



## INTEGRATION JOINT BOARD

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Not exempt: Covering report, Appendix B

Exempt: Appendix A

<b>Date of Meeting</b>	15 December 2021
<b>Report Title</b>	Winter Planning – additional funding
<b>Report Number</b>	HSCP.21.124
<b>Lead Officer</b>	Sandra MacLeod, Chief Officer
<b>Report Author Details</b>	Name: Anne McKenzie Job Title: Lead Commissioner Email Address: anne.mckenzie@nhs.scot
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	Yes
<b>Appendices</b>	A – Financial Breakdown B – Directions (NHSG & ACC)

### 1. Purpose of the Report

1.1. This report is in response to an action within report HSCP.21.116 from 2 November 2021 Integration Joint Board (IJB):

- To inform IJB on actual funding arrangements made available to Aberdeen City Health and Social Care Partnership (ACHSCP) from the Scottish Government (SG) specifically to alleviate system pressures.
- To inform the IJB on anticipated plans to utilise this money.



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### 2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) Notes the funding and proposed plans for spend contained in Appendix A.
- b) Makes the Directions as attached within Appendix B and instructs the Chief Officer to issue the Directions to NHS Grampian (NHSG) and Aberdeen City Council (ACC) respectively, to deliver the services as set out in this report.

### 3. Summary of Key Information

- 3.1. On 4 November 2021, Donna Bell (Director of Mental Wellbeing, Social Care and NCS) and Richard McCallum (Director of Health Finance and Governance), wrote to senior leaders in Health and Social Care in Scotland, informing them of additional finances to be made available in 2021 / 2022 for the purpose of alleviating system wide pressures.
- 3.2. This paper informs the members of the Aberdeen City IJB of the specific purpose of the available funds, the value and the anticipated plans to alleviate system pressures.

#### **Funding Aim and Purpose**

- 3.3. The overarching aim must be managing a reduction in risks in community settings and supporting flow through acute hospitals.
- 3.4. The funding is part of measures being put in place to support current system pressures. It is expected that NHS Boards, Integration Authorities and Local Authorities will work collaboratively to ensure a whole system response. In particular, this funding is available for the following purposes:



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- I. Standing up interim care provision to support significant reductions in the number of people delayed in their discharge from hospital;
- II. Enhancing multi-disciplinary working, including strengthening Multi-Disciplinary Teams and recruiting 1,000 band 3s and 4s; and
- III. Expanding Care at Home capacity.

The spend will be monitored against the above measures in the form of expected quarterly reports using outcomes and Key Performance Indicators.

Ministers are seeking significant reductions in delayed discharge, with an early return to the levels that were sustained in the nine-month period up to August this year.

### **Funding arrangements**

- 3.5. Initial funding for this purpose will be made from 1 October 2021 to 31 March 2022. Further financial support for the delivery of interim care capacity will be made available in 2022 / 2023 and recurring financial support for the delivery of care at home will be available from 2022. Information about the arrangements for this funding will be made available in the Scottish Budget, delivered on 9 December 2021.

The value of funding available for Aberdeen City for the period up to the end of March 2022 is as follows:

- Interim - £1,507,000
- Care at Home - £2,337,000
- Multidisciplinary teams - £754,000.
- Move to £10.02 per hour for adult social care staff - £2,091,000

### **Plans for spend**

#### **Interim capacity**

- 3.6. Aberdeen City HSCP has procured capacity for interim care provision within the Nursing, Residential and Very Sheltered Housing sector prior to 1 October 2021. This procurement model is based upon available demand data and recent reports suggest that the model is working well. Future procurement plans include the following:



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- The utilisation of five places within Rubislaw Park Nursing home as part of a whole system, home to home pathway for people with respiratory disease.
- Additional capacity for the provision of interim care arrangements within very sheltered housing facilities for people requiring access to specialist bariatric equipment and mobbing and handling assessment.
- Additional capacity for people who have experienced an amputation and who are waiting for housing adaptation.
- Additional capacity for the provision of interim nursing or residential care.

### Care at Home

- 3.7. The funding comes at a time where there are significant recruitment issues within the social care sector and therefore, whilst there will be ongoing and focussed local recruitment campaigns, the extent to which the care at home sector can bolster its capacity with additional staff in the short term is unknown. There are other potential means to enhance the available capacity and leaders in the provision of care at home have been working collaboratively and in partnership with the Aberdeen City Health and Social Care Partnership to determine the best means of doing this.
- 3.8. Current plans include the following:
- Staff retention – Enhanced payment over the festive period and a £500 bonus for staff who remain in their role until the end of March 2022.
  - Reduced reliance on agency – augmenting payment for staff working during unsocial hours e.g. at weekends
  - Staff recruitment – collaborative recruitment exercises
  - Maximising capacity – enhanced reablement facilitator capacity to promote reablement and a step down of care as outcomes are met
  - Continued roll out of risk assessed care provision, including making funding available for equipment
  - Acceleration of the enablement model of care delivery

It is recommended that there is additional project management support made available to coordinate this work, respecting the fact that operational managers are operating at maximum capacity and have little available time to progress these changes.



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### Enhanced multi-disciplinary teams

- 3.9. As with care at home, there are currently a significant number of vacancies within our multidisciplinary teams and therefore enhancing this capacity will create significant challenges.

Current plans include the following:

- Working with third sector organisations to provide a “community connector” facility, ensuring that wherever possible, people move out of statutory services and back to their previous level of activity and connectedness (this links with the work being progressed with Stay Well Stay Connected)
- Additional capacity within allied health professional teams to support the review of people’s care packages, and also to support the delivery of nutritional education
- Additional capacity to augment the hospital at home model of care, factoring in a 24 hour response, increased capacity for acute response and a “step down” function where there is an opportunity for more intensive rehabilitation and reablement, linking closely with care at home providers.

### Move to £10.02 per hour for Adult Social Care Staff

- 3.10. There is additional funding which is to be made available to support an improvement in terms and conditions for social care staff by raising their salaries to a minimum of £10.02 per hour.

## 4. Implications for IJB

- 4.1. **Equalities, Fairer Scotland and Health Inequality** - No direct implications, and it is expected that these funds will augment income for staff.
- 4.2. **Financial** - Funding is available and spend will not exceed available finances.
- 4.3. **Workforce** - These funds are in place to augment the workforce, however, they come at a time where there are significant challenges to the recruitment of staff working in Health and Social Care.



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- 4.4. **Legal** - There are no direct legal implications arising from the recommendations of this report.
- 4.5. **Other – none.**

### 5. Links to ACHSCP Strategic Plan

- 5.1. 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)