



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	15 December 2021
<b>Report Title</b>	Stay Well, Stay Connected
<b>Report Number</b>	HSCP.21.121
<b>Lead Officer</b>	Sandra MacLeod, Chief Officer
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<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	Appendix A - SWSC Project Update IJB

### 1. Purpose of the Report

- 1.1. 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”.

### 2. Recommendations

- 2.1. It is recommended that IJB

- a) Notes the progress made with the implementation of the model.
- b) Notes that provision for outcomes of this model and thereby updates on progress on an ongoing basis will be accommodated within key performance indicators for the partnership



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### 3. Summary of Key Information

#### 3.1. Background

IJB on 28 October 2020 considered the report 'Commissioned Day Services and Day Activities' - HSCP20.045 and decided:-

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

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

3.3. At IJB on 25 May 2021, an update report (HSCP.21.048) on progress made against the implementation plan was approved and the Chief Officer, Aberdeen City Health and Social Care Partnership (ACHSCP) requested to provide a further update to the December 2021 IJB. This report today provides further progress update and outlines key priorities for the next 12 months.

#### 3.4. Implementation update

##### Residential Respite

3.5. In May 2021, providers of residential nursing care were invited to two separate market engagement sessions to discuss the commissioning requirements for the provision of five planned residential respite places within nursing homes in Aberdeen City. Following this consultation, one place was secured, and the provision of planned respite within the facility commenced on 1 July 2021. Further interest was shown in this provision in September 2021 and a further four places secured.

3.6. In addition to the capacity within nursing homes, the residential care capacity previously delivered within Rosewell House has been



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reprovisioned across the Bon Accord Care estate. These arrangements began on 1 June 2021.

This has allowed us to deliver on the factors identified as important to carers during our consultation during the redesign, notably an opportunity to book respite in advance and with a locality focus.

- 3.7.** It has been noted that there continues to be a level of anxiety about residential respite, whilst some COVID restrictions are in place. Service managers are working collaboratively with Quarriers Carers Support service to develop information leaflets, in order to ensure that carers have all of the information they require prior to arranging residential respite.
- 3.8.** One of the factors that carers are concerned about is the required period of isolation that their loved one has to undertake following admission. On occasion, and often in critical situations, this results in carers declining respite or cancelling on realisation that their loved one will be faced with these circumstances. Health Protection colleagues have agreed to undertake a risk assessed approach and to promote this to providers in order to enhance experience and mitigate this barrier.
- 3.9.** Each person experiencing respite and their carer are encouraged to provide feedback to service managers following their stay. This allows ACHSCP to ensure that the service provided is meeting the individual requirements. Feedback received from carers has focussed on their delight and relief at being able to gain sleep in the knowledge that their loved one is being cared for. There is evidence of a strong locality focus with one provider in particular where they have worked to maintain the individuals' routines of walking to collect their newspaper, this has created positive and meaningful experiences for both the cared for and the carer.
- 3.10.** The market engagement sessions also offered an opportunity for a shared understanding of any concerns that the sector may have in the provision of residential respite – particularly if the respite is arranged urgently in response to a deteriorating set of circumstances in someone's home. There are now monthly sessions arranged between service managers and providers of planned residential respite in a bid to continuously improve the services provided – based on their own experiences and those of carers and individuals.



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- 3.11.** An update paper was presented to the ACHSCP Executive programme Board on 11 November 2021 and there was agreement to continue with the commissioning arrangements until March 2023.
- 3.12.** There has been significant progress made in testing an alternative to planned residential respite in a buildings-based facility. Plans are underway to test the delivery of respite overnight where appropriate. This is a reflection of a person's choice and has also provided an alternative model when a facility has been closed to admissions due to COVID 19 transmission.

### **Buildings Based Services**

- 3.13.** The ethos of Stay Well, Stay Connected has always been to ensure that people have a choice in the way that their outcomes are met. This shift is possibly most strongly evident in the choices that people are making in relation to respite during the day time.
- 3.14.** Kingswood Court day services are operational, but due to the requirements for COVID 19 infection prevention control measures, opens on a Monday, Wednesday and Friday (previously Monday to Friday). On average, 14 people attend the service on any day, with 3 people currently on the waiting list. This waiting list compares favourably to the pre pandemic level.
- 3.15.** The provider now also provides an outreach support service, available on an individual basis, delivering on outcomes for the carer and cared for person. 15 people are currently receiving this support.
- 3.16.** Testimonies are available from individuals, carers and the care management team, acknowledging the very positive benefits of this change.

### **Early Intervention and prevention and Opportunities to afford the general population to remain independent and connected to their communities**

- 3.17.** This is a large workstream and inextricably linked to the ambition of promoting and restoring resilience.



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- 3.18.** There is a strong partnership evolving between ACHSCP, independent providers and other partners. The work of the early intervention and prevention group is set out in Appendix A.

### **Next Steps**

- 3.19.** Whilst there is good evidence to suggest that the revised model for respite either residential, or during the daytime, is delivering the anticipated outcomes. The Stay Well Stay Connected steering group recognises that there is still minimal evidence that people at the cusp of losing their resilience are accessing the very many options available to them, and thereby connecting back into their communities. The steering group has agreed that this must be a priority for this next year. This was always recognised to be a significant task, given the very many “places” that people may present, the variety of opportunities available to them and the personal resilience and confidence required to make that connection. The group are also committed to ensuring that this process is evaluated.

### **Summary**

- 3.20.** This update provides the Board with assurance on the progress with the implementation of “Stay Well Stay Connected”, and on the continued co production approach adopted both with providers and with members of the public.

## **4. Implications for IJB**

- 4.1. Equalities, Fairer Scotland Duty and Health Inequalities** - An equalities impact assessment was completed as part of the redesign considerations. Progress against the recommendations identified and the ongoing delivery of actions which support delivery of the Partnership’s Equality Outcomes are captured in the Partnership’s Equality Outcomes and Mainstreaming Framework 2021 -2025

Our Fairer Scotland Duty is fundamental to the redesign is the requirement to respond to local need, and to ensure that all services are accessible to the local population.



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- 4.2. **Financial** - The delivery of the approved model will be within the same level of funds that are available within the current model.
- 4.3. **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.
- 4.4. **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.
- 4.5. **Other** – none.

### 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.

### 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)