

	<b>Business Case</b>	Project Stage <b>Define</b>
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<b>Project Name</b>	Link Practitioner (Custody Suite)	<b>Date</b>	16.11.18
<b>Author</b>	Jenny McCann Community Links Development Manager	<b>Version</b>	V1.2

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### 1. Business Need

Evidence tells us that those within a custody setting have poorer health and wellbeing outcomes, with people experiencing high levels of mental health problems, trauma, learning difficulties (sometimes undiagnosed) and challenges with problem alcohol and substance use.

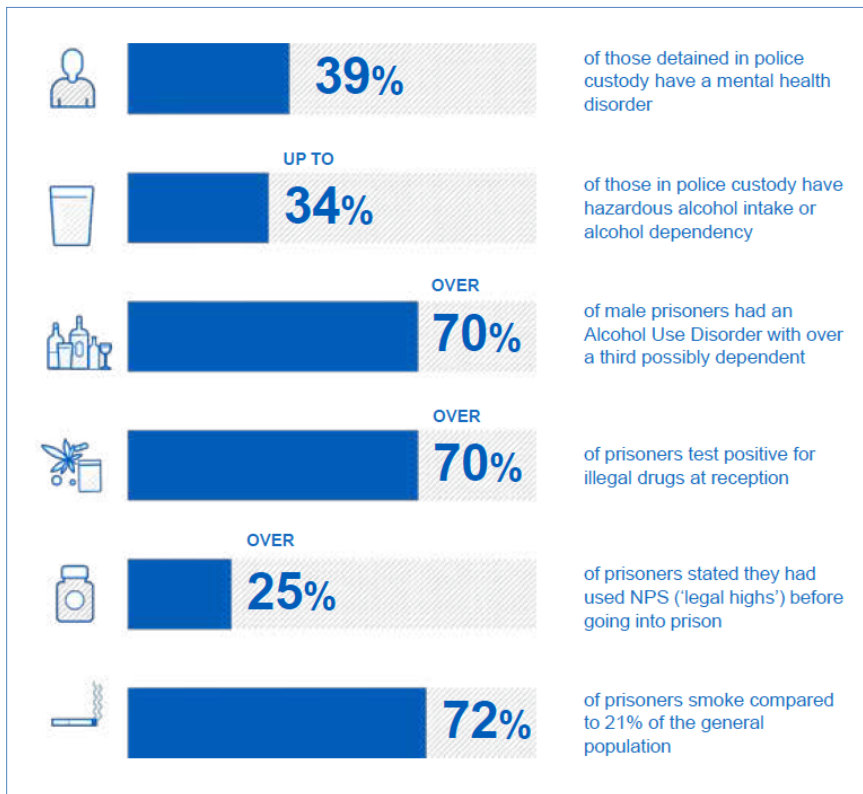


Fig 1 Recent data on the health and wellbeing of those in custody in Scotland<sup>1</sup>

These health and wellbeing challenges will often co-exist with long term social disadvantages and are directly linked to the wider determinants of people’s health. Nationally there has been a commitment to work with others to improve health and wellbeing in justice settings, focusing on mental health and substance use and to adopt approaches with a focus of prevention and early intervention to both contribute to reducing health inequalities and improving wellbeing and life chances<sup>1</sup>.

Reduced resources and growing demand across Health and Social Care means that there is a need to shift the focus from managing symptoms to prevention and resolving underlying causes. The development of a link working approach takes a step towards holistic management of individuals by introducing a complimentary non-medical skill set to primary care as well as supporting existing staff to adopt the links approach

<sup>1</sup> Justice in Scotland: Vision and Priorities (2017) <https://www.gov.scot/publications/justice-scotland-vision-priorities/>



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In Aberdeen, both the Alcohol and Drugs Partnership (ADP) and Police Scotland have identified a need to adopt new approaches and take additional steps to support the health and wellbeing of those in custody.

This project will support the following ADP workstreams:

- Workstream 2: Reducing Harm, Morbidity and Mortality
- Workstream 3: Service Quality Improvement
- Workstream 5: Intelligence Led Delivery

By ensuring that drug and alcohol strategies are responsive to the developing community justice agenda we aim to increase the uptake and retention of people in the justice system with drug and alcohol problems in specialist services over the next 2 years through improved data gathering, intelligence and joint working, specifically

- Ensure that when those in community based drug / alcohol treatment or mental health treatment enter and leave the community justice system that their treatment programme is continued
- Ensure those entering the community justice system who are not currently in community based treatment for drug / alcohol issues or primary health care are afforded opportunities to engage
- Ensure that other underlying issues relating to an individuals' health, wellbeing and offending are identified and supported, such as housing issues, benefits

This project will identify unmet needs in terms of physical health as well as mental health and contribute the Action 15 developments that are also planned for Kittybrewster Custody Suite.

The project will also contribute data and intelligence to help inform a health needs analysis being undertaken by Public Health in relation to health and wellbeing and will also inform the work of the MCN for BBVs and Sexual Health.

Outcomes from the project will contribute to discussions about a pan Grampian response to health and wellbeing and police custody.

By implementing a linking working approach within the custody suite at Kittybrewster, similar to that which is currently being rolled out across GP practices in Aberdeen City, it is anticipated that the resource, will help address socioeconomic inequalities and social determinants of health (depending on an individual's motivation and desire to engage). The programme is envisaged to reduce pressures on mainstream primary and community care services by meeting a need for joined up support across the Health and Social Care Partnership. This will be achieved by embedding a Link Practitioner into the Kittybrewster custody suite and supporting them to appropriately with link community, local GP practices and ACHSCP locality teams.

The Kittybrewster Custody Suite has a throughput/ footfall of 10,000 people a year (approximately 80% men, and 20% women). Through the provision of a link practitioner within the custody suite we will be able to support and enable change for those ready to take the next step to addressing health and wellbeing challenges within their lives. It is anticipated that by providing a service within the custody suite (as opposed to be referred to an external service) we will be able to provide a more motivating point to engage with support. This has been shown to be the case with the delivery of recovery services, and we plan to apply the same approach to a different setting.



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The partnership recognises the current (and future) challenges posed by an ageing population with long-term health conditions (both within the justice system and wider community) and the prevalence of Health inequalities combined with fiscal challenges. Whilst the 2014 health and wellbeing profile of the residents of Aberdeen City<sup>2</sup> show statistically significant scores above national average for several indicators (e.g. life expectancy (males), patients hospitalised with cerebrovascular disease and patients prescribed drugs for anxiety/depression/psychosis) there are areas where Aberdeen scores statistically significantly worse than the national average (e.g. drug related deaths, alcohol and drug related hospital admissions; patients hospitalised with coronary heart disease; people (65+) with intensive needs cared for at home).

The ACHSCP is committed to carefully considering approaches to reduce health and social inequalities and in particular, to balance provision of universal or more targeted service delivery with identified needs in and across localities. The Link Working Programme reflects this commitment and will be an important development to achieve this.

The project will provide an opportunity to scope and more deeply understand the demand locally for a link practitioner within the custody suite. It seeks to build on the initial successes and intelligence gained from the implementation of the link working approach within Aberdeen City, by utilising the community link working approach as a framework to facilitate transformational change within primary and community care. The programme will provide an opportunity to add intelligence about ways to prevent and reduce health inequalities and support an improved focus on person centre care planning and self-management.

The underpinning goal of the Link Working Programme is to assist primary care teams (and the wider health and social care system) to develop new capacities to become more effective in enabling patient self-management and supporting people to live more interconnected lives, which support their general wellbeing and sense of belonging.

The project aligns strongly with the aspirations as set out in Aberdeen City Health and Social Care Partnership's Strategic Plan and aims to support delivery of the strategic priorities.

A project team has been established to inform the development of this workstream which includes partners from Police Scotland, the Custody Health Catr Team at Kittybrewster, NHS Grampian's Public Health Team, SAMH and ACHSCP. The project team also feeds into Community Links Project Team to ensure alignment with the broader Link Working workstream.

In addition, there is representation from the project team on the Kittybrewster Partnerships Steering Group which has been established to ensure close working relationships and shared learning between services based within the custody suite at Kittybrewster and includes representation from Aberdeen and Drugs Action, Ditch Debt with Dignity, Action 15 Project Team.

## 2. Objectives

<sup>2</sup> ScotPHO (2014) *Health and Wellbeing Profiles 2014 (Aberdeen City)*. Available from: <https://scotpho.nhsnss.scot.nhs.uk/scotpho/profileSelectAction.do>



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*List the project's objectives. Make these tangible and clear as they will influence which option is recommended and will be used to monitor project progress and success.*

**To test a new way of person-centred working in a new setting** – the approach has been tested in GP Practices, this would see it tested in the custody suite

**Promote person centred care** - provide support and advice that is responsive to individual personal preferences, needs and value at a time when they most need it

**Improved service effectiveness and efficiency** - achieve more effective use of resources across the partnership and Police Scotland. These resources include staff, buildings, information, and technology.

**Improved staff satisfaction** – staff morale and cohesion will be improved

**Improve health and wellbeing of community** – people will have improved opportunities to access support to live well at a point when they are in.

**Support transformational change to the way we deliver health and social care through a model that focuses on community resources and prevention** – increase number and quality of connections between the custody suite and other sectors in the community.

### 3. Options Appraisal

#### 3.1 Option 1 – Do Nothing (Status Quo)

<b>Description</b>	<i>Describe the option and show to what extent it fulfils the project's stated objectives and any other benefits.</i> This option involves continuation of status quo
<b>Expected Costs</b>	<i>Detail the estimated costs involved with implementing this option, including whole life costing where appropriate.</i> As per current costs
<b>Risks Specific to this Option</b>	<i>Describe any significant risks which are specific to this option and any mitigating action.</i> Risks are managed as per existing arrangements
<b>Advantages &amp; Disadvantages</b>	<i>Weigh up the main pros and cons of this option.</i> <b>Advantages:</b> No change required No additional activity required. No additional costs. <b>Disadvantages:</b> Missed opportunity to test evidenced new way of working in a new environment

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	<p>Potential advantages may be missed. Possibility of low staff morale due to difficulty of caring for people in a holistic way. Clinical staff may end up undertaking inappropriate tasks No improvements in outcomes for citizens from existing system</p>
<p><b>Other Points</b></p>	<p>Any other relevant information.</p>

<b>3.2 Option 2 – Appoint a Link Practitioner within the Custody Suite for one year</b>	
<p><b>Description</b></p>	<p><i>Describe the option and show to what extent it fulfils the project's stated objectives and any other benefits.</i></p> <p>This option involves employing a link practitioner for one year to work alongside the Custody Health Care Team in the Kittybrewster Custody Suite.</p>
<p><b>Expected Costs</b></p>	<p><i>Detail the estimated costs involved with implementing this option, including whole life costing where appropriate.</i></p> <p>Costs relate to the provision of a link practitioner/ 1WTE equivalent link worker and associated training and IT requirements for one year</p>
<p><b>Risks Specific to this Option</b></p>	<p><i>Describe any significant risks which are specific to this option and any mitigating action.</i></p> <p>There is a risk that we may not be able to recruit a link practitioner for one year</p> <p>One year is insufficient time to and would be unable to demonstrate impact of programme.</p> <p>There is a risk that the NHS and Police Scotland IT systems are incompatible with those of SAMH. This is being mitigated by working closely with both stakeholders and Alcohol and Drugs Action (who already a service out of the custody suite) to understand what actions can be taken to ensure appropriate IT access.</p>
<p><b>Advantages &amp; Disadvantages</b></p>	<p><i>Weigh up the main pros and cons of this option.</i></p> <p><b>Advantages:</b></p> <p>Limited Costs</p> <p>Small scale test over a short time period requires less resource and support;</p> <p>Opportunity to test the design of systems to manage two-way communication/feedback between local agencies/third sector and custody care team within the custody suite;</p> <p><b>Disadvantages:</b></p> <p>There is already evidence available about the impact of link practitioners.</p>

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	<p>It is suggested that it may be challenging to recruit and retain a (quality) candidate to a post for only one year.</p> <p>If recruitment was possible, such a short time period for the role would limit the potential to effectively test the impact of the project (high risk that a Link Practitioner would leave post prior to the end of the contract) or support the significant transformational shift that is desired;</p>
<b>Other Points</b>	

<b>3.3 Option 3 – Appoint a Link Practitioner within the Custody Suite for two years in line with the current contract commissioned through the Health and Social Care Partnership</b>	
<b>Description</b>	<p><i>Describe the option and show to what extent it fulfils the project's stated objectives and any other benefits.</i></p> <p>This option involves employing a link practitioner for two years to work alongside the Custody Health Care Team in the Kittybrewster Custody Suite.</p>
<b>Expected Costs</b>	<p><i>Detail the estimated costs involved with implementing this option, including whole life costing where appropriate.</i></p> <p>Costs relate to the provision of 1WTE link worker and associated training and IT requirements for two years</p>
<b>Risks Specific to this Option</b>	<p><i>Describe any significant risks which are specific to this option and any mitigating action.</i></p> <p>There is a risk that the Custody Health Care Team may not buy into this project and resist its implementation. This is being mitigated through: the cocreation of the project with relevant stakeholders within both the custody suite and the Custody Health Care Team; sharing examples of best practice and the production of clear guidelines and appropriate documentation.</p> <p>There is a risk that the NHS and Police Scotland IT systems are incompatible with those of SAMH. This is being mitigated by working closely with both stakeholders and Alcohol and Drugs Action (who already a service out of the custody suite) to understand what actions can be taken to ensure appropriate IT access.</p>
<b>Advantages &amp; Disadvantages</b>	<p><i>Weigh up the main pros and cons of this option.</i></p> <p><b>Advantages:</b></p> <p>Supports testing of a completely new person-centred way of a working within the custody suite;</p> <p>Increased understanding and partnership working and improved</p>



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	<p>relationships across the statutory and voluntary sectors;</p> <p>Opportunity to design systems to manage two-way communication/ feedback between local agencies/third sector and the custody suite;</p> <p>Needs of individual can be assessed holistically and team has an opportunity to work out how best to meet the person's needs;</p> <p>Supports the continued shift to a more person-centred culture;</p> <p>May realise financial efficiencies;</p> <p>Possibility of improved staff and patient experiences;</p> <p>Potential to reduce flow of people through the custody suite</p> <p>(Re-)Connect some of the most vulnerable into Primary Care Services</p> <p><b>Disadvantages:</b></p> <p>Will require funding to support</p>
<b>Other Points</b>	<p><i>Any other relevant information.</i></p>





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### 3.4 Scoring of Options Against Objectives

Objectives	Options Scoring Against Objectives							
	1	2	3	4	5	6	7	8
To test a new way of person-centred working within the custody suite	0	1	3					
Promote person centred care	1	1	2					
Improved service effectiveness and efficiency	0	1	2					
Improved staff satisfaction	0	1	2					
Improve health and wellbeing of community	0	1	2					
Support transformational change to the way we deliver health and social care through a model that focuses on community resources and prevention	0	1	2					
<b>Total</b>	1	6	13					
<b>Ranking</b>	3	2	1					

#### Scoring

Fully Delivers = 3

Mostly Delivers = 2

Delivers to a Limited Extent = 1

Does not Deliver = 0

Will have a negative impact on objective = -1



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## 3.5 Recommendation

Based on the options appraisal above, it is recommended that option 3 is delivered

## 4. Scope

*What will the project produce? What are its outputs?*

*Consider what business services, processes, people and environments will be delivered, affected or changed by the project.*

*Also define the work the project will carry out to make the transition from the project to 'business as usual'.*

### **Project and Programme Aims:**

The community link working programme aims to explore how by embedding link practitioners into primary care teams we can support people to live well in their community. This project will see the extension of the programme to include a link practitioner based within the custody suite at Kittybrewster, working alongside the Custody Health Care team

Community link working is:

- An approach (or range of approaches) for connecting people to non-medical sources of support or resources in the community which are likely to help with the health problems they are experiencing
- Used interchangeably with other terms, such as social prescribing, signposting, and community referral
- Used primarily in primary care and enables staff to draw on non-medical options to support their patients
- Used with a number of different client groups and draws on a wide range of local, city-wide and national support services
- Person-centred and tailored to the individual's needs irrespective of where it is delivered.

This project will be made up of two interrelated interventions; the provision of a custody attached link practitioner, and the development of a broader links approach within the custody suite.

**The Link Practitioner** – A link practitioner worker is a community orientated role, in this case attached to the custody suite at Kittybrewster, whose primary purpose is to work with individuals who find themselves in custody on a one-to-one basis to help identify and address issues that negatively impact their health. Central to the approach is identifying and supporting individuals to access suitable resources within the community that can benefit their health and increase health competence. They also network with these local community resources to support the development of their own capacity and identify any gaps in local service provision.

### **Key Elements of model:**

- A Link Practitioner will be attached/ embedded into the custody suite as Kittybrewster as an extension to the existing Aberdeen Links Service (which is deploying/will see link practitioners (employed by Scottish Association of Mental Health [SAMH]) attached to every GP practice in



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Aberdeen City)

- The custody link practitioner will become part of the existing Aberdeen Links team and will be able to draw upon the existing skill mix within the team, depending on needs and priorities
- Link Practitioners must have the 'right' skills, including excellent listening, communicating and people skills and the ability to develop trusting relationships and have 'good' conversations.
- Initially no specific referral criteria but a focus on 'vulnerable' people
- Person centred approach using common assessment & goal setting tools / outcome focussed
- Custody Health and Police Scotland engagement and support established from the outset and with a commitment to use signposting when appropriate
- Focus on prevention and reducing health inequalities
- Clear referral pathways established to citywide and local third sector service and organisations
- Non-dependency relationship
- Identifies gaps in local / citywide service provision to refer people onto
- Custody and city-wide governance structures in place
- Sustainable funding for third sector service provision
- Community Links Development Manager to oversee and support implementation of the model
- Improvement methodology to be used to evaluate the model

## **Custody Suite Link Working Outputs:**

### **Custody Suite Goals**

- Reduction in the flow of people through the custody suite
- Improved and sustained engagement with most appropriate health and social care services
- Added value to Custody Suite interactions by providing staff with a range of options, including signposting when appropriate, to complement medical care using a more holistic approach
- Custody Health Care staff and referrers confident in and engaged with the link working approach (linking with community assets)
- Enhanced inter-service relationships within wider locality e.g. better communication, exchange of knowledge and ideas

### **Patient Goals**

- Improved links into wider services (Community, Mental health and Primary Care)
- Sustained relationship with services (as appropriate) past initial engagement
- Increases in self-esteem and confidence, sense of control and empowerment
- Reduction in symptoms of anxiety and/or depression, and negative mood
- Improvements in physical health and a healthier lifestyle
- Reduction in isolation (social isolation and loneliness/ isolation from services/ isolation from communities)
- Improvements in motivation and meaning in life, provided hope and optimism about the future
- Acquisition of learning new interests and skills



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### 4.1 Out of Scope

*List any notable exclusion, those areas that may be viewed as associated with the project or the affected business area but which are excluded from the scope of the project.*

This project will link into a number of transformation projects most significantly with Aberdeen Links Service, as well as the development of Scotland's Services Directory. However, other projects are outwith the scope of this project.



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### Benefits

#### Citizen Benefits

<u>Benefit</u>	<u>Measure</u>	<u>Source</u>	<u>Baseline</u>	<u>Expected benefit</u>	<u>Measure frequency</u>
Social connectedness	Loneliness	Outcome Questionnaire	On initial assessment	Reduced loneliness	Baseline @ 6 & 12 months
	Participation in groups	Outcome Questionnaire	On initial assessment	Increased connectedness	Baseline @ 6 & 12 months
	Social Support	Outcome Questionnaire	On initial assessment	Increased social networks	Baseline @ 6 & 12 months
Wellbeing	Resilience	Outcome Questionnaire	On initial assessment	Improved citizen resilience	Baseline @ 6 & 12 months
	Quality of life	Outcome Questionnaire	On initial assessment	Improved quality of life	Baseline @ 6 & 12 months
	Happiness	Outcome Questionnaire	On initial assessment	Increased happiness	Baseline @ 6 & 12 months
Satisfaction	Perception of Link Workers project	Service Questionnaire & Interviews	n/a	Standard and satisfaction with care is no worse than usual care	@ 6 months



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Staff Benefit					
<u>Benefit</u>	<u>Measure</u>	<u>Source</u>	<u>Baseline</u>	<u>Expected benefit</u>	<u>Measure frequency</u>
Professional development (Link Practitioner)	Staff development	Staff supervision	Goal setting & job aspiration session during training & induction	New skill development and training opportunities identified & met	Baseline (1 month) @ 6, 12 & 18 months
	Job satisfaction	Service questionnaire	n/a	Staff feel they are empowered to make a difference to people's lives	@ 6 months
	Perceived multi-disciplinary working	Staff feedback	Current perceptions of multi-disciplinary working	Improved multi-disciplinary working	Baseline @ 9 months
Embracing the Link approach (Custody Team)	Understanding of the links approach	Service Questionnaire & Interviews	Current perceptions of the links approach	Improved/ increased engagement with the links approach	Baseline @ 6 months
	Knowledge of community assets	Service Questionnaire & Interviews	Current knowledge levels of community assets	Increased knowledge of and therefore engagement with community assets and services	Baseline @ 6 months
	Confidence of social prescribing	Service Questionnaire & Interviews	Current confidence in social prescribing	Increased linkages with and referrals to community assets	Baseline @ 6 months
	Satisfaction with the Links Approach	Service Questionnaire & Interviews	n/a	Staff feel satisfied with see the value of the links approach	@ 6 months

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## 5. Costs

### 5.1 Project Capital Expenditure & Income

(£'000)	2017/18	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Total
<b>Sub-Total</b>											

### 5.2 Project Revenue Expenditure

(£'000)	2018/19	2019/20	2020/21	2021/22	Total
Payroll cost for 1WTE Link Practitioner					
Supplies & Services					
Admin costs					
<b>Sub - Total</b>					
<b>Total (Revenue and Capital)</b>					

*\* Financials for the business case can be found in confidential HSCP.19.026 Appendix D (Financial Summary)*

## 6. Procurement Approach

*If this project will involve the procurement of products or services, describe the approach that will be taken based upon the recommended option.*

The Scottish Association of Mental Health were awarded the contract to deliver the Aberdeen Links Service in January 2018. The provision of a Custody Suite Link Worker will therefore be delivered through an amendment of the existing Aberdeen Links contract.

## 7. State Aid Implications

*Indicate whether this project will have any state aid implications.*

There are no anticipated state aid implications.





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## 8. Equalities Impact Assessment

*What equalities impacts (including health impacts) with the project have. Indicate whether an equalities impact assessment and/or health impact assessment has or will be undertaken.*

The Community Link Working Programme will actively promote the engagement of people from diverse and marginalised groups by:

- Engaging with communities through asset member and spreading approaches in community capacity building to identify and respond to small gaps in services
- Support the engagement of small, local groups from diverse backgrounds
- Encourage processes to make it easy to find, understand and use information

## 9. Key Risks

Description	Mitigation
<i>Fully explain any significant risks to the project, especially those which could affect the decision on whether and in what form the project goes ahead.</i>	<i>Details of any mitigating action already taken or suggested</i>
Lack of buy in from the Custody Health Care Team, who therefore resist its implementation.	Cocreation of the project with relevant stakeholders within both the custody suite and the custody health care team; sharing examples of best practice and the production of clear guidelines and appropriate documentation. Custody or ADP representative invited on to Community Link Working Project team to ensure communication and to champion project
Lack of time in programme to achieve clear outcomes	Resource identified to support evaluation and other sources of funding/models may be looked at to extend the programme past 2 years
Lack of capacity in third sector to respond to local need	ACVO Third Sector Interface sit on project team to ensure that any issues are raised and to support the third sector
Lack of information system to support signposting and link practitioner process	Link Practitioner trained to access and input into the new Scotland's Services Directory (a digital platform for health and wellbeing information)
For the proposed new model of service delivery to be effective and to maximise the benefits, full commitment and "buy in" to the new service	Communication and Engagement Strategy to be in place



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model and the project from all partners and stakeholders is essential.	
Difficulty in sharing patient information between Custody Health Care Team and link practitioner	Ongoing dialogues with information governance and data sharing teams to ensure process in place.
NHS and Police Scotland IT systems are incompatible with those of SAMH.	Ongoing close working with both stakeholders and Alcohol and Drugs Action (who already deliver a service within the custody suite) to understand what actions can be taken to ensure appropriate IT access
Project Delay	Project Plan to be in place and monitored at project team meetings

### 10. Time

#### 10.1 Time Constraints & Aspirations

*Detail any planned or agreed dates, any time constraints on the project or the affected business areas and any other known timescales.*

This link practitioner resource will be provided by SAMH, following an amendment to the current contract. The link practitioner resource in the custody suite will commence in September 2019 and will run for an initial 2 year duration.

#### 10.2 Key Milestones

Description	Target Date
ADP Board approval of Business Case and to incur expenditure	07.12.18
Amendment of Contract	June 2019
Recruitment of Link Practitioner	July 2019
Go live date	September 2019

### 11. Governance

*Include any plans around the ownership and governance of the project and identify the people in the key project roles in the table below.*

This project will sit within the Programme Management Structure of the Aberdeen City Health and Social Care Partnership.

A project team is in place for the Community Link Working Project, this project team reports through the Self-Management and Building Community Capacity working group to the



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Transforming Communities and Service Delivery Programme Board, and ultimately the Executive Programme Board and IJB.

The project will also report back to the Alcohol and Drugs Partnership Board through project highlight reports on a quarterly basis.

Role	Name
<b>Project Sponsor</b>	Gail Woodcock, Lead Transformation Manager
<b>Project Manager</b>	Jenny McCann – Transformation Programme Manager
<b>Other Project Roles</b>	ADP representative and/or Custody Suite Representative Shona Alexander – Practice Manager Dr Robert Caslake – ACHSCO Community Geriatrics Service Donna Dickson – Practice Manager Dr Raj Gupta – General Practice Clinical Lead Susan Morrison – Partnership Officer, ACVO Jane Russell – Partnership Manager, ACVO Calum Leask – Research Manager Cliff Watt – Community Business Manager, SAMH Cat Anderson – Project Implementation Manager, SAMH Graeme Henderson – Director, SAMH Jenny Wooley – Senior Primary Care Link Practitioner

### 12. Resources

Task	Responsible Service/Team	Start Date	End Date
Legal Advice - Contract (ACC)	Alison Watson – ACC Solicitor Lorna McColl – Central Legal Office	November 2018	ongoing
Data Sharing/ Information Governance Advice	Roohi Bains	November 2018	ongoing
ICT			

### 13. Environmental Management

*Fully explain any impacts the project will have on the environment (this could include, for example: carbon dioxide emissions, waste, water, natural environment, air quality and adaptation). Include both positive and negative effects and how these will be managed. Include details on how this has been assessed; giving an idea of the cost implication if this exists.*



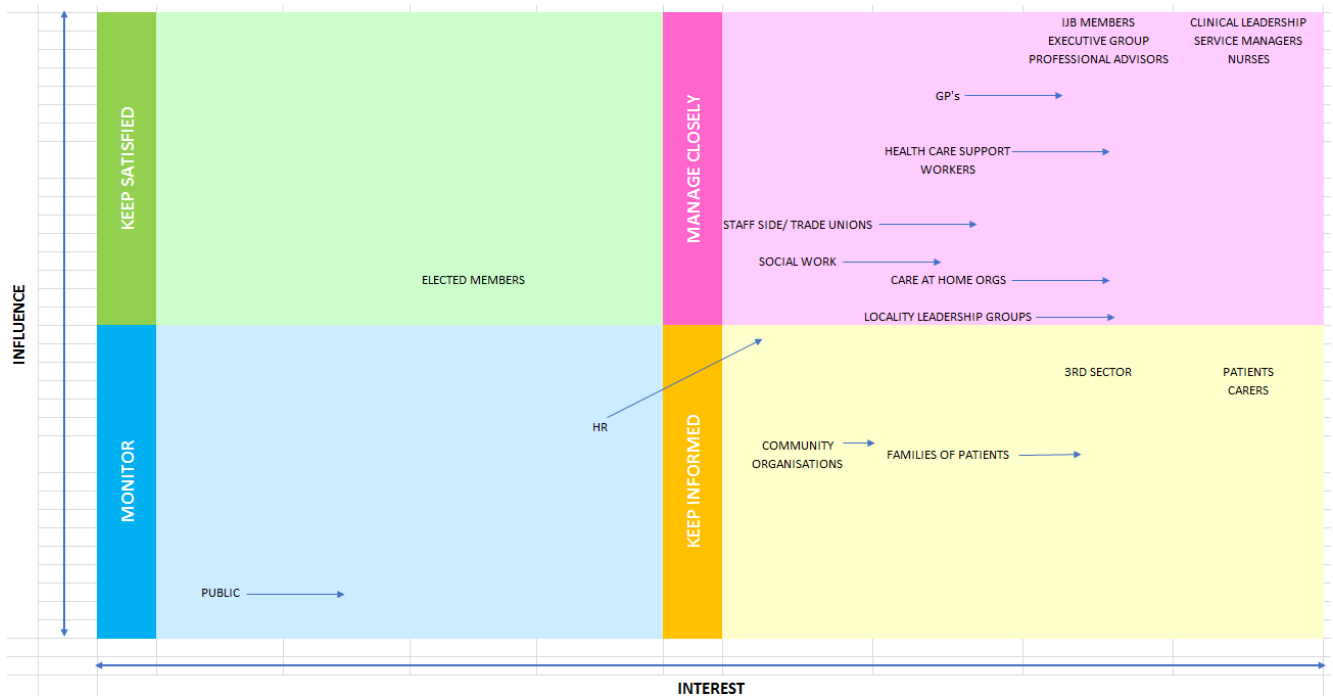
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The project should have a neutral impact on the environment as the team will be locally based.

## 14. Stakeholders

List the key interested individuals, teams, groups or parties that may be affected by the project or have an interest in it, including those external to the organisation. Show what their interest would be and their level of responsibility. Also discuss any plans for how they will be engaged including the use of any existing communication channels, forums or mechanisms already in place.



A stakeholder matrix has been developed by the Project Team as above. Due to the significant number of stakeholders affected by the project it is imperative that a communication strategy is developed which will consider appropriate ways to ensure communication throughout the duration of the project.

## 15. Assumptions

Document the high level assumptions that have been made during the development of the business case and any other unanswered questions that may be significant.

The following assumptions have been made:



## Business Case

Project Stage  
**Define**

- We will be able to amend the existing Community Link Working Contract with SAMH
- That we are able to recruit an appropriate link practitioner
- People in custody will engage with the process

### 16. Dependencies

*Document any projects, initiatives, policies, key decisions or other activities outside the control of the project that need to be taken into account or which may present a risk to the project's success.*

This project is part of a wider transformational programme across Aberdeen City intended to radically change the system of health and social care. Whilst this project will have great value on its own, when it is taken together with the other elements of implementing the integration strategies and plans it will provide essential and fundamental support for service change across the city.

Whilst this project is dependent upon the partner organisations successfully dealing with the challenges in a positive and proactive way, it is also a significantly contributing action that is part of the overall approach to dealing with these issues through:

- Promoting people's shared responsibility for prevention, anticipation and self-management
- Improved integration across the ACHSCP and other public and third sector bodies
- Recognition, promotion and development of the link worker roles
- Engagement and buy in from Custody Health Suite staff and Police Scotland staff based at Kittybrewster

### 17. Constraints

*Document any known pressures, limits or restrictions associated with the project.*

Constraints are being defined and managed as the project progresses

### 18. ICT Hardware, Software or Network infrastructure

Description of change to Hardware, Software or Network Infrastructure	Approval Required?	Date Approval Received
Mobile device and ICT equipment to be provided by SAMH for Link Practitioner	No	



## Business Case

Project Stage  
**Define**

Network infrastructure to provide ICT access for link practitioner	Ongoing – Police Scotland to lead	
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### 19. Support Services Consulted

Service	Name	Sections Checked / Contributed	Their Comments	Date
Legal	Alan Thomson/ Alison Watson	Legal		
SAMH	Andy McGregor	Finance	Provided budget for business case	November 2018
Custody Health Care Team	Lindsay Ross/ Dr Jennifer Low	Relevant Sections	Information is accurate and happy with content	December 2018

### 20. Document Revision History

Version	Reason	By	Date
1.1	Draft Business Case	Jenny McCann	16.11.18
1.2	Comments received from Dr Jennifer Low	Jennifer Low	05.12.18
1.3	Comments received from Simon Rayner (ADP)	Simon Rayner	06.12.18