

# Public Document Pack



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

To: Members of the Integration Joint Board

Town House,  
ABERDEEN 31 January 2024

## **INTEGRATION JOINT BOARD**

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Rooms 4 & 5 - Health Village on TUESDAY, 6 FEBRUARY 2024 at 10.00 am.**

JENNI LAWSON  
INTERIM CHIEF OFFICER - GOVERNANCE

### **BUSINESS**

1.1 Welcome from the Chair

### **DECLARATIONS OF INTEREST**

2.1 Declarations of Interest and Transparency Statements

Members are requested to intimate any Declarations of Interest or Transparency Statements

### **DETERMINATION OF EXEMPT BUSINESS**

3.1 Exempt Business

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

### **STANDING ITEMS**

4.1 Video Presentation: Charlie House Activities

4.2 Minute of Board Meeting of 5 December 2023 (Pages 5 - 10)

- 4.3 Draft Minute of Risk, Audit and Performance Committee of 28 November 2023 (Pages 11 - 16)
- 4.4 Draft Minute of Clinical and Care Governance Committee of 31 October 2023 (Pages 17 - 22)
- 4.5 Business Planner (Pages 23 - 26)
- 4.6 IJB Insights and Topic Specific Seminars Planner (Pages 27 - 30)
- 4.7 Chief Officer's Report - HSCP.24.001 (Pages 31 - 38)

## **PERFORMANCE AND FINANCE**

- 5.1 Complex Care - HSCP.24.006 (Pages 39 - 108)  
Please note that there are exempt appendices contained within the Private Section of this agenda below.
- 5.2 Annual Procurement Workplan 2024/2025 - HSCP.24.004 (Pages 109 - 120)  
Please note that there are exempt appendices contained within the Private Section of this agenda below.

## **STRATEGY**

- 6.1 Carers' Strategy - HSCP.24.003 (Pages 121 - 164)

## **TRANSFORMATION**

- 7.1 Drug Checking Pilot - HSCP.24.005 (Pages 165 - 172)

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

- 8.1 Complex Care - HSCP.24.006 - Exempt Papers (Pages 173 - 224)
- 8.2 Annual Procurement Workplan 2024/2025 - HSCP.24.004 - Exempt papers (Pages 225 - 262)
- 8.3 Supplementary Procurement Workplan 2024/25 - HSCP.24.007 (Pages 263 - 298)

## **DATES OF UPCOMING MEETINGS / SEMINARS**

- 9.1 IJB Insights Session - 20 February 2024
- 9.2 Topic Specific Seminar - 5 March 2024
- 9.3 Integration Joint Board - Budget - 26 March 2024

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

Should you require any further information about this agenda, please contact Emma Robertson, [emmrobertson@aberdeencity.gov.uk](mailto:emmrobertson@aberdeencity.gov.uk)

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ABERDEEN, 5 December 2023. Minute of Meeting of the INTEGRATION JOINT BOARD.

Present:- Councillor John Cooke, Chair; Hussein Patwa, Vice Chair; and Councillor Jennifer Bonsell, Mark Burrell, Councillor Lee Fairfull, Councillor Martin Greig, Steven Close (from article 8), Jamie Donaldson, Jenny Gibb, Maggie Hepburn (from article 8), Phil Mackie, Sandra MacLeod, Paul Mitchell, Alison Murray and Graeme Simpson.

Also in attendance:- Martin Allan (to article 9), Councillor Christian Allard, Caroline Anderson, Fraser Bell, Adam Coldwells (for article 9), Carol Jack, Vicki Johnstone, Stuart Lamberton, Graham Lawther, Alison Macleod, Steven Main, Nicola McLean, Grace Milne, Fiona Mitchelhill, Lynn Morrison, Councillor Miranda Radley, Sandy Reid, Iain Robertson and Angela Scott.

Apologies:- Professor Siladitya Bhatta, June Brown, Jim Currie, Christine Hemming, Dr Caroline Howarth and Shona McFarlane.

**The agenda and reports associated with this minute can be found [here](#).**

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### **WELCOME FROM THE CHAIR**

1. The Chair extended a warm welcome to everyone and in particular to Hussein Patwa who was attending his first meeting as Vice Chair. The Chair thanked Service User representative Alan Chalmers who had stood down due to volunteering commitments.

The Chair paid tribute to Sandra MacLeod who had been appointed Depute Chief Executive at NHS Tayside and would therefore be leaving the Health and Social Care Partnership in February 2024. He praised her leadership qualities and style, which had contributed to the development of the Partnership's strong Senior Leadership Team.

Finally, the Chair stated that the Culture Sounding Board had met on 21 November 2023 and had discussed wellbeing amongst other topics, and had agreed to take breaks during meetings after 90 minutes.

**The Board resolved:-**  
to note the Chair's remarks.

**INTEGRATION JOINT BOARD**  
5 December 2023

**DECLARATIONS OF INTEREST AND TRANSPARENCY STATEMENTS**

2. There were no declarations of interest or transparency statements.

**EXEMPT BUSINESS**

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

**The Board resolved:-**

to consider the exempt appendix with the press and public excluded during consideration of item 8.1 so as to avoid disclosure of exempt information of the class described in paragraph 9 of Schedule 7A of the Act.

**VIDEO PRESENTATION: ACHSCP RECRUITMENT**

4. The Board received a video presentation entitled ACHSCP Recruitment.

The Lead for People & Organisation introduced the video, explaining that the work fell under the workforce plan as a key enabler for the delivery of the strategic plan. He advised that the recruitment video had been developed in partnership with colleagues at the Station House Media Unit (SHMU).

Members heard that on 1 November 2023 the Aberdeen City Health and Social Care Partnership hosted its first ever Recruitment Fair. There were 18 stall holders from services across the partnership sharing information on their services and vacancies. The event was targeted at entry level jobs and, despite the weather, the event had been very successful. Although it was pre-booked to have 260 attendees, on the day there were at least 300 people in attendance. Initial feedback showed that the organisations that were able to take applications for care worker posts received over 100 applications on the day.

**The Board resolved:-**

to note the video and the update provided.

**MINUTE OF BOARD MEETING OF 10 OCTOBER 2023 AND ATTENDANCE RECORD**

5. The Board had before it the minute of its meeting of 10 October 2023.

**INTEGRATION JOINT BOARD**

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**The Board resolved:-**

- (i) to approve the minute as a correct record; and
- (ii) to note the attendance record.

**BUSINESS PLANNER**

6. The Board had before it the Business Planner which was presented by the Chief Operating Officer who advised Members of the updates to reporting intentions and that further items would be added to future reporting cycles.

**The Board resolved:-**

to note the Planner.

**IJB INSIGHTS AND TOPIC SPECIFIC SEMINARS PLANNER**

7. The Board had before it the IJB Insights Sessions and Topic Specific Seminars Planners prepared by the Strategy and Transformation Manager.

**The Board resolved:-**

to note the Planners.

**CHIEF OFFICER'S REPORT - HSCP.23.089**

8. The Board had before it the report from the Chief Officer, ACHSCP who presented an update on highlighted topics and responded to questions from members.

**The report recommended:-**

that the Board note the detail contained within the report.

**The Board resolved:-**

to note the report.

**RECRUITMENT AND SELECTION OF CHIEF OFFICER - HSCP.23.094**

9. The Board had before it a report prepared by the People and Organisational Development Manager setting out the proposed approach to recruiting a replacement for the outgoing Chief Officer of the Integration Joint Board (IJB) (Aberdeen City Health and Social Care Partnership).

## INTEGRATION JOINT BOARD

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

that the Board:

- (a) approve the revised job profile attached at Appendix 1;
- (b) note the indicative timeline for the recruitment and selection process;
- (c) approve the proposed selection process set out within the report;
- (d) establish a temporary Committee of the IJB, to be called an Appointment Panel, constituting the Chair and Vice Chair of the IJB and Chairs of the Risk, Audit & Performance and Clinical & Care Governance Committees, with the Chief Executives of Aberdeen City Council (ACC) and NHS Grampian as principal advisers to the Panel to interview candidates and make an appointment;
- (e) agree that the appointment of the Chief Officer shall be determined by the Appointment Panel, subject to the approval of the IJB;
- (f) agree that the Chief Executives of ACC and NHS Grampian make arrangements for an Interim Chief Officer should they consider it necessary to do so; and
- (g) instruct the Chief Executives of ACC and NHS Grampian to report back to the IJB on any interim appointment.

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

- (i) to agree that, in accordance with IJB Standing Order 25.2, Councillor Martin Greig be appointed as the Chair of the Appointment Panel; and
- (ii) to otherwise agree the recommendations.

### **CHIEF SOCIAL WORK OFFICER'S REPORT - HSCP.23.091**

10. The Board had before it the Chief Social Work Officer Annual Report for 2022/23.

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

that the Board note the content of the Annual Report, as attached at Appendix 1.

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

to note the report.

### **QUARTER 2 FINANCIAL MONITORING REPORT - HSCP.23.095**

11. The Board had before it the Quarter 2 (2023/24) Financial Monitoring Update report prepared by the Chief Finance Officer, who presented the report and responded to questions from members.

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

that the Board:

## INTEGRATION JOINT BOARD

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- (a) note the report in relation to the IJB budget and the information on areas of risk and management action that were contained therein;
- (b) approve the budget virements indicated in Appendix E of the report; and
- (c) approve the use of uncommitted reserves to balance the final year-end position if required, as outlined at paragraph 3.10 of the report.

**The Board resolved:-**

to approve the recommendations.

### **ABERDEEN CITY VACCINATION CENTRE - PRIORITY INTERVENTION HUB - HSCP.23.090**

12. The Board had before it a report prepared by the Programme Manager, Lead Nurse - Immunisations & CTAC and the Lead for People and Organisation, providing an update on the relocation of the Aberdeen City Vaccination Centre and seeking approval to extend the lease of Unit 19 within the Bon Accord Centre.

**The report recommended:-**

that the Board:

- (a) note the progress to date of the relocation of the Aberdeen City Vaccination Centre from the John Lewis building to Unit 19, Bon Accord Aberdeen;
- (b) note the adoption of community based preventative approaches as set out in the Strategic Plan summary as per section 3.7.2 of the report;
- (c) approve the agreed approach of expanding from a Vaccination Centre to a Priority Intervention Hub Model (as set out in section 3.6 of the report) at the Aberdeen City Vaccination Centre to ensure best use of resources and to mirror the hub model within other areas of Aberdeen City;
- (d) rename the Aberdeen City Vaccination Centre so that it was now called the 'Aberdeen City Vaccination & Wellbeing Hub' based on response from public feedback as detailed in section 3.14 of the report;
- (e) approve the extension of the current lease of the Aberdeen City Vaccination Centre at Unit 19 Bon Accord Aberdeen for a further year from 10 May 2024 until 9 May 2025;
- (f) make the Direction attached at Appendix 1 of the report to NHS Grampian;
- (g) instruct the Chief Officer of the IJB to issue the Direction to NHS Grampian; and
- (h) instruct the Chief Officer of the IJB to make and implement any reasonable and necessary arrangements in furtherance of (e), (f) and (g) above.

**The Board resolved:-**

to agree the recommendations.

**INTEGRATION JOINT BOARD**

5 December 2023

**In accordance with Article 3 of the minute, the following item was considered with the press and public excluded.**

**ABERDEEN CITY VACCINATION CENTRE - PRIORITY INTERVENTION HUB - HSCP.23.090 - EXEMPT PAPERS**

13. The Board had before it the exempt appendix 7 in respect of the Aberdeen Vaccination Centre Priority Intervention Hub.

**The Board resolved:-**

to note the recommendations approved at article 12 of this minute.

**CARERS STRATEGY TOPIC SPECIFIC SEMINAR - 9 JANUARY 2024**

14. The Board had before it the date of the next Topic Specific Seminar on the subject of Carers Strategy Health as 9 January 2024.

**The Board resolved:-**

to note the date of the Topic Specific Seminar.

**RISK - IJB INSIGHTS SESSION - 16 JANUARY 2024**

15. The Board had before it the date of the next IJB Insights Session on the subject of Risk as 16 January 2024.

**The Board resolved:-**

to note the date of the IJB Insights Session.

**INTEGRATION JOINT BOARD - 6 FEBRUARY 2024**

16. The Board had before it the date of the next meeting of the Integration Joint Board as 6 February 2024.

**The Board resolved:-**

to note the date of the next meeting.

**- COUNCILLOR JOHN COOKE, Chair.**



## **Risk, Audit and Performance Committee**

### **Minute of Meeting**

**Tuesday, 28 November 2023  
10.00 am Virtual - Remote Meeting**

ABERDEEN, 28 November 2023. Minute of Meeting of the RISK, AUDIT AND PERFORMANCE COMMITTEE. Present:- Councillor Martin Greig Chairperson; and Mark Burrell, Councillor John Cooke, Martin Allan, Jamie Dale, Alison MacLeod, Paul Mitchell, Michael Oliphant (Audit Scotland) and Sandy Reid.

Also in attendance: Elizabeth Cameron, Barbara Dunbar, John Forsyth, Stuart Lamberton, Graham Lawther, Calum Leask, Grace Milne and Alison Penman.

Apologies: June Brown, Hussein Patwa, Shona Omand-Smith and Claire Wilson.

**The agenda and reports associated with this minute can be found [here](#).**

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### **DECLARATIONS OF INTEREST OR TRANSPARENCY STATEMENTS**

1. Members were requested to intimate any declarations of interest or connections in respect of items on the agenda.

#### **The Committee resolved:-**

to note that there were no Declarations of Interest or Transparency Statements.

### **EXEMPT BUSINESS**

2. There was no exempt business.

### **MINUTE OF PREVIOUS MEETING OF 19 SEPTEMBER 2023**

3. The Committee had before it the minute of its previous meeting of 19 September 2023, for approval.

#### **The Committee resolved:-**

to approve the minute as a correct record.

## RISK, AUDIT AND PERFORMANCE COMMITTEE

28 November 2023

### BUSINESS PLANNER

4. The Committee had before it the planner of committee business, as prepared by the Chief Finance Officer.

**The Committee resolved:-**

- (i) to note the reasons outlined by the Chief Finance Officer for the deferral of item 15 (Financial Regulations Review) to RAPC in June 2024; and
- (ii) to otherwise note the Planner.

### DIRECTIONS TRACKER - HSCP.23.086

5. The Committee had before it an update prepared by the Strategy and Transformation Lead, in respect of the status of Directions made by the Integration Joint Board to Aberdeen City Council and NHS Grampian.

**The report recommended:-**

that the Committee note the detail and updates in Appendix A of the report.

**The Committee resolved:-**

to agree the recommendation.

### STRATEGIC RISK REGISTER - HSCP.23.083

6. The Committee had before it a report prepared by the Business and Resilience Manager, presenting an updated version of the Integration Joint Board's Strategic Risk register, following the deep dive undertaken on 13 October 2023 in respect of Risks 1 and 7.

**The report recommended:-**

that the Committee:

- (a) note the revised Strategic Risk Register (SRR) as detailed in the Appendix to the report; and
- (b) agree the proposal that the risk ratings of the 2 Very High risks (Risks 1 and 7) be reduced to High, as outlined in the report.

**The Committee resolved:-**

to agree the recommendations.



**RISK, AUDIT AND PERFORMANCE COMMITTEE**

28 November 2023

**INTERNAL AUDIT UPDATE REPORT - HSCP.23.081**

7. The Committee had before it a report prepared by the Chief Internal Auditor providing an update on Internal Audit's work since the last update. Details were provided of the progress against the approved Internal Audit plans, audit recommendations follow up, and other relevant matters for the RAPC to be aware of.

**The report recommended:-**

that the Committee:

- (a) note the contents of the RAPC - Internal Audit Update Report November 2023 as appended at Appendix A of the report, and the work of Internal Audit since the last update;
- (b) note the progress against the approved 2023/24 Internal Audit Plan as detailed in the Internal Audit Update Report; and
- (c) note the progress that had been made with implementing recommendations agreed in the Internal Audit reports as outlined in the Internal Audit Update Report.

**The Committee resolved:-**

to agree the recommendations.

**INTERNAL AUDIT REPORT – CARE MANAGEMENT SYSTEM - HSCP.23.082**

8. The Committee had before it a report prepared by the Chief Internal Auditor presenting the outcome of the planned audit of the Care Management System that had been included in the Internal Audit Plan.

**The report recommended:-**

that the Committee review, discuss and comment on the issues raised in the report.

**The Committee resolved:-**

to note the information provided.

**INTERNAL AUDIT REPORT - IJB COMPLAINTS HANDLING - HSCP.23.093**

9. The Committee had before it a report prepared by the Chief Internal Auditor presenting the outcome from the planned audit of the IJB Complaints Handling that had been included in the Internal Audit Plan.

**The report recommended:-**

that the Committee review, discuss and comment on the issues raised in the report.

## RISK, AUDIT AND PERFORMANCE COMMITTEE

28 November 2023

**The Committee resolved:-**

to note the information provided.

### **QUARTER 2 DELIVERY PLAN UPDATE - HSCP.23.084**

10. The Committee had before it a report prepared by the Transformation Programme Manager providing assurance in respect of the progress of the Delivery Plan as set out within the Aberdeen City Health and Social Care Partnership Strategy Plan 2022-2025.

**The report recommended:-**

that the Committee note the Delivery Plan Quarter 2 Summary, the Tracker and Dashboard as appended to the report.

**The Committee resolved:-**

- (i) to note the information provided on the 'deeper dive' regarding Infrastructure; and
- (ii) to otherwise agree the recommendation.

### **WORKFORCE PLAN ANNUAL UPDATE REPORT - HSCP.23.080**

11. The Committee had before it the 2022/23 Annual Report for Aberdeen City Health and Social Care Partnership Workforce Plan prepared by the Senior Project Manager. This report gave an overview of the current workforce and the progress made against the Workforce Plan Priorities.

The Senior Project Manager and Transformation Programme Manager presented the Workforce Plan and a 'deep dive' in respect of ACHSCP / NHS Grampian sickness absence and responded to questions from Members who noted the good progress made recently in respect of the recruitment fair.

**The report recommended:-**

that the Committee note the progress of the Workforce Plan to date.

**The Committee resolved:-**

- (i) to note that the Senior Project Manager would include further information on the uptake of initiatives and analysis of successful Healthy Working Lives projects in the next annual Workforce Plan update;
- (ii) to note the information provided on the 'deeper dive' regarding staff sickness and absence rates; and
- (iii) to otherwise note the progress.

**RISK, AUDIT AND PERFORMANCE COMMITTEE**

28 November 2023

**PRIMARY CARE IMPROVEMENT PLAN UPDATE REPORT - HSCP.23.079**

12. The Committee had before it a report prepared by the PCIP Programme Manager providing an update on progress implementing the Primary Care Improvement Plan.

**The report recommended:-**

that the Committee:

- (a) note the update presented on the PCIP, as outlined in the report; and
- (b) note that the annual PCIP Update report was presented to the meeting of the Integration Joint Board at its meeting on 10 October 2023.

**The Committee resolved:-**

to agree the recommendations.

**JUSTICE SOCIAL WORK PERFORMANCE REPORT - HSCP.23.085**

13. The Committee had before it a report prepared by the Service Manager providing the updated Justice Social Work Annual Performance Report for 2022/23 and the Community Payback Order Annual Report for 2021/22.

**The report recommended:-**

that the Committee note the Justice Social Work Annual Performance Report 2022-23 as included at Appendix 1.

**The Committee resolved:-**

to note the information provided.

**DATE OF NEXT MEETING - 24 JANUARY 2024 AT 2PM**

14. The Committee had before it the date of the next meeting: Wednesday 24 January 2024 at 2pm.

**The Committee resolved:-**

to note the date of the next meeting.

**- COUNCILLOR MARTIN GREIG, Chair.**

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## CLINICAL AND CARE GOVERNANCE COMMITTEE

ABERDEEN, 31 October 2023. Minute of Meeting of the CLINICAL AND CARE GOVERNANCE COMMITTEE. Present:- Mark Burrell (Chairperson) and Professor Siladitya Bhatti; and Councillors Jennifer Bonsell and Lee Fairfull.

In attendance: Caroline Howarth, Councillor Allard, Fiona Mitchelhill, Shona Omand-Smith, Graeme Simpson, Claire Wilson, Val Vertigans, Sophie Beier, Jane Gibson, Susie Downie, Stuart Lambert, Daniela Brawley, Sandy Reid, Sarah Wallage and Mark Masson (Clerk).

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### WELCOME AND APOLOGIES

1. The Chairperson welcomed everyone to the meeting.

Apologies for absence were intimated on behalf of Lynn Morrison and Rachael Little.

### DECLARATIONS OF INTEREST AND TRANSPARENCY STATEMENTS

2. There were no declarations of interest or transparency statements intimated.

### MINUTE OF PREVIOUS MEETING OF 15 AUGUST 2023, FOR APPROVAL

3. The Committee had before it the minute of its previous meeting of 15 August 2023, for approval.

**The Committee resolved:-**  
to approve the minute.

### BUSINESS PLANNER

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

**The Committee resolved:-**  
to note the planner.

## CLINICAL AND CARE GOVERNANCE COMMITTEE

31 October 2023

### CCG GROUP MONITORING REPORT - UPDATE - HSCP.23.075

5. The Committee had before it a report by Caroline Howarth and Michelle Grant which presented data and information to provide 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 Aberdeen City Health and Social Care Partnership (ACHSCP).

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

that the Committee note the contents of the report.

Caroline Howarth provided an overview of the report which marked the first trial of the new sector reporting template, noting that all sectors received pre-populated templates containing a copy of the operational risk register, their previously reported risks and any questions raised at the previous Clinical Care and Governance Committee.

By way of a summary, the report contained data from Quarter 1 as Quarter 2 had only ended on 30 September 2023 and (1) advised that the most commonly reported theme at the group was around staff wellbeing which was highlighted in several sector reports around low staff morale and stress; (2) indicated that some staff groups had received violence and aggression training after being involved in some challenging situations and had been offered psychological support; (3) explained that there were also several reports which highlighted concerns over the speed of various stages in the recruitment process which were causing significant delays; (4) advised that there were several good news stories about successful recruitment in dietetics, district nursing and in covering some maternity leave in the pharmacy team; (5) explained that Sexual Health had seen a reduction in the implant waiting list and there was an interim solution in place to support Moray abortion services; (6) indicated that Community and Treatment Care Services had received some excellent patient feedback and Care Homes were trialling a professional-to-professional phone line to try and ensure that all admissions to hospital from care homes occur only where admission was the best possible option for the patient; and (7) advised that the data remained out of sync which was something they were striving to correct for next year by aligning the group and committee dates to allow time for data analysis at the end of each quarter.

During discussion the following points were raised and noted:-

- that the Risk Register could be used to identify 'Spotlight' items for further consideration;
- that the workforce challenges were being continually monitored by IJB with a number of initiatives being undertaken to improve the situation, including partnership recruitment fairs - A recruitment video had been produced and would be shown at the next meeting of the IJB on 5 December 2023; and

## CLINICAL AND CARE GOVERNANCE COMMITTEE

31 October 2023

- that it was important to continue to provide detail within the Group Monitoring report, however some user friendly key points should be highlighted within an Executive Summary, and Sector Reports, could be added as appendices.

### **The Committee resolved:-**

- (i) that an Executive Summary highlighting key points/risks would be included within future Group Monitoring Reports, with appendices containing the detail from the various sectors; and
- (ii) to otherwise approve the recommendation contained within the report.

### **ABORTION CARE FOR PATIENTS IN MORAY, ABERDEEN CITY AND ABERDEENSHIRE - HSCP.23.078**

6. The Committee had before it a 'Spotlight' report by Dr Daniela Brawley, Consultant and Lead for Sexual Health for NHSG - Managed Clinical Network, Dr Dianna Reed, Consultant and Clinical Lead for NHSG - Sexual Health Service, Dr Sarah Wallage, Consultant and Abortion Care Lead and Ms. Karen Edwards, Deputy Service Manager for NHSG Sexual Health Service, which provided details on the current status of abortion care provision for Moray, Aberdeen City and Aberdeenshire residents and highlighted some inequities in care provision across Grampian.

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

that the Committee –

- (a) acknowledge the inequalities of abortion care provision to residents of Moray in comparison to those resident other areas of Grampian; and
- (b) direct the Chief Officer to inform solutions to:-
  - reduce variation in abortion care to Moray residents by instructing the Chief Officer to engage with stakeholders to reduce inequity of care;
  - reduce the impact on other non-abortion NHS Grampian and NHSG Sexual Health Services (SHS); and
  - help establish clear governance processes for abortion care across Grampian.

The report (1) made reference to the Obstetrics and Gynaecology team in Dr Gray's Hospital and highlighted the traditional provision of abortion care for Moray residents and NHS Grampian Sexual Health Service and for Aberdeen City and Aberdeenshire residents; and (2) outlined the staffing challenges to provide abortion care in Moray since the end of 2020, the ongoing concerns regarding the current care pathway for Moray residents and the impact for abortion care provision across Grampian.

The Committee heard Daniela Brawley provide a summary of the report and respond to questions from members, including the potential reasons for an increase in service

## CLINICAL AND CARE GOVERNANCE COMMITTEE

31 October 2023

demand; the current funding situation; and outlining what the preferred outcome would be to improve the matters.

During the discussion, it was acknowledged that a clear service level agreement/governance process was required to determine what teams in local areas could provide by way of abortion care services.

### **The Committee resolved:-**

- (i) to approve recommendation (a); and
- (ii) to note that the Chairperson, following consultation with Daniela Brawley, would write to his counterpart in Moray IJB to seek assurances that a clear governance process would be established for abortion care services across Grampian.

### **QUALITY AND SAFETY OF CARE TO SUPPORT REFUGEES UPDATE: PRIMARY CARE ABERDEEN CITY - HSCP.23.077**

7. The Committee had before it a 'Spotlight' report by Emma King, Primary Care Lead and Susie Downie, Interim Primary Care Lead, which provided an update on the current situation within Primary Care Aberdeen City, in relation to refugees, that being, asylum seekers and refugees.

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

that the Committee note the update and options to meet asylum seekers general medical services needs and associated risks.

Susie Downie provided a summary of the report and she and Caroline Howarth responded to questions from members including outlining future trends, GP numbers in Grampian compared to those in the rest of the country, issues relating to the recruitment of GPs and indicating that a patient engagement session would be held on 1 November 2023.

### **The Committee resolved:-**

- (i) to approve the recommendation; and
- (ii) to note that the monitoring of progress in this regard would be included within future Group Monitoring reports.

### **ADULT SUPPORT & PROTECTION ANNUAL RETURN TO SCOTTISH GOVERNMENT 2022-23 - HSCP.23.076**

8. The Committee had before it a report by Val Vertigans, Lead Strategic Officer Adult Public Protection, HSCP which outlined the Adult Support and Protection (ASP) annual return data submitted to Scottish Government for 2022-23 for assurance purposes.

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



## CLINICAL AND CARE GOVERNANCE COMMITTEE

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that the Committee note the ASP Annual Return to Scottish Government for 2022-23.

The Committee heard Val Vertigans highlight the key information from the report, including the number of ASP Referrals received, noting that there was a 44% increase from the previous year; and providing details of the Referral Sources, noting that under 20% were from NHS, overtaking the Police as the second highest source of referrals which was likely due to training and awareness-raising undertaken within Health.

Claire Wilson advised that the implementation and work of the new Adult Protection Social Work Team had a very positive impact in terms of the reduction in the percentage of Referrals which were progressing to Investigation.

**The Committee resolved:-**

to approve the recommendation.

### **ABERDEEN CITY HEALTH AND SOCIAL CARE OPERATIONAL RISKS - HSCP.23.074**

9. The Committee had before it a report by Martin Allan, Business and Resilience Manager which outlined the governance arrangements around the reporting of operational clinical risks through the Clinical Care and Governance Committee and Clinical Care and Governance Group and the links to the Board Assurance and Escalation Framework.

**The report recommended:-**

that the Committee –

- (a) note the governance arrangements around the reporting of operational clinical risks in the Partnership as detailed in the report; and
- (b) agree the frequency of considering the full Operational Risk Register (comprising clinical risks) at future meetings of the Committee.

Martin Allan outlined the key information from the report, noting that (1) the Committee received a monitoring report every cycle which provided information and data to provide 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 services from the Partnership; and (2) that the operational risks were managed via the NHS Grampian Datix system.

**The Committee resolved:-**

- (i) to approve recommendation (a); and
- (ii) to agree that a full Operational Risk Register (comprising clinical risks) would be submitted to the Committee on an annual basis.

**CLINICAL AND CARE GOVERNANCE COMMITTEE**

31 October 2023

**ITEMS WHERE ESCALATION TO IJB IS REQUIRED**

10. The Committee considered whether any items required escalation to the IJB.

**The Committee resolved:-**

- (i) that no items be escalated to IJB; and
- (ii) to request that Sandy Reid provide a high level overview 'Spotlight' report in relation to Recruitment and Retention across all sectors and that it be presented to the Committee at the next meeting.

- **MARK BURRELL, Chairperson**

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<b>INTEGRATION JOINT BOARD BUSINESS PLANNER -</b> 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	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
<b>2024 Meetings</b>									
<b>6 February 2024</b>									
Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer	HSCP.24.001	Roz Harper	Sandra Macleod	ACHSCP			
Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
31.01.2023	Carers' Strategy	To provide an update and annual review of the strategy approved by IJB on 31 January 2023. Members agreed on 31.01.23 to instruct the Chief Officer of the IJB to report back on progress with the Carer Strategy and Action Plan annually.	HSCP.24.003	Stuart Lamberton	Alison MacLeod	ACHSCP			
Standing Item	Annual Procurement Workplan 2024/2025	To present the Annual Procurement Work Plan for 2024/25 for expenditure on social care services, together with the associated procurement Business Cases and Grant funding arrangements, for approval.	HSCP.24.004	Neil Stephenson / Shona Omand-Smith	Sandra MacLeod	ACC			
03.11.23	Drug Checking Facilities in Aberdeen	At ACC Full Council on 3 November 2023, a Notice of Motion from Councillor Cooke in respect of drug-checking facilities in Aberdeen agreed: to instruct the Chief Officer - Health and Social Care Partnership to report to the Aberdeen City Integration Joint Board by March 2024 on the progress of those discussions [with respect to delivering a drug-checking pilot in Aberdeen] with partner agencies, the Scottish Government and Home Office.	HSCP.24.005	Simon Rayner	Kevin Dawson	ACHSCP			
26.07.2022	Complex Care Market Position Statement	To provide an update on implementation of the Complex Care Market Position Statement to date and seek approval of the Complex Care Business case and associated funding, as discussed at the Topic Specific Seminar in November 2023. IJB agreed on 11 October 2022 to note that progress on delivery of the Complex Care Market Position Statement would be reported to the Integration Joint Board annually.	HSCP.24.006	Jenny Rae	Kevin Dawson	ACHSCP			
12.01.2024	Supplementary Procurement Workplan 2024/25	To seek approval for a Supplementary Procurement Work Plan for 2024/25 for expenditure on social care services, together with the associated procurement Business Case.	HSCP.24.007	Neil Stephenson / Shona Omand-Smith	Sandra Macleod	ACHSCP			
18.09.23	General Practice Update	To update members on the development of a vision for General Practice in Grampian.	HSCP.24.002	Fraser Bell	Sandra Macleod	ACHSCP		D	A report setting out a proposed vision for General Practice in Grampian will be brought before a meeting of the Integration Joint Board on 26 March 2024.
31.01.2023	Report on test of change at Sport Aberdeen's new facility in Northfield	On 31.01.2023 members heard that ACHSCP was looking to work with Sport Aberdeen with a test of change at Sport Aberdeen's new facility in Northfield, where the initiative created a health and social care community hub called Get Active @Northfield which included access to community space. It was hoped to support local people to continue to improve their health through sustained physical activity. Members would receive an update on the project and its outcomes towards the end of 2023.		Alison McLeod	Alison MacLeod	ACHSCP		D	Request to defer to IJB in May 2024 - to allow more time for feedback and due to some delays in start dates (Grace Milne to provide further narrative).
Standing Item	Audited Accounts	To seek approval of the Audited Final Accounts for 2022/23.	HSCP.23.092	Paul Mitchell	Chief Finance Officer	ACHSCP		D	External Auditor advised 12 September 2023 that the accounts have not yet been audited; request to further defer due to workload pressures.
12.11.23	Implementation of a Community Electronic Patient Record in Grampian (Morse)	To seek approval of a Business Case to continue the implementation of Morse within ACHSCP.		Michelle Grant	Alison Macleod	ACHSCP		R and D	Request to remove report as Grampian-wide implementation unable to progress at present. To be reviewed in April 2024. Also proposed to present report on renewal of contract with project evaluation to May IJB (per email from M Grant on 19 Dec 2023). This had been previously agreed at IJB on 5 December 2023 to be deferred.
<b>26 March 2024 (Budget)</b>									
Standing Item	IJB Budget - Medium Term Financial Framework	To approve the Budget.		Paul Mitchell	Paul Mitchell	ACHSCP			
<b>7 May 2024</b>									
Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Roz Harper	Sandra Macleod	ACHSCP			
Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
29.11.2022	Marywell Service Redesign Business case	Members agreed on 29 November 2022 to instruct the Chief Officer to report to the Integrated Joint Board on the next phase of the redesign of the Marywell Service, with a Business Case to outline the future provision of services within 18 months		Susie Downie / Emma King / Teresa Waugh / Clair Ross / Simon Rayner	Emma King and Kevin Dawson	ACHSCP			

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.									
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22	Standing Item	Equalities and Equalities Outcomes		Alison Macleod	Alison MacLeod	ACHSCP			
23	04.11.2022	IJB Scheme of Governance Annual Review		Jess Anderson/John Forsyth/Vicki Johnstone Alison MacLeod (Carers' expenses)	Jenni Lawson	ACHSCP			
24	Standing Item	Annual Resilience report - Inclusion of Integration Joint Boards as Category 1 Responders under Civil Contingency Act 2004		Martin Allan	Martin Allan	ACHSCP			
25	25.04.2023	Creating Hope Together: Scotland's Suicide Prevention Strategy and Action Plan		Kevin Dawson / Jennifer Campbell	Alison MacLeod and Kevin Dawson	ACHSCP			
26	25.05.2021	Community Nursing Digitalisation		Michelle Grant	Alison MacLeod, Strategy and Transformation	ACHSCP	Had been agreed on 5 December 2023 to be deferred on the basis that we will have a period of evaluation as part of the Grampian - wide implementation. However, will now be presented in May 2024 - per email from M Grant on 19 December 2023: current license term agreement for the Morse product is up in October, I am proposing we present the paper for the renewal of the contract alongside an evaluation at the May IJB.		
27	04.01.2024	Market Position Statement on Accommodation		Kay Diack	Alison MacLeod, Strategy and Transformation	ACHSCP			
<b>9 July 2024</b>									
29	Standing Item	Chief Officer Report		Roz Harper	Sandra Macleod	ACHSCP			
30	Standing Item	Video Presentation							
31	22.08.2023	Memorandum of Understanding with Public Health Scotland		Fraser Bell	Sandra Macleod	ACHSCP	Check with Fraser Bell if July or September 2024		
<b>24 September 2024</b>									
33	Standing Item	Chief Officer Report		Roz Harper	Sandra Macleod	ACHSCP			
34	Standing Item	Video Presentation							
35		ACHSCP Annual Report		Alison MacLeod / Amy Richert	Alison MacLeod	ACHSCP	Last presented August 2023		
36	07.09.23	Strategic Risk Register		Martin Allan	Martin Allan	ACHSCP	Expected approx. August 2024		
37	10.10.23	Strategic Review of Neuro Rehabilitation Pathway - Phase 1 Evaluation		Tracey MacMillan/ Lynn Morrison/ Jason Nicol	Lynn Morrison	ACHSCP	Aug-24		
<b>19 November 2024</b>									
39	Standing Item	Chief Officer Report		Roz Harper	Sandra Macleod	ACHSCP			
40	Standing Item	Video Presentation							
41	16.08.22	Fast Track Cities		Daniela Brawley / Lisa Allerton	Sandy Reid				
42	23.09.21	Primary Care Improvement Plan Update		Emma King / Alison Penman	Emma King	ACHSCP			

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<b>INTEGRATION JOINT BOARD BUSINESS PLANNER -</b> 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.									
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43	Health and Social Care Partnership Meeting Dates 2025-26	To seek approval of the Integration Joint Board (IJB), Risk Audit and Performance Committee (RAPC) and Clinical and Care Governance Committee (CCGC) meeting dates for 2025-26.		Emma Robertson	Jenni Lawson	ACC			
44	29.11.22	Climate Change Project and Reporting		Sophie Beier	Alison MacLeod	ACHSCP	Check with Sophie Beier if 24 September or 19 November 2024 is preferred date to report.		
45	01.11.2023	Chief Social Work Officer's Annual Report		Graeme Simpson	Eleanor Sheppard	ACC			
<b>4 February 2025</b>									
47	Standing Item	Chief Officer Report		Roz Harper	Sandra Macleod	ACHSCP			
48	Standing Item	Video Presentation							
49	28.09.23	Aberdeen City Vaccination Centre - Priority Intervention Hub - extension of lease		Caroline Anderson	Sandy Reid	ACHSCP/ ACVC			
<b>18 March 2025 (Budget)</b>									
51	IJB Budget - Medium Term Financial Framework	To approve the Budget.		Paul Mitchell	Paul Mitchell	ACHSCP			
<b>2025 and dates TBC</b>									
53	30.11.22	Biennial Progress report on delivery of our Equality Outcomes and Mainstreaming Framework		Alison Macleod	Alison MacLeod	ACHSCP	Expected Spring 2025		
54	22.08.23	Rosewell House - Evaluation		Calum Leask / Fiona Mitchelhill	Alison MacLeod and Fiona Mitchelhill	ACHSCP	Summer 2025		

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**IJB Insights - Hybrid Meeting**

<b>Date</b>	<b>Topics</b>	<b>Lead Officer</b>	<b>Comments</b>
20 February 2024	Culture/BOOM Boards	Alison MacLeod	Standing Agenda Item
	LEGs, SWSC, Age Friendly	Iain Robertson	Requested topics
	Climate Change	Sophie Beier/Phil Mackie	Requested topic
16 April 2024	Culture/BOOM Boards	Alison MacLeod	Standing Agenda Item
	GP Sustainability	Emma King	Perhaps expand to Primary Care Vision?
	Social Care and Criminal Justice	Claire Wilson	Requested topics

**Previous Sessions**

12 September 2023	Culture/BOOM Boards	Alison MacLeod	Standing Agenda Item
	Induction and Refresher	Alison MacLeod	Targeted at new IJB members but refresher for all
	Commissioning	Shona Omand-Smith/Neil Stephenson	Requested topic
14 November 2023	Culture/BOOM Boards	Alison MacLeod	Standing Agenda Item
	Population Health	Phil Mackie	Rescheduled from November 2022
	Mental Health	Judith McLennan/Kevin Dawson	Rescheduled from November 2022
16 January 2024	Culture/BOOM Boards	Alison MacLeod	Standing Agenda Item
	Risk	Martin Allan	Annual Review
	Governance, Finance, ALEOs	Paul Mitchell/Legal	Requested topics, governance includes committee structures and partnership working

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**Topic Specific Seminars - ONLINE ONLY**

<b>Date</b>	<b>Topic</b>	<b>Lead Officer</b>	<b>Comments</b>
5 March 2024	Finance	Paul Mitchell	In advance of IJB on 26 March 2024
TBC	GP Vision	Fraser Bell/Emma King	In advance of IJB on 26 March 2024. Potential joint session with Aberdeenshire & Moray HSCPs.

**Previous Sessions**

5 September 2023	Neuro Rehab	Lynn Morrison/Tracey McMillan	In advance of IJB on 10 October 2023
7 November 2023	Complex Care	Jenny Rae	In advance of IJB
9 January 2024	Carers Strategy	Stuart Lamberton	In advance of IJB on 6 February 2024

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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	6 <sup>th</sup> February 2024
<b>Report Title</b>	Chief Officer's Report
<b>Report Number</b>	HSCP.24.001
<b>Lead Officer</b>	<i>Sandra McLeod</i>
<b>Report Author Details</b>	<i>Roz Harper Executive Assistant rosharper@aberdeencity.gov.uk</i>
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	<i>No</i>
<b>Exempt</b>	No
<b>Appendices</b>	<i>None</i>
<b>Terms of Reference</b>	5

### 1. Purpose of the Report

- 1.1. The purpose of the report is to provide the Integration Joint Board with an update from the Chief Officer.

### 2. Recommendations

2.1 It is recommended that the Integration Joint Board:

- a. Agrees to amend its decision of 5 December 2023 in so far as it relates to the composition of the Appointment Panel and appoints June Brown, NHS Voting Member to the Panel in substitution of the IJB Vice Chair; and
- b. Notes the detail contained within the report.



## INTEGRATION JOINT BOARD

### 3. Strategic Plan Context

- 3.1. The Chief Officer's report highlights areas relevant to the overall delivery of the strategic plan.

### 4. Summary of Key Information

#### 4.1 Local Updates

##### **Mental Health & Wellbeing Festival**

There will be a month-long Mental Health and Wellbeing festival held throughout May 2024. Aberdeen city and Moray have joined up with the very successful Wellbeing festival which has been taking place in Aberdeenshire for the past eight years. The Wellbeing festival has traditionally been a weeklong series of events and engagement opportunities, however, this year, it has been extended to a month. Its an chance for groups, organisations and individuals to promote all the great course, classes and opportunities to support the mental health and wellbeing of the citizens of Aberdeen. We are asking for people, groups and organisations to let us know what they have scheduled on their weekly programmes and let the festival promote it. This will raise awareness of what is on offer across Aberdeen and to encourage additional members and /or volunteers.

##### **Aberdeen City Health & Social Care Partnership Conference**

On 29 February 2024 ACHSCP will be holding it's annual ACHSCP conference, this will be the first one held since before the Covid 19 pandemic and it will be at Aberdeen Beach Ballroom. The Conference will highlight the achievements of our staff, facilitate wider networking and provide presentations . All Integration Joint Board members are encouraged to attend - a final programme will be issued in due course. Many of the staff well-being activities supported by the partnership will recommence in February and will continue throughout 2024.

##### **Len Ironside Learning Disability Service**

As part of a new Core Assurance Test Inspection methodology by the Care Inspectorate for low risk, better performing services, The Len Ironside Centre had an unannounced inspection on 30<sup>th</sup> November 2023. During this inspection the inspector confirmed that the previous evaluation of Grade 5 - very good –had been maintained.

##### **ACHSCP Public Health Team – “12 Days of Safety” Social Media Campaign**

During the festive period, the ACHSCP Public Health team created a “12 Days of Safety” social media campaign. The posts were shared on ACHSCP Facebook and X pages (formerly known as



## INTEGRATION JOINT BOARD

Twitter). The posts included information on emergency food provision, smoking cessation, energy bill support, food safety, Foetal alcohol spectrum disorders, and tips for nights out. The most popular post was regarding emergency food provision within the City, with the second top performing post being the promotion of Aberdeen City Vaccination Centre (ACVC) being open over the festive period for a free cup of tea and chat. The Public Health Team will continue to explore other opportunities to promote the importance of preventative health and wellbeing activity during 2024.

### **Health Improvement Fund Update**

The IJB's Health Improvement Fund aims to tackle health inequalities and promote preventative activity to improve healthcare and wellbeing in our communities.

Below are two case studies from projects funded by the IJB's Health Improvement Fund during 2022-23 - Peer Support Groups and Autism Understanding Library

#### Autism Understanding Scotland

The project set up an Autism Understanding Library which assists autistic people, supporters (families, friends and partners), and professionals working with autistic people to access good quality books and resources. The project has also set up weekly peer support groups which are designed and led by autistic service users and volunteers. So far the project has supported over 57 Autistic service users across the peer support groups and has received positive feedback.

#### Dyce and Stoneywood Community Association Lunch Club

This project supports the running of a lunch club at Dyce and Stoneywood Community Centre. The lunch club provides a free nutritious meal, free transport for those who need it, and a valuable opportunity to socialise with peers. The lunch club has a core group of approximately 22 regular attendees and is excellently supported by the local community with four volunteers supporting the running of the club and nine drivers transporting people to and from the community centre. The 6 month project evaluation has reported very positive feedback from lunch club attendees.

### **Social Needs Pathway**

ACHSCP is developing a 'Social Needs Pathway' alongside colleagues at Scottish Ambulance Service. The aim is to avoid conveyance to hospital for **non clinical** need cases. The need for clinical treatment is determined by the Flow Navigation Centre (FNC) who provide immediate clinical guidance for ambulance staff during call outs. The Partnership is looking at Single Points of Contact for Care Management, Adult Protection Social Work, Duty, and Out Of Hours social work teams.

The Pathway in practice: The Flow Navigation Centre will contact the relevant social work team to refer individuals that have been assessed to not need clinical treatment. The social work team will



## INTEGRATION JOINT BOARD

then respond to the individual directly. The social needs pathway approach has a number of benefits, it will save ambulance crew time during the call out and it should allow the ambulance crew to safely exit, without conveying to a hospital.

### **Technology Enabled Care**

The Digital Support Hub is providing Technology Enabled Care (TEC) through the Specialist Resource Solutions care agency, which has been working alongside Care Management to identify people who would benefit from their services. In addition to the wide variety of equipment on offer via the Telecare service, more of our service users are being supported to maximise their independence, supported by technology. Work is ongoing where patients who had been identified as requiring Long Term Care or alternative Housing, have been discharged home with a hybrid of care at home (in person) and TEC resources. So far there have been no readmissions to hospital or alternative care required.

### **Improvements to Delays**

Throughout 2023, The Older People and Physical Disability Care Management team undertook focused work to reduce the backlog for assessments. Internal practices have been developed throughout the year resulting in the average waiting time being reduced to 4 weeks, exceeding the timescale of 6 weeks set out in the National Care Standards.

In the past 12 months, unmet needs has reduced by 45% due to some of the work described above, but also by recognising the importance of maintaining good communication and collaboration with our care providers. Delayed Discharge has reduced by 34% over the past year. A working group has been set up to focus on flow, and minimising delays, this group consists of health and social care professionals.

### **Analogue to Digital Switchover**

In recognition of the progress, we have made on our analogue to digital telecare transition project, Digital Telecare for Scottish Local Government awarded Aberdeen City Health and Social Care Partnership (HSCP) and Bon Accord Care the **Bronze Digital Telecare Implementation Award** on Thursday the 11<sup>th</sup> of January 2024.

In order to achieve Bronze status through Route 2, a Telecare service provider must have successfully deployed digital-ready alarm devices to at least 50% of its dispersed and group alarm users. Our telecare service provider, Bon Accord Care, has now replaced 58% of the analogue dispersed alarms estate. The rollout of digital alarms is expected to be completed by the end of 2024.



## INTEGRATION JOINT BOARD

### Temporary Committee of the IJB

At the Integration Joint Board meeting on 5 December 2023, the IJB agreed, “to establish a temporary Committee of the IJB, to be called an Appointment Panel, constituting the Chair and Vice Chair of the IJB and Chairs of the Risk, Audit & Performance and Clinical & Care Governance Committees, with the Chief Executives of Aberdeen City Council (ACC) and NHS Grampian as principal advisers to the Panel to interview candidates and make an appointment. The Vice Chair is unavailable to attend the interview process scheduled for mid-February 2024.

The IJB’s Standing Orders state: *A voting member who is unable to attend a meeting of the IJB or its committees shall... arrange for a suitably experienced substitute, who is a member of the appropriate constituent authority, to attend in their place with voting rights.* As such, June Brown has agreed to substitute for the Vice Chair for the remainder of the recruitment process, The IJB is being asked to amend the membership of the Appointments Panel and to agree that June Brown replaces the Vice Chair.

The interview process will take place mid-February 2024, with any successful appointment coming to the IJB in March for approval.

### Regional Updates

#### GP Vision Programme

The General Practice Vision programme has now concluded the three facilitated stakeholder events. Workshops 2 and 3 were held on 8 and 22 November 2023, attendance numbers at these events was 206 and 215 respectively.

Stakeholder engagement targeting the younger generation was undertaken in December 2023. This included focus groups in high schools across the area, and a stall at Aberdeen University to engage with students. There will also be engagement with Medical Students early 2024. Feedback from these groups will be supplemental to the information and feedback already gathered.

A fourth workshop has been arranged for 17th January 2023, this will be a smaller workshop, with attendance from the General Practice Vision Programme Board, as well as other key stakeholders which will include representation from secondary care, patient stakeholder group and finance.

Themes that have been identified and will be included in the vision include:

- Keeping the population well
- Pathways
- Data
- Models of contract
- Premises



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- IT & Technology
- Multi-Disciplinary Team
- Mental health
- Education
- Continuity

The Vision and accompanying objectives to deliver that vision will be presented to the three IJB's on the following dates:

20<sup>th</sup> March 2024 – Aberdeenshire IJB

26<sup>th</sup> March 2024 – Aberdeen City IJB

28<sup>th</sup> March 2024 – Moray IJB

### North East Steering Partnership Group

The North East Steering Partnership Group met on 19 January 2024. The Group consists of the Chairs, Vice-Chairs and Chief Officers of the three health and social care partnerships in Grampian. The group considered the financial position of each of the three partnerships in Grampian. This led to a discussion on future collaboration including the possibility of consolidating services between partnerships where appropriate to do so. An update was provided on the General Practice Visioning work. Following four workshops and several engagement events, the vision and strategic objectives will be presented to all three Integration Joint Boards in March for approval.

### National Updates

#### National Care Service

In December, two letters from the Minister for Social Care, Mental Wellbeing and Sport which provide an insight to the Scottish Government's intentions regarding an NCS:

- [Letter from Maree Todd MSP to Clare Haughey MSP, 6 December 23](#); and
- [Letter from Maree Todd MSP to Kenneth Gibson MSP, 11 December 23](#).

The former provided an update on the Scottish Government's intentions to the Convener of the Scottish Parliament's Health, Social Care and Sport Committee. The latter set out for the Convener of the Finance and Public Administration Committee several responses to questions previously raised as well as sharing the Programme Business Case for an NCS.

Locally, Aberdeen, through the Aberdeen City Health and Social Care Partnership (ACHSCP) and Aberdeen City Council (ACC), has continued to engage directly with the Scottish Government and other national initiatives to influence, where possible and appropriate, the future shape of the





## INTEGRATION JOINT BOARD

NCS. Further discussion and determination at a national levels is still required in the following areas:

- Direct funding;
- Accountability arrangements;
- Employment of senior staff;
- Children's services;
- Justice services;
- Public protection arrangements; and
- Interaction of key services, such as those above, with a national care service board.

Meantime, Aberdeen's NCS Programme Board, chaired by the Chief Operating Officer at ACHSCP, continues to meet monthly. The Board will scrutinise the development of proposals of an NCS with a view to engaging in any consultation processes as well as ensuring that Aberdeen is managing the opportunities and risks associated with the NCS Bill. It is anticipated that the National Care Service (Scotland) Bill will proceed to Stage 2 of the parliamentary process by spring. At this stage, the Scottish Government will likely propose amendments to the current Bill to reflect the Minister's correspondence referred to above.

### 5. Implications for IJB

There are no direct implications arising from the recommendations set out in the report.

#### 5.1. Equalities, Fairer Scotland and Health Inequality

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

#### 5.2. Financial

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

#### 5.3. Workforce

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

#### 5.4. Legal

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



## INTEGRATION JOINT BOARD

### 5.5. Unpaid Carers

There are no direct implications relating to unpaid carers arising from the recommendations of this report

### 5.6. Information Governance

There are no direct information governance implications arising from the recommendations of this report

### 5.7. Environmental Impacts

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

### 5.8. Sustainability

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

### 5.9. Other Implications

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

## 6. Management of Risk

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

### 6.1. Identified risks(s)

There are no identified risks related to this report

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



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	6 February 2024
<b>Report Title</b>	Complex Care
<b>Report Number</b>	HSCP.24.006
<b>Lead Officer</b>	Kevin Dawson Paul Mitchell
<b>Report Author Details</b>	Name: Jenny Rae Job Title: Transformation Programme Manager Email Address: jenrae@aberdeencity.gov.uk
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	<ul style="list-style-type: none"> <li>a. Complex Care Full Business Case (Exempt)</li> <li>b. Complex Care Market Position Statement</li> <li>c. Complex Care Integrated Impact Assessment</li> <li>d. Financial Appendix (Exempt)</li> </ul>
<b>Terms of Reference</b>	1

### 1. Purpose of the Report

- 1.1. This report provides an update on the implementation of the Complex Care Market Position Statement and highlights Aberdeen City Council's plans to develop and build a new facility at Stonewood offering complex care and seeks approval from the Integration Joint Board (JB) of the associated financial commitments with respect to the Capital Build.



## INTEGRATION JOINT BOARD

### 2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) Note the update on the implementation of the Complex Care Market Position Statement referred to at Appendix B;
- b) Note the Complex Care Full Business Case (Appendix A);
- c) Agree and approve the proposed financial approach to the Capital Build as detailed in paragraph 4.10-4.12 and Appendix D;
- d) Agree the annual budget of £252,000 will be funded by a reduction in the Learning Disability Commissioning Budget;
- e) Approve the annual budget of £252,000 to repay Aberdeen City Council for the provision of the facility at Stoneywood as detailed in paragraph 4.12 and Appendix D;
- f) Approves the transfer of Community Living Change Fund and Mental Health Infrastructure and Facilities monies to Aberdeen City Council; and
- g) Instructs the Chief Finance Officer to transfer the Community Living Change Fund and Mental Health Infrastructure and Facilities monies to Aberdeen City Council for the sole purpose of provision of a Complex Care capital build project at Stoneywood.

### 3. Strategic Plan Context

3.1. The content of this report directly aligns to the Strategic Plan aims of 'Keeping people safe at home' and 'Achieving fulfilling, healthy lives'. Complex Care sits as a programme of work within 'achieving fulfilling, healthy lives' and aligns to the current work within Strategic Home Pathways. The recommendations contained within this report support the Complex Care programme aims of creating suitable and appropriate local accommodation and associated care provision for people with Complex Care needs.

### 4. Summary of Key Information

4.1. The Scottish Government Coming Home agenda set an ambitious aim to reduce delayed discharges and inappropriate out-of-area placements for people with learning disabilities and complex care needs by March 2024. There has been recent communication from the Minister for Mental



## INTEGRATION JOINT BOARD

Wellbeing, Social Care and Sport which restates the Coming Home agenda as a priority beyond 2024.

- 4.2. The IJB is responsible for the strategic planning of Complex Care health and social care needs. The IJB directs NHS Grampian and Aberdeen City Council to deliver these services in furtherance delegation of these functions. Presently the cost of Complex Care health and social care needs services is borne by the IJB. The provision of Social Housing is the responsibility of Aberdeen City Council.
- 4.3. To date Aberdeen City Health and Social Care Partnership (ACHSCP) have undertaken to prioritise Complex Care needs by referencing Complex Care within the Strategic Plan and Delivery Plan. In October 2022 the Complex Care Market Position Statement (Appendix B) was approved by Integration Joint Board.
- 4.4. It is recognised that there is a need to develop suitable accommodation which can be paired with skilled care provision in order to better meet the needs and outcomes of people with Complex Care needs. The recommendations within this support can be viewed as a step change in our local approach to meeting Complex Care needs.
- 4.5. Key actions within the Market Position Statement have been undertaken including the development of a Dynamic Support Register (DSR) and associated reporting from Public Health Scotland; the development of a capability framework for Complex Care service provision which will be included within a revised Complex Care Framework. The framework will be published over summer 2024 and will seek to be a long length framework to further support the capacity of care providers to deliver services for Complex Care. The main action within the Market Position Statement is to develop suitable local accommodation services in line with the Complex Care environmental specification.
- 4.6. In developing the Aberdeen City DSR the following information can be provided to summarise those with Complex Care needs. There are 32 individuals logged with in the DSR who required Complex Care services and associated accommodation.
  - 4.6.1. The current total care packages provided amounts to £5,020,5235 per year. It should be noted that there are some individuals costs that are not currently met by the IJB budget as these individuals are in Royal Cornhill Hospital paid for by the NHS Grampian Budget; in the State



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Hospital; in Children's Services paid for by the Aberdeen City Council Budget; supported by Support Worker from the Community Learning Disability Team rather than a care provider. These costs do not transfer to the IJB as they are held in either NHS Grampian and Aberdeen City Council budgets which are not part of the IJB budget, therefore if care packages are commissioned for these individuals is it a new cost to the IJB.

4.6.2. A benchmark cost for new Complex Care packages has been established at £182,000 per person, per year. This benchmark cost would equate to a revised care package cost of £5,824,000 for those within the DSR. This benchmark has not been market tested and therefore it should be noted that this is an estimate at present.

4.6.3. It is not yet known which individuals would be placed within the Stoneywood development. As there are a spectrum of current costs it is not necessarily the case that the highest costs equate to the highest need. Therefore, at this time it cannot be assumed that there will be efficiencies in the Stoneywood development. Based on the current benchmark costs the care provision at Stoneywood would amount to £1,456,000 per year as an estimate

4.6.4. As there are 32 individuals logged within the DSR it can be noted that multiple developments are likely required to meet need.

4.7. As the IJB does not provide housing or capital funding, it has been in dialogue with Aberdeen City Council to establish a partnership arrangement. Aberdeen City Council are a housing provider and can undertake capital build projects. A project group was established within ACHSCP and Aberdeen City Council in order to deliver a housing option for Complex Care needs. This project group has undertaken an options appraisal based on the values and principles contained within the Complex Care Market Position Statement, with the preferred option of new build accommodation to the Complex Care environmental specification being preferred. Subsequently an Outline Business Case with a preferred location (Stoneywood) was presented to the [Aberdeen City Council Finance and Resources Committee](#) on 29 March 2023 and approval given to progress to a Full Business Case.

4.8. The Full Business Case process has required a series of activities to take place, including the commissioning of an architectural company to incorporate the Complex Care environmental specification into the design features and planning permission being sought for the preferred location. Planning approvals were given on 29 June 2023 by the Planning Development





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Management Committee for the provision of 8 accommodation units plus staff base at the site of the now demolished old Stoneywood Primary School, Stoneywood Road. Additionally, a tender process for a preferred build partner was undertaken by Aberdeen City Council in order to establish full project costs for the Full Business Case. The Full Business Case was presented and approved by [Aberdeen City Council Finance and Resources Committee](#) on 22 November 2023.

- 4.9.** Scottish Government provided all Partnership areas with Community Living Change Fund monies to be used in support of the Coming Home agenda (£876,523). Additionally, monies have been made available by Scottish Government Mental Health Recovery and Renewal for the support of facilities and infrastructure (£571,874). These funding sources are time limited and non-recurring. To meet funding criteria and create sustainable change it is recommended that both of these funding sources are used in the support of the capital build project. As ACHSCP is partnering with Aberdeen City Council it is also recommended that these funding sources are transferred to Aberdeen City Council for sole purpose of the provision of the capital build project at the site of the Old Stoneywood Primary School. Therefore, funding of £1,448,397 would be provided from IJB to Aberdeen City Council to support the Capital Build Project. The IJB Chief Finance Officer has confirmed that the use of these funds in this way is permissible.
- 4.10.** Aberdeen City Council will apply for funding from Scottish Government's Affordable Housing Supply Programme to support the new building programme. However, they do not have the full funding profile required for the project and have entered into discussions with Scottish Government to establish if further funding can be provided. These discussions have not led to further funding and as such it is now proposed that the necessary funding is secured via a loan sourced by Aberdeen City Council. The proposal is that the IJB reimburse Aberdeen City Council the costs of the repayment of the loan. Improving opportunities for those with Complex Care need is a strategic priority within the IJB Strategic Plan.
- 4.11.** A full funding profile for the project has been established via return of tenders on 11 October 2023, detailed in the Financial Appendix. The preferred tender is due to expire on 8 February 2024. In order to prevent the tender exercise from being repeated at potentially higher cost, agreement from the IJB to meet some cost of the funding profile would allow Aberdeen City Council to accept the tender. The Finance and Resource committee approved the proposed funding approach on 30<sup>th</sup> January 2024.



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- 4.12.** The indicative borrowing requirement is detailed in the Financial Appendix. With IJB agreeing to repay all loan costs in addition to the provision of the non-recurring funding noted in section 4.9. This is an additional pressure to the Medium Team Financial Framework, with a loan repayment amount of £252,000, further detailed in the Financial Appendix. Recommendation of this funding approach for a housing need sets a precedence for the IJB.
- 4.13.** Should the IJB agree to reimburse Aberdeen City Council the cost of borrowing it will require to agree a mechanism by which this repayment will be made. There are two potential options: repayment of £252,000 from the IJB budget to Aberdeen City Council; or the deduction of £252,000 from the IJB budget provided by Aberdeen City Council at source (prior to transfer to the IJB). As there is still work ongoing regarding the impact the National Care Service will have on the structure and function of IJBs it is viewed that a reduction of IJB budget at source would be a more sustainable option.
- 4.14.** It is proposed that the £252, 000 will be funded by a reduction in the Learning Disability Commissioning Budget.
- 4.15.** The total accommodation costs to the IJB a are detailed in the Financial Appendix

### **5. Implications for IJB**

#### **5.1. Equalities, Fairer Scotland and Health Inequality**

An Integrated Impact Assessment (IIA) has been carried out (Appendix C). The ethos of this work is protective of human rights and seeks to provide people with Complex Care needs rights to local, suitable, and affordable accommodation and associated services. Approval of the recommendations in this report will support, promote and enhance the rights of people with Complex Care needs to access local services. It is not anticipated that this will adversely affect other groups and the proposed capital project, and the process of implementation may provide learning which can utilised for other groups (for example the creation of local services for non-Complex Care needs). If the recommendations are not agreed or delivered in the intended way people with Complex Care needs be more likely to have a lack of opportunity to live as independently as possible in safe, appropriate, and local services.

#### **5.2. Financial**





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There are financial implications arising from the report which are fully detailed in the Financial Appendix.

The Community Living Change Fund and Mental Health Infrastructure and Facilities monies have specific funding criteria established by Scottish Government and required to be used to partly fund the capital costs. Regular monitoring on use of funds is submitted to Scottish Government, which details the intentions stated in this report. If these monies are not used for this purpose, they will be at risk of being recalled by Scottish Government. This is considered to be low risk.

As detailed in paragraphs 4.6 to 4.6.4 current care provision costs have been compared against benchmarked care costs which indicates there will likely be increased expenditure to meet the social care needs for those with Complex Care. This is in addition to the accommodation costs detailed within the Financial Appendix.

### 5.3. Workforce

There are workforce implications arising from the report, namely in the provision of employment opportunities in the capital build project via construction and the commissioning of a service provider from the Complex Care Framework. There are still difficulties noted in the recruitment and retention of social care staff, and work has been taking place to appraise providers of the current work on Complex Care including setting out intentions via the Market Position Statement. Work has also been undertaken on a Complex Care capability framework which will be incorporated into the commissioning of a new Complex Care Framework in mid-2024.

### 5.4. Legal

There are no direct legal implications arising from the recommendations of this report. However, it should be noted that as the IJB cannot own accommodation there will be no benefit of ownership or recoup of rent to the IJB despite the request for the IJB to provide significant funding for the Stonewood development.

The IJB is unable to enter funding arrangements so as to secure the funding commitment referred to in this report. Under Article 19 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order provides that the



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IJB can enter into a contract for the provision of to it of goods or services for the purposes of carrying out functions conferred on it. Whilst it has been delegated functions which result in the delivery of complex care health and social care services, the contributions it is being asked to commit to in this report, do not meet this requirement.

### 5.5. Unpaid Carers

The recommendations in this report are supportive Unpaid Carers in the provision of suitable, local services for people with Complex Care needs. This may in turn support Unpaid Carers to have those they care for in more appropriate services, closer to home.

### 5.6. Information Governance

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

### 5.7. Environmental Impacts

There are no direct environmental implications arising from the recommendations of this report for ACHSCP. The environmental impacts associated with the capital build project have been outlined in the Full Business Case with all new build housing requiring to be built to new environmental standards towards Net Zero.

### 5.8. Sustainability

In assessing the impacts associated with the recommendations in this report the provision of new build accommodation has been balanced against the following factors:

- There is a lack of suitable accommodation at present
- Currently people are in inappropriate placements, in hospital and out of area and require suitable accommodation and services in Aberdeen
- There is no other suitable alternative to new build accommodation, as identified in the options appraisal and business case
- The proposed new build accommodation will be designed and build to current environmental standards towards Net Zero
- Travel to placements out with Aberdeen will be minimised, for Unpaid Carers and Family members as well as Social Work and Health staff managing casework



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### 5.9. Other

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

### 6. Management of Risk

#### 6.1. Identified risks(s)

There are a number of risks directly associated with the proposed Capital Build project which are noted in Section 13 of the Full Business Case.

Identified risk associated with the recommendations of this report are assessed as followed, in line with the Risk Appetite Statement:

Description of Risk	Link to Risk Register	Impact	Mitigation	Likelihood following mitigations
Failure to agree the funding proposal	IJB financial failure and projection of overspend	High – costs are required to fund the project and without agreement the project will likely not be undertaken; there will continue to be a lack of local services and individuals will remain in current placements; the tender will likely fall and required retender at potentially increased cost; the lack of available budget requires the IJB to source funding resource which will have an impact of other IJB services	<ul style="list-style-type: none"> <li>Funding sources have been and continue to be explored</li> </ul>	High



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<p>Reduction in Learning Disability Commissioning Budget</p>	<p>IJB financial failure and projection of overspend</p>	<p>High – it is proposed to fund the repayment via reduction in commissioning budget which may be by efficiencies in providing a local Complex Care service; as detailed in paragraph 4.6 it is not yet possible to understand what efficiencies if any will be made due to this project; the commissioning budget is faced with financial pressures already, and will also require to meet new care costs for this service as well as the proposed accommodation costs</p>	<ul style="list-style-type: none"> <li>• Selection of individuals for service based on costs may support this but this is not yet known.</li> </ul>	<p>High</p>
<p>Failure to agree the transfer of the Community Living Change Fund and Mental Health Facilities and Infrastructure funding to Aberdeen City Council.</p>	<p>IJB financial failure and projection of overspend</p>	<p>High – these funds would likely require to be returned to Scottish Government and no resource would be available to meet current unmet need; the project would likely not be completed and a lack of resources would be evidenced</p>	<ul style="list-style-type: none"> <li>• Topic Specific Seminar held 7 November 2023</li> <li>• Alignment to Strategic Plan</li> <li>• Funds in place for transfer and require use or at risk of recall by</li> </ul>	<p>Low</p>



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			<p>Scottish Government</p> <ul style="list-style-type: none"> <li>• Funds have criteria in place</li> <li>• Funds to be used by March 2024 and have been set aside for this purpose, Scottish Government continue to prioritise the Coming Home agenda and may support use of funds post March 2024 on the basis of supporting capital projects</li> </ul>	
Failure to secure a care provider for the new service	Commissioning of Services from Third or Independent sector	High– a care provider with suitable skills is required to deliver this service; the service will not be operational	<ul style="list-style-type: none"> <li>• Ongoing engagement with providers who can provide for Complex Care</li> <li>• Re-commissioning of a long length Complex Care needs</li> </ul>	Medium



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			<p>Framework to take place in Summer 2024</p> <ul style="list-style-type: none"> <li>• Inclusion of a capability framework for Complex Care needs within contracts</li> <li>• Implementation of the Market Position Statement with the model of accommodation and care following the MPS requirements</li> </ul>	
Provision of funding for housing which is not a function of the IJB	IJB financial failure and projection of overspend	High – funding of Social Housing is not a delegated function of the IJB; this sets a precedence within social care; the accommodation will not be owned or recoup rent; Stonewood will provide for 8 individuals but there are 32 on the Dynamic Support Register, this required a strategic approach which is	<ul style="list-style-type: none"> <li>• Funding sources have been and continue to be explored</li> </ul>	High



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		sustainable, the proposal is not sustainable.		
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### 6.2. Link to risks on strategic or operational risk register:

- (2) IJB financial failure and projection of overspend
- (7) Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.

The implementation of the Complex Care Market Position Statement via a capital build project seeks to strengthen local support for people with Complex Care needs in suitable and sustainable services/accommodation. The budgetary position of the Integration Joint Board is a risk to the implementation of this Project due to lack of financial resource and competing demands. There are wider risks to the project and the potential that need will be unmet due to the dependencies out with the Partnership remit.

The risk is high.

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



**Complex Care**  
Market Position Statement  
**2022 – 2027**



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## Foreword

This document outlines our vision, commitment and expectations for services which support people with learning disabilities and Complex Care needs in Aberdeen City from 2022 until 2027. Aberdeen City Health and Social Care Partnership (ACHSCP) has worked with providers of Complex Care services, colleagues and teams within ACHSCP and Aberdeen City Council (ACC) to develop a detailed approach to how people with Complex Care needs should be supported. This Market Position Statement is not prescriptive. However, it sets out an aspiration that will help to ensure, through best practice and innovation, that everyone can live locally in safe, suitable and affordable accommodation. This right goes hand in hand with receiving the care and support they need to 'lead full, healthy, productive and independent lives in their communities, with access to a range of options and life choices' (vision of the Coming Home Implementation Report, Scottish Government, 2022).

In developing this document, ACHSCP hope to establish a shared understanding of the needs of people with learning disabilities and Complex Care requirements. There are low numbers of people with these needs, but they are disproportionately affected by delays in hospital discharge, out of area placements and breakdown in community support services. This is primarily because people with Complex Care needs have a range of communication and environmental requirements in addition to any diagnosed learning disability or other health condition. People with Complex Care needs require a co-ordinated response to create successful community services. They need accommodation which has additional, and often costly, environmental or build features such as larger space of accommodation, toughness of features such as walls, doors and windows, secure gardens and elements which support the person's safety and wellbeing as well as that of staff.

The **Coming Home Report** (Scottish Government, 2018) and associated **Coming Home Implementation Report** (Scottish Government, 2022) shine an uncomfortable spot light on people with Complex Care needs who have been placed out of area inappropriately or are delayed in hospital pending suitable local service availability. It is clear that this is unacceptable and Complex Care has been identified as a priority with the **ACHSCP Strategic Plan and Delivery Plan** (2022).

ACHSCP have developed a range of activity to support the progress of Complex Care services locally. Some challenges have been identified in this work, relating to the availability of the type of accommodation people with Complex Care require and in relation to funding. There are also challenges more broadly relating to recruitment, and these will be echoed in Complex Care services. ACHSCP are working closely with partners to understand these challenges and to overcome them and will continue to involve providers, people who use services and their loved ones in this work. ACHSCP want to see all people with Complex Care needs living in their local communities, accessing the best services for their needs and this being complemented by appropriate accommodation environments which can become people's homes for as long as they need them. ACHSCP want to see communities playing an active role in people's experience of care and support, promoting robust community connections and inclusion.

Complex Care services should become part of our standard offer of local services for those who need this. By clearly demonstrating the priority we place on this and outlining how ACHSCP will work with partners, we hope to see significant and meaningful progress in the development of Complex Care services for people in Aberdeen City.



## Context

The needs of people who require health and social care support are changing. There is a small, yet growing number, of people who have Complex Care needs. Complex Care is recognised as terminology for people with a learning disability but other groups with complexity of need may also require some additional environmental factors to be considered and more specialist support to be provided, such as mental health or brain injury. People with Learning Disabilities who have Complex Care needs may also be autistic, have a mental illness or other physical illness or disability.

Complex Care significantly affects the way in which care, support and environments must be delivered. This is largely in part to the ways in which people with Complex Care needs can exhibit challenging behaviour, which challenge services and support providers and is a *'communication from the individual and a product of the environment they live in and of the support they receive'* (Coming Home Implementation Report, 2022). There is a clear gap in the availability of suitable accommodation for people with Complex Care needs, in part due to the additional environmental specification for accommodation. Those with Complex Care needs require different accommodation than is generally provided by housing services and this poses challenge in the funding and planning undertaken to build accommodation. Without the availability of suitable accommodation service models for Complex Care will be compromised. Due to these issues, it is important to set out the ways in which services are to be delivered in the future for people with Complex Care needs.

In early 2022 ACHSCP published a co-produced **Market Position Statement (MPS) for Mental Health and Learning Disability (MHL) Residential and Supported Living Accommodation**. The MPS did not specifically cover Complex Care needs; this new Market Position Statement for Complex Care is designed to complement previous work and provide detail to the marketplace. The marketplace in the context of Complex Care includes providers of support and/or accommodation, which includes Registered Social Landlords and the Local Authority. The focus is primarily on the area of most need, learning disability Complex Care, however the themes are broadly transferrable to other groups with complexity of need.

There is a range of National work taking place aligned to the **Coming Home Implementation Report** which ACHSCP are part of. There has been the allocation of a £20m Community Living Change Fund (Appendix C), with a one-off allocation to all Health and Social Care Partnerships (HSCPs) designed to support service development for learning disability Complex Care, focusing on inappropriate Out of Area placements and Delayed Discharge from Hospital. There is also to be national Dynamic Support Register and Support Panel. The Register will be maintained locally to support strategic planning and monitoring; the Panel will provide support and expertise to HSCPs and checks and balances for local management of the Register.

## Outcomes

In the MHLD Residential and Supported Living Market Position Statement a range of outcomes were co-produced and linked to our local strategic vision for Mental Health and Learning Disabilities.

These outcomes remain relevant for the development and delivery of Complex Care services:

1. Support is provided at the right place at the right time – acknowledging that at any given time, people’s support needs may fluctuate, and the level of support should adapt to that change
2. People are supported and involved in decisions about their care and support, including who provides their support and where they live and who they live with, and specific personal outcomes to be achieved through the support provided
3. Support is designed to enable people to live as independent a life as possible. The accommodation environment will enable people to live as independent a life as possible including wherever possible the location, the size, and the type
4. Protecting and enhancing people’s human rights is at the centre of service design and delivery, including accommodation environments
5. Families and Carers are recognised as key partners in the design and delivery of services
6. Support is delivered in a way which enables community involvement and the building of genuine community connections for people who are supported
7. People who are supported are recognised for their skills and abilities, consideration of how these attributes may be shared more broadly in the local community should be considered by all
8. Service delivery and environments will support and promote improvements in physical and mental health and wellbeing ensuring use of technology is maximised

## How we are providing services now

### Locally

Within Aberdeen City there are 2 multi-person Supported Living services which meet the needs of people with Complex Care. In addition to this ACHSCP have a small number of 1 person services (individuals who live in a property with a full 24/7 support team) in which the person has Complex Care needs. There are some services provided for young people in which some of the people may have Complex Care needs.

We also have a small number of people who are classified as 'delayed discharge' with Complex Care needs. These individuals are classed as 'receiving appropriate care while they go through a complex and lengthy repositioning exercise, so their discharge is on-going' (ISD Definition of Code 100 patients). There are no set timescales for such discharge and repositioning arrangements and all local options for patients will have been examined and progressed when suitable.

Our existing local services range in size from 1 person to 24 person services. There is sharing of accommodation and use of communal spaces within some services and not all of the accommodation aligns to the environmental specification for Complex Care (Appendix B). At times, placements within these services can be difficult to sustain due to factors such as compatibility when sharing spaces with others, increases in challenging behaviour due to the environment and/or volume of people (both other service users and staff) and risk management protocols. These factors can also cause difficulty in placing people within any vacancies which arise.

### Out of Area Placements

As Aberdeen City is a small geographical area at times service provision for people is required out with the City boundaries. This is known as an Out of Area (OOA) Placement. Out of Area placements are in Residential Care Homes, Supported Living Services, and specialist services, such as private hospitals. ACHSCP further define Out of Area Placements into the following categories:

- **Placements in Aberdeenshire** – these placements are made due to the availability of suitable services within close proximity of Aberdeenshire to Aberdeen City.
- **Out of Area – within Scotland** These placements are a mix of provision, at times private hospital services or residential care facilities
- **Out of Area – out with Scotland** These placements are very rare and are often for specialist services or due to family choice

These categories can also be split into appropriate and inappropriate placements. Appropriate placements are where individual, or family choice of service is clearly demonstrated. Inappropriate placements have been identified as requiring to be brought back into Aberdeen City.

## Complex Care Framework

ACHSCP operate a Framework Contract for Complex Care which has 8 providers at present. The Framework, although for care providers, seeks to align the housing needs and care needs of Complex Care together. Providers were asked to demonstrate their ability to develop service options which include housing.

The Framework has already been in place for 2 years and had approval for 2x 1-year extensions. We are currently in year 1 of an extension. The Framework allows for the development of Complex Care services in different ways. These include:

- **Mini-competition** – where we identify need for a service and ask providers to bid for this
- **Direct Award** – where either providers or ACHSCP can trigger a process of collaborative decision-making leading to the co-production of a service option

Although the Framework is currently in use for people with a Learning Disability who have Complex Care needs it is possible for other groups to be covered and for the Framework to be opened for new providers to join at any point.

The commencement of the Framework was in May 2020, during the start of the Covid-19 pandemic, which has limited the success of the Framework to date. This is in part due to the natural focus of the HSCP and providers in sustaining safe care and support for people and knock-on effects for the development of building works such as increasing costs and reductions in the available workforce. We have entered into dialogue with a number of service providers on the potential development of services and wish to continue this approach.

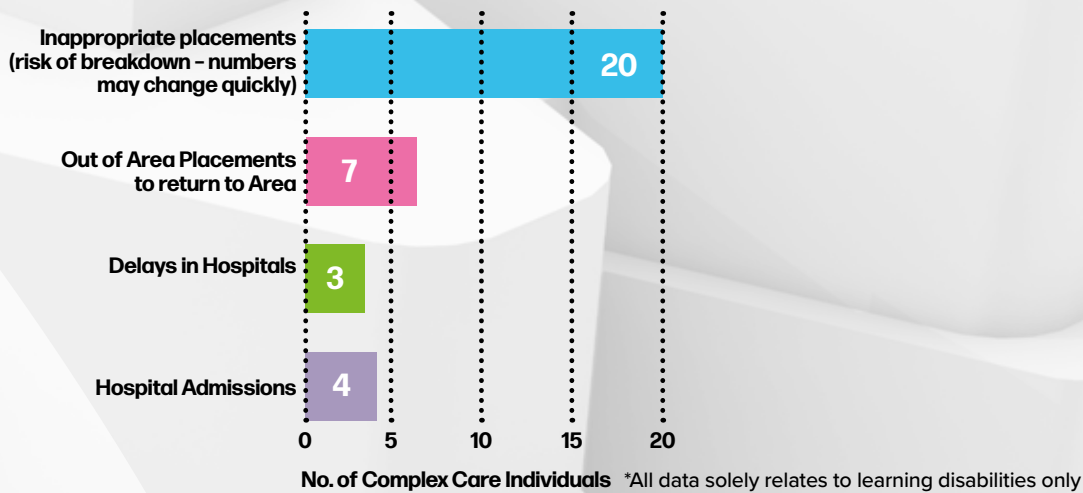
ACHSCP still believe that this Framework is the best mechanism available to create the range and scale of provision required for Complex Care and we will continue to explore ways that the Framework can support the development of services, including the potential of expanding the life of the Framework and opening it up to additional providers.



## Current and future need

Data systems for Complex Care need further development. The establishment of a National Dynamic Support Register (for learning disability Complex Care) will support locally owned and maintained data systems to become more robust. In an indicative data collation exercise the following numbers of people with Complex Care were identified:

### Aberdeen City Health & Social Care Partnership Current Number\* (July 2022)



ACHSCP are developing our local Dynamic Support Register, hosting different aspects of data which will support the commissioning process and understanding of specific needs that people may have (such as location or type of environment). We are working with Scottish Government on the development of the National Dynamic Support Register alongside other HSCPs.

As it currently stands a total of 30 people (31 when ready for discharge) require complex care provision. It must be noted that support requirements can change very quickly, and these numbers may change at pace, this can be due to:

- new hospital admissions or successful discharges
- transitions into adult services (which at times may not be anticipated)
- changes in health/needs
- changes in the current service provision (such as placement breakdown at home or in services or the change in circumstances of family carers)

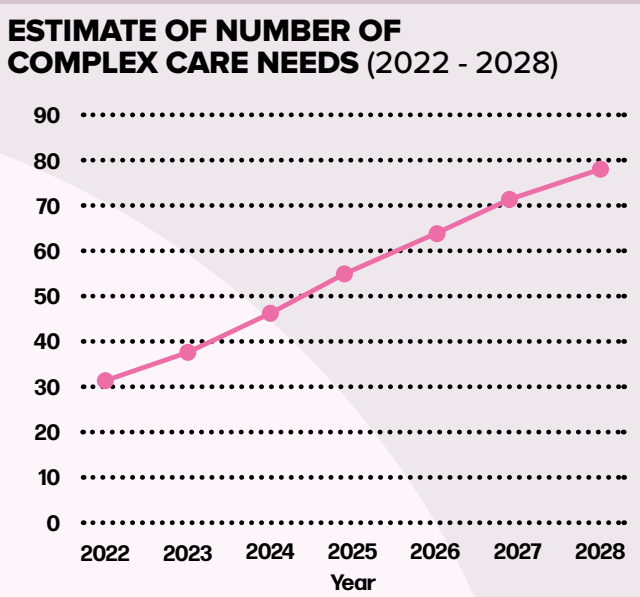
Future support needs can be hard to predict for many of the reasons above and there may be no obvious trends. The number of people with Complex Care needs is low in relation to more general MHL D social care needs, however this number is growing, and the complexity people present with has also intensified. There is a link between inappropriate services and environments and placement breakdown. This does not always equate to Complex Care but does tell us there is an incompatibility in what environments and services we have available and what people need.

One of the ways ACHSCP will convey Complex Care needs internally and externally is by using a Pen Picture of the individual. The Pen Picture will provide an overview of people’s needs along with key information on how they should be supported, as well as some of their history/evidence of what has worked well or not so well in the past. It is hoped that by having a clear picture of the person this will help with the design of accommodation and services which will best meet their needs. It will support providers to understand the range of needs for everyone and to think about who could be supported in the same model or type of environment. We already use a Pen Picture template, and this has been revised to provide more information in an anonymised format which can be regularly updated and shared with relevant people. (Appendix A – Pen Picture Template).

As part of our approach to the Dynamic Support Register, ACHSCP will work with Children and Families’ Services to understand the numbers of young people with Complex Care needs, including those currently placed Out of Area.

In relation to transitions of young people into adult service alone, there are between 6 and 12 referrals per year where young people are currently in OOA placements. This would typically indicate that a high proportion of the young people would meet the criteria for complex care (which often prompts the beginning of an OOA placement). Using this referral information, it is reasonable to expect that up to an additional 8 people per year will have need for Complex Care services.

Estimate of Complex Care need per year:



It may also be the case that some people currently with Complex Care needs no longer require this level of provision in the long term, although the likelihood of this is small.

There is some existing services for Complex Care locally; as natural movement occurs through these services some of the current/ future need will be accommodation by these existing services. The numbers relating to this are not predictable, but by using these existing services, a smaller number of people will need a new service development. However, there is still a clear requirement for new service developments for Complex Care.

## How we plan to provide services in the future

Learning from what works well for Complex Care needs, and using the evidence base available, is important in developing sustainable and robust services.

The profile of need for those with Complex Care requirements is typically:

- The provision of specialist and more intensive care/support services, delivered by a trained and supported staff team
- The requirement for providers to be able to de-escalate behaviour, which require specialist training and insurances, typically via the provision of a Positive Behaviour Support Team/Model
- Individuals require robustly built environments which support their care needs
- Individuals require more spacious accommodation with access to outdoor spaces and separate staff welfare areas
- Individuals require their own accommodation without the need to share with others but services to be delivered in a way which does not isolate individuals or staff
- The inclusion of welfare facilities which adhere to Infection Prevention and Control (IPC) measures

### Service Model

Residential or Supported Living Accommodation (care and support with housing) registrations can be suitable for Complex Care. Consideration should be made as to how the model supports people to live as independently as possible and considers factors such as compatibility, physical design of the service, management of IPC measures relating to outbreaks or infections of future pandemics and financing.

The Care Inspectorate have provided [guidance on the size](#) of residential care homes for people with a learning disability, advising a size of no more than 6 places within any newly registered care homes.

The optimum size of any service for Complex Care is no more than 8 people when in a Supported Living model. Although it is recognised that services of between 4 and 8 people can offer some benefits in terms of staffing volume and the requirement for accommodation. Services of under 4 people pose challenges in the sustainability of the service model to providers and can lead to issues such as inability of staff to respond to crisis situations. There are some 1 person services delivered at present which can lead to increased staff burnout, lack of support/management structures in place as well as lack of social interaction and community for people living in the service.

Larger service models pose their own challenges; although people do not live together, compatibility of people is still important, and more people can make this harder to manage. Also of concern is the ability to safely staff large models of care, in terms of recruitment challenges in health and social care and the more specialist nature of training and support model required. There are 2 large Complex Care services at present which require large volumes of staff, this can cause issues with training and practice development as well as consistency of approach. There are also practical issues in relation to the size of office/staff space and available parking which require consideration. These larger service models, whilst not institutions, can unfortunately be perceived in such a way by the local community and at times some practices might reflect this historic model rather than showcase personalised care and support methods.



## Housing and Environment

All services developed should support people to live in their own homes or homely environments and not in shared facilities. One person units of accommodation are required, potentially with additional rooms dedicated for activities. With up to 8 units on any one site, with the specific inclusion of space for staff welfare and office requirements.

An environmental specification has been developed for Complex Care by the multi-disciplinary team (Appendix B). The specification will be used to describe Complex Care and work will be undertaken to align this with building standards and regulations. Should there be individual considerations which are not common, additional environmental assessment work will be completed. Some of the key points of this specification are:

- Individual ground floor/single level accommodation which is for 1 person with no sharing. The provision of additional 'bedrooms' may support the space required by people for activities and there will be a separate staff space/building for staff welfare
- At least 4 units need to be located together for staffing and financial purposes and the preferred number of units is no more than 8
- Cottage/bungalow design, with the potential to look at modular building methods and units
- Multi-level accommodation would not be suitable unless the upper levels were solely for staff use and soundproofed with separate entry points from individual accommodation
- Individuals should have their own front doors with no communal areas unless these are solely for staff use to navigate between units of accommodation
- Potential of observation points for staff to reduce interactions but keep people staff and ability for exit routes from rooms to support staff safety
- Buildings need robust features to prevent/minimise damage and injury
- Secure garden access and parking for mobility vehicles and staff vehicles
- Ability for sustainability of accommodation, larger footprints of units with ability to add in functionality of hoists, mechanical baths, or wet rooms for example
- Ability to close off kitchen space or have kitchenette facilities with potential full kitchen/cooking facilities being out with a person's own home
- Ability to isolate gas/electric/water and to control access (if legal powers exist) to kitchens
- Location is flexible as there are no specific areas in which the services must be delivered. Considerations should include access to gardens and parking, likely excluding city centre locations
- Other location considerations relate to people who may be vulnerable or pose risks to others so avoiding areas right next to schools, busy main roads (or have secure features to protect people if needed) and known areas of criminality/anti-social behaviour issues
- People should be linked to their communities and have access to local amenities





## Staffing

Services should consider both the volume of staff required and the skill set needed to deliver Complex Care services. Experience tells us that having a staffing and management model, wrapped around 1 person only, in a single person service is isolating for staff. It can increase staff burnout, it is more costly and does not always support the individual in the best possible way. Evidence also shows, where service models are larger, the sheer volume of staff required poses continual recruitment and retention challenges in an already difficult area. It can lead to a lack of consistency of approach, which is often key to meeting Complex Care needs. Staffing is key to the success of most care and support services, and this holds true for Complex Care services.

Staff should be supported by a robust service model which has onsite management/leadership support and expertise on communication challenging behaviour (potentially in the form of Positive Behaviour Support teams/practitioners). All staff should be appropriately trained and have dedicated time to refresh training as well as putting training into practice in a safe manner. Staffing teams should be large enough to provide safe care to individuals within the service and support people to meet their outcomes. Technology should be used to complement staffing and support models, perhaps reducing the need for multiple staff to be in people's own homes whilst still providing crisis/emergency response as needed.

Training and continued practice development should be promoted, particularly with reference to supporting challenging behaviour. Dedicated time to enable staff to undertake necessary training and practice development should be established. Adherence to best practice guidance in the delivery of support for challenging behaviour should also be demonstrated by the Provider/Service and aspects such as these may be assessed and reviewed through Contract Monitoring processes.

Staff should be remunerated appropriately for their skills in working with Complex Care needs. There should also be a clear understanding of how staff will work with families to ensure they are a key partner in their loved one's care and support. Staff welfare and wellbeing should form a key part of how service models are designed. Ensuring access to separate welfare facilities and office space, protection of break times and opportunities for debrief and peer support.

## Multi-disciplinary Team (MDT) Working and Assessment Methods

There are typically a variety of multi-disciplinary staff involved in an individual's care and support, where Complex Care needs are present. This includes Learning Disability Nursing, Occupational Therapy (OT), Speech and Language Therapy (SLT), Social Work, Psychology and Psychiatry, as well as other specialisms. Members of the MDT can provide a wide range of support to people with Complex Care needs, and this also extends to their service provision and environment. Service Providers, as experts in the delivery of care and support, are an extension of a person's own MDT and broader support structure. Service Providers can engage with members of the MDT on issues within services and particular aspects of support plans and strategies. Good working relationships between providers and an individual's MDT are encouraged to support people's needs and outcomes in the best way possible.

Services will require to work with people to support their transition from their current placement into the new model of support and environment. For some people this will be a significant change and transition planning will require to be individually considered, which will be supported by MDT and the existing service placement. It is recognised that the initial assessment of a person's needs and their abilities can reflect the suitability or otherwise of their environment. Services for Complex Care will need to have robust assessment and support planning in place. This should be continually monitored in an iterative process as people transition and experience their new service model and environment.

## Working with Young People

Young people with Complex Care needs require support to transition into adult life and into Adult Social Work services. At present there can be a gap in support for young people and their families depending on when the young person leaves education with many aspects of adult support starting at either 16 or 18 years of age. To improve outcomes for young people an improved transitions process between Children and Adult Social Work services (and health services) is required. Some young people may require an earlier transition to be supported in local services and maintain family connections, processes need to be shaped to support this to happen which will include risk management and compatibility assessments. Support providers should consider their registration requirements for Complex Care services to support those people who may be younger than 18 but will benefit from the service model and environments of Complex Care services.



## Partnership Working

Working in collaboration with partners is crucial to the delivery of sustainable Complex Care services. We see providers of care and housing as key partners and bringing their knowledge and innovation into service developments is essential to success. There are multiple ways in which services may be funded, designed, developed, and implemented and we want to explore all options for their merits. Delivery of the range and volume of services, required to meet current and estimated future need, will require a hybrid approach. This will remain a central component of the way in which we look to deliver services now and in the future. The Complex Care Framework will be the key mechanism by which we work with providers.

## Opportunities

- **Innovation in service model and delivery, including technology** – there is flexibility of approach to the design and delivery of Complex Care services, supporting providers to establish models of care which are responsive to need. There are clear benefits to the use of technology to support both individuals and staff within services, and use of technology solutions are encouraged, especially when linked to the environmental needs of people.
- **Address needs gap and delivery local services** – there is a clearly defined needs gap and desire to deliver services more locally for people with Complex Care needs. A Framework Contract is in place for Complex Care providers, which can support new and existing providers to develop services in Aberdeen City. As demonstrated, ACHSCP have a current and predicted level of need which will support sustainability of service models and provider investment.
- **Create Expertise** – by providing a wider range of services for Complex Care, local expertise in the delivery of this care will be built up. There are opportunities for closer working between HSCP staff and providers in the development and evaluation of care and support models, which will showcase best practice.
- **Employment Opportunities** – as detailed there is a gap in service provision and the opportunity for staff recruitment into a variety of roles, from service management and development to delivery.

## Challenges

- **Funding Availability** – the cost of Complex Care services is notably higher than other care and support provision. This is in part due to staffing costs and in relation to the built environment. Whilst there is an allocation of money from the Community Living Change Fund to ACHSCP, this funding is a one-off payment and is insufficient to address the need and demand for Complex Care services. The costs of services can be split into Care and Housing Costs, each with their own challenges.
  - ▶ **Care Costs** – some people will already be in services and have an identified budget for their services. Where people are placed OOA we stop paying the OOA costs and can reassign these to care costs within the local area. Where people are in local services, ACHSCP may not be able to reassign their costs to new Complex Care services as we often still need the services they have been using, so there is an additional cost of services to consider. People in hospital do not have any identified budget and therefore there is no budget for reassignment leading to increased budget pressures.
  - ▶ **Housing Costs** – as we have no current stock of accommodation available for use which is suitable for Complex Care there are costs in developing new housing options regardless of the options progressed. There is no capital budget within ACHSCP and HSCPs are not able to own property. As such we must work with partners such as Local Authorities and Health Boards, Registered Social Landlords, Developers and Providers to look at suitable housing options.
- **Enhanced Specification of Property** – the provision of accommodation which is suitable for people with Complex Care needs (demonstrated in the environmental specification) differs significantly from the features in general needs accommodation. These additional yet necessary features for Complex Care mean that providing Complex Care housing is more expensive. This is in part due to the features within the accommodation (doors, windows, robust features) but also linked to the type of building suited to Complex Care (single level rather than multi-floor flatted accommodation). The additional specification required for Complex Care does not receive any additional grant funding from general needs housing stock (as provided by Scottish Government) and there are limited monies available within either the Local Authority or the HSCP to fund these requirements.
- **Housing Benefit and rent costs** – ACHSCP and partners aim to ensure that housing and accommodation solutions are sustainable long-term. Rent and service charges should be affordable without the reliance on additional sources of income to make up shortfalls. This is to ensure that people are not left in a vulnerable position should they not qualify for assistance with housing costs. Assistance with rent costs is subject to financial assessment. Housing benefit claims are administered by the local authority and operate in line with the guidance set out by the UK Government. The Local Housing Allowance rates, which are updated annually, can be considered as a benchmark to determine affordability. Top-ups through discretionary housing benefit payments are funded through local authority budgets and may be subject to change.





Telecare costs, when incorporated into rent or service charges, are not eligible for housing benefit. Landlords may be able to claim Intensive Housing Management if the properties are deemed to be 'specified accommodation', in that some services are provided by or on behalf of the landlord (eligible housing support and tenancy related tasks). There is no guarantee of eligibility for either the service or any individual in relation to financial support/benefits claims as these are assessed on their own merits.

- **Land Availability** – Aberdeen City is a small geographic area with limited land availability which is at a premium. The lack of availability of land, as well as affordability contributes to increased costs. Additionally, the building model for Complex Care (single storey property) is not as affordable as general needs housing where accommodation is built upwards in a multi-floor flatted model. The cost per unit of accommodation for Complex Care can be estimated to be double the cost of general needs housing.
- **Staff Recruitment and Retention** – it is widely recognised that recruitment and retention in health and social care services is significantly challenged. The development of new Complex Care services will require further joint working to take place to overcome staff shortages and to ensure staff have the right attitude and skill set for this area of work. The cost of Complex Care services will be higher than other types of provision to provide the number of staff required with the appropriate training. There may also be movement of staff from other care services particularly as roles are expected to be at a higher wage level, this may cause more issues for these care services.
- **Use of the Community Living Change Fund and other monies** – monies received from Scottish Government for Complex Care (and other related monies) require to be spent in line with identified criteria and timescales. This can pose challenges as some ways in which the funding could be utilised are not supported by the guidance provided. Appendix C provides further information on the Community Living Change Fund criteria.

## Principles and Actions

The following principles will underpin how ACHSCP and partners will deliver Complex Care services for Aberdeen City:

- **Focus on demand** – using the Dynamic Support Register and other available data to create a clear picture of current and future need
- **Evidence needs** – maintaining robust assessments of need by our multi-disciplinary team approach and using our pen picture template to communicate these needs to providers of care and housing
- **Pursue housing options** – embedding our demand and need profile into the Strategic Housing Investment Plan (SHIP), Housing Need and Demand Assessment (HNDA), Local Development Plans and other relevant documents to create opportunities for, and delivery of, service developments
- **Work with individuals and families** – to provide local services, reducing the need for out of area placement and creating robust anticipatory planning for people with complex needs
- **Work with providers** – to co-create long term sustainable services and the associated workforce skills for Complex Care services
- **Contribute to local, regional, national work** – share learning and representing the Complex Care needs of people within Aberdeen City

Principle	Actions	By When
Focus on demand	Work with Scottish Government on the National Dynamic Support Register development	October 2022
Focus on demand	Develop and Maintain Local Dynamic Support Register	November 2022, reviewed every 3 months
Evidence needs	Complete Pen Pictures for everyone on the Dynamic Support Register and review regularly	October 2022, reviewed every 6 months
Work with providers	Develop a programme of provider engagement	December 2022
Focus on Demand	Support the completion of anticipatory care plans for all on the Dynamic Support Register	June 2023
Work with individuals and families		
Work with providers	Consider re-provision the Complex Care Framework with a minimum duration of a 5-year contract	December 2022

Principle	Actions	By When
Work with providers	Consider opening up the Framework to other care group providers	December 2022
Focus on demand	Work with Children’s Social Work services to include information on young people in the Dynamic Support Register	November 2022, reviewed every 3 months
Evidence needs		
Evidence needs	Work with building standards and regulation to develop design guidance using the Environmental Specification	December 2022
Pursue housing options		
Evidence needs	Complete all individual environmental needs assessments	March 2023
Work with providers	Develop a core skills framework in conjunction with providers aimed at enhancing the workforce for Complex Care	June 2023
Contribute to local, regional, national work	Work with neighbouring areas to understand the scale of current service needs for complex care across Grampian.	December 2022, with regular engagement
Contribute to local, regional, national work	Engage with Scottish Government on Complex Care developments	March 2023, with regular engagement
Pursue housing options	Continue to explore future new building and property redevelopment opportunities with partners to provide facilities for people requiring Complex Care	March 2024
Work with providers		
Pursue housing options	Implement the programme plan and associated project groups and activity to achieve Complex Care solutions	March 2024
Pursue housing options	Plan for and invest monies from Community Living Change Fund	March 2024
Work with providers		
Work with individuals and families	Capture stories of positive outcomes	March 2024
Work with providers		



## How will we know that we have made a difference?

Measures for people we care for	How will we know?
We meet people’s individual outcomes	<ul style="list-style-type: none"> <li>• People and their families will tell us, and it will be clear from their care plans</li> </ul>
People receive the right care in the right place for them	<ul style="list-style-type: none"> <li>• Services and support will be flexible to changing need</li> <li>• People can move out of hospital and into suitable accommodation without delay due to lack of available accommodation or people with the right skills to care for them</li> <li>• We will plan for people transitioning between children’s and adult services, including where they will live</li> <li>• We will minimise the number of people who have to move away to receive care because we cannot provide it more locally</li> <li>• People’s needs will be met and placement breakdown will be reduced</li> </ul>
Families and carers are involved as appropriate	<ul style="list-style-type: none"> <li>• We will ask for feedback using advocacy where appropriate</li> </ul>
Measures for people who deliver care	How will we know?
Staff will feel confident to deliver the care that people need	<ul style="list-style-type: none"> <li>• We will work with providers and staff to understand any specific requirements for training</li> <li>• We will ask providers for staff feedback</li> </ul>
Staff will be valued and motivated in their job	<ul style="list-style-type: none"> <li>• We will monitor provider retention of staff in their caring role, monitoring aspects such as turnover rates, vacancies, length of time to recruit to posts, length of time in service</li> <li>• Staff will be supported, evidenced via one-to-one meetings, group supervisions, staff training and engagement in development of the service</li> </ul>
Measures for our organisation	How will we know?
Better performance against national requirements	<ul style="list-style-type: none"> <li>• Less delays for people as they move out of hospital</li> <li>• Number of people who have to move away for care</li> </ul>
Proactive planning	<ul style="list-style-type: none"> <li>• Fewer placement breakdowns</li> <li>• Less people waiting for care</li> </ul>
Improved quality of care delivered	<ul style="list-style-type: none"> <li>• Accommodation needs incorporated into strategic planning documents</li> <li>• Development of local services</li> <li>• Care inspectorate reports</li> </ul>
Market confidence	<ul style="list-style-type: none"> <li>• A greater level of investment based on sound knowledge</li> </ul>



## Our Commitment

Within the Scottish Government Coming Home Implementation Report (2022) they define what good will look like:

*By March 2024 we expect to have seen out-of-area residential placements and inappropriate hospital stays greatly reduced, to the point that out-of-area residential placements are only made through individual or family choice and people are only in hospital for as long as they require assessment and treatment.*

Aberdeen City Health and Social Care Partnership echo this view and we are committed to working in partnership with those who use and provide services. We believe this approach will ensure that our shared outcomes are met, and our collective actions progressed.

People with Complex Care needs do have additional requirements in their accommodation and support needs compared to the general population, however there is “*equal right of all persons with disabilities to live in the community, with choices equal to others*” [Convention on the Rights of People with Disabilities](#). We support the work of the Scottish Commission for People with Learning Disabilities (SCLD) who advocate that ‘[Housing is a Human Right](#)’.

Getting the right accommodation for people with Complex Care needs supports the delivery of good care and support leading to positive outcomes.

We will work together to provide local, suitable, and sustainable services for people with Complex Care needs in Aberdeen City.



## Appendix A Pen Picture Template

The template provided has been developed for internal use and may be modified when supplied to external partners/providers for the purposes of developing service provision or placements. It will be anonymised/redacted to protect the identity of individuals.

### Complex Care Pen Picture

Complex Care is formally undefined (Coming Home Implementation Report, 2022). The following criteria are based on the definition in the quoted report.

Please indicate which criteria (in addition to a diagnosis of a Learning Disability) the individual meets:	
• Severe challenging behaviour (may include high risk behaviours and behaviours which are not severe in themselves, but becomes severe due to their high frequency)	
• Forensic support needs	
• Mental health needs	
• Autism	
• Profound and multiple disabilities	
• Is currently in hospital	
• Has been discharged from hospital within the last 6 months	
• Living in unsuitable/inappropriate out-of-area placement	
• At risk of placement breakdown (due to increase of challenging behaviour, concern about suitability, stability, sustainability, such as end of school placement; family carer no longer able to be carer)	
Please indicate the Complex Care provision the individual requires:	
• Complex Care Staffing Support Only*	
• Complex Care Staffing Support and Environment* (if 'yes', please specify type of environment below)	
• Internal space requirements	
• Equipment (e.g. Smart Technology)	
• Gate Keeping requirements	
• Communal space	
• Location considerations	
• Accessibility	
• Garden space requirements	
• Robust/tough environment (see Complex Care Environmental Specification for detail)	

<b>Please provide further details about the individual in the boxes below:</b>
<b>Who am I?</b> (Age, Gender, Location)
<b>What you need to know about me?</b> (Example: Specific Health and Care Needs, Diagnosis, Medical/Health Needs, PBS Plan, Previous CLDT Health Involvement, Specific Sensory Needs, Specific Communication Needs)
<b>Who is important in my life?</b> (Family, Professionals, Support Structures)
<b>What are my outcomes?</b> (What is the support helping me to achieve for both my mental and physical health?)
<b>I meet the requirement for complex care because...</b> (Please provide detail regarding each of the criteria for complex care that apply to the individual. If applicable, include a history of failed or compromised placements/hospital stays; and what led to historic placement breakdown)
<b>I require support by a complex care service provider because...</b> (Specific details of support provision and why these require specialist support. Specific details regarding interests, training requirements, specialist knowledge and experience that support staff need to have)

**I require support in a complex care environment because...**

Specific details of environmental needs, as indicated earlier, and why these cannot be met in standard accommodation (with minor adaptations), for example:

**Space requirements** - how much space do they need / space for equipment

**Equipment** - SMART technology / telecare

**Gate Keeping requirements** - core and cluster / locked door etc.

**Communal space** - do they need access to a communal area / communal living

**Location** – impact of environmental noise/ neighbours/traffic

**Accessibility** - considering long term needs / physical health needs - single story / wide doors / corridors

**Accessibility** - for shower rooms / bathrooms

**Garden space requirements** - enclosed/ robust & high fences/ sensory needs

**Robust/tough environment (see Complex Care Environmental Specification)** – robust/toughness of walls / floor / fixtures and fittings / flexibility in the space to move things around (e.g. if staff need to leave an area and ensure environment is still safe) / sensory needs

**What specific support do I require?**

(Hours of support, where should support be based, specific activities, when & where, where I need my own support and where this could be shared, transport to activities)



**I have the following legislation in place to support my care needs...**

(Details of all relevant legislation and processes in place or required, e.g. guardianship, CPA, intervention order, MAPPA)

**Environments and supports I could share...**

(The type of people that I may live with or share support with, are there any shared interests, any compatibility issues)

**What behaviours might I engage in and how should they be responded to:**

(What risks need to be managed)

**You may also be interested in knowing...**

(Additional comments on support required, current situation)

**Who within this individual's multi-disciplinary group completed this PEN profile?**

Name	Role	Date

\*These selections indicate the current needs of the individual and do not guarantee the receipt of complex care support and/or complex care accommodation.

## Appendix B - Complex Care Environmental Specification

### Environmental General Specifications

The recommendations in this report outline general recommendations to support planning and building design of accommodation for any new proposed robust style housing development for adults with Autism, Learning Disability and challenging behaviours.

Due to the complex needs of this client group it is envisaged that the physical and social environment is paramount and needs to allow for clients to safely participate in daily activities. Clients will not have the ability due to their level of function to understand risks and how harm can occur.

### Space requirements and layout of building design

The property should be detached, single storey and have a large standard space both indoors and outdoors. It may be appropriate to have additional 'bedroom' spaces for either staff or individual activity use, wet room for client and provision of closely located staff facilities with office and welfare space in addition to a bathroom consisting of a shower, WC and sink. The property should have wide corridors and large rooms with high ceilings. Living room / kitchen area should have 2 access points with door access to garden area. Good lighting in each room through window design and natural lighting.

#### Key points:

- Larger spaces are required as people with Autism can be sensitive to personal space around them. Clients may exhibit challenging behaviour and staff will be required to support a person and maintain their safety without doing so in a restricted space, therefore corridors and rooms need to allow for this to be undertaken safely.
- The layout of the building needs to allow for clients to establish and engage in routines with specified rooms / spaces for required purposes i.e. bedroom to function as a sleeping area, kitchen for food preparation.
- Addition bedrooms or staff space would be required. Staff will require a room to store files, write notes which is not accessible to the client. They will also need independent access to a toilet and shower room which should be situated within the home as to not disturb the client. They will also require to use a room/space as a base to provide 24/7 support.
- An additional bedroom would be advantageous to provide an activity space, sensory suite and/or use as a de-escalation space if the client is experiencing levels of high arousal and presenting with challenging behaviour to others, again this also links back to each room having its own purpose.
- Living room/kitchen area should have 2 points of access and located next to each other with windows to view outdoor areas. Staff safety is paramount therefore 2 exit points are required to allow staff to exit safely and quickly if clients are exhibiting challenging behaviour.
- It may be necessary to restrict access to kitchen areas (if legal powers permit) to ensure safety

- Larger shower room consisting of wet floor shower, sink and toilet is required in order for staff to support clients with personal care. Clients with autism may require a large personal space and be fearful of unpredicted touch. Staff will need to support, model and assist clients participate in daily personal care routines. Some people with additional physical disabilities may benefit from access to a mechanical bath but this is not a standard requirement.
- Rooms should be positioned and fitted with windows to increase natural lighting and provide views of garden area to enhance clients' mood and wellbeing.
- Clients may need/seek to run, jump and bounce within their internal/external property to meet their sensory needs therefore adequate space is required.
- Clients may damage fixtures, equipment such as smoke detector, water sprinkler systems so these need to be concealed, flush fitted and/or out of reach for potential damage and to maintain safety and security of the building.
- Thermostatic temperature controls, accessible only by staff, should be fitted to all water supplies in the property. Clients would be at risk of scalding therefore water requires to be thermostatically controlled.
- Water isolators, accessible only by staff, would be required to be fitted to all water supplies within property Client may seek to turn on taps, engage in water play which can result in flooding and water damage to property.
- Electrical isolators would be required to fitted for all electrical appliances and accessed by staff only.
- Gas isolators would be required to fitted for all gas appliances and accessed by staff only.

## Access

### Key points:

- Automatic door lock system on front door access that will deactivate in event of fire for exit in an emergency.
- Access door to garden area which has the ability to be locked back in open position to prevent environmental damage to property. Some clients may seek to slam and bang doors repeatedly into a wall.
- External lighting at front access and/or rear of property activated by timers rather than motion sensors. This will ensure predictability of when lights are activated and can be managed by staff.
- Waste bins to be located outside of garden in secure storage area. Clients may seek to empty, search or eat contents of bin putting them at risk of harm.
- Allocated parking area at entrance of each property. This would be required to enable a safe and smooth transition of clients to and from their vehicle.

A man with a prosthetic leg is sitting on a light-colored sofa in a bright, modern living room. He is looking down at his prosthetic leg, which is wearing a grey sock. The room has a large window with a view of a balcony and some potted plants on the windowsill. A small white table with a black bag is visible to the right.

## Garden/outer building

### Key points:

- Exterior walls to the property should not be rendered with harling chips or pebbles that can be picked or brushed off and potentially eaten by the client.
- Loose stones/pebbles should not be used in the garden area for ornamental or drainage purposes, again there is the risk that these may be consumed or used as projectiles at times of high arousal.
- Drainpipes should be robust or protected by a robust drainpipe cover as clients may damage or attempt to climb particularly at times of high arousal.
- Enclosed rear garden area ideally not overlooked, with secure robust high fence, double slatted with no footholds and lockable gate. Clients may seek to climb and abscond from the garden. Fencing should provide privacy and dignity as clients may remove their clothes during high levels of arousal. Staff will require to know where the client is at all times when in the garden.
- Garden area would be required to accommodate space for the client to engage in a variety of meaningful activities i.e. trampoline, swing, sensory equipment. This would not only provide the client with exercise but also meet their sensory needs.
- Any external clothing drying system would need to be securely cemented into ground and have the option of being removable.
- Do not use plants which are poisonous as clients may ingest.

## Walls

### Key points:

- Strengthened walls require to be fitted with impact resistant plasterboard, plywood or solid brick walls. Clients may seek to test the structure of the building and may pick at plasterboard, bang, kick or throw objects causing damage to walls if not strengthened.
- Soundproofing of walls and ceilings would be required to reduce transmission of noise to neighbouring houses. Clients may be vocal, this can often be louder at times of increased arousal. Soundproofing will help to reduce the impact of any noise and prevent reverberation of sound produced by clients.
- Plain decor, no busy patterns. Autism friendly muted matt colour schemes. Painted walls that are wipeable. Colour is important as this enables clients to identify rooms and move through the environment more fluidly. Muted autism friendly colours can have a calming and organising effect on the senses.

## Windows

### Key points:

- Toughened safety glass throughout property. Clients may seek to hit, bang or throw objects at windows thus breaking glass. Toughened glass will help to reduce risk of harm to clients.
- Avoid windows with large glass area panels as smaller panels will be easy and less expensive to replace.
- Integral horizontal blinds fitted within window glazing, electronically remote controlled by staff. Blind controls are not to be accessible to clients as they may be tampered with and destroyed. Client's dignity would need to be protected as they may remove clothing during high levels of arousal. Consideration of window location and whether overlooked by neighbours.
- Windows should be flush with walls with no window sills to avoid climbing.
- Lockable windows with lockable window restrictors. Windows require to be robust and lockable. Window openings should be located higher up and open outwards to prevent clients from attempting to climb out and allow for windows to be fixed open without ability to be slammed shut by clients or trapping of body parts.
- Frosted glass required for wet room/ensuite to protect dignity/privacy.



## Doors

### Key points:

- All doors need to be solid core, reinforced and fitted with heavy duty hinges and flush fitted, handleless door handles. Door frames should be robust and reinforced. Clients may repeatedly bang and slam doors against walls and into door frames. Doors should be contrasting colour to door frames and handles should be contrasting colour to door. Any locks should be two-way safety locks so can be opened from both sides if required.
- Anti barricade doors that have ability to open both ways and ability to be locked in an open position within a room. Clients may have epilepsy and following seizure activity inadvertently restrict access to a room preventing essential emergency care.
- Doorstops fitted to prevent doors being pushed back into walls. No mechanical door closers. Door silencers can be used within door frames which help to absorb sound of door closing. Clients may repeatedly bang doors at force into walls. Doors that can be locked in an open position into a door frame is a suitable solution to help prevent this and reduce structural damage.
- Shower room door to open outwards allowing staff to access in an emergency fitted with 2-way safety lock.
- Doors should have locks fitted so areas can be 'zoned off' for safety, cleaning purposes and allow access as required. Staff may require to clean or secure a room to reduce risks to the client during an occurrence of challenging behaviour from clients.
- Internal doors should have observation panels fitted to enable staff to observe clients at all times. Staff may require to withdraw to a dedicated space for their own safety when clients are displaying high levels of arousal but will still require to monitor the clients wellbeing and safety.

## Lighting

### Key points:

- No florescent lighting or rose ceiling flexes. Lighting requires to be recessed into the ceiling. Use of dimmer switches in living room and bedroom areas can help to promote soft lighting and be calming. Remotely controlled dimmers which do not emit noise are a good option to use in these rooms which can be operated by staff. Clients with autism can be affected by flickering of harsh lighting. Hanging ceiling bulbs can be broken, electrical cable flex damaged and cause a serious risk to clients.
- Use of creative high windows and building design would allow for natural lighting to radiate into the room to provide a relaxed calming environment.
- Use of integrated blinds fitted within window frame would be required for any accessible windows clients would be able to access as standard freestanding blinds, curtains have the potential to be pulled down and destroyed.

## Electrics

### Key points:

- Robust metal light flush fitted switches and plug sockets fitted with plug locks. Consideration of discreet locations of switches and plug sockets to discourage tampering. Clients can damage by banging, attempting to pull from the wall, tampering with switches and putting fingers into sockets due to clients having no awareness of danger.
- Increased number of plug sockets to support varied equipment needs of people, including sensory and medical equipment
- Individual circuit breakers would be required for each room for mains power supply and electrical appliances including cooker, refrigerator. This would enable staff to maintain clients' safety and secure electrical zones as required.
- Fuse box located in locked cupboard only accessible by staff which should be securely locked to prevent any potential access by clients.
- Electrical appliances such as television, CD/DVD, should be locked within a purpose build robust and lockable unit with toughened polycarbonate panels with no exposed wires or cabling. Clients can tamper, bang, damage and destroy appliances causing a serious risk of harm. Unit surface should be sloped to prevent client climbing on.

## Heating

### Key points:

- Under floor heating would be the best option to use. Temperature regulation can be controlled and zoned off in each room. Isolated thermostatic controls should be locked within a lockable secure storage unit/room only accessible by staff. Remotely controlled isolated thermostatic controls may also be an option to consider. Clients can damage, tamper, climb on radiators and pull radiators off walls.

## Flooring

### Key points:

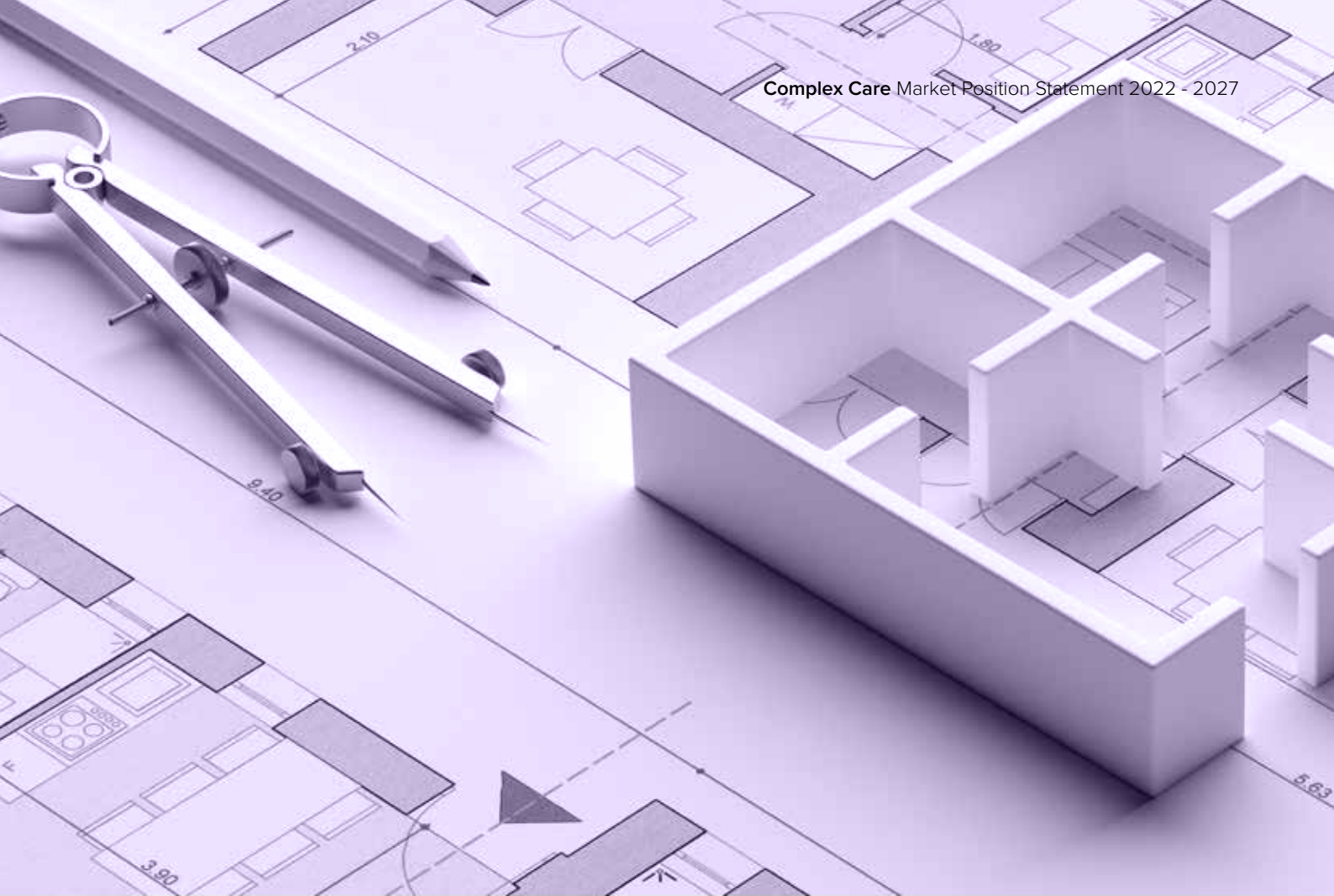
- Avoid Patterned, busy flooring as this can be confusing and cause anxiety to clients.
- Non-slip, waterproof vinyl flooring throughout property fitted with acoustic reducing underlay to reduce noise transmission and footfall.
- Non-slip, waterproof vinyl flooring turned up at walls with sealed coving in shower room. Clients may be doubly incontinent and therefore require easily cleaned floor surfaces. Flooring turned up at walls will reduce the risk of structural damage from water ingress.

## Shower room / Toilet

### Key points:

- Wet room with ceiling flush fitted 'rain shower' and shower controls external to the shower room that are controlled by staff. Clients may seek to tamper and damage shower fittings. Clients with autism may enjoy water play with a fascination of water and may flood the bathroom therefore water isolators and controls require to be managed by staff.
- Walls require to be fitted with heavy duty splash back material and flooring turned up at walls with sealed coving. Clients may bang and smash tiling causing risk of harm and damage to property.
- Silent extractor fan remotely located to minimise noise. Clients with autism are often sensitive to noise.
- Toilet requires to be concealed / boxed in toilet cistern, robust anti vandalism style toilet, large bore toilet waste pipe, push button / sensor flush recessed into the wall at rear of toilet would be required. Clients may seek to tamper e.g. repeatedly banging toilet seat, flushing toilet, pull toilet from wall/floor and may put inappropriate items down the toilet.
- No visible or accessible pipe work. Clients may seek to tamper with pipe work/ plumbing.
- Sink recessed into wall fitted with sensor taps and water flow that can be limited, if required. Clients may seek to climb on the sink, turn on the taps and flood the bathroom.
- Thermostatic temperature controls should be fitted to all water supplies in the property. Clients would be at risk of scalding therefore water requires to be thermostatically controlled.
- Water isolators would be required to be fitted to all water supplies within property. Client may seek to turn on taps, engage in water play which can result in flooding and water damage to property.





## Kitchen

### Key points:

- No open plan - Separate kitchen with lockable door off hallway and rear door access from kitchen into garden area. Clients will only access the kitchen with support to engage in daily living tasks. Clients with autism benefit from understanding the function of a room and where a specific activity occurs. Open plan access to a kitchen increases risks and safety issues to client when accessing unsupervised.
- Integral kitchen with locks on all cupboards including locks / concealment of cooker (induction hob style), fridge, freezer, washing machine. Clients may attempt to access cupboards containing food, sharps, hazardous substances and damage items in the kitchen.
- Gas, halogen/ceramic hobs and solid plate/metal rings should be avoided due to taking too long to cool down and have no visual indicator they are still hot.
- Robust cupboards with reinforced hinges and handleless/flush fitted handles. Clients can have difficulties with hand dexterity and regulation of force therefore cupboards need to be strong and durable.
- Durable kitchen non reflective/patterned matt finish worktops with rounded edges which are heat resistant and easily cleaned. Clients with autism can be affected by busy patterns and potential glare from work surfaces. Clients may also have epilepsy therefore high risk of injury within kitchen area.
- Electric isolators for all kitchen appliances.
- Water isolator for kitchen taps.

## Living room

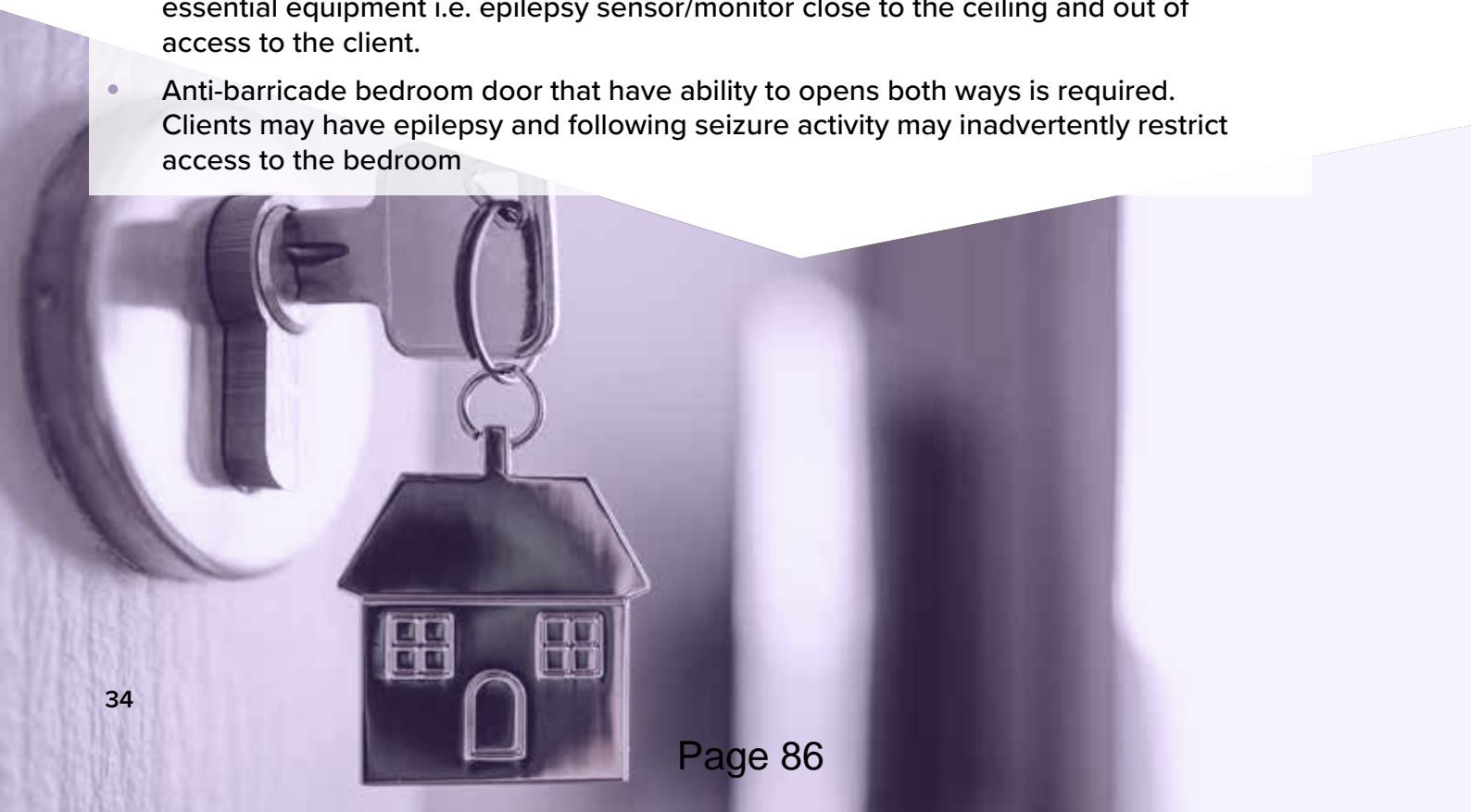
### Key points:

- Strong, robust, weighted furniture including table with non reflective matt finish, dining chairs, sofa/chair. Clients may seek to jump, move, damage furniture therefore it needs to be able to withstand this.
- Electrical appliances such as television, CD/DVD, should be locked within a purpose build robust and lockable unit with toughened polycarbonate panels with no exposed wires or cabling. Clients can tamper, bang, damage and destroy appliances causing a serious risk of harm. Unit surface should be sloped to prevent client climbing on.
- 2 access points within the living room area would be required with a door allowing access directly to the garden area. This would allow staff to safely exit when client may be exhibiting challenging behaviour. Direct access to the garden area only from the living room enables the client to understand that they are going to undertake an activity in the garden.

## Bedroom

### Key points:

- Large bedroom space would be required containing a robust bed and a built-in wardrobe with strong, robust lockable doors.
- Minimal electrical sockets would be required in clients' bedrooms. These would require to be metal flush fitted and lockable. Consider fitting electrical sockets for essential equipment i.e. epilepsy sensor/monitor close to the ceiling and out of access to the client.
- Anti-barricade bedroom door that have ability to opens both ways is required. Clients may have epilepsy and following seizure activity may inadvertently restrict access to the bedroom



## Storage

### Key points:

- Any storage units will need to be lockable and securely fixed to the wall. Clients may attempt to dismantle, destroy or pull units off walls causing potential harm to themselves, others and damage to the environment.
- Lockable and secure cabinet for medication accessed only by staff. This would be required for safe storage of medication and not stored in a location accessed by the client.

## Smart Technology

### Key points:

- Alerting devices will need to be installed – door exit sensor, window alarms, motion sensors in bedroom, flood sensors in bathroom, emergency call responders for staff to gain assistance - All linked to staff responder system i.e. Tunstall/Possum. Clients can display challenging behaviour which results in high levels of risk. It is vital smart technology is fitted for staff to acknowledge what the client is doing at all times and to summon assistance from other staff to maintain their own safety when required in challenging situations.

**Guidance has also been utilised from the following information documents which should be referred to for further information and design specifications.**

- Whitehurst Teresa, Research & Development Officer, Sunfield Research Institute, 2007 Evaluation of Features specific to an ASD Designed Living Accommodation.
- Brand Andrew, Helen Hamlyn Centre, Royal College of Art, 2010 Living in the Community Housing Design for Adults with Autism.
- Gaudion Katie, and McGinley Chris, Helen Hamlyn Centre for Design, Royal College of Art 2012 Green Spaces Outdoor Environments for Adults with Autism.
- Ryde Sue, Godwin Julia and Swallowe Kim, Housing Learning and Improvement Network, London, 2019 Building the right homes for adults with learning disabilities and autism in Oxfordshire.
- The National Autistic Society, <https://www.autism.org.uk/advice-and-guidance>

## Appendix C - Scottish Government Community Living Change Fund Guidance

1. This Scottish Government guidance follows up the letter from Richard McCallum of 5 February 2021 to NHS Directors of Finance and IJB Chief Finance Officers, which included early detail of a £20m allocation to Integration Authorities for a Community Living Change Fund

### Introduction

2. The early part of the pandemic contrasted a significant reduction in delayed discharges with the more intransigent and long-standing delays of people with severe learning disabilities, many of whom had been in hospital for several years.
3. In their regular meetings to discuss delayed discharges, the Cabinet Secretary for Health and Sport and Councillor Currie, the COSLA Health and Social Care Spokesperson, asked for a piece of work to examine the main reasons for, and solutions to, these delays. Recognising the financial implications of arranging alternative packages of support in the community, Ms Freeman and Councillor Currie asked for this work to look at how this might be addressed. A Short-Life Working Group (SLWG) was established, co-chaired by David Williams, SG Director of Delivery, Integration, and Jane O'Donnell, Head of Policy from COSLA, which recommended the development of a "Community Living Change Fund".

### Background

4. 'The Same as you?'<sup>1</sup> recommended that "but for a few people, health and social care should be provided in their own homes or in a community setting, alongside the rest of the population". It was clear that people's home should not be in hospital. This is also emphasised in the Hospital Based Complex Clinical Care guidance from May 2015<sup>2</sup>, which says "as far as possible, hospitals should not be places where people live – even for people with on-going clinical needs. They are places to go for people who need specialist short-term or episodic care. Hospitals are highly complex institutions which should focus on improving the health of people with acute conditions before discharging them back into the community".
5. The recent Independent Review of Adult Social Care<sup>3</sup> recommends that "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". On 16 February, in a Parliamentary debate on the independent review, the Cabinet Secretary announced this fund would consist of £20 million "to deliver a redesign of services for people with complex needs, including intellectual disabilities and autism, and those who have enduring mental health problems. The fund will focus on delivering a proper sense of home for people with complex needs, including those who have encountered lengthy hospital stays or who might have been placed outside of Scotland, and who could, and should, be more appropriately supported closer to home". The full £20m was allocated to Integration Authorities, via NHS Boards, in February.
6. The 'Coming Home' report<sup>4</sup>, commissioned by the Scottish Government, made recommendations to improve the support for individuals with learning disabilities who have complex needs, and who are either placed out-of-area, or are currently delayed in hospital based assessment and treatment units. The Community Living Change Fund should be seen as the funding to ensure implementation of that report.





## Data

7. In 2018/19 (the latest complete year of costed data), there were 23,255 hospital bed days linked to people who did not need to be in hospital (10,336 code 9 and 12,899 code 100 cases<sup>5</sup>). The bed days were used by a total of 108 patients delayed for some period during the year, but average out at 63 per day.
8. There were a total of 69,500 overall bed days in learning disability specialties so around a third were taken by people who shouldn't be in hospital. There are relatively few patients using the inpatient services but a high average length of stay, with over half in hospital for more than a year and about a third for more than three years. Most of the inpatient beds are for assessment and rehabilitation, yet we effectively have people living their lives in these hospital beds. This outcome is the opposite of the objective of the Same as You? policy and most likely reflects the fact that, despite real terms increases in social care learning disability expenditure since 2008/09, these have not been sufficient to keep pace with increased need due to demographic change. In looking at the overall provision, if we could reduce the overall lengths of stay and remove the delayed discharge element, overall capacity should reduce by about half. The cost of all learning disability inpatient stays was estimated at £48m, with the cost of the delayed cohort estimated at £16m (or averaging £252,000 per person, full cost).
9. In addition, the SLWG surveyed local partnerships to ascertain the level and cost of placements outside of Scotland. Not all partnerships provided data but using the returns from the majority of partnerships, and comparing it with the 2019 long-stay inpatient survey, assumed 90 individuals placed in accommodation in the rest of the UK at an annual cost of £15m (or an average of £167,000 per person).
10. Scotland Excel estimated the average cost of a package of care in the community for people with severe learning disability at £172,000 (taking in to account only packages that were valued over £100,000 – there are likely to be far smaller packages of care where family members provide most support). These packages ranged from £108,000 to £201,000. The data provided by Scotland Excel only captures services that are purchased from the framework therefore an individual's care package may be greater than where other services and supports are provided in addition.

## Tackling the problems

This cohort of people will be delayed in hospital or placed outside of Scotland, mainly because of a lack of funding, accommodation or suitable care package, or most likely a combination of all three. The SLWG heard from providers that they can structure complex care packages and from housing specialists who suggested access to capital funding should not be a major issue.

11. A paper to the Cabinet Secretary and Councillor Currie, that initiated this work, highlighted the problem:

“Most of these individuals will have been previously supported in community placements but their package has broken down due to usually as a result of challenging behaviours that carers have been unable to manage. The issues for this group of individuals in providing an opportunity to succeed in community living include the level of continuous long-term revenue funding; capacity and capability of the provider sector to deliver sustainable care, appropriate low arousal accommodation and available capital funding; lengthy transition costs requiring double funding.”

12. The SLWG has also highlighted difficulties in commissioning for a fairly small cohort, noting that in some areas more could be done to ensure planning is co-produced with service users and carers. It suggested there could be greater joined up working and longer term planning between Integration Authorities and Local Authority Housing Departments and registered social landlords.
13. So, much of the problem is about transition costs, accessing sufficient funding and suitable accommodation, and taking a truly collaborative approach to commissioning. The SLWG therefore suggested tackling these through a short-term Community Living Change Fund, adopting a programme budgeting approach and disinvestment planning to ensure resource is directed to the community where possible and developing additional guidance on commissioning and procurement for these client groups.



## Community Living Change Fund

15. It is clear that change will not happen overnight, that in many areas a radical redesign is needed in how services are provided in the local community. The Community Living Change Fund will be available to accommodate the re-provisioning of long-term hospital and out of area care and create a powerful lever for a longer term shift from institutional care. The Fund is not intended to replicate the current inappropriate spend but rather act as a facilitating mechanism to bring about change.
16. It is estimated that in order to facilitate the discharge and transfer of the cohort mentioned at paragraphs 7 and 9 would require £20m spread over three years. **The funding, which issued in February 2021, should be held in reserve within individual Integration Authorities to be used as plans are developed and completed to an outer time limit of March 2024.** Releasing the funding in a single allocation allows those partnerships who are further developed to commence at pace, while others will need a longer lead in time (several Finance Directors and managers told us that some of the very complex cases will need a two to three year transition period).
17. It is important that the Community Living Change Fund should drive further service redesign that adopts a preventative and anticipatory approach to supporting people with very complex needs that avoids the need for institutional care in the future. Acknowledging that some partnerships will be able to advance plans more quickly, the Fund should be used over the course of three years to bring home those that are placed outside of Scotland, to discharge those that have endured long stays in a hospital setting and design community based solutions that negate or limit future hospital use and out of country placements.

## Disinvestment

18. It is appreciated that during and after this period, a shift in resources will be required so that long-term funding follows the individuals to the community. Appreciating that alternative accommodation would need to be organised, in the case of out of country cases this would in simple terms see subsequent money spent in Scotland rather than other countries. For those in hospital in Scotland, plans would need to be collaboratively agreed that would see replacement funding at the end of the Community Living Change Fund period (March 2024) being released from institutional care.
19. Disinvestment decisions will need to be taken, potentially resulting in a reduction in hospital based functions. However, the necessary disinvestment in these cases is not about cost savings, but about improving outcomes and the quality of care, while improving value, so the reasons for change will need to be effectively communicated.

## Allocation of funding

20. The work stream discussed various distribution and allocation methods, including making the fund open to local bids and allocation based on the scale of the delayed discharge and out of area cases. However, it agreed that the fairest method was to allocate via an established combination of health and local government formulae (a mix of relevant GAE and NRAC) to Health Boards, for onward distribution to Integration Authorities. They would be expected to work collaboratively and agree between themselves (where there are multiple Integration Authorities) the spend. The allocation split is detailed in annex A.
21. Led by Integration Authorities, the local use of the Fund should be subject to a set of principles, laid out in annex B, signed off by representation from NHS Boards, local authorities, third sector providers and service users. The proposals agreed under these sign off arrangements must bring in to play the wider resources under discussion, including large hospital budgets (the “set aside”), third sector funding and housing contributions. It is acknowledged that complex reprovisioning might need a longer lead in but funding would need to be used by March 2024.

## Monitoring

22. The Community Living Change Fund should be used to provide more appropriate care and support for the people highlighted in paragraphs 7 and 9. By March 2024 we expect to have seen out of area placements and inappropriate hospital stays greatly reduced, to the point that out of area placements are only made through individual family choices and people are only in hospital for genuine short-term assessment and treatment.
23. The use of each Integration Authority’s share of the £20m should be recorded in their annual financial statement and the outcomes delivered detailed in their annual performance report. **Where the funding has been carried over in reserves, this must be earmarked separately and reported to the Scottish Government through the quarterly monitoring.**

## Appendix D - Complex Care Needs - Pen Pictures (Behaviours and Needs)

These quotes have been taken from individual PEN profiles. They have been redacted to remove any personal information. PEN profiles are completed on behalf of the individual with Complex Care needs, by their multi-disciplinary team, using their experience, observations, and professional opinion.

Behaviours	Needs
<i>"When in hospital I have bitten and hit staff and other patients. I have opened windows and moved furniture to help me climb out."</i>	<ul style="list-style-type: none"> <li>• Space for de-escalation and staff safety</li> <li>• Ground floor property to reduce risk of injury</li> <li>• Robust, enclosed fencing to prevent injury</li> </ul>
<i>"I do not like loud noises so need to live in a quiet area but close to a bus route. I need a ground floor flat that has excellent sound proofing as I do not like noise and where my bedroom is in the property is important, so I do not hear neighbours' noises."</i>	<ul style="list-style-type: none"> <li>• Soundproofing to prevent escalating behaviours due to discomfort</li> <li>• Accessibility needs e.g. level access shower room, grab rails</li> <li>• Ground floor property to reduce risk of injury</li> </ul>
<i>"I climb out of windows and over fences. I need frosted glass or opaque coverings on my bedroom window."</i>	<ul style="list-style-type: none"> <li>• Privacy film, integrated blinds, or opaque covering on windows</li> <li>• Robust, enclosed fencing to prevent injury</li> <li>• Telecare</li> </ul>
<i>"I was engaging in risky behaviour including directing traffic and throwing objects on to busy roads."</i>	<ul style="list-style-type: none"> <li>• Low traffic flow or measures to reduce injury due to absconding</li> </ul>
<i>"When I am in hyper manic state, I am a danger to myself and others. I start checking doors, light switches, sorting curtains or picking crumbs off the table and my behaviour becomes very controlling."</i>	<ul style="list-style-type: none"> <li>• Robust fixtures due to frequency of use, habitual or aggressive behaviour</li> </ul>
<i>"I am very curious and like to touch and smell everything in sight which could cause me harm both at home and in the community. I must not be left near hot taps, hobs etc. Due to my sensory needs, I will touch things that are very hot without insight that I will be injured."</i>	<ul style="list-style-type: none"> <li>• Ability to close off or restrict access to certain rooms or storage to prevent injury</li> </ul>
<i>"I need supervision whilst in the shower also, as I may spend a lot of time playing with the water and spraying shower gel everywhere. This creates a slip hazard and means I may not always focus on washing myself properly. I have no sense of road danger and/or how to keep myself safe in the community."</i>	<ul style="list-style-type: none"> <li>• Robust fixtures due to frequency of use, habitual or aggressive behaviour</li> <li>• Low traffic flow or measures to reduce injury due to absconding</li> </ul>
<i>"I am not overly interested or keen on building relationships with people I live with and can find unpredictability and noise very distressing."</i>	<ul style="list-style-type: none"> <li>• Low traffic flow or measures to reduce injury due to absconding</li> <li>• Noise because of multi-storey living could escalate challenging behaviours</li> <li>• Co-habitation could also raise issues of conflict due to noise</li> <li>• Soundproofing to prevent escalating behaviours due to discomfort</li> </ul>

<p><i>“It is essential that my environment is of low stimulus. I am very tactile and sensory however there are risks in relation to me experiencing “sensory overload.” I am not able to cope with busy/loud/overly stimulating environments.”</i></p>	<ul style="list-style-type: none"> <li>• Low traffic flow or measures to reduce injury due to absconding</li> <li>• Noise because of multi-storey living could escalate challenging behaviours</li> <li>• Co-habitation could also raise issues of conflict due to noise</li> <li>• Soundproofing to prevent escalating behaviours due to discomfort</li> </ul>
<p><i>“I have complex health needs. I have spastic quadriplegia, developmental delay, severe learning disability, a visual impairment, and I also have limited speech. I was diagnosed with bi-polar affective disorder in [date]. I have a baclofen pump fitted which is refilled every six months and I also wear contact lenses to assist my sight. I use an electric wheelchair and specialist equipment to assist with mobility and transfers. I have a hoist and changing table/shower table in my bathroom.”</i></p>	<ul style="list-style-type: none"> <li>• Accessibility needs e.g. shower room</li> <li>• Ground floor property to reduce risk of injury</li> <li>• Space for equipment and staff movement</li> </ul>
<p><i>“When distressed, [individual] presents with episodes of self-injurious behaviour which take the form of him throwing himself to the floor and scratching at the lining of his mouth necessitating restraint to prevent him from harming himself. In the past, he has also thrown himself at walls and attempted to self-asphyxiate.”</i></p>	<ul style="list-style-type: none"> <li>• Reduced-Ligature Fixtures</li> <li>• Space for de-escalation and staff safety</li> <li>• Robust fixtures due to frequency of use, habitual or aggressive behaviour</li> </ul>
<p><i>“It is noted that these may be manifested by my attempts to scratch, bite, or pull hair/ lashing out at property/walls, continuous flushing of the toilet and banging on windows/ doors. I do not like staff or peers to stand too close to me and I’m more likely to avoid peers.”</i></p>	<ul style="list-style-type: none"> <li>• Space for de-escalation and staff safety</li> <li>• Robust fixtures due to frequency of use, habitual or aggressive behaviour</li> </ul>
<p><i>“During these times I will begin to pace, stare at people, shout, make derogatory comments towards staff and others before physically reacting (I have attempted to strike and bite people unexpectedly). I will require support to manage all aspects of independent living including support to take my medication, follow a structured routine and manage any episodes which challenge others. If I am not well supported there is a real risk of re-offending. I have previously stated that I wanted to be the youngest serial killer and had planned how to kill my mother.”</i></p>	<ul style="list-style-type: none"> <li>• Space for de-escalation and staff safety</li> <li>• Robust fixtures due to frequency of use, habitual or aggressive behaviour</li> <li>• Prevention of anti-social behaviour</li> <li>• Location of accommodation may prevent self-injury or injury to others</li> </ul>
<p><i>“I experience difficulties with my mobility and tend to seek support from others by taking their arm when out and about. Whilst in hospital I have been using a walking frame when outside as I can struggle with longer distances (I was reluctant to use any walking aids when I lived at home).”</i></p>	<ul style="list-style-type: none"> <li>• Accessibility needs e.g. shower room</li> <li>• Ground floor property to reduce risk of injury</li> </ul>

<p><i>"I was admitted to XX Ward at XX Hospital on an informal basis after committing an act of arson by setting a mop on fire in my accommodation."</i></p>	<ul style="list-style-type: none"> <li>• Prevention of anti-social behaviour</li> <li>• Robust fixtures due to frequency of use, habitual or aggressive behaviour</li> <li>• Space for de-escalation and staff safety</li> </ul>
<p><i>"I am paranoid about drivers of cars staring at me, I direct the traffic (from the road), and I kick out or throw big stones at cars. I can be aggressive to members of the public without any provocation. I may not take notice of my support staff and can be aggressive towards them if they pursue me or try to reason with me. Equally I can be aggressive towards any person who approaches me, however well meaning, and this is a risk for all concerned."</i></p>	<ul style="list-style-type: none"> <li>• Prevention of anti-social behaviour</li> <li>• Robust fixtures due to frequency of use, habitual or aggressive behaviour</li> <li>• Space for de-escalation and staff safety</li> </ul>
<p><i>"Support helps me to deal with regulating my emotions. I can be very unpredictable when I'm anxious and very impulsive. This has caused many difficulties in the past, including me being [injured] when I absconded from staff. This happened when I was extremely anxious and unable to recognise my emotions or cope with them."</i></p>	<ul style="list-style-type: none"> <li>• Space for de-escalation and staff safety</li> <li>• Low traffic flow or measures to reduce injury due to absconding</li> <li>• Location of accommodation may prevent self-injury</li> </ul>
<p><i>"I must be made to feel safe. This is extremely important to me. If I don't feel safe, my risk-taking behaviours will escalate which is a risk to myself and others around me."</i></p>	<ul style="list-style-type: none"> <li>• Location of accommodation may prevent self-injury</li> <li>• Space for de-escalation and staff safety</li> <li>• Robust fixtures due to frequency of use, habitual or aggressive behaviour</li> </ul>
<p><i>"If I live with others, I get on well with people who keep themselves to themselves and who do not speak a lot and expect things of me. I like to talk with people but not people who are loud or don't listen to me."</i></p>	<ul style="list-style-type: none"> <li>• Low traffic flow or measures to reduce injury due to absconding</li> <li>• Noise because of multi-storey living could escalate challenging behaviours</li> <li>• Co-habitation could also raise issues of conflict due to noise</li> <li>• Soundproofing to prevent escalating behaviours due to discomfort</li> </ul>
<p><i>"It is essential that my sensory needs are met and that I get time outdoors though do not become over-stimulated."</i></p>	<ul style="list-style-type: none"> <li>• Ample outdoor, community and enclosed space i.e. garden</li> <li>• Robust, enclosed fencing to prevent injury</li> </ul>
<p><i>"It is essential that I have garden space within any proposed new service. I love being outside – sometimes it can be struggled to get me to come inside, even if it's snowing! I am a very sensory person and benefit hugely from engaging in activities in the garden however garden space must be secure with no opportunities for me to evade staff sight. I would be at significant risk of harm if I evaded staff support and entered the community on my own"</i></p>	<ul style="list-style-type: none"> <li>• Ample outdoor, community and enclosed space i.e. garden</li> <li>• Location of accommodation may prevent self-injury</li> <li>• Space for de-escalation and staff safety</li> <li>• Robust fixtures due to frequency of use, habitual or aggressive behaviour</li> <li>• Robust, enclosed fencing to prevent injury</li> </ul>

<p><i>“I can share accommodation however consideration must be given to compatibility. I would struggle significantly to share with lots of different people as this would be busy, loud, and unpredictable. I also do not cope well with conflict. Being in this type of environment makes me very anxious and uncertain which increases risks in relation to aggressive behaviour.”</i></p>	<ul style="list-style-type: none"> <li>• Low traffic flow or measures to reduce injury due to absconding</li> <li>• Noise because of multi-storey living could escalate challenging behaviours</li> <li>• Co-habitation could also raise issues of conflict due to noise</li> <li>• Soundproofing to prevent escalating behaviours due to discomfort</li> <li>• Space for de-escalation and staff safety</li> </ul>
<p><i>“...there have been past incidents where I have evaded staff support by running away from my accommodation or running away from staff whilst in the community. It is therefore essential that my environment is secure.”</i></p>	<ul style="list-style-type: none"> <li>• Ample outdoor, community and enclosed space i.e. garden</li> <li>• Location of accommodation may prevent self-injury</li> <li>• Space for de-escalation and staff safety</li> <li>• Robust fixtures due to frequency of use, habitual or aggressive behaviour</li> </ul>
<p><i>“I have my own mobility vehicle that I use to go out on day trips or out for meals with my staff. This vehicle also allows my support staff to support me to travel to places that I like visiting. In addition to this, my car is important to me as it allows me to access various places across Aberdeen/ Aberdeenshire which helps me maintain contact with those who are important to me.”</i></p>	<ul style="list-style-type: none"> <li>• Ample parking facilities for staff and mobility vehicles</li> <li>• Location of accommodation may prevent self-injury</li> </ul>
<p><i>“I was admitted to [facility] following an attack on my mother whereby I bit her and threatened to stab her (she sustained a small cut to her hand). The Police were contacted by my care manager as my mother refused to do so and I was detained.”</i></p>	<ul style="list-style-type: none"> <li>• Space for de-escalation and staff safety</li> <li>• Robust fixtures due to frequency of use, habitual or aggressive behaviour</li> <li>• Location of accommodation may prevent self-injury or injury to others</li> <li>• Prevention of anti-social behaviour</li> </ul>
<p><i>“I have verbally abused staff in public and pushed them/ tried to remove items from their pockets. I have verbally abused older members of the public when on buses/ waiting for a bus. I can be racially abusive and find it difficult to respond to younger females.”</i></p>	<ul style="list-style-type: none"> <li>• Prevention of anti-social behaviour</li> <li>• Location of accommodation may prevent self-injury or injury to others</li> <li>• Space for de-escalation and staff safety</li> </ul>
<p><i>“Any package of support would have to ensure that [individual] has a very detailed, care plan supported by telecare to alert staff if he is having a self-injurious episode during the night. He will also require an experienced, trained and well supported staff team who can implement a predictable, clear, and consistent care plan in a supportive, reassuring manner including administering physical restraint to manage his self-injurious behaviour.”</i></p>	<ul style="list-style-type: none"> <li>• Space for de-escalation and staff safety</li> </ul>







# Health Inequality Impact Assessment

## Stage 3



## Analysis of findings and recommendations

### Complex Care

**Please detail a summary of the purpose of the proposal being developed or reviewed including the aims, objectives and intended outcomes**

The Coming Home Report (Scottish Government, 2018) and associated Coming Home Implementation Report (Scottish Government, 2022) has shone an uncomfortable spotlight on people with Complex Care needs who have been placed out of area inappropriately or are delayed in hospital pending suitable local service availability. It is clear that this is unacceptable and Complex Care has been identified as a priority with the Aberdeen City Health & Social Care Partnership (ACHSCP) Strategic Plan and Delivery Plan (2022).

In partnership with Aberdeen City Council and NHS Grampian, ACHSCP has outlined two documents: a Complex Care Market Position Statement and Complex Care Business Case, which outline the current and proposed landscape of Complex Care.

#### Complex Care Market Position Statement

Aims:

- Set out a vision, commitment and expectations for services which support people with learning disabilities and Complex Care needs in Aberdeen City from 2022 until 2027

- Establish a shared understanding of the needs of people with learning disabilities and Complex Care requirements
- Demonstrate commitment to aligning with the Scottish Government's Coming Home Implementation Report 2022

#### Objectives:

- Focus on demand: Using a Dynamic Support Register and other available data, create a clear picture of current and future need
- Evidence needs: Maintaining robust assessments of need by our multidisciplinary team approach and using our pen picture template to communicate these needs to providers of care and housing
- Pursue housing options: Embedding our demand and need profile into the Strategic Housing Investment Plan (SHIP), Housing Need and Demand Assessment (HNDA), Local Development Plans and other relevant documents to create opportunities for, and delivery of, service developments
- Work with individuals and families : To provide local services, reducing the need for out of area placement and creating robust anticipatory planning for people with complex needs
- Work with providers: To co-create long term sustainable services and the associated workforce skills for Complex Care services
- Contribute to local, regional, national work : Share learning and representing the Complex Care needs of people within Aberdeen City

#### Intended Outcomes:

- Support is provided at the right place at the right time – acknowledging that at any given time, people's support needs may fluctuate, and the level of support should adapt to that change
- People are supported and involved in decisions about their care and support, including who provides their support and where they live and who they live with, and specific personal outcomes to be achieved through the support provided
- Support is designed to enable people to live as independent a life as possible. The accommodation environment will enable people to live as independent a life as possible including wherever possible the location, the size, and the type
- Protecting and enhancing people's human rights is at the centre of service design and delivery, including accommodation environments
- Families and Carers are recognised as key partners in the design and delivery of services
- Support is delivered in a way which enables community involvement and the building of genuine community connections for people who are supported
- People who are supported are recognised for their skills and abilities, consideration of how these attributes may be shared more broadly in the local community should be considered by all
- Service delivery and environments will support and promote improvements in physical and mental health and wellbeing ensuring use of technology is maximised

## Complex Care Business Case

### Aims:

- The provision of specialist and more intensive care/support services, delivered by a trained and supported staff team
- The requirement for providers to be able to de-escalate behaviour, which require specialist training and insurances, typically via the provision of a Positive Behaviour Support Team/Model
- Robustly built environments which support individual care needs
- Spacious accommodation with individual access to outdoor spaces and separate staff welfare areas
- Individual accommodation without the need to share with others but services to be delivered in a way which does not isolate individuals or staff

### Objectives:

- Provision of suitable built environments which meet a Complex Care specification
- Accommodation which is Cost Neutral to ACHSCP
- Adequate volume of services to meet identified and future needs
- Support independent living principles and advance human rights
- Reduction in hospital admissions and delays in hospital; inappropriate out of area placements; placement breakdown
- Support people to live in and contribute to their communities
- Accommodation requirements met within a short timescale

### Intended Outcomes:

- People live locally in the community
- People live in more suitable environments
- Staff have support from managers and peers
- Staff have training and skills to provide Complex Care
- There is a reduction in the number of people living out of area inappropriately
- New developments will have rental costs aligned to Local Housing Allowance
- Appropriate environments will decrease the number of housing repairs
- Better oversight of the number of people awaiting services
- A well-developed programme of Complex Care services

**Equality Act 2010 – Relevant Protected Characteristics as identified in Stage 1 (remove those that do not apply)**

Protected Characteristic	Equality Duty		What impact and or difference will the proposal have	How will you know - Measures to evaluate
Disability	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct		<p>These proposals will ensure that individuals with Complex Care needs can:</p> <ul style="list-style-type: none"> <li>• Live independently, healthily, and safely within their local communities</li> <li>• Receive the necessary care services to enable them to live independently</li> <li>• Receive the necessary care services to enable them to pursue their individual interests and life choices</li> </ul>	<ul style="list-style-type: none"> <li>• Less delays for people as they move out of Hospital</li> <li>• Number of people who have to move away for care reduces</li> <li>• Fewer placement breakdowns</li> <li>• Less people waiting to access care services</li> <li>• Care inspectorate reports</li> </ul>
	Advancing equality of opportunity		<p>These proposals will ensure that individuals with Complex Care needs can:</p> <ul style="list-style-type: none"> <li>• Participate in community living</li> <li>• Easily access community services/ resources</li> <li>• Build strong relationships with their families and wider support network</li> <li>• Access accommodation suitable to their Complex Care needs</li> </ul>	<ul style="list-style-type: none"> <li>• People and their families will tell us, and it will be clear from their care plans</li> <li>• We will ask for feedback using advocacy where appropriate</li> <li>• We will ask providers for staff feedback</li> <li>• Accommodation needs are incorporated into strategic planning documents</li> <li>• Development of local services</li> </ul>
	Fostering good relations by reducing prejudice and promoting understanding		<p>These proposals will ensure that individuals with Complex Care needs can:</p> <ul style="list-style-type: none"> <li>• Access appropriate local Housing</li> </ul>	<ul style="list-style-type: none"> <li>• People and their families will tell us, and it will be clear from their care plans</li> <li>• We will ask for feedback using advocacy where appropriate</li> </ul>



		<ul style="list-style-type: none"> <li>• Participate in community activities and use community services</li> <li>• Engage with others within their community, highlighting the community's diversity and building an understanding of the different needs within communities, including Complex Care needs</li> </ul>	<ul style="list-style-type: none"> <li>• We will ask providers for staff feedback</li> </ul>
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**Human Rights – Reference those identified in Stage 1 (remove those that do not apply)**

Article	Enhancing or Infringing	Impact and or difference will the proposal have	How will you know - Measures to evaluate
Right to Life	Enhancing	These proposals will ensure individuals with Complex Care needs can live independently, healthily, and safely within their local communities, participate in their communities, and explore their own interest and life choices.	<ul style="list-style-type: none"> <li>• People and their families will tell us, and it will be clear from their care plans</li> <li>• We will ask for feedback using advocacy where appropriate</li> <li>• We will ask providers for staff feedback</li> <li>• Accommodation needs are incorporated into strategic planning documents</li> <li>• Development of local services</li> </ul>
Right not to be tortured or treated in an inhumane or degrading way	Enhancing	These proposals will ensure individuals with Complex Care needs can receive appropriate care and support; promoting Positive Behavioural Support, closer family ties and specialised accommodation that allows for Positive Behavioural Support but can also sustain any behavioural reactions to stress.	<ul style="list-style-type: none"> <li>• People and their families will tell us, and it will be clear from their care plans</li> <li>• We will work with providers and staff to understand any specific requirements for training</li> <li>• We will ask providers for staff feedback</li> <li>• Reduction in Housing Repairs</li> </ul>

			<ul style="list-style-type: none"> <li>• Reduction in incidents towards staff</li> </ul>
Right to Liberty	Enhancing	These proposals will ensure individuals with Complex Care needs can live independently, healthily, and safely within their local communities, participate in their communities, and explore their own interest and life choices.	<ul style="list-style-type: none"> <li>• People and their families will tell us, and it will be clear from their care plans</li> <li>• We will ask for feedback using advocacy where appropriate</li> <li>• We will ask providers for staff feedback</li> <li>• Accommodation needs are incorporated into strategic planning documents</li> <li>• Development of local services</li> </ul>
Right to respect for private and family life, home, and correspondence	Enhancing	These proposals will ensure individuals with Complex Care needs can live independently, healthily, and safely within their local communities, participate in their communities, and explore their own interests and life choices. Individuals will be able to enjoy closer family ties and specialised accommodation that enables Positive Behavioural Support but can also sustain any behavioural reactions to stress, as it relates to their Complex Care needs.	<ul style="list-style-type: none"> <li>• People and their families will tell us, and it will be clear from their care plans</li> <li>• We will ask for feedback using advocacy where appropriate</li> <li>• We will ask providers for staff feedback</li> <li>• Accommodation needs are incorporated into strategic planning documents</li> <li>• Development of local services</li> <li>• Reduction in Housing Repairs</li> <li>• Reduction in incidents towards staff</li> </ul>
Right to freedom of thought, conscience, and religion	Enhancing	These proposals will ensure individuals with Complex Care needs can explore their own interests and life choices.	<ul style="list-style-type: none"> <li>• People and their families will tell us, and it will be clear from their care plans</li> <li>• We will ask providers for staff feedback</li> </ul>
Right to freedom of expression	Enhancing	These proposals will ensure individuals with Complex Care needs can explore their own interests and life choices.	<ul style="list-style-type: none"> <li>• People and their families will tell us, and it will be clear from their care plans</li> <li>• We will ask providers for staff feedback</li> </ul>

Protection from discrimination in respect of these rights and freedom	Enhancing	These proposals ensure commitment to the Scottish Government’s Coming Home Implementation Report (2022) and its vision for individuals with Complex Care needs, “to lead full, healthy, productive and independent lives in their communities, with access to a range of options and life choices”.	<ul style="list-style-type: none"> <li>• Approval of the Complex Care Market Position Statement</li> <li>• Approval of the recommendations within the Complex Care Business Case</li> </ul>
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### Fairer Scotland Duty

Identify changes to the strategic programme/proposal/decision to be made to reduce negative impacts	<ul style="list-style-type: none"> <li>• Alignment with the Scottish Government’s Coming Home Report and Coming Home Implementation Report (2022) to deliver equitable living for those with Complex Care needs.</li> <li>• Complex Care has been identified as a priority with the ACHSCP Strategic Plan and Delivery Plan (2022)</li> <li>• Participation in Scottish Government’s development of a National and Local Dynamic Support Registers to visualise and understand the scale of Delayed Discharge, Out of Area Placement and Placements at Risk of Breakdown, across Scotland</li> </ul>
Identify the opportunities the strategic programme/proposal/decision provides to reduce or further reduce inequalities of outcome	<ul style="list-style-type: none"> <li>• Future proofing access to specialised housing, for those with Complex Care needs, by embedding the need in Aberdeen City Council’s Strategic Housing Investment Plan.</li> <li>• Exploring capital projects with Care Providers and Registered Social Landlords</li> <li>• Non-recurring allocation of funding from the Scottish Government’s Community Living Change Fund</li> <li>• Highlights emerging training and skill requirements within the workforce</li> <li>• Partnership approach to addressing recruitment need across Complex Care and how it can be better supported</li> </ul>

### Health Inequality Impact Assessment Recommendations

What recommendations were identified during the HIIA process:

Recommendation	Recommendation owned by:	Date recommendation will be implemented by	Review Date
Share draft Complex Care Market Position statement for feedback by Care Providers	Jenny Rae, Programme Manager	11/08/2022	31/08/2022
Implement a regular meeting to share learning and best practice of Complex Care, across NHS, ACHSCP and Care Providers	Jenny Rae, Programme Manager	11/08/2022	31/08/2022

### Monitoring Impact – Internal Verification of Outcomes

How will you monitor the impact this proposal affects different groups, including people with protected characteristics?

- Individual Care Plans
- Advocacy of Staff and Family
- Development of a Dynamic Support Register
- Care Inspectorate Reports
- Complex Care specialised accommodation needs are incorporated into Aberdeen City Council's Strategic Housing Investment Plan

### Procured, Tendered or Commissioned Services (SSPSED)

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

Complex Care services are provided by external care providers as part of a procurement Complex Care Framework. Health & Inequality Impact Assessments are a necessary requirement of the procurement process for any care provider to be part of the Complex Care Framework.

**Communication Plan (SSPSED)**

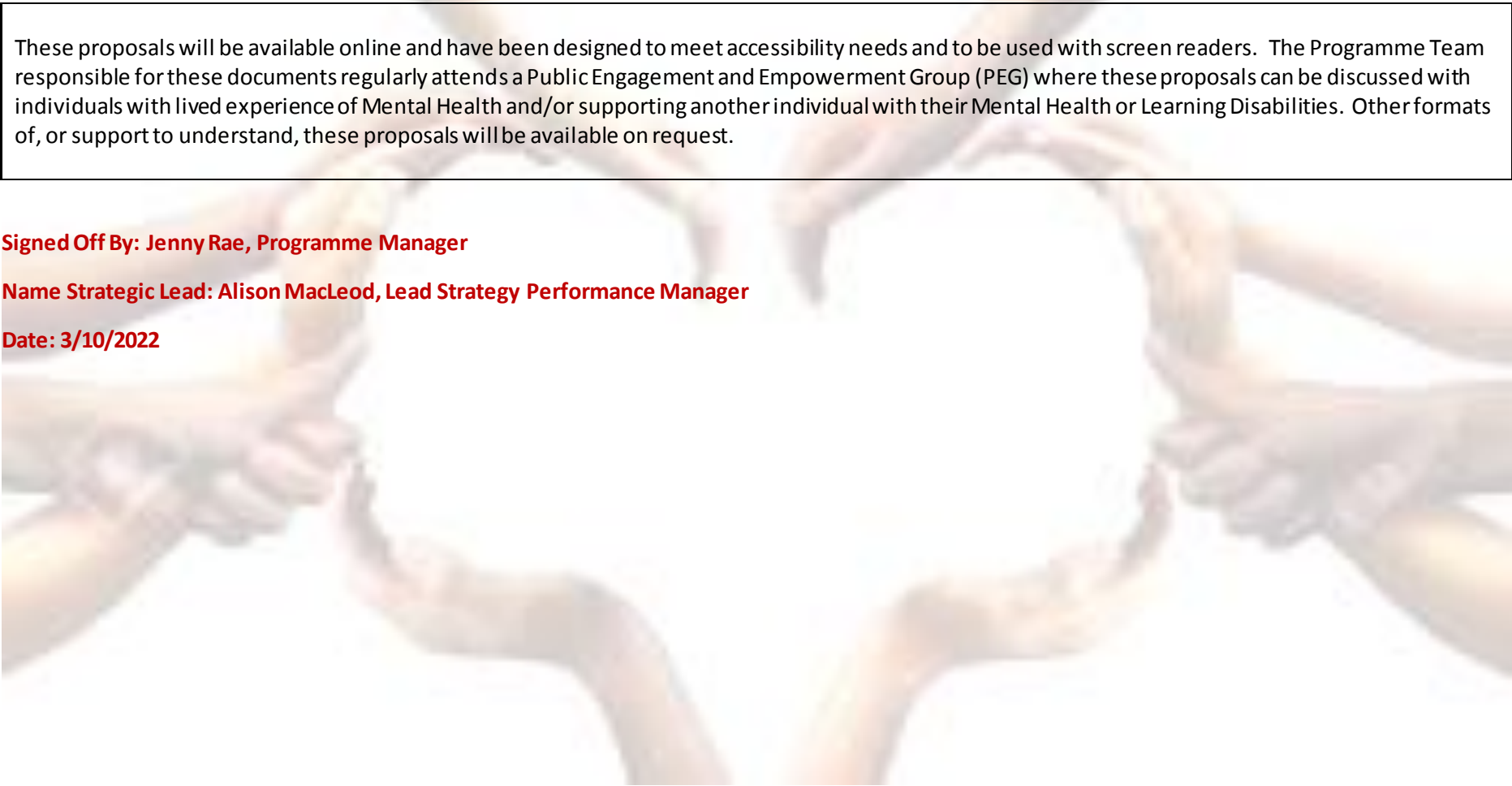
Please provide a summary of the communication plan which details how the information about this policy/service to young people, those with a visual or hearing sensory impairment, difficulty with reading or numbers, learning difficulties or English as a second language will be communicated.

These proposals will be available online and have been designed to meet accessibility needs and to be used with screen readers. The Programme Team responsible for these documents regularly attends a Public Engagement and Empowerment Group (PEG) where these proposals can be discussed with individuals with lived experience of Mental Health and/or supporting another individual with their Mental Health or Learning Disabilities. Other formats of, or support to understand, these proposals will be available on request.

**Signed Off By: Jenny Rae, Programme Manager**

**Name Strategic Lead: Alison MacLeod, Lead Strategy Performance Manager**

**Date: 3/10/2022**



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<b>Date of Meeting</b>	06/02/2024
<b>Report Title</b>	Annual Procurement Workplan 2024/25
<b>Report Number</b>	HSCP.24.004
<b>Lead Officer</b>	Sandra MacLeod, Chief officer ACHSCP
<b>Report Author Details</b>	Name: Neil Stephenson Job Title: Strategic Procurement Manager  Email Address: <a href="mailto:nestephenson@aberdeencity.gov.uk">nestephenson@aberdeencity.gov.uk</a>
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	Yes
<b>Exempt</b>	Yes. This report contains exempt information as described in paragraph 6 (Information relating to the financial or business affairs of any particular person (other than the authority)) and paragraph 9 (Any terms proposed or to be proposed by or to the authority in the course of negotiations for a contract for the acquisition or disposal of property or the supply of goods or services) of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973, enacted by the Local Government (Access to Information) Act 1985. This is applied in this case because, in view of the nature of the business to be transacted or in the nature of the proceedings, if members of the public were present, there would be disclosure to them of exempt information as defined in the Schedule.



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<b>Appendices</b>	<p>Non-Exempt: Appendix A1 - Annual Work Plan for 2024/25          Exempt: Appendix A - Annual Work Plan for 2024/25          Appendices C to H – Procurement Business Cases          Appendix B – Direction to Aberdeen City Council</p>
<b>Terms of Reference</b>	<p>5. Contracts, in so far as it relates to business services, the engagement of consultants, or external advisors for specialist advice, subject to necessary approvals through the Partners’ own procurement rules and Schemes of Delegation;</p>

### 1. Purpose of the Report

1.1 The purpose of this report is to present the Annual Procurement Work Plan for 2024/25 for expenditure on social care services, together with the associated procurement Business Cases, for approval.

### 2. Recommendations

2.1. It is recommended that the Integration Joint Board/Committee:

- a) Approves the **extension** for 1 year, of 24 National Care Home Contracts (NCHC) for residential services for older people, as is detailed in Appendices A1 and C
- b) Approves the **extension** for five (5) years to the existing Housing Support Services contract, as is detailed in Appendices A1 and D,
- c) Approves the **extension** for five (5) months to the current Complex Care Support Services framework agreements and, also approves the recommendation to undertake a **tender** to establish a new framework



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- for complex care support services, as detailed in Appendices A1 and E
- d) Approves the recommendation to undertake a **tender** to establish a framework for Supported Living Services, as detailed in Appendices A1 and F
  - e) Approves the recommendation to undertake a **tender** for Criminal Justice Support Services, as detailed in Appendices A1 and G
  - f) Approves the **extension** for one year to the five (5) Grant Funded Services, as detailed in Appendices A1 and H
  - g) Notes the update to Individual Out of Area Placements at 4.6 and notes potential supplementary work plans at 4.3
  - h) Makes the Direction, as attached at Appendix B and instructs the Chief Officer to issue the Direction to Aberdeen City Council.

### 3. Strategic Plan Context

- 3.1. This report seeks IJB approval for the social care contracts which have been commissioned under the eight Ethical Commissioning Principles: person centred care first; full involvement of people with lived experience; high quality care; human rights approach; Fair working practices; financial transparency and commercial viability; climate and circular economy; and shared accountability.

### 4. Summary of Key Information

- 4.1 The Integration Joint Board (IJB) directs Aberdeen City Council (ACC) to purchase and enter contracts with suppliers for the provision of services in relation to functions for which it has responsibility. ACC procures services through the Commercial and Procurement Shared Service (CPSS) in accordance with ACC's Scheme of Governance.
- 4.2 ACC Powers Delegated to Officers includes, at delegation 1 of section 7, that the Chief Officer of the Aberdeen City Integration Joint Board (also referred to and known as the Chief Officer of the Aberdeen City Health and Social Care Partnership (ACHSCP)) has delegated authority to facilitate and implement Directions issued to ACC from the IJB, on the instruction of the Chief Executive of ACC and in accordance with the ACC Procurement Regulations.
- 4.3 These Regulations require the submission of an annual procurement work plan prior to the commencement of each financial year detailing all contracts



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to be procured by Aberdeen City Council in the coming year with a value of £50,000 or more, to relevant Boards/Committees. In the case of adult social care services, this is the IJB. The Regulations also require that procurement business cases to support items on the work plan are brought to the IJB prior to any tender being undertaken or contract awarded directly. Although the intention is that all procurement should be planned, there may be occasions, such as with this report, where this is not possible and supplementary work plans and/or business cases may be required.

- 4.4** This report presents the Annual Procurement Work Plan for 2024/25. Supporting procurement business cases are attached at Appendices C to H. The work plan comprises six (6) items, including recommendations to go out to tender to provide continuity of care for service users and ensure best value, the extension of services for where ethical commissioning work is ongoing, and the annual NCHC extension. As noted in 4.3 regarding supplementary work plans, it is likely that we will submit a supplementary workplan to the IJB in May 2024 with business cases for the Carers Support Service, and the Care and Support at Home Service. At this point, the service is not ready to proceed in terms of strategic direction, achievable savings, and a suitable level of rigorous consultation.
- 4.5** Each entry on the work plan describes a contract or grouping of contracts that are due to expire in the coming financial year, together with the aggregated value of these over the defined period. For example, there is one entry relating to all the contracts for residential care homes for older people, rather than multiple entries. The value of the contracts is made up of the cost of all the individual placements in residential care establishments, or the cost of all the individual care and/or support arrangements in the case of non-residential or community-based services.
- 4.6** Out of Area or Cross Border Individual Placements. Residential: There are fifteen (15) contracts for individual out of area placements, but these will not expire until 2025/2026. Non-Residential: There are thirteen (13) contracts for individual out of area supported living placements for 2024/25. It is anticipated that direct awards will be made for these placements for a further three (3) years from 1 April 2024 to 31 March 2027. Approval for these placements will be sought from the Chief Officer.<sup>1</sup> Work is ongoing to assess these and future placements in terms of ensuring the best service/value is achieved.

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<sup>1</sup> In accordance with Clause 15.5.2 of the Aberdeen City Council Procurement Regulations



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**4.7** Whilst this expenditure signifies an additional investment, the risks of not making this investment reduce the ACHSCP's opportunity to continue to offer the highest quality services and, subsequently, the achievement of outcomes for individuals.

**4.8** Links with Strategic Commissioning

The procurement of works, goods and services is driven by strategic aims. The ACHSCP has established a Strategic Commissioning and Procurement Board (SCPB) to create a clearer link between the programmes of work, the associated budgets, and the procurement work plan and outcomes, in line with the Commissioning Cycle. Throughout the year, the SCPB has considered the items on this Supplementary/Annual Procurement Work Plan and determined that the services are required to support the delivery of strategic intentions.

### **5. Implications for IJB**

#### **5.1. Equalities, Fairer Scotland, and Health Inequality**

As noted in the Business Cases, Health Inequalities Impact Assessment (HIIA) are being carried out by review teams as part of wider estate reviews or have been completed. There are no specific equality or health implications from this report. Nor is there any direct implication for our Fairer Scotland Duty.

#### **5.2. Financial**

The estimated contract values are based on current and future need in line with the Market Position Statement (MPS) and we have allowed 3% notional uplifts for 2024/25 to accommodate an annual national increase including the Real Living Wage (RLW). Notional uplifts have been applied to some business cases over each future year. The national negotiation on the NCHC is ongoing with a potential settlement offer being presented to COSLA leaders in February. If the offer is rejected by COSLA leaders we could see a protracted negotiation once again with the budgetary impacts not being known until the end of this financial year (2023/2024). We have included a 10% uplift in the budget for the NCHC due to this uncertainty. The value of these contracts forms part of the recurring base budget of the IJB and the uplift percentages have been considered when calculating future budget requirements within the Medium-Term Financial Framework



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### 5.3. Workforce

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

### 5.4. Legal

The procurement of care and support services is a complex area, it is given special consideration under procurement legislation, with specific statutory guidance and best practice guidance issued by The Scottish Government. Because of this special consideration, there is a discrete team within the CPSS to support and manage the commissioning, procurement and contract management of care and support services, and the Work Plan for these services is presented separately to other reports. The Business Cases have been considered and no risk significant enough to warrant a halt to proceeding has been identified.

### 5.5. Unpaid Carers

There are no direct implications for unpaid carers arising from the recommendations of this report

### 5.6. Information Governance

All personal data required by all parties in respect to contractual arrangements will be managed within Aberdeen City Council's existing procedures and guidelines. Contract templates are reviewed and approved by Aberdeen City Council's Legal Services annually and before any contract is entered into the signing process. There are no direct information governance implications arising from the recommendations other than what will be managed through contract monitoring once contract are agreed.

### 5.7. Environmental Impacts

- The business cases presented here will deliver care and support to vulnerable people. Whilst travel by car or public transport to provide care and support will have a negative impact on the environment, it is necessary for the services if they wish to fully carry out their statutory duties. The use of technology, such as eHealth, will be considered wherever face-to-face care and support is not required to balance the environmental impact. Any





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provider who submits a bid on a tender must respond to carbon reduction questions which are scored. All contracts will include clauses on carbon reduction and circular economy which are monitored through quarterly and annual contract monitoring along with business continuity and emergency response planning

- A full Environmental Impact Assessment (EIA) is not required for the direct or indirect implications of the recommendations of this report, as they do not fall within either Schedule 1 or Schedule 2 outlined in the Town and Country Planning (Environmental Impact Assessment) (Scotland) Regulations 2017.
- There is no direct environmental, net zero, and climate change impacts from the recommendations of this report. The recommendations relate to existing services rather than new or additional services. Where a service provider may change as a direct or indirect result of the recommendations of this report, any positive or negative climate change impacts will be captured through the ongoing contract monitoring.
- Commissioned services are key to the Partnership meeting its statutory climate change duties and the Commissioning team are collaborating closely with the ACHSCP Climate change team to develop and implement strategies to identify and reduce GHG emissions and other climate change impacts in support of the Partnership's net zero and climate change adaptation goals.

### 5.8. Sustainability

- The provision of social care services is key to the sustainable development of Aberdeen City Communities by providing the right care infrastructure for those with care needs. The commissioning of these services through both collaborative and competitive approaches ensures the best value for money, and supporting organisational sustainability. While social and economic factors are weighted higher than environmental, considerable work is planned to progress the identification and reduction of climate and environmental impacts as highlighted under 5.7
- All contracted providers must adhere to the Fair Work First dimensions notably the Real Living Wage and providing staff with an effective voice. Additionally, all providers who submit a bid on a tender must respond to questions on community benefits, which are scored, where there is an expectation that providers demonstrate a positive impact on people, communities, and the environment. The potential for environmental impact is noted at 5.7, however the social benefits to in-person participation in social



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care settings is thought to outweigh this. Outcomes on sustainability will be monitored through quarterly and annual contract monitoring

### 6. Management of Risk

#### 6.1. Identified risks(s)

- a) If the recommendations are not approved, there is a risk that denying both statutory and non-statutory services to vulnerable people will result in a high risk to safety and to life. The IJB has no or low tolerance for risks relating to patient/client safety and service quality.
- b) If the recommendations are not approved, there is a medium to high risk of reputational damage. The IJB will accept medium to high risks to reputation where the decision being proposed has significant benefits for the organisation's strategic priorities. Such decisions will be explained clearly and transparently to the public. In this case, the proposals in this report fit in with the organisation's strategic priorities so non-approval will require considerable work with providers, service users, their families, and the media
- c) If the recommendations are approved, there is a risk that contractual requirements are not met resulting in best value concerns. This is usually related to staff and staffing concerns. The IJB has medium to high tolerance for risks relating to service redesign or improvement where, as much risk as possible has been mitigated. By maintaining formal contractual arrangements and robust processes to monitor contracts with external organisations the IJB has assurance not only that it is getting best value but also that this expenditure is aligned to their strategic priorities and is reviewed regularly

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

These proposals are linked to **Risks 1 & 7** on the Strategic Risk Register

**Risk 1:** Description of Risk: Cause: The commissioning of services from third sector and independent providers (eg General Practice and other primary care services) requires all stakeholders to work collaboratively to meet the needs of local people.



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- Event: Potential failure of commissioned services to continue to deliver on their contract
- Consequence: There is a gap between what is required to meet the needs of local people, and services that are available.
- Consequences: to the individual include not having the right level of care delivered locally, by suitably trained staff.
- Consequences: ability of other commissioned services to cope with the unexpected increased in demand.
- Consequences to the partnership includes an inability to meet people's needs for health and care and the additional financial burden of seeking that care in an alternative setting.

**Risk 7:** Description of Risk: Cause-The ongoing recruitment and retention of staff

- Event: Insufficient staff to provide patients/clients with services required
- Consequence: Potential loss of life and unmet health and social care needs, leading to severe reputational damage.

All risks associated with commissioned services, including risks 1 & 7, will be mitigated primarily through collaborative working and relationship management encouraging dialogue to meet challenges together

Neil Stephenson 11<sup>th</sup> January 2023

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Borganised Reference	Service	Team/Client Group	Description of Requirement	Est Contract/Contract Extension Start Date	Est Contract/Contract Extension End Date	Maximum Extension Period (Months)
Various Providers (see Appendix in the Business Case)	H&SCP	Older People	Business Case C; Approves the direct award of the extension of existing National Care Home Contracts (NCHC) by a further 1 year, to 14 April 2025 These contracts include arrangements for block funding interim and respite beds which were agreed with several homes, under a variation of the NCHC. The original contract started in 2013	08/04/2023	09/04/2025	0
000-MMMJ9611	H&SCP	Adult Housing Support Services	Business Case D; approves the extension of the current contract: provision of Housing Support Services in six (6) Sheltered Housing Complexes for five years from 1 April 2024 to 31 March 2029; Work is ongoing to develop exit strategy which will mean reduced funding, and therefore increased savings, over the lifetime of the contract, with a view to full cost savings in year 6.	01/04/2024	31/03/2029	0
Various Providers (see Business Case)	H&SCP	Complex Care Services	Business Case E; Approves an extension of the current framework agreements for the provision services in purpose build accommodation for individuals with complex needs and behaviours. There is currently no spend associated with this framework. Approves the decision to undertake a tender to establish a new framework for complex care support services. The framework will commence on 1 September 2024 and will operate for five years plus the option for a two year extension.	01/05/2024	31/08/2031	24
Various Providers (see Business Case)	H&SCP	Adult Supported Living Services	Business Case F; Adult Supported Living Framework; It is recommended that the UB approves the decision to undertake a tender to establish a framework for supported living services for all adult client groups.	01/09/2024	31/08/2028	24
000-XRPK1314 & 000-NMEG4641	H&SCP	Criminal Justice Services	Business Case G; Criminal Justice Employability and Outreach Services; approves a tender exercise for the provision two Criminal Justice Support services; Services are likely to include an employability service to people in the Criminal Justice system, including people subject to Community Payback Orders (CPOs), and those being dealt with by the problem-solving court; and outreach support services to assist with the management of offenders, help with the resettlement of offenders back into the community and the reduction of re-offending.	01/10/2024	30/09/2029	24
Ref: 004	H&SCP	Grant Funding	Business Case H; Grant funding for five (5) Counselling services and Transport services	01/04/2024	31/03/2025	0
<b>For Information</b>						
Various contract ref numbers	H&SCP	Residential Services	Out of Area or Cross Border Individual Placements. Residential: There are fifteen (15) contracts for individual out of area placements, but these will not expire until 2025/2026. Non-Residential: There are thirteen (13) contracts for individual out of area supported living placements for 2024/25. It is anticipated that direct awards will be made for these placements for a further three (3) years from 1 April 2024 to 31 March 2027. Approval for these placements will be sought from the Chief Officer. Work is ongoing to assess these and future placements in terms of ensuring the best service/value is achieved.	01/04/2023	31/03/2027	0

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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	6 February 2024
<b>Report Title</b>	Carers Strategy Annual Report 2023-24
<b>Report Number</b>	HSCP.24.003
<b>Lead Officer</b>	Alison Macleod Strategy and Transformation Lead
<b>Report Author Details</b>	Stuart Lamberton Transformation Programme Manager <a href="mailto:SLamberton@aberdeencity.gov.uk">SLamberton@aberdeencity.gov.uk</a>
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	<ul style="list-style-type: none"> <li>a. Carers Strategy Action Plan 2023 - 2026</li> <li>b. Carers Strategy Annual Report 2023-24</li> </ul>
<b>Terms of Reference</b>	1. Any functions or remit which is, in terms of statute or legal requirement, bound to be undertaken by the IJB itself.

### 1. Purpose of the Report

- 1.1. The purpose of this report is to present the first annual report on the Carers Strategy 2023 – 2026. This report covers the period from January 2023 to January 2024.

### 2. Recommendations

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

- a) Notes the progress on the delivery of the Carers Strategy to date.

### 3. Strategic Plan Context



## INTEGRATION JOINT BOARD

- 3.1.** The Carers (Scotland) Act 2016 places a duty on Local Authorities and Health Boards to prepare and publish a local carer strategy. This duty is delegated to Integration Joint Boards under the Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment (No. 2) Regulations 2017 and the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Amendment Regulations 2017. The development and delivery of the Carers Strategy is a specific action identified within our ACHSCP Strategic Plan 2022-2025 under the strategic aim of 'Caring Together'.

### **4. Summary of Key Information**

- 4.1.** On 31 January 2023 the Integration Joint Board (IJB) approved our local Carers Strategy 2023 – 2026. Our strategy is for both adult and young carers and has four priorities:

- Identifying as a carer and the first steps to support
- Accessing advice and support
- Supporting future planning, decision making and wider carer involvement
- Community support and services for carers

- 4.2.** Progress against these priorities and the actions identified in the Carers Strategy action plan can be found at Appendix A. This is provided together with annual summary of our progress over the past 12 months and a look ahead at the key actions for us to deliver on in 2024-25 which can be found at Appendix B.

### **5. Implications for IJB**

#### **5.1. Equalities, Fairer Scotland and Health Inequality**

The Carers Strategy aims to enhance equality of opportunity for all carers. The Carers (Scotland) Act 2016 provides a definition of a carer and this is someone who provides or intends to provide care for another individual. An adult carer is defined as a carer who is at least 18 years old but is not a young carer. A young carer is defined as a carer who is under 18 years old or has attained the age of 18 years while a pupil at a school, and has since attaining that age remained a pupil at that or another school. The definition of a carer excludes paid carers, for example those working for a care agency, and volunteers. For this reason, the carers to whom the Carers (Scotland) Act 2016 refers are often referred to as 'unpaid carers' to provide this distinction.



## INTEGRATION JOINT BOARD

Ensuring that all unpaid carers have access to support is a central theme of our strategy. The impact assessment carried out for the Carers Strategy can be found [here](#). Ongoing engagement and the development of our Carers Reference Group is required to ensure that all carers are aware of their rights within the Carers (Scotland) Act 2016 and that local supports and services are developed with the needs of all carers in mind. The Carers Strategy Implementation Group (CSIG) work alongside members of the Equality and Human Rights sub-group to continue to develop our understanding of the needs of all communities in Aberdeen and specific actions on developing approaches to engaging with both minority ethnic communities and LGBTQ+ communities are included within the Carers Strategy action plan.

### 5.2. Financial

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

The ACHSCP budget for Carers in 2023-24 is £2,710,639. This budget includes provision of social care services provided via our adult social work teams where these provide breaks to the carer as well as our specific carer support services. The actions outlined within the Carers Strategy action plan are delivered within the existing resource envelope and through additional, applied for, funding streams where available.

### 5.3. Workforce

The Carers Strategy is delivered by the Carers Strategy Implementation Group (CSIG) which includes our key workforce members, partnership organisations, unpaid carers representatives and the wider community. Members of ACHSCP, NHS Grampian, Aberdeen City Council, independent and third sector workforces were engaged with in development of the strategy. Several recommendations are included within our Carers Strategy with the aim of improving the knowledge of all members of our workforce on the rights of carers and appropriate routes to support. It is recognised that members of our workforce may be unpaid carers themselves and CSIG continue to link in with the work of the ACHSCP Workforce Plan to support them.

### 5.4. Legal



## INTEGRATION JOINT BOARD

There are no direct legal implications arising from the recommendations of this report. Having our Carers Strategy in place meets the legal obligations on the IJB within the Carers (Scotland) Act 2016.

### 5.5. Unpaid Carers

The development and delivery of our Carers Strategy is focused on improving experiences of unpaid carers. The Carers Strategy action plan and annual report represents our progress over the past 12 months and provides a look ahead at the key actions for us to deliver on in 2024-25. Unpaid carers will continue to be fully involved in the planning and delivery of services designed to support them.

### 5.6. Information Governance

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

### 5.7. Environmental Impacts

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

### 5.8. Sustainability

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



## INTEGRATION JOINT BOARD

### 6. Management of Risk

#### 6.1. Identified risks(s)

Supporting Carers is an important element of our approach to prevention in our Strategic Plan 2022-2025. By supporting carers to continue caring we will support the wider population to live well for longer at home and help reduce the demand on other Health and Social Care services, for example, unplanned hospital admissions. There is a risk that if we do not continue to have a robust Carers Strategy, the voices of unpaid carers will not be heard, 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 4 on the Risk Register:

Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself.

Event: There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards.

Consequence: This may result in harm or risk of harm to people.

This report is the first annual report on the Carers Strategy 2023 – 2026 and covers the period from January 2023 to January 2024. The delivery of our Carers Strategy and action plan helps mitigate this risk. We continue to refine our approach in developing carers support services and improving the experience of unpaid carers across Aberdeen City.

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## **Aberdeen City Health and Social Care Partnership (ACHSCP)**

### **Carers Strategy 2023-2026 - Action and Implementation Plan**

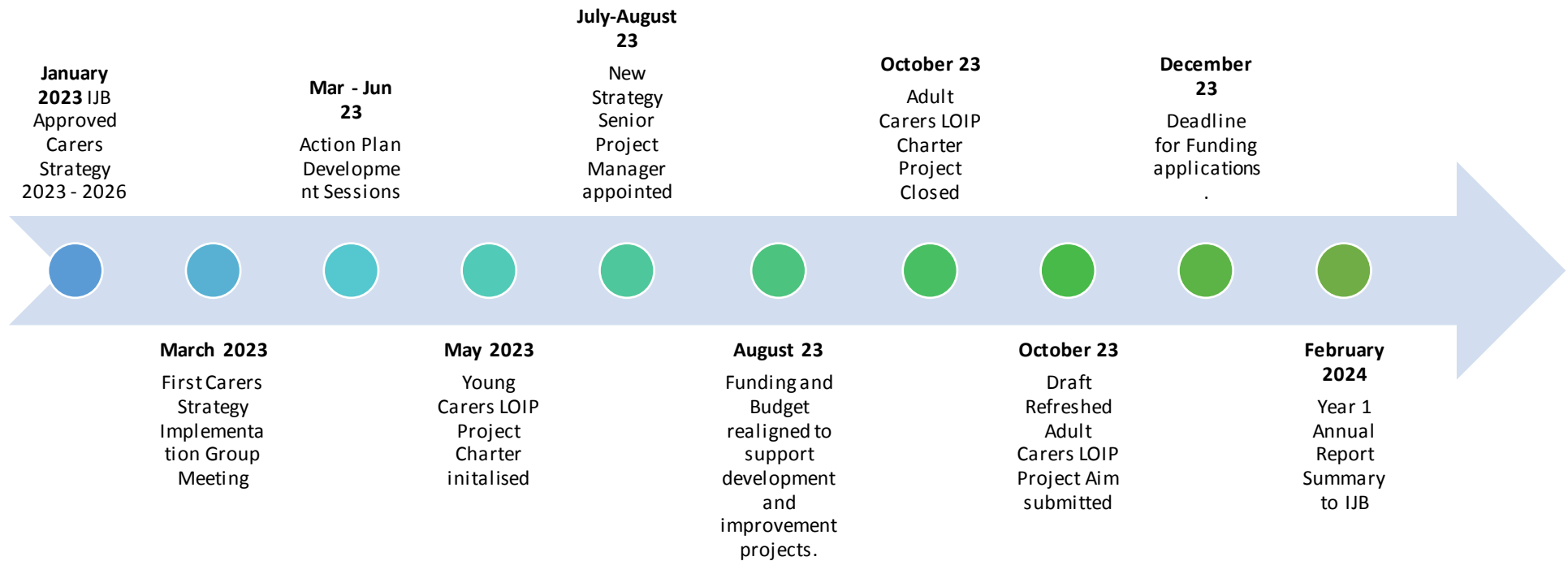
#### **Carers Strategy Implementation Group**

The ACHSCP Carers Strategy was approved at IJB on Tuesday 31st January 2023. The Carers Strategy Implementation Group (CSIG) has a wide range of attendees to this group, giving a collaborative effort to implement the Carers Strategy as wide as possible. We recognise that these groups take a bit of time to embed, and expand, ongoing development and consultation to include new voices around the table are helping the group expand with every meeting. It is an important part of the groups reach and information gets out to multiple groups and sectors across Aberdeen. The Action Plan was developed from the strategic plan over a number of sessions with the group. We have a number of projects and actions to focus our efforts over the 3 year plan including those connected with the Local Outcome Improvement Plan (LOIP). However this is continuously reviewed with the group. Representation on CSIG includes:

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• IJB Carer Reps</li><li>• Barnardo's</li><li>• Quarriers</li><li>• Sport Aberdeen</li><li>• Adult Social Care</li><li>• Physiotherapy</li><li>• Nursing</li><li>• ACVO</li></ul> | <ul style="list-style-type: none"><li>• Stay Well Stay Connected</li><li>• Learning Disabilities</li><li>• Podiatry</li><li>• Rehabilitation</li><li>• Strategy and Transformation</li><li>• Scottish Care</li><li>• Bon Accord Care</li><li>• Childrens Social Work</li><li>• Education</li></ul> |
|---|--|



## Carers Strategy Implementation – Key Highlights Timeline





## Plan on a Page

<b>A CITY FOR ALL CARERS - ABERDEEN CITY CARER STRATEGY 2023 - 2026</b> <b>Aim:</b> We will demonstrate overall improvement in all four priority areas by receiving a minimum of 40% positive responses to our Carer Experience statements (what we want Carers to be able to say about their support) when surveyed in 2026			
Aberdeen City Strategic Plan Priority - <b>'Caring Together'</b> Strategic Enablers - <b>WORKFORCE - TECHNOLOGY - FINANCE - RELATIONSHIPS - INFRASTRUCTURE</b> These enablers are the key resources which will support the implementation of the Aberdeen City Carer Strategy 2023 - 2026			
<b>PRIORITY 1</b> - Identifying as a Carer and the first steps to support	<b>PRIORITY 2</b> - Access to advice and support for Carers	<b>PRIORITY 3</b> - Supporting future planning, decision making and wider Carer involvement	<b>PRIORITY 4</b> - Community support and services for Carers
<b>What we want Carers to be able to say about their Support</b>			
<div style="border: 1px solid #ccc; padding: 10px; border-radius: 10px; width: 80%; margin: 10px auto;"> <p>"I am supported to identify as a Carer and am able to access information about the support I may need."</p> </div>	<div style="border: 1px solid #ccc; padding: 10px; border-radius: 10px; width: 80%; margin: 10px auto;"> <p>"I am supported as a Carer to Manage my Caring Role."</p> </div>	<div style="border: 1px solid #ccc; padding: 10px; border-radius: 10px; width: 80%; margin: 10px auto;"> <p>"I am respected, listened to and involved in the planning and development of the services and support which I and the person(s) I care for receive."</p> </div>	<div style="border: 1px solid #ccc; padding: 10px; border-radius: 10px; width: 80%; margin: 10px auto;"> <p>"I have a sense of belonging and a life alongside caring, if I choose to."</p> </div>
<b>What will each priority focus on?</b>			
<ul style="list-style-type: none"> <li>▶ This priority focuses on the importance of carer's being recognised by themselves and others and having an easy entry to support.</li> </ul>	<ul style="list-style-type: none"> <li>▶ This priority focuses on support and advice which is universally accessible to anyone who identifies as a Carer in Aberdeen City.</li> </ul>	<ul style="list-style-type: none"> <li>▶ This priority focuses more specifically on support with future planning as a Carer and accessing more intensive support where the caring role requires this both for the Carer and the Cared for person. It also includes how carers can be involved in the wider development of support for carers.</li> </ul>	<ul style="list-style-type: none"> <li>▶ This priority is focussed on the practical supports available to Carers to support them to be well connected to their communities and have a life alongside their caring role including hobbies and employment. There will be a strong emphasis on Carer choice here and that no one size fits all.</li> </ul>
<b>What actions will we take to achieve these priorities?</b>			
<ul style="list-style-type: none"> <li><b>1.1</b> Proactively create opportunities for more people across Aberdeen City to identify as a Carer.</li> <li><b>1.2</b> Improve the knowledge of Carer's Rights and Carers support services with the Education, Health and Social Care Workforce.</li> <li><b>1.3</b> Improve the Knowledge of the wider Community of Aberdeen City of Carers Rights and Carers Support Services</li> </ul>	<ul style="list-style-type: none"> <li><b>2.1</b> Ensure Young Carers have access to a Young Carer Support Service who can provide individual advice and support.</li> <li><b>2.2</b> Ensure Adult Carers have access to an Adult Carer Support Service who can provide individual advice and support.</li> </ul>	<ul style="list-style-type: none"> <li><b>3.1</b> Young Carers have the opportunity to be leaders in planning their own support (Future Planning).</li> <li><b>3.2</b> Young People with Carer responsibilities experiencing transition from Child to Adult Services have access to individual advice and support to enable future planning.</li> <li><b>3.3</b> Ensure Adult Carers have the opportunity to be leaders in planning their own Support (Future planning).</li> <li><b>3.4</b> Carers have the opportunity to be involved in planning the support of the person they care for.</li> <li><b>3.5</b> There are opportunities to access independent sources of support for both the Carer and the Cared for Person.</li> <li><b>3.6</b> All Carers have opportunities to be involved in decision making about Carer Support Services, the Carer Strategy and the wider work of the ACHSCP (Participation and Engagement).</li> </ul>	<ul style="list-style-type: none"> <li><b>4.1</b> Promote a culture of Creativity to encourage innovative approaches to Carer Support.</li> <li><b>4.2</b> Support the ongoing development of a range of mainstream supports and services to enable Carers to receive a break from Caring in line with the proposed 'right to a break' within the National Care Service Bill.</li> <li><b>4.3</b> Continue to develop a range of support options for Carers, where the cared for person has high level needs, which allow choice and control in line with the proposed 'right to a break' within the National Care Service Bill.</li> </ul>



**Action Plan**

**Action Plan Key**

Not Started	Black
In Progress/ On Track	Green
Delayed	Orange
Completed	Blue
Continuous Review	Purple

**PRIORITY 1 - Identifying as a Carer and the first steps to support**

Proactively create opportunities for more people across Aberdeen City to identify as a Carer						
What will we do?	When will we have done it by?	Action Status (Plan Key)	How will we know it is working? Performance / Measuring impacts	Who will be responsible?	Project Notes	Reviewed Deadline
1.1.1 Hold database(s) of carers in Aberdeen City.	Ongoing	Continuous Review	Stats available from database(s) on no. of Carers	<ul style="list-style-type: none"> <li>Adult Carers Support Service</li> <li>Young Carer Support Service</li> <li><b>Data Controller - ACHSCP</b></li> </ul>	Both Carers Support Services hold Carers Databases. ACHSCP will remain as data controllers, and request information updates through Quarterly Monitoring Reports. Continuous review on information sharing.	Amalgamate Online and system Information Actions 1.1.1 & 1.1.6
1.1.2 Work with commissioned and internal services and carers themselves to review the information available particularly in relation to accessibility.	Year 1 - June 2023  Link with 1.1.4	Progressing – but delayed from original deadline	All Carers information held online and given out is in accessible formats	<ul style="list-style-type: none"> <li>Adult Carers Support Service</li> <li>Young Carer Support Service</li> <li>Social Work Carer Rep</li> <li>Senior Project Manager (Strategy)</li> </ul>	Limited amount of influence, however continued open channels to share good practice and information. <b>Link with Action 1.1.4</b>	Move to Ongoing (Amalgamate with 1.1.4)



					<b>and Refreshed Adult Carers LOIP Project.</b>	
1.1.3 Work with commissioned and internal services to ensure we are encouraging and supporting Carers to identify as such and making every opportunity count in this regard. Incorporates; Identify early intervention and prevention support for Carers in the community with a view to addressing gaps and support. <b>South Locality Plan</b>	Ongoing	Continuous Review	Increased numbers of adult and young carers identified.	<ul style="list-style-type: none"> <li>Senior Project Manager (Strategy)</li> <li>Adult Carers Support Service</li> <li>Young Carer Support Service</li> <li>CSIG professional lead reps</li> <li>Public Health Coordinators</li> <li>Locality Empowerment Groups</li> </ul>	<p>Good Practice shared with Adult Carers LOIP and Young Carers Project Charters.</p> <p>Funding Applications being reviewed that will support this action.</p>	
1.1.4 'Review information' and channels to reach carers, identify the touch points within the current systems, process and Tests of Change programmes etc which come across carers in their daily activity' Linked to 1.1.2	Year 1 – January 2024  Ongoing review	On Track/ In Progress	Increased numbers of adult and young carers identified.	<ul style="list-style-type: none"> <li>ACVO</li> </ul>	<p>CSIG has been collating touchpoints and Information channels. ACHSCP Collating on ACHSCP Website now. Link with 1.1.2</p> <p>Test of Change includes the work already undertaken re LOIP Projects and refreshed LOIP Adult Carers Project Aim.</p>	Move to Ongoing (Amalgamate with 1.1.2)
1.1.5 Understand the support needs of all Carers in Aberdeen and specifically those with protected characteristics (Equality Act (2010)), including particular focus on; <ul style="list-style-type: none"> <li>Develop approaches to engaging with minority ethnic Carers</li> <li>Develop approaches to engaging with LGBTQ+ Carers</li> <li>Religious and Faith groups</li> <li>Carers with Disabilities</li> </ul>	Year 1 – January 2024	Progressing – delayed from original timeline	<p>Increased number of Carers from Minority Ethnic and LGBTQ+ communities accessing support.</p> <p>Increased knowledge of support needed by these communities</p>	<ul style="list-style-type: none"> <li>Equalities and Human Rights Sub-group</li> <li>Senior Project Manager (Strategy)</li> <li>Development Officer (Consultation and Engagement)</li> </ul>	<p>Although we are collating information of numbers of Carers with protected characteristics, we recognise some additional work and effort to reach out to communities is required. Timeline delayed as Senior Project Manager</p>	June 2024



					(SPM) to work with Equalities officers at ACC to embed Carers Information links. Actions from DiversCity Officer Network, as well as Strategic Planning Equality and Human Rights Sub Group to be included.	
1.1.6 Review the information held online for Carers to ensure it is easy to access, signposted correctly and is kept up to date.	Year 1 - December 2023 Initial Review Completed  Move to Continuous Review	Completed	Monitor numbers accessing online information	<ul style="list-style-type: none"> <li>• Development Officer (Consultation &amp; Engagement)</li> <li>• Adult Carers Support Service</li> <li>• Young Carer Support Service</li> <li>• CSIG professional lead reps</li> <li>• Project Manager support</li> </ul>	Information held by Carers Information Services updated on their websites. CSIG Collated other useful information link for Carers and now available on ACHSCP Website. Carers Reference Group to Review ongoing basis as well as feedback in Carers Annual Survey.	Move to Continuous Review  Amalgamate Online and system Information Actions 1.1.1 & 1.1.6





Improve the knowledge of Carer's Rights and Carers support services with the Education, Health and Social Care Workforce						
What will we do?	When will we have done it by?	Action Status (Plan Key)	How will we know it is working?	Who will be responsible?	Progress Update	Reviewed Deadlines
1.2.1 Improve knowledge of the workforce through targeted training and development opportunities for staff working within the ACHSCP, Aberdeen City Council and NHS Grampian.	Ongoing with benchmarking every year Year 1 - develop training programme and roll out	Continuous Review	No. and % of Adult Social Work Care Managers attending carers rights training/information sessions No. of staff aware of carers rights No. of staff reporting increased awareness of carers rights Campaign analytics	Senior Project Manager (Strategy) CSIG professional lead reps Development Officer (Consultation & Engagement)	Consider online course too. Exploration across Grampian.  JANUARY WORKSHOP Carers Scotland – Carers Positive Link.  Young Carers Training Programme – Barnardo's Linking with Carers Scotland – Carers Positive for April 2024 roll out new legislation.	
1.2.2 Test whether information sessions/training co-produced by carers for Adult Social Work Care Managers increases staff awareness/knowledge of carers rights and sharing of available support offered to carers at the earliest opportunity.	Testing of Year 1 training programme – Jan 2024	Progressing, delayed for training programme roll out	Gather workforce feedback before and after sessions.	Senior Project Manager (Strategy) Adult Social Work Rep Development Officer (Consultation & Engagement)	SPM and Transformation Programme Manager (TPM) for Services and Pathways to follow up on this.	October 2024
1.2.3 Consider any further requirements for Young Carers as a result of Education (Additional Support for Learning) (Scotland)	Year 1 - March 2024	Progressing/ On Track	Feedback to CSIG group and incorporate any additional actions	ACC Children's lead Rep	Think Young Carer Toolkit.	



Act 2004 including working with Schools to implement the 'Think Young carer Toolkit'					Inclusion of Carer Positive accreditation for schools.	
<b>Improve the Knowledge of the wider Community of Aberdeen City of Carers Rights and Carers Support Services</b>						
What will we do?	When will we have done it by?		How will we know it is working?	Who will be responsible?	Progress Update	
1.3.1 Test whether an awareness raising campaign providing information on rights, eligibility criteria, and opportunities increases awareness of and uptake of support (South Locality Plan) <b>LOIP Change Idea</b> Incorporates; Test whether sessions/capacity building with community groups/organisations on carers rights/needs etc increases the no. of informal and free support available for carers to access. (North Locality Plan)	Year 1 - March 2024	Progressing and on Track	Gather community feedback before and after sessions.	Carers Strategy Implementation Group Quarriers, Barnardo's, CSIG professional leads	Needs to be planned – SPM Launch info to Locality Empowerment Groups (LEGs)/Public Health Coordinators (PHCs).	
1.3.2 Test whether promotional activities targeted to businesses on the benefits of the Carer Positive Award Scheme in Aberdeen through different channels (social media, case studies, website page) increases the number of businesses who are members of the scheme and having 'carer friendly' policies and working practices to support carers who might need to work in a more flexible manner. <b>LOIP Change Idea</b>	Year 1 & 2 March 2025	Progressing and on Track	Number of businesses and organisations participating in the scheme and achieving awards	Quarriers Senior Project Manager (Strategy) ACVO	Exploring opportunities with Carers Scotland and Carers Positive Framework.	



**Action Plan Key**

<b>Not Started</b>	
<b>In Progress/ On Track</b>	
<b>Delayed</b>	
<b>Completed</b>	
<b>Continuous Review</b>	

**PRIORITY 2 - Access to advice and support for Carers**

Ensure Young Carers have access to a Young Carer Support Service who can provide individual advice and support						
What will we do?	When will we have done it by?	Action Status (Plan Key)	How will we know it is working?	Who will be responsible?	Progress Update	Revised Deadline
2.1.1 Carry out review of Young Carer Support service	March 2024 – March 2025 Quarterly Reports	Not Started	The performance measures within the contract evidence that Carer outcomes are being met	Children's services Lead	Quarterly contract monitoring continuing. Collaborative Commissioning with key stakeholders to take place from March 2024.	
2.1.2 Tender for revised Young Carer Support Service at end of existing contract	March 2024 – March 2025	Not Started	Completion of tender for new service	Children's Services Lead	Quarterly contract monitoring continuing. Collaborative Commissioning with key stakeholders to take place from March 2024.	Extension to be sought for current contract from March 24 – March 25
Ensure Adult Carers have access to an Adult Carer Support Service who can provide individual advice and support.						
What will we do?	When will we have done it by?		How will we know it is working?	Who will be responsible?	Progress Update	
2.2.1 Review performance of Adult Carer Support service	Quarterly Reports March 2024 – March 2025	Not Started	The performance measures within the contract evidence that Carer outcomes are being met.	Quarriers Carers Strategy Implementation Group	Quarterly contract monitoring continuing. Collaborative Commissioning with key stakeholders to take place from March 2024.	Extension to be sought for current contract from December 24 – March 25



2.2.2 Ensure members of our Workforce who are also Carers are supported	Annual reporting in line with the Workforce plan	In Progress	Delivery against the workforce plan and staff data/feedback gathered and analysed to help understand how well we are supporting carers in our workforce and what improvements can be made.	Transformation Programme Manager (Strategy) Workforce plan	Work to take place how we identify those in the workforce as Carers, then direct to support/resources. Built into Workforce Plan, engagement – Staff Mental Health and Wellbeing priority.	
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**Action Plan Key**

<b>Not Started</b>	Black
<b>In Progress/ On Track</b>	Green
<b>Delayed</b>	Orange
<b>Completed</b>	Blue
<b>Continuous Review</b>	Purple

**PRIORITY 3 - Supporting future planning, decision making and wider Carer involvement**

<b>Young Carers have the opportunity to be leaders in planning their own support (Future Planning).</b>						
<b>What will we do?</b>	<b>When will we have it done by?</b>	<b>Action Status (Key Plan)</b>	<b>How will we know it is working?</b>	<b>Who will be responsible?</b>	<b>Progress Update</b>	<b>Revised Deadline</b>
3.1.1 Review use of Young Carer's Statements.	December 2023	Completed	Increase number of completed Young Carer Statements. Annual audit of the value of the completed plans with the individual carers.	Integrated Children's Services (ACC) Commissioned Service	Children's Services lead to update.	
3.1.2 List all types of youth groups running youth programmes, engage them in ensuring young carers are identified and supported in being leaders in planning their own support, encourage these organisations also to be Carer Positive.	January 2024	In Progress	Groups identify as 'Carer Positive'	ACVO with support of all CSIG members	ACVO to update after meeting with Barnardo's.  New LOIP charter info to be included.  To be included with Carers Scotland – Carers Positive Framework.	



Ensure Adult Carers have the opportunity to be leaders in planning their own Support (Future planning).						
What will we do?	When will we have done it by?	Action Status (Key Plan)	How we know it is working?	Who will be responsible?	Progress Update	Revised Deadline
3.2.1 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.	Year 1 - January 2024		Number of Young Carers transferring to Adult Support Service.	CSIG sub-group to action this; Senior Project Manager (Strategy), Quarriers, Barnardo's, Children's services Lead, Adult Social Work lead	SPM to progress link in with all relevant colleagues.	
3.2.2 Identify all 3rd sector organisations that support families including those involved with children transitioning into adult services.	Year 1 - September 2023	Completed	Organisation list and contacts received	ACVO	Provided by ACVO, will support action 3.2.1 and other Pathway touchpoints as well as information sharing and good practice distribution.	
What will we do?		RAG C	How will we know it is working?	Who will be responsible?	Progress Update	
3.3.1 Review Eligibility Criteria for Adult Carers.	March 2024	Delayed	Revised Eligibility Criteria approved, published and utilised	Adult Social work & Quarriers Supported by Carers Strategy Implementation Group	Update required from Adult Social Work, person to be allocated to conduct review of eligibility criteria.	October 2024





3.3.2 Review 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. Have one ACSP template used by Quarriers and Adult Social Work	March 2024	Delayed	Templates revised and in use.	Same group as above. Both pieces of work are linked.	As 3.3.1 - Update required from Adult Social Work, person to be allocated to conduct review of eligibility criteria and templated and procedures.	October 2024
3.3.3 Review use of Adult Carer Support Plans	January 2024	Completed	Increase number of completed Adult Carer Support Plans Annual audit of the value of the completed plans with the individual carers.	Adult Social Care Commissioned Service	Quarriers to update working with SW. Annual audit.	
3.3.4 Ensure appropriate advice and support on employment issues and finances is available to Carers of working age	Ongoing	Continuous Review	An agreed approach to support is in place linking with National Carer Strategy Actions.	Quarriers	To include Young Carers that are in employment. To be updated (consider transitions and the national strategy). Link with Workforce Plan actions and organisational links.	
<b>Carers have the opportunity to be involved in planning the support of the person they care for.</b>						
What will we do?	When will we have it done by?	Action Status (Plan Key)	How will we know it is working?	Who will be responsible?	Progress Update	Revised Deadline



3.4.1 Review progress so far and develop guidance in relation to carer involvement in the hospital discharge process, including awareness and recognition of the role of Young Carers.	March 2024	Progressing – Delayed from original deadline	Guidance developed and in use.	CSIG SW Lead – links to wider work on Social work pathways	Has been identified as pathway to be developed in LOIP Refresh Aim, starting with Rehabilitation services, who have a longer discharge process planning stage, and learnings to be shared and expanded to further hospital discharge processes.	April 2024 – March 2026
3.4.2 Review support guidance for Carers when the cared for person is moved to a Care Home.	January 2024	Progressing – Delayed from original deadline	Guidance understood and in use.	CSIG & Scottish Care	This action to be updated to include Care at Home. Scottish Care representative now established with CSIG Group.	March 2024
There are opportunities to access independent sources of support for both the Carer and the Cared for Person						
<b>What will we do?</b>		<b>RAG C</b>	<b>How will we know it is working?</b>	<b>Who will be responsible?</b>	<b>Progress Update</b>	<b>Revised Date</b>
3.5.1 Develop an overview of Carer Support services which can provide independent advice to Carers and the Cared for person in specific circumstances where independent support is required to ensure they are signposted correctly, e.g. Advocacy, Adult Protection, Domestic Abuse.	December 2023	On Track move to Continuous Review	All relevant Carer services are listing themselves on ALISS and / or Scottish Social Services Directory  Linked with Actions in 1.1.1 and 1.1.6	ACVO Quarriers Barnardo's	Linked with Actions 1.1.1 and 1.1.6  Information and signposting links to be held independently at ACHSCP Website.	
All Carers have opportunities to be involved in decision making about Carer Support Services, the Carer Strategy and the wider work of the ACHSCP (Participation and Engagement).						



What will we do?		RAG C	How will we know it is working?	Who will be responsible?	Progress Update	Revised Deadline
3.6.1 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 2024	On Track	Reference group in place Communication arrangements in place	Development Officer (Consultation and Engagement) & Senior Project Manager (Strategy)	Initial Group established. Work will move to ongoing for Development of the Group and increasing membership.	Move to Ongoing
3.6.2 Implementation and awareness of Carer and Service User Engagement protocol for planning services, including awareness and recognition of the role of Young Carers.	May 2024	On Track	Protocol understood and in use.	Carers Strategy Implementation Group Specific remit of Development Officer (Consultation & Engagement)	IJB Report due in May 2024 for Engagement and Human Rights Guidance to include this information.	
3.6.3 Co-design local Carers resources and support. <a href="#">North Locality plan</a>	Ongoing	On Track	Carers have ongoing co-design involvement in development of support provided by Quarriers as per the existing contract. Carers co-design the next service when the contract is due for re-tender.	Carers Reference Group Carers Strategy Implementation Group Strategic commissioning and procurement board	Carers Reference Group now established, will be looking for more involvement from representatives with CSIG Group and actions including Collaborative Commissioning processes, Information review and test of change projects.	
3.6.4 Carers to be involved in the wider planning of and future commissioning of ACHSCP services and are recognised as a specific consultation group.	March 2025	On Track	Carers Reference Group (when established) engaged in services through commissioning work planning.	Carers Reference Group Lead Commissioner (ACHSCP)	As above, linked with 3.6.3, Carers will be a key stakeholder in future commissioning and service design of the Carers Support Services, as well as other related commissioning projects.	



3.6.5 Ensure Carers views are surveyed regularly, and the feedback informs future support planning.	Ongoing	On Track	Survey results indicate improved Carer experience and Action Plan revised in response	Development Officer (Consultation and Engagement)	Annual Carers Survey in effect – due to finish 19 <sup>th</sup> January 2024. Quarriers also have a quick survey out, info to be shared with CSIG Group when available.	
3.6.6 Provide on-going support as required to the carer representatives to the IJB in consultation with them as to their specific needs.	Ongoing	On Track	Feedback from carers representatives indicates they feel supported	Senior Project Manager (Strategy), Development Officer (Consultation & Engagement), Quarriers	New Senior Project Manager (Strategy) in post August 2023, in regular contact with IJB Carer Reps. Issues or queries answered and supported where necessary.	

**Action Plan Key**

Not Started	
In Progress/ On Track	
Delayed	
Completed	
Continuous Review	

**Priority 4 - Community support and services for Carers**

What will we do?	When will we have done it by?	RAG C	How will we know it is working?	Who will be responsible?	Progress Update	Revised Deadlines
4.1.1 Develop a Culture of Creativity through embedding the Promoting variety approach into development of Carers Support including; mainstream, services,	Year 1 – Promoting Variety project	Completed	New projects being added to Action Plan to address specific areas as identified through community engagement	Carers Strategy Implementation Group Carers Reference Group LOIP Resilient, Included & Supported Group Adult SW Lead Rep	Project Update on promoting variety, Chapelton and enhanced VR/Care Home breaks. Evaluation required by October 2023. LOIP Close Report now available.	



Carer support services and Self-Directed Support option for Carers with eligible needs and Cared for with high level needs.						
4.1.2 Maximise opportunities for Carers to access Community groups and activities. Incorporates; Increase the number of informal opportunities for Carers across the locality. <b>North Locality Plan</b>	Ongoing	On Track	Feedback from Carers indicates opportunities are available.  Identified opportunities are available in North Locality. Whilst identified in the North Locality plan this will be progressed for Central and South to ensure equality of opportunity across Localities.	Carers Strategy Implementation Group <ul style="list-style-type: none"> <li>• ACVO</li> <li>• Wellbeing Project Manager</li> <li>• Quarriers</li> <li>• Barnardos</li> </ul> Carers Reference Group (when established) Locality Empowerment Groups	CRG updates, Carer friendly community groups Transformation Programme Manager (TPM) for Strategy to progress with TPM for communities (PHC for North) - Age Friendly event 24 June, Quarriers to attend Feedback from Event Project Manager.  Wee blethers established LOIP Close Report gives overview.  Wetoo Parent Support Groups.  Quarriers Christmas meals.  Barnardos – SHMU	
<b>Support the ongoing development of a range of mainstream supports and services to enable Carers to receive a break from Caring in line with the proposed 'right to a break' within the National Care Service Bill</b>						
<b>What will we do?</b>	<b>When will we have done it by?</b>		<b>How will we know it is working?</b>	<b>Who will be responsible?</b>	<b>Progress Update</b>	
4.2.2 Test whether a 'Respite' scheme with businesses increases the range of co-designed respite/short break provisions available. (North Locality Plan)	Year 1 - September 2023	Completed	Performance reported via LOIP Outcome Improvement Group. 'Resilient, Included, Supported'.	Quarriers	Quarriers to update on the charter via regular updates to CSIG <b>LOIP CLOSE REPORT</b>	



<b>LOIP Change Idea &amp; North Locality Plan</b>						
4.2.3 Review 'Short Breaks statement'	Year 1 – January 2024		Review completed	Senior Project Manager (Strategy)	SPM to progress and update. Do this in conjunction with 3.3.1 (Eligibility Criteria)	
<b>Continue to develop a range of support options for Carers, where the cared for person has high level needs, which allow choice and control in line with the proposed 'right to a break' within the National Care Service Bill.</b>						
<b>What will we do?</b>	<b>When will we have done it by?</b>		<b>How will we know it is working?</b>	<b>Who will be responsible?</b>	<b>Progress Update</b>	
4.3.1 Increase number of eligible Carers being offered the 4 Self-Directed Support (SDS) Options and associated budgets.	Ongoing with Annual review	Continuous Review	SDS Statistical Report.	Lead Social Work Manager (ACHSCP)	Monthly/ Quarterly report from SDS at the moment will be compiled into Annual Report.	Amalgamate 4.3.1 & 4.3.2
4.3.2 Increase the range of supports available to eligible Carers under each SDS Option therefore providing true choice for Carers.	Ongoing	Continuous Review	SDS Statistical Report.	Lead Social Work Manager (ACHSCP)	Monthly/ Quarterly report from SDS at the moment will be compiled into Annual Report.	Amalgamate 4.3.1 & 4.3.2
4.3.3 Review of Respite and Interim Beds for Older People and those with Physical Disabilities	Year 1 September 2023	Partially Met – Delay on other work to contribute to this.	There is capacity to meet the demand for planned respite provision	CSIG SW Lead Senior Project Manager (Services and Pathways)	SPM Services and Pathways to update, report being prepared and will be shared with CSIG when ready.	
4.3.4 Consider learning from Technology Enabled Care projects within Social Care Pathways review and implement any additional tests of change required as a result	Year 2 – January 2025	On Track	Will be dependent on work within separate Programme of work on Social care Pathways.	SW Lead to keep CSIG informed.	Digital Project Manager is lead, updates to be obtained from TEC board.  Same Digital Project Manager aligned to ACHSCP Carers Website development. To be invited to January Carers Strategy Implementation Group.	





4.3.5 Develop a respite bureau	Year 2 - June 2024	On Track	Bureau in place	Amy Richert TPM, Services and Pathways	Linked to 4.3.3 and a position on year 2 will be provided Part of LOIP Project – Development for year 2 from initial test of change.	
4.3.6 Review of Day opportunities for Older Adults – Initial test of Change	Year 1	Completed	Attendance numbers and qualitative feedback.	CSIG SW Lead	Wee blether groups established– Further wee blethers to be developed across the City. Evaluation will be carried out and provided. (ongoing and evolving) Quarriers taking on 15hrs per week support for wee blether groups  Evaluation included in LOIP Project Close Report.  Annual Evaluation to be incorporated in Annual Report.	Move to Continuous Review – Annual Evaluation

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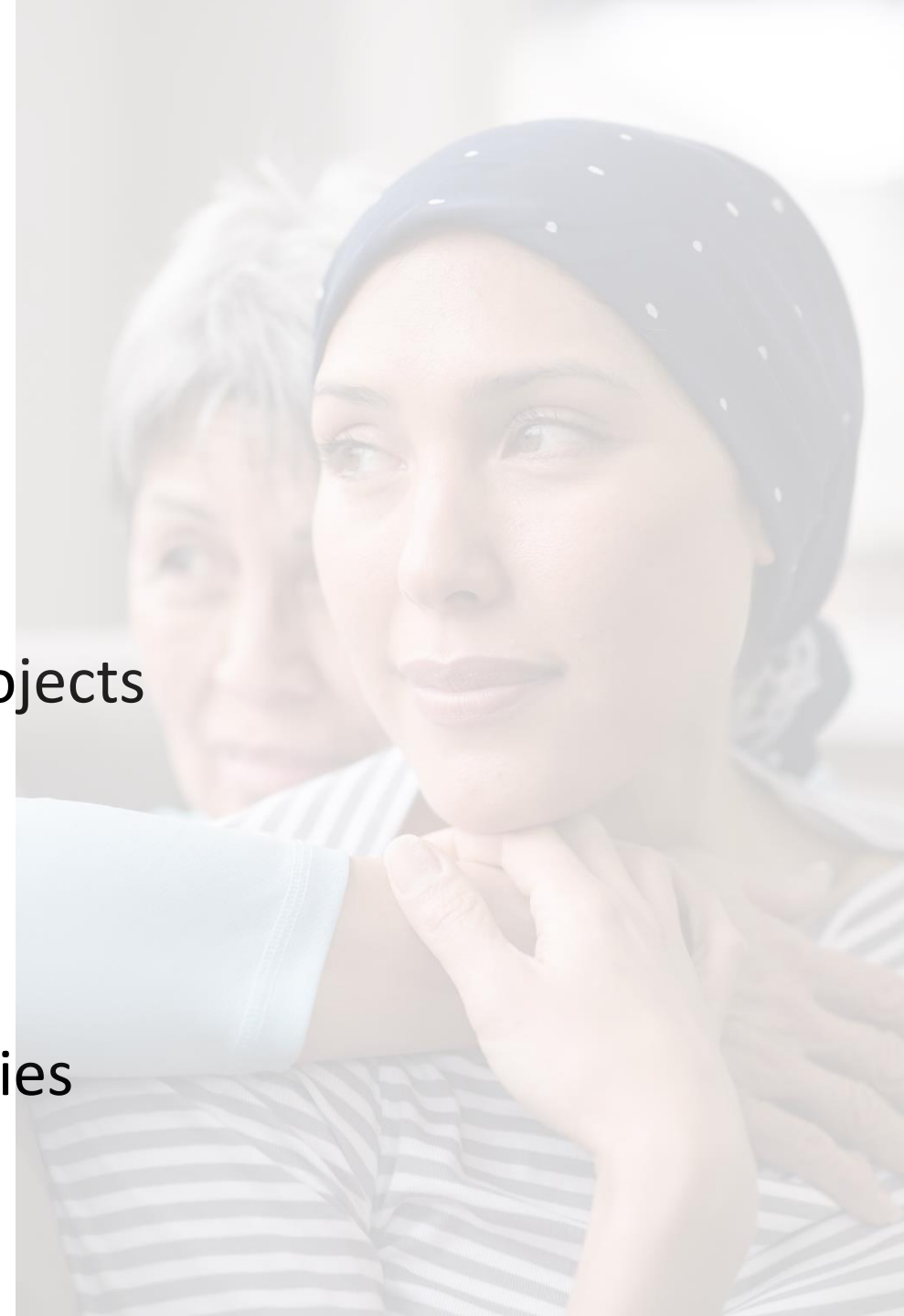
# ACHSCP Carers Strategy 2023 - 2026 Story so far....



Year 1 Annual Report Jan 2023 – Jan 2024

# Today

- Chapter 1 – Strategy Launch
- Chapter 2 – What’s Changed Overview (Data)
- Chapter 3 – Developing the Action Plan
- Chapter 4 – Linking with LOIP - Improvement Projects
- Chapter 5 – Carers Reference Group
- Chapter 6 – Carers Case Studies
- Next Chapter – A look to the year ahead
- Add to the Story – Discussion, ideas, Opportunities





# Strategy Launch – Early 2023

## Aberdeen City Carers Strategy 2023-2026 "A City for all Carers"



January  
2023

IJB Approved  
Strategy

March  
2023

Official  
Strategy  
Launch

Spring  
2023

Summary and  
Video of  
Strategy  
published



Our plan for supporting all Carers in Aberdeen City

# What's Changed?

## Carers Strategy Implementation – Key Highlights Timeline

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# What's Changed continued

In Aberdeen City 2022 there were **803** carers known to our Adult Carer Support Service and **135** young carers known to our Young Carer Support service in August and September 2022. The 2011 Census estimated that there were 222,793 people living in Aberdeen and that 15,571 are Carers. With 6,229 stating that they provide more than 20 hours of unpaid care per week. The Scottish Health Survey (SHeS) presents that 11% of Aberdeen's population identify as a Carer. This is lower than the national average of 15%. This would take us to a figure of 24,500. Of these numbers there are estimated to be approximately 2000 Young Carers.

This year has seen increases of number of people engaging with services. Increase of Carers open to the Adult Support service has increased from 400 21/22, 803 22/23 and now 1006 23/24. Young Carers has recently closed a number of cases due to transitioning to Adults, so has a lower number of cases open, however there has been more referrals 2023.

Identified Carers receiving support	2022/23	2023/24
Adult Carers open to Quarriers Adult Carer Support Service (inc Enhanced Support Service)	803	1006
Young Carers open to Barnardos Young Carer Support Services	135	133



# Developing the Action Plan

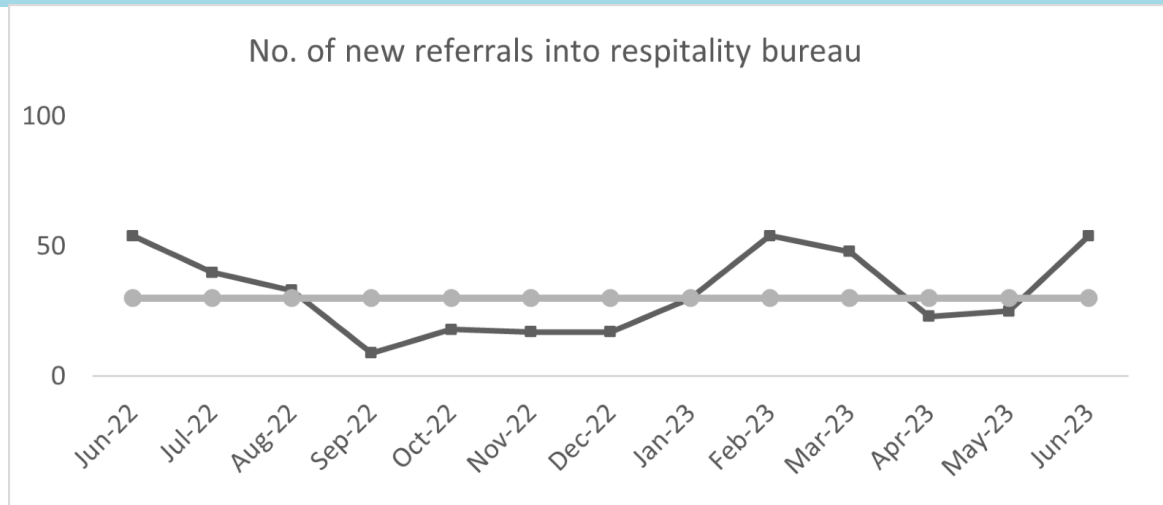


# Linking with LOIP Adult Carers Improvement Charter

Project Aim Increase the number of unpaid carers feeling supported by 10% by 2023, allowing them to enjoy a life alongside caring and to enable the caring role to be sustained.

## **Respitality Bureau**

One notable and novel change made during this project was the introduction of the Respitality bureau. The Respitality bureau started as way to support carers to take short breaks without the added stress of completing lots of paperwork or having to find breaks themselves, as this can be time consuming and can add stress to an already stressful caring role. Our aim was to complete application forms either in person or via telephone calls, to source and book chosen breaks on carers behalf where they feel there is limited availability to do so.



## **The Time to Live (TTL) Project**

This project tested a new means of allocating short breaks funding to Carers. Previously Carers had to complete an application pack which had a point scoring form that equated points to pounds based on the care role and time spent caring. Many carers backed off from applying for funding because they said the paperwork felt too much for them. This led the service to rethink how to open the funding to make it as accessible to carers as possible while still collecting the data required for funders reports. The revised process now includes 2 members of staff who help Carers complete their application in person or on the phone. The financial award was £300 which a recent revision allowing Carers be awarded up to £500 if their desired break/activity included their Cared-for. As a result of this, we have seen a tremendous increase to the number of Carers accessing the service and the funding.



## Chapelton Respite Flat

Are you an unpaid carer?  
Aged 55+?  
In need of a break?



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### Chapelton Respite Flat

Caring can be rewarding and positive, but it can also be a difficult and challenging role. Breaks from caring - to recharge your batteries and keep in good health - are in short supply. To this end, a fully furnished two-bedroom respite flat has been made available for carers aged 55+ in a vibrant community at Chapelton of Elsick, just five miles south of Aberdeen - close enough to return home quickly should there be an emergency situation with your cared-for.

#### What's available on-site and nearby?

- Free parking
- Electric vehicle charger
- Fitness studio
- Brasserie
- Ice cream shop & café
- Greengrocer
- Landscaped gardens
- Pop-up shops
- Hair & beauty salon
- Barber shop

Facilities at the property include a TV, fridge, induction hob and microwave. Towels and bedding will be supplied, and the property will be thoroughly cleaned between stays. Check-in is from 3pm on Fridays and you can stay for up to a week. If you wish to bring your cared-for with you, Granite Care Consortium can provide up to 14 hours care per week at the property.

To express your interest in taking a break at the property, or for further information, please speak to your Care Manager, Carer Advisor or Family Wellbeing Worker.

## Chapelton

A collaborative effort with local businesses. We tested out a new respite facility at the Chapelton retirement village, along with Aberdeen City Council, to give carers more options for respite in Aberdeen. As part of the respitality bureau, we managed to collaborate with a few local businesses within the village to negotiate deals for carers during their stay there to support local businesses and allows carers to have more options as part of their break. Funding from the Time to Live grant was also available to Carers to use during their stay.

The Chapelton Respite Flat project is exploring the development of person-centred short breaks specifically for Unpaid Carers caring for Older People with high level needs, for example Dementia. The project will explore how to create innovative choices for short breaks support to Unpaid Carers who wish to access replacement care support via SDS Option 3.

We have chosen to focus on this group as this where we face significant challenge in providing support which both meets the needs of the Unpaid Carer, in terms of receiving a break, and also those of the Cared for person to ensure that the break is positive and meaningful to them. This is also a group where SDS Option 3 support is often their preferred option but we have been unable to provide the same level of flexibility and choice which is currently on offer via SDS Options 1&2.

Whilst we have not specifically used Promoting Variety as an approach before we do have experience as a Partnership of the collaborative commissioning approach and are keen to embrace the promoting variety principles in developing our short breaks offer in Aberdeen. We are committed to offering a market of choice to Unpaid Carers and that this can only happen if all those involved in supporting Unpaid Carers and those they care for collaborate.

### Transport links & parking

The Stagecoach bus 7B departs hourly from Union Square Bus Station, with the journey taking around an hour. There is a bus stop beside the property. Timetable here: [bit.ly/3UKSGJP](http://bit.ly/3UKSGJP)  
Free parking is available on-site.

### Check in & keys

**Check in:** Friday\* from 3pm  
**Check out:** Friday\* by 11am  
\*Standard days, variable by negotiation  
Keys can be collected from and returned to reception within office hours.

### Facilities at the flat



**Beds**  
There is a sofa bed in lounge, a double bedroom and a single bedroom.



**Induction hob**  
Instructions provided N.B. The hob is not suitable for use by those with a pacemaker.



**Television**  
Covered by TV licence.



**Furnishings**  
The flat is furnished and has bedding & towels provided.



**Tea & coffee**  
Complimentary facilities.



**Microwave**  
Instructions provided.

### What's available at the development?



**Accessible restaurant**  
A two-course lunch is provided daily except Mondays, when a microwave meal is provided.



**On-site parking**



**A fitness studio**



**Electric vehicle charger**



**Slate & Grain brasserie, bar & coffee lounge**  
See opening times and menu here: [bit.ly/3An3NPM](http://bit.ly/3An3NPM)



**On-call alarm**  
Connecting to a call centre that can arrange an ambulance



**Landscaped garden**



**WiFi**  
Available in the restaurant sitting area



**On-site staff**  
Presence from 7am-10pm. No care staff are present, however Paramount can provide support with care during your stay. This should be arranged in advance via your Care Manager or Support Worker.



**Coffee morning**  
An owners' coffee morning takes place every Tuesday. Carers welcome.



**Themed dinner**  
A themed dinner is held every second Friday.

### Other useful information

- Carers using the flat must be aged over 55, but your cared-for can be under 55
- No smoking or pets
- Remember to use your own GP if needed
- Buildings insurance is in place, but the property is not covered for belongings & valuables
- Lunchtime meals are covered in cost of provision for carer. Any additional meals will need to be purchased. There is a Tesco and Asda nearby for shopping or arranging delivery.

**Booking**  
To book, please contact your Care Manager or Carer Advisor / Family Wellbeing Worker.





## **Wee Blether**

The Wee Blether is a test for change pilot scheme aimed to reduce social isolation observed amongst our Carers post-Covid, by bringing Carers together for company and a chat, and to build better links to the local community by working in partnership with local authorities. The Wee Blether groups were targeted at our unpaid Carers aged 55+ and they were welcomed to bring their Cared-for along.

Provided for our Carers are free soup and hot drinks, games and activities. Part of our support was to also signpost our Carers to ongoing activities and groups within the local community providing additional support via local businesses and organisations. Our aim was to set up 5 Wee Blethers within the locality.

Photos from the Wee Blether Christmas festivities, also a leaflet of for the Wee Blether at the The Hub at Middlefield



### **Come along for a Wee Blether!**

Wee Blether is a pilot scheme focusing on the AB16 7 area of Aberdeen that aims to bring individuals, including carers, aged 55+ together for company and a chat, addressing isolation and building links into the community. If the demand is there, we hope to roll the scheme out into communities across the city.

#### **What's on offer?**

- Free soup and hot drinks, company, and games and activities if there is a demand for these. We can also signpost you to other groups and activities within the area.
- Meet staff from Aberdeen City Council's Wellbeing Team and Aberdeen Carers Support Service.
- You are welcome to bring your cared-for along with you, and transport can be arranged if required.

**Where:** Middlefield Community Project, The Hub, Manor Avenue, Aberdeen, AB16 7UR

**When:** Mondays from 12 noon – 2pm, starting 9 January 2023

To be referred, please speak to your Care Manager, Care At Home Provider, or your Quarriers Carer Advisor/Family Wellbeing Worker. Please also let them know which dates you wish to attend, as pre-booking is required.

We hope to see you there!

# Linking with LOIP - Young Carers Improvement Charter

Increase by 20% the number of registered young carers accessing support from the Young Carers service by 2025.

**Think Young Carer Training:** Initially sessions were offered to individual schools and organisations across Aberdeen City, however, the improvement charter has identified the need to run open sessions for individuals across different professions to engage with. Training with individual schools/organisations will still be promoted and offered where they feel it would be suitable for whole team involvement.

In the 'Think Young Carer' training, attendees find out about Young Carers, how to identify a Young Carer, their right to support in Scotland and about the available support to Young Carers in Aberdeen City. We also discuss the referral process to Barnardo's Young Carer service and have time to answer any questions surrounding individual cases they may be working with.

At present, training has been delivered to different primary and academy schools across Aberdeen City, health professionals, and professionals from organisations such as CLAN, Maggie's, Charlie's House, Roxburgh House, Befriend a Child and ADA. The hopes of this training is not only to raise awareness and train professionals within the city to identify Young Carers, it is also hoped this will allow better partnership working with professionals and organisations – thus increasing the level of support available to Young Carers.

Additionally, we have run short 'Think Young Carer' sessions to young people themselves through PSE classes and assemblies within identified schools which has led to an increase in self-awareness and taken an early intervention approach to supporting Young Carers.



## Information for Young Carers



**Review the use of Young Carers Statement:** We are currently reviewing our referral pathway to make the service more accessible to Young Carers and their families. Completion of the Young Carers Statement was often a barrier to receive a service due to available timing of professionals and ability to complete the form with the families. The new referral form launch is underway in January 2024 and will be a shorter 2 page document to receive core details.

Within initial discussions with the family, the Young Carer will then be offered a Young Carers Statement which will be completed by Barnardo's – or if they feel it is more suitable, by another professional involved. There is hope this will allow more Young Carers to receive a service whilst ensuring Young Carers Statements continue to be offered.

Young Carers - Our filming group with SHMU will commence on the 18 January for a period of 11 weeks. This will allow 15 Young Carers to create a short film about their day-to-day lives and what it is like to be a young carer. This will hopefully also include some information on the support available from the service – although we are not 100% sure how this will look as it will be based on the Young Carers ideas, voices and feedback. This will be shared with agencies across Aberdeen, on our website and within the Think Young Carers training sessions.





## Establishing a Carers Reference Group

Our Consultation and Engagement Development Officer, has been working on establishing a Carers Reference Group. This Group will be a Carers led group, the group met initially in September/ October 2023, here are some of the themes for what the Group role/ purpose should be.

It is worth noting this group already has 10- 12 regular attendees. A massive effort has been put into creating this a flexible group offering anytime for meeting, levels of engagement and truly appreciating Carers time and availability.



Our very own Matt Carter down at Aberdeen Vaccination Centre talking to attendees about Carers Support. One of the Vaccination Team made him his own T-Shirt!!

[SHMU Radio Show](#) giving overview of the Reference Group Aired 8.1.23

## Themes – Carers Reference Group

The following are summaries of the points raised (September and October 2023) during discussions held with seven people who provide unpaid Care.

The broad questions asked: **what should the Carers Reference Group be about? What should it's role or purpose be?**

- 1 A warm, inviting group, who are empathic towards each other.  
A place where informal support can be given by group members, to other group members  
A space where success' and challenges can be aired in a non-judgemental environment.
- 2 A space to share knowledge and insights - to potentially create an information resource for other unpaid Carers (E.g., in respect of technical, legal issues - Guardianship or Power of Attorney).
- 3 To enter into an open and honest conversation, and ask questions of: decision and policy makers within Aberdeen City Health and Social Care Partnership on matters related to services for Carers and those they care for.
- 4 To be heard at a Governmental level on the challenges and difficulties faced by unpaid Carers and those they care for. E.g., in respect of benefits
- 5 Explore ways to increase understanding amongst the general public as to the challenges faced by unpaid Carers and the benefit they give to all our communities.
- 6 Diversity - the group should be able to represent a wide range of Carers - E.g., the wide variety of reasons that necessitate unpaid Care; the relationships, the age ranges and backgrounds of those providing unpaid Care.
- 7 A place to highlight difficulties in getting the right type and level of support for people when their needs change.
- ? What, if anything, is missing from this list?

# Promotion and Feedback

## Carers Week – 5-11 June 2023

Loads of Activities and Engagement Opportunities, stalls at Vaccination Centre.

Looking forward to Carers Week 2024  
10<sup>th</sup> June 2024

## Young Carers Radio Show

[Link Here](#) – Aired December 2023, brilliant input from young carers and Amy Duncan from Barnardos.



## Carers Reference Group

Posters distributed to community spaces, electronic distribution and continued engagement at public events. Encouraging as many Carers to join.



# Annual Unpaid Carers Survey Now Open

LET'S HEAR FROM YOU!  
RESPOND BY FRIDAY 19TH JANUARY 2024

## Carers Annual Survey is OPEN!

This survey was set at the start of our Strategy, to check in with Carers, and gauge whether our Strategy is making an impact. Our ambition is to increase responses year on year and use the feedback to influence our action plan development.

Link here to promote to Carers Link here [Carers Annual Survey 2024](#)

# Young Carer Case Studies

## Young Carer 5 – Groups Only Support

Young Carer 5 (YC5) was self-referred to our service by Mum in April 2022 to receive support on a group only basis.

YC5 is 13 years old and attends a secondary school in Aberdeen. She lives at home with her Mum – who is the cared for person – and elder Brother - who is also a Young Carer. Both YC5 and her Brother care for their Mum due to her physical health – Functional Neurological Disorder (FND), Fibromyalgia and Ankylosing Spondylitis – and poor mental health.

She supports her Mum to undertake everyday household responsibilities, offers mobility support and provides emotional support; especially when experiencing a “flare up” of her conditions. Mum’s health has had an impact on YC5 social opportunities as well as her own mental health and wellbeing.

From referral up to December 2022, there had been very little engagement in the group opportunities by YC5 due to her social anxiety, and lack of peer connections within the service. Upon request from Education, we offered YC5 an opportunity to review her Young Carers Statement in a visit with the project worker – which also provided an opportunity to identify supports available to encourage her group engagement.

She then built a relationship with the project worker and through an existing friendship with another Young Carer, her group engagement commenced. Since January 2023, YC5 has engaged with 20 group opportunities alongside the Outward Bounds and Scottish Young Carers residential.

Consistent communication has been kept with the family throughout to monitor the impact of Mum’s caring role on the home environment and YC5; where appropriate, signposting opportunities have been provided to ACIS and The Bounds. During this time, YC5 has also been referred to CAMHS via her GP due to ongoing concerns regarding her mental health.

It was discussed with Mum that YC5 would be put on the waiting list for a befriender allocation to support with her emotional wellbeing and reduce the concern of social isolation.

Within these opportunities, she has developed positive peer relationships, found confidence within herself, and fully engaged in the opportunities offered. Additionally, there has been a positive impact on her ability to meet her allocated outcomes:

### YC5’s initial outcomes on the 15<sup>th</sup> of January 2022:

Improved Mental Health and Wellbeing = 4

Reduced Impact of Caring = 4

Increased Choice of Activities/ Opportunities = 4

### YC5’s current outcomes (as reviewed in September 2023):

Improved Mental Health and Wellbeing = 3

Reduced Impact of Caring = 2

Increased Choice of Activities/ Opportunities = 2

### YC5 Mum shared the following feedback on return from the residential trip:

“I have noticed such a difference in YC5’s confidence since attending the Young Carers groups. YC5 didn’t really leave the house before having the support from Barnardo’s but has since gone on a 5 day trip and now looks forward to the activities provided by Barnardo’s. I am so thankful that this service exists, and that YC5 has now found a safe place she can be her true self. As her Mum, that makes me very happy.”



# Young Carer Case Studies

## Young Carer 3 – One to One Support

Young Carer 3 (YC3) is an 18-year-old who currently studies at North East Scotland College (NESCol). YC3 was referred to the Young Carers Service in August of 2020 by education professionals to receive 1-1 support, group opportunities, signposting and financial support. They were also referred for support with access to further education opportunities.

YC3 is a Young Carer for their mother who has a diagnosis of Myalgic Encephalomyelitis (M.E). They have substantial caring role, offering emotional support, accompanies their mother to shopping, personal care, and helps with household activities.

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They also have their own health needs after receiving both an ASD and ADHD diagnosis in 2022 and having struggled with their own mental health throughout their childhood. They manage their appointments as well as their responsibilities exceptionally, however, puts a lot of pressure on themselves to succeed.

Initially, YC3 was offered fortnightly one-to-one sessions either face-to-face or virtually during the pandemic to understand the impact of their caring role and to support them to access a break from caring. As the one-to-one sessions progressed, the focus of support changed to allowing YC3 a space to explore healthy coping strategies, to develop a higher level of self-esteem/ confidence, developing peer relationships and to enable them to access additional supports to manage their poor mental health.

Ongoing communication was kept with relevant professionals and the family as a whole to better support YC3 – whilst understanding the full impact their caring role had on each area of their life. YC3's Mother also had regular involvement with the Adult's Support Groups, and this has encouraged her to be more independent in accessing her own support opportunities.

Since the referral was received, YC3 has received significant 1-1 support and additionally offered social opportunities through our ELM Music Therapy Group, S4+ group, LGBT+ groups and other Young Carer activities. They accessed the Young Carers Grant and other financial opportunities to allow them to have a life alongside caring which enabled them to purchase activities during lockdown such as Lego and fund trips to museums, parks, cities etc with their family.

They have also used their experience of being a Young Carer to support education staff to create an in-school Young Carers group; with the goal of raising awareness of Young Carers within their school. Due to the voice of YC3 in supporting others in the community, Grammar School now have a Young Carers group and have established a Young Carers lead.

At present, YC3 has one-to-one sessions with their allocated worker on a monthly basis due to the reduced impact of their caring responsibilities. Over the next couple of months, these sessions will focus on the transition from Children's services to Adult service's for both YC3 and the family as a whole.

**Mother of YC3-** *“When the idea of the adult support group first came up I wasn't sure how it would go, it started online and I found it nice to have people to talk to once a week and learned some new things from the guest speakers that came along.*

*When it came to being in person, I was nervous but have found it is a great help to me. It gets me out of the house which makes a nice change for me, and I get to chat with other people in similar circumstance to me. It has really put my mind at ease being able to chat about the hard things in life and knowing I'm not alone. It's been a boost to my self-confidence on top of being a support”.*

**YC3 -** *“As a young carer who hasn't had support in the past, the services offered to me have been supportive both physically and mentally. It's been great having one on one support as well as the group sessions where I can meet others who are going through the similar things as I am. I find it to be a safe environment so I can express how I feel about what's going on at home and in other areas my life”.*

# Adult Carer Stories



## Short Breaks – Parent Carer

I am a full-time Carer for my 10-year-old son. As a single mum all his caring falls to me alone as father was abusive. After police and court due to domestic violence, he has no access to my son without myself being present. My son is ASD, ADHD, Dyslexic and sensory processing so life is very challenging.

To have the opportunity to relax and not have to be cooking and cleaning and just enjoy family time was amazing. My boys and myself loved the swimming pool at hotel as swimming is now a stress with limited opportunities at home. I really did relax and enjoy being away from my house for a few days.

This trip would not have been possible without this funding. Thanks again for helping me find the energy again to continue caring role!

## Short Breaks – Family Time

“I am caring for my son who has a disability with complex needs that causes him global development delays. My caring role is a 24 hour responsibility but despite those difficulties I and family are outgoing. A holiday to Arran helped us to release all the negative feelings that exacerbate us as a family on a daily basis.

ScotSpirit gave us very good memories and very positive experiences, it really promoted family bonding and it expanded my child's understanding of the world because that stepped him outside.

Having a family break experience to Arran was such a wonderful experience. I am taking this opportunity to thank you so much for helping myself as a Carer and my family to realise this dream holiday.

Overall our family break experience to Arran was very rich, my general wellbeing has improved. We have learned and explored a lot of new things, it has helped me to take more care of my health to be able to sustain my caring role. In the other hand it gave us the opportunity to explore all the island of Arran and its wildlife and all of the interesting places & coastline to visit. Many thanks for giving us help & the opportunity to experience the ScotSpirit Holiday.

# The Next Chapter

## Priorities for 2024/ 2025

- Delivery Year 2 of Action Plan
- Carers Leave Act April 2023 – Carers Scotland and Carer Positive Framework
- Commissioned Services Retenders – Collaborative Commissioning
- Refreshed and continued LOIP Project Charters



Add to the Story?

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Any Questions, Ideas,  
Opportunities??



The story continues...

Thank you for your time and input  
today!





## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	6 February 2024
<b>Report Title</b>	HSCP.23.100 Update regarding the introduction of a drug checking pilot in Aberdeen
<b>Report Number</b>	HSCP.24.005
<b>Lead Officer</b>	Kevin Dawson Lead for Community Mental Health, Learning Disabilities, Drug & Alcohol Services
<b>Report Author Details</b>	Simon Rayner Alcohol & Drugs Partnership Lead Simon.Rayner@nhs.scot
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	None
<b>Terms of Reference</b>	1, 7

### 1. Purpose of the Report

- 1.1. The purpose of this report is to provide an update regarding the introduction of a drug checking pilot in Aberdeen.

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board note the information contained in the report.

### 3. Strategic Plan Context

- 3.1. This report supports the work of the Health and Social Care Partnership Delivery Plan and specifically "Preventing Ill Health: Tackle the top



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preventable risk factors for poor mental and physical health including: - obesity, smoking, and use of alcohol and drugs". It supports the work of the Alcohol and Drug Partnership aim of "Reducing Harm, Morbidity and Mortality". It supports the work within Community Planning Local Outcome Improvement Plan to reduce drug related deaths by 10% by 2026. It supports the work of the Scottish Government National Mission to deliver recommendations from the National Drug Death Taskforce. Drug checking, as a component of a wider harm reduction, treatment and support system for people using drugs may help the aspirations set out in these strategic plans.

### 4. Summary of Key Information

4.1. Aberdeen along with other areas of Scotland has seen an increasing and sustained rate of drug related deaths. In the past 5 years between 2018 and 2023 there have been 332 suspected drug deaths in Aberdeen.

4.2. Aberdeen City Council, following consideration of a Notice of Motion from Councillor Cooke at a meeting of its Full Council on 3 November 2023 agreed:

(ii) to agree that safer drug consumption and drug checking facilities could be an important public health measure that could save lives, and support all options within the existing legal framework being explored to enable the delivery of these facilities to prevent overdoses and reduce harm;

(v) to recognise that tackling drug harm is part of a public health approach to the challenge of drug use and therefore agree to work with partners to support and assist applications for drug checking facilities in Aberdeen;

(vii) to instruct the Chief Officer - Health and Social Care Partnership to report to the Aberdeen City Integration Joint Board by March 2024 on the progress of discussions [with respect to delivering a drug-checking pilot in Aberdeen] with partner agencies, the Scottish Government and the Home Office.

4.3. The Scottish Government, along with the CORRA Foundation<sup>2</sup> and Drug Death Taskforce<sup>3</sup>, funded a research programme to determine how best to establish drug checking in Scotland and the potential benefits of doing so by systematically reviewing international practice and available evidence base. The two-year project ended in March 2023 and established an



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evidence base for, and support for the development of, drug checking services in Scotland across three early adopter cities: Glasgow, Dundee and Aberdeen.

- 4.4. Since March 2023 the Scottish Government have worked with the three City areas to establish pilot sites and requirements needed to progress the operational delivery of drug checking services.
- 4.5. The basic model being developed is that each of the three sites will have small “near-person” testing machines that will allow testing of a small sample of a substance with a rapid result being provided to the person along with tailored harm reduction messaging. The sample of the substances from all three sites will be transported to Dundee University for further in-depth testing that will contribute to a national level of surveillance.
- 4.6. Drug checking services allow people to anonymously submit samples of drugs for testing. Once the sample of drugs has been tested, individuals receive information about the content and potency of the submitted drugs so that they can make more informed decisions about their use or not. If the person still chooses to use the substance, provision of tailored harm reduction advice will aim to reduce associated risks.
- 4.7. These services also provide an opportunity to engage in harm reduction counselling and can support access into other services. The primary aim of drug checking is to reduce the risk of harms, including drug-related deaths, to people who use drugs, with an associated reduction of harm to families, communities and wider society.
- 4.8. There are currently no drug checking services in Scotland. Drug related deaths rates<sup>3</sup> in Scotland have been increasing in recent years and are currently the highest per-capita in Europe.
- 4.9. Poly-drug use<sup>4</sup> (taking more than one drug at the same time) is a key contributor to the high death rate, with many people using a number of drugs concurrently. The potency of these drugs is often unknown and can vary significantly, increasing the risk of fatal consequences. Additionally, drugs can contain potentially dangerous adulterants (unexpected or unwanted contents) or a completely different substance to the one it is sold as.
- 4.10. Drug checking services allow individuals to have the potency and content of their drugs tested before use, and to receive information regarding what these drugs contain. Drug checking also contributes to public health



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surveillance of drug markets in local areas: when particularly dangerous samples are identified the service can issue tailored public health alerts.

- 4.11.** To legally be able to deliver a drug checking service that complies with the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001 a Licence is required from the UK Government Home Office. To be able to obtain a Licence there needs to be standardise operational procedures in place that are ratified by the Home Office.
- 4.12.** In addition to the standard licensing requirements the Home Office have provided guidance on what they would consider necessary when submitting license applications for drug checking facilities. These are:
- They take measures to ensure their service cannot be seen to condone drug misuse;
  - They are targeted at people who are dependent on one or more illicit drug, and they can demonstrate effective measures which prevent non-dependent people from accessing the services;
  - Located in a fixed community-based, drug treatment, harm reduction or other healthcare setting;
  - They are restricted to users over the age of 18 only;
  - They ensure that all users receive a follow up appointment with a trained treatment professional to support behaviour change, entry to treatment and becoming drug free, and ensure messaging does not condone drug use;
  - They feed information into, as a minimum, domestic early warning systems to support the Government's understanding of emerging drug threats;
  - They agree an impact assessment methodology with the Home Office in advance (a licence condition);
  - They agree to share data from the impact evaluation openly with the Home Office (a licence condition);
- 4.13.** In Aberdeen our current third sector provider, Alcohol & Drugs Action, are the provider that we are working with the Scottish Government to operationalise drug checking and support Home Office Licence application.





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Alcohol & Drugs Action currently deliver an established Harm Reduction Service on behalf of the Health and Social Care Partnership. Harm reduction involves support and counselling on substance use and provision of clean sterile injecting equipment and other consumables designed to reduce the potential harm of substance use, and including onward support to more structured treatment.

- 4.14.** Discussions have taken place with Police Scotland locally and nationally. They have indicated that their position will continue to follow the current arrangement where the police will not target sites where people access help and support for drug problems unless there is a specific incident. This established protocol stems from work in the 1980s during the setup of injecting equipment providers (needle exchanges) to ensure people were not dissuaded from accessing services that would help reduce the transmission of HIV in the community i.e. ensuring a public health priority to reduce harm first and foremost. More recently there is a national consensus about taking a public health approach to reducing substance harm and related deaths, rather than a judicial based approach.
- 4.15.** Aberdeen is in the process, with Scottish Government and Public Health Scotland support, of finalising its application to the Home Office for a Licence with the expectation of submission by the end of Quarter 4 2023/2034. Depending on the outcome of that submission there will be an assessment and refinement process. The date of a drug checking service going live is not known, but is likely to be late 2024/early 2025.
- 4.16.** In summary, for the purpose of this project, local drug checking services will not be targeted at the wider population or young people. Instead it will provide a safe environment where people experiencing problematic drug use will be able to engage in an informed conversation about what they are taking and potential risks, with the aim of potentially reducing these harms. Drug checking is delivered in the context of a wider range of evidence based harm reduction, community and residential based treatment and support, and is an enhancement of current service provision.

### **5. Implications for IJB**

#### **5.1. Equalities, Fairer Scotland and Health Inequality**

There are no direct implications arising for Equalities, Fairer Scotland and Health Inequality from the recommendations of this report at this stage

#### **5.2. Financial**



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There are no direct financial implications arising from the recommendations of this report at this stage

### 5.3. Workforce

There are no direct workforce implications arising from the recommendations of this report at this stage

### 5.4. Legal

There are no direct legal implications arising from the recommendations of this report as all conditions of the licence will be met as set out in paragraph 4.11

### 5.5. Unpaid Carers

There are no direct implications for Unpaid Carers arising from the recommendations of this report at this stage

### 5.6. Information Governance

There are no direct implications for Information Governance arising from the recommendations of this report at this stage

### 5.7. Environmental Impacts

There are no direct Environmental (or Sustainability) Impacts arising from the recommendations of this report at this stage. However, this may be subject to change as the service becomes operational

### 5.8. Sustainability

There are no direct Sustainability impacts arising from the recommendations of this report at this stage

## 6. Management of Risk

### 6.1. Identified risks(s)

There are no identified risks arising from the recommendation at this stage

## References

1. <https://committees.aberdeencity.gov.uk/documents/g9183/Decisions%2003rd-Nov-2023%2012.00%20Council.pdf?T=2>
2. <https://www.corra.scot/>



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3. <https://drugtaskforce.knowthescore.info/>
4. [Drug Related Deaths in Scotland 2020 \(crew.scot\)](#)
5. [Mixing drugs \(crew.scot\)](#)

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