



INTEGRATION JOINT BOARD

Date of Meeting	11 October 2022
Report Title	Complex Care – Market Position Statement
Report Number	HSCP 22.082
Lead Officer	Kevin Dawson, Lead for Community Mental Health, Learning Disabilities & Substance Misuse Services
Report Author Details	Jenny Rae Programme Manager Jenrae@aberdeencity.gov.uk 07917559399
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	Appendix A: Summary of Complex Care MPS Appendix B: Complex Care Market Position Statement Appendix C: Stage 3 Health Inequality Impact Assessment

1. Purpose of the Report

- 1.1 This report seeks approval from the Integration Joint Board of the Complex Care Market Position Statement.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board (IJB):
- a) Approve the Complex Care Market Position Statement (Appendix B)
 - b) Note that progress on delivery of the Complex Care Market Position Statement will be reported to Integration Joint Board annually
 - c) Note that finance specific updates will be reported annually (at a minimum) to Risk, Audit and Performance Committee



INTEGRATION JOINT BOARD

- d) Instruct the Chief Officer to continue to explore with partners future new building and property redevelopment opportunities to provide facilities for people requiring complex care

- e) Instruct the Chief Officer to continue to work jointly with Chief Officer for Children & Family Services to ensure planning and provision of complex care for young people moving into adulthood

3. Summary of Key Information

- 3.1. The Complex Care Market Position Statement (MPS) has been developed to express our ambition of providing suitable local services for people with Complex Care needs, who often can be in Out of Area (OOA) placements, delayed in hospital or at risk of placement breakdown. The audience for the Complex Care MPS is providers of support and/or accommodation, which includes Registered Social Landlords and the Local Authority. A summary of the Complex Care MPS is provided in Appendix A.

- 3.2. In 2022 ACHSCP published a co-produced [Market Position Statement \(MPS\) for Mental Health and Learning Disability \(MHL\) Residential and Supported Living Accommodation](#). Complex Care sits as a sub-area of ACHSCP Mental Health and Learning Disability Services (MHL). A Complex Care MPS (Appendix B) has been produced, which is designed to complement previous work, and supply detail to the marketplace on the needs of this group. We have engaged with currently contracted Complex Care providers in the development of the MPS and received positive feedback on the approach detailed within the document. The MPS, if approved by the IJB, is for a period of 5 years (2022-2027).

- 3.3. Complex Care is a recognised term for people with a learning disability and is the focus of the MPS. People with Complex Care needs are low in number yet high in complexity. This group requires a strategic response to their needs, particularly considering how suitable support and appropriate environments are delivered to meet these needs. People with a complexity of need may require some similar support or environmental aspects but not to the same intensity or extent. As such, the themes of the MPS can, in part, be considered transferrable to other people or groups with complexity of need.



INTEGRATION JOINT BOARD

- 3.4. The Complex Care MPS will support sustainable planning for current and future needs, which includes children and young people in this group as they transition into adulthood.
- 3.5. A Framework agreement is in place for the provision of Complex Care services, and this is currently in year 1 of a potential 2-year extension. The Framework has already been in place for 2 years and incorporated the possibility of 2 x 1-year extensions. The intention is to add the re-provision of the Framework into the Procurement Workplan (to be agreed at IJB Q4 of 22/23) and to commence work to inform the future Framework agreement shortly after this, utilising the 2nd 1 year extension to support this process. This is aligned to the aims of the MPS and will be a mechanism by which individual need can be commissioned for. This work will be jointly undertaken by Commercial and Procurement Services, MHLD Programme Manager and relevant Service Managers as endorsed by the Strategic Commissioning and Procurement Board. Engagement with providers tells us that a longer-term contract will provide more sustainability, echoing other contractual work which is being progressed. The intention is to explore the creation of a 5 year plus agreement as this could better support development of local Complex Care services.

4. Implications for IJB

- 4.1. **Equalities, Fairer Scotland, and Health Inequality** – A Health Inequalities Impact Assessment (HIIA) 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. By the IJB accepting the MPS it is anticipated that the rights of people with Complex Care needs to access local services will be promoted and enhanced. It is not anticipated that this will adversely affect other groups and the implementation of the MPS may provide learning which can be utilised for other groups (for example the creation of local services for non-Complex Care needs). If the MPS is 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.
- 4.2. **Financial** - There may be financial implications to the ACHSCP budget in the delivery of Complex Care services. There is limited budget availability in the form of Community Living Change Fund however this is non-recurring funding to be used by March 2024. There is likely to be an evidenced cost neutral position by creating more local Complex Care services however



INTEGRATION JOINT BOARD

there will be a cost for accommodation from which services operate, work is ongoing to understand these costs and budget implications. Any specific proposals taken forward in the context of the MPS will require to be fully costed.

- 4.3. **Workforce** - There are workforce implications arising from the recommendations in this report in that the aim is to see further development of local Complex Care services. Within the ACHSCP Strategic Plan there is a Delivery Plan project specifically looking at the Complex Care workforce. The project will be commenced in October 2022 and will engage with all current provider as well as looking to best practice guidance.
- 4.4. **Legal** - There are no direct legal implications arising from the recommendations of this report however the intention to create a longer-term contractual agreement for the provision of Complex Care services which will require to satisfy contractual and procurement regulations. This will be detailed further by the inclusion of this procurement activity within the Procurement Workplan to be agreed by the IJB in Q4 of 22/23.
- 4.5. **Covid-19** - There are no direct Covid-19 implications arising from the recommendations of this report.
- 4.6. **Unpaid Carers** - There are no direct Unpaid Carers implications arising from the recommendations of this report. However, bringing people with Complex Care needs into suitable local services will support families to remain connected and for unpaid carers to be supported to maintain family relationship which may or may not have an unpaid carer aspect to them.

5. Links to ACHSCP Strategic Plan

- 5.1. The recommendations in this report complement the strategic priorities outlined in the Partnership's Strategic Plan. Complex Care is referenced as a specific focus area and has a range of Delivery Plan projects, all of which will contribute to providing more suitable, robust, and sustainable local services for people with Complex Care needs. They will aid the development of person-centred approaches to care and support and enable people to strengthen their connection and contribution to their local community.

6. Management of Risk

6.1. Identified risks(s)



INTEGRATION JOINT BOARD

Description	Mitigation	Ownership
Key leadership is not aware of the current Human Rights/Equality infringements of Complex Care individuals, because suitable accommodation that would allow these individuals to live locally and independently in their community, is not available.	The Complex Care Market Position Statement clearly outlines the Scottish Government recommendations, needs of Complex Care individuals and the accommodation, funding, and recruitment challenges in Complex Care.	Lead for Community Mental Health, Learning Disabilities & Substance Misuse Services/Programme Manager
ACHSCP will lose access to this funding if it is not used/allocated by March 2024.	Meet with Finance leadership to discuss how the Community Living Change Fund, allocated to ACHSCP, can be used to deliver Complex Care accommodation; to understand how the available funding can be maximised to meet Complex Care needs.	Lead for Community Mental Health, Learning Disabilities & Substance Misuse Services/Programme Manager and Chief Finance Officer
ACHSCP receives no interest from market, due to challenging economic climate, to invest in new purpose built or redeveloped facilities with suitable environments.	Continue to work with partners to explore future new building and redevelopment of existing properties to provide suitable facilities and environments for people requiring complex care and support.	Lead for Community Mental Health, Learning Disabilities & Substance Misuse Services/Programme Manager and Chief Finance Officer



INTEGRATION JOINT BOARD

<p>ACHSCP does not adequately prepare for accommodation needs by those who may require Complex Care support as an adult.</p>	<p>Continue to meet with Children Social Work Services and Adult Services to discuss the number of children/young people who currently meet the definition of Complex Care with a specific focus on 15 to 18 age range; to forecast the number of Complex Care accommodation units that will be required for individuals going forward and the process for continuous review.</p>	<p>Lead for Community Mental Health, Learning Disabilities & Substance Misuse Services/Service Manager Learning Disabilities</p>
--	---	--

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

- (1) The strategic commissioning of services from third and independent sector providers requires both providers and ACHSCP to work collaboratively (provider with provider and provider and ACHSCP) in order to strategically commission and deliver services to meet the needs of local people. This is a new dynamic, based on mutual trust.
- (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.

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

The content of this report seeks to mitigate the known risks by recommending a decision which supports the budget availability of the IJB & Partnership, the implementation of the Complex Care Market Position Statement seeks to strengthen local support for people with Complex Care needs in suitable and sustainable services/accommodation whilst working to budgetary availability and alongside partners who share responsibility for the delivery of aspects such as accommodation and housing benefits. There are risks that need will be unmet due to the dependencies out with the Partnership remit.

The risk is medium.