



**ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD - 22 JUNE 2022
SUPPORTED ACCOMMODATION REVIEW
REPORT BY GAIL SMITH, CHIEF OFFICER**

ABSTRACT

In 2019, the Angus Health and Social Care Partnership planned to move to a model of providing full personal care and support in the supported housing complexes at St Drostan's Court, Brechin, and Provost Johnston Road, Montrose, as an inhouse, on-site provider. This approach was based on predicting a continued high number of older people in these two complexes. In the last eighteen months, however, the balance of provision in the supported housing complexes has changed with more tenants having learning or physical disabilities and fewer older people. People with learning or physical disabilities usually have well-established care packages provided by external providers and do not wish to change their provider when they enter their tenancies. This has meant that our inhouse, on-site model is no longer viable as the housing complexes do not have enough older people to make the model work, both financially and in terms of ensuring that staff are effectively utilised.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board: -

- (i) Notes the contents of this report.
- (ii) Has regard to the options appraisal and consultation responses.
- (iii) Agrees to progress with Option 3, to revert to a concierge only service at St Drostan's Court and Provost Johnston Road.
- (iv) Notes that the start date will depend on an alternative arrangement being in place for medication administration
- (v) Delegates the decision to proceed following the aforementioned arrangement being in place to the Chief Officer.
- (vi) Makes the Direction, as attached at Appendix 5 and instructs the Chief Officer to issue the Direction to Angus Council.

2. BACKGROUND

The model of support that has historically been provided within the supported accommodation complexes was one of care and support. This included such things as provision of meals, organised social activities and general staff care and support on site 24 hours per day, 7 days per week. Both the supported accommodation complexes are owned by Angus Council who also carry out the allocation of tenancies, but Angus Health and Social Care Partnership carry out the support and care. A concierge can be described as the person on site who delivers enhanced housing management tasks, such as maintaining the safety and security of the building, but they do not provide personal care. This service model does not need to be registered with the Care Inspectorate. The concierge model operates 24 hours per day, 7 days per week. This is the model currently in place at Kinloch Court, Carnoustie.

A review of the on-site model of support at St Drostan's Court, Brechin and Provost Johnston Road, Montrose was concluded in 2019. This review was undertaken to address issues of efficient use of resources, tenant preference, and to attempt to achieve a consistent approach across supported housing complexes in Angus. The Partnership developed options for

proposed future models of supported accommodation, which included a cost benefit analysis of each potential model. The outcome of the 2019 review was that the model would be changed to enable the inhouse, onsite staff to provide personal care, with the exception being Kinloch Care, which already operated a concierge model which tenants did not wish to change, and which was working effectively.

Social Work has a legal duty placed upon it to offer users of the service a choice of care models to meet their individual need under Self Directed Support (SDS). The success of the new model would depend on enough residents opting for on-site care provision so as to ensure that the model would be efficient and sustainable, financially and in terms of efficient use of staff. (If tenants opt for alternative providers of care, this can result in onsite staff not being fully utilised, impacting adversely on morale, and leading to staff retention problems. This would also not represent best value.

The full implementation of this model was delayed due to COVID 19, so the model was only partially implemented on 3 May 2021. This meant that not all staff posts were recruited to at that time, as there was a need to monitor the demand for onsite care before scaling up to a fully staffed model. Over the two years between the conclusion of the 2019 Review and the launch, there had been a change in the type of tenants moving into Provost Johnston Road and St Drostan's Court with more tenants under the age of 65 taking up tenancies and choosing their own provision for care and support from external providers. Over half of the tenants had chosen not to have their care and support provided by the onsite staff. This meant that the onsite staff were under- utilised, that the option had ceased being cost effective, and was a poor use of available staffing resources.

3. CURRENT POSITION

There are 14 flats in St Drostan's Court and 20 flats at Provost Johnson Road. Previously, applications were only considered for people over the age of 55 years, but in 2019, shortly after the completion of the supported accommodation review The Supported Housing Assessment and Allocation Protocol was updated to allow application from those under 55 years of age. This was done in order to address the ongoing problem with long term voids in the properties. The table below shows the split in age of the current tenants which shows a large proportion of tenants who are under 65 years of age.

The table below shows the current split of tenants by age group and the number of voids as of May 2022.

Table 1

Tenants Property	Tenants over 65 years of age	Tenants under 65 years of age	Number of voids	Total
St Drostan's Court	5	5	4	14
Provost Johnston Road	8	10	2	20

The table below shows the number of planned care hours that staff are currently delivering per week, as of May 2022.

Table 2

Planned care (hrs) Property	Hours- tenants over 65 years of age	Hours - tenants under 65 years of age	Total planned care hours being delivered per week
St Drostan's Court	6.25	14	20.25
Provost Johnston Road	1	0	1

As a result of the changing profile of tenants, the implementation of the in-house personal care service was paused in order to review the previous decisions. Continuing to progress with the implementation of the previously agreed in-house personal care model would not allow the Partnership to demonstrate best value as the financial modelling was dependant on an increased number of tenants choosing the in-house support and this had not happened; staff were not being fully utilised, which would result in an inefficient and expensive model of care and support.

Table 3 shows the current staff hours available each week compared to the amount of care being delivered (as of May 2022).

Table 3

Care being delivered	Staff hours per week	Hours required to run concierge service	Number of care hours being delivered	Difference (hrs)
Property				
St Drostan's Court	180	204	20.25	-44.25
Provost Johnston Road	210	204	1	5

Table 3 highlights that the staff hours available currently are delivering both personal care and a concierge service. The current model at Provost Johnston Road is not viable due to a lack of demand with only 1 hour of personal care being delivered per week. The situation is different at St Drostan's Court where there are not currently enough staffing hours. Staff from Provost Johnston Road have until recently been supporting the shortfall in staff hours at St Drostan's Court. A number of staff have recently resigned from posts at Provost Johnston Road.

If the recommendations of this report are agreed, then there will be a need to make changes to the staffing establishment to reflect that Social Care Officers are not required for a concierge only service; they will instead be replaced with Social Care Worker posts. Recruitment would then take place to ensure there are sufficient staff hours to support a concierge only service.

The concern with the model at St Drostan's Court is that there is no demand from Older People to take up tenancies within the complex and there are currently 4 voids. If these tenancies are filled with those under the age of 65 then it is likely that they will not opt for the in-house personal care service as most will already be in receipt of a package of care and support from a private provider. The number of personal care hours being delivered by the in-house staff at St Drostan's Court is likely to continue to reduce as younger tenants move in. If St Drostan's Court was to continue to carry out an in-house personal care service, there would be a need to recruit staff to cover the shortfall in hours. However, there may be the requirement to carry out a further review of the service if the hours being delivered decrease which would cause more uncertainty for staff, tenants and families.

3.1 CONSULTATION

Good practise and legal duties require that a strategic change to service provision requires an options appraisal with all stakeholders before proceeding and that when any decision is made, regard must be had to this options appraisal and any consultation responses. This report provides an update to the Integration Joint Board (IJB) following the consultation process undertaken in relation to the future delivery arrangements for supported accommodation at St Drostan's Court, Brechin and Provost Johnston Road, Montrose. It details the results of the consultation and makes recommendations informed by these results.

A legal duty to assess the impact of applying a proposed new or revised policy and good practise requires that officers consult with all involved stakeholders on the options for changing the model of care delivered at St Drostan's Court and Provost Johnston Road. The consultation had a defined parameter: any successful option must ensure that the model of care on offer is efficient and sustainable and recognises the changing demographics of tenants in these supported accommodation facilities. The consultation therefore focussed on the best means by which this could be achieved, taking into account a range of stakeholder views.

The welfare of the tenants is paramount, and, to minimise any potential impact and to support tenants, families and staff as much as possible, this consultation was approached in a planned way, taking into account their needs, and ensuring that clear and consistent communication and engagement took place. Careful consideration was therefore given to how meaningful consultation could take place with tenants, families and staff, taking account of COVID 19 restrictions. The use of the advocacy service was also considered, with advocacy support made available for anyone who requested it.

The terms of the consultation are detailed below:

- A stakeholder analysis was undertaken to identify all key stakeholders. This included tenants, family members and staff of the two supported accommodation facilities that could potentially be affected and included guardians, Power of Attorneys and advocates. Other stakeholders included IJB board members, Elected Members, MP's and MSP's, GP's, Allied Health Professionals, Care Managers, nurses, Locality Improvement Groups, NHS Tayside, Carers Strategic Planning Group, Angus Council Housing service, the Advocacy Service, Chief Social Work Officer, Staff Partnership Forum and Trade Unions.
- A programme of consultation was developed, and methods of consultation were identified to meet the varying needs of different stakeholders.
- A suite of consultation materials was developed to support the consultation programme. These include a briefing paper providing background information and the rationale for the consultation (Appendix 1), and an options paper detailing all the options and the factors to be considered in identifying the impact of the options, which included a feedback form. (Appendix 2).

The public consultation process commenced on 6 December 2021 and remained open until 21 January 2022, allowing a period of 7 weeks for meaningful consultation to take place. Several face-to-face meetings took place with staff, tenants and families in each supported accommodation facility with Human Resources and Trade Union representation present at the staff meetings. All staff were issued with paper copies of the consultation materials. The Unit Manager was also given electronic copies. Consultation materials were posted or emailed to families and carers and paper copies were provided to tenants.

Face to face drop-in sessions were provided in each of the supported accommodation facilities, these were open to staff, tenants, families, and carers. The sessions provided an opportunity to discuss the consultation materials and the background behind the review. Some staff and family members opted to discuss the consultation over the phone rather than attend in person. The Unit Manager and staff dedicated time to support tenants to provide feedback. The Advocacy Service was also available to support tenants to provide feedback.

Electronic copies of the consultation materials were emailed to key stakeholders the week of 6 December 2021 for discussion within team meetings and across services. Feedback forms were returned both electronically via email, and via paper copies handed in directly. 27 feedback forms were received in total.

3.2 FINDINGS

A total of 27 responses were received. Table 4 provides a breakdown of the source of responses. More detail on the findings can be viewed in Appendix 4.

Table 4

Source Respondent	St Drostan's Court	Provost Johnston Road	Angus Wide Response	Total
Family Member/Unpaid Carer	5	2		7
Service User/ Tenant			4	4
Staff	1	1	10	12
Case Holder/MHO			1	1
Trade Union			1	1
Other			2	2
Total	6	3	18	27

Although the total returns could be viewed as being of a fairly low rate, it should be noted that some staff opted to provide a group response following consultation meetings and discussions.

There were several key themes from the feedback received from the consultation exercise:

- Respondents who use the in-house personal care service praised the quality of care being received.

- The majority of responses from family members/ carers highlighted that they did not want any changes to the current service provision despite some not currently utilising the inhouse personal care service.

As part of the consultation process respondents were asked to indicate their preferred option from a choice of 4 options identified within the options appraisal. The results of this are detailed in Table 5. Details of each option can be viewed in Appendix 2.

Table 5

Option \ Source	St Drostan's Court	Provost Johnston Road	Other (Angus Wide)	Total No	% Total
1 Proceed with current model of in-house staff providing personal care and 24 hr concierge service– fully staffed service	3	2	7	12	44%
2 Proceed with current model of in-house staff providing personal care and 24 hr concierge service– limited staff (not all post filled due to current demand levels)	3		2	5	19%
3 Revert back to previous model (24 hr concierge only service) – Kinloch Court style service		1	8	9	33%
4 Operate without on-site staff				0	0%
No Option Chosen			1	1	4%
Total	6	3	18	27	100%

Table 5 illustrates that the majority (44%) of respondents chose option 1 as their preferred option. Feedback from the consultation illustrated that this was a well-informed decision. The majority of the 44% were family members or unpaid carers who were unhappy to support any change to the current service provision.

The second most popular choice was Option 3. The majority of respondents who selected this option are staff who feel that the current service is not sustainable due to low demand. The lack of demand for in house personal care may result in staff feeling demotivated and unfulfilled in their roles as they will not be fully occupied. It is important to note that some responses were provided by a group of staff rather than an individual. Some feedback has been recorded as being an Angus-wide response as this captures the views of the trade unions and elected members or those who have not made it clear which supported accommodation facility they are referring to in their response.

4. PROPOSALS

The majority of respondents favoured the retention of on-site personal care support. However, this needs to be balanced against the IJB's duty to deliver best value in its services and to maximise the effective use of its staffing resources. It is also the case that there is not the level of demand for personal care that would justify its retention on-site. It is proposed therefore that the IJB agree to progress with Option 3, to revert to a concierge only service at St Drostan's Court and Provost Johnston Road, for the following reasons.

- Whilst residents and their families preferred to continue with on-site care provision, supporting this option would mean continuing with a model that is not economically viable in the long run because of the low uptake of provision, as more residents commission external providers of care under SDS. It is clear that this younger group do not wish to change from their existing service provision when they enter a tenancy.
- Of the options available, only options 3 and 4 allows AHSCP to demonstrate best value financially. Option 3 is the only option which retains an internal workforce and ensures that staff are fully utilised.
- Option 3 is the current model of support at Kinloch Court, Carnoustie and this model works well and is sustainable financially and it terms of staffing. There is also

significant demand from those under the age of 65 years for tenancies at Kinloch Court. Feedback shows that tenants also value the concierge service provided at Kinloch. This change would ensure that all three internal supported accommodation facilities offer the same model of support.

4.1 NEXT STEPS

Should this option be agreed, initial engagement informing people of the outcome of the IJB decision will take place quickly, supported by a written briefing. Further engagement will include briefings and individual review meetings with care managers, tenants, families and carers to consider alternative care providers.

Tenants

There are currently 4 tenants at St Drostan's and 1 tenant at Provost Johnston Road that receive personal care or support with medication administration from the in-house service. Individual meetings will take place with tenants and their families to progress a change of provider of care and support using SDS legislation/framework. The involvement of an advocate will be offered where appropriate.

Day-time medication administration will be carried out by care providers or the District Nursing service, depending on the individual case. Work is also underway to establish a solution for out-of-hours medication support. (It should be noted that, in the current tenant group, the type of medicine being administered at nights is very low level). This will in due course be provided by Community Alarm, who will receive training in medicine. It is likely to be late summer before staff have all received the necessary training. Inhouse support will continue until this alternative provision is in place. It may be possible for an interim arrangement to be made with Out of Hours Health Care Support Workers, but this is not yet confirmed.

The welfare of the tenants will be paramount, and they will remain at the centre of any plans going forward. To support tenants, families, and staff as much as possible, this will be approached in a planned and phased way, taking into account their needs, and by ensuring that clear and consistent communication and engagement take place.

Staff

Consideration has been given to redeployment as some staff will be impacted upon by the change of model. We would propose to apply the Angus Council Managing Workforce Change process. Due to the very low numbers of staff who may be impacted, the service is confident that these staff will be successfully deployed into existing services. Officers will work to ensure the retention of any displaced skilled and experienced staff with the intention of avoiding staff redundancies.

There are currently 4 Social Care Officers employed over the two supported accommodation facilities. A small number of current Social Care Officer staff have indicated that they would opt to revert to a Social Care Worker post in the event that Option 3 is progressed to allow them to continue to work in the service.

It is expected that there will be very low numbers of staff, (less than five), who may require redeployment. It is strongly desired that compulsory redundancies for staff are avoided, and work will be undertaken to identify alternative employment options through the Council's Managing Workforce Change policy. It is anticipated that opportunities for redeployment of the workforce into care at home services will be available and that the range of opportunities and options available for redeployment of the workforce will be sufficient to meet the low demand. The relevant trade union officials will be engaged in the process. There will be regular communication with staff including formal briefings and individual meetings to aid the progression of staff options, as required. Regular consultation with staff will ensure that staff are made clear as to their options in order to make choices about future job roles.

5. FINANCIAL IMPLICATIONS

The "projected financial impact" of each option was detailed in Appendix 2 for the purposes on the consultation. These projections were based on service information as of October 2021. These projections have been reviewed in line with changes within the service, including changes to staffing levels and the number of personal care hours being delivered. The financial impact of option 4 has not been reviewed as the outcome of the consultation made it

clear that this option will not be progressed. Table 6 shows the current projected financial impact of each option as of May 2022.

Table 6

Options	Projected Financial Impact	Projected Financial Planning Shortfall
1 Proceed with current model of in-house staff providing personal care and 24 hr concierge service– fully staffed service	£24k - Additional Cost	£124k
2 Proceed with current model of in-house staff providing personal care and 24 hr concierge service– limited staff (not all post filled due to current demand levels)	£30k - Saving	£70k
3 Revert back to previous model (24 hr concierge only service) – Kinloch Court style service	£127k - Saving	Nil

As per the IJB's Strategic Financial Plan (IJB report 27/22) a financial saving target of £100k is set against this project. Pursuing Option 3 would meet this target. However, should this option not be agreed then alternative measures will also be needed to address the resultant shortfall.

Option 1 and 2 would suggest additional projected financial shortfalls of £124k and £70k respectively, compared to the IJB's approved financial plan. There are currently no agreed plans to meet any additional shortfalls and, for now, and noting that many planned interventions are already allowed for in the IJB's financial plan, it is assumed any emerging shortfalls would have to be met by reducing other frontline services. Responsibility for identifying measures to address any additional shortfalls will rest with IJB Heads of Service. If option 1 or 2 is chosen, the progress with addressing additional projected shortfalls would be reported back to the IJB in future reports and would need to be reflected as an additional recommendation of this report.

6. RISK

There are risks to the Partnership in carrying out the proposed actions. There are also risks if no action is taken.

Risks in proceeding:

- a) The resolution of out-of-hours medicine administration is not complete at the time of writing. A solution will be in place prior to the withdrawal of the current medication support.
- b) There is a small risk that there may be difficulties in identifying alternative providers to deliver the personal care requirements, but initial discussions have been positive. There is work progressing with providers to support growth in care at home provision. Clearly, it would not be possible to proceed until all tenants have the necessary personal care packages in place.

Risks in not proceeding:

- a) AHSCP is unable to evidence best value in terms of the long-term financial sustainability of the model.
- b) The current model, if perpetuated, will be inefficient with staff being underutilised. It will not be economically viable in the long run because of the low uptake of provision, as more residents commission external providers of care under SDS. This will result in under-use of staff and in staff retention issues.
- c) The model does not support the shift in demand from older people to younger adults, a primary strategic objective. It is projected that this pattern

of demand will continue in future; we expect many younger adults to continue to choose private service provision other than the onsite staff.

- d) There would be a requirement to review the model again in the near future if it continues to be inefficient with poor uptake of the in-house personal care service, which would lead to more uncertainty for staff, tenants and families.

7. OTHER IMPLICATIONS (IF APPLICABLE)

N/A

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is attached at Appendix 4.

9. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans, and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	Direction to:	
	No Direction Required	
	Angus Council	X
	NHS Tayside	
	Angus Council and NHS Tayside	

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List of Appendices:

- Appendix 1 Consultation Briefing Paper
- Appendix 2 Consultation Options Paper and Feedback Form
- Appendix 3 Consultation Key Findings
- Appendix 4 Equalities Impact Assessment
- Appendix 5 Direction

Supported Housing Review Briefing – St Drostan’s & Provost Johnston Road 1 December 2021

Background

In 2019 we concluded a review of the on-site support at both the above complexes. The outcome of the review was that the on-site support would be changed to enable the onsite staff to provide the following support: -

- Personal care
- Have sufficient staff to maintain a responsive service to meet tenant's need available 24 hours per day
- Prevent delayed discharge
- Prevent hospital admission where possible
- Be more person-centred
- Improve continuity and consistency for tenants
- Reassure and support families and carers

The implementation of this was delayed due to COVID -19 however we were scheduled to start the new model of support from 3 May 2021. However, over the last few years, we observed a change in tenants moving into Provost Johnston Road and St Drostan’s Court with more tenants under the age of 65 taking up tenancies and choosing their own provision for care and support from providers out with the onsite support. Social Work have a legal duty placed upon them to offer users of the service the choice of care providers to meet their individual need. The success of the new model depended on more older people moving into both units and choosing the on-site staff as an option – this has not happened, and we have a situation at both sites where half the tenants have chosen not to have their care and support provided by the onsite staff. This means that the onsite staff may not be fully utilised.

As a result of the changing picture of tenants this has caused us to pause and review the previous decision making and on-site model as the current situation will not allow us to demonstrate best value. Following feedback from yourselves at tenant, family and staff meetings, we have agreed to re-visit the options and consult with you regarding these to gather your views.

Options

We have completed an options paper to consider all options available and the plan is to share these with you and enter a period of consultation where you will be provided with the available options and ask that you provide us with your opinion as to the way forward with this.

Consultation

We wish to consult with all involved stakeholders on the options for the care and support arrangements at St Drostan's Court, Brechin and Provost Johnston Road, Montrose. This is not only good practice, but we also have a legal duty to do this. The consultation is about the best means by which these changes can be achieved, considering a range of stakeholder views and the primacy of service -user wellbeing. A programme of consultation has been developed and methods of consultation have been identified to meet the varying needs of different stakeholders. A suite of consultation materials has been developed to support the consultation programme. The consultation programme will commence 1 December 2021 with a closing date of 14 January 2022.

Next Steps

1. Options, Consultation materials and a feedback form has been developed and we will share this with you.
2. The consultation will commence on 1 December 2021 and end on 14 January 2022
3. We will collate and analyse all the feedback you provide
4. We will present the findings to the AHSCP Executive Management Team (EMT) with options, then report the decision of the Executive Management Team (EMT) to you.
5. Work will then commence to progress the outcome and we will keep you up to date with progress.

If you require any further information about the consultation, you can contact Jillian Richmond, Service Leader, Accommodation and Home Care.
Email: RichmondJD@angus.gov.uk

Supported Accommodation Review Options Paper and Feedback Form

Please only complete this form once you have read the accompanying briefing paper. The briefing paper explains why we need to change the care and support model at St Drostan's Court Brechin and Provost Johnston Road Montrose. This options paper sets out options identified as part of the options appraisal to help inform this decision.

Table 1 details the 4 options, including the pros and cons of each. The 4 options are in no order.

Table 1

Care and Support Model	Projected Financial Impact
Option 1 – Proceed with current model – fully staffed service	
Option 1 – Proceed with the current model of inhouse staff delivering personal care to Older People service users. Accept the risk that inhouse staff may be underutilised and savings will not be achieved. Model would require to be reviewed again at a later date.	Total additional cost to AHSCP £57k
Pros – No changes to the current service. New tenants will have the choice of Angus Council staff providing personal care.	
Cons – Inefficient model with staff underutilised. Model doesn't support shift in demand from Older People to those under the age of 65 and the trend for younger adults choosing service providers other than the on-site staff.	
Option 2 - Proceed with current model – limited staff	
Option 2 – Proceed with delivering care to Older People who have already moved over to the new model. Do not recruit any further staff until all current staff hours are fully utilised. Ongoing review required to confirm whether the Older People hours are sustainable, if they reduce or increase then further review will be required. If ongoing trend continues for disabilities service users moving in to PJR and St Drostan's then the service may reduce to concierge only in the future.	No additional cost as this is the current model.
Pros - No changes to the current service.	
Cons - Inefficient model with staff underutilised. Staff stretched due to current model supporting the continuation of personal care and concierge roles. Need to carry out a further review at a later date, more uncertainly for staff, tenants and families.	

Model doesn't support shift in demand from Older People to those under the age of 65.	
Option 3 – Revert back to previous model (Concierge) – Kinloch Court style service	
Option 3- Operate as an unregistered service providing concierge only. Advise tenants that the new model of care is no longer available and move existing Older People service users back to a provider for their personal care service. Reduce inhouse staff to levels required for concierge only. Continues to operate a 24-hour on-site service.	Total saving to AHSCP £59k
Pros – Proven model which is successful at Kinloch Court. More efficient staffing model. Significant financial savings. Continuation of a 24-hour concierge service with staff who are familiar to tenants.	
Cons – Tenants who currently receive personal care services from in house staff will move to a provider. Some staff may need to be redeployed. Potential impact on District Nursing teams if required to administer medications, although we are working with providers to progress medication administration by providers.	
Option 4 – Operate without on site staff	
Option 4- Operate with one third party provider via Option 2 with assessed budgets pooled and paid to the provider as a monthly payment, like a block contract. Provider will seek efficiencies through shared support and will reimburse the service for any unused hours at the end of the year. No concierge service provided.	Total saving to AHSCP £124k
Pros – All personal care and support and care for those over the age of 65 is provided by one provider. Significant financial savings.	
Cons – All in house staff would be impacted. No concierge service may make this accommodation less appealing to current or future tenants. A one provider model does not support the principals of Self-Directed Support. Model relies on the provider seeking efficiencies through shared support to make it cost effective. Model will need to be revisited if the change in tenants continues as demand from those over the age of 65 may reduce. Increased demand on Community Alarm teams due to no concierge service.	

Supported Accommodation	Compositions	Current Tenant Groups	Workforce
St Drostan's Court, Brechin	14 Flats 12 Tenants 3 Vacant tenancies	50% Older People 50% Under the age of 65	1 Manager – covers all supported accommodation 1 Senior SCO – 18.5 hours 3 x Social Care Officer 4 x Social Care Worker
Provost Johnston Road, Montrose	20 Flats 18 Tenants 2 vacant tenancies	28% Older People 72% Under the age of 65	1 Manager – covers all supported accommodation 1 Senior SCO – 18.5 hours 4 x Social Care Officer 5 x Social Care Worker 1 x Domestic Asst 1x Driver

Other factors to consider

All options would be safe options as alternative provision would be by using existing, approved care at home providers.

To help inform any decision, we would appreciate your views on the available options. Please complete the attached feedback form and tell us what you think.

Supported Accommodation Review Feedback Form

It is important that you tell us what you think about the options outlined in the options paper attached as your feedback will be used to inform any future decision that will be made. Once we have received your feedback, we will use this to inform the plan for the model of care and support provided at St Drostan's Court, Brechin and Provost Johnston Road, Montrose. Your views will help the decision-making process.

Please tick any box below that applies:

I am a tenant

I am an unpaid carer/family member

I am a member of staff

I am a GP/health professional

I am a Trade Union Representative

I am a case holder/MHO

I am an advocate

I am another stakeholder

1. In the options paper we have described the important factors to help us consider the impact of this decision such as the number of people affected, the staff and the finances for example. Please tell us if you think there is anything missing that we need to consider.

2. Please select one option which you think should be progressed.

Option 1 - Proceed with current model – fully staffed service

Option 2 - Proceed with current model – limited staff

Option 3 – Revert back to previous model (Concierge) – Kinloch Court style service

Option 4 – Operate without on-site staff

3. Any other comments

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Please return your feedback form, no later than Friday 14 January 2022 to:

Jillian Richmond, Service Leader

Email: RichmondJD@angus.gov.uk

Post: Jillian Richmond, Service Leader, Accommodation and Home Care, Angus Health and Social Care Partnership,
Ravenswood, Forfar DD8 2ZW.

Feedback on key domains:

	Domain	Comments	Comments
1	People Affected - number of staff and tenants that could be impacted.	In my opinion, option 1 is working well at St Drostan's Court. Staff and residents all enjoy the current working relationship. It saves time in emergencies and residents waiting on outside help and support.	I can only speak for my mother's personal needs but feel that 'concierge only' model for her is totally unsuitable & even unsafe as she suffers from Alzheimer's disease. Regular routine and continuity of care is of the upmost importance to her. I do not feel that 'outside care' can provide this for her.
2	Workforce - Reflects the ability of the IJB to quickly redeploy staff within local services.	I wish that after 2 years of saying this was happening of all the changes, we would get a direct answer, and get on with it. To start to get on with our role so we can look forward to fulfilling this role.	If we are going to concierge, then let's make it happen and look forward to a happier 2022 where we know what we're doing.

Additional feedback:

	Domain	Comments	Comments
	Other factors to consider:		
1	Quality of care being provided	Staff presently provide excellent care, (personal and social), and knowing someone if they are struggling is far more reassuring than having to wait on community alarm, (which can be a long wait!)	Service user has a very good relationship with the on-site staff - knowing they are on site helps him feel safe and secure.



EQUALITY IMPACT ASSESSMENT

BACKGROUND

Date of Assessment: (dd/mm/yyyy)	09/03/2022
Title of document being assessed:	Supported Accommodation Review
<p>1. This is a new policy, procedure, strategy or practice being assessed. (If Yes please check box) <input type="checkbox"/></p> <p>This is a new budget saving proposal (If Yes please check box) <input type="checkbox"/></p>	<p>This is an existing policy, procedure, strategy or practice being assessed? (If Yes please check box) <input checked="" type="checkbox"/></p> <p>This is an existing budget saving proposal being reviewed (If Yes please check box) <input checked="" type="checkbox"/></p>
2. Please give details of the Lead Officer and the group responsible for considering the Equality Impact Assessment (EQIA)	Jillian Richmond - Service Leader, Accommodation and Home Care
3. Please give a brief description of the policy, procedure, strategy or practice being assessed, including its aims and objectives, actions and processes.	<p>In 2019, the Angus Health and Social Care Partnership planned to move to a model of providing full personal care and support in the supported housing complexes at St Drostan's Court, Brechin, and Provost Johnston Road, Montrose, as an on-site provider. This approach was based on predicting a continued high number of older people in these two complexes. In the last eighteen months, however, the balance of provision in the supported housing complexes has changed with more tenants having learning or physical disabilities and fewer older people. People with learning or physical disabilities usually have well-established care packages provided by external providers and do not wish to change their provider when they enter their tenancies. This has meant that our on-site model is no longer viable as the housing complexes do not have enough older people to make the model work, both financially and in terms of ensuring that staff are effectively utilised.</p> <p>An options appraisal was carried out and presented at the Angus Care Model group. The options appraisal considered a number of variables and identified four potential models of care. The main objective of each option was</p>

	<p>to ensure a sustainable and efficient service could be delivered both now and, in the future, considering the changing demographics of tenants in these supported accommodation facilities.</p>
<p>4. What are the intended outcomes of this policy, procedure, strategy or practice and who are the intended beneficiaries?</p>	<p>Due to low demand for the in-house personal care service in both St Drostan's and Provost Johnston Road, officers carried out an options appraisal to review potential future models of support at these complexes. Consultation then took place with tenants, staff, family members and other key stakeholders to identify the best option, informed by the consultation feedback.</p>
<p>5. Has any local consultation, improvement or research with protected characteristic communities informed the policy, procedure, strategy or practice being EQIA assessed here?</p> <p>If Yes, please give details.</p>	<p>Research has been conducted around the changes in demographics of those who take up tenancies in these supported accommodation complexes with a shift from those over 65 years of age to those under the age of 65. Those under the age of 65 tend to want to remain with their private provider for their care and support rather than select the in-house service for their personal care. This has resulted in a reduction in demand for the in-house personal care service at these two complexes. An options appraisal was undertaken reflecting care models, workforce and financial aspects.</p> <p>A stakeholder analysis was undertaken to identify all key stakeholders. This included tenants, family members and staff of the 2 supported accommodation complexes.</p> <p>A programme of consultation was developed, and methods of consultation were identified to meet the varying needs of different stakeholders.</p> <p>A suite of consultation materials was developed to support the consultation programme. These include a briefing paper providing background information and the rationale for the consultation and an options paper detailing all the options and the factors to be considered in identifying the impact of the options, which included a feedback form.</p> <p>The consultation process commenced on 6 December 2021 and remained open until 21 January 2022, allowing a period of 7 weeks for meaningful consultation to take place.</p> <p>The consultation programme will help to inform any future decision on which model of care should be offered at these supported accommodation complexes going forward to ensure it is both financially sustainable and an effective use of staffing resource. The supported accommodation complexes in scope are St Drostan's Court, Brechin and</p>

	<p>Provost Johnston Road, Montrose.</p> <p>The preferred option will be discussed at IJB on 20 April 2022.</p>
<p>6. Fairer Scotland duties:</p> <p>1) Does this report have an impact for Angus citizens under Fairer Scotland? No</p> <p>2) If Yes, what are these implications and how will they be addressed?</p>	<p>There are no negative implications for Angus citizens under Fairer Scotland duties.</p>

EQUALITY IMPACT ASSESSMENT (EQIA) - RELEVANCE SCREENING

1. Has the proposal already been assessed via an EQIA process for its impact on ALL of the protected characteristics of: age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation? Yes (EQIA of 05/09/2021)

1 a. Does the proposal have a potential to impact in ANY way on the public and/or service users holding any of the protected characteristics of age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation?

Yes - Proceed to the Full Equality Impact Assessment (EQIA).

No - please state why not (specify which evidence was considered and what it says)?

1 b. Does the proposal have a potential to impact in ANY way on employees holding any of the protected characteristics of age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation? This applies to employees of not only NHS Tayside and Angus Council, but also the 3rd sector.

Yes - Proceed to the Full Equality Impact Assessment (EQIA).

No - please state why not (specify which evidence was considered and what it says)?

2. Name: Jillian Richmond

Position: Service Leader

Date: 09/03/2022



FULL EQUALITY IMPACT ASSESSMENT (EQIA)

Step 1.

Is there any reason to believe the proposal could affect people differently due to their protected characteristic? Using evidence (e.g., statistics, literature, consultation results, etc.), justify whether yes or no. If yes, specify whether impact is likely to be positive or negative and what actions will be taken to mitigate against the undesired impact of a negative discrimination. When considering impact, please consider impact on: health related behaviour; social environment; physical environment; and access to & quality of services of NHS Tayside, Angus Council or 3rd sector social justice.

1a. The public and/or service users holding the Protected Characteristics:

	POSITIVE IMPACT	NEGATIVE IMPACT	Intended mitigating actions against the b) Negative Discrimination
	a)Positive Action	b)Negative discrimination	
AGE		Yes, there will be a negative impact as the service provided are for an age range of tenants between 31-95 years of age.	The welfare of the tenants affected is paramount, and they will remain at the centre of any plans going forward. We will aim to minimise impact and to support tenants, families, and staff as much as possible by approaching this in a planned way, taking into account their needs, and by ensuring that clear and consistent communication and engagement take place.
GENDER			
DISABILITY		Yes, there will be a negative impact as the service provided is for older people and those with disabilities. Some people affected will have dementia and may also have other physical or learning disabilities or long-term conditions.	The welfare of the tenants affected is paramount, and they will remain at the centre of any plans going forward. We will involve and engage with tenants, families and health professionals to ensure the health needs of the tenants are fully taken into account. Advocacy support will be offered to any affected tenants.
ETHNICITY/ RACE			
SEXUAL			

ORIENTATION			
RELIGION/ BELIEF			
GENDER REASSIGNMENT			
PREGNANCY/ MATERNITY			
OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from “discrimination by association” with the PCs of age and disability)			

1b. The employees holding the Protected Characteristics:

	POSITIVE IMPACT	NEGATIVE IMPACT	Intended mitigating actions against the b) Negative Discrimination
	a)Positive Action	b)Negative discrimination	
AGE		Yes – there may be impact on staff as they fall within the ages of 40-62 years of age. There are 6 staff in scope.	Any decision made is likely to have a direct effect on some staff in relation to service changes and ways of working. Our desire is to avoid any compulsory redundancies and work will be ongoing to identify alternative employment options through the Council's Managing Workforce Change policy.
GENDER		Yes – the majority of the workforce who are in scope are female.	Any decision made is likely to have a direct effect on some staff in relation to service changes and ways of working. Our desire is to avoid any compulsory redundancies and work will be ongoing to identify alternative employment options through the Council's Managing Workforce Change policy. Although the majority of the workforce are female, there is no difference in how female employees are supported. All employees, regardless of their gender, will be supported with the same options and

			opportunities as specified in the 'Managing Workforce Change' policy.
DISABILITY			It is possible that some staff may have disabilities. We would ensure, through the 'Managing the Workforce Change' process that any disabilities were taken fully into account when considering alternative employment opportunities. This would include identifying any reasonable adjustments that would be required.
ETHNICITY/ RACE			
SEXUAL ORIENTATION			
RELIGION/ BELIEF			
GENDER REASSIGNMENT			
MARRIAGE/CIVIL PARTNERSHIP			
PREGNANCY/ MATERNITY			
OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from "discrimination by association" with the PCs of age and disability)			It is possible that some of the staff affected are also unpaid carers. We would ensure, through the 'Managing the Workforce Change' process that their caring responsibilities were taken fully into account when considering alternative employment opportunities.

1c. Does the proposal promote good relations between any of the Protected Characteristics?

YES

NO

NOT SURE

Specify further (e.g., between which of the PCs, and in what way, or why not or not sure)

1d. What steps will you take to collect the Equality Monitoring information needed to monitor impact of this proposal on PCs, and when will you do this? Equality monitoring information is collected annually in line with the equalities mainstreaming outcomes and monitoring arrangements.

Step 2

Publish The Equality Impact Assessment.

Where will the Equality Impact Assessment (EQIA) be published?

Angus Health and Social Care Partnership page on Angus Council website
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CONTACT INFORMATION

Name of Department or Partnership:	Angus Health and Social Care Partnership
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Type of Document	
Human Resource Policy	<input type="checkbox"/>
General Policy	<input type="checkbox"/>
Service	<input checked="" type="checkbox"/>
Change Papers/Local Procedure	<input type="checkbox"/>
Guidelines and Protocols	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

Manager Responsible	Author Responsible
Name: George Bowie	Name: Jillian Richmond
Designation: Head of Community Health and Care Services	Designation: Service Leader, Accommodation and Home Care
Base: Angus House, Forfar	Base: Ravenswood, Forfar
Telephone 01307 491806	Telephone: 01307 492411
Email: BowieGS@angus.gov.uk	Email: RichmondJD@angus.gov.uk

Signature of author of the policy:	Date: 09/03/2022
Signature of Director/Head of Service:	Date: 09/03/2022
Name of Director/Head of Service: George Bowie	
Date of Next Plan Review: to be confirmed.	

For additional information and advice please contact:

tay.angushscp@nhs.scot

INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

ANGUS COUNCIL is hereby directed to deliver for the Angus Integration Joint Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the Angus Integration Joint Board's Strategic Plan and existing operational arrangements pending future directions from the Angus Integration Joint Board.

RELATED REPORT No: IJB 32/22

APPROVAL FROM IJB RECEIVED ON: 22 June 2022

DESCRIPTION OF SERVICES / FUNCTIONS:

Angus Integration Joint Board directs Angus Council to implement a 24-hour per day, 7 days per week, concierge only service at St Drostan's Court, Brechin and Provost Johnston Road, Montrose, in line with the agreed model of service detailed within this report.

REFERENCE TO THE INTEGRATION SCHEME: Annex 2 Part 1 Specifically:

The Social Work (Scotland) Act 1968 s12, s59
The Adults with Incapacity (Scotland) Act 2000(c) s37, s44
Mental Health (Care and Treatment) Scotland Act 2002 s259
Carers Scotland Act 2016 s6
Community Care and Health (Scotland) Act 2002(b) s5
Social Care (Self-Directed Support) (Scotland) Act 2013

LINK TO STRATEGIC PRIORITIES:

This action is related to the following priorities set out in the Angus HSCP Strategic Plan 2019-22:

'Supporting Care Needs at Home, offering wider options for care and housing solutions which can sustain people's place in the community.'

'Improving Health, Wellbeing & Independence. Develop foundations for good health. Tackle risk factors and support people to plan for life and wellbeing across the life course.'

TIMESCALES FOR DELIVERY:

Start date: June 2022
End date: December 2022

RESOURCES ALLOCATED: This proposal is estimated to release over £100k of funding. This will be used to offset a financial saving target of £100k which is set against this project as detailed in the IJB's Strategic Financial Plan (IJB report 27/22).

DETAILS OF FUNDING SOURCE: The costs of this process will be contained with budget devolved to Angus IJB.

To note – this report does not direct Angus Council with regard to released resources.