Item	Equalities ands Equalities Outcomes	At IJB on 25 May 2021 - (v)to instruct the Chief Officer, ACHSCP to submit 6-monthly reports alternately to the RAPC and IJB.		Alison Macleod	Lead Strategy and Performance Manager	ACHSCP			
39										
40	**15 December 2021**									
41	Standing Item	Chief Officer Report	A regular update from the Chief Officer; from IJB on 25 May 2021 - (iv)to instruct the Chief Officer to include a brief upda		Martin Allan	Business Lead	ACHSCP			
42	Standing Item	Annual Procurement Workplan 2022/2023			Neil Stephenson	Procurement Lead	ACC			
43	26.04.2021	Strategic Plan	Revised strategic plan after workshops and relevan engagement.		Alison MacLeod	Performance Lead	ACHSCP			
44	26.04.2021	Workforce Strategy	Strategy to support the Strategic Plan		Sandy Reid		ACHSCP			
45	25.05.2021	Commissioned Day Services and Day Activities - Stay Well, Stay Connected	to instruct the Chief Officer, ACHSCP to present a further update report on 15 December 2021		Sandra Macleod	Chief Officer	ACHSCP			

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46										
47	**2022 Meetings**									
48	**25 January 2022**									
49	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			
50	Standing Item				Martin Allan	Business Lead	ACHSCP			
51	Standing Item	Inclusion of Integration Joint Boards as Category 1 Responders under Civil Contingency Act 2004 - HSCP.21.028	On 23.03.21, IJB resolved :- (iii) to instruct the Chief Officer to bring a report, annually, providing assurance on the resilience arrangements in place to discharge the duties on the IJB under the 2004 Act; and		Martin Allan	Business Lead	ACHSCP			
52	Standing Item	Annual / Biennial Report on Adult Social Care	At IJB on 25 May 2021 - agreed annual reporting . APC propose report annually to each committee							
53	**29 March 2022**									
54	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			
55		IJB Membership	to instruct the Chief Officer, ACHSCP to reconsider these arrangements by report to the IJB prior to 31 March 2023		Sandra Macleod	Chief Officer	ACHSCP			
56	25.05.2021	Fast Track Cities	At IJB on 25 May 2021 - (ii)to endorse the proposed actions for 2021/22, noting that the action plan is a live document, and to instruct the Chief Officer to provide an update on progress to the IJB on 29 March 2022		Sandra Macleod	Chief Officer	ACHSCP			
57	25.05.2021	Community Nursing Digitalisation	(iii)to instruct the Chief Officer, ACHSCP to present an evaluation report on implementation of the project to include outcomes within 1 year		Sandra Macleod	Chief Officer	ACHSCP			
58										

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Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	6 July 2021
Report Title	Chief Officer's Report
Report Number	HSCP.21.083
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Name: Sandra MacLeod Job Title: Chief Officer Email Address: *samacleod@aberdeencity.gov.uk* Phone Number: 01224 523107
Consultation Checklist Completed	No
Directions Required	No
Appendices	None

1. Purpose of the Report

1.1. The purpose of the report is to provide the Integration 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. Interim Respite Beds

The procurement of residential respite and interim care capacity continues at pace. Following an engagement event with the providers, we will progress with the procurement of a blended procurement model with block purchase

arrangements based upon our knowledge of required capacity and the opportunity to spot purchase additional capacity to allow some surge capacity to meet demands across the whole system. We hope to continue to test our opportunity for admission avoidance through this capacity. During the engagement session, providers highlighted some of the key challenges they face during unplanned admissions. We have responded to this through both an augmented rate for unplanned admissions (interim beds, and capacity to support emergency requests for respite and end of life support), and an assurance of continued joint working with providers.

3.2. Hospital at Home-Research Paper

In June 2021, a fourth research article about the work of the Partnership was published in an international journal. The article, authored by former Partnership employee Katherine Karacaoglu and Dr Calum Leask (Lead for Research & Evaluation) focused on the views of staff working in our Hospital @ Home Service, that has been operational in Aberdeen since June 2018. In one of the first pieces of research to explore this topic, it demonstrates the Partnership's ongoing commitment to robustly evaluating our activities and sharing our learning with others around the world. The findings emphasised the value of working in a non-hierarchal way (synergistic to the self-management model we have adopted within our organisation) and the benefits to our population by assessing and looking after people at home when safe and appropriate to do so. The article is published in the journal 'AIMS Public Health' and can be accessed by clicking the following link (http://www.aimspress.com/article/doi/10.3934/publichealth.2021036) or emailing cleask@aberdeencity.gov.uk to request a PDF file.

3.3. GP Practice Teams-Communications

A significant communications effort is under way in order to support our under-pressure GP practice teams, using assets developed by the NHS Grampian and Aberdeen City and Aberdeenshire Health & Social Care Partnership communications teams.

A suite of social media assets has been prepared, including a short video, Twitter messaging, poster/leaflet images and a Q&A for disseminating, to explain in straightforward terms the new ways in which practices are now

working and the different pathways patients can now utilise in order to secure a consultation with the most appropriate healthcare professional within a practice.

We are also proposing to link up with the Press & Journal and the Evening Express to develop a series of articles on the above, over a period of time, which will include personal pieces authored by healthcare professionals working on the front line to explain their experiences of the new ways of working. It is also proposed that Aberdeen Journals develops a simple-to-follow pathway infographic, in close consultation with us, to explain potential patient journeys when they contact their practice.

3.4. Wider Partnership Communications

The City Partnership has also been working closely with Aberdeen Journals recently to showcase a number of positive stories to interest the general reader about our staff, our work and our partner organisations.
These have included:

- an interview with the new vice-chair of our local Alcohol and Drugs Partnership, Dermot Craig, who is now bringing his own lived experience of substance use and his work leading the charity Aberdeen in Recovery to bear upon the work of Alcohol and Drugs Action (ADA);
- an interview with one of our Health Improvement Officers, Rachel Thomson, about her long road to recovery following a traffic accident and her plan to paddleboard the full length of the 60-mile Caledonian Canal for a homelessness charity this summer, despite the life-changing injuries she suffered in the accident;
- an article in support of our Locality-focused grants scheme for community projects designed to reduce harms from alcohol and drug use, in which the newspapers highlighted 14 of the shortlisted schemes and invited readers to cast their vote online for their favourite project.

3.5. Staff Wellbeing

Healthy working lives activities have restarted, initially with free reflexology sessions for staff. Planning is underway for free complementary therapy

sessions delivered by North East Scotland College (NESCOL) students in the Autumn 2021.

The City Healthy Working Lives Group has been re-established and met on the 22 June 2021 to identify possible activities for the next few months. This includes participating in a public campaign in September 2021 on "Stay Well Stay Connected".

3.6. Long Covid

A new temporary service that will offer follow-up to patients who have been hospitalised with Covid-19 who have developed psychological symptoms is being developed.

This clinic model follows Scottish Government recommendations, has approved funding, and a recruitment process is underway.

All patients who have been hospitalised with Covid-19 in NHS Grampian will be contacted to opt in. Patients who have been hospitalised will have priority as per the Scottish Government brief, but depending on demand, this may be opened up to primary care referrals. Delivery of this service is supported by the Post Covid-19 Mental Health Steering Group. This group is liaising with the NHS Grampian Rehabilitation Framework Group.

3.7. Vaccinations "Cold Spots" Update

The Covid vaccination programme continues to deliver at least 2 community pop-up clinics across the City, predominantly in geographical communities with low vaccination uptake. Current additional focus is in Tillydrone and Froghall where we are working with community leaders to increase uptake in these areas.

Agreement has now been reached to provide a locality-based immunisation service in the City, including a City Centre mass vaccination location along with renovated clinics at Bridge of Don and Airyhall clinics.

As part of the Covid Immunisation programme, we have worked collaboratively with Partners to reach out to our diverse and disadvantaged groups. This has included looking at different ways of delivering immunisations in alternative settings. This has included:

- Setting up local pop-up clinics targeting diverse and disadvantaged groups.
- Working jointly with local Churches, mosques and community centres to provide venues for delivering vaccinations and support local knowledge to promote venues.
- Working with Aberdeen City Council to make use of local awareness, networks and rapid mobilisation.
- Meeting with local councillors and Locality Empowerment Groups to promote vaccine within local community groups and the wider community.
- Working in Partnership with Sexual Health services with staff attending local pop-up clinics to hand out dry blood spot testing kits along with a joint Sexual Health Screening and Covid Vaccination clinic planned in July 2021.
- Working jointly with GREC (Grampian Regional Equality Council) to promote vaccine to ethnic minority groups, plan local pop-up clinics, undertake surveys and linking with intermediaries (i.e. SHIMCA Scottish Highlands and Islands Moray Chinese Association, Seafarers Association, Spanish Workers etc) to support residents with no CHI number or not registered with a GP to ensure everyone is vaccinated no matter their circumstances.
- Working collaboratively with Healthy Hoose Hub and Manor Avenue to delivery vaccines on a daily basis.
- Working collaboratively with Public Health & Station House Media Unit (SHMU) to produce local material/videos and radio clips to promote vaccine uptake.
- Working collaboratively with Foodbanks to help promote uptake of vaccine and provide local pop-up clinics during foodbank opening hours.
- Contacting construction and hospitality industries to promote vaccine and arrange local pop-up clinics within work settings.

This approach has supported building longer term relationships for the delivery of the wider immunisation programme within Aberdeen City.

3.8. Digital Citizen Delivery Plan

NHS National Services Scotland's Technology Enabled Care (TEC) Programme has launched its Digital Citizen Delivery Plan which can be accessed here Digital-Citizen-Delivery-Plan-final-21-22.pdf (tec.scot). Annex A of the publication provides a summary update of progress on a number of

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TEC projects over the past year. The plan notes that Covid-19 has been an important catalyst of change for digital health and care, with significant acceleration and adoption of digital approaches and tools to facilitate access to health and care services.

Digitisation is a focus of the Leadership Team Objectives and we are currently assessing our progress in relation to the four Strategic Priorities within the plan which are: -

- Addressing Inequalities and Promoting Inclusion
- Engaging Citizens, Staff, and Services through Co-Design and Participation
- Redesigning Services – Improving Citizen Access, Promoting Wellbeing
- Innovating to Support Transformation.

This assessment will help inform the scoping of the projects to be delivered within the Digitisation Programme, delivery of which will be monitored via the Leadership Team Huddle arrangements. The digital agenda is an important aspect of our transformation and close alignment to our partners will maximise delivery impact. We plan to incorporate our strategic intentions in relation to the digital agenda within our refreshed Strategic Plan and it is proposed that a Workshop dedicated to identifying these intentions is scheduled for August 2021, to which Partners will be invited.

3.9. 2C Tender Process-Update

The 2c procurement process is now complete and the following awards have been made:

Camphill Medical Practice – successful provider is the 2c Social Enterprise Group,
Carden Medical Centre - successful provider is the 2c Social Enterprise Group,
Marywell Medical Practice – no bids received,
Old Aberdeen Medical Practice – successful provider is Newburn Ltd,
Torry Medical Practice - successful bidder is the 2c Social Enterprise Group,
Whinhill Medical Practice – successful bidder is OneMedical Group.

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Following the issue of the award letters, meetings were arranged with Officers and Staff of the practices to answer any queries they had. A lot of the questions focused on terms and conditions and transfer of staff to the new providers. Two of the new providers have met with staff and the third will meet the week of 28 June 2021. A Project Group has been set up comprising representatives from Human Resources, Information Technology, Property & Asset Management, Primary Care Contracts Team, Finance, Practitioner Services, Telephony, Communications and Aberdeen City Health and Social Care Partnership (ACHSCP) staff. The first meeting of this Project Group is due to take place on 24 June 2021.

As highlighted, no bids were received for Marywell Medical Practice (MP). Marywell MP currently have 188 patients registered with them, of which, 1 person is of no fixed abode, 96 (52%) potentially reside in temporary accommodation, 48% in other accommodation and 119 of 188 currently supported for drug / alcohol addiction.

Marywell MP was relocated to the Timmermarket (TM) building after their original building was flooded. Prior to the outcome of the procurement exercise, it was discussed and agreed with the Marywell team that should there be no tender award for this practice, ACHSCP and partners would work with the team to redesign the service. The relocation of the service into the TM building, has enabled both services to identify opportunities for working across their systems, which provides mutual support and efficiency both to patients and their staff groups.

A project team has been established to review the options for the redesign of the service. As Marywell MP and their patient group has frequent contact with other public sector organisations, this project team includes representation from the Aberdeen City Council, 3rd sector and independent affiliated support services, Police Scotland, Scottish Ambulance Service, Scottish Prison Service and patient representation groups.

The project team are considering the following options:

- The original service prior to the move to the Timmermarket,
- The co-located service at the Timmermarket and whether this can be expanded on to deliver more benefits,
- The development of an outreach service,

- Any other models which the project team feel might be workable.

Whilst the primary focus will be on the patient group registered with this practice, the project team is asked to consider whether it would be worthwhile considering other patient cohorts within these options, particularly those with complex needs.

An options appraisal will be brought back to the 2 November 2021 IJB and will include feedback from service users.

Regional Updates

3.10. Hosted Services Discussions

Discussions have been held at Chief Officer level in Grampian to arrange for Aberdeen City, Aberdeenshire and Moray Partnerships to provide a summary of the major hosted services (Prison Service, GMED's (out of hours non emergency service), Sexual Health, Mental Health and Specialist Older Adults and Rehab Service (SOARS) within the Grampian area. Included within the summary will be an explanation of what they have delivered in 2020/2021, and what their operational plans are for 2021/2022 to include metrics, financial position, risks. These summaries will be collated then submitted to the Aberdeen City, Aberdeenshire and Moray IJB's for information.

The above process will help inform the review of the strategic risk on Hosted Services, as requested by the Risk, Audit and Performance Committee (RAPC); to be reported back at the September 2021 RAPC meeting.

National Updates

3.11. Adult Support and Protection (ASP) Inspection Programme

The Lead for Social Work has been advised by the Link Inspector from the Care Inspectorate that those Adult Protection Partnerships which are to be jointly inspected by the Care inspectorate, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland in 2021 have been advised of this timetable; given this, the inspection of the Aberdeen City Adult Protection Partnership will therefore take place in 2022 sometime. The Care Inspectorate

has also uploaded an ASP update with relevant inspection methodology documents onto its website and the Partnership's inspection steering group is using this information to inform its preparations in respect of the position statement, supporting evidence, case file-reading logistics and other aspects of the inspection process.

4. Implications for IJB

4.1. **Equalities, Fairer Scotland Duty** & – there are no implications in relation to our duty under the Equalities Act 2010 and Fairer Scotland Duty.

4.2. **Financial** – there are no immediate financial implications arising from this report.

4.3. **Workforce** – there are no immediate workforce implications arising from this report.

4.4. **Legal** – there are no immediate legal implications arising from this report.

4.5. **Covid-19** – The update on the Portfolio Management Approach references the Partnership's involvement in the wider NHS Grampian transition out of Operation Snowdrop which relates to the COVID-19 pandemic.

4.6. **Unpaid Carers** – There are no implications relating to unpaid carers in this report.

4.7. **Other** - there are no other immediate implications arising from this report.

5. Links to ACHSCP Strategic Plan

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

6. Management of Risk

6.1. **Identified risks(s)** - The updates provided link to the Strategic Risk Register in a variety of ways, as detailed below.

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6.2. 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.
2-There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and projects an overspend.
4-There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed to maximise the full potentials of integrated & collaborative working. This risk covers the arrangements between partner organisations in areas such as governance; corporate service; and performance.
6- There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care.

6.3. How might the content of this report impact or mitigate 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)

Aberdeen City Health & Social Care Partnership
A caring partnership

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Date of Meeting	6 July 2021
Report Title	Independent Review of Adult Social Care
Report Number	HSCP.21.052
Lead Officer	Sandra Macleod, Chief Officer
Report Author Details	Claire Wilson, Lead for Social Work ClWilson@aberdeencity.gov.uk Kevin Toshney Planning and Development Manager: KToshney@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	Appendix A - Independent Review of Adult Social Care (Feeley Report) (Scottish Government)

1. Purpose of the Report

1.1. The purpose of the report is to highlight the publication of the Independent Review of Adult Social Care (Feeley Report) commissioned by the Scottish Government.

2. Recommendations

2.1. It is recommended that the Integration Joint Board (IJB):

a) Note the contents of this report.

3. Summary of Key Information

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3.1. The Independent Review of Adult Social Care (IRASC) report (Feeley report) was published by the Scottish Government on 3 February 2021.

3.2. The review of adult social care was previously announced on 1 September 2020 by the First Minister as part of the Programme for Government 2020-21. The principal aim of the review was to recommend improvements to adult social care, primarily in terms of the outcomes achieved by and with people who use services, their unpaid carers and families, and the experience of people who work in adult social care.

3.3. The review panel wanted to hear from as many people as possible and so extensive engagement (228 written submissions, 128 stakeholder meetings, 13 engagement events) was undertaken with support from the Health and Social Care Alliance. Review panel minutes and other associated review documentation including the Alliance engagement report can be found here.

3.4. The IRASC report's executive summary suggests that there are three changes that must be implemented in order to achieve better outcomes. These changes are:

- Shift the paradigm
- Strengthen the foundations
- Redesign the system

Key themes that emerged from stakeholder discussions included:

- Access, eligibility and assessment
- Structure and design of services
- Planning, commissioning and procurement
- Workforce
- Unpaid Carers
- Registration, regulation and inspection
- Equality
- National care service (NCS)

3.5. The IRASC report offers a shared vision for social care which is:

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"Everyone in Scotland will get the social care support they need to live their lives as they choose and to be active citizens. We will all work together to promote and ensure human rights, wellbeing, independent living and equity".

The report narrative speaks of a common purpose and the need for a social covenant so that the following changes can be realised:

- A new narrative for social care support
- A redesign of the system of social care support (including the creation of a National Care Service)
- Redefining quality and closing the gap between intent and lived experience (the implementation gap)
- Protecting, promoting and ensuring human rights and equality
- Greater empowerment of people who need support and unpaid carers at the level of the individual and the collective
- Valuing of the social care support workforce

3.6. The report makes fifty-three recommendations (see paragraphs 3.7 – 3.24) across a number of themes/topics. It is difficult to say at this stage what the direct and indirect implications of these recommendations will be. Further detail will be required to evaluate these more fully.

3.7 Human rights-based approach (10 recommendations) – there is an intention to introduce a human rights-based approach to social care so that everyone knows what their rights are in respect of the assessment of need and delivery of care and agencies know what their respective duties are in respect of the same.

3.8 The IRASC emphasizes that human rights, equity and equality should be at the heart of social care and that this should apply to those who use social care support as well as unpaid carers and families and the workforce. The use of existing eligibility criteria is criticised, stating that individuals should be able to access support at the point they feel they need it, to allow a greater emphasis on prevention and early intervention. To achieve this, the IRASC advocates strongly that greater choice and control be given to

service users and that there should be increased support and funding for informal, community based services.

3.9 Unpaid carers (4) – the IRASC recommends that the human rights-based approach be extended to unpaid carers and it places significant emphasis on the need to provide better and more consistent support to unpaid carers who are described as “the cornerstone of social care support”. This includes a recommendation that a right to respite be included within the Carers (Scotland) Act 2016.

3.10 The case for a National Care Service (6) - the report recommends that accountability for adult social care should move from local government to the Scottish Government, that a Minister should be appointed with specific responsibility for Social Care and that they should have the power to vary the number of IJBs without the need for primary legislation change. In addition, a National Care Service (NCS) for Scotland should be established in statute along with, on an equal footing, NHS Scotland, with both bodies reporting to Scottish Ministers.

3.11 It is envisaged that the National Care Service would oversee local commissioning and procurement of social care and support by reformed Integration Joint Boards. As well as to manage services that are better organised on a national basis such as support for people with complex and specialist needs and provision in custodial settings including prisons.

3.12 A National Care Service, how it should work (6) – The report recommends that a Chief Executive should be appointed to oversee the National Care Service and, like its NHS equivalent, be accountable to Scottish Ministers. Chief Officers would no longer be jointly accountable to the chief executives of their respective local authority and health board but would instead be accountable to the NCS Chief Executive. In addition, it is envisaged that Chief Officers and other staff involved in the planning, commissioning and procuring of services would be directly employed by the IJB.

3.13 The IRASC also envisages that the reconfigured IJBs will be able to hold assets and contract directly with third and independent sector agencies, neither of which IJB’s are currently empowered to do. In addition, the newly-established NCS would also oversee some aspects of social care

provision at a national level such as delivery improvement programmes, workforce planning and development, data and research, IT and, as appropriate, national and regional service planning.

3.14 A new approach to improving outcomes (1) – the success of the NHS Patient Safety Programme is seen as an example for the National Care Service to follow in respect of establishing its own national improvement programme for social care. This improvement programme should address three key areas: the experience and implementation of self-directed support; the safety and quality of care in care homes; and commissioning and procurement processes.

3.15 Models of care (4) – the IRASC recommends that a national approach to improvement and innovation is needed to maximise learning opportunities and develop a collaborative culture that will shape and share methods for improving outcomes. In addition, the report says there must be a 'relentless focus' on involving individuals who use care services, their unpaid carers and families in the development of new approaches at a local and national level.

3.16 The report also recommends that investment in alternative social care support models should prioritise approaches that enable people to stay in their own homes and communities. Conversely, investment in, or continuance of, models of social care support that do not meet these criteria should lead to 'very careful reflection' both by a National Care Service and local agencies.

3.17 Commissioning for public good (10) – Collaborative, ethical commissioning that has a strong focus on prevention and early intervention is seen as being more preferable to competitive tendering. In addition, it is recommended that the establishment of core requirements for ethical commissioning to support the standardisation and implementation of fair work requirements and practices is agreed and set at a national level by the new National Care Service and delivered locally across the country. There is also a recommendation that to support the development of ethical commissioning, the possibility of pausing local procurement in the meantime should be 'fully explored'.

3.18 The IRASC recommends that the care home market is more actively managed than it was pre-pandemic and that there is a greater fairness and transparency in the allocation of resources/provision of services i.e. primary care services, to care home residents. The national care home contract is to be reformed and consideration should be given to other national contracts for other aspects of social care and support. Future commissioning and procurement of residential care should be characterised by 'transparency, fair work, public good and the re-investment of public money in the Scottish economy'.

3.19 It is recommended that commissioners should focus on establishing a system where a range of people, including people with lived experience, unpaid carers, local communities, providers and other professionals are routinely involved in the co-design and redesign of services and supports. A move away from time and task and defined services must be made at pace to commissioning based on quality and purpose of care. A condition of funding for social care services and supports must be that commissioning and procurement decisions are driven by national minimum quality outcome standards for all publicly funded adult social care support.

3.20 Fair work (7) – the report recommends the rapid delivery of all the Fair Work Convention recommendations and suggests that there is an 'ambitious' implementation timetable for this. A national job evaluation of all social care job roles should be undertaken to establish fair and equitable terms and conditions and this should form the basis of new commissioning and procurement requirements undertaken by the reformed IJBs

3.21 A national learning and development organisation should be established and national oversight of the scale and diversity of the social care workforce arrangements that seeks to improve resilience and mutual support arrangements should be a priority. A representative forum consisting of the social care workforce, providers, IJBs and the Scottish Government should also be established to advise the NCS on its workforce priorities and to assume the lead role in the new collective bargaining arrangements for sectoral terms and conditions.

3.22 An explicit reference is also made regarding the role of Personal Assistants (PA) who are employed by those individuals in receipt of self-directed

support option 1 Direct Payments and the assertion that all of these Fair Work recommendations should apply to the PA workforce also.

3.23 Finance (5) – prioritising investment in social care is seen as a key feature of the country's post-pandemic recovery. Additional investment is highlighted as being required in order to address key changes including: expand access to lower-level, preventive community support; implement the recommendations of the Fair Work Convention; remove charging for non-residential social care support; increase the sums paid for Free Personal and Nursing Care for self-funders using care homes to the levels included in the National Care Home Contract; re-open the Independent Living Fund, with the threshold sum for entry to the new scheme reviewed and adjusted; and review financial support made available to unpaid carers and increase investment in respite.

3.24 Being mindful of future demand pressures, the report also recommends that social care planning 'robustly' factors in demographic change to its activities and careful consideration is given to options for raising new revenues to increase investment in adult social care.

3.25 The Scottish Government and the Convention of Scottish Local Authorities (CoSLA) have published (24/03/2021) a Joint Statement of Intent outlining how they will work together to deliver key elements of the report. Including the development of a workforce terms and conditions framework; core requirements for ethical commissioning that will reflect fair work principles; and a minimum standards framework for workforce involvement in local discussions to support an effective collective bargaining role across the sector.

3.26 In addition, the Scottish Government and CoSLA will also put in place outline plans for: an end to charging for non-residential services; shared ethical commissioning principles; an overhaul of the current mechanism of eligibility criteria; a mechanism which ensures the voices of those with lived experience are at the heart of policy development, service design and service delivery and ensuring that unpaid carers are fully supported to have a life alongside caring.

3.27 Following the recent Holyrood election, the Scottish Government has announced that a consultation on legislation to establish a National Care Service would begin within the first one hundred days of the new parliament. Appropriate legislation is expected to be introduced during the first year of this parliament and the NCS to be operational by its end (2026).

4 Implications for IJB

4.1 **Equalities, Fairer Scotland and Health Inequality** - This report itself has no direct equalities implications but implementation of the IRASC report's human rights-based recommendations will very likely have a strong impact on the statutory duties of the IJB and its delivery partners and a positive impact on the experiences and outcomes of those individuals and their carers who use our social care services. This report itself has no direct Fairer Scotland Duty implications but the IRASC focus on improving outcomes for the people who use our social care services makes it possible that there will be a positive impact on reducing inequalities of outcome due to socio-economic disadvantage.

4.2 **Financial -** This report itself has no direct financial implications but the IRASC report has finance-specific recommendations which will impact on the IJB's funding mechanisms and its subsequent adult social care investment decisions.

4.3 **Workforce -** This report itself has no direct workforce implications but the IRASC report's workforce-specific recommendations, if implemented, will very likely have a positive impact on the terms and conditions, training and developmental opportunities for the social care workforce, including personal assistants.

4.4 **Legal -** There are no direct legal implications arising from the recommendations of this report. It is not yet clear to what extent any draft legislation laid down by the Scottish Government will accept the IRASC report recommendations in full and also, following appropriate parliamentary scrutiny and debate what the act of parliament that receives royal assent actually legislates for.

4.5 **Covid-19 -** There are no direct Covid-19 specific implications arising from this report. The IRASC acknowledges that the review was borne out of the early experiences of the pandemic.

4.6 **Unpaid Carers -** There are no direct implications for unpaid carers arising from this report however, the IRASC recommendations, if implemented will very likely have a positive impact on our Unpaid Carers.

4.7 **Other -** An increased emphasis on prevention and early intervention, the implementation of Fair Work principles, removing eligibility criteria and charging for non-residential social care support, reopening the Independent Living Fund, support unpaid carers including removal of cared-for-person respite charges, and the impact of future demographic changes – an ageing society with a shrinking working population – will likely lead to an increase in demand for social care services and will require substantive ongoing financial investment to cover these changes.

5 Links to ACHSCP Strategic Plan

5.1 There is a positive alignment between the IRASC report and the partnership's current strategic plan especially in relation to their respective vision statements, for example, "…to live their lives as they choose…" and "…to enable people to achieve fulfilling, healthier lives". Two of the partnership's five strategic aims, prevention and personalisation, also have a strong relevance to the review report.

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6 Management of Risk

6.1 Identified risks(s)

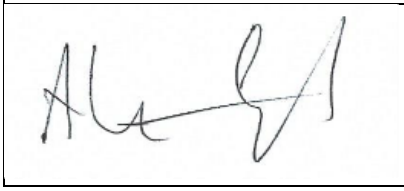
It is difficult to determine fully at this stage what the risks associated with the implementation of the IRASC report recommendations or conversely, the non-implementation of them will likely be. Further clarity in respect of possible risks may be evident as and when the Scottish Government introduces appropriate legislation to implement the review report.

6.2 Link to risks on strategic or operational risk register:

Given the current strategic risk register, it is possible that further information in respect of the implementation of the IRASC report and its recommendations will enable us to determine more fully the impact on the entries that relate to market capacity (1), relationship arrangements (4), performance (5), reputation (6), transformation capabilities (7) and service redesign (9).

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

This report is the first briefing to the IJB in respect of the Independent Review of Adult Social Care and its published report. Further updates will be provided to the IJB as and when appropriate to enable further discussions to take place in respect of the possible impact(s) of the implementation of the report's recommendations.

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

Independent Review of Adult Social Care in Scotland

Foreword

I am grateful to the Cabinet Secretary for Health and Sport for the opportunity to chair this independent review of adult social care support in Scotland. I also want to thank the panel of advisers who guided this work so expertly, our excellent team in the Scottish Government, and most of all the many people, carers and staff who have contributed their experience and insight so generously in the most difficult of times.

A good deal of public attention to social care support has been recently focused on care homes. We make a number of recommendations specific to the care home sector and, at the same time, it is important to recognise that most social care support is delivered in local communities and in people's homes. We want that pattern to continue, and wherever possible, to intensify. The Covid-19 pandemic has tended to focus attention still further on a small part of the system. Of course, there is learning to be had from people's experience during the last year. However, the vast majority of the challenges we are addressing in this review pre-dated Covid-19 and will outlive the pandemic unless we tackle them now. And we know that social care support touches upon the lives of a very wide range of people and settings, so we have taken as inclusive an approach as we can to understanding both the diversity and similarity of their experiences.

The core remit of the review was to "recommend improvements to adult social care in Scotland". The more work we did, the more it seemed like that was the right framing for the review. While we have not undertaken a review of social work, we have considered the key role of social workers, particularly in relation to assessment. I want to be absolutely clear from the outset that there is much about adult social care support in Scotland that is ground-breaking and worthy of celebration. The introduction of self-directed support, the integration of health and social care, and the promise of the Carers Act form the scaffolding upon which to build. When we add to those foundations the commitment and compassion we saw in the workforce, the immense contribution of unpaid carers and the will to improve that we saw across the sector, many of the ingredients for improvement are in place. And of course adult social care support does not stand alone: it has deep, historical and important links to social work, with children's services and the wider public sector.

And yet, the story of adult social care support in Scotland is one of unrealised potential. There is a gap, sometimes a chasm, between the intent of that ground-breaking legislation and the lived experience of people who need support. In the improvement world, there is a maxim which reads something like "every system is perfectly designed to get the results it gets". That is the basic challenge for us. We have inherited a system that gets unwarranted local variation, crisis intervention, a focus on inputs, a reliance on the market, and an undervalued workforce. If we want a different set of results, we need a different system.

"I want to be absolutely clear from the outset that there is much about adult social care support in Scotland that is ground-breaking and worthy of celebration. The introduction of self-directed support, the integration of health and social care, and the promise of the Carers Act form the scaffolding upon which to build."

Foreword

We also need to have an eye to the future. For example, the projected increase in the number of people living with dementia means that we need to start planning now for a future in which people can live well, in their homes wherever possible. The answer to tomorrow's challenges in social care support is not more of the same.

In the chapters that follow, we set out our vision for that new system. We describe how a National Care Service can drive consistent, high quality social care support in partnership with people who have a right to receive that support, unpaid carers and the workforce. We also look carefully at funding and make some recommendations about investing in social care support and ending all non-residential charging for services. To achieve that new system, we need the structural change and the new accountabilities that a National Care Service will bring and we need more. We need a new narrative for adult social care support that replaces crisis with prevention and wellbeing, burden with investment, competition with collaboration and variation with fairness and equity. We need a culture shift that values human rights, lived experience, co-production, mutuality and the common good.

In her Programme for Government speech that launched this review, the First Minister said "this is a time to be bold". The good news is that everyone we spoke to agrees with her. What follows is a plan for how. It will take time. It has taken over 50 years for our current system to form. It will take investment. It will take partnership. But we have an opportunity to create a system of social care support where everyone in Scotland has the opportunity to flourish. If not now, when?

Derek Feeley
February 2021

Contents

Executive summary

At the centre of the remit for this review was a request to recommend improvements to adult social care support in Scotland, primarily in terms of the outcomes achieved by and with people who use services. Having listened carefully, over the last several months, to the voices and the stories of many people with lived experience of social care support, unpaid carers and staff working in the sector we believe that there are three things we must change in order to secure better outcomes. These can be summarised as follows:

1. Shift the paradigm
2. Strengthen the foundations
3. Redesign the system

Shifting the paradigm

We need to start by challenging some of the prevailing narrative about social care support. It has its fair share of challenges, as this report will recognise and tackle, but it need not be unsustainable, or in crisis, or confined to the margins of society. Strong and effective social care support is foundational to the flourishing of everyone in Scotland. It is a good investment in our economy and in our citizens. In order to maximise the potential of social care support we have to change our perspective of what is social care support. We need to shift the paradigm of social care support to one underpinned by a human rights based approach. The table below summarises the changes required which are explored in greater detail throughout our report:

Old Thinking	New Thinking
Social care support is a burden on society	Social care support is an investment
Managing need	Enabling rights and capabilities
Available in a crisis	Preventative and anticipatory
Competition and markets	Collaboration
Transactions	Relationships
A place for services (e.g. a care home)	A vehicle for supporting independent living
Variable	Consistent and fair

Executive summary

Strengthening the Foundations

As we will rehearse in various sections of this report, there are many strengths in the Scottish system of social care support. We need to build on those foundations. We need self-directed support and the Independent Living Fund, and we need integration of health and social care. The challenge here is implementation. How do we bridge the gap between promise and reality? That will require a step change in the capability of the system across the whole country, in the adoption of science based improvement methods, and in the ability of the National Care Service to learn from success and failure – to solve problems when they are identified and to scale-up and spread promising practice much more effectively.

A second foundation that needs nurturing and strengthening is the social care workforce. For us to achieve the improvements we seek, they need to feel engaged, valued and rewarded for the vitally important work that they do. We have not made recommendations about the social work workforce in proposed new arrangements as we believe these will require careful consideration alongside implementation of The Promise the review of children's services, and any changes planned for criminal justice social work.

Third, we need to support and enable unpaid carers to continue to be a cornerstone of social care support. The contribution they make is invaluable. Their commitment and compassion is humbling. We need to provide them with a stronger voice and with the networks, support and respite they need to continue in their vital role.

Redesigning the System

We won't achieve the potential of social care support in Scotland without a new delivery system. We need a National Care Service to achieve the consistency that people deserve, to drive national improvements where they are required, to ensure strategic integration with the National Health Service, to set national standards, terms and conditions, and to bring national oversight and accountability to a vital part of Scotland's social fabric. The National Care Service will bring together everyone with a role to play in planning and providing social care support to achieve a common purpose.

We also need a transformation of the way in which we plan, commission and procure social care support. We need an approach that builds trusting relationships rather than competition. We need to build partnerships not market-places.

Finally, it is vital that we amplify the voice of lived experience at every level in our redesign. We have a duty to co-produce our new system with the people who it is designed to support, both individually and collectively.

Chapter 1
What we heard

What we heard

> "... it should feel nurturing and supportive, rather than a battlefield."

This review is about people's experiences of social care support, whether you use social care services and supports, care for someone who uses them, or work in them. It has been our priority to hear from as many people as possible, to listen to your experiences and to learn from your ideas. To make that happen, we have carried out an engagement programme focused on three kinds of activity:

- **Open enquiry – From September to November 2020, individuals and organisations could submit views, papers and evidence to the review.**
- **Stakeholder engagement events – From September to November 2020, stakeholder engagement events were held with the support of the Health and Social Care Alliance Scotland (The ALLIANCE[1]). Each event had a particular focus such as learning disabilities, physical disabilities, mental health and dementia, addictions and the experience of carers.**
- **Meetings with key stakeholder groups and organisations – From September 2020 to January 2021, the Chair of the review, members of the advisory panel and members of the review Secretariat attended meetings to hear from key stakeholder groups and organisations, and from people who work in social care support services.**

The quotes you will find at the start of each chapter in this report are from individuals and organisations who participated in our programme of engagement, and who have lived experience of either using social care supports, or working in social care services.

Our programme of engagement, most of which took place online, resulted in:

228 Written submissions

13 Engagement events

128 Meetings with stakeholders

1 Home Page – Health and Social Care Alliance Scotland (alliance-scotland.org.uk)

What we heard

In total, we met over a thousand people in just a few months, and we are grateful to you all for your time, insights and wisdom.

This review was commissioned by Scottish Ministers in response to the experience so far of Covid-19, and we of course heard about people's experience of care during the pandemic.

We heard some positive experiences of the sector's response to Covid-19, including how quickly providers adapted to new and very difficult circumstances and a heightened public awareness, in time, of the vital work of the sector. Some people who work in social care support mentioned to us that during the pandemic they have been able to make decisions more quickly, to good effect. Inevitably, we heard of many negative experiences too: people who had been affected by the impact of the pandemic on care home residents and staff, people whose community-based supports had been reduced or entirely stopped, pressures on carers and providers and the impact on people's physical and mental wellbeing.

However, this is not "just" a review of social care during Covid-19 and all that we have learned from it. It takes into account all the different types of support and care that are provided in a range of settings, including residential settings such as care homes and in people's own homes, and it covers care and support for a broad range of people with long-term conditions, older people, people with physical disabilities, people with learning disabilities, people with mental health problems, people with addictions, and people with experience of the criminal justice system. This review covers all of these life circumstances, and takes account of people's experiences over many years.

Because our remit is so broad, it was vitally important that we listened to people's experience of the full spectrum of adult social care services and supports. We have summarised the key themes we heard below. You can read a full report on the engagement events here: Independent Review of Adult Social Care – Engagement report.

> Service design and delivery can only improve if people with lived experience are involved in the process. It is impossible to address inequality if the people who experience it are not in the room."

What we heard

Key Themes

Access, eligibility and assessment

People told us about the transformative impact that "good" social care services and supports can have – and in many cases have had – on their lives and the lives of people they love. We heard about the dedication and responsiveness of people in the workforce; about self-directed support enabling people to "live a real life"; about integrated health and social care support services that work together well, jointly focusing on the wellbeing of the person using care; and about carers being supported to carry on caring for loved ones.

But we also heard a lot of frustration about the existing structure and design of social care. People feel that the term itself – social care – is too often used negatively, to mean services that are for people only when in crisis, that just prevent or delay a deteriorating situation, or are a buffer to absorb pressure that would otherwise fall upon the NHS. People told us that social care support should instead be understood as an asset that provides constructive, optimistic support to help people achieve their goals and desired outcomes: to live their best lives and maximise their wellbeing, as equal citizens.

We heard that our current system too often does not feel like a system at all: it feels like a guddle, and that causes people worry and anxiety. For people with care and support needs and their families the challenges of accessing support, only to find they are unavailable or unaffordable, or those seeking support are ineligible, causes unnecessary suffering and hardship. This is not a humane response to people living with disability or ill health, or who are simply getting older and are no longer able to live their lives without some support. For family members it means having to take on heavy responsibilities for caring. Some try to juggle this alongside work, but many give up, putting themselves into a precarious financial position. For staff it can lead to burnout, with the constant stress of having to respond to crises, and the feeling that whatever you do it is not enough.

People described the process of accessing social care as 'notoriously difficult', 'over-complicated' and 'bureaucratic'. When experiences had been negative, people told us that they had to 'fight for' and 'justify' their right for support. We heard that accessing social care is sometimes too difficult right from the start, with an inadequate referral process and not enough information available about supports, including peer support.

What we heard

Eligibility criteria were described as one of the main barriers to accessing social care.

People also told us that the threshold for accessing support is too high, and too often meaningful support is only available when people are acutely unwell or in crisis[2] [3]. We heard about the negative impact this has on the mental and physical wellbeing of people using social care support, their carers and the workforce.

We heard that the assessment process is too often based on a medical model focused on deficits – the things people cannot do – with little or no account taken of holistic and social needs; that it is too complex and takes too long; and once it is completed it takes too long before support is available. Some people with complex needs, including neurological conditions and sensory impairments, told us that their experience of assessment was that not all social workers had enough training in their functional difficulties.

In order to improve, people told us that social care needs to focus on holistic wellbeing and personal outcomes, rather than outputs and money. It should be flexible so that it can adapt to changing needs and wishes. It should take account of wider supports in a person's life, such as the support of carers and local services offered by community organisations to enable people to fulfil their potential, goals and outcomes, without reducing appropriate formal supports and shifting a burden of care onto families and informal networks. Assessment should be simplified and based upon collaborative engagement with the person's needs, rights and preferences at the centre.

Structure and design of services

We heard that recent changes across health and social care have produced improvements, especially in some parts of the country, but there is much more to be done. People told us that Integration Joint Boards have had benefits in terms of health and social care support services working together better locally, but in many instances people need to be much more directly involved in planning their own care, and in decisions about local priorities.

We heard that national and local services need to work together better, that transitions between children's and adult's services must improve, and so should joint working with other services such as transport, housing, education and employment.

People told us how frustrating they found it to be asked to repeat the same information to several different professionals when better data sharing arrangements would remove the need.

We were told consistently that Scotland needs to shift its attitude towards technology and data sharing to improve people's experience of social care. Technological solutions should of course never be "forced" on people as a substitute for other kinds of care, but experience during the pandemic has highlighted that, for some people, technology can really help people to live independently in their own communities and to feel less lonely.

2 https://www.centreforwelfarereform.org/uploads/attachment/655/an-emancipatory-welfare-state.pdf
3 https://discovery.dundee.ac.uk/ws/portalfiles/portal/34825382/insights_49.pdf

What we heard

Technology is not a replacement for support provided by another person but it can play a much bigger role in improving the lives of people who use social care services and supports. It can also help with people's ownership of their care and support, particularly when people "own" their own data or information that is about them and share it with the people who support them.

Planning, commissioning and procurement

Many people told us that Scotland has 'good strategies but poor implementation'. This 'implementation gap' was often referred to in terms of the differences between what is set out in legislation and guidance and what actually happens on the ground. We were also told about places and local teams that are good at follow-through from intention to service delivery, but with a sense that where that was people's experience it was partly because they were 'lucky'. More generally, people described current planning, commissioning and procurement processes as 'discredited', with poor outcomes for people who use services and for the workforce. Some people felt that Integration Joint Boards had made some improvements on this but a significant number of people we spoke to had serious concerns. Currently, Integration Joint Boards do not have responsibility for procurement or contracts.

We heard that the market approach to commissioning and procurement produces 'competition, not collaboration', which, in turn, leads to too much focus on costs rather than high quality, person-centred care and support. We were repeatedly told that this focus on costs causes poor terms and conditions, including pay, for the workforce.

People spoke to us about 'short-termism' resulting in providers spending significant time and resources applying and reapplying for contracts. This results in uncertainty for providers and the workforce, which makes it difficult to attract and retain staff. Providers cannot afford to have staff 'waiting in the wings for contracts to come along'. We also heard that commissioning using generic frameworks based on hourly rates does not work well for people with fluctuating needs for support, particularly where those relate to mental health.

Just as with individual care planning, people told us that local communities and third sector organisations should be more involved in collaborative approaches to planning, commissioning and procuring social care support services. Where people felt that they had had a good experience of using self-directed support they often also described good collaboration between organisations, communities and individuals in the design and delivery of care and support.

And we heard repeatedly that simpler and more accessible arrangements to challenge decisions – without recourse to the Courts – need to be established.

We refer to commissioning and procurement practices throughout this report, and Chapter 9 is dedicated to the subject. These are fairly technical terms and it may be helpful to explain what we are referring to at the start. Commissioning is the process by which public bodies strategically plan ahead for the services they will provide, either directly or by procurement, to meet their populations' needs, using the budgets at their disposal. Procurement is the process of contracting for (purchasing) specific services on the basis of that commissioning activity. It is important to note that not all commissioning activity results in procurement and that commissioning decisions and priorities should form the basis of any procurement process – never the other way around.

What we heard

Most models of commissioning emphasise its cyclical nature, with strategic commissioning providing the context for procurement and contracting. The cycle is sequential and each part is of equal importance. A key principle of the commissioning process is that it should be equitable and transparent, and therefore open to influence from all stakeholders via an on-going dialogue with people who use services, unpaid carers and providers. Outcomes for people are at the centre of the model, which is commonly illustrated in the diagram shown here (originally developed by the Institute of Public Care at Oxford Brookes University).

This diagram of course does not take account of our proposals for ethical and collaborative commissioning. It could usefully be updated to reflect those as work progresses.

What we heard

Workforce

Despite challenging circumstances, we heard repeatedly that the social care workforce are 'motivated', 'resilient', 'adaptable' and 'proud of their work'. However, a range of serious concerns were raised.

People told us they are worried about 'casualisation' of the largely female social care support workforce, which is both undervalued and underpaid as a result, despite their essential work to improve people's lives and wellbeing, and support their independence, every day.

We frequently heard that people 'could earn more working in a supermarket', and people also spoke to us about a lack of support and training opportunities with sometimes serious consequences for people who use services. This need to improve the skillset of the workforce was reported to us in various ways. People with complex needs or sensory impairments told us they could not get appropriate support. We heard about assessments being inadequate because assessors do not have sufficient training to understand people's circumstances. People told us that sometimes the full range of options available under self-directed support are not adequately explained. And employers told us that the lack of training and career development opportunities makes it difficult to attract and retain staff, which makes it difficult to establish rapport and trust between people who use social care support and their carers. At the same time, it was brought home to us many times that social care support is highly skilled and that many people in the workforce are very experienced. The fact that people who work in social care are undervalued and underpaid in no way correlates either with their skillset or importance to society.

Some people had specific ideas for how to improve the experience of the workforce, such as a national campaign to promote the value of social care support and help make it a more attractive career choice; a minimum wage for social care workers, with some suggesting £15 per hour; implementation of the Fair Work principles to improve workers' working conditions; peer support and supervision; and a more consistent approach to providing high quality training for staff.

Unpaid Carers

Unpaid carers were very clear with us that they want to care, and care well. But like the workforce, they told us that they are simultaneously undervalued by society and given 'all the responsibility without the support, resources or recognition'. We heard that carers are often unaware of their rights and the support available to them. Accessing support, whether for respite services or advice, was often described as 'complex', 'time consuming' and 'frustrating'.

Carers told us that respite is not always recognised as essential support. Without respite, some carers are 'on the job' 24 hours a day, which is unsustainable, unfair and limits their own life opportunities. Sometimes, we were told, inappropriate respite is offered, such as taking cared-for people into unsuitable care homes.

We also heard many carers reflect on the gender issue that also applies to the paid workforce. Many unpaid carers are women, and they told us they are often overlooked and disregarded.

What we heard

Registration, regulation and inspection

We heard mixed views on current arrangements for regulation and inspection of social care support services. Some good examples were described to us of meaningful dialogue and engagement with the Care Inspectorate, illustrated with observations like inspections being based on dialogue and improvement. On the other hand, we heard that too much attention is paid to procedural and process issues and not enough to individuals' experience of care and how social care connects people with their communities.

People told us that there is a clear accountability gap between national and local levels, and that there is not meaningful joint inspection of health and social care support services. We also heard that there is significant duplication in the information requested from services by the Care Inspectorate and local commissioners, which wastes time that could be better used to improve quality. Many people emphasised the need for much more support for locally driven improvement work to raise standards of care. Where members of the workforce had taken part in local improvement work, they expressed pride and satisfaction in the progress made, and they wanted to do more of it.

On registration, regulation and support for the workforce, we heard that the Scottish Social Services Council is not equipped or resourced to support effective training and development of staff. We listened to general observations that the workforce too often feel policed rather than supported as a consequence of current registration arrangements. We also heard particular concerns about the absence of support for, and regulation of, personal assistants, and failure to extend training opportunities for the paid workforce to unpaid carers.

Equality

Equality – and inequality – were raised with us again and again.

Some people who use social care services and supports told us that they are expected to pay to access their human rights: to carry out normal day-to-day activities such as washing and getting dressed, and going to work.

We heard about gender unfairness, as before; that the needs, rights and preferences of people from minority ethnic communities are often overlooked; that communication support for people with sensory impairments and learning disabilities is often inadequate; and that the stigma sometimes attached to accessing supports for mental health problems, addictions and criminal justice issues should be addressed.

We also heard that advocacy arrangements need to be improved, so that people with incapacity and others who are accessing supports and services have their needs, rights and preferences properly represented.

What we heard

National Care Service

Many people asked what would be meant by a National Care Service, which the First Minister mentioned when she announced this review in the Programme for Government[4]. In response we asked the people we were talking to what they thought such an idea should and should not mean.

There was a wide variety of views about what a National Care Service should represent. Points mentioned frequently included: social care services should not be run for profit as a matter of principle – different rules should not apply to social care support compared with the NHS; charges, if any, should be fairer and the same in different Local Authority areas; assessments and care packages should be portable between Local Authority areas; and the workforce should be better supported with effective planning, training and support arrangements consistently managed at national level. We asked what would worry people about a National Care Service, and the most frequently mentioned concern was that it would bring loss of local knowledge and expertise. Many people said they thought a better mix of national and local responsibilities and activities was needed.

Having listened carefully to the experiences, views and ideas so generously shared with us, we have set out our proposals for reforming adult social care in Scotland in the remainder of this report.

4 Programme for Government – gov.scot (www.gov.scot)

What we heard

> “Those who need support to live fully and to navigate the real-world barriers they face should be able to ask for that support without guilt or the endless need to justify themselves.”

Susan McKinstery

I think the public don’t realise, that when you depend on care services for your most fundamental rights and needs, that can put you in a very precarious position. The fact that services can be taken away by someone who often doesn’t know you or understand the complexity of your situation is such a violation.

You are made to feel guilty for asking for help and you have it driven home to you that resources are limited and there are people with greater needs than yours. The result of this is that you are given the sense that by accepting support, you are taking resources away from someone more deserving. Nobody should be made to feel like that. We need a system based on rights and aspirations of individuals and one which is adequately funded and structured in a way which allows these to be upheld. Those who need support to live fully and to navigate the real-world barriers they face should be able to ask for that support without guilt or the endless need to justify themselves. Care itself shouldn’t be yet another barrier.

Ultimately, I believe we need more people with lived experience of social care in positions of power and influence. Those of us who have experience of the system from this perspective know the importance of not only involving people in decisions which affect their lives but, importantly, believing them as experts in their own needs. As the saying goes, nothing about us without us.

Chapter 2
The purpose of social care

The purpose of social care

> Social Care should be a springboard not a safety net."

Looking back at the history of failed adult social care reforms, the debate has all too often started and ended with funding. We have tried not to make the same mistakes. We will talk about funding in this report but only once we have described our statement of purpose for social care support in Scotland, our design of a system to deliver on that vision, and the values and relationships that will be required to make improvement happen.

There have been multiple helpful attempts to articulate a shared vision or ambition for social care.[5][6][7][8]

We suggest the following as a definition:

Everyone in Scotland will get the social care support they need to live their lives as they choose and to be active citizens. We will all work together to promote and ensure human rights, wellbeing, independent living and equity.

We have been absolutely determined to describe the purpose from the point of view of people who receive or may benefit from social care support. That is why we have drawn heavily from previous articulations of vision and ambition. And, of course, the incredible input that we received as we conducted our engagement meetings has also been vital here. We have also used the term social care support throughout the report to reinforce that the person directs the system to support them – not the other way around.

Why start with purpose? To improve social care support, we must change systems and processes, but first we must change hearts and minds. A common purpose unites and helps to ensure that the right things are done well. It is the basis of continuous improvement in any system. It is difficult to conceive of a successful national scale improvement effort that did not have a unifying purpose.

5 Social care – gov.scot (www.gov.scot)
6 Social care: Reforming adult social care support – gov.scot (www.gov.scot)
7 Health and Social Care Standards: my support, my life – gov.scot (www.gov.scot)
8 Health and Social Care Standards: my support, my life – gov.scot (www.gov.scot)

The purpose of social care

In addition, the purpose needs to drive a set of changes that will lead to people being able to live their lives to their full potential. We might see those changes as follows:

- **A new narrative for social care support;**
- **A redesign of the system of social care support (including the creation of a National Care Service);**
- **Redefining quality and closing the gap between intent and lived experience (the implementation gap);**
- **Protecting, promoting and ensuring human rights and equality;**
- **Greater empowerment of people who need support and unpaid carers at the level of the individual and the collective; and**
- **Valuing of the social care support workforce.**

Giving effect to any stated purpose of social care support requires us to create the right conditions for change. When we examine successful improvement efforts at large scale, the purpose is 'hard-wired' into the design of the delivery system. The purpose needs to provide a direction for the securing of long-term results. It needs to guide our shared understanding of rights and needs. It needs to inform the planning and stewardship of resources in the system, and it needs to influence culture, behaviours and values.

A new narrative for social care support

Frederick Seebohm, in his landmark 1968 report[9], said that social care should enable 'the greatest possible number of individuals to act reciprocally, giving and receiving service for the well-being of the whole community'. Social care support is the means to an end, not an end in itself. The end is human rights, wellbeing, independent living and equity, as well as people in communities and society who care for each other. However, more recently the default narrative about social care support is too often one of crisis, unsustainability, providing for the vulnerable, staff shortages and underfunding and occasionally even harm. It's time to change that.

In our engagement sessions, there was a debate about independent living as an outcome. Independent living means people of all ages having the same freedom, choice, dignity and control as other citizens at home, at work, and in the community. It does not mean living by yourself, or fending for yourself. It means having rights to practical assistance and support to participate in society and live a full life. This is the definition of independent living adopted over many years in the strategic approach to independent living, by the Scottish Government, COSLA, the NHS and the Disabled People's Independent Living Movement.

9 Report of the Committee on Local Authority and Allied Personal Social Services The Seebohm Report HMSO(1968)

The purpose of social care

Giving effect to the narrative requires some shifts in mindset. First, we need to shift from seeing the funding of social care support as a burden to be borne to seeing it as an investment in society and the economy. Second, we need a shift away from crisis being the entry point to the system of social care support to a system that values prevention and early intervention. Third, we need to see people who need some support for their assets, their experience, and their potential rather than as passive recipients of a service.

We will set out elsewhere in this report the strong economic case for investing in social care support. It is a good investment of public funds. It is also the right thing to do. In setting out Scotland's purpose in the National Performance Framework[10], the Scottish Government sets out five tests, to:

- **Create a more successful country;**
- **Give opportunities to all people living in Scotland;**
- **Increase the wellbeing of people living in Scotland;**
- **Create sustainable and inclusive growth; and**
- **Reduce inequalities and give equal importance to economic, environmental and social progress.**

Investing in social care support helps us to achieve every one of these.

Redesigning the system

There is a maxim in improvement science that 'every system is perfectly designed to get the results it gets'. The real point being made is that if you want different results, you need a different system. There are some good things upon which to build the new system. For example, if we did not have self-directed support, we would need to introduce it. If we did not have integration of health and social care, we would need to create it. However, to fully meet the needs, rights and preferences of people, we need some re-design too.

Further details about the proposed new system are in Chapter 6. In summary, the key design principles that have guided our thinking are not dissimilar to those first set out in the work of the Christie Commission back in 2011[11]. The Commission set out four pillars of public service reform that should be kept in mind when developing plans for public services:

- **A decisive shift towards prevention;**
- **Greater integration of public services at a local level driven by better partnerships, collaboration and effective local delivery;**
- **Greater investment in the people who deliver services through enhanced workforce development and effective leadership; and**
- **A sharp focus on improving performance through greater transparency, innovation and use of digital technology.**

10 National Performance Framework | National Performance Framework
11 Christie Commission on the future delivery of public services – gov.scot (www.gov.scot)

The purpose of social care

To the Christie principles, we would add:

- **A stronger voice for the person requiring support and their advocates;**
- **A means to learn and improve across the country;**
- **A sharp focus on equity, equalities and human rights;**
- **Fairness and consistency in relation to access, eligibility and outcomes; and**
- **Transparency and accountability.**

In order to ensure that prevention, investment in people, learning, fairness and accountability are driven by national strategy and national partnership, we need a National Care Service. To get different results, we need a different system.

Quality and the Implementation Gap

This is one of the immediate priorities for any National Care Service. At present we have no national infrastructure and no national approach for delivering on the good intent of world leading policies such as those relating to self-directed support. In this report, we have identified three areas where we can begin to create the capacity and capability required for social care support in Scotland to make breakthroughs in performance.

In order to make progress, we will need to be clear about our improvement aims, we will need to build the collective will to improve, and we will need to engage people with lived experience in generating ideas for change.

Empowering people

Throughout the report, we stress the importance of partnership and collaboration, and of amplifying the voice of staff and of people who need social care support. That is true at every level and in every part of the system.

At the individual level, self-directed support must be scaled-up to achieve its full potential across social care support, including at transition points from children's services.

At the population level, Integration Joint Boards and locality planners need to do a better job of building the user voice into their considerations. People with lived experience must be partners in the commissioning process and integral to decision-making and prioritisation, monitoring progress and making improvements; nothing about me, without me, as the saying goes.

And at the system level, we strongly recommend the involvement of people with lived experience in the governance of the National Care Service, including positions on the Board (see Chapter 6). We also recommend that unpaid carers should be similarly recognised. They already have a non-voting seat around the Integration Joint Board table, but they should be full partners and also involved at the Board level of the National Care Service.

> Understanding of the role of social care starts from its visibility within an integrated health and social care landscape, including ensuring the social care voice is present and heard within IJBs."

Valuing the workforce

A welcome thread throughout our work has been unanimous support for the idea that a top priority for investment is the social care workforce. People who access social care support, advocacy groups, disabled persons organisations, and trade unions have all put forward compelling arguments for a national approach to workforce issues and for social care staff to be fully (and more generously) recognised and rewarded for the vital work they do. We make some recommendations in Chapter 10 about how this might be done, building on the strong foundations of the Fair Work Convention[12].

A Human Rights based approach

We believe we cannot improve social care support and people's health and wellbeing if we do not ensure their human rights are upheld. A human rights based approach has been central to the creation of the report and we believe that it needs to be central to its implementation. We set out proposals for strengthening the ability of individuals to vocalise and secure their rights in Chapter 3. We outline areas where duty bearers – organisations and professionals – need to enhance their capability to recognise and enable the fulfilment of human rights.

Human rights are described extensively in international law. Important examples for this review include freedom from torture and inhumane or degrading treatment, the right to liberty and security, and respect for your private and family life. We recognise that not all rights are absolute, that they can be overruled in certain circumstances, and that practitioners are frequently required to balance competing rights.

We are aware of work underway to consider the incorporation of human rights conventions within Scots law. Whilst we do not wish to anticipate the outcome of that expert analysis, everything we have heard during our discussions suggests that there would be a warm welcome for any approach that brought clarity and certainty to the importance of human rights, not just for social care support but across civic life. We have no doubt that the incorporation of human rights conventions would aid the direction of travel set out in this report.

12 The Fair Work Convention

The purpose of social care

We also recognise that the Taskforce for Human Rights Leadership is considering options for resolution and redress where required. Without anticipating the specific recommendations of the Taskforce on this, we welcome the attention being paid to this critical topic and agree that progress is a key priority.

A new social covenant

One key factor in the realisation of the above is the need for mutual commitment by citizens, representative bodies, providers, civic Scotland, and national government to set aside self-interest and each work together for the common good. Trust is not currently in plentiful supply in social care support and so we believe that there is a need for an explicit social covenant to which all parties would sign up. This will be particularly important if we want to achieve our aspiration for everyone in Scotland to get the social care support they need to live their lives as they choose and to be active citizens.

In their 2014 report, the World Economic Forum describes a social covenant as a vehicle for giving effect to a common set of values and beliefs:

- **The dignity of the human person, whatever their race, gender, background or beliefs;**
- **The importance of a common good that transcends individual interests; and**
- **The need for stewardship – a concern not just for ourselves but for posterity.**

Together, these offer a powerful, unifying ideal: valued individuals, committed to one another, and respectful of future generations. Fostering these values, which we believe would serve Scotland well as guiding principles for improving social care support, is both a personal and a collective challenge. We must do more than just talk about them; we must bring them into public life and use them to guide decision-making.

Chapter 3
A human rights based approach

A human rights based approach

> It shouldn't be a fight to get the support I need, nor a fight to keep the support I have."

Respect for the fundamental dignity of each and every person lies at the heart of human rights, as do the principles of equality and individual autonomy. The Covid-19 pandemic has intensified pre-existing inequalities and a lack of focus on rights, especially for older people, disabled people, people from minority ethnic communities and people from disadvantaged communities. This underlines our belief that more attention must to be paid not only to recognising but to realising human rights, equality and participation for people using social care support.

In summer 2020, the Scottish Human Rights Commission (SHRC) carried out monitoring research into the impact of the Covid-19 pandemic, and how it has been managed, on people's rights in the context of care at home and support in the community. SHRC published its report in October 2020[13]. It details how legislative, policy and practice decisions taken by public authorities have affected the rights of people who access, or wish to access social care support, unpaid carers, and people who work in social care support. The report makes 24 recommendations, some of which call for urgent action to resolve immediate human rights concerns.

Similarly, the Equality and Human Rights Commission (EHRC) published a report in December 2020[14] about its findings on the impact of the pandemic on equality and highlighted the diminution that many people using social care support have experienced. In addition, the Glasgow Disability Alliance[15] and Inclusion Scotland[16] undertook surveys of disabled people to understand and put on record their experiences of the pandemic.

13 COVID-19, Social Care and Human Rights Monitoring Report (scottishhumanrights.com)
14 Equality in residential care in Scotland during coronavirus (COVID-19) | Equality and Human Rights Commission (equalityhumanrights.com)
15 https://gda.scot/what-we-do-at-gda/resources/publications/supercharged-a-human-catastrophe-inequalities-participation-and-human-rights-before-during-and-beyond-covid19
16 https://inclusionscotland.org/covid-19-evidence-survey/

A human rights based approach

Strengthening the rights of citizens

We asked people about respect for their rights when using social care services and supports in recent years as well as during the pandemic. People told us about their experiences over a much longer timeframe, and in many cases over very many years.

We heard a few examples of where human rights had been put at the core of services and supports and where staff and supported people alike felt valued and their rights upheld. We also listened to positive experiences where people were managing their own budget and had put in place the support they wanted, and that was helping them to lead fulfilling lives in their local communities. However, we heard from many people that their human rights were not being upheld and that equality was not at all obvious, nor was there a focus on supporting and ensuring individual autonomy and participation in decision making.

Access to social care services and supports presented particular challenges for many people and there was not clear understanding about what their rights to social care and support were. These rights must be made more transparent by "duty bearers". Where rights are not upheld people must understand the means by which they can complain or seek redress and this must not be so cumbersome as to make that an impossible process for people to embark upon. They must also be provided with appropriate support in this process.

The assessment process was difficult for many and was variously described as intrusive, not focused on rights or equality, not focused on assets or potential but on deficits, reduced to identifying care tasks, and always overly focused on eligibility, which was frequently set at "critical needs", and costs. Most damningly, one person summed up her experience of the assessment process as "brutal".

Charging for services and supports that had been assessed as needed also presented major issues for many people, as this reduced their income and had a real impact on their choices, limiting their options and control about what they wanted to do with support in place. Charging is considered in more detail in Chapter 11 on finances.

Decision making, participation and self-directed support

Many people did not feel they had the opportunity to be a partner in the decision making process about their care and support, and nor did their unpaid carers or families. Some people felt totally unprepared for the assessment process and had not had all of the options for self-directed support set out, explained or offered. A network of support and brokerage services is in place in parts of Scotland that can help people prepare for assessment, including identifying what goals or outcomes people want to achieve with support. This has been crucial in highlighting the choices and possibilities people have across the self-directed support options but it is not available to everyone and not everyone who would benefit from this support knows about it.

There is also not enough local independent advocacy (either individual or collective) available to people to support them in this process, nor to ensure that support plans are a co-produced effort involving other people whom the supported person wishes to involve, including families and carers. A recent ALLIANCE and Self-Directed Support Scotland report[17] identified that around 50% of people had not had access to all of the self-directed support options. Independent advocacy should also be available assist people when things do not go well and they wish to complain or to seek redress.

17 My Support My Choice: People's Experiences of Self-directed Support and Social Care in Scotland- National Report, October 2020 (alliance-scotland.org.uk)

The purpose of social care

> Start listening to disabled people. We are the solution, we're not the problem."

Kiana Kalantar-Hormozi

I've had a traumatic experience trying to get the support hours I need to live independently, stay healthy and have a full life like everyone else.

I can't live fully independently because of the piecemeal support package I have. My arm movement is limited, I'm at risk of choking and need support to shower, turn in my bed at night and do all my breathing and other exercises that I have to do to keep healthy. So, the support I don't have impacts directly on my health, social, work and family life.

To move my arms and legs, go to the bathroom, take a shower and exercise when I choose; those things are fundamental rights for me to be able to live independently.

I want everything in the system to change. The funding allocated to facilitate someone's human rights and independence is an extension of healthcare.

Start listening to disabled people. We are the solution, we're not the problem. If you give people what they need to have a full and healthy life, that in turn has benefits to society as a whole. I think we need to stop thinking that disabled people are supposed to be patronised or locked up in their homes.

A human rights based approach

Some supported people had taken part in "good conversations" about their assets and strengths, together with the assets of their local communities, and what would help them to lead a fulfilling life, rather than being assessed for all that was wrong, and had been part of joint decision making about their support plan. However, this could then be hampered by having to go through a bureaucratic process of approval, that they were not part of, leading to changes in the plan because it could not be delivered within costs or provided in the way planned.

People told us how important it was to them to be involved in decisions about their life and to be supported to do so, when required. We were pleased to hear about the work underway on developing supported decision making for people who lack capacity, who beyond most have experienced all decision making being made by others on their behalf, based on their past wishes and preferences but ultimately with a proxy making those decisions for them. People want to be regarded and treated as experts on their own needs and preferences, and the extent to which they wish to be active citizens, participating in life and in their local communities in the way they want.

Many people told us that they do not want to be treated as passive recipients of services that are provided. They want social work professionals to work with them to help plan how support will assist them in achieving their own goals, aspirations and personal outcomes, not to limit possibilities from the outset because of budgets or to plan without them the services and support that can be made available. An effective relationship, based on trust and mutual regard between the social worker and the supported person, and whoever they wish to involve in the assessment, is absolutely key to planning support.

The lack of portability of support packages and plans between different local authority areas is a further issue that serves to diminish people's rights and self-determinism. The whole process of assessment and decision making has to be repeated if a supported person moves home or residence from one local authority area to another. While everyone understands that the range of services and supports available in the larger conurbations in the central belt cannot be replicated in full in more rural or remote communities, it is unnecessary and unfair for previous assessment and support plans to be stopped and entirely new ones developed, often after much delay and at great distress to individuals. The result is wasteful with much unnecessary duplication of effort by professional staff.

Prevention and extending eligibility

As a result of access to social care support being based on eligibility, where the starting point means that you have to be in critical need and at crisis point in your life, it is little wonder that there is a lack of focus on prevention and early intervention, and few resources targeted at providing a little support to prevent the crises from occurring in the first place. This needs urgent attention and priority, and is picked up later in the report.

Social workers and their representative organisations told us about their frustrations with this process, which put social workers in the position of gatekeeping budgets on behalf of cash-strapped Local Authorities, and prioritising cost and eligibility considerations above working with people to plan their support and to ensure access to high quality support. As one social worker put it to us: It's the equivalent of NHS staff having to make a case for funding every time someone needs a blood test.

> "It's the equivalent of NHS staff having to make a case for funding every time someone needs a blood test."

A human rights based approach

Taskforce for Human Rights Leadership

Taking a human rights approach is about using the comprehensive set of international human rights established and adopted worldwide. The Scottish Government has established a Taskforce for Human Rights Leadership[18], jointly chaired by the Cabinet Secretary for Social Security and Older People, and Professor Alan Miller. Professor Miller was previously the Chair of the First Minister's Advisory Group on Human Rights Leadership and we have ensured that close links have been forged between these key pieces of work.

The Taskforce, which is due to report in March 2021, is considering the incorporation of international treaties and conventions on human rights into Scots law, including the International Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), Convention on the Rights of Persons with Disabilities (CRPD), and the International Convention on the Elimination of All Forms of Racial Discrimination (CERD). As well as this, the Taskforce is considering how to better support delivery of these rights and is looking at a range of additional support that would be required to underpin incorporation of these rights into Scots law, with which we have a great deal of agreement:

- **Practical steps to build the capacity of those delivering public services, including workforce development and training.**
- **Accountability, including regulations, standards, audit measuring and ensuring capacity to take a human rights based approach towards their work.**
- **Rapid access to justice and redress and in the instance of systemic failure with potential for particular bodies to undertake this on behalf of individuals.**
- **Strengthening the role of rights holders through public education and the provision of support through independent advocacy, more status to third sector agencies who can articulate the rights of rights holders, allocation of resources, equality impact assessments etc., and based on international law and remedies.**

> "We no longer have a life outside full time work and our family home resembles a care home. Our bills have trebled and quality of life decreased – disappeared in fact."

18 National Taskforce for Human Rights Leadership – gov.scot (www.gov.scot)

A human rights based approach

Recommendations

Our recommendations for establishing a human rights and equality approach to social care services and support are rooted in the work to consider incorporation of international treaties into domestic legislation, and the recent experiences during the pandemic that exposed structural inequalities and pre-existing inadequacies in the current social care support system:

1. Human rights, equity and equality must be placed at the very heart of social care and be mainstreamed and embedded. This could be further enabled by the incorporation of human rights conventions.
2. Delivering a rights based system in practice must become consistent, intentional and evident in the everyday experience of everyone using social care support, unpaid carers and families, and people working in the social care support and social work sector.
3. People must be able to access support at the point they feel they need it, including for advice and signposting to local community-based resources and help, and for barriers to this, such as the current eligibility criteria and charging regime, to be fundamentally reformed and removed, to allow a greater emphasis on prevention and early intervention.
4. People should understand better what their rights are to social care and supports, and "duty bearers", primarily social workers, should be focused on realising those rights rather than being hampered in the first instance by considerations of eligibility and cost.
5. Where not all needs can be met that have been identified as part of a co-production process of developing a support plan, these must be recorded as unmet needs and fed into the strategic commissioning process.
6. Informal, community based services and supports must be encouraged, supported and funded to respond appropriately to the needs of local citizens, including for preventative and low level support.
7. A co-production and supportive process involving good conversations with people needing support should replace assessment processes that make decisions over people's heads and must enable a full exploration of all self-directed support options that does not start from the basis of available funding. Giving people as much choice and control over their support and care is critical.
8. More independent advocacy and brokerage services, including peer services, must be made available to people to ensure that their voices are heard, and to help prepare for participation in planning and organising their support.
9. When things do not work well for people and their rights have not been upheld, they must have rapid recourse to an effective complaints system and to redress.
10. Packages of care and support plans must be made more portable and supported people should not have to fight to retain support because they have moved home.

Chapter 4
Unpaid Carers

Unpaid Carers

> We are preventing a tsunami of need from overwhelming public services. That comes with costs to us, to our families."

Caring is normal. 60% of us will be carers at some point in our lives, supporting family members, friends or neighbours who are affected by disability, physical or mental ill-health or who may just need some support. A carer does not need to be living with the person they care for and can be any age: very young, very old and anything in between. Around 4% of the population aged 4-18, i.e. 29,000 children and young people, are carers. Around 15% of the adult population, i.e. 661,000 people aged over 18, are carers.

The Scotland's Carers research report[19] estimates that the number of carers in Scotland fluctuates, with about 700,000 people currently providing unpaid care[20]. The value of unpaid care in Scotland is estimated at over £36 billion a year. For comparison, in 2019 the NHS Scotland budget was £13.4 billion.

Unpaid carers in Scotland represent a larger workforce than the paid health and social care support workforces combined. The people we spoke to acknowledged that Scotland recognises the contribution of unpaid carers in a number of ways[21].

Nevertheless, a survey carried out by the Coalition of Carers in Scotland in 2019 reported that only 16% of carers knew what the Carers (Scotland) Act 2016 was and the rights it provides; 33% had heard of it but didn't know what it was about; 51% had never heard of it. We heard from many carers during the review that much needs to be done to better support and sustain carers in their caring roles.

We heard that unpaid carers are often best placed to understand the needs, rights and preferences of the person they support. It is also important that we record what we heard about the toll unpaid care, however willingly given, can have on its giver. Deciding to provide care should be a positive decision on the part of the giver. When someone is being assessed for social care support, the role of the carer should be determined by them and not assumed by the assessor. Carers and carers organisations told us about personal sacrifices made by thousands of carers, and the impact caring without decent breaks can have on their physical, psychological and mental wellbeing.

19 Scotland's Carers – gov.scot (www.gov.scot)
20 https://www2.gov.scot/Resource/0054/00548776.pdf
21 https://www.gov.scot/policies/social-care/unpaid-carers/

Unpaid Carers

Unpaid carers are integral to good care, so it is important that we recognise the value they bring and ensure they are included as equal partners in the team of people who together plan and provide support and care. The phrase 'nothing about me without me' should apply equally to people who use services and their unpaid carers.

Over half of the respondents to the Coalition of Carers survey were not aware of any of their rights, including their right to a carer's assessment[22], and advised that pre March 2020 they had still not had an assessment. The subsequent introduction of Covid-19 emergency legislation has meant that many Local Authorities have suspended carer's assessments. In the same timeframe, a recent survey by Carers Scotland showed that most respondents have taken on more care since March, and that 77% are exhausted and worn out.

Carers need more support. Many asked for the same things that people who use social care services and supports asked for as discussed in Chapter 3: greater consistency between Local Authority areas in terms of provision; clarity on the application of eligibility criteria; better involvement in, and transparency about, decisions regarding support; better data on support provided to carers and unmet need.

Many carers give up work to care, and it was also suggested that consideration of the carer's access to employment should be a routine part of assessment for support. Carers should not be prevented from working, or indeed studying or having social connections of their own, because of their caring role. Yet we heard that many people are prevented from working because of their caring responsibilities, and about the impact this can have on household income that is not addressed by the Carer's Allowance. We reflect further on this in Chapter 11 on finance. Some carers told us about their need for support to get back into employment and education – and indeed into social activities – after a period of caring, which can be difficult and daunting.

> "Carers feel invisible, that they are just left to "get on with it" and that no one cares or appreciates them.... now is the time to act and make carers count, treated as equal partners in care with professionals."

> "Loneliness is such an integral part of caring. I no longer have a husband. I care for him."

22 https://www.carersnet.org/wp-content/uploads/2019/01/Awareness-of-the-Carers-Act-January-2019.pdf

Unpaid Carers

Access to respite came up repeatedly as a priority. Carers need to be able to take a break and respite should be viewed as integral to carer support. However, a greater range and more imaginative options should be developed for both the supported person and unpaid carers to better meet needs and preferences.

When carers are unable to access their rights, including their right through the Carers Act to have their eligible needs met, they are unable to challenge effectively. We heard that the complaints system is inadequate and legal recourse is not a viable option for most people. As well as an improved complaints process, and greater transparency about decision making processes, we were frequently told that more, easily accessible information is needed for carers.

In appropriate circumstances, there is also a need for the carer's assessment to be undertaken alongside that of the supported person, to ensure that the support provided helps to support their relationship, is jointly agreed and helps to deliver choice and control, especially in family relationships.

Unpaid Carers

> "There is also very little accountability in the current system and this inevitably results in unpaid carers and the people that they care for, feeling powerless."

Shubhanna Hussain-Ahmed

In Scotland we are fortunate to have some really great pieces of legislation such as the Carers Act and the Social Care (Self-Directed Support) Act. This has given unpaid carers in Scotland some key rights to access support, as well as greater choice and control over how care and support for themselves and the people that they are caring for should be met. However, many of these great policy intentions are very rarely implemented in the way that they were intended or in the 'spirit of the Act'. There is also very little accountability in the current system and this inevitably results in unpaid carers and the people that they care for, feeling powerless about decisions made about their lives, and less likely to seek support for themselves or their families. It feels pointless introducing new legislation or policies, if we are going to continually fail to implement them.

The current social care system also prides itself on being person-centred. However, once again, we see very little evidence of this in practice. A person-centred approach would acknowledge that unpaid carers are not a homogenous group; we come from all ages, from different cultural and ethnic backgrounds, and with very different caring experiences. Each of us have our own needs, desires, and aspirations, and these cannot be addressed by a one-size-fits-all service.

When we think about what the future of social care should look like, we need to begin by viewing social care as a right, and not as a service or industry. Social care shouldn't be limited to only those who can afford it or to those who are in crisis; it should be available to anyone who has support needs to be able to reach their full potential and to ultimately have the same life opportunities as anyone else.

Unpaid Carers

Recommendations

Our recommendations for creating a National Care Service provide a mechanism for better representation of carers in local planning, commissioning and procurement of services. To ensure the contribution of carers is properly recognised and supported, we recommend:

11. Carers need better, more consistent support to carry out their caring role well and to take a break from caring with regular access to quality respite provision. Carers should be given a right to respite with an amendment to the Carers Act as required, and a range of options for respite and short breaks should be developed.
12. A new National Care Service should prioritise improved information and advice for carers, and an improved complaints process. It should take a human rights based approach to the support of carers.
13. Local assessment of carers' needs must, in common with assessment of the needs of people using social care support services and supports, better involve the person themselves in planning support.
14. Carers must be represented as full partners on the Integration Joint Boards and on the Board of the National Care Service.

Chapter 5
The case for a national care service (NCS)

The case for a National Care Service (NCS)

> We need a system that is controlled nationally, that delivers locally, has the person at the centre, that does not cost the earth"

The Terms of Reference for this review make no reference to a National Care Service, although the First Minister in her Programme for Government announcement set out her ambitions to build out of the Covid-19 pandemic a social care legacy equal in stature and impact to the creation of the National Health Service after World War 2:

> ". . . the pandemic has reminded us of the vital importance of social care services, and of the extraordinary professionalism, dedication and compassion of those who work in that sector. However, it has also underlined the need for improvement and reform. I can therefore announce today the immediate establishment of a comprehensive independent review of adult social care. The review will seek the views of those with direct experience of adult social care, and make recommendations for immediate improvements. However, more fundamentally, it will examine and set out options for the creation of a National Care Service. . . The quality of adult social care is something that matters deeply to us all. This is a moment to be bold and to build a service fit for the future. The National Health Service was born out of the tragedy of World War 2. Let us resolve that we will build out of this COVID crisis, the lasting and positive legacy of a high quality, National Care Service for all who need it."
>
> Nicola Sturgeon MSP, First Minister
>
> 1 September 2020[23]

During the engagement phase of our review many people asked what a National Care Service would consist of, how it would be organised and who would pay for it. When we asked people for their suggestions, many different ideas were shared. Some people were strongly in favour, others strongly opposed, and others were not sure without more details.

The pandemic has demonstrated clearly that the Scottish public *expect* national accountability for adult social care support and look to Scottish Ministers to provide that accountability. Statutory responsibility for care homes sits with Local Authorities and individual providers. However, it was clear during the pandemic there was an expectation that Scottish Ministers should be held to account, which makes sense from a public health perspective. We therefore recommend the establishment of a National Care Service – that brings together all adult social care support delivered in Scotland.

23 Programme for Government 2020-2021: First Minister's speech 1 September 2020 – gov.scot (www.gov.scot)

The case for a National Care Service (NCS)

We recognise that Ministers do not currently hold the levers that would enable them to manage the social care support services for which they are held to account. We nevertheless think the expectation of Ministerial accountability is reasonable, in light of adult social care support's impact on people's wellbeing, its deep links to and mutual dependency with the National Health Service, and the scale of public funding for it.

We also recognise that Local Authorities have a key statutory role to play in supporting public wellbeing that is wider than provision of social care support, extending to for instance housing, transport and, leisure and recreation. We believe that, by establishing national accountability for adult social care, the Scottish Government can work with local systems to address systemic problems evident in our current arrangements while at the same time developing, maintaining and enriching key links to other Local Authority services. We envisage an important and continuing role for Local Authorities as public providers of social work and social care services, and as partners in Integration Joint Boards, where they will continue to work with their NHS partners and others to meet local needs and steward health and social care resources.

A National Care Service must ensure that people have equity of access to social care supports, and experience a similarly high quality of care, wherever they live in Scotland. Where there is variation in the kinds of care provided in different parts of the country, that should be a positive response to differences in geography, local assets and local priorities. There should not be inexplicable or un-evidenced variation in care that diminishes or harms people's life experiences. There should be a consistent, national focus on preventative, early intervention and anticipatory forms of support that shift the emphasis, and experience of care, away from crisis intervention and towards better quality of life. Lower level needs should not be left unattended until they become a bigger problem, they should be addressed to avoid the bigger problem occurring.

As identified in Chapter 3, care and support should be portable. When someone has been assessed for care in one part of the country they should be able to move to another area and take their entitlement to social care support with them. The current situation, which requires people to be re-assessed for support in their new home, impinges directly on their rights to lead a socially engaged, full and active life, and is wasteful and bureaucratic.

> "The changes which are required are national, we should therefore deal with the social care service in a national way just like our NHS"

The case for a National Care Service (NCS)

Some aspects of adult social care support need new and modified arrangements at national level to support the progress required.

New provision should be made for learning and improvement programmes for social work and social care, to support quality, improvement, consistency, professionalism and to work directly with equivalent provision in the NHS. There is a pressing need for a national infrastructure to scale-up and spread promising local practice as well as to deal consistently with common challenges. These arrangements must focus on the skillsets specific to social work and social care support and links to equivalent developments of the health workforce. The Scottish Social Services Council (SSSC) and NHS National Education Services Scotland (NHS NES) linking effectively to Scottish Universities and Colleges, should be part of the new arrangements and must work much more closely together to build upon each other's strengths. Neither organisation is currently fully equipped to provide the scale and range of support required to improve the quality of social care support or deliver effective integration.

Provision should also be made at national level for support for people whose needs are very complex or highly specialist. This will provide people with greater levels of support and allow for the cost to be absorbed nationally. The Independent Living Fund Scotland should form part of the suite of services supported at national rather than local level and become part of the National Care Service. We consider in Chapter 11 whether the Independent Living Fund should be reopened with additional investment.

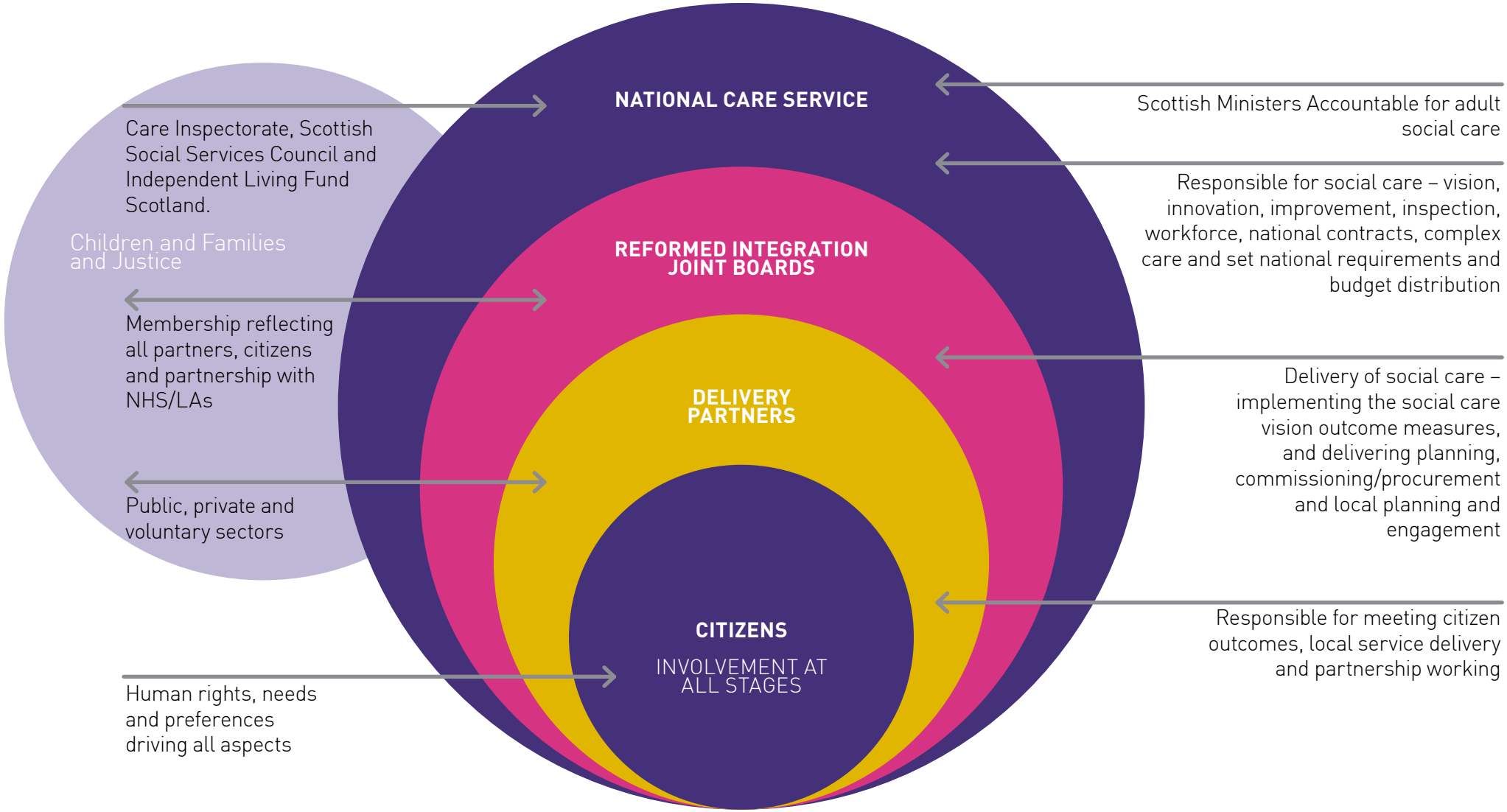
Consideration should also be given to supporting social care in prisons and other custodial settings as part of the national service rather than through local arrangements.

We believe that the problems outlined above can only be dealt with by a National Care Service that drives forward improvement and requires certain common standards and rights based approaches across Scotland. We therefore recommend that the accountability of Scottish Ministers for adult social care support should be legally established to put beyond doubt that overall responsibility sits with the Scottish Government. This will mean that Local Authorities are no longer legally accountable for adult social care support. Of course, as key partners in Integration Joint Boards, they will continue to influence and direct resources to meet identified local needs and they will provide social care support and professional social work services.

We also recommend that, recognising this shift in responsibility, a Minister for Social Care should be appointed.

Statutory responsibility for adult social care support should be set out in law along similar lines to those already established for health services, to establish parity of esteem and clarify mutual dependencies between health and social care support, and to establish equity in terms of reporting arrangements. We recommend the creation of a National Care Service via which Ministers are empowered to discharge their responsibilities for adult social care support, to oversee delivery in local areas as set out in further detail below. In simple terms, we envisage a National Care Service that operates along these lines:

The case for a National Care Service (NCS)



The case for a National Care Service (NCS)

To ensure parity and clarity with the NHS we recommend that the Scottish Government should at the same time establish NHS Scotland in law on an equal footing to a National Care Service, to oversee delivery by individual NHS Boards.

Why not nationalisation?

We have considered whether nationalisation – taking all of adult social care into public ownership and management – is desirable.

The evidence suggests that nationalisation would not in and of itself improve outcomes for people using care. Care Inspectorate data[24] indicates that, when it comes to community based services, quality is generally highest among third sector providers. In terms of residential care for older people, evidence from the pandemic[25] indicates a correlation between size of care home and quality of care, with smaller facilities faring better than larger ones, but no evident link between type of ownership (public, private or third sector) and quality. We therefore think that the evidence does not support nationalisation into public ownership on the basis of improving the quality of care.

Notwithstanding quality, if nationalisation is supported by some people they need to explain how it would be paid for. We have considered public value and how much it would cost to take the social care sector into public ownership. Examples such as the purchase of Home Farm care home in Skye at a cost to the public purse of £900K during the Covid-19 pandemic suggest that nationalising the sector would require an unaffordable level of public outlay, particularly in terms of investment in capital. It would also be hugely time-consuming: time that could be better spent working with providers and people who use services to improve care. We have also considered more fundamental financial questions, like responding to unmet need for social care supports, which in our view should be the priority for financial solutions; we provide further detail in Chapter 11.

Different arguments and different solutions apply to the social care workforce. Material inconsistencies in terms and conditions, low pay, high turnover, lack of training and development, low esteem and long-standing gender-based unfairness need to be tackled consistently and fairly without undermining the arrangements that underpin good quality existing provision as above. A national approach – without nationalisation itself – is needed to resolve these unacceptable features of current employment arrangements, without removing the unquestionable value added by the diversity and specialism of the third sector in particular, and without dismantling organisations that are already doing a good job. We set out our recommendations for achieving fair work in social care support in Chapter 10.

24 Datastore (careinspectorate.com)
25 Discharges from NHSScotland hospitals to care homes 28 October 2020 – Data & intelligence from PHS (isdscotland.org)

Local responsibilities

Local planning for, and delivery of, adult social care support should continue and should build upon the progress made to date with integrating health and social care support. That progress has not, the evidence is clear[26] [27], been sufficient so far to meet the Scottish Government's ambitions for integration, which are necessary and urgent to improve public wellbeing.

Currently, the onus to integrate health and social care support sits locally, with responsibility devolved to Health Boards, Local Authorities and Integration Authorities. Lack of integration at national level is contributing to unacceptable variation in local progress.

Integration Authorities are new organisations, created only a few years ago under the Public Bodies (Joint Working) (Scotland) Act 2014. They should be reformed to take full responsibility for the commissioning and procurement of adult social care support locally, accountable directly to the Scottish Government as part of the National Care Service. Local Authorities should no longer be responsible for commissioning and procuring adult social care support but can continue to provide social care services procured by reformed Integration Joint Boards. One model of integration, the Integration Joint Board, should be used throughout the country. There is no evidence that lead agency arrangements have delivered better results than Integration Joint Boards and consistency will be important in the new system to simplify governance arrangements and improve public understanding of who is responsible for what.

We heard evidence that those Integration Joint Boards, which have gone beyond the statutory delegation minimum of all adult social care, and that have all children's services and criminal justice social work also delegated, have performed well in relation to these services. It will be important in the implementation of this report to have regard to implementation plans for the review of children's services (The Promise) and of the work being done to consider the future of criminal justice social work. Social workers and their representative organisations expressed concerns about further fragmentation of the social work workforce, across different arrangements for those working in adult care, children's services and criminal justice. We fully recognise and value the role of social workers in respect of assessment and care management, and in changing the way self-directed support currently operates, as well as their critical role in adult support and protection.

Social workers were also concerned about the impact possible fragmentation would have on children, families and adults needing support and who do not lead their lives according to administrative boundaries or arrangements. Careful consideration should be given to these concerns as changes are taken forward and close joint working forged between the implementation of The Promise and the recommendations in this report.

As the local delivery agencies of a new National Care Service, Integration Joint Boards will need considerable support from the Scottish Government, Local Authorities, the NHS, and delivery partners, to make consistent progress. Contributing wholeheartedly to that support must be a priority for all partners in health and social care support in Scotland. There will be a continuing need for partners at a local level to work collegiately to share intelligence and understanding about local needs and to explore joint solutions. This will only be achieved by prioritising it and working together to achieve the best outcomes for local communities. The importance of clear, committed leadership at all levels and in every organisation to making a reformed system work cannot be overstated. We recommend the creation of a National Integration Joint Board where the senior leadership of the National Care Service and NHS meet regularly to agree strategy and priorities.

26 Health and social care integration: update on progress | Audit Scotland (audit-scotland.gov.uk)
27 Health and Social Care integration: progress review – gov.scot (www.gov.scot)

The case for a National Care Service (NCS)

> The amount of paperwork support staff now need to complete has got out of control and takes away precious support time."

Richard Toner

I was transitioned to adult care providers at the age of 16. The care provider I was initially given, wasn't able to work with people who have physical disabilities, therefore was totally unsuited to meet my needs.

The British Red Cross stepped in and gave me a new outlook on life and the opportunity to have the independence I desired and I stayed with them for almost a decade. I am now in the process dividing my care package between Quarriers and Ayrshire Independent Living Network to better suit my requirements.

Transitioning from children services to adult services is a daunting experience. The communication between social worker and care provider could be improved to allow a steady transition, and in my situation there could have been better research into care services to ensure they met my requirements. The amount of paperwork support staff now need to complete has got out of control and takes away precious support time. This bothers me as I have to allow staff time away from caring for me to write reports. Support from team leaders and management to the service user is much less forthcoming since I transitioned to adult services and this should be improved to allow issues to be dealt with more effectively and positive relationships to be formed between management and the service users.

Overall, I've found my experience of transitioning between children services to adult services and between care providers steady and carefully considered over the years.

The case for a National Care Service (NCS)

Budgets for integrated health and social care support services should be determined nationally and distributed directly by the Scottish Government to Integration Joint Boards, as they are to Local Authorities and NHS Boards. This will mean that budgets that are currently distributed to Integration Joint Boards via Local Authorities and Health Boards will now be allocated directly by the Scottish Government. Too much time and effort is currently spent agreeing budgets for integrated health and social care support services at local level. We heard that budgets are often not agreed until well into the financial year in question. A new distribution formula for Integration Joint Board budgets is needed to ensure equity and transparency, rather than relying on a blend of the existing NHS and Local Authority formulae as at present. Such a formula will need careful development with partners to ensure a fair outcome for Integration Joint Boards, Local Authorities and Health Boards. Consideration will need to be given to VAT in relation to the National Care Service.

We set out our recommendations for how a new National Care Service should work in Chapter 6.

Recommendations

We recommend that a National Care Service should be established:

15. Accountability for social care support should move from local government to Scottish Ministers, and a Minister should be appointed with specific responsibility for Social Care.
16. A National Care Service for Scotland should be established in statute along with, on an equal footing, NHS Scotland, with both bodies reporting to Scottish Ministers.
17. The National Care Service should oversee local commissioning and procurement of social care and support by reformed Integration Joint Boards, with services procured from Local Authorities and third and independent sector providers. Integration Joint Boards should manage GPs' contractual arrangements, whether independent contractors or directly employed, to ensure integration of community care and support provision, to respect and support professional interdependencies, and to remove the current confusion about where responsibility for primary care sits.
18. The National Care Service should lead on the aspects of social care improvement and support that are best managed once for Scotland, such as workforce development and improvement programmes to raise standards of care and support.
19. The National Care Service should oversee social care provision at national level for people whose needs are very complex or highly specialist and for services such as prison social care that could be better managed on a once-for-Scotland basis.
20. The National Care Service's driving focus should be improvements in the consistency, quality and equity of care and support experienced by service users, their families and carers, and improvements in the conditions of employment, training and development of the workforce.

Chapter 6
A National Care Service for Scotland – how it should work

A National Care Service for Scotland – how it should work

> We must shift beyond the mindset of existing systems and services to embrace individual and community capacities, and collaborative opportunities to enable innovative support mechanisms."

The importance of integrating health and social care is as important today as it was in 2012 when the Scottish Government consulted on proposals that were given effect by the Scottish Parliament through the Public Bodies (Joint Working) (Scotland) Act 2014.

Progress has been patchy. In particular it is evident that the ambition quoted above – that whether money for support and services is from an "NHS budget" or a "Local Authority budget" should be of no importance to the person using services – has not been achieved. This is not merely an accounting problem. It is a significant impediment to the wellbeing of people who use health and social care support services, because it gets in the way of early intervention and preventative approaches, and it is a significant barrier to innovation for people working in health and social care support.

This chapter builds on the principles set out in Chapter 5. We have included quite a lot of detail about structures in this chapter, to help people who currently work in health and social care organisations understand the changes we are suggesting.

We are concerned that, by setting out this detail, we may give the unintended impression that we believe structural change is what matters most. We do not. In some ways we would prefer not to have to recommend any structural change at all. All structural change involves effort, and money, which some people will argue would be better used in supporting people. We do not disagree. But structural change is necessary if the structures themselves are impeding good care and support for people, which we believe is currently the case.

The changes we propose here would likely not be necessary if more progress had been made by the Scottish Government, Health Boards, Local Authorities and Integration Joint Boards with integrating health and social care. Wishing it were so does not make it true, however. We therefore encourage everyone involved to embrace these proposals as they are intended to be received: as a means through which to achieve consistent, Scotland-wide improvements in social care supports focused entirely on improving outcomes for people using and working in social care, and to the potentially enormous benefit of civic life and local communities. We have been asked for clarity on responsibilities; for obstacles to be removed to good, rapid decision making; for arrangements to be made to enable good ideas to be shared, spread and deployed easily; and for changes that will enable money to flow easily to where it can be used to best effect. We have framed the recommendations that follow around these basic, reasonable, requests. It should not be beyond our collective means in Scotland to achieve them.

Statutory basis for a National Care Service

To address the problems we have already outlined, and for the reasons we set out in Chapter 5, we recommend that new legislation should empower Scottish Ministers to:

- **Discharge responsibility for the local planning, commissioning and procurement of social care support via Integration Joint Boards; and**
- **Create national bodies to service and support social care support and social work at local and national level.**

Ministers should be able to change the number and configuration of Integration Joint Boards and national care bodies without changing primary legislation. This approach mirrors the existing powers of Ministers to establish NHS territorial and special boards.

Some existing agencies should become national care bodies under the National Care Service: the Care Inspectorate and Scottish Social Services Council. We recognise that the remit of each of these agencies extends beyond adult social care but believe their inclusion will be vital in establishing a coherent context for the National Care Service. We also consider that this will provide additional impetus for close working between adults, children's and criminal justice social work services, whatever the conclusion made about overall structures.

Within the National Care Service, provision will also be needed to oversee priorities that currently have no home in the national infrastructure, such as workforce planning and development, data and research, IT and, as appropriate, national and regional service planning, and to manage services that are better organised on a once-for-Scotland basis, such as support for people with complex and specialist needs, provision in custodial settings including prisons, and so on.

The remit of this review is only to consider adult social care. As part of our work we have engaged closely with colleagues leading on The Promise, which is responsible for driving the work of change demanded by the findings of the Independent Care Review for children's care[28]. The recommendation of our review is that social work and social care support should be made more cohesive across age and professional groupings, should enable transitions between children's services and adult services, and that further work should be done to ensure that implementation of the two reports is mutually reinforcing. This will need close attention during implementation.

28 Home – The Promise

A National Care Service for Scotland – how it should work

> "I am living a full life, but there are still too many other people who aren't getting the support I'm getting and are suffering as a result."

> "Sophie self-manages very well. She knows the strategies she needs to cope, and she knows physical health is good for her mental health."

Sophie Hogg

I am 74 years old and was diagnosed with vascular dementia a couple of years ago. I thought I'd been asked to go to the clinic to get help with my diabetes when I was given the news. The doctor told me I had dementia, handed me a DVD and a book and opened the door for me to leave. Within the space of a few minutes I had been told I wouldn't be able to drive again and I'd need to get a power of attorney. It was a dreadful way to be given a diagnosis. I thought my life was nearing an end, I even started to clear out my house and give my jewellery away to my family. However, since then I have been very lucky with the support I've had. I was referred to Alzheimer Scotland and given a great link worker. I am able to live a great life because I have support and have been put in touch with other people in the same position. My husband Robert and I regularly volunteer, helping people with special needs. I am living a full life, but there are still too many other people who aren't getting the support I'm getting and are suffering as a result.

Marian Garcia
Link Worker

Sophie is a fine example of someone who has learned how to live well with dementia. Her confidence has grown exponentially, having gone from not attending groups to now contributing, supporting her peers, campaigning and helping others with a recent diagnosis. Sophie self-manages very well. She knows the strategies she needs to cope, and she knows physical health is good for her mental health. Before COVID, Sophie had a regular gym and swimming routine. She lost a lot of weight and reported feeling empowered and confident. Without Post Diagnostic Support, I believe we'd be seeing a very different Sophie today. She is an inspiration.

A National Care Service for Scotland – how it should work

Governance of a National Care Service

The National Care Service should have a board of governance with a Chair appointed by, and accountable to, Ministers. Its other members must include representation of the workforce, people experiencing social care support, unpaid carers and providers.

The National Care Service should have a Chief Executive who is the accountable officer to the National Care Service national board of governance and is also a member of the Scottish Government Health and Social Care Management Board, as the Chief Executive of NHS Scotland is now. The Chief Executive of NHS Scotland should be a member of the board of the National Care Service. If there is a similar board for NHS Scotland then the Chief Executive of the National Care Service should be a member of it.

Functions of a National Care Service

The National Care Service should:

- **Provide assurance to Ministers and to the public about the quality of social care support in Scotland and ensure that opportunities for continuous improvement are identified and implemented.**
- **Oversee the work of reformed Integration Joint Boards and national care bodies and ensure effective engagement is taking place at all levels.**
- **Establish, maintain and oversee national requirements for ethical and collaborative local commissioning and procurement of social care (see Chapter 9). These requirements will cover standards of care and outcomes to be achieved, and fair work.**
- **Develop and maintain the distribution formula for direct allocation of budgets by the Scottish Government to Integration Joint Boards and national care bodies.**
- **Be responsible for social care support functions that currently have no home in the national infrastructure, such as workforce planning and development, data and research, IT and, as appropriate, national and regional service planning, and to manage services that are better organised on a once-for-Scotland basis, such as support for people with complex and specialist needs, provision in custodial settings including prisons, and so on.**
- **Ensure effective working with NHS Scotland, establishing a joint approach where beneficial to people accessing care. This priority could be enabled by the creation of a similar board of governance for NHS Scotland and the creation of a National Integration Joint Board where the senior leadership of the National Care Service and NHS meet regularly to agree strategy and priorities.**
- **Ensure effective local and national working with other public services including transport, housing and education, all of which are key to public health and wellbeing. People's environments can be disabling if not properly planned for accessibility, and people's needs for care and support vary depending on their context. More broadly than social care and health, it is important that the public sector as a whole designs different environments – home, workplace, local services and infrastructure (e.g. transport, amenities), community networks – to support people's independence and enable everyone to participate as full citizens in society.**

Monitoring progress

As part of its oversight of local and national progress the National Care Service will need to develop and maintain outcome measures for the Integration Joint Boards and national care bodies, and monitor their performance.

Previous attempts to establish a single set of outcome measures across adult health and social care have been hampered by complexity and duplication. These obstacles need to be overcome to ensure clarity of purpose and transparency of the evidence base for progress. We recommend that a single, clear set of outcomes, process measures and balancing measures should be developed for the whole health and social care system. This should involve people using social care support, patients, unpaid carers, providers, clinicians and professionals, to ensure the right balance of measures is identified. This should be developed as a priority and should simplify, reduce in number and improve the current range of measures. It should acknowledge this report and ensure a focus on outcomes for people using social care supports and healthcare services and should reflect the ethical and collaborative approach to commissioning that we recommend here.

Reforming Integration Joint Boards

The law should be changed so that Integration Joint Boards are reconfigured to employ staff, hold assets and contracts, including the GMS contract and employment of directly employed independent contractors in health, as described in Chapter 5.

Integration Joint Boards should contract directly with public sector providers, and with the third and independent sectors. This means that the National Care Service, through Integration Joint Boards, will hold contracts with providers of social care support services, which is an arrangement not unlike the contractual arrangements between NHS Boards and primary care contractors such as GPs and pharmacists. Consideration should be given to whether any contractual arrangement is needed with Local Authorities for the provision of professional social work services and how this would work.

The post of Integration Joint Board Chief Officer should be retained though the skillset for the job should be updated, clarified and sharpened to reflect the new responsibilities of Integration Joint Boards. Currently Chief Officers perform a dual role as accountable officer for the strategic commissioning plan and use of the integrated budget to the Integration Joint Board, and as director of integrated delivery within the Health Board and the Local Authority. Under the new model Chief Officers, and the staff who plan, commission and procure care and support, as well consideration given to other key staff such as Chief Finance Officers, should be employed by the Integration Joint Board itself, rather than by the Local Authority or Health Board as is the case now. They will no longer be jointly accountable to Chief Executives of Local Authorities and Health Boards.

A National Care Service for Scotland – how it should work

We heard and saw compelling evidence of where current integrated arrangements were working well under Integration Joint Boards and their delivery arm, Health and Social Care Partnerships. This was especially the case where all social care, social work and community based healthcare were delegated to its greatest extent. We strongly believe that there is scope to be more consistent in these arrangements and embed the effective working we saw throughout the country. We are also keen to ensure a further narrowing of the gap between purchaser and provider, an unwelcome split introduced to social care and social work some 30 years ago. We intend this as a means by which the best possible outcomes are planned for and achieved, and high quality integrated services are delivered across Scotland.

Integration Joint Boards should continue to develop strategic commissioning plans, and should be given direct responsibility for procurement, holding contracts and contract monitoring. Strategic commissioning plans must be better linked to planning for other types of service, including particularly housing plans and plans for acute hospital care.

The Integration Joint Board (equal numbers of elected members and NHS non executives) and Integration Joint Board Strategic Planning Group (a broad range of representative user and professional interests) should be combined to form the membership of the reformed Integration Joint Board.

Every member of the Integration Joint Board should have a vote. Membership should include but not be limited to representation of the workforce, people who use services, carers, providers, professionals, localities and local communities. Careful thought will need to be given to the workable size of Integration Joint Board and appropriate support will need to be provided to enable participants to fulfil their responsibilities. We know from experience with integration that very large Boards are unwieldy, but that at the same time narrow membership seems to inhibit innovation and a local sense of ownership, and the clear sense of involvement that gets things done. This combined with active community engagement and involvement will provide a powerful basis for planning and delivering change and improvements at a local level. Additional support and training for members and Chairs of reformed Integration Joint Boards would help them to fulfil their functions more effectively without resorting to simplistic solutions to these challenges.

The Integration Joint Board budget should continue to include a sum for unplanned adult hospital care to help incentivise preventative interventions. Integration Joint Boards should bear responsibility for unplanned and potentially avoidable hospital care.

Integration Joint Boards' budgets should be allocated directly by the Scottish Government, rather than via Health Boards and Local Authorities as at present, as set out in Chapter 5. See Chapter 11 for financial recommendations.

Recommendations

We recommend the following arrangements should underpin a National Care Service:

21. The National Care Service in close co-operation with the National Health Service should establish a simplified set of outcome measures to measure progress in health and social care support, through which to oversee delivery of social care in local systems via reformed Integration Joint Boards and national care bodies.
22. A Chief Executive should be appointed to the National Care Service, equivalent to the Chief Executive of the National Health Service and accountable to Ministers.
23. Integration Joint Boards should be reformed to take responsibility for planning, commissioning and procurement and should employ Chief Officers and relevant other staff. They should be funded directly by the Scottish Government.
24. The role of existing national care and support bodies – such as the Care Inspectorate and Scottish Social Services Council – should be revisited to ensure they are fit for purpose in a new system.
25. The National Care Service should address gaps in national provision for social care and social work in relation to workforce planning and development, data and research, IT and, as appropriate, national and regional service planning.
26. The National Care Service should manage provision of care for people whose care needs are particularly complex and specialist, and should be responsible for planning and delivery of care in custodial settings, including prisons.

Chapter 7
A new approach to improving outcomes – closing the implementation gap, a new system for managing quality

A new approach to improving outcomes – closing the implementation gap, a new system for managing quality

> Self-directed support is absolutely the right policy but there has been a failure of implementation."

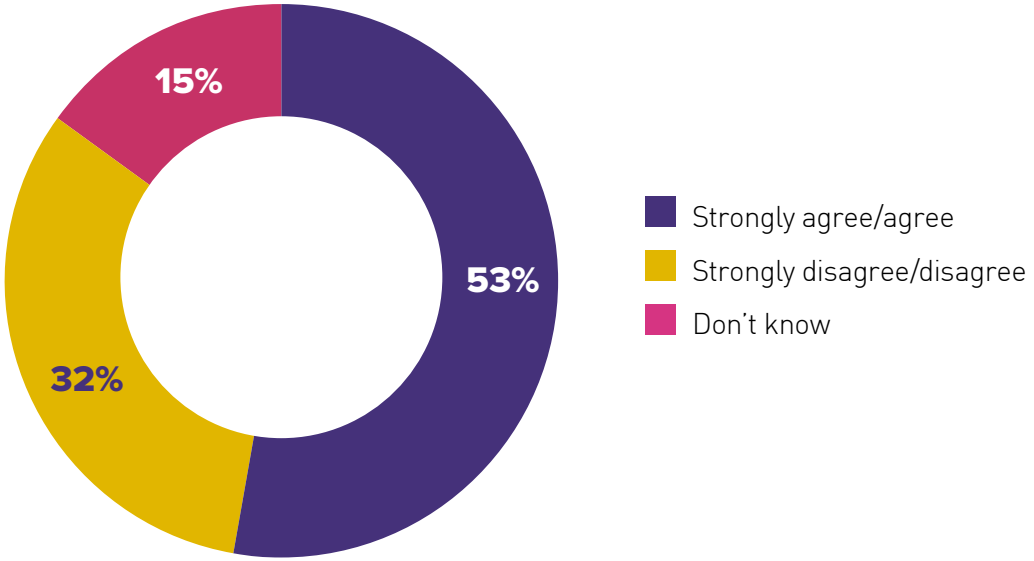
> Elements of an ideal model of social care would include suitable housing, investment in training, technology enabled care, capacity building in communities, funding for community rehabilitation, and a shift away from crisis intervention to a much earlier more enabling, person centred, model of care."

What is high quality social care support and where do we find it?

The quote about self-directed support from one of the participants became a recurring theme in our engagement process. People recognised the ground-breaking legislation to introduce initiatives like self-directed support but were frustrated by both the pace and the variability of implementation. The recent report by Self-Directed Support Scotland (SDSS) and the ALLIANCE[29] provides evidence to back up the assertion. As the charts below show, only 53% of people felt prepared for their needs assessment and only 42% felt that they had all self-directed support options discussed with them:

"I felt prepared for my needs assessment"

(My Support My Choice (Health and Social Care Alliance Scotland and Self-Directed Support Scotland, Chart 11)

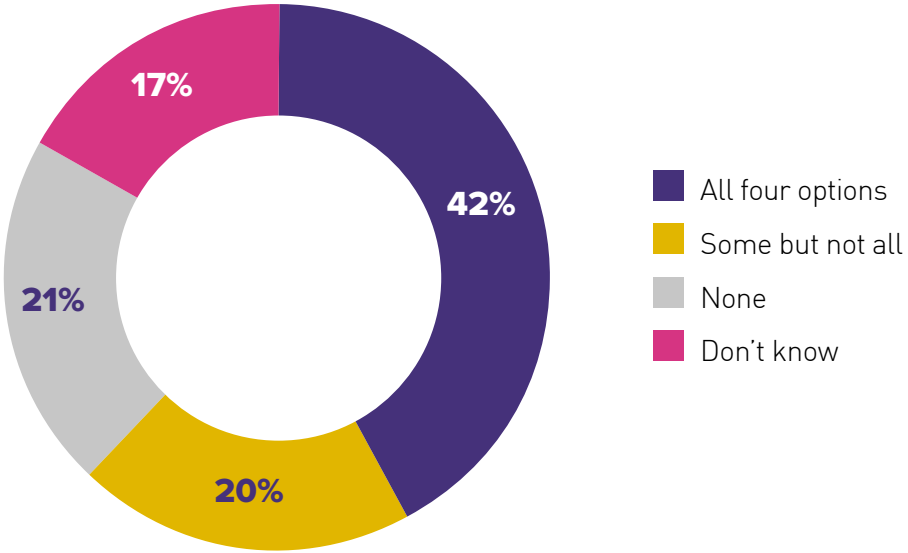


29 My Support My Choice: People's Experiences of Self-directed Support and Social Care in Scotland- National Report, October 2020 (alliance-scotland.org.uk)

A new approach to improving outcomes – closing the implementation gap, a new system for managing quality

"Discussing SDS Support with Professionals"

My Support My Choice (Health and Social Care Alliance Scotland, Chart 12)



We heard similar perspectives shared with us on the impact of the Carers Act. Furthermore, the Audit Scotland Report on progress with implementation of health and social care integration[30] explores a consistent set of themes, describing progress in some areas but a good deal of variability.

The underlying reason for these challenges lies in the fact that we have no systematic approach to implementation and improvement in social care support. One widely used system of improvement is built on five components, all of which we'll cover in the report (adapted from Langley et al, The Improvement Guide, 2009):

- **Establishing constancy of purpose;**
- **Gathering intelligence for improvement (establishing whether and how people's right and needs are being met);**
- **Taking a systems approach (seeing the interdependencies between the various parties);**
- **Planning for improvement (commissioning and investing in the right activities); and**
- **Learning from a portfolio of improvement programmes (a way to share learning across the country).**

30 Health and social care integration: update on progress | Audit Scotland (audit-scotland.gov.uk)

A new approach to improving outcomes – closing the implementation gap, a new system for managing quality

In chapter 2 of the report, we described what we believe to be the purpose of social care support in Scotland. Simply stating the purpose is not enough, however, to secure constancy in pursuit of the purpose. That needs an environment and culture that enable everyone in the system to contribute every day to the achievement of the purpose. We explored with people what might be the key elements of that supportive culture. Amongst the issues that were identified were: a focus on long term outcomes, an environment of co-operation and trust, valuing lived experience, replacing judgement with learning, and backing that up with a proper stewardship of our resources.

In the remainder of this chapter, we will set out recommendations for a system of improvement. We will propose how to close the implementation gap in a way that is rights based, systematic, planned, prioritised and continuous. But before we get to how we are going to improve, it is useful to spend some time on the question of what. Our remit specifies that we are to "recommend improvements to adult social care support in Scotland, primarily in terms of the outcomes achieved by and with people who use services . . ." In short, we are invited to improve quality. Don Berwick, former Administrator of the Centres for Medicare and Medicaid in the Obama Administration, describes quality as the degree to which the results of the work you do match the needs you intend to meet. What people have been describing to us as they talk about SDS etc., is a quality gap. This is how we go about closing the quality gap.

First, we need a workable definition of quality in social care support. A statement of its essential dimensions. There is already a lot to build from here. Principally (but not exclusively), we currently describe high quality social care support through 5 Health and Social Care Standards, 146 Standard Statements, 9 Health and Wellbeing Outcomes, and 23 Integration Indicators. Through a process of well-intentioned accretion, we have a situation now where we could not find a single shared definition of social care support. On the basis of our feedback from people receiving support and those providing it, we have created the following distillation of high quality social care which we recommend is deployed across the system to help understand people's experience of social care supports, alongside measures of the kind recommended in Chapter 6, whether the person is receiving support to live at home or is in a care home:

6 Quality Dimensions

- **Accessible** – I get the support I have a right to receive when and how I need it.
- **Personalised** – I am able to direct my support and I am a full partner in its planning.
- **Integrated** – if I need care, it is joined up. I get the help I need to navigate.
- **Preventative** – my needs are understood and addressed at lower levels, they are anticipated and I have a plan for the future.
- **Respectful** – I can live with dignity and my voice is heard.
- **Safe** – I feel safe in my environment and free from harm.

A new approach to improving outcomes – closing the implementation gap, a new system for managing quality

Creating the conditions for improvement – infrastructure and culture

There is an old Palestinian saying which goes something like "you can't fatten a cow by weighing it". It has shades of the recommendations made by W Edwards Deming[31]. As Deming points out, inspection is too late. The quality, good or bad, is already in the product or service. You cannot inspect quality into a product; instead you have to reduce the need for inspection on a mass basis by building quality into the product in the first place.

It is important to note Deming's use of the term "inspection on a mass basis." He doesn't call for the elimination of inspection altogether, but rather for its reduction to the optimal level. Some inspection is always necessary, and is an important tool for gathering intelligence about what and how you are doing, as well as what needs to be prioritised for improvement. We also recognise and value the regulation role at individual practitioner and service levels. But wholesale reliance on inspection is seldom appropriate, and is costly in both time and money. And most important, inspection cannot always catch problems that are inherent in the system itself.

And yet, that is pretty much all we have in social care support a total reliance on external verification as a vehicle for improvement. It won't work. It distorts our sense of who is the 'customer' away from the person in need of care and support towards the inspector and it inhibits the sharing of learning and innovation.

Our social care support system is crying out for the kind of step change that the Scottish Government made with the National Health Service back in 2007 when they introduced the Scottish Patient Safety Programme as a means to secure large scale national improvement in outcomes for patients. The programme has become a world leader, replicated across the world, and achieved a significant breakthrough in the quality and safety of the NHS in Scotland.

We recommend that creating a similar approach to national improvement in social care should be a key responsibility of the National Care Service. The National Care Service should utilize the intelligence generated from the Care Inspectorate's work to identify a number of areas where national performance is currently falling short of our expectations. It should set aims for the improvement required then commission the Care Inspectorate and Healthcare Improvement Scotland to design and develop a collaborative improvement effort to generate the level of performance required. Those two organisations should engage with providers, people with lived experience and unpaid carers to agree a set of changes and build the necessary local improvement capacity and capability.

We recommend that just as Healthcare Improvement Scotland sits within NHS Scotland, so too should the Care Inspectorate be part of the National Care Service. We further recommend that it should work in partnership with Healthcare Improvement Scotland and the two organisations should create complementary functionality rather than compete or duplicate. In social care national improvement programmes, the Care Inspectorate can bring subject matter expertise and the quality improvement input can be provided by Healthcare Improvement Scotland.

31 W. Edwards Deming, Out of the Crisis, 1982

A new approach to improving outcomes – closing the implementation gap, a new system for managing quality

Their role in the development of quality improvement activities will require a rebalancing of the Care Inspectorate's role, building on the current strategy, energy and direction of travel. It will be a key contributor to the quality planning that will be carried out in the National Care Service. Elsewhere in this report, we propose an important new role for the Care Inspectorate in relation to market oversight. In order to create space for these new functions, we recommend that the Care Inspectorate shifts some of its quality assurance activities to the Integration Joint Boards and to providers, involving people using services and carers in improvement and quality assurance work. The Care Inspectorate and Healthcare Improvement Scotland should be held jointly accountable for the planning and delivery of improvement programmes.

Building capacity and capability

These new approaches and quality improvement methods will require a significant building of improvement capability at the point of social care support. Staff in care homes, for example, will need basic improvement knowledge. In addition, we will have to create some kind of quality improvement infrastructure for this work.

In order to manage the impact of the Covid-19 pandemic, the Chief Nursing Officer for Scotland and her team have led work to develop what they call a 'safety huddle tool' in care homes. This has generated daily intelligence on the current situation in all care homes across Scotland and has potential as an important building block for the kind of quality improvement infrastructure we might require.

In the United States, The Agency for Healthcare Research and Quality (AHRQ) is partnering with the University of New Mexico's ECHO Institute and the Institute for Healthcare Improvement (IHI) to establish a National Nursing Home Action Network. The network aims to provide training and mentorship to 15,000 nursing homes across the country via over 100 geographic hubs to increase the implementation of evidence-based infection prevention and safety practices to protect residents and staff. A similar model could be used to build on the success of the 'daily huddle'.

A new approach to improving outcomes – closing the implementation gap, a new system for managing quality

> We're dying out there, my pals are dying out there and we are trying to get treatment but it's hard to get treatment."

Robert Faulds

I had addiction issues and was on methadone for 18 years and I was a heroin addict for a couple of decades. It stole a good part of my life. Now I volunteer at the treatment centre, which helped me get clean and I also work a 12 step programme with a sponsor which has changed my way of thinking.

Having to go to the chemist *for methadone*, is brutal. Going through the door at the chemist made me feel like less of a person, a second class citizen. I had a terrible self-hatred, there was no exit strategy. I thought I would die in addiction and although I would have accepted that, I couldn't accept it for my daughter, she never chose this situation.

We're dying out there, my pals are dying out there and we are trying to get treatment but it's hard to get treatment. I just needed some guidance, and the structure that Rainbow House, *a recovery service in Glasgow*, gave me.

I needed time to breathe and process the things that had gone on in my life. My life transformed in seven months. If I wasn't for that service, I would likely be dead.

I now volunteer at Rainbow House and I plan to work in addictions, in the future. I've got a beautiful daughter and a lovely family and I believe my life is going to be good. A big part of recovery is hope. Most people don't know what recovery is, we need to make it visible, we need to give it direction.

A new approach to improving outcomes – closing the implementation gap, a new system for managing quality

Recommendations

We make the following recommendations:

27. A National Improvement Programme for social care, along the lines of the NHS Patient Safety Programme, should be introduced by the National Care Service, and should address the three following key areas:
    - **The experience and implementation of self-directed support must be improved, placing people using services' needs, rights and preferences at the heart of the decision making process.**
    - **The safety and quality of care provided in care homes must be improved to guarantee consistent, appropriate standards of care.**
    - **Commissioning and procurement processes must be improved in order to provide a vehicle for raising the quality of social care support and for enhancing the conditions and experience of the social care workforce.**

Chapter 8
Models of care

Models of care

> A person-centred approach to social care support must be premised on ensuring citizens are able to fully exercise autonomy and choice in the supports available to them, which includes clear and defined resources directly available to citizens and a strong, healthy and diverse suite of support options tailored around the needs of local communities."

We heard about some excellent examples of innovative work that is improving people's experience of care and support while local systems maintain core supports and services. However, innovation seems usually to be the result of a combination of enthusiastic local leadership, availability of additional funding and willingness locally to change. We heard little to suggest consistent efforts to share learning, scale-up or spread approaches that work well. The current system seems to support local innovation rather than widespread improvement, which is why we have made specific recommendations about prioritising improvement programmes for self-directed support, and commissioning and procurement.

Examples of the kind of improvements that people are trying to make include:

- **Reducing use of institutional/residential care**
- **Making better use of adaptations and technology**
- **Involving people and their families more in decisions**
- **Including wider community supports in care**
- **Professionals working together better across traditional boundaries of health, social care support and other services such as housing.**

We have not called this chapter "new" models of care because Scotland has been committed to these approaches for the last 30 years. The problem is not that we do not have good ideas; it is that we have not acted on them at scale and with genuine commitment. We seem to rely too much on bottom-up developments that we expect to flourish without systemic support. We have summarised a few of the good ideas and good practice examples we have heard about over the last few months, below. This is by no means a comprehensive description of "what good looks like". It is just an illustration that Scotland does not seem to be short of inspiration, and can learn from other places – but we have not bridged the gap between these good ideas and consistent access to the best quality social care supports for everyone.

Models of care

Reducing use of institutional/residential care

Given the demographic trends, including the projected growth in diagnoses of dementia, this needs urgent attention. We do not believe that the answer to those demographic challenges lies in building additional care homes. Most people say they would like to live in their own homes for as long as possible. Nonetheless, people told us that there is still an almost automatic default to care home care in some areas, particularly for frail older people. This observation is especially striking in light of our human-rights based approach: moving into a care home must always be the informed choice of the person requiring care and support. We are concerned that at times the emphasis on residential care for older people is counter to that fundamental right to choose and is sometimes suggested because care at home can be more expensive. Alternatives exist beyond the traditional choice of care home/care at home, a few of which we outline here.

We heard about extra care housing from Moray, Scottish Borders and South Lanarkshire. These combine private housing space with communal facilities, on-site care and dedicated nursing support. Fewer people with learning disabilities live in care homes, with most using Supported Living arrangements. Although designed for different needs, this model is not so different from extra care housing for older people: it enables the person with learning disabilities to live alone or with other people of their choosing, in their own home with an onsite team providing 24 hour support.

The Shared Lives model takes a different starting point, with approved carers welcoming adults who need day support or longer term care into their own home. This model is currently used, most extensively in Scotland in Fife, to support a range of people, particularly people with learning disabilities, but it could be extended to offer respite to unpaid carers of frail older people and utilised more extensively across Scotland.

For older people, there is also potential in a Home Share model, in which someone facing a housing challenge – for instance a younger adult or student – provides companionship and practical help with tasks like shopping and cleaning in exchange for low-cost accommodation. Arrangements like this are overseen by a management company for the protection and assurance of everyone involved.

As we find new ways of providing care at home for more people, there is likely to still be a need for facilities, where care at home is no longer suitable, that can provide extra care but are alternatives to hospital and residential nursing facilities. Innovative approaches are emerging for those adults and older people who have more complex needs, enabling them to remain in a more homely setting where extra care is provided. Close working between social care, health and housing services is needed to develop such services and there are good examples in Scottish Borders and Midlothian.

Early intervention

We heard from Alzheimer Scotland that a more preventative and early intervention approach to dementia can sustain people in their own homes and communities for a longer period of time and result in a high quality of life for people who might otherwise have been institutionalised. The success of the post diagnostic support service that is provided for one year by professional and highly trained staff is undisputed and helps people recently diagnosed with dementia, along with unpaid carers and families, understand the illness, access supports and services, and to plan for their future – yet this is not implemented across universally across Scotland. Dementia friendly communities have been developed in a number of towns and cities but this too needs to be the norm rather than exception. The efficacy of this strategic approach has been clearly demonstrated through detailed evaluations, including powerful testimony from people with dementia, and their carers and families.

Making better use of adaptations and technology

If our aim, as so often stated in Scotland, is to emphasise supporting people to stay in their own homes and communities for as long as possible, we must do more to improve and adapt those homes to support a better quality of life. Even minor adaptations can deliver significant improvements, particularly when combined with necessary repairs and home improvements, yet we heard that for some people the process of getting adaptations and improvements done is so complex that even professionals struggle to navigate it.

In this context, housing adaptations are often an investment rather than a cost, and we heard that it is helpful if clear arrangements are in place setting out where responsibility sits for paying for and arranging work. Similarly, Technology Enabled Care (TEC) in people's own homes can support greater freedom while also providing greater assurance. However, we know some people are concerned that the introduction of such technology may be used to reduce costs, particularly of overnight support and that reducing face to face support may increase loneliness. It is therefore suggested that the introduction of technology should be explored and discussed thoroughly as part of support planning, where the person's needs, rights and preferences should be paramount.

Involving people and families more in decisions

The need to involve people who use services, their families and carers better and earlier in discussions about social care supports is one of the most consistent themes of this review and we discuss this particularly in Chapter 3 in relation to human rights. In policy terms, much has been written in recent years about the benefits of co-production and some people report a really positive experience. We heard about a couple of approaches that help support an inclusive approach.

In Falkirk, community-based Living Well centres offer appointments or access to a web portal where people can come in and have a conversation about their wellbeing, and health and social care supports, and access holistic supports, community-based supports and advice to help manage their own health and wellbeing. In Edinburgh, a Three Conversations model is being tried, which focuses on: a) really listening to what matters, so that connections can be made to resources already available in the community; b) understanding what needs to change immediately so that arrangements and a plan are put in place; and c) establishes what support or connections are needed for the person to continue to live their chosen life. This is early work, which is showing positive results at this stage.[32]

The "Esther" approach from Jönköping County Council[33], in Sweden, is well known internationally, with its focus on delivering the best possible outcomes for a fictional older resident. Creating Esther helped professionals to map a range of care pathways and explore how these could be improved to best meet Esther's needs. A number of areas of Scotland have in recent years tried to take a similar approach, and a National Care Service should build on those examples to ensure a consistent focus in local systems on improvement through the eyes – and experiences – of people using services, their families and carers.

32 Case study: Assessment and care planning – 3 conversations – SCIE
33 Case study 1: Jönköping County Council | The King's Fund

Models of care

Prevention and community support

The role communities play in supporting adults to remain active in their community simply cannot be overstated. There are many community-led initiatives across the country that provide vital advice and support to adults and unpaid carers, for example through practical peer support, activities and outings. These community supports are often not recognised as part of a care package, but we heard that they can make a tremendous difference to people's quality of life and provide a clear sense of choice and control, including deciding how they spend their time to follow their passions and interests.

Again, there is positive work already underway upon which a National Care Service can build, working in close partnership with Integration Joint Boards, Local Authorities, NHS Boards and other Community Planning partners at a local level. Community supports should not be regarded as an optional add on. Experience during the pandemic has demonstrated just how crucially important community and social connections are to people of all ages and across civic society, and we saw the heroic effort of communities to support people who needed essentials such as food, pharmacy deliveries and socially distanced company. To be sustained, community supports do however need some form of infrastructure and funding – often fairly modest to develop and flourish. There is a network of third sector interfaces that provide a good starting point for this. Community supports are discussed further in Chapter 9.

Social connections are intrinsic to everyone's wellbeing – people who access social care as much as people who do not – and befriending networks can play a significant role in reducing isolation, improving quality of life and providing a gateway to other types of activity. Transport is an important matter for many people as it can inhibit of enable accessibility to a range of support - it was suggested to us that transport should be integrated into the care pathway. Peer support can have a very positive impact, especially for people with mental health problems and people with addictions. The Links Worker Programme[34], which makes links between people and their communities through their GP practice aims particularly to mitigate the impact of the social determinants of health in people living in areas of high socioeconomic deprivation. There are opportunities, with leadership, investment and focus from a National Care Service, to develop approaches like these more and to support connections that make them more than the sum of their parts.

> "Digital advancements must be embedded in adult social care, however care must be taken to ensure that services remain person-centred."

34 Links Worker Programme – In the Community (alliance-scotland.org.uk)

Models of care

> What a buzz Laura gets when she realises that she has actually controlled a situation by vocalising what she wants!"

Marion McArdle and daughter

My eldest daughter Laura is 37 years old and she has profound and multiple learning disabilities and complex health needs which means she needs maximum support with every aspect of her life.

Having a personalised budget has made huge positive changes in Laura's life. She is happier and healthier and she's able to communicate with us much more than she ever did before.

Previously Laura could have up to 42 different people in her life in one week. There was no way these people could get to know her well and so often Laura's limited communication was lost.

Now with Self Directed Support (SDS) Laura employs a small staff team of six people who know her so well and have time to understand what she is trying to communicate.

What a buzz Laura gets when she realises that she has actually controlled a situation by vocalising what she wants!

Before SDS Laura's days were regimented and timetabled to fit in with staff shift times and transport availability. Each morning Laura was washed, dressed and strapped in her wheelchair by 8.30 am regardless of what kind of night she'd had. I could see little chance of her ever reaching her full potential with these limitations.

Now every day is about what suits Laura and she has choice and control over her life and the opportunity to reach her potential.

Despite Laura's significant health problems we hardly ever need to see a doctor or social worker. This must have a huge cost saving. It seems like a win /win situation!

The SDS care package has worked so well, because whilst Laura's needs were being assessed the cost wasn't mentioned. I didn't want to think of Laura's life in terms of money. We got it right for Laura because the focus was always kept on Laura- not the budget!

Models of care

In some parts of Scotland, such as Glasgow and East Ayrshire, community connectors provide a free confidential service to help people access activities, advocacy services, community transport; buddy support and volunteering opportunities. Sometimes these arrangements are embedded within GP practices.

On a similar theme, community brokers across Ayrshire provide information and support to help identify personal outcomes, develop and set up a funded package of support, connecting people to community activities and services. This service is free to the person accessing support: brokers are self-employed, local people who have some personal experience of directing their own support or that of a relative or family member, and now use that experience to help other people. They receive specific training including a new SVQ qualification.

Professionals working together better across traditional boundaries of health, social care support and other services such as housing

We reflect elsewhere in this report on the need for better, faster, more consistent progress with integration of health and social care support. Again, there are areas where progress is really good. The Scottish House of Care Approach[35] has been widely used and adopted to encourage and promote GP input to care and support planning conversations routine for people with long-term conditions and support self-management – it provides a strong graphic and is easy to remember. In most GP practices across Aberdeenshire, GP-led Virtual Community Ward teams bring health and social care professionals together to identify, coordinate, organise and deliver services required to support people. The team provides short-term integrated solutions within the community as an alternative to more-resource-intensive community and acute hospital admissions. As well as reducing hospital admissions teams have felt a positive impact of the approach in building multi-disciplinary relationships, better use of resource with less duplication, quicker access to interventions and a move to more holistic and person centred care.

Developing the provider network

As well as professionals working together in new and innovative ways, we believe that social care providers should be supported to develop networks of mutual support. The development of alliance based commissioning, provider co-operatives, user-led and community-owned organisational models, and social enterprise models, should be encouraged to help improve quality, flexibility, resilience and responsiveness to people's needs.

All of the above are good examples, but they are not enough. Neither in terms of ambition nor scale are they sufficient to address the challenges adult social care support needs to meet in order to improve the experience of people using it. We believe that a stronger national approach, coupled with local ownership of innovations, is needed to deliver improvements and instil a real learning culture in social care support in Scotland.

35 The House of Care Model – Health and Social Care Integration (alliance-scotland.org.uk)

Models of care

Scale-up and spread of innovation is challenging. The idea that new ideas or promising practice can just be 'rolled out' is a fallacy. Large scale implementation of innovation needs leadership, design and contextualisation. Given the current variability in the system, we suggest it is necessary to establish additional national capacity for harvesting ideas and preparing the ground for implementation in a National Centre for Social Care Support Innovation. In this regard, the future role of the Institute for Research and Innovation in Social Services (IRISS) and its inclusion as part of the National Care Service should be considered.

Recommendations

We have identified key priorities to realise, consistently and at scale, Scotland's ambitions to deliver social care services and supports that maximise people's wellbeing and independence:

28. The Scottish Government should carefully consider its policies, for example on discharge arrangements for people leaving hospital, to ensure they support its long held aim of assisting people to stay in their own communities for as long as possible.
29. A national approach to improvement and innovation in social care is needed, to maximise learning opportunities and create a culture of developing, testing, discussing and sharing methods that improve outcomes. The future role of the Institute for Research and Innovation in Social Services (IRISS) and its inclusion as part of the National Care Service must be considered.
30. There must be a relentless focus on involving people who use services, their families and carers in developing new approaches at both a national and local level.
31. Investment in alternative social care support models should prioritise approaches that enable people to stay in their own homes and communities, to maintain and develop rich social connections and to exercise as much autonomy as possible in decisions about their lives. Investment in, or continuance of, models of social care support that do not meet all of these criteria should be a prompt for very careful reflection both by a National Care Service and local agencies.

Chapter 9
Commissioning for public good

Commissioning for public good

> If the commissioning and procurement model is to be maintained, there is a need for the introduction of more ethical commissioning models that take into account factors beyond price, including fair work, terms and conditions and trade union recognition."

Over the course of the independent review there can be few things we heard more people speak about than commissioning, even if only in passing, and the need for it to be radically overhauled. Many people and organisations believed if it was done differently and altogether better that commissioning would provide the bedrock for a fairer, rights based, improved social care support system with a relentless focus on quality, outcomes, participation and collaboration. This would drive up standards and improve outcomes for people using services and supports, and the experience of social care support staff. This is one area where the proposal for a new social covenant rehearsed earlier in this report could bear fruit. The current approach to commissioning and procurement is characterised by mistrust, conflict and market forces. We need to radically redesign commissioning and procurement around the common good and stewardship of public money.

An improved approach to commissioning would change how procurement works. Care planning would be based to a lesser extent on costs and more on a range of factors. These could include, for instance, terms and conditions of the workforce, investment by providers in training and support for staff and in the fabric of buildings, flexibility and adaptiveness of services and people's experience of the quality of care. We were sympathetic to the view expressed by many people that procurement arrangements with providers should include requirements for the investment of a proportion of any profit made in improving the quality of care, and in staff terms and conditions.

Although spoken and written about often, not everyone has a shared understanding of what commissioning is. In Scotland, we used the term strategic commissioning to mean medium to long term planning that determines the choice of services and supports to meet individuals' needs, rights and preferences to live independently or as independently as possible. This must be underpinned by a robust strategic needs assessment of the whole population that is then segmented to understand the range of local needs, such as those of people from a particular geography or care group. This process is undertaken skilfully and expertly in some parts of Scotland but it is not yet consistent and is not always having the desired result on improving care and support because of the translation from strategy to delivery and the continuing dominance of a competitive social care market. Reformed Integration Joint Boards must give priority to making changes in how commissioning and procurement is undertaken supported appropriately by a national improvement programme.

Commissioning for public good

Collaborative commissioning and procurement

As outlined in Chapter 1, commissioning is not synonymous with procurement but procurement can result from the commissioning process, i.e. identify the need to purchase a service from a provider or range of providers to meet identified needs. Over the last 10 years and more in adult social care support, procurement methodology and practices have increasingly driven and occasionally undermined commissioning decisions, where price and a competitive market environment, characterised by competitive tendering between providers, dominates.

We want to see an end to this emphasis on price and competition and to see the establishment of a more collaborative, participative and ethical commissioning framework for adult social care services and supports, squarely focused on achieving better outcomes for people using these services and improving the experience of the staff delivering them. By shifting emphasis in this way we believe Scotland can deliver social care supports more fairly and more sustainably.

We would like to see the split between commissioners and providers narrowed so that we can get the expertise of both, foster innovation, and engage people with lived experience more productively. In return for a seat at the commissioning table, we expect providers to be accountable for new standards of accountability, quality, staff wellbeing and transparency.

Professionals leading commissioning processes are often good at involving people with lived experience, carers, local communities, providers and other professionals to develop the large scale strategic commissioning plans that are statutorily required from Integration Joint Boards, for and with their local populations. We want to see this level of engagement and participation at all levels of commissioning from the strategic planning end of the spectrum through to any procurement of individual services and supports. And we want to see the decisions taken by social workers on people's care needs decoupled in the first instance from questions of affordability. We are not suggesting that it will be possible to meet every need nor that costs do not matter, but we believe assessment should be the product of a full understanding of the individual's needs, rights and preferences, and that when that assessment is translated into a package of supports any unmet needs should be recorded.

People with lived experience told us they want to be more involved, not just in the planning of their own care, but in the planning and design of services and they self-evidently have much to offer in this regard. In some instances peer groups, such as Disabled Persons' Organisations, Collective Advocacy Agencies and other representative groups, can play a very valuable role too.

There are alternative models of commissioning and procurement, including Public Social Partnerships and Alliancing, that are tentatively and selectively being adopted in various parts of Scotland. While these have not been wholly successful in changing prevailing practice, and we heard many have been too complicated and taken too long, we think they, along with other models, offer the opportunity to move away from competitive tendering. In some instances, the whole model of Alliance contracting has not been adopted but the principles have been fully embraced and applied but attention needs to be paid to the timescales for establishing such arrangements and must not take years to set up. New models of procurement need to be adopted more rapidly across services and alternative models put in place across different kinds of services and supports, and across Scotland.

Commissioning for public good

Focus on prevention and early intervention

National guidance is in place for effective commissioning and procurement processes[36], but as with so many other aspects of social care support, an implementation gap remains. We believe that national leadership can support increased pace and urgency to enable bold, long term whole system redesign commissioning decisions. Greater emphasis and focus are needed on prevention, early intervention and de-institutionalisation, which means decommissioning, disinvestment and redesign of current services must become a reality and not just an aspiration. This will help support a move to independent living for everyone or the development of smaller supported community living arrangements.

Alongside this is the vital importance of recognising, valuing and linking people to local community assets, which should be commissioned and appropriately funded by Integration Joint Boards, potentially through grant aid, and working jointly with Community Planning Partners. Even modest resources can make a huge difference and help establish highly effective community supports, planned by local people for local people, where these do not already exist, to ensure availability to local communities, in addition to what are more traditionally considered to be social care services and supports.

Commissioning, procurement and service delivery approaches must factor in how people using services and unpaid carers will be engaged and involved throughout the journey of their care plan, its delivery, review and feedback. Information about identified unmet need must be fed into the strategic commissioning process so that this can be addressed.

Commissioning should become increasingly transparent in relation to how people's rights have been taken into account and eligibility criteria applied, and local plans should include a method statement and commitment describing how organisations and individuals will be and have been involved and respected in the process.

Ethical commissioning and procurement

An ethical approach to commissioning, and as a consequence to any procurement of care and support, will reap benefits for staff and supported people alike. We know there have been some gains already made in the small number of Local Authorities that have adopted the Unison Ethical Charter on social care commissioning[37], but this approach must be extended and enhanced, and must ensure that Fair Work practices are fully supported by commissioning and procurement for all services and supports across the country.

Adopting an ethical, fair approach cannot be an optional extra: it must form the cornerstone of future contractual relationships, to help improve the experience of the workforce and help create sustainable, high quality provision. Along with the failure of many current commissioning and procurement arrangements, the most frequent observation made to us throughout this review has been that the workforce must be better regarded, rewarded and supported.

36 Strategic commissioning plans: guidance – gov.scot (www.gov.scot)
37 UNISON's Ethical Care Charter – UNISON Scotland (unison-scotland.org)

Commissioning for public good

We do not underestimate the immense culture change implied by what we have set out above. We firmly believe that without radical change and a more collaborative and ethical approach to commissioning adopted at all levels, we will see the disparity between what people require and what they actually get continue to grow, alongside levels of dissatisfaction and people not achieving their desired outcomes or reaching their potential. Costs will spiral, and services will become less sustainable and quality will decline further, which we can avoid by taking decisive action.

People want choice and control in self-directed support options to be a reality, not a slogan, so that they can be supported to live their lives in the way they determine not the way services or commissioners choose.

The Coalition of Care and Support Providers (CCPS) has been working on alternatives to the way that social care support is planned, purchased and funded in Scotland, in close partnership with supported people and support providers, and drawing on academic research. It has developed a number of "Big Ideas"[38] – one of which calls for a pause button to be pressed on the current procurement system to support the move from a competitive process and culture to a collaborative approach. We think this idea has considerable merit but that it needs close consideration for any unintended consequences and careful planning to ensure it does not impede anyone's care and support. In particular, its success will be entirely dependent on delivering the recommendations for a national improvement programme we set out in Chapter 7. It should be a priority for a new National Care Service.

> "Competitive tendering destroys the very relationships that are crucial to success in social care."

38 BIG Ideas (ccpscotland.org)

Care homes

During the Covid-19 pandemic, a great deal of attention has rightly been given to care homes. A previously creaking and fragile system has been exposed, particularly in regard to infection prevention and control (IPC). We know from research[39] that those care homes that have successfully minimised outbreaks of Covid-19 have been smaller, locally run and staffed services, that are part of the local social care ecosystem, operating in partnership with other local services and commissioning bodies. Arrangements have been put in place in each Local Authority area to directly and indirectly support and nurture improved standards of IPC, with increased clinical oversight provided by Directors of Public Health and Directors of Nursing, alongside professional support from Chief Social Work Officers and IJB Chief Officers to ensure a focus is simultaneously maintained on people's wider wellbeing as well as adult support and protection issues.

The safety huddle tool referred to in Chapter 7 has meant that for the first time ever a standard data set is available in real time about each and every care home in Scotland. This data is available to local systems and at a national level, and is helping to ensure support is provided at as early a stage as possible to care homes to ameliorate and better manage risks for residents, staff or the whole care home, identified through use of the tool. This approach has wider implications and opens possibilities to a more partnership-based approach to improvement in care homes, which is not reliant on the Care Inspectorate using its regulatory powers but instead focuses on the priority we heard expressed that local ownership of improvement work needs to be nurtured and supported.

Generally, care homes are not part of a managed market or commissioned set of services. The care home market is largely led by business decisions made by individual care homes or groups of care homes, some of which are large multinational companies. There is currently no oversight of this market and we believe there is an enhanced role for the Care Inspectorate as part of its regulatory activity to undertake this work, drawing on existing work and expertise. A more actively managed market should be shaped and facilitated to respond to a longer term strategic vision that takes into account the balance of providers in the market and local needs, for example, by requiring engagement with Integration Joint Boards before a service can be registered. In this role the Care Inspectorate would provide information and assurance to the National Care Service and to local systems about care home provision.

The extent to which some privately-run care homes yield profits for their shareholders was raised with us repeatedly as an issue of concern[40]. We have reflected on whether nationalisation is practical, desirable or affordable elsewhere in this report. We nonetheless want to record here that we share the unease expressed by many about whether it is right – in a country committed to health-care free at the point of need to all of its citizens, regardless of age or any other characteristic – that an important part of our care system is largely run on a profit-making basis.

39 Discharges from NHSScotland hospitals to care homes 28 October 2020 – Data & intelligence from PHS (isdscotland.org)
40 https://chpi.org.uk/papers/reports/plugging-the-leaks-in-the-uk-care-home-industry/

Commissioning for public good

Our principle concern is not with profit itself, which plays an important function in any market economy, but with what we have come to think of as "leakage" from the care system in Scotland. Significant sums leave the care economy, some of which could be better used to raise standards of care and terms and conditions for staff. We therefore recommend that the National Care Service should take these concerns into account as part of its development of a new approach to ethical and collaborative commissioning. National contracts, and other arrangements for commissioning and procurement of services must include requirements for financial transparency on the part of providers along with requirements for the level of return that should be re-invested in the service in order to promote quality of provision and good working conditions for staff.

Care home placements are currently purchased by Local Authorities on an individual basis at a price set through annual negotiations on the National Care Home Contract. This contract is in urgent need of reform so that the focus on the price payable per placement does not undermine the vital focus on achieving good outcomes for people and ensuring high quality care is delivered to care home residents, and staff enjoy the benefits of fair work requirements being fully delivered.

Finally, care homes should be supported fully by primary care and integrated health and social care support teams. Access to the NHS is a universal right in Scotland, provided free at the point of care for everyone. We heard that some care homes have excellent support from local primary care practitioners including GPs, and integrated health and social care support teams, but others do not: there can be no justification for denying healthcare to care home residents on the basis of their place of residence. Addressing inequities like this should be a priority for the new National Care Service.

Commissioning for public good

> "Living in a good care home is so much better than sitting at home alone and struggling."

Helen Morrison
Care Home Resident

I have been living for several years in a wonderful care home, run by the council in South Lanarkshire. I couldn't be happier. The staff do everything for me, I don't need to worry about anything and even during the pandemic I feel so safe because we are so well looked after. We have a hairdressers, a cinema and a lovely café and I am surrounded by friends. The staff are really committed to making sure we have everything we need. I don't think the staff are paid enough for what they do. They have a really difficult job at times and they never complain, they just get on with it and work so hard, particularly dealing with the Covid situation. They are worth their weight in gold.

I know some people dread the idea of going into a care home but it's been a wonderful move for me. I would urge people to look into the care and help that is available. Living in a good care home is so much better than sitting at home alone and struggling. Nothing would persuade me to move from here. It really is my home and I love it.

Commissioning for public good

Recommendations

We have identified a range of changes needed in commissioning and procurement practices:

32. Commissioners should focus on establishing a system where a range of people, including people with lived experience, unpaid carers, local communities, providers and other professionals are routinely involved in the co-design and redesign, as well as the monitoring of services and supports. This system should form the basis of a collaborative, rights based and participative approach.
33. A shift from competitive to collaborative commissioning must take place and alternatives to competitive tendering developed and implemented at pace across Scotland. Commissioning and procurement decisions must focus on the person's needs, not solely be driven by budget limitations.
34. The establishment of core requirements for ethical commissioning to support the standardisation and implementation of fair work requirements and practices must be agreed and set at a national level by the new National Care Service, and delivered locally across the country.
35. To help provide impetus and support to the adoption of a collaborative and ethical approach to commissioning, the idea from CCPS of pressing pause on all current procurement should be fully explored in the context of a National Care Service, with a view to rapid, carefully planned implementation.
36. The care home sector must become an actively managed market with a revised and reformed National Care Home Contract in place, and with the Care Inspectorate taking on a market oversight role. Consideration should be given by the National Care Service to developing national contracts for other aspects of care and support. A 'new deal' must form the basis for commissioning and procuring residential care, characterised by transparency, fair work, public good, and the re-investment of public money in the Scottish economy.
37. National contracts, and other arrangements for commissioning and procurement of services, must include requirements for financial transparency on the part of providers along with requirements for the level of return that should be re-invested in the service in order to promote quality of provision and good working conditions for staff.
38. A condition of funding for social care services and supports must be that commissioning and procurement decisions are driven by national minimum quality outcome standards for all publicly funded adult social care support.
39. A decisive and progressive move away from time and task and defined services must be made at pace to commissioning based on quality and purpose of care – focused upon supporting people to achieve their outcomes, to have a good life and reach their potential, including taking part in civic life as they themselves determine.
40. Commissioning decisions should encourage the development of mutually-supportive provider networks as described above, rather than inhibiting co-operation by encouraging fruitless competition.
41. Commissioning and planning community based informal supports, including peer supports, is required to be undertaken by Integration Joint Boards and consideration of grant funding to support these is needed.

Chapter 10
Fair Work

Fair Work

> The carers that came in were worth their weight in gold and should be rewarded or acknowledged for this."

While carrying out this review we heard from many people about their experiences of working in social care. We also met representatives of the workforce, including trade unions, and employers.

We heard much that is impressive, heart-warming and uplifting about the commitment of the workforce to supporting people who use social care support. But we also heard much about a workforce that is undervalued, badly paid for vital, skilled work, held in low esteem in comparison particularly to the health workforce, poorly supported in terms of learning and development, and generally under-represented.

The social care workforce in Scotland is so notably disadvantaged because it is highly gendered. The sector is about 83% female. Were it 83% male, it simply would not be marginalised and undervalued as it is. The consequences of this are obvious, and highlighted by the pandemic. Turnover is high at roughly 30% p.a.[41], recruitment is challenging and it is difficult to maintain and improve standards when investment in training and development is low.

We recognise that efforts are underway to improve the situation. We are not the first to listen to the challenges facing the social care workforce and as we have carried out our review we have been careful to understand progress made by the Scottish Government to realise its ambitions on fair work and gender equality at work [42], and as part of its programme to reform adult social care support, which was launched in June 2019 and includes a commitment to ensuring the workforce is valued and skilled[43].

41 Scottish Social Services Council Data | SSSC
42 Fair Work Action Plan – mygov.scot
43 Social care: Reforming adult social care support – gov.scot (www.gov.scot)

Fair Work

In February 2019, the Fair Work Convention published its report Fair Work in Scotland's Social Care Sector[44]. The report called for urgent reform to improve the quality of work and employment for the 200,000 people who work in social care support in Scotland. It made five recommendations, as follows:

- **A sector-level body should be established by the Scottish Government with responsibility for ensuring that social care workers have effective voice in the design, development and delivery of social care services.**
- **Key stakeholders should develop and agree appropriate minimum contract standards for the provision of publicly-funded social care services, consistent with the Fair Work Framework and the Scottish Government's Fair Work First initiative.**
- **Commissioning practices should be overhauled to ensure that fair work drives high quality service delivery through the adoption of both minimum contract standards and through engagement at a sector level between purchasers, providers and deliverers of social care services.**
- **Key stakeholders in the social care sector should apply the Fair Work Framework and commit to improving pay, conditions and opportunities for progression for directly employed care workers and for Personal Assistants.**
- **The Scottish Government should support delivery of these recommendations, and incorporate them into their Fair Work Action Plan and Gender Pay Action plan. A central location within Scottish Government's Health and Social Care Directorate should coordinate policy for the social care workforce, integrated with workforce strategies for the health workforce, and support delivery of these recommendations through its own Fair Work action plan.**

In August 2019 it was agreed that the Social Care Living Wage Implementation Group, whose membership comprises representatives from Scottish Government, COSLA, Integration Authorities, third and independent sector providers and the Scottish Trade Union Congress, would be renamed the Fair Work in Social Care Implementation Group and would focus on implementation of the report's recommendations. The Implementation Group is chaired by Andy Kerr of the Piper Group and is due to report to Scottish Ministers in February 2021.

We agree with all of the recommendations of the Fair Work Convention and support their rapid implementation when the work of the Implementation Group is complete. We recommend that the Scottish Government set an ambitious implementation timetable to ensure progress and momentum.

In setting that timetable, we recommend that priority is given to the establishing of the sector level body as a means to take forward the Fair Work recommendations in partnership. That body should also take the lead in creating national sector level collective bargaining of terms and conditions.

44 Fair Work in Scotland's Social Care Sector 2019 – The Fair Work Convention

Fair Work

Valuing the workforce

Throughout our review we have heard that the social care workforce feels undervalued and under-recognised. The inclusion of social care staff, alongside their health colleagues, in the recent announcement of bonuses in recognition of their work during the pandemic will help here but there is a deeper underlying sense that social care workers have not had parity of esteem with their NHS counterparts. The recommendations made below for training and development opportunities are designed to tackle this issue. However, it will also be necessary to consider some basic terms and conditions on issues like sick pay, time-off, and travel time. But at the root of the sense of value is pay. Social care staff do not feel valued in relation to the work they do. They pointed us to numerous comparisons in the retail sector where an entry level position paid more than an experienced care worker could secure. In order to establish the true value of the skills, competences and responsibilities of social care, we propose that a national job evaluation programme is undertaken.

Workforce Planning

There is currently no national oversight of workforce planning for social care in Scotland. With many different employers in Local Authorities and the third and independent sectors, and only very limited, recent, arrangements for mutual support, current arrangements make it too hard to ensure appropriately skilled staff are trained, supported, employed and available in the right place at the right time. Experience during Covid-19 has shown us how difficult it is to deploy appropriate staff quickly when there is an urgent priority to meet. Longer-term, problems result from failure to plan ahead for training, recruitment and retention, and failure to work with partners in health and housing in particular to model innovative new approaches that depend on the availability of a suitably trained workforce who understand each other's contributions.

Given both the size of the workforce and its importance to people's wellbeing, this lack of planning, and resulting lack of resilience and flexibility, needs to be addressed. Some workforce planning is undertaken centrally for the NHS in Scotland, but there is plenty of scope to take a holistic approach across health and social care support and improve for both.

> "Without tackling the chronic low pay and gendered undervaluation of social care work itself it will not be possible to attract and retain a quality workforce or to deliver substantive improvements in the quality and provision of care."

Fair Work

As noted in Chapter 6, workforce planning should be a priority for a National Care Service. An adaptive and nuanced approach will be important as it will not simply be seeking to meet the staffing requirements of local delivery agencies. It will need, for instance, to be supportive of, without taking over, employment arrangements between Personal Assistants and people who use a direct payment under self-directed support Option 1. As well as enabling training for Personal Assistants one suggestion is that a national workforce planning function could establish bank arrangements for Personal Assistants who are available to support people either on an ad-hoc or more permanent basis. Social care needs workforce planning support that is equal to, but not the same as, that provided to the NHS in Scotland, so that it addresses individual requirements like this as well as helping plan for the resilience of small, medium and large providers.

Commissioning and Procurement

We cover commissioning for the public good in Chapter 9. A key priority for a National Care System should be to establish mandatory parameters within which adult social care is commissioned and procured by Integration Joint Boards, including minimum fair work standards for social care.

As part of this, the Scottish Government should review national commissioning and procurement policy and guidance to support the delivery of these mandatory parameters in commissioning and procurement decisions delivered locally by Integration Joint Boards.

Training, development and regulation

Significant improvements are needed in training, development and regulation of the workforce, and commitment by employers to workforce development should be a key feature of revised commissioning and procurement arrangements.

As part of the National Care Service, described in Chapter 5, the Scottish Government should establish a national organisation for training and development, recruitment and retention for adult social care support, including a specific Social Work Agency for oversight of professional development, with appropriate read-across to shared and reciprocal learning with the NHS workforce.

The Scottish Social Services Council (SSSC) has an important role to play in this, along with NHS National Education Services (NES). Neither is currently equipped to meet the needs of the social care workforce in full. A priority for the National Care Service should be to review the role, functions and powers of the SSSC, taking account of activities that could be more effectively carried out in close partnership with NHS NES. This is an important example of a priority task for joint working between the National Care Service and the National Health Service. At the same time, care must be taken not to "medicalise" social care and social work training: what is needed here is better joint working, and joint support, for professionals without losing the core integrity of professions that have developed over many years in different ways in response to different priorities.

Specific attention should be paid to developing professional support and supervision for people who often work in isolation from their peers, providing care and support in people's own homes and communities. Scotland needs to acknowledge and respond to the power of the workforce in these circumstances to transform people's lives for the better, to celebrate that contribution and embed a professional culture to support it. The unique importance of relationships and trust between people providing care and people using support as part of their lives should be central to our understanding of "what good looks like" in this respect.

Fair Work

Carmen Simon

I'm a woman migrant worker. I have been a support worker for adults with multiple/ complex needs since 2011. I currently juggle four part time jobs, two of them still in the field of adults with complex/multiple needs.

In one of my social care roles as a Support Worker for a private provider I get paid £10 an hour, the same hourly rate since 2015. In my other social care role as a Personal Assistant, Option 1 Self Directed Support (SDS), I get paid £9.30 an hour. I rely on benefits to make ends meet at the end of the month.

I've been helping someone with complex/multiple needs to access support through SDS since 2015. After six assessments and two complaints against the local authority, this person who has met substantial and critical criteria to access support, is still waiting on a care package. I am aware of another two adults with complex needs that have died waiting on a SDS care package. The current provision of adult social care has been in crisis long before the pandemic, as described by the Fair Work Convention Report On Social Care 2019. I think that a National Care Service is the way forward. Publicly owned and free at the point of need. The implementation of such a system will require time and investment. In the meantime, as a matter of urgency, I think that we should improve terms and conditions for care workers through sectoral collective bargaining and the involvement of all stakeholders: the Scottish Government, Local Authorities , employers and unions.

> "The current provision of adult social care has been in crisis long before the pandemic, ... a National Care Service is the way forward."

Recommendations

Our recommendations for creating a National Care Service provide a mechanism for delivery of Fair Work in social care and support. To improve terms and conditions for the social care workforce, and to properly reflect the value social care brings to Scotland's economy and wellbeing of its people, we recommend:

42. Rapid delivery of all of the recommendations of the Fair Work Convention, with an ambitious timetable for implementation to be set by the Scottish Government.
43. Conduct a national job evaluation exercise for work in social care, to establish a fair and equitable assessment of terms and conditions for different roles. This should take account of skills, qualifications, responsibilities and contribution.
44. Putting in place national minimum terms and conditions as a key component of new requirements for commissioning and procurement by Integration Joint Boards. Specific priority should be given to pay, travel time, sick pay arrangements, training and development, maternity leave, progression pathways, flexible pathways and pension provision. The national evaluation of terms and conditions should be undertaken to inform these minimum standards and these should be reviewed as required.
45. Establishing a national organisation for training, development, recruitment and retention for adult social care support, including a specific Social Work Agency for oversight of professional development. The current role, functions and powers of the SSSC should be reviewed and appropriate read-across embedded for shared and reciprocal learning with the NHS workforce.
46. Establishing a national forum comprised of workforce representation, employers, Integration Joint Boards and the Scottish Government to advise the National Care Service on workforce priorities and to take the lead in creating national sector level collective bargaining of terms and conditions.
47. National oversight of workforce planning for social work and social care, which respects the diversity and scale of employment arrangements while improving resilience and arrangements for mutual support should be a priority for a National Care Service.
48. The recommendations listed above should apply to Personal Assistants employed by people using Option 1 of SDS, who should be explicitly recognised as members of the workforce, as well as employees of providers in the public, third and independent sectors. This recommendation should be delivered in full partnership with the independent living movement.

Chapter 11
Finance

Finance

> The key issue affecting the social care sector is lack of funding."

As we said at the beginning of this report, we have deliberately not started with finance. We felt it was vitally important to conduct this review from the perspective of people's experience of adult social care support, and the role adult social has to play in Scotland's wellbeing as a whole.

Nevertheless, we must come to money in the end. The proposals we have set out here do not come without cost: but nor are they only about cost. There is clear evidence that social care support is not a drag on our resources; it creates jobs and economic growth. It enables people who access care and support, and their carers, to seek and hold down employment themselves. Accordingly, a major thrust of this section of the report is to describe the investments required to create a system of social care support that will enable everyone in Scotland to get the social care support they need to live their lives as they choose and that promotes and ensures human rights, wellbeing, independent living and equity. As we consider money, we want to reiterate the importance of replacing old thinking with new thinking. Investing in people is beneficial to society: it is an investment in ourselves and one another. As a system, we need to consider investment choices through the constructive, empowering focus of a new mindset:

Old Thinking	New Thinking
Social care support is a burden on society	Social care support is an investment
Managing need	Enabling rights and capabilities
Available in a crisis	Preventative and anticipatory
Competition and markets	Collaboration
Transactions	Relationships
A place for services (e.g. a care home)	A vehicle for supporting independent living
Variable	Consistent and fair

Finance

In this chapter we set out a brief analysis of current expenditure on adult social care; opportunities to spend money better; our recommendations for additional investment; the evidence to support our assertion that that expenditure is itself an investment; and finally some options for raising money to support these changes. We have by necessity used a number of proxies in this assessment to help us "size" the level of investment we think is required. These proxies are often not ideal: for instance, delayed discharge is in many ways an "old thinking" measure, but we have used them here as the best mechanism available to us to understand what needs to happen.

> "Social care is not funded in a way which is sustainable or supports transformation of services."

Current expenditure on adult social care

In 2018/19 expenditure on formal adult social care in Scotland was £3.8bn:

- **Most funding came from the public sector (84%), with the balance from individuals through Local Authority service charges and self-funding of care home places by residents.**
- **Almost two thirds of expenditure was on services for older people.**
- **There was marginally more expenditure on community based services (54%) than on accommodation based services.**

In addition, the economic value of the contribution made by carers is estimated to have been £36bn[45].

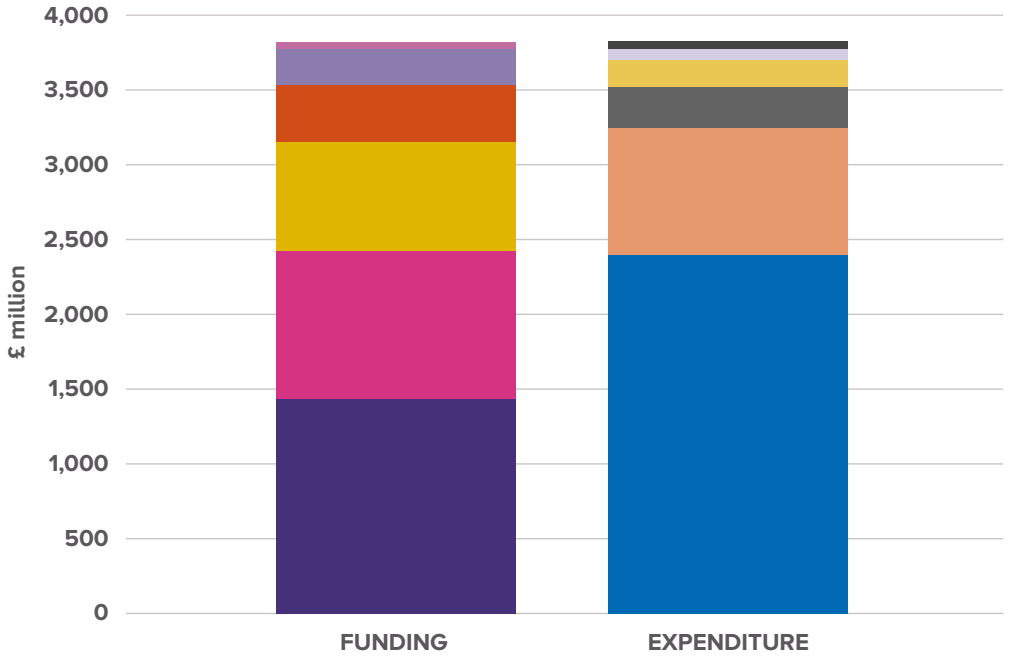
45 Unpaid care work worth £36bn in Scotland – Oxfam Scotland (oxfamapps.org)

Finance

Total adult social care funding and expenditure of £3.8bn are illustrated in this chart:

FUNDING

- Independent Living Fund £51m
- Charges £238m
- Self Funders £381m
- Integration Joint Boards £730m
- Council Tax/Non Domestic Rates £989m
- Scottish Government Grants £1,434m



EXPENDITURE

- Independent Living Fund £51m
- Other needs £71m
- Mental Health £187m
- Physical or sensory needs £268m
- Learning Disability £850m
- Older People £2,397m

Most of the funding came from the public sector (84%) with the balance coming from individuals through Local Authority service charges and self-funding care home residents.

Related expenditure, on community based health services and unplanned hospital care, which are under the control of Integration Joint Boards, totalled £6.1bn in 2018/19.

The proposals we have set out earlier in this report relate to total health and adult social care expenditure of Integration Joint Boards.

In 2020/21 the Scottish Government became responsible for social security payments, with budgets for adult benefits totalling £3bn. There is considerable overlap between people who use social care supports and people who access benefits, but not everyone who uses one uses the other.

Finance

Opportunities to spend money better

Costs arise in our current system because social care supports are often too focused on crisis management and late intervention, and not enough on prevention and empowering people to live fulfilling lives. Costs like these are borne not only by the public sector, but also by people who use social care support[46] and their families and carers, and many are avoidable. We have not carried out an extensive analysis of these costs, but we have looked at examples that we recommend a National Care Service should consider carefully for opportunities to improve. We are not suggesting that the money spent on these areas of activity is currently wasted: we are suggesting that with more effective care planning and delivery it could in some instances be put to better use to support people more effectively:

- **Delayed discharges accounted for 542,000 bed days in 2019/20, i.e., 8.9% of all beds in NHS Scotland, costing £134m[47]. We know that being delayed in hospital when someone is ready to go home is bad for their wellbeing.**
- **There is significant variation in the length of time people spend in hospital in the last six months of their lives. In some circumstances, hospital care is exactly right for people nearing the end of life. In other cases, more time could be spent at home, which is what many people want, if better support were available. The average length of stay in hospital in the last six months of life varies by 66% across Integration Joint Boards. In total, hospital care in the last six months of life amounted to 1.1m hospital bed days in 2019/20, i.e.,19% of all beds[48].**
- **Similarly, there is significant variation in models of care and hospitalisation rates for people with dementia[49], the costs of which in total are £2.6bn per year[50].**
- **In 2019/20, £58m was spent on out-of-area care home placements for adults with learning disabilities, for reasons other than choice, at a median cost per placement of over £87k[51].**
- **Waiting times for adult social care carry a significant burden for people who need support. In 2017/18 the proportion of people with substantial or critical needs waiting more than six weeks for a community care assessment was 7% and 8% respectively[52]. Recent analysis suggests that in 2018/19, older people had 20% fewer unplanned admissions to hospital in the six months after receiving homecare support than in the six months prior.**

46 Follow the money. www.carereview.scot
47 Annual summary of occupied bed days and census figures – data to March 2020
48 Percentage of end of life spent at home or in a community setting. PHS
49 Care co-ordination in Midlothian report | Focus on Dementia | ihub – Care Co-ordination in Midlothian report
50 Projections of older people with dementia CPEC Nov 2019
51 Coming home: complex care needs and out of area placements 2018 – gov.scot (www.gov.scot)
52 Eligibility criteria and waiting times – gov.scot (www.gov.scot)

Finance

Additional investment

In this section we cover a number of areas in which we believe additional investment in adult social care is needed.

Expanding access to social care support and investing in prevention

Despite the fiscal effects of austerity in recent years, Integration Joint Boards and Local Authorities have increased expenditure on adult social care in real terms since 2009/10 by 7% in total and by 5% per capita. This is in contrast to the position in England, where expenditure fell in real terms by 1% and 6% respectively[53].

As the older population has increased and resources have been focused increasingly on those in greatest need, a smaller proportion of the adult population is in receipt of social care support than was before austerity, with the result that the needs of a number of people are probably not being met and for others they are being met in a crisis response rather than to anticipate or avoid such interventions. Some of this reduction may reflect substitution of formal services with asset based approaches[54], and some may be the result of genuine reduction in need as other supports have improved people's lives, but this is difficult to quantify. As approximate as the evidence available to us is, it nonetheless suggests to us that there is an opportunity to invest more than we do currently in preventative care that can yield benefits for individuals and the system as a whole.

To assess the extent to which there are opportunities for better investment in social care support, the Scottish Government is currently carrying out a detailed analysis exploring the determinants of social care service use across data-zones. This is important work and we are reassured that it is underway. Its results are not yet available so for the purposes of this report we have carried out a higher level assessment as follows:

- **A longitudinal analysis that used 2009/10 service use data to calculate the expected number of people using social care support in 2018/19, and compared those to the actual number.**
- **An analysis of variation across Integration Joint Boards to calculate the expected number of people using social care support in 2018/19 based on standardised Scottish average rates (i.e. adjusted for differences in age/sex and morbidity and life circumstances), and compared those to the actual number.**

We found that there were 25,505 fewer people (20%) receiving care in 2018/19 than expected based on 2009/10 levels of access. We estimate that it would cost around £288m to cover that "gap". In addition, there were 10,412 fewer people (10%) receiving care in 2018/19 than expected based on the standardised rates. We estimate that it would cost around £148m to cover that "gap". With the caveats noted above regarding the difficulty of interpreting this data, we therefore estimate that there may be approximately 36,000 people in Scotland who do not currently have access to social care support and for whom it would be beneficial, and that it would cost about £436m to meet this need. We recommend investment in social care is increased in order to expand access to social care support.

We have discussed elsewhere the importance of community connections and low-level preventive support for people, and suggested that Integration Joint Boards should commission and grant-fund community organisations.

53 Social care 360: expenditure | The King's Fund
54 ADASS Budget Survey 2019

Finance

Fair Work

Our recommendations include implementing the findings of the Fair Work Convention. Investing in Fair Work is an investment in Scottish society, which helps to drive national and local economic growth as well as, in this context, a fair reflection of the importance of the work done in social care supports. We make a clear link between the importance of remunerating the workforce fairly, commissioning social care support ethically and collaboratively, and making good use of available public resources.

We have calculated the costs we anticipate associated with increasing the Real Living Wage to £9.50 per hour, along with ensuring it is paid to all staff working in adult social care support. Increasing the Real Living Wage to £9.50 per hour for frontline adult social care staff would cost £15.5m p.a.. This estimate includes staff working in care homes, home care and housing support, day-care, adult placement services, personal assistants and sleepovers. Extending the Real Living Wage to include auxiliary staff working in adult services would cost an additional £4m p.a.. As discussed in Chapter 10 on Fair Work, we acknowledge that trade unions representing the workforce are keen to exceed the Real Living Wage and are calling for an uplift to £15 per hour. The costs associated with implementing the Real Living Wage represent the 'floor' rather than the 'ceiling'. More accurate assessments will require the job evaluation process described earlier in the report. But in broad terms, every pound beyond the Real Living Wage will increase the national social care support wage bill by about £100m per annum. Of course, there is also a debate to be had about who should bear those costs and how they should be factored into contracts and commissioning.

Removing charging for non-residential social care support

Our "new thinking" approach extends to what is fair and right for people receiving social care supports in their own homes. People should no longer be charged for non-residential social care support such as care and, support at home, and day care. It does not make sense for people to have access to health care free at the point of need but, in circumstances that are equally related to their health and wellbeing, to be charged for support. It also does not support delivery of their human rights.

In 2019/20 Local Authority income raised from non-residential user charges was £51m. We know from the experience of introducing Free Personal and Nursing Care that the removal of charges may lead to increased use of services. We therefore suggest that planning for the removal of non-residential charges should take account of the likelihood of increased use.

Free Personal and Nursing Care for self-funding care home residents

The removal of charging for non-residential care should mean that the only cost for people in receipt of social care should be the means tested accommodation costs for care home residents. However, in recent years the cost of providing Free Personal and Nursing Care has increased significantly and the payment made to providers by Local Authorities for self-funding residents has not kept pace with this. This is not an issue for Local Authority funded placements covered by the National Care Home Contract, which contains reasonable provision for the cost of Free Personal and Nursing Care.

Using the National Care Home Contract as a benchmark, the difference between the costs included for Free Personal and Nursing Care and the sums paid by Local Authorities for self-funders were £191 and £230 per week respectively in 2019/20. We recommend that the sums paid for Free Personal and Nursing Care for self-funders using care homes should be increased to the levels included in the National Care Home Contract, and that this would cost £116m p.a..

Finance

Care Home Accommodation Costs

Our recommendations mean that all people in Scotland will receive social care free at the point of need. The only costs that will remain are those for accommodation, either directly through fees for care home residents or indirectly through household costs for those receiving care in their own homes. Although in most cases these are higher for care home residents, they are in principle the same.

An individual's contribution to their care home accommodation costs is funded primarily through their own income, with the Local Authority making up the balance on the basis of a means test on the individual's assets. Below the lower limit the Local Authority meets all of the shortfall and above the upper limit the individual covers the total cost, by drawing down the value of their assets.

We considered whether it is appropriate for people to contribute to their accommodation costs in residential care, or whether this too should be free at the point of use. We concluded that it is reasonable for some charge to be made where the individual's means permit, because in other circumstances that person would be paying accommodation costs at home. The National Care Service could in future consider whether adjustments to the means testing arrangements that are used would introduce greater fairness, but we have not considered this complex question in detail during this review. It is worth noting that many of the alternative approaches suggested previously in the UK and overseas tend to be regressive in nature and we propose that any future work should exercise caution in this regard.

Re-opening the Independent Living Fund

The Independent Living Fund plays an important role in supporting its members' wellbeing and independence. The existing fund has 2,600 members and we estimate that there are a further 3,400 people who would be eligible for an award were we to re-open the fund and retain the existing threshold sum for access.

As indicated earlier in the report, we see the Independent Living Fund operating in future as part of the National Care Service. In effect, it will provide a national service of self-directed support to people with the most complex needs in the country. We recommend that the Independent Living Fund should be re-opened. To ensure that the Fund focuses on people with the most complex needs, we recommend that the threshold sum for entry to the new scheme should be reviewed and adjusted. To give some indication of the likely additional costs, if the threshold sum for new entrants was set at £600 per week, an additional investment of £32m would be required, increasing the total fund value to £85m p.a..

Unpaid Carers

In recognition of concerns we heard about the Carer's Allowance, and the impact of caring on some people's income, we recommend a review of financial support made available to unpaid carers should be taken forward. As part of its focus on improving support for unpaid carers, the National Care Service should also increase investment in a range of respite provision including options for non-residential respite, and for short breaks.

Although charges to carers are waived under the Carer's Act, some Local Authorities allocate charges to the supported person for respite. Removing such charges should be considered alongside other investment priorities.

Future funding

On top of the initial investment set out above, Scotland's ageing demography means that more money will need to be spent on adult social care over the long term. This challenge exists for the rest of the UK as well.

Based on Personal Social Services Research Unit (PSSRU) research[55] a reasonable starting point for projections is a 3.5% p.a. real increase in social care expenditure every year to 2035 in Scotland, but more specific Scottish projections will be vital in the future.

The Scottish Government's Health and Social Care Medium Term Financial Framework[56] includes an assumption of nominal growth rates for social care of 4% p.a. gross and 3% p.a.net of savings until 2023/24. Assuming 1.8% p.a. inflation, the growth rate in the Medium Term Financial Framework is currently 1.3% p.a. lower than the rate recommended by PSSRU. We recommend that future planning for investment in adult social care must factor in demographic change.

Spending on adult social care is an investment in the Scottish economy

When we add up the recommendations we have made above, the total annual additional expenditure we are suggesting is £0.66bn p.a., i.e., about 0.4% of Scottish GDP.

This is a 20% increase in real terms over 2018/19 levels and twice the total real terms increase in adult social care expenditure over whole of the previous ten years (£.3bn). Even allowing for a phased introduction, an investment on these lines will require a long-term and substantial uplift in adult social care funding.

We believe that the scale of this increase in funding is warranted on the human rights basis we have set out, and also that it represents a good investment in the Scottish economy and has a positive impact on women's employment and the gender pay gap:

- **The social care sector directly employs 205,000[57] people, approximately 8% of the workforce, with 148,000 working in adult social care. In addition, a further 51,000 jobs are generated as a result of adult social care in other sectors. In 2019 women made up 83% of the workforce, and average earnings were 56% of Scottish average in 2016[58].**
- **The contribution of adult social care to the Scottish economy extends beyond the care sector. For every £1 spent on social care, more than £2 is generated in other sectors[59]. A recent report[60] estimates that an increase in social care expenditure of 1% of GDP would create three times as many jobs in the UK economy than it would if spent in the construction industry; and the sums recouped by the Treasury through taxes and NI would be 50% higher.**

55 https://www.pssru.ac.uk/pub/DP2900.pdf
56 Health and Social Care: medium term financial framework – gov.scot (www.gov.scot)
57 Scottish Social Service Sector: Report on 2019 Workforce Data (sssc.uk.com)
58 The Economic Value of the Adult Social Care Sector – Scotland (sssc.uk.com)
59 Investing in the Care Economy – Womens Budget Group (wbg.org.uk)
60 A Care-Led Recovery from Coronavirus – Womens Budget Group (wbg.org.uk)

- **The Women's Budget Group[61] estimates that the majority of new jobs created by investment in social care will be taken by women.**
- **Such investment generates social value. Through the combined influence of emotional wellbeing, health maintenance and sustaining natural support and prevention, social care has a direct, indirect and extended impact: a study of the Independent Living Fund in Northern Ireland estimates that every £1 spent generates £11 of social value[62].**
- **The Social Justice Commission[63] suggests that expenditure on care should be given an equivalence to investment in any other key sector, and should feature prominently in economic policy, not only in post-Covid economic and social recovery, but as a focus of investment supported through organisations like the Scottish National Investment Bank and economic development funding.**
- **Both for people who use social care support, and equally importantly for unpaid carers, the availability of high quality adult social care support can help people to engage in and remain in education and also to enter and remain in work.**

The additional expenditure we are recommending here should not be seen in economic terms as a revenue cost but rather as an investment that encourages job creation and provides economic stimulus. It should play a key part in post-pandemic recovery plans, particularly in light of the Institute for Fiscal Studies' analysis that more women are likely to lose their jobs than men as a result of Covid-19[64].

Options for Raising Revenue

Should the Scottish Government accept our recommendations on investment, it will need to consider a range of options for generating new revenues. We have outlined broad ideas here, many of them drawn from an analysis of how other countries have gone about funding investments in their social care systems.[65] [66] [67] It is for the Scottish Government and Scottish Parliament, in due course, to consider what would be most appropriate. Broadly, the following options are available:

- **Introduction of mandatory social insurance;**
- **Changes to existing devolved taxes to raise additional revenue;**
- **Introduction of a new local tax;**
- **Seeking devolved powers for a new national devolved tax in Scotland; and**
- **Seeking devolution of existing reserved taxes to raise additional revenue.**

61 Investing in the Care Economy – Womens Budget Group (wbg.org.uk)
62 https://ilf.scot/wp-content/uploads/2020/07/44188-ILF-NI-Impact-Evaluation-Report.pdf
63 reform-of-social-care-discussion-paper-september-2020.pdf (socialjustice.scot)
64 COVID-19 and inequalities | Inequality: the IFS Deaton Review
65 Social-care-funding-options-May-2018.pdf (health.org.uk)
66 A fork in the road: Next steps for social care funding reform (kingsfund.org.uk)
67 1555059771_how-to-fund-social-care-briefing-2019.pdf (nuffieldtrust.org.uk)

These options are not uniform in their deliverability. Scotland has no history of mandating insurance, people have been reluctant to insure against future social care need, and the insurance industry is not well prepared for a new market. Changes to existing devolved taxes or the introduction of new local taxes are within the competence of the Scottish Parliament, but would require careful assessment against the Scottish Government's wider tax priorities, and would have to be consistent with the Scottish Government's stated principles for taxation.

There are also a set of specific challenges when considering the options, in particular:

Equity and intergenerational fairness

Any funding mechanism should be progressive in respect of ability to pay. It should also be equitable between people of different age groups. This is particularly important with newly established funded schemes, where the demands on the fund from the elderly are likely to exceed their contributions in the short term.

Hypothecation and the visibility of any new funding mechanism

In the design of any new tax, it is important to consider the degree to which, if at all, new revenues would be hypothecated to protect funding for adult social care. Hypothecation is not commonly used in the UK. It could constrain future options and impact the extent to which funding could adapt over time to meet demand.

There is evidence of public support[68] for hypothecation to fund increased expenditure on social care but it can constrain future allocation decisions and potentially funding across the economic cycle. Consideration would need to be given to whether hypothecation would achieve greater transparency and deliver sufficient funding stability in practice.

Broadly, options could take several forms:

- **Strict hypothecation, where spending is linked directly to new revenue raised and funding is used only for that purpose.**
- **Partial hypothecation, where new revenue raised is ring-fenced to fund increased expenditure, but existing baseline funding is not protected. This is the approach that has been recommended to fund increased investment for social care in a report to the Welsh Government[69].**
- **Indicated spend, where the raising of new revenues is symbolically linked to adult social care, but in practice the revenue raised is not ring-fenced.**
- **No form of hypothecation.**

The speed of reform will have a big impact on the viability of funding options, as do options that can be delivered within the existing devolved settlement, versus options that would require new tax powers or the devolution of existing UK taxes.

68 A fork in the road: Next steps for social care funding reform (kingsfund.org.uk)
69 paying-for-social-care.pdf (gov.wales)

Finance

In addition, the design of any new funding mechanism needs to be carefully considered to ensure it is proportionate, sustainable, embeds intergenerational fairness and is consistent with the Scottish Government's wider economic and fiscal strategies and outlook.

Addressing these important questions is a sizeable task in itself, which we recommend requires considerable further analysis and careful consideration before decisions are made.

Recommendations

Adult social care support in Scotland requires greater investment. To secure better access to social care support, better terms and conditions for the social care workforce, better sustainability, the economic benefits of a strong social care sector, and to meet the aspirations and other recommendations we have laid out in this report, we recommend:

49. Prioritising investment in social care as a key feature of Scotland's economic plans for recovery from the effects of the Covid-19 pandemic.
50. Careful analysis by a National Care Service, with its partners in the National Health Service, Integration Joint Boards and beyond, of opportunities to invest in preventative care rather than crisis responses, to avoid expenditure on poor outcomes such as those experienced by people who are delayed in hospital.
51. Additional investment in order to:
    - **expand access to support including for lower-level needs and preventive community support;**
    - **implement the recommendations of the Fair Work Convention;**
    - **remove charging for non-residential social care support;**
    - **increase the sums paid for Free Personal and Nursing Care for self-funders using care homes to the levels included in the National Care Home Contract;**
    - **re-open the Independent Living Fund, with the threshold sum for entry to the new scheme reviewed and adjusted; and**
    - **review financial support made available to unpaid carers and increase investment in respite.**
52. Robustly factoring in demographic change in future planning for adult social care.
53. Careful consideration to options for raising new revenues to increase investment in adult social care support.

Chapter 12
Summary and recommendations

Summary and recommendations

We all know from history that major shocks – war, an economic crash or indeed a pandemic – can provide societies with an opportunity for real change. But improvements do not just follow such traumas; they come about as a result of courageous leadership, honesty with one another and a shared will to make things better. The Scottish Government has already displayed bravery, thoughtfulness and foresight by commissioning this independent review in the midst of the Covid-19 pandemic. Next, it needs to act, we hope with support for improvement from across Scottish civic and democratic society, to deliver a system of social care that takes as its central aim the realisation of every citizen's right to participate fully in society, whatever their needs for support. And that system needs to work in full partnership with other aspects of our public services, not least the NHS but not only the NHS either: housing, and justice, education and economic development are all central too.

People have asked us, how can we afford a National Care Service? Given the conclusions we have set out here, we would ask in response – how can Scotland not afford it, ethically or indeed economically?

This is a real opportunity for change. Covid-19 has highlighted more than ever the critical role that social care supports can play in enabling people to live life to the full. The focus however has been on care homes, where lack of visiting, the high rate of deaths early in the pandemic and the lack of PPE for staff were all rightly highlighted in the media and in the Scottish Government's response. There has been a tendency to overlook the many people who receive care and support at home, both formal paid care and informal unpaid care from family members and loved ones.

In the forthcoming Scottish elections there is an opportunity to secure support across all political parties to a vision for the future of care in Scotland and commitments to take radical action to begin to set us on a path to achieve that vision.

This is partly about the fact that Scotland, in common with the rest of the developed world, has an ageing population. By 2036, one in four people with be over 65. Many of us will experience a period towards the end of our lives when we will need some care and support. But, as we have demonstrated in this report, this is not just about an ageing population, or caring well for older people in our society, as vital as those priorities are.

It is too easy for us to think this is about someone else. But this is about our colleagues, our friends, our families, our neighbours, and ourselves. This is about Jack who has dementia. This is about John with cerebral palsy, this is about Jade with autism, Jagdeep with motor neurone disease, Jim the veteran who has lost both legs, Jashree with multiple chronic conditions that limit her mobility, Janet who is in her 90s and too weak to move about her home unaided. Everyone one of us has a right to live a full life. This should be more than whether we can go to the toilet, wash and dress ourselves unaided, though support for these activities of daily living is vital. Everyone should be enabled to live, work and play – to enjoy full citizenship and participation. That means support to get out and about, to join in with groups and activities that we enjoy, to work or participate in adult education and training.

Scotland needs a new approach to social care to make these aspirations a practical, everyday reality across the country. We need to create a National Care Service that is based upon a new narrative, replacing crisis with prevention and wellbeing, burden with investment, competition with collaboration and variation with fairness and equity. And we need to put people at the centre of it: people who use social care supports, their families and carers, and people who work in social care services.

If not now, when? If not this way, how? And if not us – who?

Summary and recommendations

Our recommendations are as follows:

A human rights based approach

1. Human rights, equity and equality must be placed at the very heart of social care and be mainstreamed and embedded. This could be further enabled by the incorporation of human rights conventions.
2. Delivering a rights based system in practice must become consistent, intentional and evident in the everyday experience of everyone using social care support, unpaid carers and families, and people working in the social care support and social work sector.
3. People must be able to access support at the point they feel they need it, including for advice and signposting to local community-based resources and help, and for barriers to this, such as the current eligibility criteria and charging regime, to be fundamentally reformed and removed, to allow a greater emphasis on prevention and early intervention.
4. People should understand better what their rights are to social care and supports, and "duty bearers", primarily social workers, should be focused on realising those rights rather than being hampered in the first instance by considerations of eligibility and cost.
5. Where not all needs can be met that have been identified as part of a co-production process of developing a support plan, these must be recorded as unmet needs and fed into the strategic commissioning process.
6. Informal, community based services and supports must be encouraged, supported and funded to respond appropriately to the needs of local citizens, including for preventative and low level support.
7. A co-production and supportive process involving good conversations with people needing support should replace assessment processes that make decisions over people's heads and must enable a full exploration of all self-directed support options that does not start from the basis of available funding. Giving people as much choice and control over their support and care is critical.
8. More independent advocacy and brokerage services, including peer services, must be made available to people to ensure that their voices are heard, and to help prepare for participation in planning and organising their support.
9. When things do not work well for people and their rights have not been upheld, they must have rapid recourse to an effective complaints system and to redress.
10. Packages of care and support plans must be made more portable and supported people should not have to fight to retain support because they have moved home.

Summary and recommendations

Unpaid carers

11. Carers need better, more consistent support to carry out their caring role well and to take a break from caring with regular access to quality respite provision. Carers should be given a right to respite with an amendment to the Carers Act as required, and a range of options for respite and short breaks should be developed.

12. A new National Care Service should prioritise improved information and advice for carers, and an improved complaints process. It should take a human rights based approach to the support of carers.

13. Local assessment of carers' needs must, in common with assessment of the needs of people using social care support services and supports, better involve the person themselves in planning support.

14. Carers must be represented as full partners on the Integration Joint Boards and on the Board of the National Care Service.

The case for a national care service (NCS)

15. Accountability for social care support should move from local government to Scottish Ministers, and a Minister should be appointed with specific responsibility for Social Care.

16. A National Care Service for Scotland should be established in statute along with, on an equal footing, NHS Scotland, with both bodies reporting to Scottish Ministers.

17. The National Care Service should oversee local commissioning and procurement of social care and support by reformed Integration Joint Boards, with services procured from Local Authorities and third and independent sector providers. Integration Joint Boards should manage GPs' contractual arrangements, whether independent contractors or directly employed, to ensure integration of community care and support provision, to respect and support professional interdependencies, and to remove the current confusion about where responsibility for primary care sits.

18. The National Care Service should lead on the aspects of social care improvement and support that are best managed once for Scotland, such as workforce development and improvement programmes to raise standards of care and support.

19. The National Care Service should oversee social care provision at national level for people whose needs are very complex or highly specialist and for services such as prison social care that could be better managed on a once-for-Scotland basis.

20. The National Care Service's driving focus should be improvements in the consistency, quality and equity of care and support experienced by service users, their families and carers, and improvements in the conditions of employment, training and development of the workforce.

Summary and recommendations

A National Care Service for Scotland – how it should work

21. The National Care Service in close co-operation with the National Health Service should establish a simplified set of outcome measures to measure progress in health and social care support, through which to oversee delivery of social care in local systems via reformed Integration Joint Boards and national care bodies.

22. A Chief Executive should be appointed to the National Care Service, equivalent to the Chief Executive of the National Health Service and accountable to Ministers.

23. Integration Joint Boards should be reformed to take responsibility for planning, commissioning and procurement and should employ Chief Officers and other relevant staff. They should be funded directly by the Scottish Government.

24. The role of existing national care and support bodies – such as the Care Inspectorate and Scottish Social Services Council – should be revisited to ensure they are fit for purpose in a new system.

25. The National Care Service should address gaps in national provision for social care and social work in relation to workforce planning and development, data and research, IT and, as appropriate, national and regional service planning.

26. The National Care Service should manage provision of care for people whose care needs are particularly complex and specialist, and should be responsible for planning and delivery of care in custodial settings, including prisons.

A new approach to improving outcomes – closing the implementation gap, a new system for managing quality

27. A National Improvement Programme for social care, along the lines of the NHS Patient Safety Programme, should be introduced by the National Care Service, and should address the three following key areas:

- **The experience and implementation of self-directed support must be improved, placing people using services' needs, rights and preferences at the heart of the decision making process.**
- **The safety and quality of care provided in care homes must be improved to guarantee consistent, appropriate standards of care.**
- **Commissioning and procurement processes must be improved in order to provide a vehicle for raising the quality of social care support and for enhancing the conditions and experience of the social care workforce.**

Summary and recommendations

Models of care

28. The Scottish Government should carefully consider its policies, for example on discharge arrangements for people leaving hospital, to ensure they support its long held aim of assisting people to stay in their own communities for as long as possible.

29. A national approach to improvement and innovation in social care is needed, to maximise learning opportunities and create a culture of developing, testing, discussing and sharing methods that improve outcomes. The future role of the Institute for Research and Innovation in Social Services (IRISS) and its inclusion as part of the National Care Service must be considered.

30. There must be a relentless focus on involving people who use services, their families and carers in developing new approaches at both a national and local level.

31. Investment in alternative social care support models should prioritise approaches that enable people to stay in their own homes and communities, to maintain and develop rich social connections and to exercise as much autonomy as possible in decisions about their lives. Investment in, or continuance of, models of social care support that do not meet all of these criteria should be a prompt for very careful reflection both by a National Care Service and local agencies.

Commissioning for public good

32. Commissioners should focus on establishing a system where a range of people, including people with lived experience, unpaid carers, local communities, providers and other professionals are routinely involved in the co-design and redesign, as well as the monitoring of services and supports. This system should form the basis of a collaborative, rights based and participative approach.

33. A shift from competitive to collaborative commissioning must take place and alternatives to competitive tendering developed and implemented at pace across Scotland. Commissioning and procurement decisions must focus on the person's needs, not solely be driven by budget limitations.

34. The establishment of core requirements for ethical commissioning to support the standardisation and implementation of fair work requirements and practices must be agreed and set at a national level by the new National Care Service, and delivered locally across the country.

35. To help provide impetus and support to the adoption of a collaborative and ethical approach to commissioning, the idea from CCPS of pressing pause on all current procurement should be fully explored in the context of a National Care Service, with a view to rapid, carefully planned implementation.

36. The care home sector must become an actively managed market with a revised and reformed National Care Home Contract in place, and with the Care Inspectorate taking on a market oversight role. Consideration should be given by the National Care Service to developing national contracts for other aspects of care and support. A 'new deal' must form the basis for commissioning and procuring residential care, characterised by transparency, fair work, public good, and the re-investment of public money in the Scottish economy.

37. National contracts, and other arrangements for commissioning and procurement of services, must include requirements for financial transparency on the part of providers along with requirements for the level of return that should be re-invested in the service in order to promote quality of provision and good working conditions for staff.

Summary and recommendations

38. A condition of funding for social care services and supports must be that commissioning and procurement decisions are driven by national minimum quality outcome standards for all publicly funded adult social care support.

39. A decisive and progressive move away from time and task and defined services must be made at pace to commissioning based on quality and purpose of care – focused upon supporting people to achieve their outcomes, to have a good life and reach their potential, including taking part in civic life as they themselves determine.

40. Commissioning decisions should encourage the development of mutually-supportive provider networks as described above, rather than inhibiting co-operation by encouraging fruitless competition.

41. Commissioning and planning community based informal supports, including peer supports, is required to be undertaken by Integration Joint Boards and consideration of grant funding to support these is needed.

Fair Work

42. Rapid delivery of all of the recommendations of the Fair Work Convention, with an ambitious timetable for implementation to be set by the Scottish Government.

43. Conduct a national job evaluation exercise for work in social care, to establish a fair and equitable assessment of terms and conditions for different roles. This should take account of skills, qualifications, responsibilities and contribution.

44. Putting in place national minimum terms and conditions as a key component of new requirements for commissioning and procurement by Integration Joint Boards. Specific priority should be given to pay, travel time, sick pay arrangements, training and development, maternity leave, progression pathways, flexible pathways and pension provision. The national evaluation of terms and conditions should be undertaken to inform these minimum standards and these should be reviewed as required.

45. Establishing a national organisation for training, development, recruitment and retention for adult social care support, including a specific Social Work Agency for oversight of professional development. The current role, functions and powers of the SSSC should be reviewed and appropriate read-across embedded for shared and reciprocal learning with the NHS workforce.

46. Establishing a national forum comprised of workforce representation, employers, Integration Joint Boards and the Scottish Government to advise the National Care Service on workforce priorities and to take the lead in creating national sector level collective bargaining of terms and conditions.

47. National oversight of workforce planning for social work and social care, which respects the diversity and scale of employment arrangements while improving resilience and arrangements for mutual support should be a priority for a National Care Service.

48. The recommendations listed above should apply to Personal Assistants employed by people using Option 1 of SDS, who should be explicitly recognised as members of the workforce, as well as employees of providers in the public, third and independent sectors. This recommendation should be delivered in full partnership with the independent living movement.

Summary and recommendations

Finance

49. Prioritising investment in social care as a key feature of Scotland's economic plans for recovery from the effects of the Covid-19 pandemic.

50. Careful analysis by a National Care Service, with its partners in the National Health Service, Integration Joint Boards and beyond, of opportunities to invest in preventative care rather than crisis responses, to avoid expenditure on poor outcomes such as those experienced by people who are delayed in hospital.

51. Additional investment in order to:

- **expand access to support including for lower-level preventive community support;**
- **implement the recommendations of the Fair Work Convention;**
- **remove charging for non-residential social care support;**
- **increase the sums paid for Free Personal and Nursing Care for self-funders using care homes to the levels included in the National Care Home Contract;**
- **re-open the Independent Living Fund, with the threshold sum for entry to the new scheme reviewed and adjusted; and**
- **review financial support made available to unpaid carers and increase investment in respite.**

52. Robustly factoring in demographic change in future planning for adult social care.

53. Careful consideration to options for raising new revenues to increase investment in adult social care support.

JANUARY 2021

Addendum

Addendum

You can find background information about this independent review of adult social care in Scotland, including details of meetings, our engagement exercise, submissions made to the review and background papers, here: Independent Review of Adult Social Care – gov.scot (www.gov.scot).

The review was chaired by Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland. Mr Feeley was supported by an Advisory Panel comprising Scottish and international experts as follows:

- Malcolm Chisholm, Former Scottish Minister for Health and Community Care 2001 – 2004
- Anna Dixon: Chief Executive, Centre for Ageing Better
- Caroline Gardner: Auditor General 2012–20
- Stuart Currie: East Lothian Councillor
- Göran Henriks: Chief Executive of Learning and Innovation, Qulturum, Jönköping County, Sweden
- Ian Welsh: Chief Executive, the ALLIANCE
- Jim Elder-Woodward: Chair of the Scottish Independent Living Coalition (SILC)

Secretariat support to the review was provided by a team of officials from the Scottish Government's Health and Social Care Directorates:

- Alison Taylor
- Christina Naismith
- Lorraine Davidson
- Paul Leak
- Mary O'Toole
- Susan Craig
- Gillian McDonald
- Madihah Iqbal
- Jack Walker
- Kelly Martin
- Morna Macleod
- Sophie Downie

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Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	6 July 2021
Report Title	Whistleblowing Update
Report Number	HSCP.21.082
Lead Officer	Sandra MacLeod
Report Author Details	Name: Sandra MacLeod Job Title: Chief Officer Email Address: *samacleod@aberdeencity.gov.uk* Phone Number: 01224 523107
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	Appendix A Draft IJB Whistleblowing Procedure

1. Purpose of the Report

1.1. The purpose of the report is to provide the Integration Joint Board (IJB) with (a) an update on the recently introduced national Whistleblowing Standards and (b) a draft Whistleblowing Policy for the IJB.

2. Recommendations

It is recommended that the IJB:

2.1. Note the action taken to communicate the national Whistleblowing Standards that came into effect on 1 April 2021;

2.2. Instruct the Chief Officer to report on a quarterly basis on any whistleblowing incidents raised under the Standards to the Risk, Audit and Performance Committee and NHS Grampian Board;

2.3. Consider and approve the draft Whistleblowing Policy for the Integration Joint Board (Appendix A); and

2.4. Instruct the IJB's Standards Officer to report on any Whistleblowing incidents raised under the IJB's Whistleblowing Policy to the Risk, Audit and

ABERDEEN CITY COUNCIL NHS Grampian

Performance Committee on a quarterly basis (if any incidents have been investigated and concluded in that quarter).

3. Summary of Key Information

National Whistleblowing Standards

3.1. Whistleblowing is when a person, usually working with or in a public service, raises a concern of mismanagement, corruption, illegality, or some other wrongdoing. The public value of whistle-blowing has been increasingly recognised since the term was introduced in the 1960s and is an invaluable mechanism for organisations to become aware of issues that need to be addressed.

3.2. Another helpful definition of whistleblowing is when someone who works (or worked) within an organisation raises a concern that relates to speaking up in the public interest where an act or omission has created, or may create, a risk of harm or wrongdoing, or exposes information or activity that is deemed illegal, unsafe, or a waste, fraud, or abuse of taxpayer funds.

3.3. National Whistleblowing Standards have been produced by the Independent National Whistleblowing Officer's Department and came into effect on 1 April 2021.

3.4. NHS Grampian the three Health and Social Care Partnerships (H&SCPs) and other relevant Partners have a clear ambition to develop a culture that welcomes, handles and responds to concerns in a caring, supportive and proactive way, from any member of staff and others who are delivering NHS services in the Grampian area.

3.5. To achieve this work has been undertaken across the system to embed an efficient, consistent, system wide approach to promote, encourage and learn from whistleblowing concerns raised throughout Grampian. The Partnership's Leadership Team received a presentation on the launch of the Standards ahead of the effective date of 1 April 2021 and have since communicated the Standards across the Partnership.

3.6. Whistleblowing Concerns can be raised by anyone who is (or has been) providing services for the NHS, or working to provide services with NHS staff which includes:

- All NHS Grampian staff.
- All Health and Social Care staff.
- All those working in non-private Primary Care Services (including both salaried and independent practices).
- Anyone contracted to provide services for NHS Grampian.
- All Agency staff and Locums.
- All Students, Trainees and Apprentices.
- All Volunteers and Third Sector Organisations.

3.7. In terms of next steps, NHS Grampian are to continue to communicate the Standards across the sectors, including commissioned services and the 3rd Sector, as well as signposting staff to training on the Standards held on Turas. NHS Grampian's Whistleblowing Standards Short Life Working Group will hold a "mop-up" session to capture how the first quarter of reporting has gone. The Board should note that Aberdeen City Council has its own Whistleblowing Policy but work has been progressed to communicate the new NHS standards to all relevant Council staff within the Partnership.

3.8. In terms of reporting, Whistleblowing incidents captured through the process will be reported to both the IJB and NHS Grampian on a quarterly basis. It is proposed that the Risk, Audit and Performance Committee receive the quarterly reports.

IJB Whistleblowing Policy

3.9. Officers from the Partnership have been in communication with the Independent National Whistleblowing Officer's Department regarding the production of a Whistleblowing Policy for the IJB. The Independent National Whistleblowing Officer's view is that although IJB's do not have to have a separate Policy, it would be good practice to establish such a Policy.

3.10. As a result, an IJB Whistleblowing Policy has been drafted and is attached at Appendix A.

3.11. The Policy relates to all IJB Members and Office Holders of the Board and is committed to dealing responsibly, openly and professionally with any genuine concerns held by staff of the Aberdeen City Health and Social Care Partnership, Members of the Board or Office Holders, encouraging them to report any concerns about wrongdoing or malpractice within the IJB, which they believe has occurred.

3.12. The aim of this policy is to ensure that staff and Members are fully aware of the types of matters that they should report and the reporting procedure they should follow to raise any genuine concerns about any possible wrongdoing or malpractice, at an early stage, without fear of penalty or victimisation.

3.13. This Policy would not relate to members of the public who have concerns regarding the IJB, members of the public would be encouraged to use the IJB Complaints Procedure.

3.14. If approved it is proposed that any whistleblowing incidents raised through this Policy will be reported to the Risk, Audit and Performance Committee by the Board's Standards Officer on a quarterly basis (if there are any incidents investigated during that time period).

3.15. It is proposed that training on the Policy be made available to all Members of the IJB and the Board's Office Holders.

4. Implications for IJB

4.1. **Equalities, Fairer Scotland and Health Inequality -** there are no implications in relation to our duties under the Equalities Act 2010 and Fairer Scotland.

4.2. **Financial** – there are no immediate financial implications arising from this report.

4.3. **Workforce** – there are no immediate workforce implications arising from this report. The NHS Scotland Standards have been communicated as outlined in the report and if approved, the IJB Policy will also be communicated to staff within the Partnership.

4.4. **Legal** – there are no immediate legal implications arising from this report.

4.5. **Covid-19** – There are no implications relating to Covid-19 in this report.

4.6. **Unpaid Carers** – There are no implications relating to unpaid carers in this report.

4.7. **Other**- there are no other immediate implications arising from this report.

5. Links to ACHSCP Strategic Plan

5.1. The report is linked to all the strategic aims of the Partnership's Strategic Plan.

6. Management of Risk

6.1. Identified risks(s) - The updates provided link to the Strategic Risk Register in a variety of ways, as detailed below

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

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

6- There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care.

6.3. **How might the content of this report impact or mitigate 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	Sandra Macleod (Chief Officer)

INTEGRATION JOINT BOARD

	Alex Stephen (Chief Finance Officer)

ABERDEEN CITY INTEGRATION JOINT BOARD

Whistleblowing

POLICY & PROCEDURE

Approved by the Aberdeen City Integration Joint Board on…..

Contents

SECTION 1: INTRODUCTION

Policy statement

This policy applies to all Members and Office Holders of the Aberdeen City Integration Joint Board (IJB). The policy allows individuals (Members of the Board, Office Holders and staff of the Aberdeen City Health and Social Care Partnership) to voice their concerns in relation to information they believe shows serious malpractice or wrongdoing within the Aberdeen City Integration Joint Board. It allows for this information to be disclosed internally without fear of reprisal. The Public Interest Disclosure Act 1998 (as amended by the Enterprise and Regulatory Reform Act 2013) gives legal protection to individuals against being dismissed or penalised by their employers as a result of publicly disclosing certain serious concerns. These provisions ensure that no-one should be disadvantaged in raising legitimate concerns.

This policy should be used to assist individuals who have serious concerns or believe they have discovered malpractice or impropriety. It is intended to encourage and enable individuals to raise serious concerns within the IJB rather than overlooking the issue or raising them outside the IJB. It should not, however, be used to reconsider matters which have already been addressed by other policies in either of the employing organisations e.g., Managing Bullying and Harassment, Managing Discipline, Managing Grievances.

SECTION 2: PRINCIPLES

Principles

This policy is intended to cover concerns which are in the public interest and may, at least initially, be investigated separately but then may lead to other procedures being invoked. To be protected as a whistleblower the person raising the concern needs to make a qualifying disclosure about malpractice where one or more of the following has been, is being or is likely to be committed:

1. a criminal offence;
2. a failure or likely failure to comply with any legal obligation;
3. a miscarriage of justice;
4. putting health and safety of any individual in danger;
5. damage to the environment; or
6. deliberate concealment relating to any of the above.

There are some disclosures that can not be qualifying disclosures. The individual will not be protected for whistleblowing if:

- The law is broken when making a disclosure.

- The information is protected under legal professional privilege (e.g., if the information was disclosed for the purpose of obtaining legal advice).

The policy aims to encourage individuals to feel confident in raising serious concerns and to question and act on any concerns they may have about malpractice. The policy provides a means for individuals to raise concerns and to receive feedback on any action taken. This policy is designed to offer protection to anyone who discloses reasonably and responsibly any concerns as above, provided the disclosure is made –

- With a reasonable belief it is in the public interest;
- With a reasonable belief that the act has taken place and it is disclosed to an appropriate person;
- With compliance to the provisions of the procedure.

All complaints will be treated in confidence, however, individuals may be called as a witness at a later stage.

If an individual becomes aware of a whistleblowing issue, they should be encouraged to "blow the whistle" as –

- An opportunity could be missed to deal with a problem before it becomes a major issue;
- The individual raising the concern could qualify for protection under the Public Interest Disclosure Act;
- An individual who conceals malpractice could become questionable themselves;
- The IJBs reputation could be damaged.

SECTION 3: THE PROCEDURE

The IJB's procedure comprises **three** formal steps:

Step 1: Invoking the Formal Procedure

Step 2: The Formal Investigation

Step 3: Outcome of the Concern

Reporting a Concern

Before the formal part of the Whistleblowing procedure is invoked there are steps to be undertaken informally which include: the reporting of the concern, and the determination of the complaint.

Individuals have a right and a duty to raise any concerns which they may have regarding the services provided by the IJB or any serious malpractice associated with them.

Initially concerns should be reported to the Partnership's Business Manager and advice and support can be taken from a trade union or colleague. If this is not appropriate the formal part of the procedure can be invoked and they may contact the Board's Standards Officer (currently the Legal Services Manager in Aberdeen City Council).

Once the initial report has been lodged and it has been confirmed that it will be dealt with under this policy, all appropriate protection will apply from this point.

Wherever possible, individuals should raise concerns in writing which identify the nature of the concern and the grounds on which these are based. Information on the background, history, names, dates and places should be provided if possible. If individuals do not feel able to raise concerns in writing they may telephone the appropriate officer or arrange to meet the officer face to face.

Determination of the Complaint

When a complaint is received, the Business Manager should first consider whether the matter could be dealt with informally, if it is a minor issue, or whether another policy or procedure of the IJB is more applicable, before deciding whether to refer the matter to the Board's Standards Officer as a whistleblowing complaint. See Appendix 2 for further information.

Once the Business Manager has confirmed that they believe the complaint is a whistleblowing complaint, they should inform the Board's Standards Officer by completing the pro-forma (Appendix 3). It is recommended this should take no longer than **5 working days**. (It should be noted that the Standards Officer has the final determination on whether the complaint is indeed a whistleblowing complaint).

The Business Manager should also write to the individual to inform them that their concern has been acknowledged, and how it will be dealt with. (See Appendix 4 for Model Letter). Where the Business Manager feels that the matter should be dealt with under another policy, the appropriate route should be progressed to take the matter forward.

Step 1: Invoking the Formal Procedure

On receiving the pro-forma, the Standards Officer will check whether it relates to the acts or issues which qualify for protection. The Standards Officer will write to the individual to acknowledge their concern and confirm whether

protection under the procedure applies. It is the responsibility of the Standards Officer to:

(1) Make the determination as to whether the concern qualifies for protection within the policy. It is recommended that this should take no longer than **5 working days**.

(2) Appoint an appropriate Investigating Officer to look into the concern raised, with a view to reporting back within a reasonable timescale. It is recommended that this should take place no more than **5 working days** after it is determined that the Whistleblowing policy applies.

(3) Confirm with the individual the initial determination relating to the concern and the name of the Investigating Officer.

Step 2: The Formal Investigation

The Standards Officer shall appoint a suitable Investigating Officer who has the necessary skills and knowledge to investigate the registered concern and also to determine whether it is appropriate to be investigated within or outwith the wider IJB.

Where the concern relates to an issue of financial irregularity, the matter will be dealt with in accordance with financial regulations. However, in these circumstances, communication should be maintained with the Standards Officer to allow a response to be made to the individual raising the concern, in accordance with this procedure.

It will be necessary for the Investigating Officer to source and scrutinise all available facts in order to report to the Standards Officer. This may include interviewing others who may, or may not, be Members or Office Holders of the IJB. It is recommended that investigation is completed within the target date of **20 working days** or to an agreed timescale.

The Investigating Officer should maintain regular contact with the individual who has raised the concern to update them on progress of the investigation.

The Investigating Officer is responsible for compiling a written report for the Standards Officer. The report should comment on the validity of the concern and recommend any action the IJB should take to make good any identified failings. However, the final decision as to the scope of the investigation and the outcome of the concern is that of the Standards Officer alone.

Reporting to external bodies

If there is evidence of criminal activity, the Investigating Officer should inform the police. Any internal investigation should not interfere with any police investigation.

Step 3: Outcome of the concern

Once the Standards Officer is in receipt of the Investigating Officer's report, a meeting will be called with the individual who raised the concern. At the meeting the Standards Officer will explain the outcome and explain reasons for the decision. This decision will be confirmed in writing within **5 working days** from the date of the meeting.

In most circumstances, the Standards Officer should release the full report to the individual who has raised the concern. However, where there are issues which are confidential, which contain personal information about individuals or, for any other justifiable reason, only the parts of the report which exclude the sensitive information will be released.

At the meeting the individual may be accompanied by a colleague or trade union representative.

Following the outcome, the Standards Officer will write to the Business Manager to communicate any action points arising from the whistleblowing concern. These must be implemented within the timescales set by the Standards Officer. Any non-compliance with the requirements of the Standards Officer that remain unresolved within an eight week period, the Standards Officer will report the matter to the next available meeting of the IJB. The Standards Officer is also responsible for reporting the number, and progress, of all whistleblowing concerns to meeting of the Risk, Audit and Performance Committee on a quarterly basis.

Should the individual who raised the concern be dissatisfied with the determination of the Standards Officer in the conclusions and action to be taken, they should contact Public Concern at Work, an independent external organisation that can advise on progressing whistleblowing issues.

SECTION 4: KEY ISSUES TO CONSIDER

Victimisation

The IJB will protect any individual who makes a disclosure in accordance with this policy and procedure from any form of victimisation and reprisal. Disciplinary action will be taken against any Member of the IJB or Office Holder who engages in any form of bullying, harassment or victimisation against an individual who has raised a concern.

Anonymous Allegations

This policy encourages individuals who raise concerns not to remain anonymous by ensuring they will be protected from victimisation. However, where an individual wishes to remain anonymous, the IJB will attempt to protect their identity. This may not always be possible as individuals who

report concerns may be required to give evidence as a witness. The IJB will use its discretion in maintaining the anonymity of the individual concerned. The following factors would need to be taken into account –

- the seriousness of the issue(s) raised;
- the likelihood of obtaining information from alternative sources which would confirm the allegation.

Untrue Allegations

The IJB will protect individuals from false and malicious allegations. Allegations will be investigated before determining what action, if any, should be taken. Where it is established that a Partnership staff member makes an allegation which is known to be false or malicious, they will be subject to disciplinary action under the appropriate Managing Discipline policy. If it is established that a Board Member or Office Holder makes an allegation which is known to be false or malicious, the matter will be referred to the Standards Officer for investigation.

SECTION 5: REVIEW OF THE POLICY AND PROCEDURE

This policy and procedure will be reviewed every five years. It will, nevertheless, be subject to continual review and amendment in the light of experience of its operation, employment best practice and statutory requirements. Changes will only be put into effect following the normal consultation arrangements.

Appendix 1: Examples of Whistleblowing

Below are example scenarios of the types of issues that may be covered under the Whistleblowing policy.

Example 1
An individual raises a concern because IJB Members or Office Holders are receiving gifts and hospitality in exchange for their issue being given priority over others.

Example 2
An individual has raised a concern that an IJB Member or Office Holder has been hiring an external trainer who is a friend of theirs, instead of using the agreed procurement processes to deliver training, which is on suspicious terms. The Member or Office Holder has been booking more courses than are required and paying the trainer full fees for courses which are subsequently cancelled.

Example 3
An individual is aware that clients' personal files and data have been disposed of inappropriately by a Member of the IJB or Office Holder, and in breach of the Data Protection Act.

Appendix 2: Consideration of other Policies

The Whistleblowing procedure is intended to cover major concerns that fall outwith the scope of other policies or procedures and is intended to have a wider application covering other forms of malpractice. As malpractice is not easily defined, the following is a list of examples – although this list is not exhaustive.

- Fraud
- Financial irregularities
- Corruption
- Bribery
- Dishonesty
- Acting contrary to code of ethics
- Criminal activities
- Creating or ignoring a serious health and safety risk or risk to the environment.

It should be noted that whistleblowing disclosures are protected where they concern –

- An action or omission that took place in the past;
- Improper conduct occurring in the present; or

- The prospect or likelihood of an action or omission occurring in the future.

Difference between a Grievance and Whistleblowing concern

It should be recognised that there is a difference between a grievance and a whistleblowing concern. A whistleblowing concern is regarding the conduct of another individual in the workplace which the complainant genuinely believes falls within the whistleblowing criteria. Whistleblowing is where a concern is raised in relation to danger or illegality which affects others e.g. customers, the public or an employer. Usually the individual raising the concern is not directly affected by the danger or illegality and they would rarely have personal interest in the outcome. They are merely trying to alert others and act as a messenger so that the matter can be addressed. They are not required to prove the malpractice but must have a genuine belief and raise the concern in accordance with this policy and procedure.

A grievance concerns an individual personally, regarding being poorly treated or possibly involving a breach of their individual employment rights and where they would seek redress or justice for themselves. They would therefore have a vested interest in the outcome. The following are examples of grievances –

- Issues regarding pay or hours of work;
- The allocation of work or workload;
- Working environment or working conditions;
- Issues relating to relationships with colleagues;
- Complaints about type of work or duties an individual is asked to carry out e.g. something outwith their contract of employment;
- Complaints about insufficient training.

Existing Policies and Procedures

The IJB has other existing policies and procedures in place to assist Board Members to raise concerns regarding the following types of issues which should be considered prior to the Whistleblowing policy:

- Financial irregularities should be dealt with through referring to the Council's Financial Regulations.

- The Whistleblowing policy does not apply to complaints made by the general public. Any complaints from the general public should be dealt with through the IJB Complaints procedure.

This is a not an exhaustive list. It is the final determination of the Standards Officer to decide whether a complaint falls under the Whistleblowing policy and procedure and whether protection under the policy applies.

Appendix 3: Proforma to Standards Officer

Pro-forma to Standards Officer from the Business Manager who has received the initial concern.

ABERDEEN CITY IJB
WHISTLEBLOWING POLICY

PROFORMA TO STANDARDS OFFICER

The following complaint has been received from an individual who wishes to report a concern which may invoke protection under the Whistleblowing policy. The details below outline the complaint and await your determination.

Section 1

Name	**Job Title**
Service/Organisation	**Work Location**

Section 2

Please provide a brief outline of the complaint:
(Where possible please provide names, dates, history and background details of the complaint)

Has the concern been considered under an alternative policy? Please provide details:

Section 3

Has the complaint been investigated previously?

Yes ☐ **No** ☐

If yes, who was the manager who undertook the investigation?

Please provide brief details of the outcome of any previous investigation below:

Please attach any correspondence relating to the complaint, along with this form, to the Standards Officer, Legal Services Manager, Corporate Governance, Aberdeen City Council, Marischal College, 1st Floor South, Business Hub 6, Broad Street, Aberdeen, AB10 1AB.

Appendix 4: Model Letter to Individual from Business Manager receiving the Complaint

Date:

PERSONAL

Dear

REPORTING OF CONCERN UNDER WHISTLEBLOWING PROCEDURE

If written concern from worker:

I write to acknowledge receipt of your letter dated xx/xx/xx in accordance with the above procedure and advise that the concern as outlined by yourself has been formally registered.

Or if verbal concern from worker:

I refer to our meeting of xx/xx/xx where you outlined a concern in accordance with the above procedure and advise you that the concern has been formally registered.

Option 1 Initial determination by manager - possible Whistleblowing
I have passed the concern to the Standards Officer (or appointed representative) who will determine whether the concern qualifies for protection under the Whisteblowing policy. They will then write to you confirming whether your concern qualifies or not.

You will then be further notified, of the Standards Officer's determination of your concern and how the matter will be progressed, or otherwise.

Option 2 Initial determination not Whistleblowing
I have decided after careful consideration that your concern does not fall within the Whistleblowing policy and instead should be managed through another more appropriate means through the ***(appropriate route).*** As such you will be contacted shortly so that your concern can be taken forward.

Yours sincerely

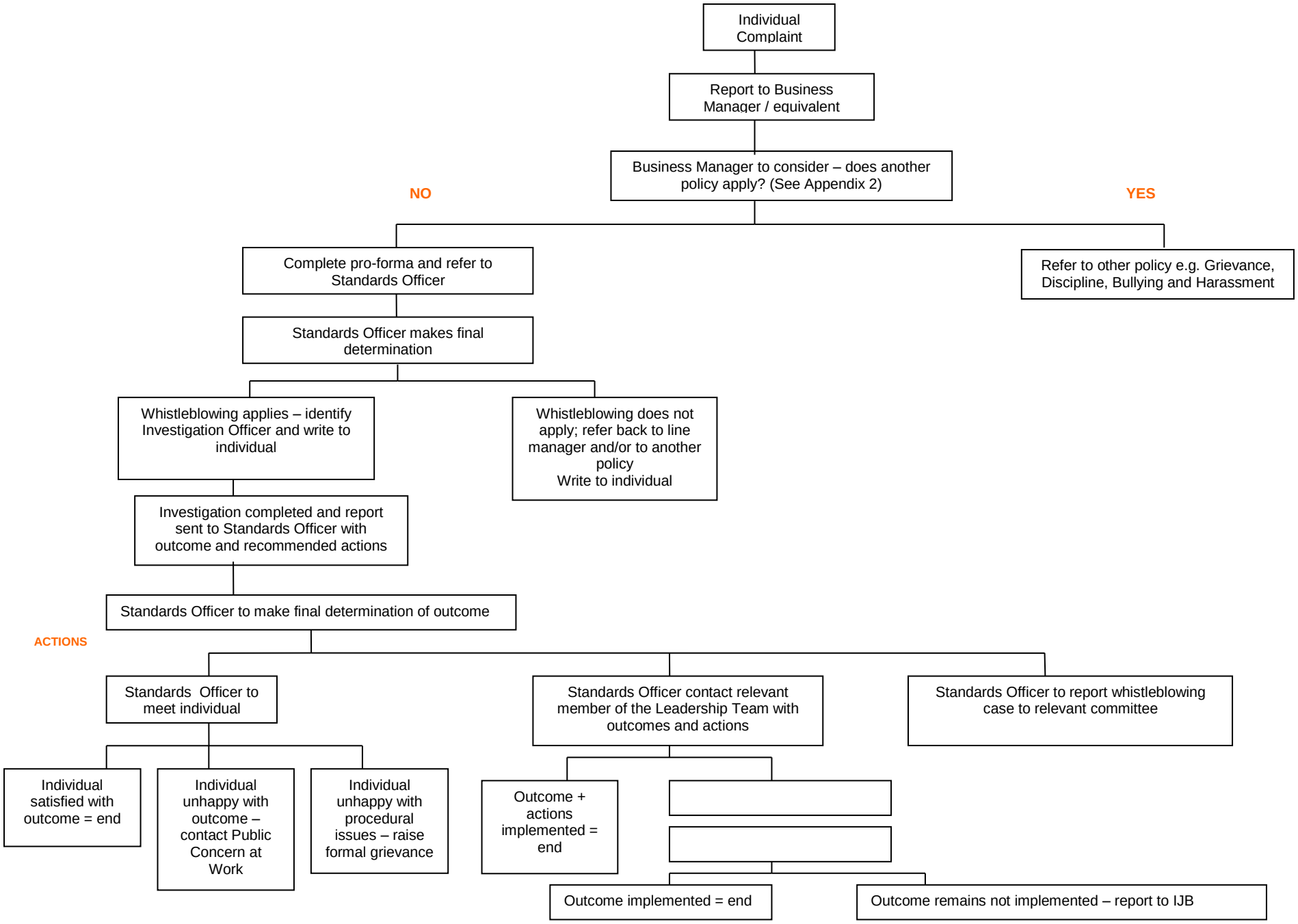
Name of manager receiving complaint

Appendix 5: External Prescribed Regulators

Whilst it is hoped the Whistleblowing Policy will reassure employees to raise concerns internally, the IJB accepts that employees safely or properly contact an appropriate external body. Below is a non exhaustive list of regulators or independent supervisory bodies which maybe relevant:

1. Health & Safety risks: HSE, Food Standards Agency
2. Environmental issues: Scottish Environment Protection Agency
3. Utilities: OFCOM, WICS, OFGEM.
4. Financial Services & the City: Financial Services Authority (and pending its full operation, its predecessor bodies); HM Treasury.
5. Fraud & fiscal irregularities: Serious Fraud Office, Inland Revenue & Customs.
6. Public sector finance: Audit Commission, Audit Scotland.
7. Company Law: Department for Business, Innovation and Skills.
8. Competition and consumer law: Office of Fair Trading, Local Authority
9. Others: Certification Officer (Trade Unions), Information Commissioner's office, Charity Commission, Criminal Cases Review Commission, Data Protection Registrar, The Pensions Regulator.

Appendix 6 Flow-chart



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Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	6 July 2021
Report Title	Market Facilitation Update
Report Number	HSCP.21.076
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Name: Anne McKenzie Job Title: Lead Commissioner Email Address: anne.mckenzie@nhs.net Phone Number: 07977519136
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	No

1. Purpose of the Report

1.1. The purpose of this report is to provide an update to the Integration Joint Board (IJB) with regards to market facilitation activity during the previous 12 months.

1.2. A recommendation in the Strategic Commissioning (HSCP.19.043) report to 3 September 2019 IJB requested the Chief Officer to deliver a progress report to the IJB against key milestones identified in that report in March 2020. IJB on 23 March 2020 agreed to delay the reporting back due to the volume of work connected to the emerging/ongoing Covid-19 situation and the impact on intended reporting.

2. Recommendations

2.1. It is recommended that the Integration Joint Board (IJB) notes the content of this report.

3. Summary of Key Information

3.1. Market facilitation is defined by the Coalition of Care Providers in Scotland as, "Market facilitation means commissioners working closely with providers, supported people, carers and their internal colleagues (procurement, legal and financial) to encourage the flourishing of a sustainable, effective range of providers and types of support in an area." It also describes a required shift in relationship from "monopsony" where there is a single purchase controlling the price and specification for a multitude of providers.

3.2. The Independent Review of Adult Social Care in Scotland (Feeley Report), commissioned by the Scottish Government and the review committee chaired by Mr Derek Feeley, also makes recommendations for future commissioning purpose and relationships with commissioners and providers working together for the common good and stewardship of public money, using a more collaborative, participative and ethical commissioning process. Feeley also suggests in the report that "we would like to see the split between commissioners and providers narrowed so that we can get the expertise of both, foster innovation, and engage people with lived experience more productively. In return for a seat at the commissioning table, we expect providers to be accountable for new standards of accountability, quality, staff wellbeing and transparency".

3.3. Please refer to report HSCP.21.052 on this agenda for the full Feeley Report.

3.4. Our current market engagement plan has been significantly exercised over the past 12-15 months as both Aberdeen City Health & Social Care Partnership (ACHSCP) and provider have had to navigate the complexities of delivering care and support to thousands of people during a pandemic. Never has risk been so felt so acutely by both and never have both managed that risk in such a joined up way. The following narrative offers some examples of the means with which we have responded to the need for market facilitation over this time.

3.5. Our ambition to procure services, designed to offer the best opportunity to help people realise their outcomes has continued over this past year, and commissioning activity has seen us secure new arrangements for the provision of:

- Care at Home
- Day Care / Day Opportunities
- Carers support services.

The procurement of a joint sensory service is currently underway.
The relationship between ACHSCP and providers has been collaborative throughout the redesign and implementation of the new arrangements.

3.6. COVID 19 posed a potential threat to the sustainability of the provision of social care across Aberdeen City either due to the level of sickness across the workforce or due to a lack of available infrastructure to meets additional needs to comply with infection, prevention and control procedures. Social care providers supported by ACHSCP teams and ACVO and Scottish Care have managed to remain resilient despite the difficulties, and a level of service has been maintained throughout.

3.7. One aspect that has supported this resilience and allowed for relationships to deepen at an operational level has been the provider huddles. These huddles offer providers of both residential and non-residential sectors to join together, to share common issues, problem solve and offer peer support. Initially through daily meetings, providers now have this opportunity to continue to meet on a weekly basis.

3.8. Providers also report that they have felt supported over this past year at an operational level, despite an increased requirement for assurance, especially regarding infection, prevention and control practice. Whilst some providers have experienced difficulty at different times with providing this assurance, matters have been dealt with fairly and in a supportive manner.

3.9. In December 2020, ACHSCP launched its “Stay Well Stay Connected” market position statement – produced collaboratively with providers. This was considered as a first step towards a market position statement and commissioning plan aligned with our new Strategic Plan due in March 2022.

https://www.aberdeencityhscp.scot/globalassets/achscp-market-position-report-2020_final.pdf

3.10. We are constantly learning about market facilitation and trying to build on our experience. In March 2021, we held a market engagement event to discuss our plans for procuring residential respite and interim bed capacity. We listened to the feedback from providers and amended our plans based on their feedback. We also heard of some of the challenges that they face as they admit people into their facilities – often without much time for planning and have committed to working with them to improve the situation.

3.11. Whilst many of these developments have impacted upon our relationship with providers at an operational level, we have identified a gap at a strategic level. Our plan is to see whether there is an appetite to develop a relationship at a strategic level, aimed at Chief Executive, Business Owner, or Managing Director level. We hope to start to have this conversation in June 2021.

3.12. We feel that development of relationships at a strategic level is particularly relevant with the advent of a National Care Service, and as we embark upon the next iteration of our strategic plan and associated commissioning plan and market position statement.

3.13. The impact of our improved market facilitation will be reflected in our approach to commissioning and annual procurement workplans to committee.

4. Implications for IJB

4.1. **Equalities, Fairer Scotland Duty, and Health Inequality** - There are no specific equality or health implications from this report. Nor is there any direct implication for our Fairer Scotland Duty.

4.2. **Financial** - There are no specific financial implications arising from this report.

4.3. **Workforce** - There are no specific workforce implications arising from this report.

4.4. **Legal** - There are no specific legal implications arising from this report.

4.5. Other – Nil

5. Links to ACHSCP Strategic Plan

5.1. This report links to the commissioning principles outlined as one of the enablers within our strategic plan.

INTEGRATION JOINT BOARD

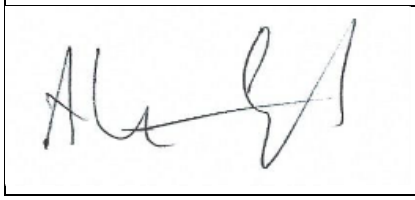
6. Management of Risk

6.1. Link to risks on strategic or operational risk register:

This option links directly to strategic risk 1 – market sustainability

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

By implementing the necessary processes, and continuation of partnership working

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

Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	6 July 2021
Report Title	Health and Care Experience Survey 2020
Report Number	HSCP.21.080
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Alison MacLeod, Lead Strategy and Performance Manager, alimacleod@Aberdeencity.gov.uk, 07740957304
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	A. Health and Care Experience (HACE) 2019/20 Summary Comparison Results

1. Purpose of the Report

The purpose of this report is to present to the Integration Joint Board (IJB) for information, the summary comparison results from the Health and Care Experience (HACE) Survey undertaken in 2019/20.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Notes the Summary Comparison Results from the HACE Survey undertaken in 2019/2020.
b) Instructs the Chief Officer to bring a report on the 2021/22 HACE Survey in July 2022 comparing these with the 2019/20 results i.e., pre- and post-Covid.
c) Instructs the Chief Officer to bring a report on the results of the Local Survey 2022 to the December 2022 meeting of the IJB.

INTEGRATION JOINT BOARD

3. Summary of Key Information

3.1. In November 2019, the IJB instructed the Chief Officer to bring forward a report detailing the results of the 2019/20 HACE Survey which was underway at the time. The results were expected in April 2020 however the response to the Covid 19 pandemic significantly delayed the publication of these. This report is fulfilling that instruction however it is important to note not only that the results are now out of date but also that they relate to a period pre Covid.

3.2. The HACE Survey will be repeated towards the end of 2021 with the results expected April 2022. It is proposed that a further report is brought to the July 2022 IJB meeting which will provide more up to date results that will have more meaningful application to service improvement activity. It will also allow for an assessment of the impact of Covid by allowing comparison between the 2019/20 and the 2021/22 results.

3.3. The HACE is a national survey that is undertaken every two years using a random sample of individuals registered with GP practices across Scotland. The survey is issued around October every two years and asks about people's experiences during the previous 12 months of accessing and using their GP practice and other local healthcare services; receiving care, support and help with everyday living; and any caring responsibilities. The deadline for responses is the end of January of the following year and the results are normally published in April of the year following when the survey was undertaken.

3.4. In November 2019, the IJB received a report on the Local Survey that was undertaken in August/September of that year, at which point it was noted that work on the national survey had just begun. The IJB instructed the Chief Officer to bring forward a further report following publication of the results of the national survey which, at that point, were expected in April 2020, along with details of actions undertaken to address those areas of the survey which would benefit from improvement.

3.5. The HACE Survey was undertaken in January 2020 but due to Covid, Public Health staff were diverted to other work, and the publication of the results was delayed. This also delayed the point at which the requested

report was able to be brought back to the IJB. The Local Survey is due to be repeated in July/August 2022 to demonstrate the difference the Strategic Plan has made. The results of this will be reported to the IJB in December 2022.

3.6. The full results of the survey can be accessed via Public Health Scotland's website, Health and Care Experience Survey - gov.scot (www.gov.scot). This website gives access to all the surveys undertaken since 2010 and uses an interactive dashboard which allows side by side comparison of Aberdeen City Health and Social Care Partnership's (ACHSCP's) results with the Scottish results. Results are also available by Health Board, by GP Cluster and by GP Practice.

3.7. 160,372 people responded to the 2019/20 survey which was a national response rate of 26%. This was a 4% increase on the 2017/18 response rate of 22%. The response rate for ACHSCP in 2020, was slightly higher than the Scottish figure at 28% which represents 4,594 people. This was an increase of 5% from the 23% response rate for ACHSCP in 2017/18.

3.8. Appendix A is a comparison of some of the key, high level results for ACHSCP in 2019/20, compared to the 2019/20 Scottish average, and to the 2017/18 results where this is possible. The survey questions have changed slightly over the years, incorporating more aspects of social care, and direct comparisons are not available for all questions. The questions asked within the survey offer a variety of options for response. The percentages shown indicate the proportion of responses that indicated a positive experience, for example a shorter waiting time for an appointment with a GP is deemed to be more positive than a longer one.

3.9. A Red/Amber/Green assessment has been made on the results of the national survey shown in Appendix A. The assessment is based on comparison with both the previous rating in 2017/18, if there is one, and against the Scottish average. The results are now somewhat outdated. Not only was the survey undertaken over 18 months ago, but it was also undertaken prior to the Covid pandemic which has changed the landscape for service delivery along with client and patient expectations.

3.10. The results of the HACE Survey are available to services for use in considering areas for improvement. The information is normally triangulated with other local intelligence, due to the relatively low response rate in terms of overall population. It is most relevant for GP Practices as the sampling is taken from practice lists and the results can be displayed down to GP Cluster and Practice level.

3.11. Although the 2019/20 responses to most of the GP related questions are indicating negative trends, the situation will have changed dramatically over Covid and more up to date information is needed to understand any specific actions that are required to improve. The results will be used as a basis for discussion when working with GP practices as part of the wider Primary Care Review however it is likely more localised and targeted engagement with patients will be required to inform this work.

3.12. Results from the social care related questions are all positive but it should be noted that the only comparison made is with the Scottish average. Again, Covid will have had an impact on service delivery in the interim, and the results we get today could differ as a result. Work is ongoing across a number of social care services – residential care, care at home, day opportunities and respite, mental health and learning disabilities etc. The aim of this is to improve client experience and outcomes and we hope that this will positively impact on the results of the 2021/22 survey which is due to be undertaken towards the end of this year.

3.13. The results from the Caring Responsibilities section are all in line with, or better than the Scottish average but the same or worse than 2017/18 results. This gives an overall status of Amber which is not where we would like to be. Covid has also impacted negatively on the role of unpaid carers which we recognised in the Lessons Learned report considered by IJB at its April meeting. Some of the social care commissioning work noted above, particularly day opportunities and respite, will have a positive impact on unpaid carers as will the community asset-based approach, we are undertaking within the Stay Well Stay Connected programme.

3.14. Our Adult Carers Support Service was recommissioned in December 2020 with a new provider and although the initial transition phase paused some

support, the enthusiasm of the new provider is now making a very positive impact on Carer Support. Our Carers Strategy was due to be refreshed last year but we were unable to undertake this work due to the impact of Covid not only on staff but also on Carers themselves.

3.15. Details of the proposals in relation to refreshing the Carers Strategy are the subject of a specific report, also due to be considered at this IJB meeting. Our plans to refresh the strategy and reinvigorate work on the associated Action Plan, involving our new provider and carers themselves should have the impact of improving our results in future HACE surveys.

4. Implications for IJB

4.1. Equalities, Fairer Scotland and Health Inequality

The Health and Care Experience Survey provides information on respondents age, gender, ethnicity and religion as well as details on long terms conditions and work status where this information has been provided. In 2020, 57% of respondents were aged 45 to 74, 57% female, 94% were White and only 4% noted a minority religion. 51% had no long-term condition, 46% were in full or part time employment and 34% were retired. Whilst selection of the sample is managed nationally and is random, it is suggested work could be undertaken through the Locality Empowerment Groups and other networks to promote the survey locally, particularly to encourage underrepresented groups to participate should they have the opportunity to do so.

4.2. Financial

There is no specific financial implication as a result of this report. The survey is undertaken, and the results collated and reported by national teams. Any actions in response to analysis of the results will be undertaken within existing resources or, if additional resources are required, will be the subject of a specific report to IJB.

4.3. Workforce

There is no specific workforce implication as a result of this report. The survey is undertaken, and the results collated and reported by national teams. Any actions in response to analysis of the results will be undertaken by our existing workforce. If there are any implications for the workforce in relation to this a specific report will be submitted.

4.4. Legal

There are no anticipated legal implications in relation to this report.

4.5. Covid

Improvement activity in response to the survey results will be carried out taking cognisance of the official guidance in relation to Covid prevailing at the time.

4.6. Carers

The Caring Responsibilities section of the survey results has implications for Carers. Our actions in response to these are noted in paragraph 3.10 of this report.

4.7. Other - None.

5. Links to the Aberdeen City Health and Social Care Partnership Strategic Plan.

5.1. Analysing the results of the national survey assists us to deliver on the commitment of providing the right care, in the right place at the right time which is part of the Personalisation aim within the Strategic Plan. The experiences of people using our services help inform the decisions we make in relation to service delivery and improvement.

INTEGRATION JOINT BOARD

6. Management of risk

6.1. Identified risk(s)

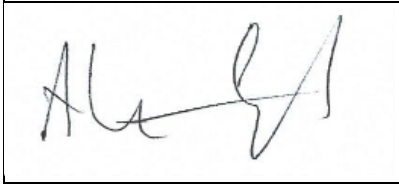
There is a risk if we do not take cognisance of survey results that we are not delivering services that meet the needs of people in our communities.

6.2. Link to risks on strategic and operational risk register:

The recommendations in this report links to Risk 5 on the Strategic Risk Register "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 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".

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

Taking cognisance of the survey results and taking appropriate action will help improve patient and client experiences.

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

INTEGRATION JOINT BOARD

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Health and Care Experience Survey –2020 Summary Comparison Results Appendix A

	Aberdeen City 2020	Scotland 2020	Aberdeen City 2018	Comments
The GP Practice				
Ease of contacting GP Practice in the way that you want	91%	85%	92%	Well above Scottish average
If you ask to make an appointment with a doctor 3 or more working days in advance, does your GP practice allow you to?	67%	64%	71%	Although above Scottish average, reduced from 2018
The last time you needed to see or speak to a doctor or nurse from your GP practice quite urgently, how long did you wait?	84%	86%	86%	Below Scottish average and reduced from 2018
Overall, how would you rate the arrangements for getting to see a doctor at your GP Practice?	64%	67%	68%	Below Scottish average and reduced from 2018
Overall, how would you rate the care provided by your GP practice?	77%	79%	82%	Below Scottish average and reduced from 2018
Treatment or advice from the GP Practice				
I was listened to	91%	93%	93%	Below Scottish average and reduced from 2018
I was given enough time	87%	89%	88%	Below Scottish average and reduced from 2018
I was given the opportunity to involve the people that matter to me	54%	58%	58%	Below Scottish average and reduced from 2018
I knew the healthcare professional well	38%	46%	43%	Below Scottish average and reduced from 2018
My treatment/care was well coordinated	73%	75%	77%	Below Scottish average and reduced from 2018

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	Aberdeen City 2020	Scotland 2020	Aberdeen City 2018	Comments
Care, support and help with everyday living (social care)				
I had a say in how my help, care or support was provided	67%	63%		Above Scottish Average, not compared to 2018
People took account of the things that mattered to me	72%	69%		Above Scottish Average, not compared to 2018
I felt safe	76%	73%		Above Scottish Average, not compared to 2018
I was supported to live as independently as possible	73%	70%		Above Scottish Average, not compared to 2018
The help, care or support improved or maintained my quality of life	72%	67%		Above Scottish Average, not compared to 2018
Caring Responsibilities				
I have a good balance between caring and other things in my life	64%	64%	69%	Scottish Average but below 2018
I have a say in services provided for the person(s) I look after	45%	45%	48%	Scottish Average but below 2018
Local services are well coordinated for the person(s) I look after	40%	38%	40%	Above Scottish Average, static from 2018
I feel supported to continue caring	34%	34%	40%	Scottish Average but below 2018

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Date of Meeting	6 July 2021
Report Title	Justice Social Work Delivery Plan 2021-2024
Report Number	HSCP.21.077
Lead Officer	Sandra Macleod, Chief Officer
Report Author Details	Claire Wilson, Lead for Social Work ClWilson@aberdeencity.gov.uk Kevin Toshney Planning and Development Manager KToshney@aberdeencity.gov.uk Lesley Simpson Service Manager LSimpson@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	Appendix A - Justice Social Work Delivery Plan 2021-2024

1. Purpose of the Report

1.1. The purpose of the report is to present the Justice Social Work Delivery Plan to the Integration Joint Board (IJB) for its consideration and approval.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Approves the Justice Social Work Delivery Plan.

b) Instructs the Chief Officer to present an annual update to the Risk, Audit and Performance Committee on the progress being made with the implementation of this delivery plan.

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Summary of Key Information

2.2. The justice Social Work Service is a large, diverse and busy service working with individuals who have offended, many of whom have significant needs and disadvantages with some presenting a risk of serious harm to themselves and others.

2.3. The service was inspected in 2020 by the Care Inspectorate and a draft delivery plan was submitted as part of its supporting evidence. The outcome of the inspection was very positive as shown by the evaluations against key themes:

1.1	Improving the life chances and outcomes for people subject to a community payback order:	**Good**
2.1	Impact on people who have committed offences:	**Excellent**
5.2	Assessing and responding to risk and need:	**Good**
5.3	Planning and providing effective intervention:	**Very Good**
9.4	Leadership of improvement and change:	**Very Good**

3.3 Given these evaluations, the Care Inspectorate identified the following areas of improvement for the service to progress and complete:

- To enable robust oversight and increased ability to demonstrate outcomes and impact, senior officers should ensure that the Justice Service Delivery Plan and Performance Management Framework are agreed and implemented and associated reporting cycles established.

- To ensure the effective delivery of key processes, senior managers should further strengthen quality assurance mechanisms to support the consistent, confident and timely application of risk assessment and case planning processes, particularly those relating to risk of serious harm.

3.4 The Care Inspectorate's report into its inspection of the Justice service was presented to the IJB on 23rd March 2021. It was agreed that the Justice

INTEGRATION JOINT BOARD

Social Work Delivery Plan should be presented to a future IJB meeting for approval following consultation in respect of the draft plan.

3.5 Delivery plans were introduced by the health and social care partnership as a means of showing how a delegated function or service was working towards the expressed aims of the Strategic Plan and the Local Outcome Improvement Plan and what its own service-specific planned developments and initiatives over a particular time period were.

3.6 The Justice Service works within appropriate legislative and strategic parameters and also with respect to professional justice social work national outcomes and standards (NOS). Although there has not, in recent years, been a service-specific strategic plan of any description, this has not meant that there has not been positive developments with the introduction of the pre-disposal team as a means of initiating quicker engagement with individuals post-sentence; the introduction of Diversion as a means of diverting individuals away from statutory orders; and the establishment of the Women's Centre as a safe, supportive environment for female offenders, all showing the service's ongoing commitment to broadening its service provision and improving the experiences and outcomes of all the individuals who use its services.

3.7 To facilitate the development of this delivery plan, workshops were held prior to the inspection and before the onset of the Covid pandemic to enable staff to comment on the values, objectives and priorities that the service should be seen to be working towards and fulfilling in its day-to-day practice.

3.8 From these conversations, the preferred wording of the service vision is that "every person that we work with achieves the best possible individual and statutory outcomes". Similarly, the consensus of opinion suggested that the day-to-day professional practice should be based on the following value-base: person-centred; respectful; balances risk and need; promotes aspiration; demonstrates equality; shows empathy/compassion; demonstrates 'stickability'; is professional, is fair, consistent and non-judgemental; and has integrity.

3.9 The proposed objectives are framed by a wider community justice perspective, the need for the service to be effective and the desired individual outcomes in terms of offending behaviour and also social inclusion.

- To contribute to the creation of safer and fairer communities
- To fairly, effectively and proportionately implement court orders and release licences
- To reduce offending by promoting desistance
- To promote the social inclusion of people with convictions

3.10 The proposed activities and actions in the delivery plan were initially captured from the self-evaluation that the service submitted to the Care Inspectorate highlighting its strengths and development areas and also from the narrative of the subsequent published inspection report. Further additions were made following workshop sessions with staff which were attended by approximately 70% of the justice workforce.

3.11 A draft delivery plan was circulated to key stakeholders for them to comment. There was a positive response to the plan's strategic coherence and the scope of the proposed activities and initiatives. There was also strong recognition, as indicated in the plan itself, that there would need to be a post-pandemic evaluation of the service to determine how it should best structure itself and deliver appropriate services to meet a likely increase in statutory demand with increased complexity of need and risk.

3.12 The Justice Service Programme Management Board (PMB) chaired by the Lead for Social Work will oversee the implementation of this delivery plan. Annual updates in respect of the implementation progress are recommended to be presented to the Risk, Audit and Performance Committee for their consideration and endorsement.

4 Implications for IJB

4.1 **Equalities, Fairer Scotland and Health Inequality** - The service is very mindful of the particular needs of female offenders and has sought to ensure that the service environment and working practices are appropriate for meeting those needs. This delivery plan recognises that there is already

a Women's Centre improvement plan in place and will continue to support the implementation of this. There are no direct implications from this delivery plan in respect of the IJB's Fairer Scotland duty

4.2 **Financial** – The Justice Service is funded directly by the Scottish Government with there being some local discretion as to how these monies are spent. These funds will be used to cover any costs of the Delivery Plan.

4.3 **Workforce** - Implementing this delivery plan will possibly lead to the introduction of new service activities and some changes in the service's working practices. Staff will be advised of the implementation progress of this plan through the existing line management structures and communication channels. Staff will also have appropriate opportunities to shape these developments prior to their implementation.

4.4 **Legal** – There are no direct legal implications arising from the implementation of this delivery plan. All proposed activities and initiatives are framed within the existing legislative parameters that the service operates within.

4.5 **Covid-19** - The delivery plan acknowledges that given the impact of the Covid-19 pandemic on the delivery of service and its working practices, the service recovery plan will need to give due consideration to what changes, are required for the service to operate effectively in a post-pandemic environment.

4.6 **Unpaid Carers** - There are no implications for unpaid carers arising from this report.

4.7 **Other** - There are no other implications arising from this report.

5 Links to ACHSCP Strategic Plan

5.1 The aims expressed within the partnership's Strategic Plan, "Prevention, Resilience, Personalisation, Connections and Communities" have a strong relevance to the function and operation of the justice social work service.

5.2 This delivery plan is a means of fulfilling these aims through the implementation of justice-specific developments and initiatives.

6 Management of Risk

6.1 Identified risks(s)

There is the possibility that for various reasons including operational demands, this delivery plan is not fully implemented over the course of its three year lifespan. This has the potential to have a negative reputational impact on the service and its management team. Providing additional management capacity within the service and having effective oversight of implementation progress through the Programme Management Board and the Risk, Audit and Performance Committee will mitigate the likelihood and impact of this risk occurring.

6.2 Link to risks on strategic or operational risk register:

Implementing this delivery plan will mitigate risk entry number five in the partnership's strategic risk register – 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 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.

The recently published Care Inspectorate report of the inspection outcomes has validated the belief that the service has in the value of developing supportive relationships with the individuals that they work with and its effectiveness in supporting people to fulfil individual and statutory outcomes.

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

Oversight of the implementation progress of the delivery plan will be undertaken on a quarterly basis by the programme management board chaired by the Lead for Social Work and also the Risk, Audit and Performance Committee which will have an annual update report submitted to it.

Given these arrangements, it is envisaged that the risk of little or no progress made in the implementation of the delivery plan is Low.

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

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Aberdeen City Health & Social Care Partnership
A caring partnership

Justice Social Work Service

Delivery Plan

2021 - 2024

Aberdeen City Health & Social Care Partnership
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Contents

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Please contact the Aberdeen City Health & Social Care Partnership on 01224 62572

1. Introduction

Following the publication of the Health and Social Care Partnership's Strategic Plan 2019-2022 in April 2019, key delegated functions and services including the Justice Social Work service were asked to produce a service-specific Delivery Plan showing their planned activities and initiatives over the next few years in line with the Strategic Plan and the Local Outcome Improvement Plan (LOIP),

The service is diverse, complex and busy and consists of Caledonian, Community Payback Orders (CPO) x 3, Connections Women's Service, Pre-Disposal, Throughcare, Unpaid Work, Support Work and Admin. teams. Its primary remit is to provide statutory supervision and support to individuals who have offended, using interventions which are proportionate to risk and need. This supervision ranges from low level for those on Diversion to very high level, usually with multi-agency support, for the "critical few" who pose significant public protection concerns.

This Delivery Plan is believed to be the first attempt in recent years to outline a coherent overview of the operation and ambitions of the local Justice service; it details the key strategic outcomes and objectives that we wish to focus on over the next three years and how we aim to achieve these in order to improve the experiences and outcomes of the individuals who use our service.

1.1 Our Vision and Values

Our vision frames our ambitions and expectations; it is a pivotal point of reference for all of our proposed activities and initiatives. Our values are the pillars that shape the identity of the service and help explain why we do the things we do, in the manner that we do; they are evident in all of our activities and underpin all our intentions.

Our vision for the Justice Social Work service is honest and straightforward:

"Every person that we work with achieves the best possible individual and statutory outcomes"

Our JSW service values are:

The impact of our vision and values is that the individuals with whom we work:

- Feel valued
- Feel safe
- Feel that they are being treated with dignity and respect
- Feel listened to/included
- Feel that they have been treated fairly
- Feel supported and empowered to make positive change
- Feel they have a good relationship with their supervising social worker
- Increase their self-efficacy

Putting these social work values into practice is an important service activity and priority. A statutory order or licence may be the reason for someone's initial contact with the service but the motivation to continue is soon driven by how our practitioners engage with their service users, the subsequent, mostly positive experiences that are voiced and the collaborations that are undertaken to achieve individual and statutory outcomes.

1.2 Our Outcomes and Objectives

There are four key outcomes for Justice Social Work services:

- provide an efficient and effective service
- increased community safety and public protection;

- reduction in offending
- increased social inclusion.

Our objectives are framed by these desired outcomes, by the national Community Justice Outcomes, Performance and Improvement Framework, national policy and strategy developments, feedback from partners including the criminal justice professionals who work as part of the JSW Service, clients of the service, wider community members and partner organisations and services; they are also underpinned by current research and evidence.

The objectives of the JSW Service, the attainment of which will help us to fulfil our vision, are:

- **To contribute to the creation of safer and fairer communities**
- **To fairly, effectively and proportionately implement court orders and release licences**
- **To reduce offending by promoting desistance**
- **To promote the social inclusion of people with convictions**

Our strategic vision, values and objectives underpin all of our relationships and activities. We have a strong understanding of who our clients are and are determined to work closely with them and appropriate others to deliver positive individual and statutory outcomes

2. Our Strategic Context

All Justice Social Work services operate within a robust legal framework and a rich strategic context at both a national and local level.

2.1 The National Context

The National Outcomes and Standards provides clear guidance on the delivery of justice social work services. Other key strategic documents include Justice in Scotland: vision and priorities, the Strategy for Community Justice, and a Community Justice Outcomes Performance and Improvement Framework.

2.2 The Local Context

Investing in early intervention and prevention is a core principle of Community Planning Aberdeen (CPA) that underpins every discussion, decision and action across its statutory partners.

A comprehensive Population Needs Assessment was initially undertaken in 2016 as part of the development of our Local Outcome Improvement Plan (LOIP). This Needs Assessment

(revised in 2018) provides a strong evidence base for the needs of our local communities and targeted improvement activities and initiatives.

Priorities for improvement of 'community justice' outcomes as required by the Community Justice (Scotland) Act 2016 are embedded into the City's LOIP, rather than there being a separate Community Justice Outcome Improvement Plan. The Community Justice Assessment of Need has informed and influenced these priorities.

Our community planning vision is that Aberdeen is 'a place where all people can prosper'. The LOIP sets out a ten-year plan outlining how this vision will be realised in partnership with local people, places and communities. Key (community justice) priorities in the LOIP include:

- **25% fewer young people (under 18) charged with an offence by 2026.**
- **25% fewer people receiving a first ever Court conviction each year by 2026.**
- **2% fewer people reconvicted within one year of receiving a community or custodial sentence by 2026.**

The Justice service is contributing towards a number of specific improvement projects which are being progressed in order to achieve these Stretch Outcomes; activities and initiatives that are outlined in this Delivery Plan will also contribute to these priorities.

The overarching aim of the health and social care partnership is to provide integrated services which improve people's health and wellbeing. Its Strategic Plan 2019-2022 sets out a number of Strategic Aims which underpin the contents of this Delivery Plan.

Strategic Aim	What does this mean?
Prevention	Working with our partners to achieve positive health outcomes for people and address the preventable causes of ill-health in our population.
Resilience	Supporting people and organisations so they can cope with and,where possible, overcome the health and wellbeing challenges they might face.
Personalisation	Ensuring that the right care is provided in the right place and at the right time when people are in need.
Connections	Develop meaningful community connections and relationships with people to promote better inclusion, health and wellbeing and to reduce social isolation.
Communities	Working with our communities, recognising the valuable role that people have in supporting themselves to stay well and supporting each other when care is needed.

These strategic aims were of course written for all of the partnership's delegated functions and services but they have a strong, particular relevance to the work of the Justice Social Work service.

3. Our Service Delivery

We have a strong and well-informed understanding of who our clients are. The majority of individuals with whom we work present with a range of complex needs arising from backgrounds of family breakdown, parental/carer drug/alcohol/mental health/domestic abuse problems, physical/ emotional/ sexual abuse and trauma, a lack of stability and consistency in housing, schooling and professional supports and, all too often, a poverty of aspiration for themselves. All of these are factors associated with high needs and risks and sometimes high risk of harm to self and others.

Our staff are responsive to these increasingly complex needs and risks; we know what will work. The core principles of early intervention and prevention permeate planning and delivery at all levels of the service and we work in partnership with a range of agencies, services and other stakeholders as appropriate. We are committed to our professional responsibilities to respond accordingly to deliver outcomes that improve lives, reduce re-offending and protect the public.

Not only does the justice social work service know it's client base and what interventions will be appropriate and successful, it also has the evident professional capabilities to deliver that person-led, criminogenic-informed practice. The Hard Edges report (2019) highlighted the value of justice social work services, including Aberdeen City, for their 'stickability' in dealing with severe and multiple disadvantage (homelessness, substance misuse and offending) and being able to demonstrate improved outcomes for individuals.

The report shows the extent to which justice services are used as a last resort safety net and more particularly, it also states that "the existence of a court order appeared to be the necessary passport for access not only to an array of health and other support services but also the main route through which any kind of co-ordination of care occurred for people facing significant multiple disadvantage, if indeed, it occurred at all. Criminal justice social workers were praised by some people with lived experience as the most consistent and helpful service they had encountered. Front-line service providers too, generally acknowledged, that justice teams provided the 'stickiest' and most pro-active support that adults facing significant multiple disadvantage could expect".

This value has also been recognised by the recent inspection (2020) of the service by the Care Inspectorate which said that the support provided by the justice service is having a transformative impact and that service users experience "compassionate, consistent, focused and flexible support which frequently exceeds their expectations and is enabling positive change".

4. Our Commitments

Objectives	Themes	Quality Indicators	Actions	Date
To contribute to the creation of safer and fairer communities	Collaboration with other Community Justice partners Community Empowerment Victim/Family/ Community Experiences and Opinions Contribute to prevention and early intervention	2.2 Impact on victims 2.3 Impact on families 4.1 Impact on the Community 9.4 Leadership of improvement and change	• The JSW service will continue to play a full and active part in appropriate Community Justice discussions and activities in relation to the LOIP.	2021-24
			• The JSW service will support the implementation of the partnership's new three-locality model so that it best meets the needs of JSW clients, victims and communities.	2021-24
			• We will seek the appropriate involvement of victims and families of the individuals with whom we work.	2022
			• We will seek to increase staff confidence in the use of accredited assessment tools including the assessment and analysis of serious harm.	2021-22
			• Undertake a whole service needs analysis including a review of currently commissioned services to determine future third sector provision, and explore the feasibility of appropriate social enterprises to meet the needs and aspirations of the individuals with whom we work.	2021-23
To fairly, effectively and proportionately	Timely, person-	5.1 Providing help and support when it is needed 5.2 Assessing and responding to risk and need	• We will strengthen our compliance in meeting expected timescales for assessments and case management plans.	2021
			• We will improve our consistency in undertaking 1st reviews within expected timescales.	2021
			• We will improve our consistency in undertaking home visits in response to risk/ needs / disengagement	2022

Objectives	Themes	Quality Indicators	Actions	Date
implement court orders and release licences	centred and effective interventions Managing risk and maintaining close working relationships with partners in relation to individuals who pose high risk of harm and issues of public protection Fulfilling statutory duties	5.3 Planning and providing effective intervention 5.4 Involving people who have committed offences and their families 6.1 Policies, procedures and legal measures 6.4 Performance management and quality assurance	• We will improve the numbers of first induction/case management meeting taking place with 5 days of an Order being imposed.	2022
			• Service effectiveness will be reported regularly to the JSW Best Practice group and Performance Management Board and appropriate improvements agreed in respect of this.	2021-24
			• To improve their individual effectiveness, JSW teams will develop, where desirable/necessary, their own team-specific Improvement Plan. These will be monitored by the Performance Management Board.	2021-24
			• We will be more consistent with our Quality Assurance and will strengthen our reporting of service matters to the Clinical and Care Governance group and committee and also the IJB as appropriate.	2021-24
To reduce offending by promoting desistance	Involvement of clients in service development/ improvement activities Building towards desistance	2.1 Impact on people who have committed offences	• We will improve the capture, analysis and use of qualitative data.	2022
			• We will improve our completion rates for Exit Questionnaires. We will also seek to capture better the views of those individuals who are disengaged from the service and those who do not complete their Orders. We will evidence the improvements we are making from EQ and other feedback discussions.	2022
			• We will improve the quality of our drug and alcohol assessments.	2022
			• Our social work practice will continue to person-led, structured, resilient and flexible; Staff supervision will	2021-24

Objectives	Themes	Quality Indicators	Actions	Date
			ensure that this practice is appropriate, supportive and working in the best interests of the individual whether statutory or voluntary.	
To promote the social inclusion of people who have committed offences	Complex, inter-dependent needs Alternatives to statutory orders	1.1 Improving the life chances and outcomes of people in the justice system	• We will seek to provide as part of our UPW Improvement Plan, more learning opportunities and placements which encourage meaningful links with the local community.	2021-24
			• Drugs and Alcohol training will be provided to the JSW workforce.	2021-24
			• Mental Health training will be provided to the JSW workforce.	2021-24
			• We will link with other services as appropriate to improve in particular, housing, health, employment and financial outcomes for the individuals with whom we work.	2021-24
			• We will promote alternatives to statutory orders such as Bail Supervision, Diversion, Fiscal Work Orders, Problem-Solving and Structured Deferred Sentences.	2021-24
			• We will identify, evaluate and take forward for discussion with appropriate ACC colleagues, available commercial properties that have the potential to meet the needs of the UPW service.	2021-2024
			• Seek to raise public awareness of the role, remit and scope of Justice Social Work by developing its digital profile across different platforms.	2021-24

5.0 Conclusion

The justice social work service is an integral element of the community justice jigsaw working directly with individuals who have offended who often have complex, chaotic lives and some of whom present a risk of serious harm to themselves or others. The professional desire to be a stable presence providing consistent, and where necessary, challenging, advice and support contributes to positive relationships between our practitioners and the individuals with whom they work and the attainment of relevant outcomes.

This Delivery Plan is a strategically coherent plan showing how a justice social work service that is already effective in many ways will strive to improve further individual and statutory outcomes for the people that it works with.

That said, it is difficult to say at the time of writing what enduring impact the Covid-19 pandemic will have on our justice service delivery. As and when appropriate, we will undertake a post-Covid review of the service and adjust our working practices accordingly. In addition, we will review these planned actions on an annual basis to ensure that those which are still to be completed remain relevant and fit-for-purpose.

Author:	Kevin Toshney
Owner:	Claire Wilson, Lead for Social Work
Version control table:	1.0 - 2021
Approval history:	IJB 06/07/2021
Implementation:	July 2021

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INTEGRATION JOINT BOARD

Date of Meeting	6 July 2021
Report Title	Locality Plans
Report Number	HSCP.21.078
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Elaine McConnachie, Public Health Coordinator emcconnachie@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	A. North Locality Plan B. South Locality Plan *C.* Central Locality Plan

1. Purpose of the Report

1.1. The purpose of this report is to present to the Integration Joint Board (IJB) for endorsement, the three Locality Plans which have been developed in the context of the new aligned locality planning arrangements within Aberdeen City using a co-production approach.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Endorses the proposed Locality Plans for North, South and Central localities,

b) Further supports the development of locality working including the implementation of the plans and development of the Aberdeen City Health & Social Care Partnership (ACHSCP) Strategic Plan.

c) Instructs the Chief Officer to report to the Risk, Audit and Performance committee in 12 months with an update on locality planning including implementation of the locality plans.

3. Summary of Key Information

3.1. Background

In December 2020, the Community Planning Aberdeen (CPA) Board and the Integration Joint Board agreed recommendations for joint locality working between Community Planning Aberdeen and Aberdeen Health & Social Care Partnership. This saw the bringing together of two models for locality planning which had been established in response to separate legislation - the Public Bodies (Joint Working) (Scotland) Act 2014 and the Community Empowerment (Scotland) Act 2015. The new integrated model of locality planning has resulted in the following outcomes:

3.2. Shared Localities and Priority Neighbourhoods – Shared descriptions of the three localities; North, South and Central including priority neighbourhoods which are those neighbourhoods where people experience poorer outcomes as a result of their socio-economic status.

3.3. Shared Locality Empowerment Groups - An expanded remit of the Locality Empowerment Groups (LEGs) established last year by ACHSCP, to include collaboration on the full range of priority outcomes that the wider Community Planning Partnership is seeking to improve through the Local Outcome Improvement Plan (LOIP) and underpinning Locality Plans. Priority Neighbourhood Partnerships (PNP), which were established by CPA in 2017, continue to operate and complement the work of the LEGs. The LEGs are open to any member of the public living in the locality whilst the Priority Neighbourhood Partnerships are for people living in the priority neighbourhood area. A member of a PNP can be, and often is, also a member of a LEG.

3.4. Shared Leadership and Partnership Working – Alignment of locality planning teams within ACHSCP and Aberdeen City Council (ACC) to work with communities to identify local priorities and agree actions and making the connections with work which is already happening at a city

wide level. ACHSCP Public Health Coordinators and ACC Locality Inclusion Managers have worked closely together to develop the Locality Empowerment Groups, ensuring effective links with the work of Priority Neighbourhood Partnerships and jointly leading the co-production of Locality Plans with communities.

3.5. **Shared Locality Plans** - Draft Locality Plans have been developed for the North, South and Central localities of the City. This sees every neighbourhood in Aberdeen covered by a Locality Plan. The plans incorporate improvement activity for the whole locality and/or targeted at specific neighbourhoods – in most cases priority neighbourhoods. As the plans evolve, however, and we learn more about local needs and assets, they may target other areas which demonstrate particular strengths or need. This report presents the three draft Locality Plans in Appendices A, B, and C of this report. CPA have an established framework for reporting and as such updates on the implementation of the Locality Plans and the LOIP will be available at Outcomes: Improvement Projects – Community Planning Aberdeen on a quarterly basis.

3.6. **Progress**
As the development of the plans has taken place during the Covid-19 pandemic, and the restrictions this has brought, it has meant many of the traditional ways of engaging with communities and staff, including meeting face to face and canvasing opinions in neighbourhoods has not been possible. We have, instead, had to rely on on-line and virtual mechanisms to capture views which has included the use of surveys, workshops, and a citizen simulator.

3.7. A co-production approach has been taken by working with the LEGs and Priority Neighbourhood Partnerships. This has resulted in individuals, community groups/organisations and staff with a shared passion for making things better for the area they live or work in, coming together to share views. This has helped connect community assets, knowledge, and skills with ideas for actions for inclusion within the plans.

3.8. Over the last five months the LEGs and Priority Neighbourhood Partnerships have, along with staff working in our communities,

considered data to understand inequalities which exist between neighbourhoods within their locality and across the City. And they have agreed local priorities for making better use of local people's skills and assets to help improve outcomes for people.

3.9. All of this has culminated in the production of the Locality Plans presented by this report. This is no small achievement and is a demonstration of the commitment of communities to working together, and also with community planning partners, to improve outcomes. It is also testament to the strong partnership working between communities and the joint locality planning team. These strong relationships will be critical to the further development and successful delivery of the Locality Plans.

3.10. The development of the Locality Plans has created a real focus for the LEGs and are a starting point for unifying and strengthening community collaboration in improving outcomes. It is expected they will evolve over time alongside the Priority Neighbourhood Partnerships as they continue to develop and mature.

3.11. We were delighted to secure the services of staff from Health and Social Care Alliance Scotland (the Alliance) to assist with the coproduction aspect of the development of the Locality Plans. They facilitated a number of workshops, both with staff and community members, and their independence from both ACHSCP and ACC, and their knowledge and expertise were extremely valuable to the process. We recognised the challenge for front-line staff to find the capacity to attend workshops whilst still responding to Covid, so a Microsoft Teams form was created as an alternative way to contribute.

3.12. The development of the Locality Plans has created the foundation for the development of the IJB's Strategic Plan, co-produced with our communities from the outset. Building on this, the next stage in the process is to focus on those strategic changes which are specific to health and social care, ensuring that these local priorities are also relevantly reflected in the Strategic Plan.

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4. Implications for IJB

4.1. **Equalities, Fairer Scotland and Health Inequality** - It is anticipated that the implementation of these plans will have a neutral to positive impact on people with protected characteristics as defined in the Equality Act (2010), and those affected by socio-economic disadvantage.

4.2. **Financial -** There is no specific financial implication as a result of this report. Actions within the plan will be delivered within existing budgets held jointly across Aberdeen Health and Social Care Partnership, Aberdeen City Council and Community Planning Aberdeen partners.

4.3. **Workforce** - There are no specific workforce implications related to this report. Support to deliver the plan will be provided from within the existing workforce utilising community assets where relevant.

4.4. **Legal -** There are no anticipated legal implications in relation to this report.

4.5. **Covid** - Delivery of the Locality Plans and continued engagement in relation to the Strategic Plan will be carried out taking cognisance of the official guidance in relation to such activities prevailing at the time. Remote engagement has worked well to date and can continue for as long as necessary.

4.6. **Carers** - There are no specific implications for Unpaid Carers in relation to this report. Carers are represented on the LEGs and have had the opportunity to contribute to the development of the Locality Plans. There are specific improvement projects in relation to improving Carers experiences within the LOIP.

4.7. **Other -** None**.**

INTEGRATION JOINT BOARD

5. Links to the Aberdeen City Health and Social Care Partnership Strategic Plan.

5.1. Developing the Locality Plans in a co-produced way with communities, links directly to our stated intention of working in partnership as described in the Strategic Plan. It also links directly to our priority under the Community Aim to promote community engagement, participation and empowerment.

6. Management of risk

6.1. Identified risk(s)

There is a risk if we do not commit to coproducing and delivering Locality Plans that we are not listening to and delivering services to meet the needs of people in our communities.

6.2. Link to risks on strategic and operational risk register:

The recommendations in this report links to Risk 8 on the Strategic Risk Register: “There is a risk that the IJB does not maximise the opportunities offered by locality working”.

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

Endorsing the three Locality Plans reinforces the IJB’s commitment to work with communities, delivering services that are personalised to their needs.

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

Aberdeen City - North

Locality Plan 2021-26

Community Planning Aberdeen

CONTENTS

FOREWORD

We are delighted to share the first North Locality Plan. The plan has been developed by exploring local data but, more importantly, has been shaped by listening to the people living and working across the locality to understand what would make the greatest difference to them. This has taken place through the establishment of the North Locality Empowerment Group and discussions with various stakeholders, including community members.

We recognise that within the North locality there are some neighbourhoods which face challenges requiring targeted support. The Northfield Priority Neighbourhood Partnership continues to follow the work of the former Northfield Locality Board (and earlier Northfield Total Place) to build on the partnership work within these areas – *Northfield, Mastrick, Cummings Park, Middlefield and Heathryfold.*

The Covid 19 pandemic has had a significant impact on all our lives. Communities have demonstrated how responsive and willing they can be in meeting the range of challenges that their members have faced.

The next steps are to continue to build on what is strong across North locality and strengthen our collective vision to ensure that North locality is a place where all can prosper. This plan should be seen as a living document and will be shaped by the community as we continue to understand the needs and opportunities in the area.

Anna Gale
Public Health Co-ordinator
Aberdeen City Health and Social Care Partnership

Martin Smith
Locality Inclusion Manager
Aberdeen City Council

Development of Plan

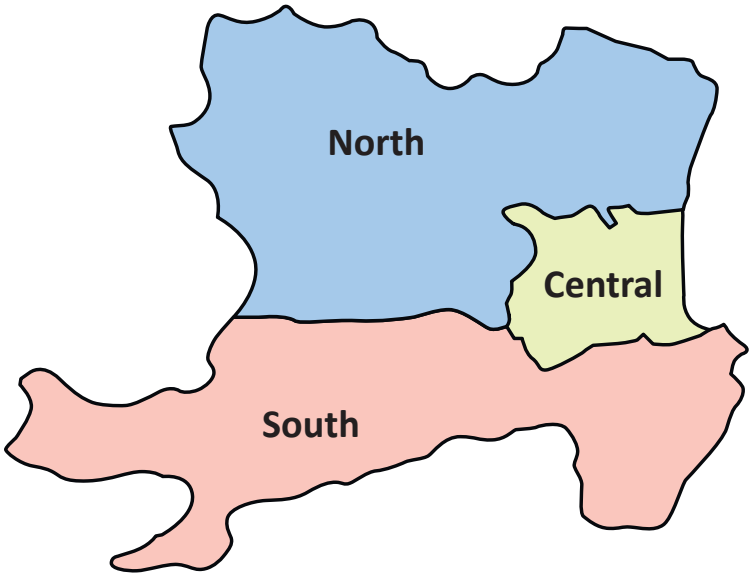
The development of this plan has taken place during a global pandemic which has meant many of the traditional ways of engaging with communities and staff, including meeting face to face and canvasing opinions in neighbourhoods across North locality has not been possible. Instead most engagement has taken place on-line and through virtual mechanisms to ensure that views have been captured. In an attempt to ensure citizens and staff living and working in North locality were involved in the process the following engagement opportunities took place:

- During February four workshops were facilitated on the themes of the Local Outcome Improvement Plan (LOIP); people (adults), people (children and young people), place and economy where locality data was shared and citizens were asked what the priorities should be and potential ideas for action, the workshops were attended by 45 people from North locality.
- During March staff workshops were held for each locality where locality data was shared along with feedback from community sessions to seek feedback from frontline staff on what the priorities should be and suggested ideas for actions, the North workshop was attended by 21 members of staff.
- For staff unable to attend the workshop (it was recognised these workshops were taking place during the highest level of civil contingency in response to COVID therefore making it challenging for frontline staff to attend) a survey was developed based on the themes of the workshop, 26 members of staff shared their views.
- An additional survey was tailored to capture views of children and young people and sent to all schools for completion, 130 children and young people completed the form.
- A session was facilitated with the youth council to capture views on priorities and suggested actions.
- An online simulator was developed to enable citizens to express what was important and of value to them and their community and this was open from 1-30 March 2021. The simulator was completed by 713 people in North. Full results are available here CP Simulator Summary results and Appendix (2).pdf The top five priorities identified in the simulator were shared with members of the Locality Empowerment Groups (LEGs) and incorporated in discussions to identify the six overarching themes for the North locality plan. The results were also incorporated within the plans.
- The Health and Social Care Alliance Scotland (the ALLIANCE) provided support with the process by facilitating a number of workshops throughout April including; a visioning session, an evening session and workshops for each of the three localities, the purpose of these workshops were to turn the ideas into actions, the sessions were attended by 17 people in North.
- A workshop providing an overview on Community Planning Aberdeen and consultation on the locality plan template was held in April, this was attended by 14 people.
- LEG and Priority Neighbourhood Partnership Meetings took place throughout January – April to check in with the process and gain feedback to inform the development of the plans.
- On-going actions from Locality Recovery Plans have been incorporated within this plan.
- During this process the findings from the People at the Centre Engagement which took place nationally in late 2020 have also been considered and incorporated as appropriate.

LIVING IN THE NORTH

Central Locality is made up of 14 neighbourhoods including:

1. Dyce
2. Danestone
3. Oldmachar
4. Denmore
5. Balgownie & Donmouth
6. Bucksburn
7. Heathryfold
8. Middlefield
9. Kingswells
10. Northfield
11. Cummings Park
12. Sheddocksley
13. Mastrick
14. Summerhill



Based on analysis from the Scottish Index of Multiple Deprivation (SIMD), we have identified some of these neighbourhoods to be priority neighbourhoods. That means they need additional support to benefit from the same opportunities to thrive and succeed as other neighbourhoods within the North Locality. Our priority neighbourhoods include: Heathryfold, Middlefield, Northfield, Cummings Park and Mastrick.

The North area of the City covers a large area of the city from suburban areas bordering Aberdeenshire to more populated urban housing estates. Many of these neighbourhoods run alongside the River Don. Aberdeen airport lies within North locality resulting in people regularly travelling to the area for employment and recreation purposes. The oil boom in the 1980s gave way for a number of new housing developments as well as a number of oil and gas companies establishing bases within the area. Within the area, there are many green spaces, a community Hub, Aberdeen Treasure Hub, community centres, schools and places of worship providing a range of opportunities. New additions to the area include the P&J Live – a multipurpose indoor arena as well as the connecting Aberdeen Western Peripheral Route.

This is how people living in North described the community they live in:

VISION FOR NORTH

The Vision for Aberdeen City is a **'Place where all people can prosper'**.

We asked communities in the North Locality to break this down into what this means for them.

During one of the workshops participants were then asked to vote on what was most important to them and this is what they said (the words in largest font were voted for the most with the words in smaller font receiving the least votes):

Using a combination of data as well as insight from community members and front-line staff, six priorities were identified to ensure that all people living in North locality, including those people living in our most disadvantaged communities, have an equal chance to prosper. These include:

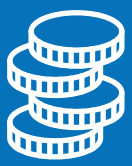
Locality Priorities	Link with city wide LOIP Priority Themes
Reduce the number of people living in poverty through the creation of local employment, training and apprenticeship opportunities, and create solutions to tackle food poverty	**Economy**
Increase digital access and skills across the locality	
Improve the physical health and wellbeing of people	**People**
Support local volunteering opportunities beyond the pandemic	
Early intervention approach targeted at those who are involved in, or at risk in offending behaviour (domestic abuse, substance misuse, anti-social behaviour	
Maximise use of disused outdoor space to increase food growing opportunities	**Place**

Above and throughout this document we have made the links between our priorities and the work of the wider Community Planning Aberdeen Partnership being delivered through the city wide LOIP. This is essential to ensure we are working collaboratively on common priorities, supporting each other by sharing knowledge and experience and testing out our ideas together to ensure they have the best chance of success, scalability and sustainable results.

THE NORTH ECONOMY

What we know about the North

From what the data tells us:



Earnings In 2017, median annual household income ranged from £18,596 in Middlefield to £59,162 in Kingswells. 7 of the datazones in the North locality are in the 20% most income deprived areas in Scotland, with 3 in both Mastrick and Middlefield and 1 in Northfield.

Universal Credit 30.1% of people in Aberdeen on universal credit live within the North Locality. Numbers are highest in Bucksburn (783), Heathryfold & Middlefield (766), Northfield (628) and Mastrick (538) and lowest in Danestone (129).

Covid Impact There was a 124% increase in people on universal credit and 145% increase in claimants between March and November due to Covid.

Food Poverty In 2020, when asked about food security, 3.6% of respondents from the North Locality to the City Voice reported being worried they wouldn't have enough food to eat; 5.5% reporting they were hungry but didn't eat and 1.8% going without eating for a day. As at 12 December 2020, 13% of calls to the crisis line requiring food assistance were from Cummings Park, Heathryfold, Mastrick, Middlefield, Northfield.

Digital Connectivity In 2020, 75% of respondents from the North Locality (95.5%) to the City Voice reported having basic digital skills (based on answering 'yes' to questions about foundation skills),this is lower compared to respondents from the South and Central Localities.

From what you have told us:

The link between all areas is poverty – it connects to everything. There is lots of stigma around poverty.'

'Job losses in the oil industry and impact of Covid means more people are claiming benefits and needing support than ever before but there is stigma and shame associated with taking support when needed.'

'Covid has had a significant impact on people with disabilities – accessing benefits, training and future employment opportunities.'

'There is an increase in use of food banks and more demand for emergency food provision. Food & Fun continues in the locality so food poverty remains a challenge.'

'More apprentices and opportunities for people of all ages to seek new skills regardless of their qualifications.'

'Digital connectivity is extremely important for people. Being isolated is a big issue facing many vulnerable people currently.'

Our priorities for partnership working

There is already a wide range of activity already taking place by community groups and organisations across the locality and within our priority neighbourhood partnerships to tackle the issues highlighted above.

This Locality Plan includes the areas where we can bring added value by working more collaboratively - communities, public, private and third sector organisations working together in partnership to test new ideas which we believe will improve outcomes.

The table below includes the two priorities we have identified for partnership working in the North Locality which can be linked to the Community Planning Partnership theme of Economy.

North Priorities	Link with city wide LOIP Stretch Outcomes (SO)
Reduce the number of people living in poverty through the creation of local employment, training and apprenticeship opportunities, and create solutions to tackle food poverty	SO1 - Poverty SO2 – Employability
Increase digital access and skills across the locality	SO3 – Upskill/Reskill

The following tables set out the improvement projects that we believe can help us achieve our priorities.

Our Improvement Plan

Reduce the number of people living in poverty through the creation of local employment, training and apprenticeship opportunities, and create solutions to tackle food poverty.

Improvement Project Aim	Project Lead	Community Ideas for Improvement we might test	Where we might test them	Community Connector
Income and Employment				
Increase employer sign up to the Real Living Wage by 5% year on year to 2023 to achieve Real Living Wage City Status by 2026.	Aberdeen City Council, Aberdeen Prospers Group	• Encourage employers in the locality to sign up to the Real Living Wage.	Locality wide	Shmu
Support 50 people into sustained, good quality employment by 2023, and 100 by 2026, with a particular focus on; those from priority neighbourhoods and people over 50.	Aberdeen City Council, Aberdeen Prospers Group	• Develop locally designed services that reflect needs of the community. • Promote information available on ABZ works. • Develop volunteering pathways to lead into local employment. • Promote job opportunities through new Northfield/ Cummings Park nursery as well as childcare options to support local families. • Encourage opportunities to reskill local people into new employment sectors • Ensure linkage to low-cost childcare options in the area. • Promote and offer employability workshops delivered by Farrans. • Promote the kickstart programme as well as seek opportunities to support individuals beyond kickstart.	Heathryfold, Middlefield, Northfield, Cummings Park & Mastrick	Shmu Farrans Middlefield Community Project ACVO
Supporting 50 people to start a business in Aberdeen who will be coming off the benefits system or significantly reducing their benefits through starting a business by 2023 and 100 by 2026.	Aberdeen City Council, Aberdeen Prospers Group	• Explore opportunities and provide ongoing support to grow and sustain local social enterprises which contribute to building communities; local relationships and reducing isolation.	Locality wide	

Support 15 care experienced young people progress to employment through public sector funded employability programmes by 2023.	Aberdeen City Council, Aberdeen Prospers Group	• Support and develop employment opportunities for young people by giving them placements and support on how to do interviews.	Middlefield	Middlefield Community Project Shmu
Increase to 30 in total, the no. of individuals who are on a custodial sentence, Community Payback Order with a Supervision Requirement, on Unpaid Work Orders, on Remand or who have been Diverted from Prosecution who are being supported to make progress on the Employability Pipeline by 2022.	Skills Development Scotland, Community Justice Group	• Build on learning from Community Payback Order project in Aberdeenshire and test in North. • Auchmill golf course to offer local apprenticeships.	Cummings Park Mastrick Middlefield	Shmu Auchmill golf course
Training and Apprenticeships				
80% of young people successfully complete their Modern Apprenticeship programme by 2023.	North East Scotland College, Aberdeen Prospers Group	• Encourage young people into a range of local apprenticeship opportunities, i.e., Police Scotland; Housing; Bon Accord Care etc. • Build on pilot with Hazlehead Academy and Mastrick Community Centre offering young people progression to employment within childcare sector. • Promote apprenticeship opportunities at Auchmill Golf Course. • Foundation apprenticeships offered by Shmu.	Locality wide	Mastrick Community Centre Bon Accord Care Auchmill golf course Shmu
Increase the number of Modern and Graduate Apprenticeships by 5% by 2022.	North East Scotland College, Aberdeen Prospers Group	• Promote housing modern apprentice and graduate trainee schemes. • Share positive stories from local young people and employers that have benefitted from apprenticeships.		Aberdeen City Council Shmu
Improve the overall impact of partnership wide community benefits by increasing the number of projects which involve community co-design activities from 0 to 5 by December 2023.	Aberdeen City Council, Aberdeen Prospers Group	• Strengthen and build on relationships with local businesses as part of their Corporate Social Responsibility – e.g., Farrans – Haudagain. Build on projects such as STEM ambassadors at Northfield Academy. • Work with local oil companies in Bridge of Don/ Dyce offering volunteering time. • Work with local academies to increase uptake of virtual work experience scheme with Farrans.	Locality wide	Farrans

Increase the number of vulnerable learners entering a positive and sustained destination by 7% by 2023.	Aberdeen City Council, Children's Services Board	• Map what is already going on to support vulnerable learners into positive and sustained destinations, e.g., Northfield Academy cycle maintenance, Training Academy (Shmu). • Build on Men's shed model – develop an approach which is suitable for young people and linked to a local school. • Build on learning from projects such as AMPED which is based around trail bike maintenance. • Build on test with Hazlehead Academy and Mastrick Community Centre offering young people progression to employment within childcare sector.	Locality wide	Mastrick Community Centre Shmu
Poverty				
Increase the number of people using community pantries by 20% by 2023.	CFine, Anti-Poverty Group	• Ensure that services are more joined up and wrap around the whole family/person. • Increase volunteer involvement in community pantries. • Support families beyond crisis support, i.e., budgeting; cooking skills, etc. • Use community pantries to break down barriers around poverty and stigma. • Learn from Best Start in Life pantry – opportunity to test in North.	Locality wide	Family Learning Team - North Fit Like Hub
Increase the uptake of unclaimed benefit across Aberdeen City by 2023 (TBC).	Department for Work & Pensions, Anti-Poverty Group	• Ensure that services are more joined up and wrap around the whole family/person. • Roll out benefits awareness/financial literacy training to community members; volunteers and staff to avoid people reaching out only at crisis point. • Support families who experience language barriers to navigate support and benefits available. • Need to explore bold approaches to tackling poverty, i.e., buying debt. • Support families in poverty who are on low income or on furlough to access appropriate support.	Locality wide	Community Pantry (the Cubby) North Fit Like Hub Shmu

Decrease the number of households in extreme fuel poverty in Aberdeen by 54% by 2023; and reduce the rate of socially rented households in fuel poverty in Aberdeen by 108% by 2023.	Scarf, Anti-Poverty Group	• Raise awareness of support available, e.g., Scarf. • Encouraging volunteers to be trained to support local households with insulation advice.	Locality wide	Local volunteers
Increase support for those who have been most disadvantaged through the pandemic.	Aberdeen City Council, Anti-Poverty Group	• Ensure that support is available for families that do not qualify for benefit assistance. • More support for people with disabilities – including better access; tackling discrimination/hate crime and better opportunities for disabled people to participate. • Increased support for individuals wellbeing beyond the pandemic. • Raise awareness of poverty across the locality to break down the barriers around poverty and stigma. • Share learning from pop-up TSB services at Danestone. • Promote Pathways employability programme.	Locality wide	Danestone Community Centre

Increase digital access and skills across the locality.

Improvement Project Aim	Project Lead	Community Ideas for Improvement we might test	Where we might test them	Community Connector
By December 2022, increase by 10% the number of people in Aberdeen who: • Have digital access; and • Feel comfortable using digital tools.	Aberdeen City Council, Aberdeen Prospers Group	• Ensure that sheltered housing complexes have wifi to allow digital connection. • Increase support available for digital champions as part of Connecting Scotland programme. • Promote Connecting Scotland programme and distributing devices amongst new parents to connect to social support. • Promote places where people can access digital devices and support, e.g., community centres and libraries. Could people lend out a laptop? • Ensure Wifi is available in community centres and libraries so that people can take their own devices and access free data. • Promote digital inclusion course via Farrans and Shmu. • Improve wellbeing with a group of individuals at Dominies Court through digital support.	Locality wide	Farrans Shmu Libraries Aberdeen Health and Social Care Sport Aberdeen Bon Accord Care Middlefield Community Project

THE NORTH PEOPLE

What we know about the North

From what the data tells us:

Child Health Child Health The % of primary ones with no obvious tooth decay varies across the Locality, being highest in Oldmachar (89%) and lowest in Heathryfold/ Middlefield (58%), compared to the city rate of 69.7%. Balgownie and Donmouth West have the highest proportion of children at P1 with a healthy weight in the Locality 92%. The lowest proportion of P1s with a healthy weight in the locality is Heathryfold/ Middlefield at 72%.

Positive Destinations In 2018/19, positive destinations varied across the Locality, being highest in the North Locality at Dyce Academy at 95% and lowest in Northfield Academy at 81%.

Mental Health The rate of probable suicide (2014-2018) in the North Locality increased to 13.3 from 11.7; similar to the city rate of 13.8; 18.9% of people were prescribed drugs for anxiety, depression or psychosis (2019/20)

Life Expectancy Heathryfold/Middlefield has both the lowest life expectancy (F:76.9/M: 71.8) and highest death rates in the Locality (1,446), more than double the lowest rate in the Locality of 692 in Kingswells.

Drugs and Alcohol The rate of alcohol related deaths is lowest in the North Locality at 16.9 per 100,000 in 2014/18, compared to the city (19.9). Heathryfold & Middlefield has the highest rate (1,348) of alcohol related hospital admissions (19/20) in the Locality, nearly double the city rate (710.6) and more than 6 times the rate of the lowest neighbourhood of Balgownie and Donmouth West (281). The rate of drug related hospital admissions in the North Locality increased to 168 per 100,000 population in 2016/17-2018/19, from 156. This is lower than the city rate (182) and the Central Locality (222), but higher than in the South Locality (147).

From what you have told us:

'Concerned that the lack of social activities and social development during Covid will have a lasting impact on all children and their parents.'

'We are particularly worried about the impact of Covid on the transition from P7 to S1 in our priority neighbourhoods.'

'There's been an increase in people exercising indoors and outdoors. But a decline in those shielding and people feeling anxious to go out.'

'People are eating more but more people are also cooking from scratch.'

'Social isolation continues to be a contributing factor to mental health issues.'

'We need more facilities such as skate parks in each community, youth clubs, evening classes etc. Classes to meet and engage with likeminded people will help with mental health and feelings of loneliness.'

Health & Wellbeing In 2019, 89% of respondents from the North Locality to the Health & Social Care users Survey agreed that support helps them live as independently as possible, similar to responses from South (91%) and Central (90%) Localities. 59% said it was hard for them to get motivated to look after their own health, lower compared to the city response (68%) and South (73%) and Central (71%).

Crime In 2019, crime rate per 1,000 population in the North Locality is 22.9, lower than the city rate of 35.3, the rate for the South (23.5) and Central (57.6) Localities. Crime rates vary across the Locality with a high of 56 in Cummings Park, compared to a low of 4.8 in Denmore. The 3 highest rates are all priority neighbourhoods and all higher than the city rate of 35.3. The majority (12 of 16) of neighbourhoods in the North locality have a lower crime rate than the city.

'Encouraging people to use the outdoors and to exercise by providing the environment to make this easier for them to do so safely will do more for public health than any health initiative telling them what to do.'

'There is a link to the increase in alcohol use and isolation.'

'We are concerned about harm due to drugs in the locality, both the causes and consequences.'

'Shop lifting and petty crime is on the increase.'

'Increase in domestic abuse – raised through Northfield Partnership Forum from schools.'

Our priorities for partnership working

The table below includes the three priorities we have identified for partnership working in the North Locality which can be linked to the Community Planning Partnership theme of People.

North Priorities	Link with city wide LOIP Stretch Outcomes (SO)
Improve the physical health and wellbeing of people	SO 5 – Child Mental Health SO8 – Child Friendly City SO 11 – Healthy Life SO 14 – Sustainable Travel
Support local volunteering opportunities beyond the pandemic	SO 11 – Healthy Life SO13 – Climate Change
Early intervention approach targeted at those who are involved in, or at risk in offending behaviour (domestic abuse, substance misuse, anti-social behaviour	SO 10 – Community Justice SO12 – Alcohol & Drugs SO13 – Climate Change

The following tables set out the improvement projects that we believe can help us achieve our priorities.

Our Improvement Plan

Improve the physical health and wellbeing of people.

Improvement Project Aim	Project Lead	Community Ideas for Improvement we might test	Where we might test them	Community Connector
Physical Health				
Increase % of people who walk as one mode of travel by 10% by 2023.	Nestrans, Sustainable City Group	• Build on interest in cyclinglearning during lockdown – cycle classes; bike storage; adaptable bikesencourage more “walk and talks” encouraging others from across the locality to adopt a similar approach. • Encourage more buggy walks and similar approaches across generations. • Promote facilities on walking routes, i.e., accessible for wheelchairs; toilets on route, etc in local area. • Promote and upgrade local path networkpaths, e.g. Whitestripes Avenue., Northfield to Bucksburn. • Work together to promote all the walking/jogging groups in the local area. • Promote Aberdeen bike hire scheme once in placenew walking routes around Haudagain development. • Promote local walks in community magazines. • Development of Heathryfold woodland area. • Offer Paths for all training to build on network of Health Walks. • Work together to promote all the walking/jogging groups in the local area. (Health Walks/Over 50s network) • Develop a ‘Park Walk’ for those not keen on the Park Run.	Locality wide	Farrans Shmu Heathryfold Woodland Paths for All Stay Well, Stay Connected NESTRANS Health and Social Care Partnership Middlefield Community Project
Increase % of people who cycle as one mode of travel toby 2% by 2023.	Nestrans, Sustainable City Group	• Build on interest in cycling during lockdown – cycle classes; bike storage; adaptable bikes. • Promote and upgrade local path network, e.g., Whitestripes Avenue. • Promote Aberdeen bike hire scheme once in place. • Ensure community involvement in Kingswells to Westhill development. • Promote new cycling routes around Haudagain development.	Locality wide	Farrans Shmu Paths for All NESTRANS MIddlefield Community Project

Refer 20% of people living with COPD or other respiratory conditions into specific PR physical activity and other support programmes delivered in community settings by 2023.	NHS Grampian, Resilient, Included and Supported	• More health and social care services to be available within community centres. • Expand sites providing specialist support activities for long-term conditions. • Promote referral to online and face to face condition specific classes at Sheddocksley, Jesmond, Alex Collie and the Beacon Sports Centres. • Build a network of volunteers to deliver strength and balance classes – both indoor and outdoor across the locality. • Expand use of physical activity exercise cards at Fairley Den and Len Ironside Centre.	Locality wide	Sport Aberdeen Bon Accord Care Local volunteers Aberdeen Health and Social Care Partnership
Reduce tobacco smoking by 5% overall by 2023.	Aberdeen City Council, Resilient, Included and Supported	• Create a smoke-free generation where young people smoking, vaping or using e-cigarettes is not culturally acceptable.	Middlefield	
Wellbeing				
Increase to 80%, the number of staff who feel confident about how to directly support, or refer a child for support, and signpost to appropriate services by 2022.	Aberdeen City Council, Children's Services Board	• Training for staff in understanding ASD and how to support families. • Training to support anxiety in young people. • Identify who would benefit from training locally and advertise widely, i.e., uniformed organisations, community centres, volunteers, youth clubs, etc. • Ensure information is readily available to support parents. • Provide support to ensure that people understand the process for referral and who to contact. • Youth hub to support young people to develop life skills and confidence in their ability and deal with any issues affecting their wellbeing. • Share practice amongst organisations about being a Trauma-Informa workplace. • Promote MindU mental health recovery support programme aimed at ages 12-25.	Locality wide	North fit like hub Local Schools Local community groups Mastrick Community Centre Middlefield Community project Shmu

Increase by 80% the use of digital wellbeing resources for children and young people's mental health and wellbeing by 2022.	NHS Grampian, Children's Services Board	• Promote and increase a range of online wellbeing sessions for children and young people. • Use community media platforms as a way for young people to share their views on mental health and wellbeing.	Locality wide	North fit like hubs Shmu
100% of children and young people have increased free access to physical activity which improves mental health and wellbeing by 2022.	Aberdeen City Council/ Sport Aberdeen, Children's Services Board	• Encourage outdoor play using green spaces across the locality. Promote local community groups and activities run by Play Forum and rangers. • Use reach of community planning partners to promote and market local organisations.	Locality wide	Community-based organisations – uniformed org, etc.
Reduce the rolling 3-year average number of suicides in Aberdeen to below 26 (2019) by 2023.	Police Scotland, Resilient, Included and Supported	• Develop buddy scheme to support people out of lockdown. • Roll out of suicide prevention training/promote suicide prevention app.	Middlefield Locality wide	SAMH
Increase the number of unpaid carers feeling supported by 10% by 2023.	Aberdeen Health and Social Care Partnership, Resilient, Included and Supported	• Increase the number of informal opportunities for unpaid carers across the locality. • Co-design local unpaid carers resources and support. • Explore opportunities to support unpaid carers with their wellbeing post lockdown. • Increase support for dementia sufferers and their carers.	Locality wide	Quarriers
Support 100 people to feel confident to promote wellbeing and good health choices by 2023.	Aberdeen City Council/ Aberdeen Health and Social Care Partnership, Resilient, Included and Supported	• Have local noticeboards (near parks) with information about what's available in the local area. • Use local Facebook pages (e.g., community councils) to get key messages out to the local community. • Test approach with Bon Accord Care signposting individuals to local community opportunities through use of iPads.	Locality wide	LEG members Bon Accord Care

To support 50 low income families in priority neighbourhood to improve eating behaviours and adopt positive lifestyle choices to help towards a healthy weight by 2023.	NHS Grampian, Resilient, Included and Supported	• Support breastfeeding peer supporter locally. • Promote Best Start/Healthy Start vitamins. • Improve access to fresh food locally. • Support families to cook and prepare food from scratch on a budget. • Establish outdoor gym equipment for adults to encourage physical activity, improved wellbeing and to bring the community together. • Ensure playparks are accessible for all. • Adapt exercise cards developed for people in sheltered housing to be used for families to ensure that finance is not a barrier to being active. • Improve safety in parks e.g., lighting. • Influence local shops to provide affordable healthy produce.	Heathryfold, Middlefield, Northfield, Cummings Park & Mastrick	Local businesses Sport Aberdeen Aberdeen City Council - Education
Build social connections across North locality.		• Focus on building social connections – develop links locally - what is on in the local area, i.e., community centres; libraries; green spaces; church halls, etc. • Develop community hub model beyond priority neighbourhoods. • Improve awareness of local services from Aberdeen and refer people to this. • Spread awareness of what is available locally via ALISS. • Revisit Total Learning Offer information. • Revisit asset mapping process. • Host a series of 'Getting to know you' sessions – with local community groups and front-line staff. • Ensure that there is a conduit between community planning partners and local communities and continuation when staff move on. Build on neighbourhood lead model in place during pandemic. • Utilise community media outlets to promote what is on in the local area.	Locality wide	Shmu LEG members Neighbourhood Leads

Support local volunteering opportunities beyond the pandemic.

Improvement Project Aim	Project Lead	Community Ideas for Improvement we might test	Where we might test them	Community Connector
Increase opportunities for people to increase their contribution to communities by 10% by 2023.	Aberdeen City Council, Resilient, Included and Supported	• Explore different ways to develop intergenerational working post-lockdown. • Encourage people to continue volunteering beyond pandemic. • Explore how community assets can be used as community resources, e.g., churches, care homes, etc. • Involve more young people in volunteering leading to career opportunities, e.g. Bon Accord Care; Police Scotland. Opportunity to build connections with local schools. • Promote Saltire Awards with young people. • Provide incentives to business and organisations to provide volunteering or internships. • Develop a similar model to men's shed for women or young people. • Identify time-banking opportunities in conjunction with Farrans. • Encourage volunteers to get involved in Friends of Heathryfold Park/Auchmill Community Woodland Group.	Locality wide	Shmu ACVO Community Councils in North. Farrans Friends of Heathryfold Park Auchmill community woodland group Middlefield Community Project
Community led resilience plans in place for areas most vulnerable to flooding by 2023, leading to resilience plans in place across all areas of Aberdeen by 2026.	Scottish Fire and Rescue Service, Sustainable City	• Build on learning from pandemic - continue to develop community connections–build on community spirit. Has to be local and led by local people. • Continue to develop the Heathryfold flood alleviation scheme.	Locality wide	Shmu

Early intervention approach targeted at those who are involved in, or at risk in offending behaviour (domestic abuse, substance misuse, anti-social behaviour

Improvement Project Aim	Project Lead	Community Ideas for Improvement we might test	Where we might test them	Community Connector
Reduce instances of public space youth anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2022.	Police Scotland, Children's Services Board	• Increase priority family interventions. • Develop diversionary activities which lead to job skills development. • Build a network of volunteers trained by youth work team.	Heathryfold, Middlefield, Northfield, Cummings Park & Mastrick Summerhill	Police Scotland
Increase by 50% the number of 10 to 16 year olds in target areas of the city who access youth community activity by 2023.	Aberdeen City Council, Children's Services Board	• Develop a process where police can signpost young people to other activities in the community as opposed to criminalising? e.g Streetsports; project at Tescos Lang Stracht. • Have a safe place for teenagers to come and go during the week and also on a Friday and Saturday night • Develop skate park/BMX track in Dyce • Co-produce a range of activities available for young people across the locality. Young people to be actively involved in the development. • Build on learning from projects such as AMPED which is based around trail bike maintenance. • Development of outdoor forest programme.	Locality wide	Police Scotland Young people Middlefield Community Project Street Sport AFC Community Trust
Increase number of young people who need support in relation to trauma and bereavement having access to such support by 50% by 2023.	Aberdeen City Council, Children's Services Board	• Roll out evidence-based resilience training to community members; staff and volunteers across the locality.		
Decrease number of incidents of domestic abuse reported to the Police by 15% by 2023.	Aberdeen City Council, Community Justice Group	• Increase support for families where English is not the first language to protect children and to ensure that families can access appropriate support. • Northfield ASG project – Promotion of new domestic abuse policy and signposting information.	Northfield Partnership Forum	Aberdeen City Council Shmu

Substance Misuse				
Increase % of the population who feel informed about using alcohol responsibly and increase by 10% the percentage of adults in Aberdeen City who are non drinkers or drink alcohol in a low risk way by 2023.	Aberdeen Health and Social Care Partnership, Alcohol and Drugs Partnership	• Promote more non-alcoholic products and alcohol-free social options.	Heathryfold, Middlefield, Northfield, Cummings Park & Mastrick	
Increase the uptake of alcohol treatment by improving access to alcohol services and ensuring they are local, integrated and targets areas of greatest need by 10% year on year by 2023.	Aberdeen Health and Social Care Partnership, Alcohol and Drugs Partnership	• Restart outreach services (Northfield/Mastrick) paused by pandemic. • Work with those with lived experience to share positive messages about their journeys, including how local services have played a role in their recovery – leading to a greater awareness of alcohol services locally.	Heathryfold, Middlefield, Northfield, Cummings Park & Mastrick	LEG member Alcohol and Drug Action Shmu
Increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2023.	Aberdeen Health and Social Care Partnership, Alcohol and Drugs Partnership	• Substance misuse Youth Worker to work with individuals and families.	Heathryfold, Middlefield, Northfield, Cummings Park & Mastrick	Middlefield Community Project
Increase number of people undertaking recovery from drug and alcohol issues who are being supported to maintain drug / alcohol free lives in their community by 2023.	Aberdeen Health and Social Care Partnership, Alcohol and Drugs Partnership	• Support recovery through physical activity, music, film and other creative experiences. • Support recovery through peer support and developing media skills.	Cummings Park	Aberdeen City Council, Community, Learning and Development. Byron Boxing Club Auchmill Golf Club AiR Shmu

THE NORTH PLACE

What we know about the North

From what the data tells us:

Priority Neighbourhoods Aberdeen has 29 datazones in the 20% most deprived areas in Scotland. 8 of these are in the North locality with 3 in both Mastrick and Middlefield, 1 in both Heathryfold and Northfield. Based on SIMD, our priority neighbourhoods in the North Locality are: Mastrick, Middlefield, Northfield, Cummings Park and Heathryfold.

Place Standard In March 2020, when asked about different aspects of their neighbourhood, respondents from the North Locality scored availability of green space (5.3) and feeling safe in your neighbourhood (5.3) as the highest. Lowest scoring areas were economy and access to jobs (2.5) and the ability to participate in decisions and help change things for the better (3.2).

Community Safety In 2018/19, the rate (per 100,000 population) of accidental dwelling fires in the North Locality ranges from a low of 0 in Kingswells, Bucksburn South, Dyce, Balgownie & Donmouth East and Denmore, to a high of 234 in Summerhill (more than double the city rate of 115.10). The rates for Heathryfold and Middlefield, Cummings Park and Mastrick have all increased substantially in 2018/19.

Active Travel In 2020, respondents from the North Locality to the City Voice reported using the following modes of transport at least once a week to travel into the city – car (59.6%), bus (41.3%), walk (23.9%) and cycle (6%).

From what you have told us:

'Locality Empowerment Groups and Priority Neighbourhood Partnerships have a vital role here.'

'More green spaces, community gardens and allotments for citizens.'

'The redevelopment of Haudagain offers greenspace.'

'Demand for food growing initiatives is increasing so requires support.'

'Lighting in parks would be an asset and make it safer to use.'

'Community facilities and Housing Office has been impacted by Covid.'

'Flood alleviation scheme in place at Heathryfold.'

'Increased trend on shopping crime.'

'Home fire safety campaigns have been disrupted by the pandemic.'

Our priorities for partnership working

The table below includes the last priority we have identified for partnership working in the North Locality which can be linked to the Community Planning Partnership theme of Place.

North Priorities	Link with city wide LOIP Stretch Outcomes (SO)
Maximise use of disused outdoor space to increase food growing opportunities	SO 13 – Climate Change SO15 - Nature

The following tables set out the improvement projects that we believe can help us achieve our priorities.

Our Improvement Plan

Maximise use of disused outdoor space to increase food growing opportunities.

Improvement Project Aim	Project Lead	Community Ideas for Improvement we might test	Where we might test them	Community Connector
Increase community food growing in schools, communities and workplaces by 12 by 2023.	Aberdeen City Council, Anti-Poverty Group	• Promote train the trainer for food growing within communities. • Share learning from other food growing projects across the locality, i.e. One Seed Forward, Dyce community Garden & Orchard run by Dyce Gardening Club. • Grow vegetables at community gardens and sell at local schools. • Work with young people at Northfield Academy to develop community growing space/creative area. • Share how people can apply to the council for the establishment of allotments. Make growing spaces easier and more accessible for the community. • Develop lifelong habits by encouraging young people to get involved in outdoor nurseries. • Define and clarify process for individuals/organisations - requesting a piece of land – Aberdeen City Council to share with communities.	Heathryfold, Middlefield, Northfield, Cummings Park & Mastrick Locality wide	Farrans Danestone Community Centre Dyce Community Garden and Orchard
Increase the number of community run green spaces that are organised and self-managed for both people and nature by a minimum of 8, of which at least 4 will in priority neighbourhoods, by 2023, particularly in priority neighbourhoods where the diversity, quality and satisfaction of green spaces and health and wellbeing outcomes tend to be lower.	Aberdeen City Council, Sustainable City Group	• Share learning across Aberdeen of similar initiatives, e.g. Bonnymuir Community Garden. • Identify unused pieces of land to develop food growing/ community green space. • Potential connections to be made between the land at Granitehill with the community hub; Sheddocksley, Middlefield triangle and Cummings Park garden.	Heathryfold, Middlefield, Northfield, Cummings Park & Mastrick Locality wide	Danestone Community Centre.

HOW COMMUNITIES CAN GET INVOLVED

What resources are currently available?

- Churches
- Community Centres
- Community hub
- Community organisations
- GP practices, pharmacists, link practitioners
- Parks
- Libraries
- Schools and nurseries
- Transport connections
- Local businesses

What do we already have?

- Bridge of Don Community Council and Friends of Westfield Park. Getting together with other groups (scouts, brownies etc) – hoping to restart following Covid
- Park generates lots of people of all areas for park clear up and gardening **(volunteering and green spaces)**
- Danestone Community Centre – busy because that's what the community wants
- Middlefield Hub – Middlefield Community Project and Healthy Hoose
- Mastrick Community Centre
- Cummings Park Community Centre – "The Cubby"
- Northfield Community Centre
- Manor Park Learning Centre – Fit Like Hub
- Outreach programme in sheltered housing – volunteers are older – it'll be like starting again, how will people want to get back to programmes after Covid – more work to be done
- Dyce & Stoneywood Community Association (based in Dyce Community Centre) which runs an extensive programme of groups mainly for Older People to meet the needs and wishes of the high proportion of Older People living in Dyce and including Dyce Men's Shed within its programme.
- Sheddocksley Baptist Church – Wellbeing cafe
- **Reducing poverty** – established holiday hunger programme in place (Food & Fun)
- **Digital Inclusion** – Connecting Scotland – staff currently delivering digital support to households
- **Green Space** – successful projects well underway with community groups at the forefront
- Scotland's Service Directory – people don't know what is out there – grassroots people need this at their fingertips – how to get this info and how is it kept up to date
- Council looking at expanding wifi accessibility for sheltered complexes – silver surfers in partnership **(digital inclusion)**
- Battalion of **volunteers** – how to make best use of that resource
- Holiday hunger aimed at children – parents involved in cookery prep – and then parents became members of management committees **(reducing poverty)**

Get Involved

Locality Empowerment Groups

Locality Empowerment Groups (LEGs) are made up of local people interested in improving outcomes with Aberdeen City. LEGs members will use their knowledge and experiences to influence priorities and help determine solutions. There are groups for Central, North and South of Aberdeen, however they also focus on needs that may be Citywide e.g. sharing your experience as a person living with a disability.

The role of a LEG member is intended to be as flexible as possible. People can contribute in several ways including; getting involved in activities to improve your community; attending LEG sessions; through participation in surveys or on-line forums. There are no set time commitments expected and involvement can be as little or as much as suits people's circumstances.

We are currently recruiting members to ensure we have a wide representation of communities across Aberdeen. We have a range of opportunities available for people to get involved. If you would like more information please visit our website **www.aberdeencityhscp.scot/our-delivery/locality-empowerment-groups**
or email **LocalityPlanning@aberdeencity.gov.uk**

Cummings Park, Heathryfold, Northfield, Mastrick and Middlefield

Priority Neighbourhood Partnership

Northfield Partnership Board is a well-established and well supported partnership group within the CPA structure. We work together to achieve improvements for the area around the themes of people, place, technology and economy and to ensure it is a place where all people can prosper.

Membership

- 4 Community Representatives
- 2 Community Council Representatives
- 1 Community Project Representative
- 1 Community Centre Representative
- 1 Aberdeen City Council
- 1 AHSCP Representative
- 2 Police Scotland Representatives
- 1 ACVO / Third Sector Representative
- 1 Deputy Head Teacher
- 2 Elected Members

To find out more about how you can get involved, please email **localityplanning@aberdeencity.gov.uk**

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Aberdeen City - South

Locality Plan 2021-26

Community Planning Aberdeen

CONTENTS

FOREWORD

It is our pleasure and privilege to introduce the South Locality Plan.

The locality plan is the link between an understanding of needs and opportunities for people in the South of the city. We recognise there are some neighbourhoods, Torry and Kincorth, which face particular challenges and would require targeted support. This plan will inform, encourage and challenge our collective action across the South locality.

A two-year review has allowed us to see how far we have come and what remains to be done. Covid19 has highlighted the need to be sensitive and responsive to the challenges of changing circumstances.

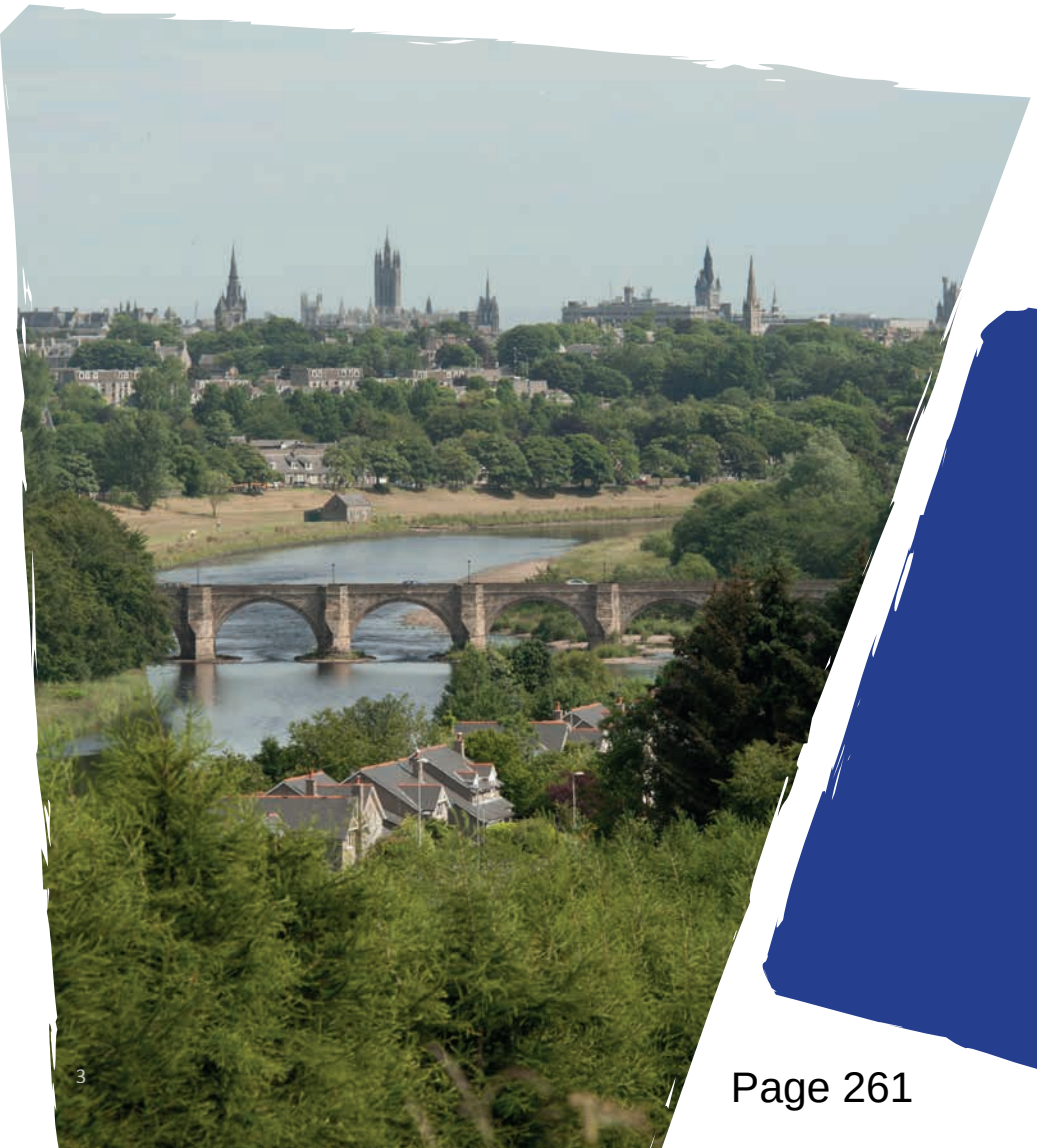
This locality plan has been developed through discussions, involving community members and various stakeholders. It is a first step to designing and delivering services with communities to meet their needs through partnership working. The plan should be regarded as a living document which is flexible and grows over time as shaped by communities.

The next steps are to sustain and grow these relationships to support each other to achieve our shared outcomes. Our greatest asset is our community, the South locality, with ambition for best possible life outcomes for all.

We hope you see this plan as yours and for those you care and the neighbourhood you live or work in..

Shamini Omnes
Public Health Co-ordinator
Aberdeen City Health and Social Care Partnership

Colin Wright
Development Manager
Aberdeen City Council



Development of Plan

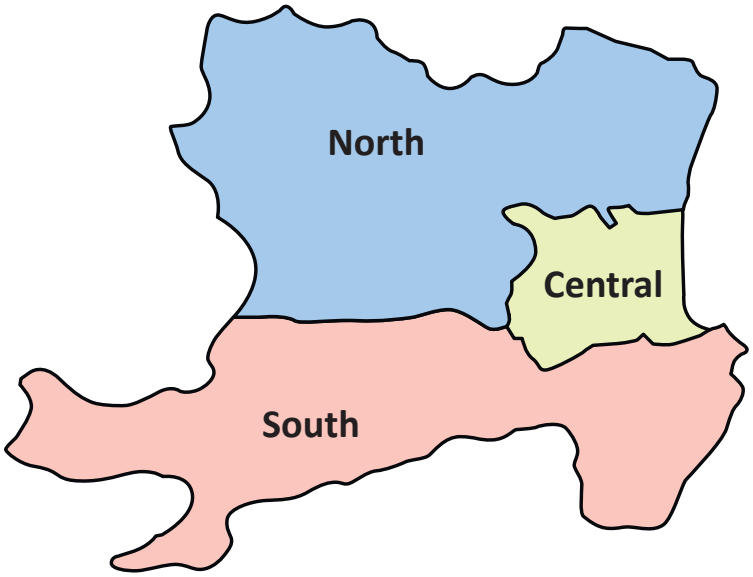
The development of this plan has taken place during a global pandemic which has meant many of the traditional ways of engaging with communities and staff, including meeting face to face and canvasing opinions in neighbourhoods across South locality has not been possible. Instead most engagement has taken place on-line and through virtual mechanisms to ensure that views have been captured. In an attempt to ensure citizens and staff living and working in South locality were involved in the process the following engagement opportunities took place:

- During February four workshops were facilitated on the themes of the LOIP; people (adults), people (children and young people), place and economy where locality data was shared and people were asked what the priorities should be and potential ideas for action, the workshops were attended by 69 people from the South locality.
- During March staff workshops were held for each locality where locality data was shared along with feedback from community sessions to seek feedback from frontline staff on what the priorities should be and suggested ideas for actions, the South workshop was attended by 18 members of staff.
- For staff unable to attend the workshop (it was recognised these workshops were taking place during the highest level of civil contingency in response to Covid therefore making it challenging for frontline staff to attend) a Microsoft Form was developed based on the themes of the workshop.
- A Google Form was developed to capture views of children and young people and sent to all schools for completion.
- A session was facilitated with the youth council to capture views on priorities and suggested actions.
- An online simulator was developed to enable citizens to express what was important and of value to them and their community and this was open from 1-30 March 2021. The simulator was completed by 782 people in South, full results are available here CP Simulator Summary results and Appendix (2).pdf The top five priorities identified in the simulator were shared with members of the LEGs and incorporated in discussions to identify the six overarching themes for the south locality plan. The results were also incorporated within the plans.
- The Health and Social Care Alliance Scotland (the ALLIANCE) provided support with the process by facilitating a number of workshops throughout April including; a visioning session, an evening session and workshops for each of the three localities, the purpose of these workshops were to turn the ideas into actions, the sessions were attended by 51 people in South.
- A workshop providing an overview on Community Planning Aberdeen and consultation on the locality plan template was held in April, this was attended by 14 people.
- LEG and Priority Neighbourhood Partnership Meetings took place throughout January – April to check in with the process and gain feedback to inform the development of the plans.
- On-going actions from locality recovery plans have been incorporated within this plan.
- During this process the findings from the People at the Centre Engagement which took place nationally in late 2020 have also been considered and incorporated as appropriate.

LIVING IN THE SOUTH

The South Locality is made up of 9 neighbourhoods including:

1. Culter
2. Cults, Bieldside, Milltimber & Countesswells
3. Hazlehead
4. Braeside, Mannofield, Broomhill & Seafield
5. Garthdee
6. Ferryhill
7. Kincorth, Leggart & Nigg
8. Torry
9. Cove



The South locality is largely urban and shares a boundary with central locality as well as Aberdeenshire. Whilst the local economy has traditionally been based on fishing and agriculture, companies relating to the oil and gas and fishing industries as well as retail services dominate across the locality.

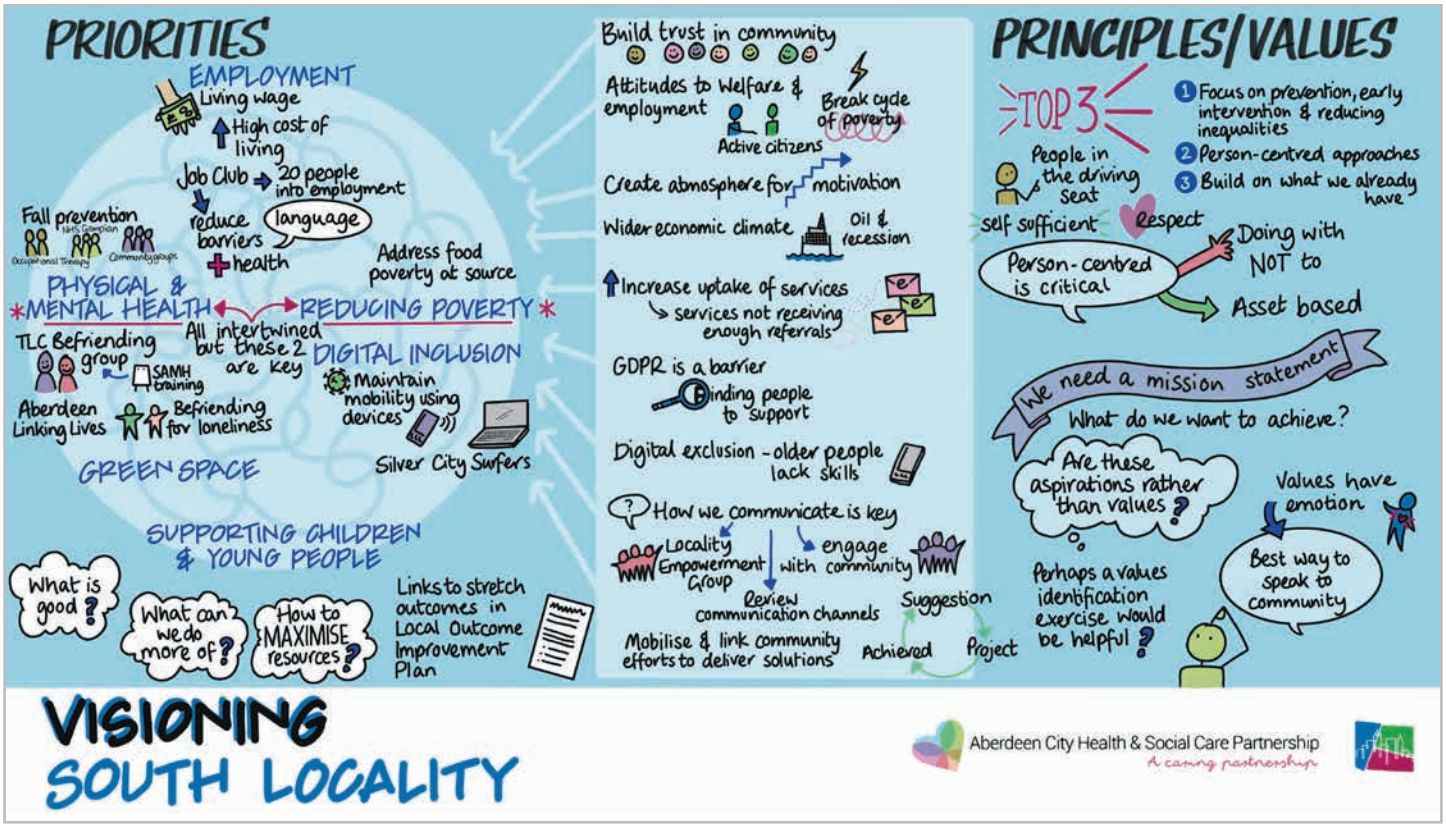
Many of the areas retain a village feel about them and a strong sense of identity despite being situated only a few miles of the city centre. There are many scenic attributes including distinctive granite buildings and popular green spaces such as Hazlehead Park, Deeside Golf Club and the Deeside Line.

Based on analysis from the Scottish Index of Multiple Deprivation (SIMD), we have identified some of these neighbourhoods to be priority neighbourhoods. That means they need additional support to benefit from the same opportunities to thrive and succeed as other neighbourhoods within the South Locality. Our priority neighbourhoods now include: Kincorth and Torry.

VISION FOR CENTRAL

The Vision for Aberdeen City is a **'Place where all people can prosper'**.

We asked communities in the South Locality to break this down into what this means for them.



They identified six locality priorities which will ensure all people living in South locality, including those people living in our most disadvantaged communities, have an equal chance to prosper. These include:

Locality Priorities	Link with city wide LOIP Priority Themes
Improve and create employment; employability opportunities. Develop Skills, training and support for young people and business.	**Economy**
Reduce number of people living in poverty. Address food poverty; fuel poverty by identifying and using local assets (for example community cafés; Community Kitchens).	
Identify and embed opportunities to mitigate digital exclusion; improve access to online assessments and referrals.	
Support children and young people to achieve their maximum potential.	**People**
Focus on early intervention, prevention and re-enablement actions to reduce inequalities and improve physical and mental wellbeing outcomes.	
Identify and maximise use of green space; Community food growing and community garden access (inter-generational community gardens).	**Place**

Above and throughout this document we have made the links between our priorities and the work of the wider Community Planning Aberdeen Partnership being delivered through the city wide Local Outcome Improvement Plan. This is essential to ensure we are working together on common priorities, supporting each other by sharing knowledge and experience and testing out our ideas together to ensure they have the best chance of success, scalability and sustainable results.

THE SOUTH ECONOMY

What we know about the South

From what the data tells us:

Earnings In 2017, median annual household income ranged from £21,231 in Torry to £61,570 in Cults, Bieldside & Milltimber. 5 of the datazones in the South locality are in the 20% most income deprived areas in Scotland, with all 5 being in Torry.

Universal Credit 27.6% of those on Universal Credit (UC) are within the South locality. The number on UC varies across the Locality, being highest in Torry (1,559) and Kincorth (780) and lowest in Culter (214).

Covid Impact There was a 131% increase in people on universal credit and 144% increase in claimants between March and November due to Covid.

Food Poverty In 2020, when asked about food security, 3.7% of respondents from the South Locality to the City Voice reported being worried they would not have enough food to eat, with 4.9% reporting they were hungry but did not eat and 1.9% going without eating for a whole day. As at 12 December 2020, 13% of calls to the crisis line requiring food assistance were from Torry.

Digital Connectivity In 2020, 80% of respondents from the South Locality to the City Voice reported having basic digital skills (based on answering 'yes' to questions about foundation skills), higher compared to respondents from the North and South Localities.

From what you have told us:

'The impact of Covid can be observed across the whole of the locality and the City.'

'Keeping people out of poverty and in employment helps all of society.'

'Increased unemployment may lead to reduced earnings.'

'Furlough may be masking redundancy figures.'

'Our young workforce is most severely impacted by loss of employment – fewer jobs.'

'People need help with debt and knowing what benefits they are entitled to.'

'There are areas which have not previously suffered from food which are now observing need.'

'Everyone needs access to a digital device to keep connected post Covid.'

Our priorities for partnership working

There is already a wide range of activity already taking place by community groups and organisations across the locality and within our priority neighbourhood partnerships to tackle the issues highlighted above.

This Locality Plan includes the areas where we can bring added value by working more collaboratively - communities, public, private and third sector organisations working together in partnership to test new ideas which we believe will improve outcomes.

The table below includes the three priorities we have identified for partnership working in the South Locality which can be linked to the Community Planning Partnership theme of Economy.

South Priorities	Link with city wide LOIP Stretch Outcomes (SO)
Reduce number of people living in poverty. Address food poverty; fuel poverty by identifying and using local assets (community cafés; Community Kitchens).	SO1 - Poverty
Improve and create employment; employability opportunities. Develop Skills, training and support for young people and business	SO2 - Employability
Identify and embed opportunities to mitigate digital exclusion; improve access to online assessments and referrals	SO3 – Upskill/Reskill

The following tables set out the improvement projects that we believe can help us achieve our priorities.

Our Improvement Plan

Reduce number of people living in poverty. Address food poverty; fuel poverty by identifying and using local assets (eg community café; growing spaces).

Improvement Project Aim	Project Lead	Community Ideas for Improvement we might test	Where we might test them	Community Connector
Increase the number of people using community pantries by 20% by 2023.	CFine, Anti-Poverty Group	• Sustain and develop Torry Food pantry. • Support the provision of mobile food pantries with a possibility to extend to other areas of the locality.	Torry & Kincorth Locality Wide	CFine Torry Recovery Group
Increase the uptake of unclaimed benefit across Aberdeen City by 2023.	Department for Work & Pensions, Anti-Poverty Group	• Develop plans to prepare people for end of Furlough (Sept) and uplift in Universal Credit. • Proactively seek opportunities for communities and partners to promote increased uptake of benefits. • Roll out benefits awareness/financial literacy training to community members; volunteers and staff to avoid people reaching out only at crisis point. • Raise awareness of Crisis grants. Promote access to Financial Inclusion team to mitigate any delays.	Torry & Kincorth Locality Wide	Torry Partnership Kincorth Network
Decrease the number of households in extreme fuel poverty in Aberdeen by 4% by 2023; and reduce the rate of socially rented households in fuel poverty in Aberdeen by 8% by 2023.	Scarf, Anti-Poverty Group	• Take forward opportunities to reduce fuel cost through actions such as expansion of combined heat and power provision and promotion of improved household insulation. • Raise awareness of support available, e.g. Scarf.	Torry Locality Wide	TBC
Reduce by 50% the number of homes with an EPC rating of F&G by 2023, leading to 100% by 2026.	Aberdeen City Council, Anti-Poverty Group	• Promote relevant grants to householders.	Locality wide	TBC

Increase support for those who have been most disadvantaged through the pandemic.	Aberdeen City Council, Anti-Poverty Group	• Ensure the efforts of community groups and partners are co-ordinated and enabled at local level to avoid duplication and target those most in need. • Local sessions to support people losing their jobs (help to apply for benefits, job seeking, CV writing) PACE. • Support and signposting to find the right scheme for specific needs. • Develop and promote training kitchen in Torry community hub development to tackle food poverty and develop skills for employment. • Support community kitchen development with Bon Accord sheltered home complexes to increase social activity, tackle food poverty and develop skills and confidence.	Torry & Kincorth	Torry Recovery Group Kincorth Network

Improve and create employment; employability opportunities. Develop Skills, training and support for young people and business.

Improvement Project Aim	Project Lead	Community Ideas for Improvement we might test	Where we might test them	Community Connector
Income and Employment				
Support 50 people into sustained, good quality employment by 2023, and 100 by 2026, with a particular focus on; those from priority neighbourhoods and people over 50.	Aberdeen City Council, Aberdeen Prospers Group	• Map and identify those most in need so there is effective targeting defined by LEG. • Support those most in need with free access through the e-bike scheme across Torry and Kincorth as well as wider locality. • Promote information available from ABZ works and 3rd sector partners. • Develop volunteering pathways to lead into local employment.	Torry & Kincorth Locality wide	

Supporting 50 people to start a business in Aberdeen who will be coming off the benefits system or significantly reducing their benefits through starting a business by 2023 and 100 by 2026.	Aberdeen City Council, Aberdeen Prospers Group	• Promote, encourage and support development of community owned enterprise – building resilience and creating jobs in the local area. • Raise awareness of the potential to support the development of social enterprises, work with community to identify potential social enterprises and share good practice from elsewhere. • Support for green jobs and small businesses. Early awareness raising of green job career opportunities. • Investigate opportunities for job creation linked to developing leisure potential (cafes, restaurants) of harbour mouth at Torry and creating links to Beach area developments.	Locality wide	
Increase employer sign up to the Real Living Wage by 5% year on year to 2023 to achieve Real Living Wage City Status by 2026.	Aberdeen City Council, Aberdeen Prospers Group	• Encourage employers in the locality to sign up to the Real Living Wage.	Locality wide	TBC Torry Partnership Kincorth Network
Training and Apprenticeships				
80% of young people successfully complete their Modern Apprenticeship programme by 2023.	North East Scotland College, Aberdeen Prospers Group	• Encourage, identify and promote apprenticeships working with partners and LEGs e.g. SSE programme. • Raise awareness of career opportunities in green jobs among young people. • Increase and encourage SVQ opportunities.	Locality wide	Partnership Forums
Improve the overall impact of partnership wide community benefits by increasing the number of projects which involve community co-design activities from 0 to 5 by December 2023.	Aberdeen City Council, Aberdeen Prospers Group	• Create opportunities for co-location of community use of space with those delivering public services. • Maximise range of activities catering for all with access to community facilities. • Support community groups to work with partners to understand community health and wellbeing using tools such as Place Standard. • Strengthen relationships with local businesses as part of their Corporate Social Responsibility and seek to maximise community benefits, including training and employment, from any developments around Torry.	Locality wide Torry	Locality Inclusion Manager Torry Partnership

Increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022.	Aberdeen City Council, Children's Services Board	• Review engagement activities to support children with positive destination.	Locality wide	Partnership Forums

Identify and embed opportunities to mitigate digital exclusion; improve access to online assessments and referrals.

Improvement Project Aim	Project Lead	Community Ideas for Improvement we might test	Where we might test them	Community Connector
By December 2022, increase by 10% the number of people in Aberdeen who: • Have digital access; and • Feel comfortable using digital tools	Aberdeen City Council, Aberdeen Prospers Group	• Increase opportunities for learning and support for people to embrace digital use. • Work with communities to increase support available through digital champions linked to Connecting Scotland programme and similar schemes. • Consider alternatives to go alongside digital resource.	Locality wide	Communities Team

THE SOUTH PEOPLE

What we know about the South

From what the data tells us:

Child Health North Cove has the lowest breastfeeding rates in locality at 26.4% compared to the city average of 39.2%, the highest rate in the locality is in the east of Cults, Bieldside & Milltimber were the rate is at 68.2%, the highest rate in the city. The % of P1 with no obvious tooth decay varies across the neighbourhoods within the Locality, being highest in Cults, Bieldside and Milltimber East (85%) and lowest in Torry East (46%). Culter has the highest proportion of children at P1 with a healthy weight in the Locality at 96%. The lowest proportion in the locality is in Torry West at 68%.

Positive Destinations In 2018/19, positive destinations varied across the Locality, being highest in Cults Academy at 100% and lowest in Lochside Academy at 89%.

Mental Health The rate of probable suicide (2014-2018) in the South Locality is 10.9, lower than the city rate of 13.8 and the rates in the Central (18.7), and North (13.3) Localities. 15.6% of people were prescribed drugs for anxiety, depression or psychosis (2019/20), lower than the City (16.6%), whilst the rate of psychiatric patient hospitalisations has slightly increased to 241; lower than the city.

Life Expectancy In 2015-19, estimated life expectancy varies across the South Locality with lowest expectancy in Torry, below the city average (17-19). In 2019, death rate in the Locality is 1142, lower compared to the city rate (1,164). The majority of the neighbourhoods in the locality have lower rates than the city.

Drugs and Alcohol the rate of drug related hospital admissions in the South Locality increased to 147 per 100,000 population in 2015/16-2017/18, from 143. This is lower than the city rate (182). Torry has the highest rates of alcohol related hospital admissions (per 100,000 in 2019/20) in the Locality, higher than the city at 710.6.

From what you have told us:

'There are differences between children reaching their development milestones depending on where in the locality they live.'

'Childhood obesity and inactivity has been made worse by the pandemic.'

'Higher risk of domestic abuse, neglect and drugs during Covid.'

'Looked after children and children living in deprived areas are less likely to reach a positive destination.'

'Anti-social behaviour has increased.'

'There's been an increase in mental health issues across all age groups. Social isolation continues to be an issue.'

'Covid related deaths have been higher in areas of high disadvantage.'

Health & Wellbeing In 2019, 51% of respondents from the South Locality to the Health & Social Care users Survey said they don't take part in any community activities, lower compared to the city wide response of 53%, as well as the North Locality (57%). 91% of respondents agreed that support helps them live as independently as possible, similar to the rest of the City. 73% said it was hard for them to get motivated to look after their own health, higher compared to the city response of 68%.

Crime In 2019, crime rate per 1,000 population is highest in the Central Locality at 57.6, compared to the city rate (35.3), and North (22.9) and South (23.5) Localities. Rates vary across the Locality with a low of 17.9 in West End South to a high of 247 in City Centre East and 201 in City Centre West (both substantially higher than the city rate of 35.3). The crime rates in each of the priority neighbourhoods in the locality are higher than the city.

'We need to address mental and physical health and wellbeing for people living with disabilities.'

'Less physical activity due to leisure centres being closed but also not knowing what is available in the area to access physical activity.'

'Increase in alcohol intake due to the pandemic and link to social isolation.'

'Support to minor offenders, prevent them becoming repeat offenders.'

'Need to help those most in need and stop re-offending behaviour.'

Our priorities for partnership working

The table below includes the two priorities we have identified for partnership working in the South Locality which can be linked to the Community Planning Partnership theme of People.

South Priorities	Link with city wide LOIP Stretch Outcomes (SO)
Support children and young people to achieve their maximum potential	SO4 – Best Start SO5 – Child Mental Health SO7 – Positive Destinations SO8 – Child Friendly City SO9 – Fewer Offences
Focus on early intervention, prevention and re-enablement actions to reduce inequalities and improve physical and mental wellbeing outcomes	SO 5 – Child Mental Health SO 11 – Healthy Life

The following tables set out the improvement projects that we believe can help us achieve our priorities.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Our Improvement Plan

Support children and young people to achieve their maximum potential.

Improvement Project Aim	Project Lead	Community Ideas for Improvement we might test	Where we might test them	Community Connector
Increase uptake of parenting and family support by 10% by 2022.	Aberdeen City Council, Children's Services Board	• Supporting the development of Fit-like hubs and family (learning) support in schools.	Torry & Kincorth	South Fit Like Hub team
Increase to 80%, the number of staff who feel confident about how to directly support, or refer a child for support, and signpost to appropriate services by 2022.	Aberdeen City Council, Children's Services Board	• Promote and embed MEOC /Teachback with staff and services supporting children and families.	Locality wide	Partnership Forums
100% of children and young people have increased free access to physical activity which improves mental health and wellbeing by 2022.	Aberdeen City Council/ Sport Aberdeen, Children's Services Board	• Identify volunteers to support Active Schools programme for all young people. • Increase access to coaching courses for community volunteers (including working with children and young people with additional needs). • Encourage outdoor play using green spaces across the locality. • Support the three 'south of the river communities to work with partners to create opportunities for young people in the Lochside catchment.	Locality wide Torry, Kincorth, Cove/ Altens	Torry Youth Action Group Kincorth Network Cove/Altens CC
Increase the number of accredited courses directly associated with growth areas by 7% by 2023.	Aberdeen City Council, Children's Services Board	• Identify and match workplace apprenticeships with accredited courses. • Identify demand for short term skills course. • Raise awareness and support people during transition to new employment opportunities.	Locality wide	TBC
Increase by 50% the number of 10 to 16 year olds in target areas of the city who access youth community activity by 2023.	Aberdeen City Council, Children's Services Board	• Progress proposal for pump track in Torry. • Increase activities for young people across the Locality by working together to create new opportunities. • Identify facilities and places for sustainable activities for young people.	Locality wide	Torry Youth Action Group
Reduce instances of public space youth anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2022.	Police Scotland, Children's Services Board	• Work together with the community and partners, including Police Scotland, ACC/HSCP and 3rdsector partners to increase and promote diversionary activities for young people.	Torry & Kincorth	Torry Youth Action Group Kincorth Network

Achieve Child Friendly City UNICEF badges.	Children's Services Board	• Work together with the community and partners to deliver actions at local level which contribute to achieving the badges. • Support organisations in Torry to embrace child friendly practices (possible Test of Change).	Locality wide Torry	 Torry Partnership
Increase the number of vulnerable learners entering a positive and sustained destination by 7% by 2023.	Children's Services Board	• Pilot programme with vulnerable young people at Camphill. • Identify and develop actions to address the mental wellbeing (and practical) needs of those young people whose transition from school has been adversely affected by the pandemic.	Locality wide Torry and Kincorth	Camphill

Focus on early intervention, prevention and re-enablement actions to reduce inequalities and improve physical and mental wellbeing outcomes.

Improvement Project Aim	Project Lead	Community Ideas for Improvement we might test	Where we might test them	Community Connector
Physical and Mental Health and Wellbeing				
To support 50 low income families in priority neighbourhood to improve eating behaviours and adopt positive lifestyle choices to help towards a healthy weight by 2023.	NHS Grampian, Resilient, Included and Supported	• Develop project focussed on changing attitudes to sugar and food choices. • Promote Best Start/Healthy Start vitamins.	Torry & Kincorth	TBC
Reduce the rolling 3-year average number of suicides in Aberdeen to below 26 (2019) by 2023.	Police Scotland, Resilient, Included and Supported	• Support the development of schemes such as Men's Shed and Befriending programmes to address social isolation. • Ensure people in the community know how to identify people who are most vulnerable and can sign-post them to appropriate resources. • Roll out suicide prevention training /app.	Locality wide	Culter Men's Shed Altens Men's Shed TBC
Increase the number of unpaid carers feeling supported by 10% by 2023.	Aberdeen Health and Social Care Partnership, Resilient, Included and Supported	• Identify early intervention and prevention support for unpaid carers in the community with a view to addressing gaps and support.	Locality wide	TBC

Increase % of people who cycle as one mode of travel to 2% by 2023.	Nestrans, Sustainable City Group	• Build on interest in cycling during lockdown – cycle classes; bike storage; adaptable bikes. • Promote and upgrade local cycle path networks. • Promote Aberdeen bike hire scheme once in place.	Locality wide	TBC Shmu
Support 100 people to feel confident to promote wellbeing and good health choices by 2023.	Aberdeen City Council/ Aberdeen Health and Social Care Partnership, Resilient, Included and Supported	• Promote respective community Facebook pages with health and wellbeing projects. • Identify what and where fitness zones are for people to be confident to promote wellbeing. • Greater encouragement and promotion of physical activity to promote wellbeing to support delivery of other priorities.	Locality wide	
Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2022.		• Continue development of a multi-agency project, led by Police Scotland, to improve access to naloxone by recruiting and training family and friends of heroin users to administer naloxone when a user overdoses to reduce the number of deaths.	Torry & Kincorth	Torry Partnership Kincorth Network
Capacity and capability building		• Develop and deliver courses or starter packs/ resources to help people create and manage their own community groups/ associations e.g. how to access funding, code of conduct, available support. • Increase opportunities for networking within and between communities to share good practice in managing issues or activities in their area. Consider development of online platform.	Locality wide	Communities Team ACVO

THE SOUTH PLACE

What we know about the South

From what the data tells us:

Priority Neighbourhoods Aberdeen has 29 datazones in the 20% most deprived areas in Scotland. 9 of these are in the South locality with 8 being in Torry and 1 in Kincorth. A further 12 datazones are in the 20-40% most deprived areas. Based on SIMD, our priority neighbourhoods in the South Locality are: Torry and Kincorth.

Place Standard In March 2020, when asked about different aspects of their neighbourhood, respondents from the South Locality scored feeling safe in your neighbourhood (5.4) and availability of green space (5.2) as the highest. Lowest scoring areas were economy and access to jobs (3.0) and as well as the ability to participate in decisions and help change things for the better (3.3)

Community Safety In 2018/19, the rate (per 100,000 population) of accidental dwelling fires varies across the South Locality being highest in Braeside, Mannofield, Broomhill and Seafield South (226), substantially higher than the city rate of 115.10 and lowest in Culter at 21. The rate in Torry East has declined from 306 in 2017/18 to 187 in 2018/19, whilst the rate in Torry West has increased In 2016-2018 the road traffic accident casualty rates per 100,000 population varies across the South Locality from a low of 20 in Braeside, Mannofield and Seafield South to a high of 124 in Torry West (more than double the city rate of 61.7), 71 in Kincorth, Leggart and Nigg North and 68 in Torry East. Rates in Torry have increased since 2015-17 with the rate in Torry West more than doubling from 55 to 124.

Active Travel In 2020, respondents from the South Locality to the City Voice reported using the following modes of transport at least once a week to travel into the city – car (66.9%), bus (44.6%), walk (42%) and cycle (2.9%).

From what you have told us:

'Most of the deprivation is within Torry and Kincorth but there are also areas in Garthdee.'

'People want to be involved in decision making so they can help change things and make them better.'

'During the first Covid lockdown some people were asked about access to their green spaces for the first time – we need to keep the conversation going. How are your local green spaces working for you?'

'Deeside area is a flood risk but we have a strong resilience group in Culter.'

'We want to maintain the increase in walking and cycling that we have seen during the pandemic.'

'Please lets have more cycling paths, cycle storage and vehicle free streets.'

Our priorities for partnership working

The table below includes the last priority we have identified for partnership working in the South Locality which can be linked to the Community Planning Partnership theme of Place.

South Priorities	Link with city wide LOIP Stretch Outcomes (SO)
Identify and maximise use of green space; Community food growing and community garden access	SO13 – Climate Change

The following tables set out the improvement projects that we believe can help us achieve our priorities.

Our Improvement Plan

Identify and maximise use of green space; Community food growing and community garden access

Improvement Project Aim	Project Lead	Community Ideas for Improvement we might test	Where we might test them	Community Connector
Increase community food growing in schools, communities and workplaces by 2023.	Aberdeen City Council, Sustainable City Group	• Refresh and support engagement with food growing initiatives in sheltered housing complexes working with Bon Accord Care. • Develop a range of vegetable plots/growing spaces in neglected spaces owned by community or public bodies to promote mental health, combat isolation and food poverty. • Identify and establish space for allotments and other community food growing spaces (to support/targeting mental health activities). • Encourage the use of social prescribing to green spaces.	Locality wide	
Increase the number of community run green spaces that are organised and self-managed for both people and nature by a minimum of 8, of which at least 4 will in priority neighbourhoods, by 2023, particularly in priority neighbourhoods where the diversity, quality and satisfaction of green spaces and health and wellbeing outcomes tend to be lower.	Aberdeen City Council, Sustainable City Group	• Strengthen the capacity of communities to develop community food growing and community garden initiatives. • Develop opportunities for established community groups to support those starting off. • Provide the tools and resources for community members to look after public spaces. • Seek opportunities to promote and encourage use of the natural environment around our communities.	Locality wide Torry & Kincorth	TBC Nether Loirston Growers Tullos Community Garden St Fittick's Garden Torry Partnership Kincorth Network
At least 23 organisations across all sectors in Aberdeen pledging to manage at least 10% of their land for nature by 2023 (23BY23) and at least 26% by 2026 (26BY26).	Aberdeen City Council, Sustainable City Group	• Set up footpath groups and publish maps of the routes on community website / Facebook page. • Develop (family) learning projects which encourage people to enjoy and appreciate the nature around them.	Locality wide	TBC Family Learning Team

WHAT'S WORKING WELL AND HOW COMMUNITIES CAN GET INVOLVED

What resources are currently available?

- Our community as a resource itself
- Active community groups including community councils acting as a catalyst for community action
- Short-term skills courses delivered by universities and colleges
- Small businesses and local employers

What do we already have?

Physical and mental wellbeing

- A lot of open space. Nature reserves, parks, beach and golf courses. Schools. Local Medical practices. Libraries. Dentist. Hotels. Hub around the church with range of classes. Community councils. Being near community centre.
- Community centres used a fair amount
- Growing communities with new people moving in
- Coastal community. Walking routes. Outdoor spaces maintained by the community. Woodlands and coastal walks.
- Community allotments owned and run by community
- Sports and leisure facilities. Excellent resource to enable people to live well and be more independent. Good for physical, mental and social aspect. Hugely missed in the past year
- Before Covid, Torry community centre. Go Green café, classes in community centre "Hadn't realised how much social interaction meant to me
- Green space in area under threat
- Library also missed during lockdown
- Skatepark in Torry highly used.
- Opening of new community garden. Things going on, which is exciting.
- Community groups do a lot with limited resources
- Befriending scheme supporting people housebound with mental health problems
- Great work done together by organisations, volunteers and community councils
- Very rich heritage celebrated and appreciated by communities
- Active and engaging community councils in some areas
- High levels of volunteering across the locality

Reduce number of people living in poverty. Address food poverty; fuel poverty by identifying and using local assets (community café; Community Kitchens)

- Torry will have a brand new community hub on the site of the old Academy which will create a multi-agency resource where a range of partners will work together to tackle poverty and related issues. There will be a primary school, community facilities, community café, library area, training kitchen and it's across the road from community growing garden.

Identify and embed opportunities to mitigate digital exclusion; improve access to online assessments and referrals.

- Community centre and libraries have great facilities for computers but sometimes under used. This may require a project worker to support the learners and at set times.
- Connecting Scotland roll out of digital devices and learning support for those most in need across our communities.
- Community magazines (online and offline) available and accessible in communities which list the many activities and initiatives in the area delivered by vibrant community organisations and groups.

Identifying and maximising the use of green space; Community food growing and community garden access (inter-generational community gardens)

- Friends of St Fittick's Park promoting the value of our greenspace
- Edible garden project with interest from community to take part as well as access to outdoor space and fresh air.
- Backyard Allotments
- Walking and footpath groups to get people walking in the area promoting routes on websites and through other means. If any safety problem with paths they discuss it with the owners and get solutions.
- People who volunteer to organise hanging baskets and planters in some areas with 'Bloom Groups' who maintain them during the year

How to get involved

South Locality Empowerment Group

Local Empowerment Groups (LEGs) are made up of local people interested in improving outcomes with Aberdeen City. LEGs members will use their knowledge and experiences to influence priorities and help determine solutions. There are groups for Central, North and South of Aberdeen, however they also focus on needs that may be Citywide e.g. sharing your experience as a person living with a disability.

The role of a LEG member is intended to be as flexible as possible. People can contribute in several ways including; getting involved in activities to improve your community; attending LEG sessions; through participation in surveys or on-line forums. There are no set time commitments expected and involvement can be as little or as much as suits people's circumstances.

We are currently recruiting members to ensure we have a wide representation of communities across Aberdeen. We have a range of opportunities available for people to get involved. If you would like more information please visit our website www.aberdeencityhscp.scot/our-delivery/locality-empowerment-groups
or email LocalityPlanning@aberdeencity.gov.uk

Priority Neighbourhood Partnership

Torry Partnership (formerly the Locality Partnership) is a well-established and well supported partnership group within the CPA structure. We work together to achieve improvements for the area around the themes of people, place, technology and economy and to ensure it is a place where all people can prosper.

Over 50% of membership is drawn from community representatives who, along with four local Councillors, work in partnership with representatives from:-

- Local schools (Tullos, Walker Road and Lochside Academy
- The Health and Social Care Partnership and Torry Medical Practice
- Scottish Fire and Rescue Service and Police Scotland
- ACVO
- Big Noise Torry
- Aberdeen City Council
- GREC
- SHMU

The Partnership welcome interest from potential community representatives who wish to work in partnership to improve Torry.

To find out more about how you can get involved, please email **localityplanning@aberdeencity.gov.uk** **TorryCommunities@aberdeencity.gov.uk**

Aberdeen City - Central

Locality Plan 2021-26

Community Planning Aberdeen

CONTENTS

FOREWORD

It is our pleasure to present the first plan for the Central area from the Locality Empowerment Group.

The plan has been drafted through discussions involving community members and staff living and working in Central locality. The plan should be regarded as a working document which is flexible and will be developed over time as shaped by communities. It is based on what is already happening and building on positive partnerships which have been developed over time. The plan links to the re-fresh of the City's Local Outcome Improvement Plan (LOIP) which highlights the breadth of work taking place and aims to utilise our assets to their full potential by working together.

Following a review of locality planning within Aberdeen, it was agreed in December 2020 to align locality planning arrangements. This has resulted in a shared description of localities and agreement to develop a single shared locality plan with a focus on priority neighbourhoods which experience socio-economic disadvantage. For Central locality, the priority neighbourhoods include Tillydrone, Seaton and Woodside, as well as Ashgrove, Stockethill and George Street.

The Tillydrone, Woodside and Seaton Priority Neighbourhood (formerly Locality) Partnership has been established for some time and has been responsible for taking forward numerous areas of work to improve those communities. The Locality Empowerment Groups (LEG) were established by Aberdeen City Health and Social Care Partnership in 2020 as community-led groups to improve health and wellbeing, and as a result of the review of locality planning, were given a broader remit to improve all outcomes for people living in Aberdeen. The Central LEG has been instrumental in the development of this plan along with the support of the Priority Neighbourhood Partnership.

Covid has had a significant impact on all our lives and this plan is intended to be flexible in adapting to the needs which arise as the full impact of the pandemic is realised on citizens of Central locality. It has been no mean feat that during these challenging times communities have responded remarkably to supporting the most vulnerable and have come together virtually to agree priorities and ideas which will further improve the lives of people living in central locality.

The next steps are to sustain and grow these partnerships and develop and implement the improvement ideas that have been suggested. The greatest asset is the people who live and work in Central locality and we hope you see this plan as yours, along with those who work in the locality, to improve the lives of everyone.

Elaine McConnachie
Public Health Co-ordinator
Aberdeen City Health and Social Care Partnership

Paul Tytler
Locality Inclusion Manager
Aberdeen City Council

Development of Plan

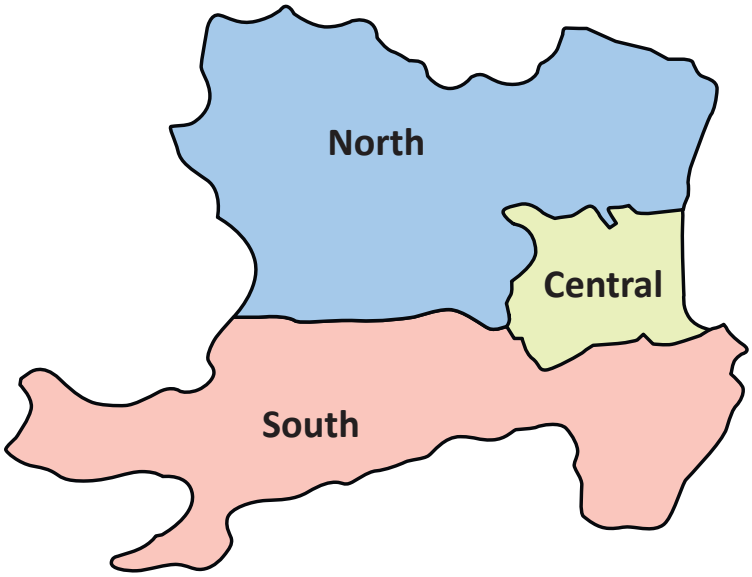
The development of this plan has taken place during a global pandemic which has meant many of the traditional ways of engaging with communities and staff, including meeting face to face and canvasing opinions in neighbourhoods has not been possible. We have instead had to rely on on-line and virtual mechanisms to capture views. In an attempt to ensure citizens and staff living and working in Central locality were involved in the process we undertook the following engagement opportunities:

- During February four workshops were facilitated on the themes of the LOIP; people (adults), people (children and young people), place and economy where locality data was shared and people were asked what the priorities should be and potential ideas for action, the workshops were attended by 38 people from central locality.
- During March staff workshops were held for each locality where locality data was shared along with feedback from community sessions to seek feedback from frontline staff on what the priorities should be and suggested ideas for actions, the central workshop was attended by 12 members of staff.
- For staff unable to attend the workshop (it was recognised these workshops were taking place during the highest level of civil contingency in response to Covid therefore making it challenging for frontline staff to attend) a Microsoft Form was developed based on the themes of the workshop, 26 members of staff completed the form.
- A Google Form was developed to capture views of children and young people and sent to all schools for completion, 130 children and young people completed the form.
- A session was facilitated with the youth council to capture views on priorities and suggested actions.
- An online simulator was developed to enable citizens to express what was important and of value to them and their community and this was open from 1-30 March 2021. The simulator was completed by 977 people in central, full results are available here CP Simulator Summary results and Appendix (2).pdf The top five priorities identified in the simulator were shared with members of the LEGs and incorporated in discussions to identify the six overarching themes for the central locality plan. The results were also incorporated within the plans.
- The Health and Social Care Alliance Scotland (the ALLIANCE) provided support with the process by facilitating a number of workshops throughout April including: a visioning session, an evening session and workshops for each of the three localities, the purpose of these workshops were to turn the ideas into actions, the sessions were attended by 40 people in central.
- A workshop providing an overview on Community Planning Aberdeen and consultation on the locality plan template was held in April, this was attended by 14 people.
- LEG and Priority Neighbourhood Partnership Meetings took place throughout January – April to check in with the process and gain feedback to inform the development of the plans.
- On-going actions from locality recovery plans have been incorporated within this plan.
- During this process the findings from the People at the Centre Engagement which took place nationally in late 2020 have also been considered and incorporated as appropriate.

LIVING IN CENTRAL

Central Locality is made up of 14 neighbourhoods including:

1. Tillydrone
2. Old Aberdeen
3. Seaton
4. Woodside
5. Hilton
6. Stockethill
7. Ashgrove
8. George Street
9. Froghall, Powis & Sunnybank
10. Midstocket
11. Rosemount
12. City Centre
13. Hanover
14. West End



Based on analysis from the Scottish Index of Multiple Deprivation (SIMD), we have identified some of these neighbourhoods to be priority neighbourhoods. That means they need additional support to benefit from the same opportunities to thrive and succeed as other neighbourhoods within Central Locality. Our priority neighbourhoods include: Tillydrone, Seaton, Woodside, Stockethill, Ashgrove and George Street.

Central locality is mainly urban yet retains multiple areas of green space including local allotments, several parks and Aberdeen beach. The locality encompasses multiple distinct neighbourhood areas each with their own sense of identity. Many families have lived in local areas over a number of generations and can offer extensive local knowledge.

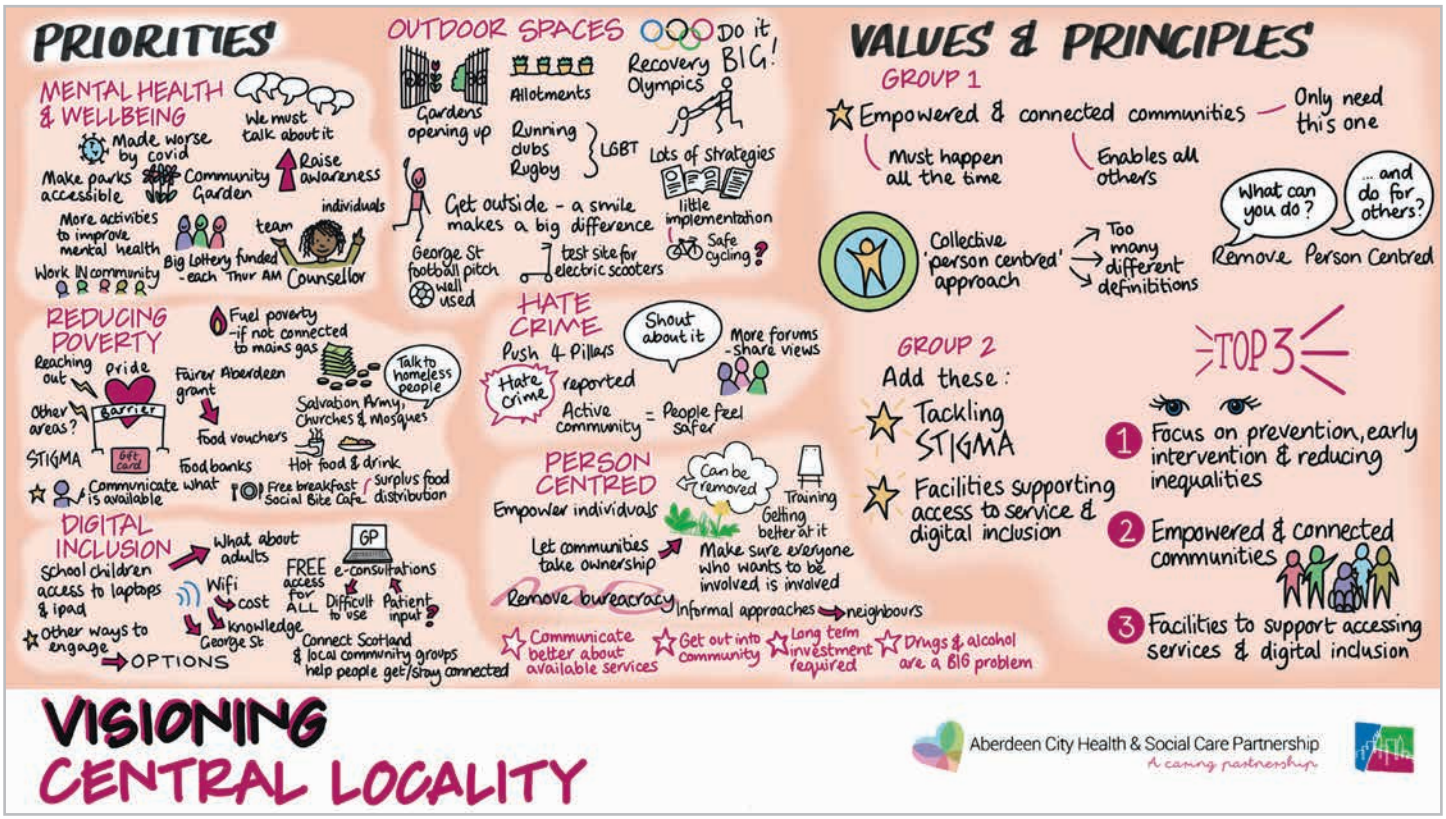
This is how people living in Central described the community they live in:

As well as its people, Central locality contains a number of physical assets including His Majesty's Theatre, Marischal College, Transition Extreme and Aberdeen University which is surrounded by distinctive cobbled streets and historic buildings. Aberdeen Sports Village, the premier sports and exercise facility in Scotland, and Aberdeen Football Club's Pittodrie Stadium also sit within the locality boundary. Use of these resources by people experiencing financial difficulty is often reported to be low. Many residents in Central locality also report poor transport links, particularly for journeys within and across the locality. Central locality is serviced by a number of amenities including retail outlets, community and sports centres, places of worship and GP practices which are spread throughout the locality. Central also contains a diverse population with a wide range of skills and experiences contributing to community life, a significant number of people also volunteer on a regular basis helping improve outcomes for the population.

VISION FOR CENTRAL

The Vision for Aberdeen City is a **'Place where all people can prosper'**.

We asked communities in the Central Locality to break this down into what this means for them.



During one of the workshops participants were then asked to vote on what was most important to them and this is what they said (the words in largest font were voted for the most with the words in smaller font receiving the least votes):

Using a combination of data, community and front-line staff priorities the locality identified six priorities which will ensure all people living in Central locality, including those people living in our most disadvantaged communities, have an equal chance to prosper. These include:

Locality Priorities	Link with city wide LOIP Priority Themes
Reduce the number of people living in poverty through creation of opportunities for employment and development of skills, and create solutions to tackle food and fuel poverty	**Economy**
Ensure people have the digital means to ensure they don't miss out on opportunities	
Improve mental health & wellbeing of the population	**People**
Ensure people can access services timely through a person centred approach where the needs of the whole population are considered	
Create safe and resilient communities where hate crime will not be tolerated and develop initiatives which reduce the impact of substance misuse and anti-social behaviour	
Maximise use of spaces in communities to create opportunities for people to connect and increase physical activity	**Place**

Above and throughout this document we have made the links between our priorities and the work of the wider Community Planning Aberdeen Partnership being delivered through the city wide Local Outcome Improvement Plan. This is essential to ensure we are working collaboratively on common priorities, supporting each other by sharing knowledge and experience and testing out our ideas together to ensure they have the best chance of success, scalability and sustainable results.

CENTRAL ECONOMY

What we know about Central

From what the data tells us:

Earnings In 2017, median annual household income ranged from £19,209 in Seaton to £50,609 in Midstocket. 11 of the datazones in the Central locality are in the 20% most income deprived areas in Scotland, with 4 in Woodside, 3 in Seaton, 2 in Tillydrone and 1 in both George Street and Stockethill.

Universal Credit 42.3% of people on Universal Credit (UC) in Aberdeen live within the Central locality. Numbers are highest in Tillydrone (921), City Centre (802) and George Street (787) and lowest in Midstocket.

Covid Impact There was a 120% increase in people on universal credit and 107% increase in claimants between March and November due to Covid.

Food Poverty In 2020, when asked about food security, 9.6% of respondents from the Central Locality to the City Voice reported being worried they would not have enough food to eat, with 7.5% reporting they were hungry but did not eat and 4.5% going without eating for a whole day. As at 12 December 2020, 16% of calls to the crisis line requiring food assistance were from Seaton, Tillydrone, Woodside.

Digital Connectivity In 2020, 78.7% of respondents from the Central Locality to the City Voice reported having basic digital skills. 94.2% of respondents reported owning or having easy access to a digital device.

From what you have told us:

'Covid resulted in significant calls to support line for emotional support, financial assistance and support with food.'

'Impact of lack of employment opportunities'.

'Encouraging new businesses and supporting existing businesses and looking for inward investments are all equally important.'

'Levels of digital exclusion remain high.'

'Demand for emergency food provision remains high. Food pantries are supporting people to be less reliant on emergency food.'

'Poverty levels are increasing.'

'Covid has had a significant impact on the tourism industry and linked employment e.g. taxi drivers.'

'There are high costs of fuel in the City Centre high rises due to the prevalence of storage heaters.'

'Connectivity is a major issue for people who are lonely and isolated.'

Our priorities for partnership working

There is already a wide range of activity already taking place by community groups and organisations across the locality and within our priority neighbourhood partnerships to tackle the issues highlighted above.

This Locality Plan includes the areas where we can bring added value by working more collaboratively - communities, public, private and third sector organisations working together in partnership to test new ideas which we believe will improve outcomes.

The table below includes the two priorities we have identified for partnership working in the Central Locality which can be linked to the Community Planning Partnership theme of Economy.

Central Priorities	Link with city wide LOIP Stretch Outcomes (SO)
Reduce the number of people living in poverty through creation of opportunities for employment and development of skills, and create solutions to tackle food and fuel poverty	SO1 - Poverty SO2 - Employability
Ensure people have the digital means to ensure they don't miss out on opportunities	SO3 – Upskill/Reskill

The following tables set out the improvement projects that we believe can help us achieve our priorities.

Our Improvement Plan

Reduce the number of people living in poverty through creation of opportunities for employment and development of skills, and create solutions to tackle food and fuel poverty.

Improvement Project Aim	Project Lead	Community Ideas for Improvement we might test	Where we might test them	Community Connector
Income and Employment				
Increase employer sign up the Real Living Wage by 5% year on year to 2023 to achieve Real Living Wage City Status by 2026.	Aberdeen City Council, Aberdeen Prospers Group	• Encourage employers in the locality to provide the living wage.	Tillydrone, Seaton and Woodside, Ashgrove, Stockethill & George Street	Locality Manager
Support 50 people into sustained, good quality employment by 2023, and 100 by 2026, with a particular focus on; those from priority neighbourhoods; and people over 50.	Aberdeen City Council, Aberdeen Prospers Group	• Increase opportunities to develop skills in locality and link to community enterprises. • Focus efforts of activity for people who may be a distance from employment e.g. people living with a learning disability. • Lobby for employers and jobs in central locality e.g. 20 min neighbourhoods. • Speed dating/jobs fair for people from different sectors in different roles to enable people to find out more about what is available. • Utilise Tillydrone Community Campus to provide space for people to come in for a cup of tea and then make introductions to employability officer. • Delivery of after-school club, supporting parents in work (Locality Recovery Plan). • Third sector coming together to influence – targeted commissioning approach. • Local ESOL (English as a second on other language) delivered in communities.	Tillydrone, Seaton and Woodside, Ashgrove, Stockethill & George Street Tillydrone Woodside Locality wide	Locality Manager Fersands and Fountain Community Project SHMU

Supporting 50 people to start a business in Aberdeen who will be coming off the benefits system or significantly reducing their benefits through starting a business by 2023 and 100 by 2026.	Aberdeen City Council, Aberdeen Prospers Group	• Create a community owned enterprise – to support development of myriad of food growing spaces in neglected spaces owned by community to promote mental health, combat isolation and food poverty. • Utilise empty premises to encourage new business.	Tilllydrone George Street Woodside	TBC
Skills				
Increase the number of Modern and Graduate Apprenticeships by 5% by 2022.	North East Scotland College, Aberdeen Prospers Group	• Promote traineeships for young people, making it easier for local employers to access and encourage employers to get involved by raising awareness and providing information to employers.	Locality wide	TBC
Improve the overall impact of partnership wide community benefits by increasing the number of projects which involve community co-design activities from 0 to 5 by December 2023.	Aberdeen City Council, Aberdeen Prospers Group	• Test community input with new Riverbank School to realise community benefits.	Tillydrone	City Growth
Poverty				
Increase the number of people using community pantries by 20% by 2023.	CFine, Anti-Poverty Group	• Create sustainable food provision through use of community pantries. • Delivery of 'The Pantry' with Cfine model. • Lighthouse Foodbank.	Locality wide Woodside Tillydrone	 Fersands and Fountain Community Project Lighthouse
Increase the uptake of unclaimed benefit across Aberdeen City by 2023.	Department for Work & Pensions, Anti-Poverty Group	• Develop plans to prepare people for end of Furlough (Sept) and uplift in Universal Credit, increase awareness of where people can access help to avoid delays. • Join up working between projects – food, benefits, confidence building pulled together to make the biggest difference for individuals.	Locality wide	TBC

Decrease the number of households in extreme fuel poverty in Aberdeen by 4% by 2023; and reduce the rate of socially rented households in fuel poverty in Aberdeen by 8% by 2023.	Scarf, Anti-Poverty Group	• Local advice and information provision on fuel poverty. • Low carbon affordable heating and insulation.	Locality wide Tillydrone	TBC Earth and Worms

Ensure people have the digital means to ensure they don't miss out on opportunities.

Improvement Project Aim	Project Lead	Community Ideas for Improvement we might test	Where we might test them	Community Connector
By December 2022, increase by 10% the number of people in Aberdeen who: • Have digital access; and • Feel comfortable using digital tools.	Aberdeen City Council, Aberdeen Prospers Group City Digital Group	• Improve digital access in community centres and sheltered housing through improved digital skills, access to internet and devices. • Silver Surfers training course for older people, to help people use the internet and smart phones. • Utilise library computers, council digital resources, and universities providing access to digital. Establish a lending service to enable people have access to digital equipment. • Improve accessibility to healthcare through improvements to e-consult/ nearme system and consultation with patients. • Improve internet coverage in George Street. • Connecting Aberdeen – deliver digital connectivity and literacy work. • Deliver digital champion training in communities.	Locality wide George Street Woodside	TBC Fersands and Fountain Community Project

CENTRAL PEOPLE

What we know about Central

From what the data tells us:

Child Health The rates of smoking during pregnancy in the Central Locality is 13.2%, with the highest rate being in woodside at 27% second is Tillydrone at 26%. Woodside has the second lowest breastfeeding rate in the city 19.8% compared to the city average of 39.2%, the highest rate is in north of the West End (the second highest rate in the city) at 67.7%.

Positive Destinations In 2018/19, positive destinations varies across the Central Locality, being highest in Aberdeen Grammar School at 97% and lowest in St Machar Academy at 87%.

Mental Health The rate of probable suicide (2014-2018) is highest in the Central Locality at 18.7, compared to the city rate of 13.8 and the North (13.3) and South (10.9) Localities. 15.6% of people were prescribed drugs for anxiety, depression or psychosis (2019/20), lower than the City (16.6%), whilst the rate of psychiatric patient hospitalisations is 349; lower than the city rate.

Life Expectancy In 2015-19, estimated life expectancy varies across the Central Locality with lowest expectancy for Females in Woodside (72.3) and for Males in Seaton (69.2), both lower than the city average. The life expectancy for Males in each of the priority neighbourhoods are lower than the city average (17-19) (77.1).

Drugs and Alcohol The rate of drug related hospital admissions in the Central Locality increased to 222 per 100,000 population from 204, higher than the city rate of 182. The rate of alcohol related deaths is highest in the Central Locality at 27.2 per 100,000 in 2014/18, compared to 19.9 for the city. Tillydrone has the highest rate (1,348) of alcohol related hospital admissions (19/20) in the Locality, nearly double the city rate (710.6) and more than 3 times the rate of the lowest neighbourhood of Midstocket.

From what you have told us:

'Lack of social interaction.'

"There has been an Increase in suicidal thoughts and mental health issues across all age groups.'

'Whatever the cause if you improve the mental health of children now, they will grow into adults who have less mental health problems in the future.'

'Covid has had an impact on people feeling isolated and anxious about going out.'

'Deaths due to Covid are higher in areas of disadvantage.'

'There's been an increase in people exercising indoors and outdoors. But a decline in those shielding and people feeling anxious to go out.'

'People are eating more due to stress and boredom. Adding to issues with food poverty.'

Health & Wellbeing In 2019, 49% of respondents from the Central Locality to the Health & Social Care users Survey said they don't take part in any community activities, lower than the city wide response of 53%, as well as the North (57%) and South (51%) Localities. 90% of respondents agreed that support helps them live as independently as possible, similar to the rest of the City. 71% said it was hard for them to get motivated to look after their own health, higher compared to the city response of 68% and the North Locality (59%).

Crime In 2019, crime rate per 1,000 population is highest in the Central Locality at 57.6, compared to the city rate (35.3), and North (22.9) and South (23.5) Localities. Rates vary across the Locality with a low of 17.9 in West End South to a high of 247 in City Centre East and 201 in City Centre West (both substantially higher than the city rate of 35.3). The crime rates in each of the priority neighbourhoods in the locality are higher than the city.

'Poorer sleeping patterns since Covid and difficulty accessing help to support your health and wellbeing.'

'People with a disability are reporting poorer access to health care, prescriptions, food, etc.'

'High alcohol use as a way of self medicating.'

'High levels of petty crime to fund illegal drug use.' (Tillydrone)

Our priorities for partnership working

The table below includes the three priorities we have identified for partnership working in the Central Locality which can be linked to the Community Planning Partnership theme of People.

Central Priorities	Link with city wide LOIP Stretch Outcomes (SO)
Improve mental health & wellbeing of the population	SO 5 – Child Mental Health SO 11 – Healthy Life
Ensure people can access services timely through a person centred approach where the needs of the whole population are considered	SO 4 – Best Start SO 8 – Child Friendly City SO 10 – Community Justice SO12 – Alcohol & Drugs
Create safe and resilient communities where hate crime will not be tolerated and develop initiatives which reduce the impact of substance misuse and anti-social behaviour	SO 9 – Youth Offending SO 10 – Community Justice SO12 – Alcohol & Drugs SO13 – Climate Change

The following tables set out the improvement projects that we believe can help us achieve our priorities.

Our Improvement Plan

Improve mental health & wellbeing of the population.

Improvement Project Aim	Project Lead	Community Ideas for Improvement we might test	Where we might test them	Community Connector
Increase to 80%, the number of staff who feel confident about how to directly support, or refer a child for support, and signpost to appropriate services by 2022.	TBCAberdeen City Council, Children's Services Board	• Ensure staff are aware at a local level of services available to support young people's mental wellbeing. • Explore counselling in communities. • Raise awareness of counselling support from 3rd sector. • Increase awareness/confidence in professionals signposting people – MEOC approach.	St Machar ASG area	St Machar Partnership Forum – Mental health sub group St Machar Parent Support Project ACVO
Increase by 5080% use of digital wellbeing resources for children and young people's mental health and wellbeing by 2022.	NHS Grampian, Children's Services Board	• Increase in awareness of digital resources to support mental wellbeing.	St Machar ASG area	St Machar Partnership Forum – Mental health sub group
100% of children and young people have increased free access to physical activity which improves mental health and wellbeing by 2022.	Aberdeen City Council/ Sport Aberdeen, Children's Services Board	• Raise awareness of benefit of green space and potential to work with young people to improve mental health. • Explore option of access to activities for young people at reduced cost through holiday periods to promote physical activity and support metal wellbeing. • Delivery of early years provision in Woodside.	Central Woodside	TBC Fersands and Fountain Community Project
Refer 20% of people living with COPD or other respiratory conditions into specific PR physical activity and other support programmes delivered in community settings by 2023.	TBC, Resilient, Included and Supported	• Lived experience embedded in pathways, to enable people to be directed to a support group when they have a diagnosis. • Increase signposting for people with health conditions to participate in physical activity.	City Centre East	TBC

Reduce the rolling 3-year average number of suicides in Aberdeen to below 26 (2019) by 2023.	Police Scotland, Included and Supported	• Develop an on-line space to access free classes e.g. counselling and mentoring. Trained local volunteers enabling people who have perhaps been furloughed to provide support. • Promote United Against Suicide. • Develop and deliver activities to support people's mental health through creating opportunities to bring people together (not badged as mental health) whether it be knitting groups, exercise class etc. • Raise awareness and talk openly about mental health and make sure everyone knows they are safe to talk about mental health.	Locality wide	TBC
Increase opportunities for people to increase their contribution to communities by 10% by 2023.	Aberdeen City Council, Resilient, Included and Supported	• Capitalise on civic responsibility and increase in volunteering through making it easier for people to get involved. • Support community capacity building through community councils and community groups .	Old Aberdeen and Tillydrone	TBC
Support 100 people to feel confident to promote wellbeing and good health choices by 2023.	Aberdeen City Council/ Aberdeen Health and Social Care Partnership, Resilient, Included and Supported	• Identify members of Central LEG confident to promote wellbeing and good health choices.	Locality Wide	TBC
To support 50 low income families in priority neighbourhood to improve eating behaviours and adopt positive lifestyle choices to help towards a healthy weight by 2023.	NHS Grampian, Resilient, Included and Supported	• Deliver weight management support to test online resources, with Connecting Aberdeen in Tillydrone. • Improve exclusive breastfeeding in Tillydrone. • Encourage independent vendors to set up healthy option takeaways near schools and gyms. • Delivery of new Cruyff Court. • Deliver outdoor learning.	Tillydrone, Seaton and Woodside, Ashgrove, Stockethill & George Street Family Learning Team Locality Manager	Health Improvement Officer
Reduce tobacco smoking by 5% overall by 2023.	Aberdeen City Council, Resilient, Included and Supported	• Test use of on-line tobacco training to raise issue of second hand smoke and smoking in pregnancy with parents. • Test use of smoking cessation app.	Tillydrone, Seaton and Woodside, Ashgrove, Stockethill & George Street	Public Health Co-ordinator / Health Improvement Officer

Improve social connections across locality to reduce social isolation		• Increase activities to tackle social isolation e.g. book bug for older people to tackle social isolation. • Improve digital skills and access to devices for older people to address isolation. • As a test establish support group for young parents in Tillydrone. • Create opportunities to meet in local communities using community assets e.g. libraries.	Locality Wide Tillydrone	TBC

Ensure people can access services timely through a person centred approach where the needs of the whole population are considered.

Improvement Project Aim	Project Lead	Community Ideas for Improvement we might test	Where we might test them	Community Connector
Increase uptake of parenting and family support by 10% by 2022.	Health and Social Care Partnership, Children's Services Board	• Test approaches through Fit Like Hub. • Test approaches through Creating the Conditions (MDT) work in Tillydrone.	Tillydrone	Fit Like Hub Team Public Health Co-ordinator/Locality Manager
Increase the uptake of alcohol treatment by improving access to alcohol services and ensuring they are local, integrated and targets areas of greatest need by 10% year on year by 2023.	Health and Social Care Partnership, Alcohol and Drugs Partnership	• Create opportunities for people with lived experience to have their voice heard.	Locality wide	TBC
Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2023.	Health and Social Care Partnership, Alcohol and Drugs Partnership	• Increase awareness and opportunities for testing (link Fast Track Cities).	Locality wide	Public Health Co-ordinator
Increase by 15% victims of domestic abuse receiving support by 2022.	Aberdeen City Council, Community Justice Group	• Pilot scheme in Tillydrone to refer people experiencing domestic abuse for support to be replicated in Seaton.	Tillydrone and Seaton	Police Scotland
Increase by 50% the number of communications which are accessible to children and young people by 2023.	Aberdeen City Council, Children's Services Board	• Engage with young people via their platforms and encourage participation e.g. through LEGs, PNPs.	Locality wide	TBC

Create safe and resilient communities where hate crime will not be tolerated and develop initiatives which reduce the impact of substance use and anti-social behaviour.

Improvement Project Aim	Project Lead	Community Ideas for Improvement we might test	Where we might test them	Community Connector
Safe and Resilient Communities				
Community led resilience plans in place for areas most vulnerable to flooding by 2023, leading to resilience plans in place across all areas of Aberdeen by 2026.	SFRS, Sustainable City	• Develop flood and community resilience plans.	Grandholm Village and Donside Village	TBC
100% increase in hate crimes reported to police by 2023.	Aberdeen City Council, Community Justice Group	• Working with Police Scotland and other partners on educating perpetrators of hate crimes. • Partners to host police surgeries – to enable people to discuss matters important to them.	Locality wide	TBC
Reduce instances of public space youth anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2022.	Police Scotland, Children's Services Board	• Increase youth provision and develop youth charter.	Locality wide	TBC
Increase by 50% the number of 10 to 16 year olds in target areas of the city who access youth community activity by 2023.	Aberdeen City Council, Children's Services Board	• Ensure awareness and sufficient provision across locality. • Liaise with staff at Aberdeen University in the form of guidance and support following return of students. • Deliver support for local businesses impacted by shoplifting. • Home Fire Safety Visits to all communities. • Operational intelligence audits on all High-Rise buildings.	Locality wide Woodside, Seaton Tillydrone, Seaton and Woodside, Ashgrove, Stockethill & George Street Locality wide Locality wide	TBC Police Scotland SFRS SFRS

Substance Misuse				
Increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2023.	Health and Social Care Partnership, Alcohol and Drugs Partnership	• Increase awareness and improve access to support.	Locality wide	TBC
Increase number of people undertaking recovery from drug and alcohol issues who are being supported to maintain drug / alcohol free lives in their community by 2023.	Health and Social Care Partnership, Alcohol and Drugs Partnership	• Investigate idea of Recovery Olympics for those with lived experience.	Locality wide	TBC

CENTRAL PLACE

What we know about Central

From what the data tells us:

Priority Neighbourhoods Aberdeen has 29 datazones in the 20% most deprived areas in Scotland. 12 of these are in the Central locality with 3 in both Tillydrone and Seaton, 2 in both Stockethill and Woodside and 1 in both Ashgrove and George Street. Based on SIMD, our priority neighbourhoods in the Central Locality are: Seaton, Tillydrone, Woodside, Stockethill, George Street and Ashgrove.

Place Standard In March 2020, when asked about different aspects of their neighbourhood, respondents from the Central Locality scored availability of green space (4.7) and access to services and amenities (4.5) as the highest. Lowest scoring areas were the ability to participate in decisions and help change things for the better (2.7) as well as the economy and access to jobs (2.8).

Community Safety In 2018/19, the rate (per 100,000 population) of accidental dwelling fires varies across the Central Locality from a low of 54.8 in West End North to a high of 434 in Hanover South. The rates in 4 of the 6 priority neighbourhoods have decreased since 2017/18 with an increase in Tillydrone (126 to 272) and Ashgrove (54 to 106). In 2016-18, road traffic accident casualty rate per 100,000 varies across the Central Locality, being highest in Tillydrone (150 – more than double the city rate), City Centre East (99), and George Street (98), all substantially higher than the city rate (61.7) and compared to the lowest rate of 12 in Hanover North.

Active Travel In 2020, respondents from the Central Locality to the City Voice reported using the following modes of transport at least once a week to travel into the city – walk (61.1%), bus (51.5%), car (51.2%), and cycle (3.5%). The % reported walking substantially higher than the responses from North and South respondents.

From what you have told us:

'Grandholm and Donside are flood risk zones'

'We need to encourage a sense of place'

'20 minute neighbourhoods is about living locally and giving people the ability to meet most of their daily needs within 20 minutes. That requires having access to safe cycling and local transport options'

'We have seen improvements in road safety due to community work with community in Tillydrone'

'More should be done to improve the quality of green space in Aberdeen and offer more opportunities for people to access and enjoy green spaces rather than having green areas where nobody wants to spend any time because there is no infrastructure (benches, playgrounds, installed sports equipment for working out).'

'A 'pedestrian' first viewpoint rather than always putting the car driver first. Support for clean public transport and improved links between airport and rail.'

Our priorities for partnership working

The table below includes the last priority we have identified for partnership working in the Central Locality which can be linked to the Community Planning Partnership theme of Place.

Central Priorities	Link with city wide LOIP Stretch Outcomes (SO)
Maximise use of spaces in communities to create opportunities for people to connect and increase physical activity	SO 13 – Climate Change SO 14 – Active Travel SO15 - Nature

The following tables set out the improvement projects that we believe can help us achieve our priorities. We also provide information on the developments within the central locality.

Our Improvement Plan

Maximise use of spaces in communities to create opportunities for people to connect and increase physical activity.

Improvement Project Aim	Project Lead	Community Ideas for Improvement we might test	Where we might test them	Community Connector
Connected Community				
Increase the number of community run green spaces that are organised and self-managed for both people and nature by a minimum of 8, of which at least 4 will in priority neighbourhoods, by 2023, particularly in priority neighbourhoods where the diversity, quality and satisfaction of green spaces and health and wellbeing outcomes tend to be lower.	Aberdeen City Council, Sustainable City Group	• Utilise greenspaces – positive impact on mental health including Countryside rangers, Branching Out and community gardens. Replicate developments like Errol Place. • Raise awareness of what exists, good maintenance of play parks and green spaces, lighting of green spaces to encourage people to feel safe while exercising. • Consider establishing another Park Run for locality (one already at beach). • Create a map of green spaces, outdoor gyms etc so that people can find and use green spaces. • Increase use of CCTV to help provide reassurance for those using green spaces. • Use example of community of skaters at Westburn park to encourage people to come out and make park feel safer. • Develop Uptown baths. • Develop green and food growing spaces.	Locality wide	TBC Fersands and Fountain Community Project
Increase community food growing in schools, communities and workplaces by 12 by 2023.	Aberdeen City Council, Anti-Poverty Group	• Create sustainable access to fresh food e.g. community fridges. • Joined up approach to provision of hot meals in City. • Realising potential of community kitchens to increase social activity and tackle food poverty and create employment.	Tillydrone, Woodside Locality wide	Tillydrone Community Garden, TBC Fersands and Fountain Community Project Bonnymuir Trust

Physical Activity				
Increase % of people who cycle as one mode of travel by 2% by 2023.	Nestrans, Sustainable City Group	• Improve and maintain core paths and ensure they are appropriately signposted. • Increase number of safe cycle lanes across locality. • Investigate possibility of alternative means of travel.	Locality wide	TBC
Increase % of people who walk as one mode of travel by 10% by 2023.	Nestrans, Sustainable City Group	• Increase prevalence of benches to enable people to sit outside and rest whilst walking. • Raise awareness of various walking groups and connect people into them. • Encourage pedestrian first policy. • Street Design – delivery of improved safety at the underpass.	Locality wide Midstocket and Old Aberdeen (identified in simulator)	TBC
Reduce the generation of waste in Aberdeen by 8% by 2023	Aberdeen City Council, Sustainable City Group	• Increase awareness and prevalence of recycling options and secure recycling and litter bins. • Reduce flytipping.	Tillydrone	Locality wide

Developments in Central Locality

Printfield 10
The Denis Law Legacy Trust has developed the Printfield 10 Project with the aim of motivating, inspiring, and engaging the Printfield community, whilst also celebrating Denis Law and promoting the opening of the Hall of Heroes in Provost Skene's House. The Printfield 10 Project proposal includes three public artworks. The first is a mural which depicts a timeline of Denis Law and his sporting achievements. The second represents Denis Law and his iconic goal celebration and the third depicts Denis Law in his Scotland kit.

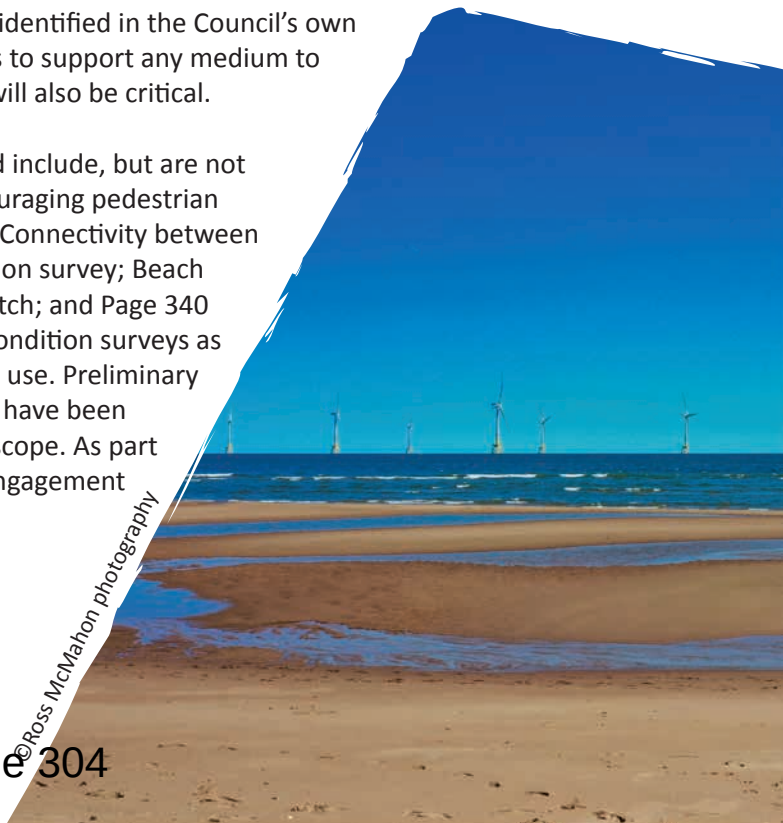
City Centre Masterplan
Within Central Locality, but impacting city-wide, the City Centre Masterplan is being reviewed to integrate further "smart city thinking" into the medium-term plans to develop the city centre. An engagement exercise with the public, all appropriate partners and stakeholders will be undertaken to seek views on the City Centre Review, what it would take to attract people back to the city centre in the short-term, how the changed travel patterns and reductions in travel experienced throughout the pandemic can be embedded and how best the city can be a leader in the digital economy. The contribution of the City Centre Masterplan review and the Local Development Plan will be considered to ensure that the ambition to secure sustainable inclusive economic growth by attracting businesses operating in energy transition or low carbon sectors to the city is realised.

Beach Masterplan
The one mile long Aberdeen beach is in the heart of the city running from Fittie to Donmouth Nature Reserve, and also acts as a gateway to other beaches to the north. In practical economic terms, the beach waterfront is a tourism priority in its own right. What it offers to visitors is likely to be more in demand in a post-Covid-19 and recovery phase – as consumers seek safe, outdoor, wildlife and active experiences.

The beach area is also an intrinsic component of the Aberdeen Coastal Trail, and the wide variety of tourism offer that includes nature, golf, maritime history or dolphin watching. The area received the Resort Seaside Award in 2013 and given its location a short distance from Aberdeen city centre, it provides an opportunity to attract new footfall to the city. As such it is actively promoted by both VisitScotland and VisitAberdeenshire for its popular recreational and sports area, and the Beach Leisure Centre, Linx Ice Area, a range of cafes, restaurants and a family fun fair. It is therefore a component of the VisitAberdeenshire destination planning and contributes to wider development work on the North East of Scotland adventure tourism. In terms of wider economic recovery of cities, the beach area is an opportunity and tourism asset. As it is located almost in the city centre, it provides Aberdeen with a distinct and unique advantage to generate new visits and spend over other UK destinations. Common themes that underly each of the physical areas of review are property, legal, planning, streets, utilities, roads and transportation, maintenance, landscape and sustainability.

The review will focus on the key principles of placemaking as identified in the Council's own masterplanning process, whilst examining potential measures to support any medium to long term economic recovery. Accessibility for all and safety will also be critical.

The amenities and assets within this beach area review would include, but are not limited to: Beach Boulevard: Grand procession to beach encouraging pedestrian friendly active travel and developing activity along the route: Connectivity between Beach and City Centre; Queens Links; Beach Ballroom: condition survey; Beach Leisure Centre/Ice rink: condition survey; Broadhill; Cricket pitch; and Page 340 Coastal defence, ground conditions These will be subject to condition surveys as necessary, options appraisal and recommendations for future use. Preliminary discussions with Sport Aberdeen and Aberdeen Football Club have been undertaken to understand the possible land that could be in scope. As part of further consultation with the public this will also include engagement with appropriate stakeholders in the area.



WHAT'S WORKING WELL AND HOW COMMUNITIES CAN GET INVOLVED

What resources are currently available?

Feedback from locality sessions included;

- Seaton, Tillydrone and Printfield Community flats
- Tillydrone Campus
- Maths club
- Churches
- Community Centres, outreach workers, food distribution centres
- Community organisations – Station House Media Unit (SHMU); St Machar Parent Support; Aberdeen Lads Club; Fersands and Fountain Community Project, Printfield Project
- GP practices, pharmacists, link practitioners
- Beach
- Parks
- Libraries
- Schools, university
- Transport connections
- Local businesses
- Tuck shop, Surf society, grassy spaces, dog training, allotments

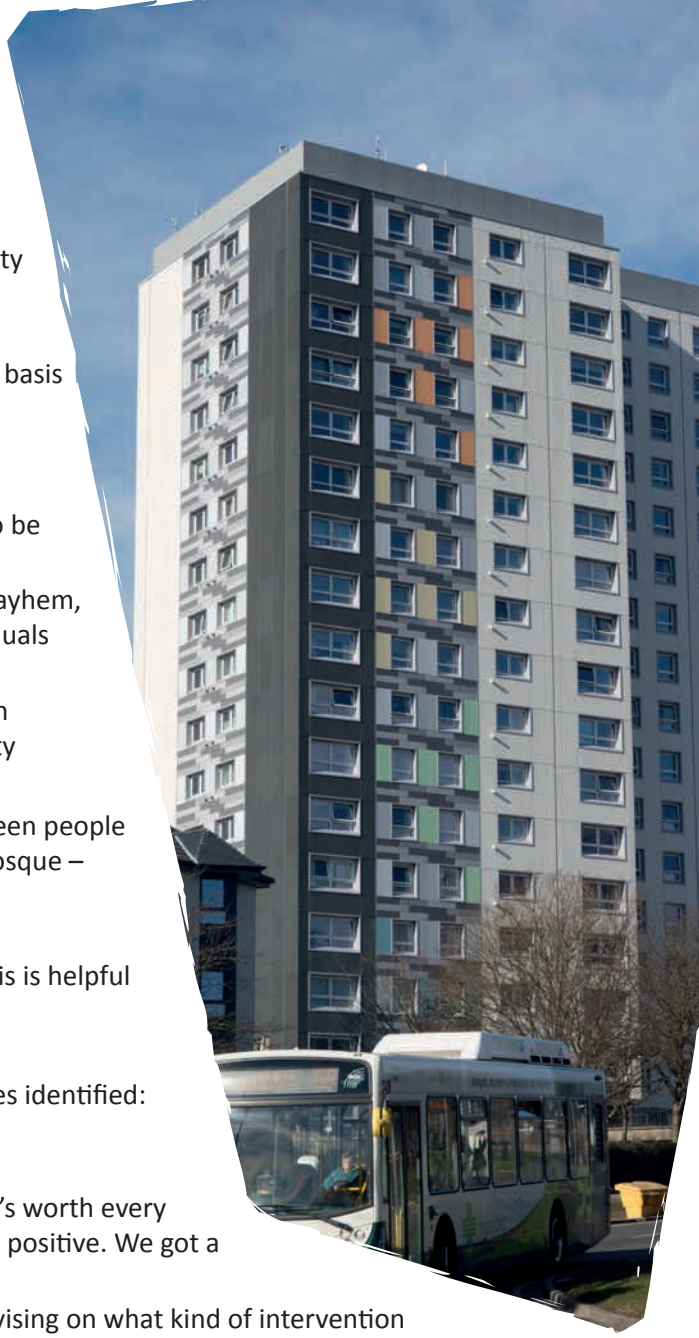
What do we already have?

Reduce the number of people living in poverty through creation of opportunities for employment and development of skills, and create solutions to tackle food and fuel poverty

- Support group for young mums, involved in city & guild qualification – building skills which help them to move on and is not always accessible in their community
- Provided food vouchers and food parcels through pandemic
- Linking up with pantry stock so people can sign up directly through hub and reduce stigma
- Fersands and Fountain Community Project run a wide range of services, groups, activities, residential experiences which support young people and give them avenues to express themselves, get out, keep fit, make friends, play music, develop skills and save money.
- Online youth activities
- Offer support to parents of teenagers
- Parent support service through Family Centre targeting parents of under 5 in Fersands Community
- Parent Workshops, Mother & Toddler activities Good Childcare facilities
- Woodside Adult Classes; Tai chi / Yoga / games session / Creative writing potential for more opportunity, potential for good social activity within centre.
- Bi-monthly Free Meal Events serving quality home cooked meals to 80 in the community.
- Quality Meals at Nursery & Me two's / Good quality Food snacks at Junior Clubs / Youth group
- Breakfast Club / After school club & promoting food education.

Maximise use of spaces in communities to create opportunities for people to connect and increase physical activity.

- LGBT Community hub
- Physical activity classes at Westburn centre
- Open spaces in the university – Cruickshank gardens, community growing projects with student groups
- Community councils making links
- Local police officers, locality officers out in community on daily basis engaging with community members – also attend community council meeting where possible and produce monthly report
- Police initiatives to reduce impact of substance use
- Antisocial behaviour – officers around to deter those looking to be antisocial
- M26 group – addresses over 25s hanging about and causing mayhem, alternative activities, fishing, gardening, great impact as individuals were able to turn their lives around
- Student experience team trying to create community champion campaign to get students to be more involved in the community
- Lot of work done in community tackling discrimination
- Lots of places where there are community conversations between people who otherwise may not meet e.g. church shares space with mosque – valuable conversations
- Naloxone training available
- Police happy to come out and speak to community groups if this is helpful



What is currently working well?

Can you share any good examples or highlights based on the priorities identified:

Mental Health and Wellbeing

- We have a Counsellor who works every Thursday morning. She's worth every penny, coping strategies, gets you to think. This has been really positive. We got a big lottery grant for this which lasted a year.
- Support counsellor provides for the team is also important, advising on what kind of intervention would be appropriate for a parent or a client. Would be good to be able to discuss with a counsellor what kind of intervention would be the most appropriate.
- Working in the community is most effective, rather than centralised meetings in city centres. If it is done in the community this helps them get used to the same setting with the same people. Also aids mental health.
- Recently we have been building closer links with Mental Health Aberdeen with Lockdown Mural/ Health Wellbeing Hampers/ Youth Work Training /1-1 counselling.

Reducing Poverty

- The Salvation Army offer hot drinks and hot food multiple times a week. Churches and mosques are involved with this support. They walk up and down Union Street every day to speak to homeless people on the street. Social Bite Café have started doing free breakfasts.
- Organisation picks up surplus food from supermarkets for people they support.
- There are lots of foodbanks in central. They continue to do a great job but that is one single angle. Poverty is not always about food.
- Organisations providing food vouchers for those encountering hardship. This is an initiative we set up just for our community, however, other communities coming forward.
- Developing pantry service saving 100 customers £20 per week on grocery bill. 8 regular volunteers.

Digital Inclusion

- Connecting Scotland work to get devices to people, help disabled people, older people to remain connected. Local community groups are also essential with helping people to get connected. Online access to services can save people money on transport (in one example, it saved someone £30 on a taxi. In another, it saved someone getting two buses to hospital).
- A pledge that all school children be given a laptop or tablet.

Person Centred Approaches

- We're getting better and better at this, with it being incorporated into training.
- Also informal person centred approaches within communities. Have seen neighbours helping one another during Covid-19.

Outdoor Space/Physical Health

- Cryuff Court has opened on George Street, this has been extremely well used since it was opened.
- Gardens being done up; green space is the thing for smaller communities. It's not about gardening for all, but running clubs for e.g., one dedicated to LGBT people in Central. Rugby club dedicated in Central too.
- Its giving people space to get out. A smile means a lot to people. Even engaging with a facial gesture is important, it means people feel part of it rather than isolated.

Get Involved

LEGs

Local Empowerment Groups (LEGs) are made up of local people interested in improving outcomes with Aberdeen City. LEG members will use their knowledge and experiences to influence priorities and help determine solutions. There are groups for Central, North and South of Aberdeen, however they also focus on needs that may be Citywide e.g. sharing your experience as a person living with a disability.

The role of a LEG member is intended to be as flexible as possible. People can contribute in several ways including: getting involved in activities to improve your community; attending LEG sessions; through participation in surveys or on-line forums. There are no set time commitments expected and involvement can be as little or as much as suits people's circumstances.

We are currently recruiting members to ensure we have a wide representation of communities across Aberdeen.
We have a range of opportunities available for people to get involved. If you would like more information please visit our website **www.aberdeencityhscp.scot/our-delivery/locality-empowerment-groups**
or email **LocalityPlanning@aberdeencity.gov.uk**

Priority Neighbourhood Partnership

Woodside, Tillydrone and Seaton Partnership (formerly the Locality Partnership) is a well-established and well supported partnership group within the CPA structure. We work together to achieve improvements for the area around the themes of people, place, technology and economy and to ensure it is a place where all people can prosper.

Membership

- 8 Community Representatives
- 2 Community Council Representatives
- 4 Community Project Representatives
- 1 ACVO / Third Sector Representative
- 6 Elected Members
- 2 Aberdeen City Council
- 1 AHSCP Representative
- 3 Police Scotland, SFRS Representatives

To find out more about how you can get involved, please email **localityplanning@aberdeencity.gov.uk**

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Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	6 July 2021
Report Title	Carers Strategy
Report Number	HSCP.21.079
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Name: Alison MacLeod Job Title: Lead Strategy and Performance Manager Email Address: alimacleod@aberceedcity.gov.uk Phone Number: 07740 957304
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	Appendix A - Carers Strategy

1. Purpose of the Report

1.1. The purpose of this report is to seek the Integration Joint Board's (IJB's) approval for the extension of the timeframe of the current Aberdeen City Carers Strategy and subsequent full review.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Approves the proposal to extend the timeframe of the Aberdeen City Carers Strategy contained in Appendix A.

b) Approves the plans for a subsequent full review of the Aberdeen City Carers Strategy.

c) Instructs the Chief Officer to bring back the revised Aberdeen City Carers Strategy for approval to the March 2022 IJB meeting.

INTEGRATION JOINT BOARD

3. Summary of Key Information

3.1. On 1 April 2018 The Carers (Scotland) Act 2016 (the "2016 Act") came into effect. The 2016 Act extends and enhances the rights of Carers in Scotland to help improve their health and wellbeing so that they can continue to care, if they so wish, and have a life alongside caring.

3.2. The 2016 Act places a duty on local authorities and health boards to prepare and publish a local Carers Strategy covering both adults and young carers. On 27 March 2018 the IJB approved Aberdeen City's Carers Strategy 'A Life Alongside Caring'. The strategy had a three-year life span ending March 2021.

3.3. Two other requirements in the 2016 Act were to publish Eligibility Criteria for Carers and a Short Breaks Services Statement. On 22 May 2018 the IJB approved the Aberdeen City Carers Eligibility Criteria and Funding Allocation Process and on 11 December 2018 it approved the Short Breaks Services Statement.

3.4. There remained one further obligation under the 2016 Act and that was to provide guidance on the timescales for preparing Adult Carers Support Plans and Young Carers Statements for those caring for people who are terminally ill. Scottish Statutory Instrument No. 133, The Carers (Scotland) Act 2016 (Adult Carers and Young Carers of Terminally Ill Persons: Timescales for Adult Carer Support Plans and Young Carer Statements etc.) Regulations 2021 was published on 10 March 2021 and comes into force on 31July 2021.

3.5. The Carers Strategy contained an Implementation Plan and delivery of this was monitored by the Carers Strategy Implementation Group (CSIG) which consists of a broad range of stakeholders from Aberdeen City Health and Social Care Partnership, Aberdeen City Council Children's Services, ACVO, Scottish Care, the commissioned Adult Carers Support Service, third sector providers and the IJB Carers representatives. On 27 November 2019, progress on the implementation of the Carers Strategy was reported to the Clinical and Care Governance Committee.

3.6. During 2020 and into the first half of 2021, these stakeholders were all diverted to the Covid pandemic response meaning the CSIG did not meet and some actions from the Implementation Plan remained outstanding. Covid also had an impact on the delivery of support services for both carers and cared for people and the intensity of the caring role increased for many carers in the City.

3.7. Work was underway during the latter half of 2020 in relation to consultation on the recommissioning of some social care support services and plans were in place to undertake consultation on the Strategic Plan refresh. Between lack of capacity and concern about overburdening carers, in terms of consultation, the end date of the Carers Strategy passed without any review, consultation, or refresh work being carried out. This is not a situation we would want to find ourselves in, especially when we are aware that the pandemic has had a negative impact on the caring role. We are keen, however, that the refresh of the strategy should be undertaken thoroughly, in a co-produced way with our unpaid carers, and include a proper review of the impact of covid on the caring role and an understanding of the current needs of carers in the City. This will take time to do but work on this is planned to begin in July 2021 with the recommencement of the CSIG meetings.

3.8. Despite work not being undertaken on the refresh of the strategy, the support provided for carers in the City continues to be an area of focus and is being kept under review. The Young Carers Development Group has continued to meet. The Adult Carers Support Service has been recommissioned and a feature of the new service is the provision of Respitality (a combination of Respite and Hospitality) which will offer a range of short break options. The Stay Well Stay Connected programme is also focused on providing a range of innovative and bespoke support activities.

3.9. A desktop review of the current Carers Strategy has been undertaken and both the strategy itself and the Implementation Plan have been updated. It is proposed this extends its lifespan to March 2022 during which time a fuller review will be undertaken in tandem with the review of the Strategic Plan. The updates in the strategy reflect how it links to the current Strategic Plan, which was approved the year after the Carers Strategy, and the implementation work that has now been completed.

3.10. This tandem approach will reduce the potential of consultation fatigue. At the same time services are remobilising and the threat of the pandemic is receding. It is hoped unpaid carers will be in a better position to engage meaningfully with the review process and have their voices heard. It is proposed that a revised Carers Strategy is brought to the March 2022 IJB meeting for approval. It is further proposed that the lifespan of the Carers Strategy is aligned to the Strategic Plan in order that this tandem consultation can be repeated when both are due for revision.

3.11. Meetings of the CSIG will recommence and they will be tasked, not only with completing the outstanding actions in the Implementation Plan, but also with

planning an approach aligned to the Strategic Plan consultation, to ensure carers voices inform the refreshed Carers Strategy. One of the outstanding actions on the Implementation Plan is in relation to implementing the terminal illness regulations, and arrangements will be in place for these in time for the commencement date of 31 July 2021.

4. Implications for IJB

4.1. **Equalities, Fairer Scotland and Health Inequality** - It is acknowledged that unpaid carers often experience inequality as a result of their caring role. The Carers Strategy seeks to address the underlying causes of this and to improve carer experiences. An Equality and Human Rights Impact Assessment was undertaken on the Carers Strategy when it was first published in March 2018. The updates made to extend the lifespan of this do not warrant this to be revisited. The Independent Review of Adult Social Care recommends that a human rights-based approach should be taken in the support of carers. A Health Inequality Impact Assessment will be undertaken as part of the process for the full revision of the Carers Strategy and will be published as required at the time that the strategy is approved.

4.2. **Financial** - The Scottish Government provide funding for the delivery of support to unpaid carers and the implementation of carers strategies. This funding will continue to be used for both the existing, extended Carers Strategy and the revised one.

4.3. **Workforce** - Both the existing and the revised carers strategies will be delivered by the existing workforce across the extended partnership.

4.4. **Legal** - Having a local Carers Strategy in place will meet the legal obligations on the IJB within the Carers (Scotland) Act 2016 and subsequent regulations.

4.5. **Covid-19** - Covid-19 has disproportionately impacted on unpaid carers. Completion of the outstanding actions in the Implementation Plan and the refresh of the Carers Strategy will be undertaken with this in mind. Engagement with Carers will continue to take cognisance of relevant Covid guidelines.

4.6. **Unpaid Carers** - The recommendations and proposals within this report are focused on improving experiences of Unpaid Carers. They will continue to be fully involved in the planning and delivery of services designed to support them.

4.7. Other - None.

5. Links to ACHSCP Strategic Plan

5.1. This report links to the commitment under the Resilience Aim of the Strategic Plan to "Value and Support Unpaid Carers".

6. Management of Risk

6.1. Identified risks(s)

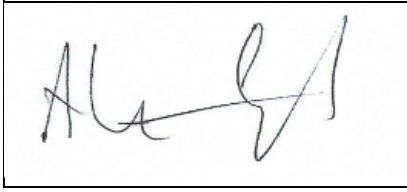
There is a risk that if we do not continue to have a robust Carers Strategy that the voices of unpaid carers are unheard, and services designed to support them will not meet their needs. There is also a risk that the IJB fails to meet its obligations within the Carers (Scotland) Act 2016.

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

This report links to Risk 5 on the Strategic Risk Register "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 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".

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

This report is recommending that we extend the lifespan of the current Carers Strategy following a desktop review and that we have plans in place to undertake a full review taking into account the views of Unpaid Carers in Aberdeen. This should ensure that support for carers continues to be robust and relevant to their needs going forward.

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

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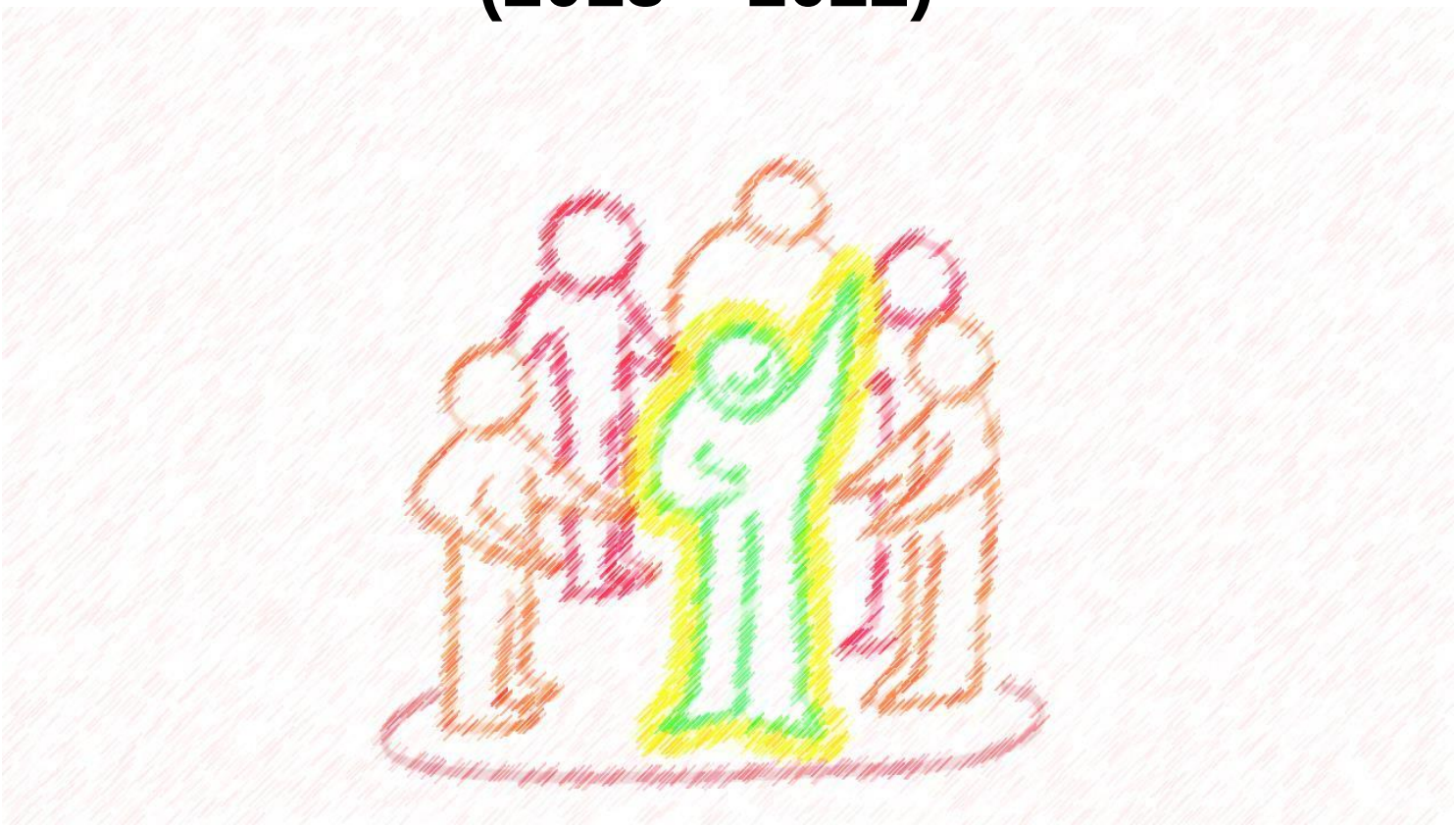
Aberdeen City Carers Strategy

(2018 – 2022)



A Life Alongside Caring

This document is also available in large print, other formats and other languages, on request.

Please contact the Aberdeen City Health & Social Care Partnership on 01224 625729

Contents

Foreword

We welcome the publication of the Aberdeen City Carer's Strategy. The strategy recognises the significant contribution that unpaid carers make to the health and wellbeing of the citizens of Aberdeen and the value that we as Aberdeen City Health and Social Care Partnership and Integrated Children's Services Partnership place on the role that unpaid carers have.

The publication of this strategy is our response to the implementation of the Carers (Scotland) Act 2016 on 1st April 2018. The Act extends and enhances the rights of unpaid carers. Our strategy seeks to take into account those areas of a carers life that may be impacted by their caring role and identify the provision of a variety of support in order that they can continue in that role should they wish to do so. Our aim is that they are enabled to have a life alongside caring.

It is our ambition that the role of unpaid carers is recognised, that their views are heard and used in designing and delivering services, not only for themselves but for those that they care for. We know that undertaking a caring role can often be a demanding and complex task and we hope that this strategy offers opportunities to lighten the load.

We acknowledge the demographic and financial challenges that we face and we recognise that unpaid carers are key to the sustainability of the health and social care system. Whilst funding is limited we will ensure we target what funding we have the areas that need it most.

We are committed to ensuring that young carers are seen as children and young people first and foremost and that any caring responsibilities that they undertake are appropriate and have regard to their age and maturity.

Chair,
Aberdeen City Health and Social Care Partnership Integration Joint Board

Chair,
Aberdeen City Integrated Children's Services Partnership

Carers Strategy at a glance

What we want carers in Aberdeen City to be able to say as a result of this strategy and what we plan to do:

I am supported to identify as a carer and am able to access the information I need

- Provide Dedicated Resource
- Commission Services
- Communicate and Engage
- Provide Access to Improved Information
- Raise Public Awareness
- Train Staff
- Identify

- Eligibility Criteria
- Adult Carer Support Plans
- Young Carers Statements
- Transition Planning
- Support Provision
- Short Breaks
- Self-Directed Support
- Telecare

I am supported as a carer to manage my caring role

I am respected, listened to and involved in planning the services and support which both I and the person I care for receive

- Engagement Protocol
- Hospital Discharge Protocol
- Carers Database
- Train Staff
- Repeat Carers Conversations
- Involve in Commissioning
- Improve access to IJB

- Monitor Implementation of Strategy
- Review Strategy
- Consult
- Promote the Carer Positive Award Scheme

I am supported to have a life alongside caring if I choose to do so

How can this strategy help carers?

Area of Life	Issues	How this strategy might help?
Health & Wellbeing	• Mental health (stress, worry, depression) • Sleep & energy levels • Physical health	• Respite/Short Break • Additional services for the cared-for person • Support groups and activities for carers • Information and advice
Relationships	• Strained relationships	• Counselling • Respite/Short Break • Additional services for the cared-for person
Finance	• Reduced income • Additional costs • Debt or money worries	• Support to maintain employment • Access to benefits such as Carers Allowance • Help with heating/travel costs
Life Balance	• Reduced ability to socialise • Feeling too tired/stressed	• Respite/Short Break • Additional services for the cared-for person
Future Planning	• Careers advice • Training opportunities • Socialisation	• Support groups and activities for carers • Information and advice
Employment & Training	• Unable to work • Reduced hours • Restricted opportunity	• Additional help with care • Support from employers: flexibility and understanding
Living Environment	• Adaptations • Location	• Information and advice • Link to relevant services to support
Education	• Access to education • Restrictions on positive destinations • Ability to engage with education	• Information on opportunities available • Young carers supported in schools, colleges and universities • Additional help with care to enable participation in education

Background

On 1st April 2018 the Carers (Scotland) Act 2016 comes into effect. The Act aims to give adult and young carers new rights, whilst bringing together all the rights carers currently have, under one piece of legislation. The Act places a duty on local authorities and health boards to prepare a local Carers Strategy. Aberdeen's strategy encompasses all ages and relates equally to young carers as it does to adult carers. The strategy sets out how the Aberdeen City Health and Social Care Partnership (ACH&SCP) and the Integrated Children's Services Partnership (ICSP) intend to deliver the requirements of the Act particularly in relation to:

- identifying both adult and young carers
- understanding the care that they provide and their support needs
- providing comprehensive and easily accessible information on the type of support available as well as how and where to get it.

Importantly, the Act brings changes to how carers can access support through 'Adult Carer Support Plans' and 'Young Carers Statements'. Under previous legislation, a carer had to provide 'regular and substantial' care in order to access a support plan. This has been removed and all carers will be entitled to one, if they want one. Additionally, the new Act requires a focus on assessing the needs of the carer separately from the needs of the cared-for individual.

The Act also brings a range of new duties and powers:

Adult Carer Support Plans & Young Carers Statements	Adult Carer Support Plans will replace carers' assessments and consider a range of areas that impact on a carer. Young Carer statements must also be produced.
Eligibility Criteria	Eligibility criteria for access to social care services for carers must be published. However, not all support offered to carers will be subject to the criteria.
Carer Involvement	Carers must be involved in both the development of carers services and in the hospital discharge processes for the people they care for.
Local Carers Strategies	Local Carers' strategies, such as this one, must be produced and reviewed within a set period.
Information and Advice	An information and advice service must be provided for relevant carers, with information and advice about rights, advocacy, health and wellbeing (amongst others)
Short Breaks Statements	To prepare and publish a statement on short breaks available in Scotland for carers and cared for persons.

Governance

One of the commitments under the Resilience Aim of ACH&SCP's Strategic Plan is to: ***"Value and Support Unpaid Carers."***

The AH&SCP is committed to delivering on the nine National Health and Wellbeing Outcomes. Outcome six is: ***"People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing."***

ACH&SCP's commitment is that the significant role of unpaid carers will be recognised, that their views will be included, that their health and wellbeing will be nurtured and the impact of their caring role on their everyday lives reduced.

The ICSP is committed to ensuring that young carers are seen as children and young people first and foremost and that any caring responsibilities that they undertake are appropriate and have regard to their age and maturity.

Development

The development of this strategy was co-ordinated by a Steering Group with representatives from ACH&SCP, the ICSP, third and independent sectors, and the two IJB carer representatives. It was informed by the output from various workshops, a Carers Conversation programme, a dedicated consultation with children and young people in schools and the work of various sub groups of the Steering Group including a Young Carer's Development Group looking at the different requirements of the legislation.

Approval and Delivery

Following consultation with relevant stakeholders, the strategy was initially approved by the Integration Joint Board (IJB) on 27th March 2018, the Integrated Children's Services Board (ICSB) on 24th April 2018, and Aberdeen City Council on 22nd May 2018. It was published on the AH&SCP and the ICSP websites and will be reviewed and refreshed in line with the Strategic Plan in March 2022. An Action Plan was developed in 2018 which details what we will do to deliver on the strategy. An updated Action Plan which contains the outstanding actions as of March 2021 can be found at the end of this document. The delivery of the strategy is being driven and monitored by a Carer's Strategy Implementation Group (CSIG) which has a similar membership to the Steering Group mentioned previously in that it will again include representatives from the AH&SCP, the ICSP, third and independent sectors, and the two IJB carer representatives. The IJB, ICSB and Aberdeen City Council will oversee the delivery via annual progress reports provided by CSIG.

Vision, Principles and Values

We recognise that our services across health, social care, education, third and independent sectors need to better support children, young people and adults in a caring role including, in some areas, improving practices and culture. Without carers' vital contribution the health and social care 'system' could not survive.

The focus of Aberdeen City Health and Social Care Partnership is on support in localities, rather than institutional care; increased personalisation of services and choices; and working to improve the outcomes for carers. In addition, the partnership is seeking to tackle health inequality and developing a stronger preventative emphasis to its activities and interventions.

The Integrated Children's Services Partnership focuses its work through outcome groups based on the SHANARRI indicators. Each of these looks to ensure that services are developed to meet the needs of all children and young people including young carers.

Vision

Our vision is that organisations communities and citizens work together to ensure that carers in Aberdeen are fully valued, respected and supported and that their vital contribution is recognised.

Principles

Equal Partners in Care (EPiC) is a joint project between NHS Education Scotland (NES) and the Scottish Social Services Council (SSSC) aimed at achieving better outcomes for all involved in the caring relationship. The project has a set of core principles which were developed in consultation with a wide range of stakeholders and are based on key outcomes. These are very relevant to this strategy and as such we have adopted these as the best practice we will work to.

The 'Equal Partners in Care' (EPIC) Principles are:

1. Carers are identified.
2. Carers are supported and empowered to manage their caring role.
3. Carers are enabled to have a life outside of caring.
4. Carers are fully engaged in the planning and shaping of services.
5. Carers are free from disadvantage or discrimination relating to their role.
6. Carers are recognised and valued as equal partners in care.

Values

Values are a set of accepted standards. Our values for this strategy are noted below. These underpin everything we do from communicating with carers, to designing services, to planning for and providing support.

VALUES	• Equality of Access • High Quality • Collaboration • Integration • Localisation

STRATEGY	• Identify all those with a caring role in Aberdeen City (even those who may not see themselves as carers). (EPiC 1 & 6) • Meaningfully engage on an ongoing basis with carers. (EPiC 2) • Support carers to maintain their health and wellbeing. (EPiC 3 & 5) • Increase the profile of carers and the recognition of their unique contribution. (EPiC 4 & 6) • Further develop our staff to increase carer support. (EPiC 2)

Equality, Diversity and Human Rights

The principles of equality, diversity and human rights are the basic rights for all carers. Carers reflect the diversity of Scotland's population. We will work to ensure that carers are aware of their rights under this legislation and that no carer is disadvantaged due to age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity, race; religion or belief; or sex or sexual orientation, in line with the Equality Act 2010.

All children and young people have an established set of rights and principles based on the United Nations Convention on the Rights of the Child. These say that nobody should treat a child or young person unfairly and that when adults make a decision about a child or young person it is what's best for the child or young person that should be the most important thing to consider. The child or young person must have their say too.

As an adult or young carer, being aware of their rights and those of the person they care for can help both get fair access to things that most people take for granted.

Consultation and Engagement

In line with the National Standards for Community Engagement that were put in place following the implementation of the Community Empowerment (Scotland) Act 2015 we sought the views of carer and other relevant stakeholders across Aberdeen to inform the development of the Carers Strategy and the Action Plan.

The Carers Strategy Steering Group included representatives from ACH&SCP, the ICSP, the third sector, the independent sector and the two carer representatives who are appointed to the Integration Joint Board.

In addition, we spoke to many carers throughout the city through a programme of 'Carers Conversations'. This programme had a number of parts including:

- a large-scale event for Carer Organisations
- a large-scale public 'drop-in' event for carers
- survey consultation including the City Voice survey and a 'Carers Conversation' questionnaire developed by the group
- formal and informal carer's conversations achieved through attending carers meetings, one to one conversations and group conversations.
- consultation sessions with children and young people in both primary and secondary schools.

It is estimated that approximately 1000 carers, young carers and other interested parties were able to provide their views. These consultation and engagement activities were valuable sources of information and it is intended that similar events will be repeated throughout the lifespan of this strategy to test how we are doing with its implementation as well as providing an opportunity to revise the content of the strategy if necessary.

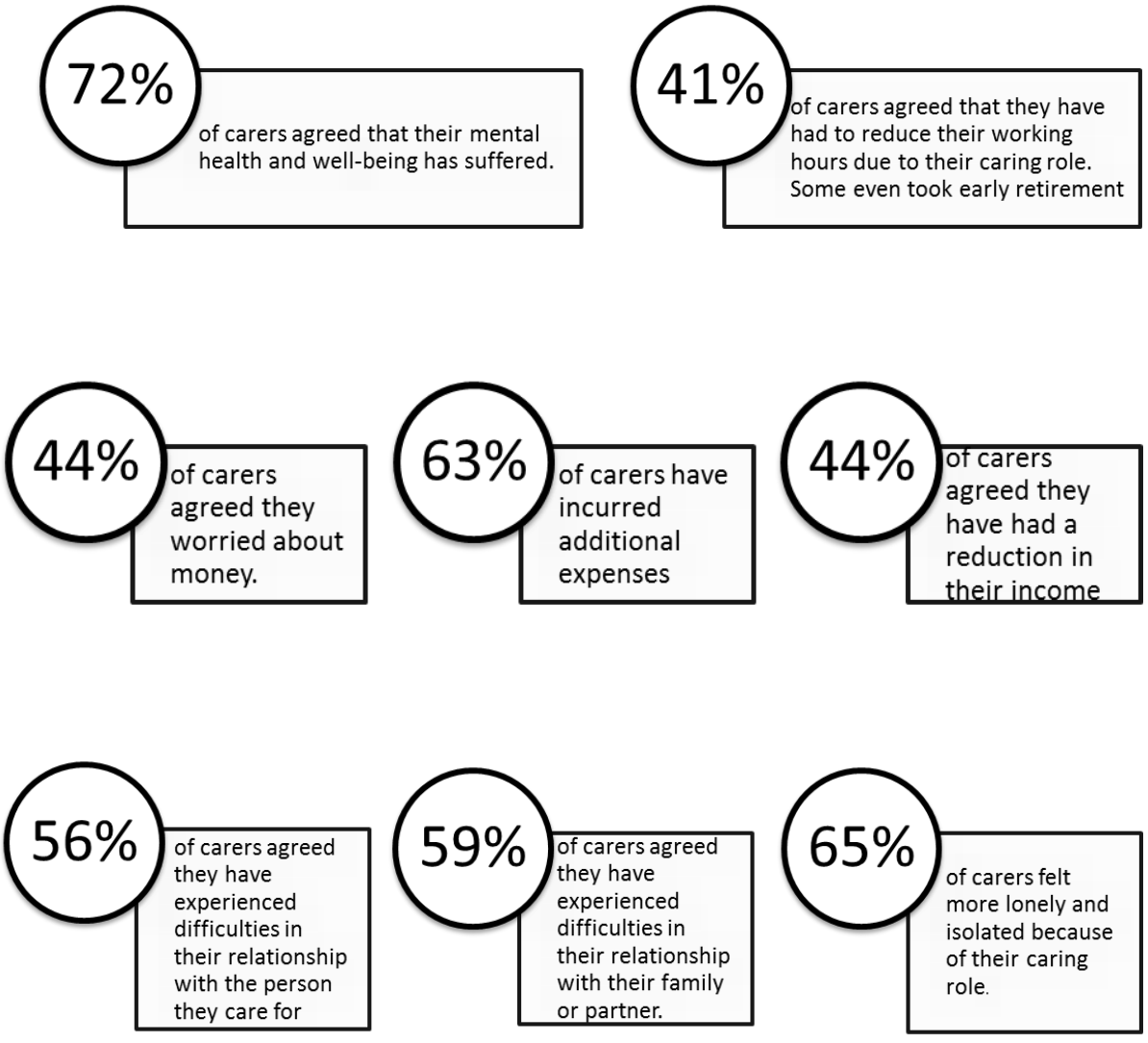
<u>What the consultation told us in relation to adult carers</u>:

In general, adult carers feel that they do not have access to any formal support. Only 20% identified that they had a Carer's Assessment. Those who had had one had mixed opinions on the impact that it had. Many identified that it had a positive effect saying that it helped to feel that someone had listened to them and that they were seen as an individual in their own right as well as providing information and help for them to access support such as Attendance Allowance. Others felt that it had been a waste of time, a paper exercise that did not improve their situation.

Adult carers did cite support groups and various activities that they were able to participate in within their community such as a "Knit and Knatter" Group or a fortnightly "Dementia Café".

The strongest theme that emerged when adult carers were asked to describe any forms of support that they received, was that of support that they received from friends and family, whether this was sharing the caring role; allowing for “me time”; or simply being there to listen to the carer’s concerns and frustrations. The majority stated that they got no support whatsoever, and that they felt they were on their own.

The two things that adult carers said would have the most impact upon their caring role were the provision of regular and appropriate respite, and the cared-for person themselves receiving adequate services in their own right. They also said they wanted recognition for the work that they do; peer support from other carers; support to maintain employment and help to access benefits and help with heating and travel costs.



Adult Carer's Stories

My husband was diagnosed with Alzheimer's and vascular dementia over 18 months ago following over a year of noticing changes.

He thinks he is still capable of most things but can no longer work the microwave which he has been using for years. The intruder alarm is now also a problem and other everyday things. It seems that number order is a problem along with his memory for names and places.

For me it is extremely difficult to leave him because of these things and the fact that he wants to be with me all the time. Also, recently we have entered the realms of delusion and I fear for what might happen if he was alone or out. These experiences really frighten me.

When this came into our lives I was already extremely exhausted with caring for my elderly mother and family with health problems. On top of these I am now feeling grief as bits of my husband – of 53 years – character which made me love him are fading as he changes. I love him deeply and the changes hurt. I am depressed and frightened for the future as I do not know how I will cope without help. He can do many things including driving and does not believe he has any problem whereas I am losing such a lot of my life. And not just the luxuries! I stopped having coffees with a couple of friends as he didn't want me to go. I have forgotten what it is like to look around a shop. Now, I badly need new underwear!! I REALLY need quiet time and I cannot get it.

We have a small group of friends and as he doesn't feel there is anything wrong I can hardly ask them to amuse him. He would wonder what was going on. It all sounds and feels so bad, but when the moments come when he lets me help with tasks like tablets or injections or trusts my word on his doubts or delusions it is wonderful."

"I was at school when my father had his first heart attack. I remember being very unsure as to what was really happening. Going to school and not knowing how to express how I felt and how to handle the instability of the future. It was equally difficult as my mum was upset. I had never witnessed my mum upset before. In many ways I felt I had to lie to my mum and play down what was happening so she wouldn't worry so much. This led her to believing that I wasn't as concerned about my father as I should be.

As an adult I am better equipped to deal with these emotions and circumstances.

My daily routine consists of going to work full time. During my break at work I will call my father and see how he is. I tend to see my father about 4 times a week. I am extremely active in my community and attend various meetings. I have learned to juggle my time to fit caring for my father, working and attending meetings. There's always a constant worry if you hear the telephone ring and it's late at night or an unknown number as your first thought is that something is wrong with dad. I have very little time to attend social activities with friends as dad comes first. If I do attend anything I try and bring him along too.

I like him enjoying an evening even if it's only for an hour or so. Positively it's enabled me to be more understanding of the struggles that people go through and it's made me a more caring and non-judgmental person. Even though I have had to juggle time and put my caring role first there are many positive sides to caring. It can provide you with a whole host of knowledge and in fairness I've never met a better chess player than my dad! Caring is not an easy job. You will be tired, stressed, worried, unsure, and anxious at times too but there is help at hand. If you feel this way you need to tell someone so support can be provided."

What the consultation told us in relation to young carers:

Children and young people reported that conflicting emotions were linked to the caring role. As well as the feelings of worry and loneliness that might be expected there were also feelings of happiness and pride at being able to support a loved one.

Children and Young people identified concerns about bullying and a lack of understanding from both their peers and their teachers as barriers to young carers seeking support. There were also concerns around knowing where and who to seek support from and concerns that they may be taken away from their parents or that their parents may be placed in residential care.

The consultation identified that some of the support that would be most valued by young carers included:

- better communication between guidance and teaching staff
- support for doing their homework or extra support for their studies
- having a quiet space within the school environment
- having someone to talk to or a befriender
- having a holiday with the family
- having a plan for some time off from the caring role
- pet therapy

Young Carer's Story

Cara's mum has a long history of poor mental health. Cara (14) is increasingly taking the role of a young carer due to mum's poor health both physically and emotionally. She can present as mature but it can be a pseudo-maturity as she will often revert to being "young" when mum's mental health is good. She has had several house and school moves and has fallen behind with education due to this.

Cara is socially isolated and is increasingly using social media. Mum has a lack of awareness of internet safety and there is concerns regarding inappropriate TV programmes on Netflix.

This is what Cara says: -

'Being a young carer is like role reversal – parenting a parent. I have to remind my mum to take her medication or to eat breakfast. It is a stressful complicated life. I want to go out with my friends but I can't because I am too worried about something happening at home.

One day my French teacher was very cross at me after I had been up all night with my mum and I found it hard to concentrate in class. I usually love French but all I wanted to do was go home and check up on my mum. It was the longest day. All I did was worry about my mum. I stopped going to French class after that.'

What the consultation with other relevant stakeholders told us:

We also spoke to staff and a number of partner organisations and providers of care who come into contact with carers on a regular basis and were able to give us their views on the caring situation. Some of the key things they told us were:

- The strategy will allow providers to look where we can align and build in resource and support for carers.
- Carers need support when their loved one is transitioning to residential care and this should be put in place as early as possible.
- Carers need help to understand the care that is on offer in a residential setting and be supported to positively negotiate any role they wish to play in that.
- We're dealing with the same people in Housing and Community Learning and Development. By working together we can complement the support each other provides.
- Could "Making Every Opportunity Count" be used to help carers identify with the caring role?
- Hospital admission and discharge needs to be planned with carers in mind.
- Employers need to be educated in relation to carers and the impact of the caring role.
- Could support networks for employed carers be established in workplaces?
- Carers need support to plan and prepare for the end of life of the cared-for person.

So what does this all mean?

The outcome of the consultation and engagement with carer and other relevant stakeholders informed and influenced the development of this strategy. It helped design our vision and values and confirmed that the EPiC principles were valid and relevant. It shaped the 4 statements of achievement that we want carers in Aberdeen City to be able to say as a result of this strategy:

1. ***I am supported to identify as a carer and am able to access the information I need***
2. ***I am supported as a carer to manage my caring role***
3. ***I am respected, listened to and involved in planning the services and support which both I and the person I care for receives***
4. ***I am supported to have a life alongside caring if I choose to do so***

The information we gathered during the consultation and engagement was used to identify the commitments we needed to make in this strategy and the actions we needed to take to deliver on these. Our commitments and actions are detailed in later chapters.

Carers in Aberdeen City

Definition

The Carers (Scotland) Act 2016 defines a carer as: -

> ***"an individual who provides or intends to provide care for another individual (the "cared-for person")"***
>
> ***A "Young Carer" is someone who is under the age of 18, or over 18 but still at school.***
>
> ***An "Adult Carer" is someone who is 18 years old or over and not a Young Carer.***

Who are carers?

A carer can come from all walks of life; be any age, including young children; employed, in education or neither; and have other responsibilities in terms of family to look after. The lives of children and young people within a family environment who are not the direct care-giver can nonetheless be significantly impacted by the caring situation.

A carer can provide care for a few hours a week or 24/7. The care they provide can be light touch or intensive. Some carers have to care for more than one person, which presents unique challenges. They may have had a caring role their whole life or it may be for only a short time.

The "cared-for person" can often be a family member, friend or neighbour. They can also be young or old and have a range of care needs from support within the home, to help with getting out and about, to end of life care. Some cared-for people may have multiple care needs.

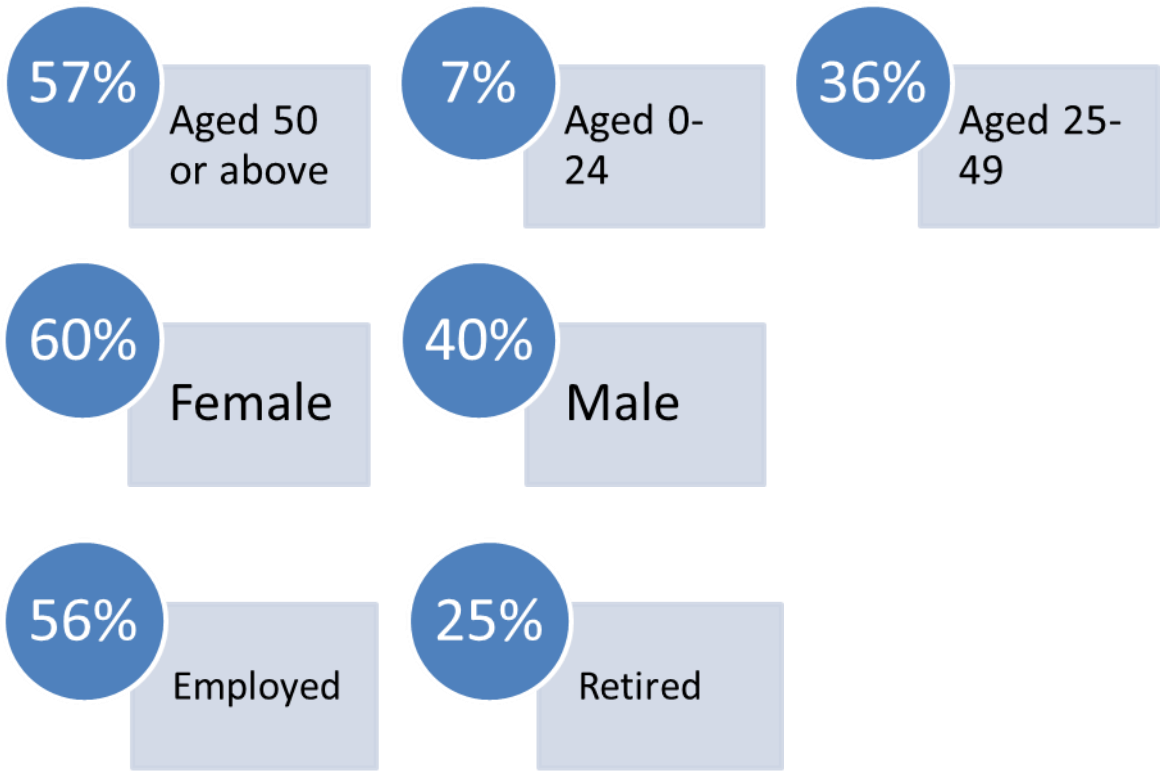
Many people providing care do not see themselves as a 'carer'. They are first and foremost a husband, wife, son, daughter, or friend, who is undertaking acts of kindness, perhaps sometimes seen as duty, for their loved one.

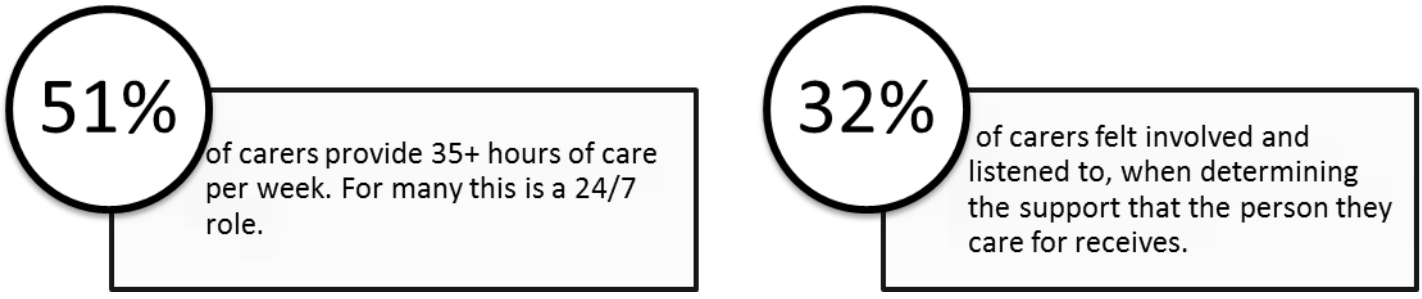
There are, however, some communities of carers we know very little about, most notably: refugees, asylum seekers, Gypsy Travellers and carers who themselves have disabilities, including learning disabilities.

For the purposes of the legislation and this strategy though, all of these people are defined as “carers”. The term carer used throughout this strategy refers to those in an unpaid caring role.

As the types of carer are varied, the approaches we take to support them must also be diverse and nuanced. A one size fits all is not going to work.

Carer Profile Aberdeen City





The number of carers in Aberdeen

It's difficult to estimate the numbers of adult carers for a number of reasons including:

Caring activities can often be seen as just a part of the relationship and the term 'carer' can seem alien to people.	Caring often starts at a low intensity so can go unnoticed.	Accepting the identity of carer means acknowledging the other person needs care, which can be difficult.	There may be a general lack of awareness of the role of a carer

Accurately identifying the number of young carers is even more challenging. Many young people will not identify themselves as a young carer for a number of reasons.

- They do not realise that they are a carer or that their life is different to their peers.
- They don't want to be any different from their peers.
- They believe that the school will show no interest in their family circumstances.
- They want to keep their identity at school separate from their caring role.
- It's not the sort of thing they feel can be discussed with friends.
- There has been no opportunity to share their story.
- They are worried about bullying.
- They worry that the family will be split up and taken into care.
- They want to keep it a secret and/or are embarrassed.
- They see no reason or positive outcome as a result of telling their story.

It is our responsibility to educate not only professionals to assist in the identification of adult and young carers but also to inform them and in terms of young carers the people who support them, of their right to identify themselves as a carer if they so wish and what this would mean for them.

The Scottish Health Survey (SHeS) estimates that there are 759,000 adult carers and 29,000 young carers (under the age of 16) in Scotland.

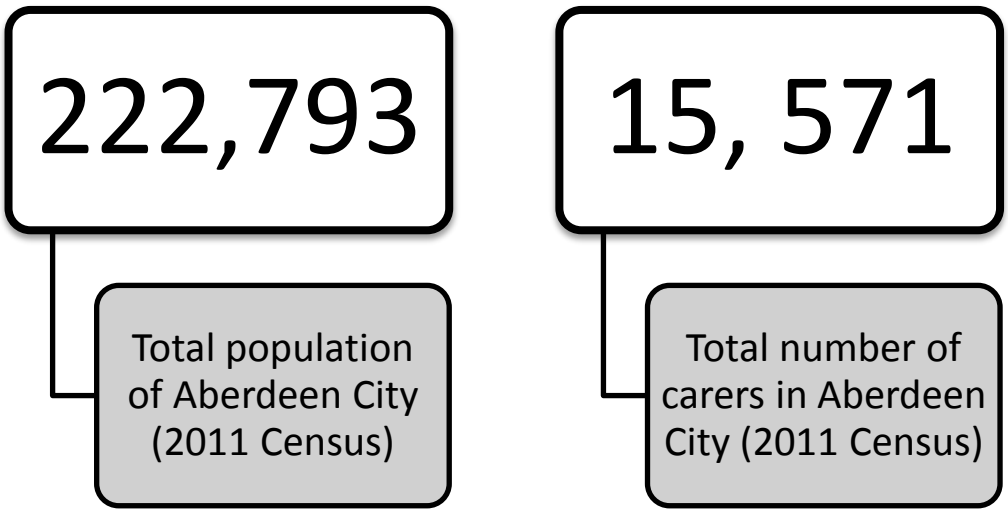
These individuals are critical to health and social care in Scotland, as the estimated value of the care provided is huge and nearly the equivalent of the entire NHS Scotland budget[1]:

[1] http://www.audit-scotland.gov.uk/reports/e-hubs/transforming-health-and-social-care-in-scotland

It is difficult to come to an accurate figure for how many carers there are in Aberdeen. We can provide many different answers looking at different sources to estimate how many carers are known:

Adult Carers with a Carers Assessment	**542 carers[2]**
Adult Carers registered with Social Care databases	801 Carers. [3]
Adult Carers known to the commissioned Carers' Support service	1200 Carers[4]

However, if we consider the 2011 census data, we get a much larger answer:



[2] Unpaid carers with a carers assessment recorded on Aberdeen City's CareFirst system as of July 2016.
[3] People recorded on Aberdeen City's Care First system with role of unpaid carer as of July 2016.
[4] Carers on the VSA Carers' Database as of September 2016.

[5] Furthermore, according to the report Scotland's Carers (2015)[6], the Scotland Census 2011 may be a poor reflection of the number of carers in Scotland.

Whilst the census identified that 10% of Scotland's population are carers, the Scottish Health Survey (SHeS) estimates this figure at 17% of the adult population.

The main difference between the two surveys appears to be those carers who only care a few hours a week. Generally, the SHeS is thought to provide the best estimate.

This means we could have up to **37,874** carers in Aberdeen City, aproximately **1,300** of which could be young carers aged between 0 and 14.

There is a bit of a gap between the maximum number of carers we know about (1200) and the maximum potential number of carers (37,874). We have a huge challenge on our hands to close that gap. We will attempt to do this by:

- Raising awareness generally about the caring role
- Training staff to recognise carers
- Improving our communication to consider how this reaches carers
- Implementing the "Think Young Carer" approach
- Investigate the creation of a Carers Database
- Maximise the opportunity for identification of and engagement with carers at any and all events the partnership and its partners hold
- Promote the role of the IJB carer representatives and explore ways to improve carer access to them
- Promote the Carer Positive Award Scheme

[5] Scotland Census Results & Data http://www.scotlandscensus.gov.uk/census-results

[6] Scotland's Carers (2015) Report http://www.gov.scot/Resource/0047/00473691.pdf

The impact of the caring role

The National Carer Organisations (NCO) has produced a Best Practice Framework for Local Eligibility Criteria for Unpaid Carers. In it they have identified seven areas of a carer's life which may be impacted by their caring role. Aberdeen City Health and Social Care Partnership used the framework to help determine their Eligibility Criteria for adult carers as, by considering each of the areas of impact, we can ensure we have a comprehensive assessment of a carer's needs and begin to identify appropriate support to help minimise any potential adverse impact of the caring role. Each of the seven areas may not be impacted upon for all carers and not every carer will be impacted upon to the same degree, but the areas are relevant for consideration for all carers both young carers and adult carers and in all circumstances.

At the beginning of 2016, Aberdeen City Health and Social Care Partnership undertook a 'Carers Conversation' programme. What carers told us in that could all be linked to the seven areas identified by the NCO and some of what they told us is reflected in the narrative against each of the areas below:

Health & Wellbeing – This is perhaps the most obvious area where the impact of the caring role is seen. The impact could be on mental or physical health or well-being and could range from feeling a bit worried about things to depression; from a general feeling of tiredness to serious joint and/or muscle damage; or from perhaps having to assist with lifting and moving the cared-for person.

Relationships – Caring for a loved one can often be upsetting particularly if the person is physically deteriorating or their personality is changing. This can affect the carer's emotions and in some cases their experience can be similar to grief or feeling bereaved. Relationships with family and friends can become strained.

Finance – The caring role can affect the carer's ability to work which in turn can affect their finances. The act of caring can incur additional expenses with the cost of transport and/or parking whilst attending medical appointments. Having to buy specialist equipment or products, replacing clothing, turning up the heating or doing more laundry all bring added expense. If the cared-for person was the main earner and their condition has meant that they have had to give up work this affects the overall household income. Some carers told us that they had taken out a loan or fallen behind with bill payments as a direct result of their caring responsibilities.

Life Balance – Dedicating time to caring can mean that the carer often cannot find time to socialise or even just have some "me time" to do things that they want to do for themselves. Often they put the needs of the cared-for person first and don't have

the time or the energy to fully consider their own needs leading to these being neglected.

Future Planning – In some situations it can be difficult for the carer to make any plans whether they are short, medium or long term. This can be in any area of their life from their career, their education and development, or even their social life. Even a simple invitation to a night out at the weekend may be impossible to accept. For some, future planning may include ensuring care will continue for the cared-for person should the time come when the carer is no longer around to do it themselves.

Employment and Training - Caring can affect the carer's ability to work and access to training opportunities. It can also impact on their choice as to what type of employment they do or training they undertake, where they work and how many hours they do. They may be forced to delay starting work or training at all, have to give up work or a course, take early retirement, or reduce their working hours as a result of their caring role. They may not be able to focus on career development, or apply for promoted posts and may be restricted to particular jobs in certain areas that allow them to continue to provide care. Carers told us that not all employers understand the caring role or are flexible enough to accommodate it.

Living Environment – In some cases a carer may have to adapt their home to accommodate the needs of the cared-for person. This fundamentally changes their own living experience. Other carers do not live with the person that they care for but their living environment can still be impacted upon. Some carers told us that they are considering moving house to make their caring role easier.

<u>Particular Impact on Young Carers</u>

In addition to the principles noted above, the assessment of the impact of caring upon a young person needs to consider the SHANARRI indicators. For example, caring responsibilities may impact negatively upon a young carer's participation in education and their educational attainment, especially if professionals in school are unaware of the situation within which they live.

Support currently available for carers

This section of the strategy details what support is currently available for carer in Aberdeen.

- Within Aberdeen City Health and Social Care Partnership there is provision within the Care Management Standards and National Eligibility Criteria for a consideration of the risks and priorities relating to carers. As with the criteria for any social care service, risks must be substantial or critical to be eligible for support. Eligibility Criteria for carers was developed specifically in line with the requirement of the Carer (Scotland) Act 2016. The Carers Assessment and Support documentation and process was reviewed in consultation with carer representatives and a new form designed to support the development of Adult Carer Support Plans.

- Aberdeen City Health and Social Care Partnership commission a third sector provider to provide a Carers Support Service for adult carers over 18. There are two main areas of service delivery. The first is universal support to unpaid carers including information, advice and signposting and the second is more targeted support to those who have a more intense caring role.
- The Integrated Children's Services Partnership also has guidance on Eligibility Criteria for children and young people. The Eligibility Criteria Matrix for Children in Need in Aberdeen has three levels from children who are vulnerable with low priority needs through to children and families in crisis needing urgent intervention. Young Carers whose caring responsibilities are adversely affecting their development are at Level 2 on this current matrix – "children with moderate priority needs requiring targeted intervention". Again the guidance has been reviewed to meet the needs of the Carers (Scotland) Act 2016 and a process for the identification of young carers and the development of Young Carers Statements devised.

- Aberdeen City Council currently commissions a third sector provider to support young carers who already meet eligibility criteria for children's social work.

- There are many more other informal supports for carers available. These range from third party providers who, although not directly commissioned to deliver carer support will do this at the same time as they are delivering services to the cared-for person. The support carers need can often come in the form of existing services such as the Citizen's Advice Bureau, Housing,

Energy, Benefits or Financial Advice teams, Mental and Physical Health Services etc. Friends, family, neighbours and existing social and faith groups can also be a source of valuable support for carers. In many cases the support required for the carer is to put them in touch with these groups, help them make the connection and encourage them to make full use of what is available.

Our strategic intentions in relation to carers

We have our vision for carers and we have agreed values and principles. We have identified the statements we would wish carers in Aberdeen to be able to make which would demonstrate that we have achieved our vision. We have the feedback from our consultation and engagement with carers, with staff and other relevant stakeholders. We have a profile of the carers in Aberdeen and a sense of the scale of the number of carers we have yet to identify. We have an understanding of the impact that the caring role can have and we know the support that is currently available to carers. All of this information has led us to develop a number of strategic intentions in relation to carers to enable more carers to identify as such; to enhance and improve the support available to carers; to reduce the impact of the caring role; and to involve carers more in the design and delivery of services both for carers and for the people they care for. In Aberdeen we want to ensure that we get it right for all adult and young carers.

The following paragraphs provide a high level overview of our strategic intentions grouped under each of the statements of achievement. The Action Plan in the next section contains more detail on how and when we will deliver. Successful delivery of the Action Plan will be driven and managed by a Carer's Strategy Implementation Group (CSIG) consisting of senior officers of ACH&SCP and the ICSP, as well as independent and third sector partners and the IJB carers' representatives.

The financial challenges we face are acknowledged and whilst funding is limited we will aim to target what funding we have to those carers and services that need it most. We will maximise opportunities for access to existing support and services available within the partnership, the Council, partner organisations and in the carer's family network and the wider community.

Statement 1: I am supported to identify as a carer and am able to access the information I need

ACH&SCP values carers and the support that they provide to cared-for people. As a measure of that value the partnership provides a ***dedicated resource*** with lead responsibility for service user and carer involvement in Aberdeen City.

Recognising that carers come from all areas of our wider population, we seek to ***engage*** with them in a variety of ways that is appropriate to their needs, but is also familiar to them. For example, we will utilise social media such as Facebook and Twitter. All communication and engagement takes account of any particular needs of

carers in relation to the nine protected characteristics as described by the Equality Act 2010.

We have produced a targeted ***information pack*** for carers in collaboration with the commissioned Adult Carers Support Service.

It is clear that we need to increase the ***identification*** of young carers in Aberdeen. It is our responsibility to educate not only professionals to assist in this but also to inform young carers and people who support them of their right to identify themselves if they so wish and what this would mean for them. We will ensure that we sensitively identify young carers within schools via awareness raising, training and continuous professional development building on the principles of GIRFEC.

A series of ***awareness raising events*** will be run to help people understand the role of adult and young carers and the challenges that they face, and we will maximise every opportunity at other events and in other strategies, policies and guidance to raise the profile of carers and enable people across Aberdeen City to identify as a carer if that is what they wish to do. This will include supporting people to end their caring role if that is what they wish to do.

Statement 2: I am supported as a carer to manage my caring role

Both the ACH&SCP and the ICSP already have Eligibility Criteria for access to social care services which make reference to carers. Carers are a valued element of the broader health and social care workforce however with limited funding available eligibility criteria needs to be set for access for funded support. The ACH&SCP has published ***eligibility criteria specifically for carers***. This clarifies who is eligible to be supported and what criteria will be used for determining that eligibility. The eligibility criteria also make it clear what support and advice is available for anyone who does not meet the criteria for formal, funded support. The criteria will be reviewed in line with the Carer's Strategy.

The ICSP has reviewed the existing eligibility criteria for the level of service that a young carer can access based on their needs. These criteria have been incorporated within the GIRFEC model of tiered intervention and the Eligibility Criteria Matrix for Children in Need in Aberdeen.

All young carers have a right to access a minimum level of advice and information. We have developed a tiered approach to service delivery ranging from the pro-active and comprehensive availability of information and advice for young carers with low level needs; through support from a commissioned service for those with moderate

needs and requiring early help such as support via a short break; to support from a specialist and individualised service to promote the young person's resilience, for those with high level needs.

Similarly, both the ACH&SCP and the ICSP already have an assessment process which identifies outcomes and needs for social care services and also what support will be provided to meet those needs.

ACH&SCP have reviewed the template and the processes used for these assessments in order that they meet the needs of adult carers under the new legislation and are able to inform the ***Adult Carer Support Plans*** *(ACSP)*. In particular we have ensured that ***emergency*** arrangements and ***future planning*** are areas that are covered in these plans in order that carers can successfully plan for periods of transition or crisis. With the commencement of the Timescales for Adult Carer Support Plans and Young Carer Statements Regulations 2021 on 31st July 2021 we will ensure that ACSPs and YCSs for those caring for the ***terminally ill*** are prepared timeously. We will also ensure that these carers plan for their life after caring, especially young carers who may be left without a parent or other significant adult in their lives utilising NHS Grampian's Palliative and Supportive Care Plan template as a guide.

We have developed ***Young Carer's Statements*** (YCS) to provide a framework for the identification of individual needs and personal outcomes, based on the SHANARRI indicators, for supporting young carers who have been identified either by a professional or by themselves. A YCS is separate from other forms of assessment that a young person may be entitled to, such as a Child's Plan or Co-ordinated Support Plan (CSP). This is to address some of the barriers that have previously been acknowledged that prevent young carers being identified. Careful consideration has been given as to how a YCS sits alongside these other forms of assessment.

A YCS includes the nature and extent of care provided, or to be provided, as well as the impact of caring upon the young carer's wellbeing and day-to-day life. It also includes information about whether a young carer has in place arrangements for emergency care planning (sometimes referred to as contingency planning), future care planning, anticipatory care planning and advanced care planning (for when the cared-for person is receiving end of life care). A YCS also shows if support should be provided in the form of a break from caring.

We have clear procedures about who will complete a YCS, how it will be completed and by when. We consider the role of the Named Person, school nurses and any commissioned services to ensure that the most appropriate person undertakes the assessment.

Young carers are provided with information about what to expect when they request or accept the offer of a YCS. All Statements are reviewed within a given time frame, particularly if the health of the young carer or the cared-for person deteriorates, or if the cared-for person is being discharged from hospital.

A key stage for young carers is the point at which they ***transition*** from being a young carer to an adult carer. This age group is often characterised by life transitions such as the transition to college, university and work; living away from home; wanting to reduce the caring role; or not wanting to be a carer at all. These may impact upon and change the caring role and/or the need for support. This is reflected in the YCS. When a young carer transitions to being an adult carer, the YCS is still considered relevant until an Adult Carer Support Plan has been provided. We do not wait until the young carer reaches 18 to start this process.

In response to what carers told us that they wanted, we seek to maximise the opportunities for carers to access support groups and activities. As required by the legislation, we published our ***'Short Breaks Services Statement'*** in December 2018. The statement covers both traditional and bespoke commissioned respite services and endeavours to provide more innovative and flexible arrangements. A 'Short Break' is defined as a short break away from the caring role. Short Breaks are based on assessed needs and are outcome focused. Our aim is that Short Breaks will be planned, reliable, and positively anticipated by carers and the cared-for person. We also recognise that young carers may need to combine their caring role with other family activities, responsibilities, education and employment.

Recognising the Social Care (***Self-directed Support***) (Scotland) Act 2013 and the fact that carers are entitled to have choice and control over how their support is delivered we ensure that, as part of the process to prepare the Adult Carer Support Plans and Young Carer Statements, that the four options are explained and offered to all carers who are eligible. In addition, we ensure that the use of **Telecare** options is explored to further assist with the caring role.

Statement 3: I am respected, listened to and involved in planning the services and support which both I and the person I care for receive

Engaging with service users and carers is vital in ensuring that services and support which are delivered are high quality and appropriate. We will develop a ***Service User and Carer Engagement protocol*** that will ensure that service users and

carers are involved in planning services and support for both carers and cared-for people. The protocol will include specific sections on hospital discharge and commissioned services.

In terms of ***hospital discharge*** we will review patient admission documentation to ensure that it prompts consideration of and engagement with carers at an early stage, building on our person-centred approach. Using funding from the Scottish Government we ran a pilot on hospital discharge using a care assurance tool and the learning from that has informed our future approach.

The Carers (Scotland) Act 2016 brings a number of new and different obligations for staff and we will ensure that they are ***trained*** appropriately to understand these responsibilities and also in the use of the Service User and Carer Engagement protocol.

It is essential that we know who our carers are in Aberdeen City. We will develop and maintain a ***database*** of all known carers which will be used for communicating and engaging with them. The database will be developed and maintained in full alignment with relevant Data Protection legislation, based entirely on an informed and explicit willingness of carers to be included in this.

The ***Carers Conversation Programme*** used to develop this strategy was very successful and well-received. We plan to repeat that on a regular basis as a means of monitoring the impact the implementation of the strategy is having and of understanding how carers are feeling and whether anything has changed that we need to take account of.

There are two ***carer representatives on the IJB*** and we commit to provide ongoing support to them to ensure that their voice is heard appropriately. The carers' representatives will change over time and we have developed recruitment and selection protocols to inform and support future appointments. We will also develop a reference group of carers with different caring experience to support the two IJB carer representatives and examine ways in which we can improve the accessibility to and communication with them.

We aim to involve young carers in every step of the implementation of the new strategy from the development of the YCS to what is needed from a young carers' service. We need to take into consideration young carers' willingness to take part and ensure that any involvement meets their needs as well as ours. As such different approaches will be taken from group activities to one-to-one consultations where appropriate.

Statement 4: I am supported to have a life alongside caring, if I choose to do so

All of our strategic intentions are about ensuring that carers are supported to have a life alongside caring if they choose to do so. We will ***monitor*** the implementation of the strategy and ***report*** on this regularly and appropriately to ensure that it is having the desired effect on reducing the impact of caring upon the health and wellbeing of carers.

In addition, we will seek to promote the ***Carers Positive Award Scheme*** in Aberdeen City to signify the importance that we place on the value of the caring role.

We will ***review*** the strategy on a regular basis.

Implementation Plan

I am supported to identify as a carer and am able to access the information I need

1.1 Provide a dedicated resource for carers within wider ACH&SCP

What will we do?	When will we have done it by?	How will we know it is working?	Who will be responsible?
All actions complete.			

1.2 Increase meaningful engagement with carers across Aberdeen City.

What will we do?	When will we have done it by?	How will we know it is working?	Who will be responsible?
1.2.1 Engage with all carers using a variety of methods as identified as being specific to various needs.	Ongoing	Improved scores from Carers Survey.	Carers Strategy Implementation Group Commissioned Service
1.2.2 Consider specific activity to engage with minority ethnic carers in collaboration with Minority Ethnic Carers of People Project (MECOPP).	March 2022	Feedback via minority ethnic groups.	Carers Strategy Implementation Group Commissioned Service

1.3 Continuously improve the information provided to Aberdeen citizens relating to carers

What will we do?	When will we have done it by?	How will we know it is working?	Who will be responsible?
1.3.1 Work with commissioned and internal services and carers themselves to review the information available particularly in relation to accessibility.	March 2022	Improved scores from Carers Survey.	Carers Strategy Implementation Group

1.4 Create opportunities for more people across Aberdeen City to identify as a carer.

What will we do?	When will we have done it by?	How will we know it is working?	Who will be responsible?
1.4.1 Work with commissioned and internal services to ensure we are encouraging and supporting unpaid carers to identify as such and making every opportunity count in this regard.	Ongoing	Increased numbers of adult and young carers identified.	Carers Strategy Implementation Group

I am supported, as a carer, to manage my caring role.

2.1 Ensure all identified carers have comprehensive Adult Carers Support Plans or Young Carers Statements.

What will we do?	When will we have done it by?	How will we know it is working?	Who will be responsible?
2.1.1 Review Eligibility Criteria for Adult Carers after three years. Review the eligibility criteria for Young Carers Integrated Children's Services Operational Guidance 2016.	March 2022	Revised Eligibility Criteria approved, published and utilised	Lead Strategy and Performance Manager (AH&SCP) Young Carers Development Group
2.1.2 Revise templates and procedures for Adult Carer Support Plans, Anticipatory Care Planning and Patient Admission/Discharge. The former to include sections for Emergency Arrangements and Future Planning. Develop Young Carer's Statement template in parallel with Child's Plan to include additional sections for Emergency Arrangements and Future Planning.	March 2022	Templates revised and in use.	Lead Strategy and Performance Manager (AH&SCP) Young Carers Development Group
2.1.3 Review use of Adult Carer Support Plans and Young Carer's Statements.	March 2022	Increase number of completed Adult Carer Support Plans and Young Carer Statements. Annual audit of the value of the completed plans with the individual carers.	Adult Social Care; Integrated Children's Services (ACC) Commissioned Service
2.1.4 Develop a pathway and protocol for transition planning from Young to Adult Carer, including response to and provision for 16 & 17 year old Young Carers.	March 2022	Transitions pathway and protocol developed and utilised	Lead Strategy and Performance Manager (AH&SCP) Multi-agency Group for 16/17 year olds
2.1.5 Develop guidance on support for those carers caring for people with a terminal illness	July 2021	Guidance developed and in use	Lead Strategy and Performance Manager (ACHSCP) Young Carers Development Group

2.2 Maximise the opportunities for relevant support that carers want.			
What will we do?	**When will we have done it by?**	**How will we know it is working?**	**Who will be responsible?**
2.2.1 Maximise opportunities for carers to access support groups and activities.	Ongoing	Feedback from carers	Carers Strategy Implementation Group
2.2.2 Increase the numbers of carers being offered the 4 options under Self-Directed Support.	Ongoing	SDS Statistical Report.	Lead Social Work Manager (ACH&SCP)
2.2.3 Increased use of Telecare options to support carers (and reduce transport costs).	Ongoing	Increased number of telecare packages in place.	Lead Social Work Manager (ACH&SCP)

3. I am listened to and involved in planning the services and support which the person I care for receives.

3.1 Ensure carers are involved in planning the specific services and support the person they care for receives

What will we do?	When will we have done it by?	How will we know it is working?	Who will be responsible?
3.1.1 Development of Carer and Service User Engagement protocol for planning services, including awareness and recognition of the role of Young Carers.	March 2022	Protocol developed and in use.	Carers Strategy Implementation Group
3.1.2 Develop specific guidance in relation to carer involvement in the hospital discharge process, including awareness and recognition of the role of Young Carers.	March 2022	Guidance developed and in use.	Carers Strategy Implementation Group
3.1.3 Develop support guidance for Carers when the cared for person is moved to a Care Home.	March 2022	Guidance developed and in use.	Scottish Care

3.2 Ensure carers are listened to and consulted in the availability and design of services for them

What will we do?	When will we have done it by?	How will we know it is working?	Who will be responsible?
3.2.1 Develop database of carers in Aberdeen City.	March 2022	Database created.	Adult Carers Support Service
3.2.2 Hold bi-annual 'Carers Conversation' events. Develop Young Carers feedback loops within each ASG.	Ongoing	Events are held and evaluated (including number of attendees and feedback on events) Feedback from Young Carers evaluated and used to develop and review support available to them.	Carers Strategy Implementation Group Young Carers Development Group
3.2.3 Carers to be involved in future commissioning of ACHSCP services and are recognised as a specific consultation group.	Ongoing	Carers identified and engaged in services through commissioning work planning.	Lead Commissioner (ACH&SCP)
3.2.4 Provide on-going support as required to the carer representatives to the IJB in consultation with them as to their specific needs.	Ongoing	Feedback from carers representatives	Lead Strategy and Performance Manager

			(ACHSCP)
3.2.5 Develop a reference group made up of carers with different experiences of caring to support the IJB carer representatives and improve access to and communication with them.	March 2022	Reference group in place Communication arrangements in place	Lead Strategy and Performance Manager (ACHSCP)

4. I am supported to have a life alongside caring, if I choose to do so.			
4.1 Monitor implementation of strategy and the affect it is having on reducing the impact of caring on the health and wellbeing of carers.			
What will we do?	**When will we have done it by?**	**How will we know it is working?**	**Who will be responsible?**
4.1.1 Monitor the implementation of the Carers Strategy and report regularly on progress.	Ongoing	Monitoring of delivery of action plan through CSIG meeting minutes Annual reports delivered to IJB, Children's Board and ACC	Carer's Strategy Implementation Group
4.1.2 Review strategy	March 2022	Strategy revised, approved, published and implemented	Carer's Strategy Implementation Group
4.1.3 Ensure Carers views are surveyed regularly, and the feedback informs future support planning	Ongoing	Survey results and revised plans	Lead Strategy and Performance Manager (AH&SCP)
4.1.4 Promotion of the Carer Positive Award Scheme within Aberdeen City Health and Social Care Partnership in order that they are seen by carers and staff as 'carer positive' and also promote this across wider businesses and organisations in Aberdeen City.	March 2022	'Number of businesses and organisations participating in the scheme and achieving awards	Lead Strategy and Performance Manager (AH&SCP)

Aberdeen City Health & Social Care Partnership
A caring partnership

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Date of Meeting	6 July 2021
Report Title	Portfolio Management
Report Number	HSCP.21.081
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Sandra MacLeod, Chief Officer
Consultation Checklist Completed	No
Appendices	None

1. Purpose of the Report

1.1. The purpose of this report is to provide assurance to the Integration Joint Board (IJB) that the Chief Officer has in place robust arrangements to support the Leadership Team to deliver on the agreed objectives whilst providing support in relation to the wider Portfolio Management approach across NHS Grampian and Aberdeenshire and Moray Health and Social Care Partnerships.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Notes the level of assurance provided within the report in relation to Portfolio Management.

3. Summary of Key Information

3.1. Following the non-appointment by NHS Grampian to their Acute Director role in April 2021, the Chief Officer was asked to provide operational line management support to colleagues in the Acute Sector within NHS Grampian's new Portfolio Management approach.

3.2. The new Portfolio Management approach is designed to facilitate the further integration between the community, primary and secondary health and social care system across defined patient pathways.

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3.3. This opportunity affords the Chief Officer far greater influence over the whole system of health and social care. By widening the scope of Aberdeen City Health and Social Care Partnership's (ACHSCP) Leadership Team with new colleagues who bring additional components of the system i.e. Unscheduled Care and Medicine. These are components that the IJB has strategic planning responsibility for and our performance against these is measured as part of the suite of national performance indicators. Weaving these components into a new way of working anchors us into the whole system and increases our impact, both in the way we deliver services, and on the quality of that service provision.

3.4. The Chief Officer not long after her appointment set out an innovative approach to the development and distribution of leadership within the health and social care partnership.

3.5. The foundations of this approach, as set out below, are proving to be a useful for enabling delivery as a cohesive, collaborative and integrated team within the new expanded team. There are key areas of focus on how we engage, influence, and deliver in a system; how the team can have a shared, distributed and adaptive style that maximises the opportunities for our organisations to deliver.

In addition, the Chief Finance Officer in his report to IJB on 23 March 2021 (report HSCP.21.025), set out the objectives for the leadership team. Accountability for the delivery of these objectives will be monitored through

the system of performance management, professional support, personal and peer support as set out in the previous board paper.

The Chief Officer's own personal objectives have been approved by the Chief Executive Officers of NHS Grampian and Aberdeen City Council and reflect these shared arrangements. The Chief Officer, meetings with the 2 Chief Executive's as part of the formal accountability arrangements as well as meeting with the chair and vice chair of the board.

4. Implications for IJB

4.1. **Equality, Fairer Scotland and Health Inequality** - The work of the Leadership Team is aimed at reducing inequality therefore the proposals in this report are thought to have a neutral to positive impact.

4.2. **Financial** – all financial aspects of this report will be delivered within existing budgets.

4.3. **Workforce** – the proposals in this report represent a new way of working. The report details the support put in place to assist the Leadership Team manage this change.

4.4. **Legal** - There are no legal implications arising from the recommendations in this report.

4.5. **Carers** – There are no implications for Unpaid Carers arising directly from the recommendations in this report.

4.6. **Covid-19** – the work of the Leadership Team will be undertaken with cognisance to the relevant guidance in relation to Covid-19. Most work continues to be carried out remotely and where it is necessary to get groups of staff together this is done in an environment where they can remain safely distant, wearing face masks, with good ventilation and access to hand washing or sanitising.

4.7. **Other** - none

5. Links to Aberdeen City Health & Social Care Partnership Strategic Plan

5.1. The Leadership Team contribute to the delivery of the Strategic Plan overall but the proposals in this report particularly support the Empowered Staff enabler.

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6. Management of Risk

6.1. Identified risks(s) -

There is a risk, if the Leadership Team do not work cohesively and in a cross-system way that, not only delivery of the IJB's Strategic Plan and Medium Term Financial Framework be at risk but also the delivery of our partners key strategic objectives in the Local Outcome Improvement Plan and both the current Clinical Strategy and the future plan for NHS Grampian.

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

This report links to Risks 2, 5 and 7 on the Strategic Risk Register.

2. There is a risk of financial failure, that demand outstrips budget and Integrated Joint Board cannot deliver on priorities, statutory work, and project an overspend.

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 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.

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

This report sets out the arrangements to ensure continued delivery of system wide strategic objectives.

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