



INTEGRATION JOINT BOARD

Date of Meeting	25 May 2021
Report Title	Commissioned Day Services and Day Activities – Stay Well, Stay Connected
Report Number	HSCP.21.048
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Name: Anne McKenzie Job Title: Lead Commissioner Email Address: anne.mckenzie@nhs.scot
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	Appendix A – Stay Well Stay Connected Project Update Plan

1. Purpose of the Report

The purpose of this report is to update the Integration Joint Board (IJB) on progress with the implementation of the revised model for the provision of day care and day opportunities within Aberdeen City, now known as “Stay Well, Stay Connected (SWSC).”

2. Recommendations

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

- a) Notes the progress on implementation of the day care and day opportunities model now known as “Stay Well, Stay Connected.
- b) Requests a further update report in December 2021.

3. Summary of Key Information

On 28 October 2020, the IJB considered the report ‘Commissioned Day Services and Day Activities – HSCP.20.045 and resolved:-

- (i) to note the outcome of the consultation process, proposed implementation plan and transitional phase, including arrangements to support current providers through the transition
- (ii) to approve the implementation of the future model for day care / day activity



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- (iii) to approve funding for the current providers during the transitional phase
- (iv) to instruct the Chief Officer to proceed with the implementation of the new model

The IJB also cautioned that there should be absolute transparency in the design of the new arrangements, including financial spend.

The following narrative describes the activity which has taken place between October 2020 and April 2021.

3.1. Transitional Arrangements

Throughout this past year, service managers have continued to work closely with those providers of social care to ensure that people's needs have been met, where previous services have been compromised due to the pandemic. Providers have worked hard to deliver alternative opportunities for respite, and this has been a blended approach, with a mix of virtual and face to face contact.

3.2. Equally, there is good evidence to suggest that carers are presenting themselves for support and information from our commissioned carers support services.

3.3. The draft implementation plan shared with the IJB on the 28 October 2020 highlighted ambitious timescales for the introduction of key elements of the design. Notably:

- The implementation of planned residential respite services (November 2020)
- The recommencement of capacity to provide buildings-based day services (November 2020)
- The development of alternative options for day care provision, described through the development of a market position statement, co-produced with providers, and with tests of alternative options recorded for promoting and sharing (December 2020 onwards)
- Identifying people at risk of losing their physical or emotional resilience and directing them to appropriate opportunities to restore their resilience using the stepped care approach (ongoing since June 2020)
- Sourcing opportunities to afford the general population to remain independent and connected to their communities (no timescale specified)



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Undoubtedly, the pace with which the implementation of the new design has progressed, and the opportunities available to us have been impacted by the most recent surge in the pandemic. However, as the paper describes, and to reassure members, significant progress is being made, and service users are being supported.

3.4. Implementation update

Planned Residential Respite

The majority of planned residential respite for older adults and people with physical disability was previously provided under the Service Level Agreement (SLA) with Bon Accord Care through Rosewell House. The significant changes made to the delivery model at Rosewell House necessitated an alternative model for day care.

- 3.5. Significant work has been undertaken to fully understand the requirements of carers and the people that they care for. Much of this understanding has been taken from available numerical data – to describe the need, and from anecdotal evidence gathered from conversations with people requiring residential respite both during the consultation period and through day-to-day conversations with families.
- 3.6. A commissioning and procurement plan based on this evidence has been presented to the Aberdeen City Health and Social Care Partnership (ACHSCP) Executive Programme Board. The plan includes the number of places required, a specification that clearly describes expectations of the commissioned service (to meet the outcomes of the carer and cared for person), and a market engagement plan.
- 3.7. It is anticipated that this work will be concluded by the end of May 2021, and the revised arrangements for residential respite will be in place by the beginning of June.
- 3.8. It is important to note that during this transitional phase, there has been some limited opportunity for residential respite on a risk assessed basis.

Buildings Based Services

- 3.9. Part of the plans for the redesign of services included the de commissioning of some buildings-based services across Aberdeen City. The recent surge in the pandemic and subsequent heightened measures to reduce community transmission of the disease has undoubtedly hampered progress with the



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remobilisation of existing buildings-based services. However, services within Kingswood Court have now resumed, albeit in a way which mitigates against the transmission of COVID 19, and therefore with an opportunity for fewer numbers at any given time. This has been a really positive experience for service users and staff alike.

- 3.10.** Similarly, there are a limited number of opportunities for provision of day care at the Len Ironside Centre (LIC). The in-house learning disability service has successfully delivered a blended approach offering buildings based and 1:1 community-based support which has resulted in positive outcomes for individuals and their families. This shift necessitated a change in the services registration with the Care Inspectorate.
- 3.11.** The limited places available at the LIC are offered to those individuals and/or families who have been assessed as in the higher risk. Initially, 2 clients per day (10 per week) were supported and this increased to 4 clients per day (20 per week) in April. The team are currently exploring how they can safely increase this number further and plan to consult with families to seek their views as to which options would best meet their loved ones needs.

Market Position Statement

- 3.12.** Working together, the “Stay Well Stay Connected” (SWSC) implementation group comprising of representation from ACHSCP and Aberdeen City Independent and Third sector providers, co-produced a market position statement, and published in December 2020. In January 2021, a workshop attracting over 50 delegates took place to allow for further joint working to better understand and shape the requirements of the redesign. The link to the market position statement can be found at:

<https://www.aberdeencityhscp.scot/our-news/our-achscp-market-position-statement/>



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The development of alternative options for support (tests of change)

- 3.13. Working in collaboration with partners we are currently undertaking several tests of change, summarised in Appendix A.

Identifying people at the cusp of losing their resilience

- 3.14. The locality based Enhanced Community Support Huddles have developed into a sustainable opportunity for members of a locality multi-disciplinary team to identify and respond to people presenting with an unscheduled care need. Some of these presentations undoubtedly compromise people's resilience to remain as independent as possible and connected to their community. The multi-disciplinary team work together to deliver a preventative approach in response to an immediate crisis, linking with locality-based assets and opportunities. It is essential that this team links with the preventative element described below and seeks opportunities for people to remain independent and connected.

Opportunities to afford the general population to remain independent and connected to their communities

- 3.15. This is a large workstream and inextricably linked to the previous ambition of promoting and restoring resilience.
- 3.16. The key themes adopted, and work progressed to date are summarised in Appendix A.

Evaluation

- 3.17. SWSC is aspirational in its work to involve as many front-line staff who are delivering prevention projects as possible in contributing to our engagement. As such there needs to be a mechanism to build up an ongoing narrative of what people receiving support are telling us which can then allow us to step back and evaluate the impact of the work.
- 3.18. VOiCE is an online planning, recording and review tool for public engagement recommended by Health Improvement Scotland. The programme has begun to implement VOiCE to plan and record any engagement work. Initially this is currently being piloted with the physical activity packs that are being rolled out in sheltered housing complexes. Colleagues are working with Bon Accord Care to agree a set of questions for their staff to use to measure the impact of the activity on the



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participant. These questions will also cover the participant's broader views and aspirations to fulfil our engagement requirements. It is this learning that we plan to record in VOICE and analyse to refine and improve the prevention activities we provide.

Summary

- 3.19.** This update provides the IJB with assurance on the progress with the implementation of the implementation of "Stay Well Stay Connected", and on the continued co production approach adopted both with providers and with members of the public. It is acknowledged that some of the original timescales have slipped from the original suggestion, and the recent surge in the pandemic and associated operational challenges have certainly impacted on this.

4. Implications for IJB

- 4.1. Equalities** - An equalities assessment was completed as part of the redesign considerations. The report reassures that options are being explored which reflect on and react to the needs of an individual – a shift from service to individual led provision.
- 4.2. Fairer Scotland Duty** - Fundamental to the redesign is the requirement to respond to local need, and to ensure that all services are accessible to the local population.
- 4.3. Financial** - The delivery of the approved model will be within the same level of funds that are available within the current model.
- 4.4. Workforce** - The ACHSCP workforce will adopt multi-disciplinary case finding, identifying people at risk of losing their resilience and working with them to help them connect back into their community.
- 4.5. Legal** - There are no direct legal implications arising from the recommendations of this report. There will be legal implications for the ongoing contractual arrangements with providers during the transitional period.

5. Links to ACHSCP Strategic Plan

The ambition of giving people the resilience to remain connected to their Communities links directly to the key aims of the ACHSCP strategic plan.



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6. Management of Risk



6.1. Identified risks(s)

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

This option links directly to strategic risk 8 – localities.

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

This model offers the best opportunity to restore people's connections within their locality. It also affords staff teams and locality empowerment groups the opportunity to work with wider partners and develop services according to local need.

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