

JOINT COMMUNITY CARE PLAN

2006–2009

Aberdeenshire
COUNCIL



NHS
Grampian

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Glossary of Abbreviations and Acronyms

AADAT	Aberdeenshire Alcohol and Drug Action Team
GDA	Gordon Disability Action
ANEDS	Aberdeen and North East Deaf Society
ARI	Aberdeen Royal Infirmary
ASD	Autistic Spectrum Disorder
BIG	Brain Injury Grampian
BSL	British Sign Language
CALM	Crisis and Aggression Limitation and Management
CHP	Community Health Partnership
CJSW	Criminal Justice Social Work
CSMS	Community Substance Misuse Service
DAP	Domestic Abuse Protection
DDA	Disability Discrimination Act
DPHSA	Disabled Persons Housing Service Aberdeenshire
DRT	Demand Responsive Transport
GCCCT	Grampian Community Care Charitable Trust
GSB	Grampian Society for the Blind
HAG	Housing Association Grant
ICP	Integrated Care Pathway
JCCP	Joint Community Care Plan
JHIP	Joint Health Improvement Plan
JPIAF	Joint Performance and Information Assessment Framework
LCHP	Locality Community Health Partnership
LEAD	Linking Education & Disability
LHS	Local Housing Strategy
LITs	Local Improvement Targets
MHSG	Mental Health Strategy Group
NHS	National Health Service
OT	Occupational Therapist
PEEP	Parents as Early Education Partners
RNIB	Royal National Institute for the Blind
SCRC	Scottish Commission for the Regulation of Care
SHO	Sheltered Housing Officer
SNCG	Special Needs Capital Grant
SPS	Scottish Prison Service
SSA	Single Shared Assessment
SWIA	Social Work Inspection Agency
WRVS	Women's Royal Voluntary Service

PART ONE

JOINT STRATEGIC PLAN FOR COMMUNITY CARE

1 INTRODUCTION

1.1 JOINT COMMUNITY CARE PLAN

This is the first Joint Community Care Plan between Aberdeenshire Council and NHS Grampian since the Aberdeenshire Community Health Partnership was established in 2005. The Plan meets the statutory requirement for joint planning and reflects the continuing commitment to partnership working in the planning, development and provision of community care and health services for the people of Aberdeenshire.

This new Joint Community Care Plan, has evolved from previous Plans and the structure has developed. Part 1 of the Plan sets out policy objectives and priorities for services, expected outcomes, the resources required to meet the objectives of the overall Plan and the general themes that apply across community care. Part 2 describes the policy and priorities, the service achievements and action plans for meeting the needs of each of the main community care groups.

The Joint Community Care Plan brings together information from many other strategies and plans. The electronic version of the Plan, available on the Aberdeenshire Council and NHS Grampian websites, allows links to be made to more detailed information on relevant policies and plans held elsewhere and will be a useful way of accessing the information that informs the Plan.

1.2 THE CHANGING CONTEXT OF COMMUNITY CARE

The age profile of Scotland's population is changing. Since 1981 there has been an 18% decrease in the number of children under 15 and a 29% increase in people over 75. The working population is becoming more middle-aged, with a pronounced shift towards the over 45s.

Aberdeenshire's population of 232,849 is growing and forecasts indicate a peak around 2012 with a gradual fall thereafter. The population of older people within Aberdeenshire will see a significant increase over the next five to fifteen years, as shown below, the highest increase in Scotland. The number of children and adults with profound disability and complex needs is also increasing. Aberdeenshire has a higher percentage of young people than the rest of Scotland. The unemployment rate is low and around 30% of the working population commute to Aberdeen City.

Aberdeenshire		
Increase in population of older people from 2003 to 2021		
	2003-2010	2003-2021
65 – 74 years	22.8%	55.8%
75 years and over	18.7%	67.3%

Based on Registrar General for Scotland's mid-2002 population projections

These demographic factors will be a major influence on the demand for services from Health, Housing and Social Work and the ability to recruit and retain staff to meet this demand. The accommodation and care needs of an older population will have implications for the type and location of housing provision and the organisation of care and support services. Partnership working will be vital to ensuring the most effective use is made of resources. The importance of sustainability and a longer term planning perspective in meeting these challenges is highlighted.

1.3 WORKING IN PARTNERSHIP

Working in partnership is a key strategy in community care, promoted by the Scottish Executive and supported by partners locally. A wide range of partners is involved in planning and providing community care, in particular:

- Aberdeenshire Council Housing and Social Work service;
- Grampian NHS Board and Aberdeenshire Community Health Partnership;
- Communities Scotland and registered social landlords;
- Voluntary sector groups and service providers;
- Private sector service providers;
- People who use services and who provide invaluable feedback about services; and
- Carers and Young Carers who contribute a large proportion of the total care in the community to their relatives, friends and neighbours.

This Joint Community Care Plan draws on the range of joint strategic and planning documents that have been produced in various partnership groups and their ongoing work of developing and implementing Action Plans for services across community care. A list of these can be found at Appendix 1.

1.3.1 Joint Future

The Scottish Executive's Joint Future initiative has strengthened good joint working relationships locally and brought significant changes to joint working arrangements between Housing and Social Work and NHS Grampian, in the Aberdeenshire Partnership for Health and Community Care. These arrangements are set out in Aberdeenshire's full Local Partnership Agreement, submitted to the Scottish Executive in April 2003, and the Extended Local Partnership Agreement, submitted on 30 April 2004.

Through A Joint Future integrated management structures have been established for services for all community care groups, with joint teams for service delivery. Development of joint working is taken forward by the Health & Community Care Executive. In March 2006, the Strategic Board for Health, Community Care and Children's Services was disbanded and its function of overseeing the partnership arrangements was transferred to the Aberdeenshire Community Health Partnership Committee. The revised Partnership structure is shown in Appendix 2.

1.3.2 Community Health Partnership

From April 2005, NHS services in Aberdeenshire have been provided by the Community Health Partnership (CHP). The CHP is organised into three Local Community Health Partnerships for North, Central and South. These three units form the basis for the planning, organisation and delivery of most NHS community services, ensuring that the health care needs of the local population are met.

The Council is represented on the CHP Committee by elected members and senior managers. Representatives of Housing and Social Work are members of the CHP Management Team and the Locality CHPs. As well as these joint arrangements, LCHPs will have links with the 6 Council Administrative Areas through the Area Managers who have responsibilities for Community Planning.

1.3.3 Community Planning Partnership

Community Planning is the process through which local authorities work with their public sector partners and their communities to agree their vision for the area and the action each of the partners will take in pursuit of that vision. This is set out in the second Aberdeenshire Community Plan 2006-2010. The partners are Aberdeenshire Council, NHS Grampian, Grampian Fire and Rescue Service, Grampian Police, Community Councils and Local Rural partnerships, the Councils for Voluntary Service Network, Communities Scotland, Scottish Enterprise Grampian and North East Scotland Transport Partnership.

The vision for the Aberdeenshire Community Plan is one of:

'Working together for the best quality of life for everyone in Aberdeenshire'

Community planning is co-ordinated around five themes: Community Wellbeing, Jobs and the Economy, Lifelong Learning, a Sustainable Environment and Developing our Partnership. Health and social care issues are taken forward through the Wellbeing theme. The Joint Community Care Plan helps to deliver the social and community care aspects of the Community Plan.

1.4 VALUES AND PRINCIPLES

A common set of values and principles, which influence all aspects of community care planning and the provision of services, is shared by partner agencies.

- **Respect for the Individual**
To endorse the rights of individuals to live as valued and equal members of their local communities.
- **Equal Opportunities**
To promote equal opportunities and avoid discrimination on the basis of age, race, gender, sexuality, disability, beliefs, origin or status.
- **Safeguarding Rights**
To ensure that the rights of individuals are safeguarded and that the independent advocacy services, as well as effective complaints procedures, support this endeavour.
- **Choice**
To provide accessible information to inform choice and to offer choices to individuals within service structures.
- **Quality**
To ensure that services and accommodation are of a high standard – flexible, responsive, accessible, innovative – and that quality assurance methods and staff training are used to maintain standards.
- **Equity**
To allocate resources equitably and fairly in accordance with assessed need and local circumstances.
- **Consumer Voice**
To seek and listen to the views of service users, carers and local communities about needs and enable people to influence decision-making and take greater control over services and resources.
- **Service Delivery**
To deliver services to people within the community, in their existing accommodation where possible.

2 POLICY OBJECTIVES and PRIORITIES

2.1 MEETING NATIONAL POLICY OBJECTIVES

The *Community Care and Health (Scotland) Act 2002* consolidates the Government's overall policy objectives for community care, set out in *Modernising Community Care: An Action Plan (1998)*, *Modernising Community Care: The Housing Contribution (1999)* and *Community Care: A Joint Future (2000)* and *Changing Lives 2006*

Policy objectives for the NHS that have a particular bearing on community care services are contained in *Improving Health In Scotland - The Challenge (2003)*,

Partnership for Care: Scottish Health White Paper 2005, the Kerr Report and Delivering for Health.

Housing makes a key contribution to community care and the *Housing (Scotland) Act 2001* requires councils to have in place a Local Housing Strategy to meet assessed priorities for housing. *The Homelessness Etc.(Scotland) Act 2003* updates existing legislation so that local authorities can respond effectively to homelessness in the twenty first century. The Act fundamentally introduces a change of culture, concentrating available resources on re-housing homeless people successfully, rather than investigating whether they can be rationed out of the system. The Act will phase out 'priority need' within ten years, update the law surrounding 'intentionality' and suspend the 'local connection' provision. *Homes for Scotland's People: A Scottish Housing Policy Statement (2005)* aims to ensure enough of the right housing help for people who need it and assistance to avoid homelessness.

Locally, a number of joint strategies have been introduced or renewed, and implementation plans developed, that take forward these national agendas for the people of Aberdeenshire and the various community care groups.

3.3 IMPROVING HEALTH AND WELL BEING

Community Wellbeing is one of the five themes of the Community Plan. The purpose of the theme is working together to enhance the quality of everyday life across Aberdeenshire by improving health and social care, housing and community safety. The Aberdeenshire Community Wellbeing Theme Forum brings together representatives from several specialist groups working in the key theme areas. The group works to ensure an integrated approach to identified key strategic objectives within the topic area and to facilitate and promote joint planning and resourcing.

Health and wellbeing lies at the heart of most people's vision for their own lives and for the wellbeing of their community. Health and wellbeing depends on life circumstances as well as lifestyle choices: decent housing and having a job make a difference as well as not smoking and eating a healthy diet. Community Wellbeing is therefore one of the key themes in community planning.

The Scottish Executive requires each local authority area to have a Joint Health Improvement Plan (JHIP) to be developed by the Community Planning Partnership. The JHIP should set out objectives, strategies and actions for the multi-agency partnership to improve health and reduce inequalities within the local population. NHS Grampian has been given lead responsibility on behalf of partners to co-ordinate this piece of work. The JHIP covers the period 2006-2010 and builds on the successes of the first Plan. Aberdeenshire health improvement priorities are as follows:

- Reducing health inequalities
- Improving mental health and wellbeing

- Reducing smoking
- Reducing substance misuse (especially alcohol)
- Reducing obesity
- Improving sexual health
- Improving oral health

4 HOUSING AND HOUSING SUPPORT

Access to suitable housing and housing with appropriate care and support arrangements are crucial to providing community care for people with particular needs and people who are homeless. The Aberdeenshire Local Housing Strategy 2004-2009 and Action Plan aims to achieve the vision:

“To work in partnership to ensure every household in Aberdeenshire has access to housing of good quality which meets a required particular need in a sustainable and inclusive community.”

There is a shortage of housing for people with particular needs and one of the key objectives of the Strategy is to increase the supply of housing to enable more people to remain at home and contribute to shifting the balance of care. This is being taken forward through partnership working between Aberdeenshire Council Housing and Social Work, Grampian NHS, Communities Scotland, Housing Associations, Registered Social Landlords and private developers.

The aims of the Local Housing Strategy (LHS) are consistent with the aims of the Homelessness Strategy 2003-2006 and the Supporting People Strategic Plan.

The Older Persons’ Housing Strategy takes cognisance of sheltered housing, community alarm, care and repair, improved use of single shared assessments, sheltered housing, special needs housing, community alarm, common adaptations, care and repair, improvements.

4.1 SUPPORTING PEOPLE

The aim of Supporting People is to provide good quality services focused on the needs of users and to enable vulnerable people to live independently in the community. The Supporting People programme puts these services on a secure legal footing with a systematic and strategic process to assess needs and supply support services in local areas. Housing Support is used to refer to a range of services which is currently provided via a variety of different programmes and initiatives. Housing Support has also included advice on budgeting and debt management, along with assistance with benefit claims. Individuals may use services when their accommodation is temporary – for example in a crisis or when they are being re-housed. Housing Support services are part of a continuum of services to individuals with particular needs for support and care. This ranges from housing management through to community care services and nursing care.

Long term Housing Support services are chargeable, although a financial assessment is available to determine service users' ability to pay. Supporting People grants are available to support those unable to pay and for short term services.

Single Shared Assessment (SSA) is used by registered social landlords for applications for their sheltered housing in Aberdeenshire. SSA will be piloted by the Local Authority for applications to its sheltered housing in 2007. Supporting People in Aberdeenshire is currently working with the Registered Social Landlords to roll out the use of the SSA for all applications to sheltered housing in Aberdeenshire. The SSA is shared between Aberdeen City Council, Grampian NHS, Moray Council and Aberdeenshire Council. This enables the assessor to gain enough information for all interested parties and ensures that the service user is not burdened by multiple assessments.

The Supporting People team is represented on the Older Persons' Housing Strategy Group. A sub-group has developed a model of care for older people who require support, including extra care housing. Representatives from the NHS, Social Work, Housing, a Grampian Sheltered Housing Forum, Home Care and Supporting People were on the Group. An outcome from the Model of Care Group has been the development of further low-level support in Aberdeenshire.

4.2 DISABLED PERSONS HOUSING SERVICE ABERDEENSHIRE (DPHSA)

The Disabled Persons' Housing Service Aberdeenshire operates from an office in Peterhead to assist any person with a particular need to find suitable accommodation. To further assist people in need, the DPHSA runs an Advocacy Service in parallel with the Housing Service. A Development Officer post is jointly funded by Aberdeenshire Council and Communities Scotland. The establishment of the DPHSA has been funded through Wider Action Funding.

4.3 HOUSING ASSOCIATION GRANT (HAG)

Forward plans for investment for 2006/2007 have been agreed in outline. Adaptations grants (stage 3 adaptations) are available for work to Housing Association properties for items agreed between the Council Occupational Therapists and Housing Association staff. The current budget within Communities Scotland for stage 3 adaptations is £140,000 for 2006/2007.

4.4 CARE AND REPAIR

Care and Repair assists older and disabled owner occupiers and private tenants to remain in their own homes and to improve their living conditions. The project was established in 1997 and was extended across Aberdeenshire in 2005. Aberdeenshire Council received £1.389 m for 2006/2007 in Private Sector Housing Grant, of which £892,000 is being used for Care and Repair.

4.5 SPECIAL NEEDS CAPITAL GRANT (SNCG)

This Grant is available to registered charities and to the private sector for the provision of specialist housing for rent or owner occupation. Aberdeenshire Council and Grampian NHS have identified the need for further investment over the planned period to assist both community care and resettlement needs. Aberdeenshire Council is working with the Grampian Community Care Charitable Trust (GCCCT) to develop a forward programme of suitable projects. Following completion of the resettlement programme for Ladysbridge and Woodlands Hospitals the Trust is developing a new focus.

4.6 HOUSING IMPROVEMENTS AND REPAIRS GRANTS

Within the Private Sector Housing Grant an allocation of £651,000 has been made for 2006/2007.

5 PERFORMANCE MANAGEMENT

We are committed to promoting a performance culture across the Aberdeenshire CHP and to identifying and achieving key performance indicators and targets. At the core are our Local Improvement Targets (LITs) which are reported as part of our overall Joint Performance and Information Assessment Framework (JPIAF), reported annually to the Scottish Executive. The LITs focus on 4 key areas that are most important to us:

- Supporting more people in their own homes as an alternative to care home provision
- Assisting people to live more independent lives through reducing inappropriate admission and enabling supported and faster discharge from hospital
- Ensuring people receive improved quality of care through faster access to and better quality services
- Better involvement and support of carers

Within the JPIAF we also focus on measuring how well we are undertaking single shared assessments, how we jointly resource across Health and Social Work and how accessible these resources are to professional staff. The Scottish Executive provides us with an annual evaluation statement that tells us how well we are performing. Our last evaluation (for the financial year 2005/2006) indicated that we are making 'good progress'.

Similar to all Scottish Local Authorities, Aberdeenshire Council is also monitored by Audit Scotland and there are 9 statutory performance indicators reported annually which measure our performance in relation to the delivery of adult social care. These indicators focus on areas such as how well qualified staff who work in care homes are, how long it takes us to provide a service from the first time an individual makes contact with us and how flexible our home care provision is. We can use this information to benchmark our services against other local authorities.

The Scottish Executive also regularly collects information from us that can be used to compare our performance against other local authorities. The information ranges from detailed information about the volume of home care available to information about day care services for adults with disabilities. We also provide detailed information about how we deliver free personal and nursing care.

Further benchmarking is done on the level of delayed discharges. Every quarter, a census is carried out by NHS Grampian that is verified by Aberdeenshire Council. Data captured as part of the census is reported to ISD Scotland which supports the NHS and the Scottish Executive.

The Scottish Commission for the Regulation of Care (SCRC) registers and inspects care services (e.g. home care, care homes, day services) against a set of national standards which outline the quality of service that care service users have a right to expect. We are subject to regular inspections.

Every three years we are subject to a performance inspection from the independent Social Work Inspection Agency (SWIA). The emphasis of the inspection is improving the services that the service user receives. As with the SCRC, the quality of services inspected is reported publicly and we are advised of areas of improvement and best practice.

As well as providing information to external bodies, performance information is routinely provided to Elected Members and Senior Managers to allow them to manage the services they are responsible for. A number of the key performance indicators for the Housing & Social Work service focus specifically on community care and measure how quickly we undertake assessments and provide services including assessments for carers.

We are continually reviewing the statistical information we use to manage performance and we are currently developing a Performance Management Framework to help strengthen our performance management arrangements.

6.6 RESOURCING THE PLAN

See Appendix 4.

7 COMMISSIONING SERVICES

A Framework for Commissioning Housing and Social Work Services has been produced and agreed in 2006 and is being implemented across the service. The purpose of the Framework is to establish an agreed, consistent and fair process for commissioning services. It is used for securing services for individuals, groups and populations on a single or joint commissioning basis. It ensures that issues of quality, effectiveness, economy, efficiency and equity in commissioning are addressed.

Overarching Principles of Commissioning established within the Framework:

Commissioning is needs led, at population, project or service and individual levels.

Commissioning practice aims for transparency, accountability, and consistency.

Commissioning agreements specify expected outcomes of services, not just inputs and outputs.

Managerial and financial accountability is aligned.

Commissioning is a dynamic process, involving service users and other key stakeholders and enables response to changing needs.

Commissioning decisions support the strategic objectives for services.

Best Value principles are applied.

8 GENERAL THEMES

8.1 TRANSPORT

8.1.1 Aberdeenshire Council's A2B dial-a-bus

Demand responsive transport (DRT) services have been piloted in Donside and Buchan. Five A2B dial-a-bus services operate, in Alford, Central Buchan, Fraserburgh, Peterhead, and Strathdon. The services are operated in partnership with bus, taxi and community transport operators. All services use wheelchair-accessible vehicles, with those in Alford, Fraserburgh and Peterhead being ~~targetted~~targeted specifically at people who cannot access conventional public transport due to infirmity, disability and/or geographical remoteness. The services will be reviewed during 2006, with the intention of introducing further services in due course.

8.1.2 Community Transport

There is a thriving community transport sector within Aberdeenshire, providing transport for those who cannot access conventional public transport, including:

- Banchory & District Initiative - carried out a transport needs assessment in 2005 and intends to work in partnership with Deeside Community Transport Group and Aberdeenshire Council's 65 Special dial-a-trip to meet unmet transport needs in the Banchory area.
- Banffshire Partnership - following a review of its transport services, it proposes to purchase two additional minibuses and extend its range of dial-a-bus services.

- Buchan dial-a-community bus - has continued to operate busy dial-a-bus services and patient transport and to administer Peterhead Shopmobility which was re-introduced in 2004.
- Deeside Community Transport Group - ~~purchased~~ purchased a replacement community bus in 2005 and intends to replace its Village Hopper bus in 2006. It has secured funding to undertake a review of its Village Hopper bus services in 2006.
- Mearns Area ~~Partnership~~ Partnership - carried out a transport needs assessment in 2005 and has secured funding for community transport.
- Silver Circle, Strathdon - continued to provide shopping and patient transport services.
- Westhill Residents Association - purchased a second vehicle.
- WRVS (Women's Royal Voluntary Service) - reviewed its minibus and voluntary car schemes, and aims to introduce new services.

8.1.3 Mobility Guide

Aberdeenshire Council's Public Transport Unit produces a guide called "Transport in Aberdeenshire: Helping people with disabilities to use public transport". This guide, which includes information on community transport groups, was updated in late 2005 and has been widely distributed.

8.1.4 Low-floor Buses

In 2005 the Council specified that a number of Aberdeenshire Local bus services should be operated with accessible vehicles. Low-floor buses now operate on all of the town services and some higher frequency rural services. The Council has continued to work in partnership with the commercial bus operator, Stagecoach Bluebird, to provide raised kerbs at bus stops on routes where low-floor buses operate.

8.2 ELIGIBILITY CRITERIA

Aberdeenshire Council operates eligibility criteria for its community care services. These were reviewed in 2006.

Eligibility for services is decided on the basis of assessed need, and the risk of harm to the individual or others should these needs be unmet.

Details of Eligibility Criteria for Community Care Services are published on the Aberdeenshire Council website – www.aberdeenshire.gov.uk.

8.3 EQUALITIES

Aberdeenshire Council and NHS Grampian are fully committed to working for the best quality of life for everyone in Aberdeenshire. This means that we will provide appropriate, high quality services to all who are in our area, whether resident or visitor, no matter what their age, gender, race, ability, sexual orientation or religious belief.

The principles and practical application of ensuring equal access and treatment for all is detailed in the various Equalities Schemes produced by Aberdeenshire Council and NHS Grampian which can be accessed at the following web sites:

<http://www.aberdeenshire.gov.uk/about/equality.asp>

[Race Equality Scheme 2005 - 2008 \(pdf 399 kb\)](#)

[http://www.nhsgrampian.org/nhsgrampian/files/Race%20Equality%20Scheme%20Nov%202005%20\(final\).doc](http://www.nhsgrampian.org/nhsgrampian/files/Race%20Equality%20Scheme%20Nov%202005%20(final).doc)

<http://www.nhsgrampian.org/nhsgrampian/files/DisabilityEqualityScheme.doc>

The Disability Equality Duty introduced on 4 December 2006 requires public authorities to promote equality for disabled people in everything they do. There are 4 key elements to the duty and organisations are required to draw up Disability Equality Schemes.

NHS Grampian has published its Scheme and Aberdeenshire Council has held Involvement Days for people with disabilities to contribute to the preparation of its scheme. Aberdeenshire Council's Scheme will be published in the May 2007.

8.4 VULNERABLE ADULTS

As a result of growing recognition about the need to protect vulnerable adults and, in response to proposed new legislation in the form of the "Vulnerable Adults Bill", Aberdeenshire Council, in conjunction with Aberdeen City, Moray Council, Grampian Police, Care Commission and NHS Grampian, have produced interagency policy and procedures entitled "Supporting and Protecting Adults from Abuse". The purpose of these guidelines is to assist staff employed by these agencies to identify and protect adults who may be vulnerable to mistreatment or abuse. They focus on how to get assistance, identify the legal position, use the appropriate channels for assessment of need and investigation, obtain services and promote positive collaborative working.

Joint training sessions have been held throughout the latter part of 2006. The aim of the training is to assist staff employed in health and social care to adopt a uniform approach to recognising abuse and to know what steps they must take in tackling an alleged abuse situation.

8.5 DIRECT PAYMENTS

The Direct Payments Act was introduced in 1996. Since that time eligibility for Direct Payments has been extended several times, most recently by the Community Care and Health (Scotland) Act 2002 which amended Sections 12B and 12C of the Social Work (Scotland) Act to place a duty on Local Authorities to offer Direct Payments.

Direct Payments are provided to enable recipients to purchase their own services to meet their assessed community care needs. They are an alternative to local authority arranged community care services, services for children with disabilities and housing support services.

The guiding principle which underpins the ethos of Direct Payments is user empowerment; to promote user choice, provide flexibility and personal control over how care needs are met, by whom and at what times.

To assist potential recipients, Aberdeenshire Council contract with Direct Payments Caledonia to provide advice and information, employment support and a payroll service.

The following people are eligible to receive a Direct Payment:

- Disabled adults to purchase community care services;
- People over 65 who due to age or infirmity are assessed as needing community care services;
- Disabled young people aged 16 and 17 to purchase children's services;
- Disabled people with parental responsibility to purchase the children's services their children have been assessed as needing;
- Parents and people with parental responsibility for a disabled child to purchase the services the disabled child has been assessed as needing;
- Disabled adults and 16 and 17 year olds to purchase housing support services;
- Attorneys and Guardians, with the relevant powers, can receive Direct Payments on behalf of disabled people who are unable to give the consent to arranging their own services;
- Older people to purchase community care and housing support services they have been assessed as needing.

PART TWO

JOINT STRATEGIC PLAN FOR SERVICES

9 OLDER PEOPLE – PEOPLE OVER THE AGE OF 65

9.1 WHAT HAS BEEN ACHIEVED DURING 2004-2006

Care Homes, NHS Redesign and Housing for Older People

The Older People's Action Plan has been further developed, which has included progressing the implementation of the Care Homes Review, in conjunction with the Change and Innovation Programme for Aberdeenshire's Community Hospitals. An Older Persons' Housing Strategy is in development, with the aim of promoting the quality of life, wellbeing, independence and social inclusion of older people in Aberdeenshire, whilst providing the maximum opportunity for older people to remain in a suitable home for life.

- Work has been completed at Ythanvale ~~Provision has been made in the Council's Repairs and Maintenance Fund for work to upgrade three of Aberdeenshire Council's care homes: Allachburn, Aboyne; Ythanvale, Ellon and Grangepark, Peterhead;~~ care home in terms of compliance with Fire Safety and Disability Discrimination legislation. Funding to carry out similar work at Allachburn, Aboyne and Grange Park, Peterhead has yet to be identified. Some redecoration has also been carried out. Further work has been completed at a fourth care home, Durnhythe, Portsoy, in order to enhance the environment for people with dementia. This includes the creation of a dementia garden.
- Rose Innes, Aberchirder closed in March 2006.
- Aberdeenshire Council is working in partnership with Castlehill Housing Association to develop extra care housing in Mintlaw. ~~Two project groups have been established, in the Banff area and in Central Buchan, with the remit of exploring future options for the accommodation of older people needing care in those areas.~~
- Social work and housing staff are working closely with NHS Grampian to identify solutions to enable the redesign of Huntly and Inverurie Hospitals to proceed.

9.2 OTHER ACHIEVEMENTS

- An Older Persons' Housing Strategy Group has been established and a strategy is in development.
- An Assistive Technology strategy is in development.
- Out-of-hours home care support is being expanded.
- Home carers in Central and North Aberdeenshire have been trained in medicines management.

- Falls coordinators have been appointed to implement the recommendations of the Falls Prevention Strategy.

9.3 WHAT ARE OUR PLANS FOR 2006-2009

Care Homes, NHS Redesign and Housing for Older People

- A new community resource centre is planned for Central Buchan, offering a new office base in Maud for health and social work staff, day hospital and some diagnostic and treatment services.
- Plans are in development for housing with support options in Mintlaw.
- Arrangements for the closure of St Drostans Care Home, Old Deer and of Maud Hospital are in progress.
- Options for the replacement of Blythewood, Port Elphinstone and Edenholme, Stonehaven are being explored.
- Future options for the Banff area include expansion of housing with support provision and provision of enhanced telecare support.
- Reconfiguration of staff resources will enable the enhancement of community services, including rehabilitation.
- Current levels of care provided in Aberdeenshire's sheltered housing are being surveyed. A detailed survey of sheltered housing is planned and this will inform a review of the use of sheltered housing in 2007.
- An outreach Housing Support service by Sheltered Housing Officers (SHOut Service) to those living in the wider community is being piloted. If successful, consultation will be held on developing such a service across Aberdeenshire.
- A survey of Aberdeenshire Council's sheltered housing will be reported on

Day Care

- The Aberdeenshire best value review of day care services is to be implemented, with a new centre being planned for Peterhead.

Support at Home

- The Meals at Home service is being developed with agreement from Aberdeenshire Housing and Social Work Committee to use an external provider to supply frozen meals.
- Funding for a pilot project to supply fresh fruit portions at a subsidised rate to recipients of Meals at Home has been obtained through the Food in Focus Strategy. This will commence in 2007.
- The use of telecare to support older people at home will be developed during 2007 to 2008 utilising grant from the Scottish Executive Telecare Development Fund.

9.4 OLDER PEOPLE WITH SEVERE AND ENDURING MENTAL HEALTH PROBLEMS INCLUDING DEMENTIA

The development of services for this client group is guided by four key documents, namely The Older Peoples' Action Plan, developed from Ageing with Confidence, the Alzheimer's Scotland Action on Dementia "Planning Signposts", the NHS Health Scotland Needs Assessment Report on Dementia and Older People and HDL 44 from 2004. These documents confirm the need to: continue to reduce the number of continuing care beds in community hospitals for older people with severe and enduring mental illnesses like dementia; and the need to continue to develop secondary specialist old age psychiatry teams working closely with and supporting the new primary care based health and community care teams.

Care in the community and social integration remain as ongoing themes, based on the desire of most older people to stay in their own homes for as long as possible and their right to use the same services as everyone else for as long as possible. The focus for services must be on maintaining people in their own homes and communities. Secondary specialist services, in addition to providing services at the most critical points in people's illnesses, must work to support, empower and educate generic services so that they can provide care to a higher standard for longer.

Aberdeenshire now has its own acute admission ward for older people with severe and enduring functional mental illnesses in Royal Cornhill Hospital (Skene Ward). People with organic brain disease are generally admitted to one of the 130 beds in the 7 community hospitals, which have dedicated old age psychiatry wards. NHS Grampian's Change and Innovation Plan provides for more care to be delivered in the community. The number of beds will therefore reduce further over time. Aberdeenshire has old age psychiatry community mental health teams working in South, Central and North. Each of these teams includes doctors, nurses, social workers, care managers, occupational therapists and others. Social Workers and care managers from the North Old Age Psychiatry and South Dementia Teams have merged with the Older People Care Management Teams. The North Care Management Team has divided into 2 teams: North East and North West. A significant contribution is made by services provided via Alzheimers Scotland Action on Dementia home support services in Aberdeenshire North and Aberdeenshire South.

Some exciting work in developing an Integrated Care Pathway (ICP) for people with dementia has been undertaken in Aberdeenshire North, led by Primary Care workers. It is hoped that this model will have the potential to be rolled out across Aberdeenshire.

An emerging national priority relates to the development of services recognisable as being dedicated to younger people who are developing dementia.

9.4.1 WHAT HAS BEEN ACHIEVED DURING 2004-2006

There is closer working between primary and secondary care staff. The Integrated Care Pathway^{CP} in Aberdeenshire North has facilitated excellent communication and collaboration between health and social work staff and it is hoped to build on this model.

Workshops have been held in Northeast Aberdeenshire to look at the roles of the constituent workers in the team and the cross referral process.

- Joint training has been delivered in North Aberdeenshire involving [Alzheimers](#) Alzheimers Scotland Action on Dementia.
- Service profiling work has been redone.
- An information booklet covering Banff/Turriff and Fraserburgh/Central Buchan continues to be available.
- An Audit of community psychiatric nursing case loads in Grampian enabled appropriate action to be taken to address the issues arising.

9.4.2 WHAT ARE OUR PLANS FOR 2006-2009

- Further development of the Integrated Care Pathway.^{CP}
- Continue to work towards better collaboration between health and social work staff across Aberdeenshire, including closer cooperation between the teams.
- To fill vacant posts in medicine, social work, nursing, occupational therapy and psychology.
- Continue to devolve responsibility for the management of services to the old age psychiatry integrated management team.
- Using the service profiling data achieved last year, develop plans to improve equity of service delivery across Aberdeenshire.
- Recruit a consultant old age psychiatrist to work with the old age psychiatry team in the Banff/Turriff area to ensure that the service can meet the requirements of the new Mental Health Care and Treatment Scotland Act 2003.
- Reduce beds in line with the guidance set by the Older People's Strategy and develop plans for community resource centres incorporating beds for assessment, day hospitals and co-located multi-disciplinary community team bases.

10 PEOPLE WITH SENSORY IMPAIRMENT

A new Joint Sensory Impairment Strategy is being developed and should be completed by the end of August 2007. The existing Sensory Impairment Strategy Group is being strengthened by additional representatives from health and will continue to meet to review the Actions agreed for 2007 and to set Actions for subsequent years.

10.1 VISUAL IMPAIRMENT

Grampian Society for the Blind (GSB) provided specialist statutory social work services for people with a visual impairment on behalf of Aberdeenshire Council until end of March 2007. Following this date, the service is provided directly by the Council.

10.1.1 WHAT HAS BEEN ACHIEVED 2004–2006

- Successful fundraising has enabled GSB to purchase a new vehicle.
- A conference on employment initiatives for blind and partially sighted people was held in partnership with Royal National Institute for the Blind (RNIB) in August 2006. As a result of this, new working relationships with local companies have been developed to help people with visual impairments into employment.
- Building work at the Resource Centre in John Street has finished. There is now a new recording studio, equipped with a computer for digital recording. GSB have also purchased CD duplicators and will be able to put their material on CD.
- A review of services provided by GSB has been undertaken.

10.1.2 WHAT ARE OUR PLANS 2006–2009

- Establish a service for people with a visual impairment that is integrated into the Health & Community Care Teams.
- The final report on the Review of Community Eyecare services in Scotland was published in December 2006. From this Review, an allocation of £140,000 will be made to Grampian through the Community Health Partnerships to facilitate implementation of the recommendations in the Review.
- Sensory impairment strategy to be completed with a detailed action plan.

10.2 HEARING IMPAIRMENT

Aberdeen and North East Deaf Society (ANEDS) provides specialist statutory social work services to Deaf and Hearing Impaired Adults and Children on behalf of Aberdeenshire Council. The Achievements over the year 2005/2006 are detailed in the Principal Officer's Report as part of the ANEDS Annual Report. Some of the achievements are summarised below.

10.2.1 WHAT HAS BEEN ACHIEVED 2004–2006

- The Society responded to an increase of 12% in the number of referrals for a social work service in Aberdeenshire. Performance indicators for first contact response was 93%, initial assessment response was 97% and follow up response was 99%.

- A Further two PEEP groups (Parents as Early Education Partners) have been held. From this, other social events and signing classes have been set up.
- Social activities/youth events for deaf children were held during school holidays.
- Deaf Awareness Training was delivered to a total of 522 staff working in public services.
- A New project, made possible through NHS funding, was established to: assess the communication needs of residents in care homes with a hearing loss; provide training to develop staff awareness; assess need for equipment such as loop systems; liaise with audiology department regarding hearing aids.
- A Range of 15 new information leaflets have been designed and printed.

10.2.2 WHAT ARE OUR PLANS 2006–2009

Continue to work with ANEDS to determine whether they remain as the provider of services for people with a hearing impairment in Aberdeenshire. It remains the aim of ANEDS to provide services which will improve the quality of lives for people with a hearing loss and their families. ANEDS will continue to promote equality of access to public services and to provide deaf awareness training to challenge discriminatory attitudes and behaviour towards Deaf and Hearing Impaired people generally. ANEDS would like to further develop lipreading classes, an electronic notetaking service to provide communication support in English for non British Sign Language (BSL) users and rehabilitation services for people who have become deafened.

10.3 DEAFBLIND

This service is provided by Deafblind Scotland on behalf of Aberdeenshire Council.

10.3.1 WHAT HAS BEEN ACHIEVED 2004–2006

- Deafblind Scotland currently provides a specialist guide/communicator service to those who have a severe dual sensory loss in Aberdeenshire.
- Deafblind Scotland also provides membership services which include advice, information, support, advocacy peer support groups, holidays, clubs and outings.
- Deafblind Scotland have undertaken specialist assessment of need for people who have a dual sensory loss.
- Sensory impairment training has been delivered by people who have a dual sensory loss.

10.3.2 WHAT ARE OUR PLANS 2006-2009

- Identify funding under MEL (1998) to provide a service in medical settings.
- Ensure deafblind awareness training is provided to all frontline and social care staff.
- Provision of a service to people in care homes.
- Secure funding on a long term basis so that skilled guide/communicators are retained.

11 PEOPLE WITH LEARNING DISABILITY

Work continues on the implementation of *The Same as You*. The Partnership in Practice Agreement for 2004-2007 has been completed and an action plan agreed for its implementation. A new learning disability strategy has been developed for 2007-2010.

11.1 WHAT HAVE WE ACHIEVED DURING 2004–2006

- A proposal for the development of an Aberdeenshire Adult Placement Scheme was developed and funding secured for its implementation though the “spend to save” programme.
- Reconfiguration of the skill mix within the Community Learning Disability team north has resulted in the creation of 3 Local area coordination posts.
- New resources has been developed for people with complex needs, in Ellon for 2 people and Stonehaven for 3 people
- CALM (Crisis and Aggression Limitation and Management) training has been delivered to all day service staff.
- A moving-on support service for young people moving from home to independent living has been established in Inverurie.
- Existing adult respite services in Ellon and Fraserburgh have been expanded to offer respite to children.
- Work has begun on integrating children with disability services and adult learning disability services.
- Alternatives to traditional day services continue to be developed including expansion of the Pitcaple and Benholm Mill projects and the development of a new horticultural project Eden Gardens Banff.
- Can Do community recycling project has been selected as a Green Apple Award winner.
- A new service has been developed in central Aberdeenshire for young people leaving school and college to assist with the move into employment.
- Implementation of a single shared assessment tool.
- Joint training events held for staff on protection of Vulnerable Adults.

11.2 WHAT ARE OUR PLANS FOR 2006 – 2009

- Develop a new supported living service based on a core and cluster model in the Peterhead area, providing 5 individual tenancies in the core building and 4 dedicated mainstream flats.
- Continue to develop the Aberdeenshire Adult Placement Scheme.

- Review of the skill mix within adult day service provision.
- Reconfiguration of Inverurie adult day services to provide a dispersed integrated model of care.
- Continue integration of children and adult services in learning disability.
- Development of specific services for people with Autism.
- Completion of the Joint Autistic Spectrum Disorder (ASD) Strategy and formation of Implementation Group.
- Consider development of new supported living project in Huntly with other community care groups with a possible build stage around be 2007–2008.
- Consider developing in partnership with Tenants First, Inspire and Cornerstone for a new supported living project for 5 people in central Peterhead.
- Work in partnership with provider organisations to look at individual community resources and consider redevelopment of existing provision.
- Work with independent sector care homes to address issues on fire safety in old buildings.
- Complete the development of the Fraserburgh Internet Café by relocating it from day service premises to a jointly funded centrally located community premise.

11.3 USE OF CHANGE FUND

Change fund continues to be used to support the following services

- Respite provision
- Specialised ASD service
- Direct Payments
- Drama provision
- Care Management budget to provide support for individual living in the community
- Joint Training
- Local area coordination
- Employment services
- Advocacy Services

	<u>Scottish Executive Indicative Amount</u>	<u>Aberdeenshire Allocation on New Service</u>
<u>New Developments 2003/04</u>		
Funding for new initiatives		
•Local area co-ordinators		27,500
•Additional advocacy funding		6,000
•Care Managers		45,500
Totals	<u>£349,406</u>	<u>£716,000</u>

12 PEOPLE WITH PHYSICAL DISABILITY

Aberdeenshire's Joint Strategy for Physical Disability, *Challenging Disability*, has been implemented. The Strategy contained a broad range of proposals, aimed at improving services for people with a physical disability. The main focus of the Strategy was on people of school leaving age up to age 65. It includes children coming up to adulthood and was relevant to people over retirement age. There is a need for a group to be established to consider how to progress the new priorities for younger people with a physical disability. The needs of older people are progressed through the older people's management group.

12.1 WHAT HAS BEEN ACHIEVED DURING 2004-2006

Rehabilitation and Self-Help

- A major redesign is planned for Woodend Hospital. Community rehabilitation is benefiting from community hospital redesign, with additional staff to be released for community rehabilitation.
- Local and national wheelchair groups have been established. A report is in preparation.
- An orthotist has been appointed with an almost total clinical commitment.
- Information about Patient Pathways is available.
- Different processes have been mapped for stroke, vascular and orthopaedics.

DAY OPPORTUNITIES

- Taster sessions are happening across Aberdeenshire. There is the opportunity to try out activities at Aberdeenshire Disability Action (ADA), Computers and Integration, Huntly Disabled Club or WoodRecyclAbility. Turriff and Banff Networks support people to access and try out activities locally.

EQUIPMENT

- An assistive technology strategy is in development.
- Occupational Therapists (OTs) are developing a system for customer satisfaction.
- ADA's Disability Information Service has a small 'try before you buy' service for smaller equipment.
- A Grampian equipment information leaflet is in development.
- Aberdeenshire Council OTs have successfully piloted a self-assessment project, which will now be rolled out.
- A review of the OT Service is due to report in June

DISABILITY AWARENESS

- A Diversity and Equality awareness video and workbook has been rolled out to all Aberdeenshire Council employees. Equity and Diversity training in the NHS is available from Human Resources.

HEALTH AND SOCIAL CARE



- Local sensory, physical and learning disability strategies have been or are in the process of being completed for the three Council areas covered by NHS Grampian. Key issues will be drawn together to develop a Grampian Disability Framework.
- Foresterhill is to become the main centre for acute services. Neurology and neurosurgery are to be brought together.

- A consultant has been appointed to Maidencraig to liaise with Aberdeen Royal Infirmary (ARI), with the aim of developing managed clinical networks, using a patient pathway approach to improve community rehab, improving patient public involvement and developing joint protocols throughout the NHS Grampian area.
- A stroke register is in development.
- A consultant OT has been appointed by NHS Grampian.
- Considerable progress has been made by the Education service to implement the recommendations from the Accessibility Strategies and a draft Strategy to 2007 has been produced.
- The number of referrals from families of children with a disability for services through a Direct Payment has increased from 6 in 2003 to 15 in 2004 and 28 in 2005. Some new services have started through voluntary organisations in partnership with the local authority. An example of this is Childcare 4 All, provided through Capability Scotland to support the inclusion of children with additional needs in mainstream care.

RESPIRE AND SHORT BREAKS

- An emergency respite room was opened at Achbuie, Alford in July 2003. Emergency respite is also available at Highfield, Banchory and the Respite Flat, Robertson Road, Fraserburgh. A new build unit is planned for Inverurie.

SPORTS AND LEISURE

- Outdoor adventure days were delivered to schools June 2005. A funding application has been made to run a respite programme in 2006 for children and adults.
- A new sports and leisure concession scheme has been introduced.
- A New Opportunities Fund session is now in every major town in Aberdeenshire.
- An annual easter and summer sports programme runs for children and adults.
- Opportunities for people to integrate into mainstream sports clubs are provided through the Sports Council and on an individual basis as they arise. This will be looked at more closely through the Big Lottery Active Futures bid for 17-25 year olds.
- Disability Sport is in regular contact with the Volunteers' Centre and has many volunteers through the local branch of Scottish Disability Sport (Aberdeenshire Disability Sport).
- Entry to local and national competitions is facilitated and assistance given with funding.
- An annual course for greeting disabled customers is offered to recreation facility staff.

EMPLOYMENT

- A part time Employment Development Officer post has been established in Central Aberdeenshire.
- Data is being collected on Aberdeenshire Council employees, including information on disability. Six employee focus groups have been established, including one for disabled employees. A Disability Equality Scheme will be developed for Aberdeenshire Council by May of 2007.
- An Aberdeenshire Council Corporate Equality Group has been formed, chaired by the Director of Personnel.

LIFELONG LEARNING

- The Disability Discrimination Act (DDA) imposes a legal duty on local education authorities, schools, colleges, universities, providers of adult education and statutory youth services not to treat disabled students less favourably.

ACCESS

- Rolling programmes have been identified to fund the work required to Council premises.
- Four Access Panels have been established and are operational.
- Work in NHS buildings has been costed and is in progress. Disabled access exists at the David Anderson building and 6 other locations across Grampian.

HOUSING AND ACCOMMODATION

- Assessments for all service users continue to be collated to determine resettlement needs and funding packages are being discussed. A review of why patients experience delayed discharge is being undertaken. A redesign of Maidencraig physical layout has taken place, which must link to the Integrated Care Project.
- The Disabled Persons' Housing Service was launched in March 2005.
- Care and Repair is now available throughout Aberdeenshire.
- A database of adapted properties is in development. Procedures are to be developed with OTs and Care and Repair to co-ordinate adaptations in all tenures.
- A study is to be carried out to analyse waiting list information to identify potential applicants requiring adapted housing and compare with houses relet by March 2006.
- Craigforth Consultants were commissioned to carry out research for disabled people in relation to their housing and support needs.
- A local investment framework is to be developed to make sure new affordable housing is targeted at need and to match available supply for those with particular housing needs.

TRANSPORT

- The transport information pack has been updated.
- Information is provided on bus services, with timetables for Council supported bus services produced and distributed. Bus stop information is produced. Telephone queries on bus times are responded to. The national traveline phone number is promoted.
- The new Aberdeenshire A2B dial-a-bus services and the 65 special dial a trip service are promoted, as are local community transport schemes. The A2B scheme utilises three Education and one Social Work vehicle during their downtime.
- A Council working group is developing a minibus code of practice for Council vehicles. It is proposed that the Council adopt the MiDAS (minibus driver assessment scheme) for minibus drivers. Education service escorts (or passenger assistants) are given the PATS (passenger assistant training). This training is bought in from Buchan dial-a-community bus. Potential is being explored for extending this to social work volunteer escorts.
- From August 2005 it is a condition of contract for local bus services that all bus drivers undertake training, including disability awareness.
- Assistance is available from the Principal Officer (Concessionary Travel and Community Transport) for any group/community interested in establishing a volunteer driving scheme.

INFORMATION

- NHS Grampian has produced guidance on the evaluation of materials to meet accessibility requirements. A Minicom was used at the ARI Healthpoint. Use of Type Talk, fax, mobile phone, portable induction loop and interpreters is being investigated. Portable induction loops are to be purchased for Healthpoints in Elgin, and Denburn Health Centre, Aberdeen.
- NHS Grampian has produced its own Disability Equality Scheme by December 2006.
- The NHS website is now DDA compliant.
- Aberdeenshire Council's Accessible Information Policy was approved by the Council's Policy and Resources Committee in 24 February 2005.
- Grampian Accessible Information Taskforce guidelines are available.
- All Public Health Training courses are provided in the main in venues accessible to all, all flyers promoting training inform delegates of the accessibility of the venue and request individuals to identify any visual or hearing or other assistance that may be required. A portable induction loop, signing and the ability to adapt the training programme to large print are available if required.

ADVICE

- Aberdeenshire Advice Network is increasing its capacity. Five new areas have advice services in pilot form, due to be evaluated September 2005. A new service was due to start in Portlethen in September 2005. All network services are provided with induction loops. Outreach visits are provided on request as appropriate.

12.2 WHAT ARE OUR PLANS FOR 2006-2008

- Within Aberdeenshire Council the possibility of purchasing handheld computers for OTs is being explored, to enable ordering of equipment whilst out on a visit. A pilot, using 2 handheld computers, will operate in South Aberdeenshire early in 2007.
- The concept of independent living centres is under discussion as part of the developments around OT equipment.
- Joint premises development.
- No specific Modernising Government Fund 3 funding was made available for the e-Care project. Details on future 'support' for e-Care in the future from the Data Standards and e-Care division at the Scottish Executive are awaited.
- Short term equipment loans remain an issue.
- Delays in the provision of electric wheelchairs and orthotics is the subject of a draft report outlining the issues. An action plan is to be determined.
- Links with Signposting could usefully be explored. There will be a funding implication however as this resource has funding from the Choose Life budget to enable it to continue until approximately April 2007. Links with the community learning development strategy could also be usefully explored.

3.6.113 PEOPLE WITH ACQUIRED BRAIN INJURY

There is a Grampian Brain Injury Strategy covering the period 2004-2010. The aim of the joint strategy is to take forward the commitment to improve the lives of people in Grampian who have a brain injury and their families. Brain injury is defined as damage to the brain acquired at some point after birth, but not due to any degenerative disease. It includes damage caused by traumatic injury, lack of oxygen, or infection but for the purposes of the strategy does not include stroke.

NHS Grampian provides services through ARI , Woodend, and Royal Cornhill hospitals. Horizons Rehabilitation Centre offers rehabilitation programmes tailored to meet individual needs. Local Authorities provide support through the care management service in co-operation with primary health care.

Specialist services for people with brain injury are provided by Momentum through the Pathways and Transitions services and the Brain Injury Grampian Group as a support group for the carers of people with brain injury.

13.1 WHAT HAS BEEN ACHIEVED DURING 2004-2006

- Momentum receives an annual amount of Mental Health Specific Grant funding to provide specialist rehabilitation services for people with acquired brain injury.
- Momentum were successful in their application to the Big Lottery for funding over a 3 year period to establish the Transitions project.
- The Grampian Brain Injury Strategy was completed.
- The Brain Injury Grampian (BIG) Group was established.

13.2 WHAT ARE OUR PLANS FOR 2006-2009

- Continue to support Momentum with the Transitions Project through participation on the Management group and with some funding.
- Continue to contribute to the Pathways project through Mental Health Strategy Group (MHSYG) funding.
- Work with Momentum to try to secure longer term European Social Funding for the Pathways project and longer term funding for the Transitions Project.
- Establish the Brain Injury Strategy Implementation group to take forward the remaining recommendations from the strategy.

14 PEOPLE WITH MENTAL HEALTH PROBLEMS

The term “mental health problem” is used to describe a range of conditions, from ~~people who have a~~ diagnosed mental illness ~~that~~ requiring specialist care and treatment ~~from community mental health teams~~, to support for people who have a less severe mental ~~disorder such as anxiety or mild depression~~ health issue.

The aim of Aberdeenshire’s Community Mental Health Services ~~aim to provide care, treatment and support for people across this very broad spectrum. It is to work in partnership with addition,~~ other stakeholders to provide services which promote mental wellbeing and support people towards recovery. ~~there is an increasing understanding of the importance of the promotion of good mental health for everyone, whether or not they have a mental illness. It is recognised that targeted interventions for people who may be particularly at risk of developing mental illness are an important part of a comprehensive mental health service.~~

~~In seeking to provide the above, the~~ The Aberdeenshire service must make best use of the skills and expertise within the Community Mental Health Teams, Primary Care staff, the full resources of Royal Cornhill Hospital and the locally-based specialist voluntary organisations. Guidance was published by the Scottish Executive in December 2006 in “Delivering for Mental Health” and the main themes are to improve the patient/service user and carer experience of mental health services by providing an improved range of services which deliver measurable outcomes.

14.1 WHAT HAS BEEN ACHIEVED DURING 2004-2006

- The main provisions of the Mental Health (Care and Treatment) (Scotland) Act 2003 have now been put in place. A tribunal venue has been established at the Royal Cornhill Hospital Site and additional provision is available within Council premises across Aberdeenshire.
- Independent advocacy has been provided for people with mental health problems.
- Additional Outreach Day Service Workers have been introduced into the Community Mental Health Teams and an enhanced range of activities and groups have been provided to enhance social inclusion and to support service users towards recovery.
- Additional Staff Grade psychiatrists have been provided to the clinical service in Royal Cornhill Hospital to meet increased workloads and enhance the service.
- The Mental Health Officer service has been reviewed and a plan has been developed to increase capacity in the service.
- Additional community support workers have been added to the community service which allows greater personal support to service users.
- A recovery focused support service has been developed by Penumbra in Fraserburgh. Person Centred plans are created with individual service users and this has allowed people to remain in their own homes in the community and to actively work towards their recovery.
- The National Schizophrenia Fellowship Scotland has reviewed its day service provision and has provided all staff with “recovery” training. Social Inclusion has been a key priority and services have developed close links with mainstream community resources such as colleges and leisure and recreation services. Open days, providing the wider community with wellbeing advice, have been held. Services have also developed closer links with primary care and structured programmes are being offered to help people to manage their own mental wellbeing.
- Pillar Kincardine has enhanced the range of services it provides in collaboration with the local Community Mental Health Team. A younger persons activity group has been provided which has been very successful in involving younger service users and an additional group has been provided for service users in the Mearns area.
- Huntly Mental Health Ltd has reviewed its day service provision and a new group has been developed for younger service users to work on active recovery.
- The Choose Life Initiative has supported the provision of Suicide Intervention Training to a wide range of groups throughout the community, from front-line workers in services for young people at risk, to the coastguard service. The peer support project, has continued to operate in Portlethen Academy. Experience and skills developed within the project are being passed on to other secondary schools. Volunteer “signposters” are working in GP surgeries to assist isolated people to get involved in community activities. The Foyer “Sorted not Screwed up” project has provided additional mental health training and support for frontline workers and young people in a range of residential facilities

throughout Aberdeenshire. Self harm training has been provided to a range of workers via Penumbra.

- The Doing Well by People with Depression initiative allowed for the development of self help materials for people with mild to moderate mental health problems and has provided Primary Care Mental Health Workers in GP surgeries across Aberdeenshire. Following a positive evaluation, the CHP has been able to support the continuation of these posts which have enhanced the range of services for people with depression

14.2 WHAT ARE OUR PLANS FOR 2006-2009

To ~~action~~ build on enhanced service provision developed within the Mental Health (Care and Treatment) (Scotland) Act, 2003 Implementation Plan and the Brighter Future Strategy and to develop and implement an action plan in line with the fourteen commitments contained within Delivering for Mental Health.

The key aims that have been identified are:

- Advocacy — ~~Enhance collective and individual advocacy provision~~ to continue review specialist provision in line with need.
- Crisis Response and 24 hour Service Availability – review current provision and consider options.
- Community Services – ~~initiatives to enhance staffing~~ to continuously review services and provide training to community staff, to ~~i~~ ensure that services work in a socially inclusive and recovery focused manner to improve ~~treatment outcomes~~ outcomes. ~~and increase social networks for service users~~
- Hospital Services – to improve the patient's journey by developing Integrated Care Pathways, expanding psychological ~~services~~ services and ensuring that the needs of all in-patients are met by establishing acute in-patient forums.
- Therapy – to broaden the range of therapies that are available both in the hospital and in the community.
- Workforce Redesign – to continue to consider the impact of the new Mental Health Act on the work of Consultant Psychiatrists and Mental Health Officers ~~in particular, and arrange training for all staff~~
- Organisational Issues – continue the move towards integrated management, and support the many organisational changes at all levels that are required as a result of Joint Futures
- Resourcing and Accountability – to develop performance indicators and outcome measures across agencies which will help us gather accurate information on service provision
- To improve services for people with depression by developing an Integrated Care Pathway, and by providing services based on the Primary Care Mental Health Worker and self help models ~~improve data collection and reporting~~
-

- Employment and Education - ~~Wider Issues — improve outcomes for~~to continue to develop -the employment support service for people with mental health problems and to develop a range of outcome measures
- ~~;~~ Suicide and Self Harm - to review and evaluate the initiatives for the prevention of suicide and self harm ~~strategy~~put in place under the Choose Life Initiative and ~~the Doing Well by people with Depression initiative,~~ ~~noted below~~-to develop a sustainable suicide prevention strategy
- Service User and Carer involvement - to continuously review the ways in which we involve service users and carers in service planning and provision to ensure that their involvement is meaningful and effective

3.815 CHILDREN AND YOUNG PEOPLE WITH DISABILITIES

The needs of children and young people are currently addressed in both the Community Care Plan and the Integrated Children's Services Plan. The link with the Joint Community Care Plan remains important as we move towards a more integrated social work service for children and young people with disabilities and adults with a learning disability.

There is no single document detailing the strategic direction for services for children with a disability and we have to draw on the recommendations in the national reports *For Scotland's Children* and *Changing Childhoods* and also local strategies and plans.

15.1 WHAT HAS BEEN ACHIEVED DURING 2004-2006

- The Changing Children's Services Fund monies continue to fund posts in health and social work
- Within social work an integrated team for children with disabilities has been established
- The National Autistic Society has produced an information resource entitled "Next Steps" – working with parents, working with professionals, working together
- Progress has been made to implement the Education (Additional Support for Learning) Act
- Aberdeenshire Accessibility Strategy– Improving Access to Education – has been produced
- Working Together to Support Autism – Guidance for Schools and Community School Networks has been produced

15.2 WHAT ARE OUR PLANS FOR 2006-2009

- Launch of the Aberdeenshire Additional Support Framework
- Children with disabilities strategy group to be reformed, strategy to be written and priorities for action agreed
- Autism Strategy to be completed and Action plan priorities agreed

3.916 PEOPLE WITH SUBSTANCE MISUSE PROBLEMS

The Aberdeenshire Alcohol and Drug Action Team (AADAT) is committed to the implementation at local level of the National Drugs Strategy *Tackling Drugs in Scotland: Action in Partnership* (1999) and the National Action Plan. The AADAT Strategy and Annual Action Plan identify detailed direction and work to address the four strategic aims, which relate to young people, communities, treatment and the availability of illegal drugs.

The AADAT Strategy is due to be revised in 2007, to reflect changes in operational service delivery structure and national strategic priorities. Over the last two years, Aberdeenshire has seen a considerable increase in funding allocations from the Scottish Executive for drugs and alcohol, which has enabled

some (mainly statutory) services to increase staffing levels. This increase in service capacity has resulted in a reduction in waiting times for statutory services. The AADAT is still working on increasing the range of services available, improving access to services across Aberdeenshire, and targeting new populations of substance users. A number of new initiatives have been developed as a result, including:

- Progress has been made in the integration of community treatment, support and throughcare drug and alcohol services
- Staff training and ongoing support systems have been established for community nurses to enhance maternity services for women with alcohol and drug problems
- A routine enquiry intervention has been developed to assist pregnant women with choices regarding alcohol and drug use in pregnancy
- Access to services and service capacity is being improved through the introduction of an internet counselling and communication system with Barnardo's Gemini Project
- Throughcare services are being further integrated for prisoners - by improved liaison with Scottish Prison Service (SPS)/ Phoenix House and Criminal Justice Social Work (CJSW) re prisoners with drug /alcohol problems: developing protocols within available resources
- Work is ongoing toward better CJSW integration with other voluntary and statutory drug and alcohol services
- Access is being improved to treatment services for offenders, especially in prison
- Improve information on the prevention of overdose, injecting site injuries
- An Overdose First Aid Training scheme has been established for service users
- Service user support groups have been established with the support of the Community Substance Misuse Service (CSMS) Employment Development Officers

In 2006 Grampian took part in a pilot review of substance misuse services, a process managed and led by SWIA (Social Work Inspection Agency). The findings of this review are anticipated in June 2007, and will include recommendations as to the future direction of service development. The Scottish Executive has also commissioned a stocktaking exercise with all Scottish Action Teams. The Executive has also published National Quality Standards for Substance Misuse Services, and is currently working with Action Teams to begin the process of implementation with local services. The results of these three activities are highly likely to drive the future shape of substance use services in Aberdeenshire.

17 PEOPLE WITH ~~HIV, AIDS OR HEPATITIS~~ BLOODBORNE VIRUSES

Information about local arrangements for the surveillance, prevention, diagnosis and management of hepatitis B, hepatitis C and human immunodeficiency virus (HIV) can be found in the Grampian Bloodborne Pathogens Strategy (December 2000).

Following an outbreak in the late 1990s, the incidence of hepatitis B has steadily declined. People can contract the infection through sharing drug-injecting equipment, sexually, from mother to child and from needlestick injuries.

With respect to hepatitis C, Grampian has the second highest rate of cases in Scotland. Most people have become infected through sharing drug-injecting equipment.

For HIV, while the number of infected people is small, there is concern that this number is rising due to high-risk behaviour. The most common route for transmission is via heterosexual contact.

The Grampian Bloodborne Pathogens Group, which has been renamed the Grampian Bloodborne Virus Group to more accurately reflect its areas of responsibility, continues to monitor changes in epidemiology and develop an action plan.

3.1118 PEOPLE REQUIRING PALLIATIVE CARE

The Palliative Care Strategy was approved by Aberdeenshire CHP in March 2006. Three local palliative care groups will take actions forward in their local area.

19 CARERS

Carers look after family, partners, friends or neighbours in need of help because they are ill, frail, have a disability or substance misuse problem. The care they provide is unpaid. Some carers provide care for a few hours a week whilst others are providing care round the clock. It is known that many people do not recognise themselves as carers. It is also known that most people want to care. However, caring can cause stress and have an impact financially, practically, physically and emotionally. Statutory services therefore need to be proactive in enabling carers to feel more supported. The Aberdeenshire Carers' Charter and Joint Carers' Strategy for 2006-2009, are the major driving forces for identifying needs and promoting and developing Carers' services in Aberdeenshire. In Aberdeenshire, Carer Support is provided through Carer Support Workers and Young Carer Support Workers employed by Voluntary Service Aberdeen and Gordon Rural Action using the Carers' Strategy monies.

Use of the funding for 2006-2007 is detailed in the Finance section of the plan.

19.1 WHAT HAS BEEN ACHIEVED DURING 2004-2006

- Aberdeenshire Joint Carers' Strategy has been completed and approved by the Community Health Partnership and Social Work and Housing Committee
- NHS Grampian Carers' Information Strategy has been developed
- Initial and Comprehensive Carers' Assessment forms have been developed along with guidance on completion for front line staff.
- Information Leaflet on Carers' Assessment has been printed and distributed in a range of public places
- Carers' Support Workers and Young Carers' Support Workers provide a wide range of support through individual contacts , forums and specific events during eg Carers' Week and Carers' Rights Day

19.2 WHAT ARE OUR PLANS FOR 2006-2009

- Agree priorities from the Carers' Strategy for an Annual Action Plan
- Increased the number of Carers' Assessments undertaken
- Address Recommendation 3 in the Social Work Inspection Agency report on Aberdeenshire's social work service regarding better consultation with carers
- Implement NHS Grampian Carers' Information Strategy
- Develop a funding submission for 2 additional Young Carers' Support Workers

3.13.20 OTHER COMMUNITY CARE GROUPS

3.13.120.1

DOMES

Following Scottish Executive identification of the issue of Domestic Violence Abuse as a key priority, an Aberdeenshire Multi Agency Domestic Abuse Partnership was formed with a membership including of Aberdeenshire Council, NHS Grampian, Grampian Police and the Voluntary Sector was formed, with Aberdeenshire council being the lead agency.

A Strategy dealing with prevention, protection and provision of quality services for those who are abused or are the victims of violence was completed and ratified by Aberdeenshire Council and all the partner agencies in June 2002.

The Strategic Multi Agency Partnership group currently meets 8 times a year to work to the Action Plan, to monitor provision of services and to agree and drive forward development work.

20.1.1 WHAT HAS BEEN ACHIEVED DURING 2004-2006

- A second refuge for women and children affected by domestic abuse was opened in south Aberdeenshire in 2004 to complement and extend existing provision on North/Central Aberdeenshire. There are now 10 places available for women

and children in safe, and supported accommodation, in Aberdeenshire. The facilities are fully accessible

- An outreach service consisting of social workers and family support workers now operates across all of Aberdeenshire
- As an alternative to refuge accommodation, where an abusive partner is no longer resident in the family home, the outreach service, in conjunction with Grampian Police, can conduct a security audit, identify security measures which are required and arrange for provision
- Awareness raising material has been distributed throughout Aberdeenshire to increase timely reporting of incidents and promote appropriate referrals

20.1.2 WHAT ARE OUR PLANS FOR 2006-2009

- Continued development and expansion of Domestic Abuse Outreach services
- Develop awareness and response training for all staff in line with Scottish Executive Strategy and in conjunction with findings of Training Needs Analysis.
- Development of awareness raising programmes in schools and youth work settings to address young peoples value base in terms of respectful personal relationships
- Continue prevention interventions to produce reduction in repeat victimisations - distribution of Domestic Abuse Protection (DAP) kits, hard security auditing and provision of security items
- Development of Aberdeenshire Perpetrators Project

3.13.20.2 PEOPLE AFFECTED BY HOMELESSNESS

Homelessness in Aberdeenshire is an increasing problem. During 2005-2006 there were 1467 presentations in Aberdeenshire. Homeless applicants' household composition are primarily single people aged 25 years – 60 years followed by single people aged 16 years – 24 years followed by single parent households.

20.3 HOMELESSNESS STRATEGY

Work on implementing and delivering the Aberdeenshire Homelessness Strategy 2003-2006 commenced on 1 April 2003. The key aims of this strategy are to prevent homelessness in Aberdeenshire and to ensure that those households and individuals who do become homeless are given the help they need to obtain and sustain a home of their own.

20.3.1 WHAT HAS BEEN ACHIEVED DURING 2004-2006

- 21 staff have completed HomePoint type 2 training
- A comprehensive staff procedure manual has been developed which will be used to standardise practice across Aberdeenshire

- Research was commissioned into the employability of homeless people. This informed the development of an action plan to address the employability of homeless people in Aberdeenshire. A project co-ordinator was appointed in January 2006 to assist in taking forward this work.
- Aberdeen Foyer opened supported accommodation units in Banchory (5 places) and Stonehaven (9 places). Aberdeenshire Council increased its supply of furnished homelessness temporary units by 18 during the year, mostly by taking properties out of permanent stock.
- A further four Housing Officer (Support) posts have been approved and advertised. These posts will provide support to assist vulnerable tenants maintain their tenancy and help prevent homelessness. The increase in posts is in response to an identified need for support.

20.3.2 WHAT ARE OUR PLANS FOR 2006-2009

The Aberdeenshire Homelessness Strategy Group will review and update the Aberdeenshire Homelessness Strategy. A key challenge is to ensure the provision of sufficient temporary accommodation and permanent accommodation in order to meet need and comply with legislative duties.

The Grampian Health and Homelessness Action Plan was completed in 2004 and is being taken forward by the multi-agency Aberdeenshire Health and Homelessness Group, a sub-group of the Grampian Health and Homelessness Implementation Group. The key objectives are:

- Increase understanding of and support for homelessness within Aberdeenshire
- Ensure a co-ordinated response to improve the health of homeless people
- Ensure the provision of relevant training
- Ensure appropriate access to health care services for homeless people
- Ensure health improvement is integral to provision for homeless people

In response to an Aberdeenshire Health and Homelessness study, completed in May 2005, multi-agency training on the issues around health and homelessness for front line workers has been commissioned from Aberdeen Foyer.

APPENDIX 1

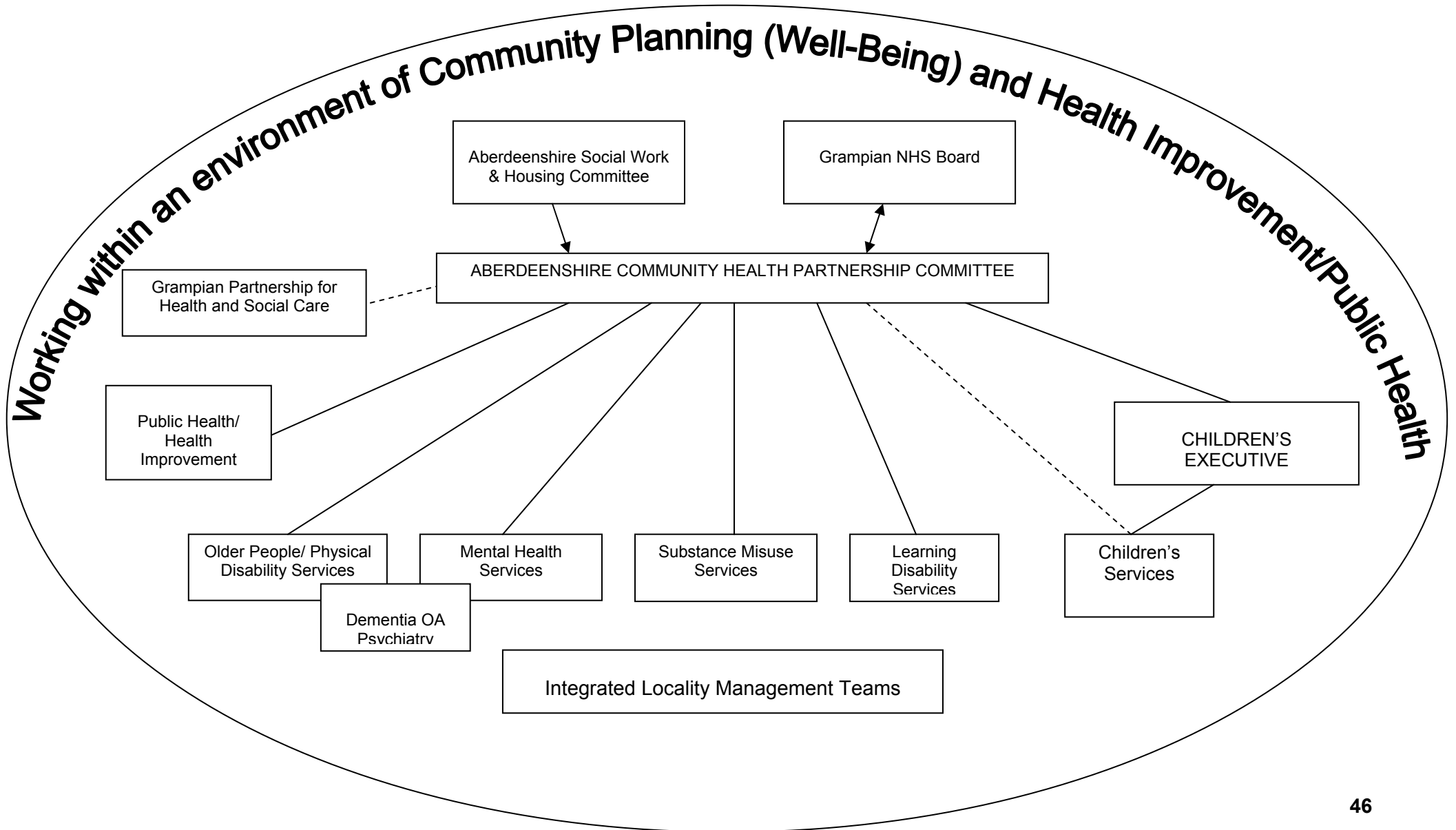
JOINT STRATEGIES

JOINT STRATEGY	TIMESCALE
The Older People's Action Plan Ageing with Confidence ⁴	Ongoing
Sensory Impairment Strategy ²	2006—2009 2007-2010
Acquired Brain Injury Strategy ¹	2004-2010
Palliative Care Strategy ³	2006-2009
Learning Disability Strategy	2006-2010
Partnership in Practice Agreement	2004-2010
Autistic Autistic Spectrum Disorder Strategy	2007-2010
Mental Health	
Aberdeenshire Drug and Alcohol Action Team – Action Plan for Substance Misuse	
Carers Strategy	2006-2009
Domestic Abuse ⁴	2004-
Grampian Sexual Health Strategy ^{1 3}	
Grampian Bloodborne Pathogens Strategy ^{1 3}	2000-
Joint Health Improvement Plan ³	

- 1 Grampian Strategy
- 2 Draft in progress
- 3 NHS Lead
- 4 Aberdeenshire Council Lead

APPENDIX 2

Aberdeenshire Partnership for Health and Community Care



APPENDIX 3

ABERDEENSHIRE LOCAL IMPROVEMENT TARGETS 2005-2006

Progress Report April 2005 – March 2006

National Outcome	Local Improvement Targets	2005 - 2006 (2004 - 2005)	Measurement	Improvement Achieved April 2005 - March 2006
1. Supporting more people at home as an alternative to care home	1. Achieve a 2% shift in spend within care management budgets from institutional care to care at home in 2005-2006 - All user groups	Spend in 2005-2006 - care homes £ 22,201,000 - home based care £ 12,297,000 (2004-05 figures £21,939,000 & £ 8,593,000)	% change in spend in 2005-2006 compared with 2004-2005 spend	8 % shift in spend on residential care, to 64% of budget from 72% of budget in 2004-2005 for all user groups.
	2. Reduce by 5% the occupancy of long stay hospital beds, including dementia beds in 2005-06	Total occupied bed days in long stay beds in 2005-06 – 69,547 (2004-2005 - 75,384 est.	% change in average bed occupancy in 2005-06 compared with 2004-05	7.7% reduction
	3. Increase of 5% in number of intensive care packages - over 10 hours - over 20 hours in 2005-06	No. of people receiving - over 10h: 555 (527 in 2004-05) - over 20h: 196 (167 in 2004-05) home care per week in 2004-2005	% change in number of people receiving over 10 and over 20 hours compared with number in 2004-05	Overall increase of 5.3% in people receiving 10+ hours from last year. Increase of 17.3% in people receiving 20+ hours home care.

National Outcome	Local Improvement Targets	2005 - 2006 (2004 - 2005)	Measurement	Improvement Achieved April 2005 - March 2006
2. Assisting people to live more independent lives through reducing inappropriate admission and enabling supported and faster discharge	1. Achieve delayed discharge target set by Grampian Delayed Discharge Partnership	Target set by Grampian Delayed Discharge Partnership = 60. Actual delayed discharges at 15 th April 2006 = 46	Number of Aberdeenshire delayed discharge compared with target set for 2005-2006	Actual = 46 Target = 60
	2. Achieve an increase of 5% in home care hours provided overnight and after 7pm on weekends in 2005-2006 – in-house provision only	Hours provided - overnight : 2303 (1995 in 2004-2005) after 7pm/overnight during week containing 31/03/06 - after 7pm on weekends : 572 (518 in 2004-05) after 7pm/overnight during weekend 01/02 April 2006	% change in hours overnight and after 7pm on weekends in 2005-2006 compared with 2004-2005	Increase of 15.4% in the number of hours provided after 7pm/overnight during the week. Increase of 10.4% in the number of hours provided after 7pm/overnight during the weekend.
	3. Increase by 5% number of people receiving a home care service within 24 hours of referral	Number of people whose home care service started within 24 hours of referral in 2005-2006: 64%	% change in number of people whose home care service started within 24 hours of referral in 2005-2006 compared with 2004-2005	64% receive service within 24 hours

National Outcome	Local Improvement Targets	2005-2006	Measurement	Improvement Achieved April 2005 - March 2006
3. Ensuring people receive improved quality of care through faster access to and better quality services	1. Begin 80% of single shared assessments within 2 weeks of 'referral'	Baseline measure – 60.1%	% of SSAs begun within 2 weeks of 'referral' compared with 80% target	60.1% SSAs begun within 2 weeks
	2. Establish baseline for number of SSAs completed within - 2 weeks of referral - 4 weeks of referral	Baseline measure – 60.1% - 2 weeks of referral 68.9% - 4 weeks of referral	% of total SSA in 2005-2006 completed within 2 wk & 4 wk from referral	60.1% - 2 weeks of referral 68.9% - 4 weeks of referral
	3. All new cases to have a care plan or care timetable as part of SSA from 1 April 2006	Baseline measure – nil	% of total new cases with care plan or timetable compared with 100% target	Introduction still underway from pilot of care plans
	4. Achieve an increase user & carer satisfaction in 2005-06	In March 2006, 91.8% users are satisfied/very satisfied with the support received arising from SSA (80% Sept 05) 96.3% of carers are satisfied/very satisfied with the support to users (80% Sept 05)	% increase in satisfaction reported in March 2006 compared with September 2005	11.8% increase in user satisfaction, and 16.3% increase in carer satisfaction. (survey response from 81 users, 56 carers)

National Outcome	Local Improvement Targets	2005 - 2006 (2004 - 2005)	Measurement	Improvement Achieved April 2005 - March 2006
4. Better involvement and support of carers	1. Achieve a 50% increase in carer's assessments in 2005-2006	Number of carer's assessments in 2005-0: 16 (12 in 2004-05) No figure available for assessments as part of SSA of the cared-for person.	% change in number of carer's assessments in 2005-06 compared with 2004-05	An increase of 33% in the number of carer's assessments. New arrangements are being introduced to record carers assessment as part of the SSA of the cared-for person.
	2. Increase of 10% in number of respite days provided in 2005-2006	Number of respite days provided in 2005-2006: People 65+ : 14,358 (residential) 8,886 (non – res.) (14,851 residential 9,190 non-res. -2004-2005) People 18-64: (10,841 residential 2,572 non-res. - 2004-2005)	% change in number of respite days provided in 2005-06 compared with 2004-05	Overall a 2.3% increase in the number of days respite provided. *Respite days for 65+ decreased by 3% *Respite days for 18-64 increased by 12%
	3. Achieve an increase carer satisfaction in 2005-2006 (as at 3.4)	In March 2006,) 96.3% of carers are satisfied/very satisfied with the support received arising from SSA (80% Sept 05)	% increase in satisfaction reported in March 2006 compared with September 2005	16.3% increase in carer satisfaction. (survey response from 56 carers)

APPENDIX 4

FINANCING THE PLAN

ABERDEENSHIRE COUNCIL - SOCIAL WORK

Revenue Expenditure

Budgeted Net Revenue Expenditure 2006/2007 (£000's)

Community Care	82,828
Children & Families	18,487
Criminal Justice	1,977
Income & Recharges	(24,229)
TOTAL	<u>£79,063</u>

Budgeted Gross Expenditure for individual care groups 2006/2007 (£000's)

Older People including Dementia	48,113
Physical Disability	5,303
Learning Disability	23,805
Mental Health	3,942
Drugs/Alcohol	1,665
TOTAL	<u>£82,828</u>

Income from Grampian Health Board Resource Transfer 2005/2006 (£000's)

Frail Elderly	2,483
Learning Disabilities	6,776
Mental Health	729
Joint Working	9
TOTAL	<u>£9,997</u>

Income from Charges 2005/2006 (£000's)

Home Care	953
Day Care	565
Residential & Respite Care	2,495
Meal (MOWS, Lunch Clubs, Day-care)	199
TOTAL	<u>£4,212</u>

In order to allocate resources as effectively as possible, Social Work has developed Resource Allocation indices for the Home Care, Occupational Therapy and Care Management budgets. These take local population factors into account as well as the impact of deprivation.

Voluntary Sector Funding

Social Work has a policy of supporting and working with voluntary agencies in the provision of community care. They provide a range of services, including specified services on behalf of Social Work and specialist advice, information and research. The following organisations, which do not include those funded through resource transfer, will receive funding amounting to £1,581,247 during 2006/07.

Mainstream Funding – Approved 2006/07	£
Aberdeen & North East Deaf Society	137,900
Aberdeen & North East Deaf Society - Occupational Therapy Aids	11,100
Aberdeenshire Volunteer Network	35,600
Advocacy North East	50,850
Age Concern Scotland	24,300
Alcohol Advisory & Counselling Service (AACCS)	99,760
AACS – Child & Family Worker	24,000
Banff and Buchan Citizens' Advice Bureau	141,850
BRIDGE	14,000
Computers & Integration for the Disabled	5,750
Couple Counselling	18,950
Deafblind	21,500
Drugs Action	18,450
Family Mediation	28,300
Aberdeenshire Disability Action	50,300
Aberdeenshire Disability Action-Cancer Support Group	23,000
Gordon Rural Action – Advice & Information	4,600
Gordon Rural Action Support Services Tribunal	89,250
Gordon Rural Action – Advice Services Network	40,300
Grampian Living Options – Auchbuie	133,800
Grampian Living Options – Taizali	133,800
Grampian Society for the Blind	215,315
Kemnay Drugs Project	16,400
K & D Voice	4,600
Mental Health Aberdeen	13,500
National Schizophrenia Fellowship	16,800
North East of Scotland Credit Union	4,750
People First	8,200
Pillar Kincardine	9,000
Quarriers (formerly Epilepsy Grampian)	20,500
Royal Aberdeen Workshops for the Blind	117,222
Samaritans	9,500
Scottish Huntingtons Association	15,000
Victim Support	8,500
Who Cares	<u>14,600</u>
TOTAL FUNDING	<u>1,581,247</u>

Smaller Grant Funding

Funding amounting to £58,305 during 2006/2007 has been allocated as follows:

Annual Grant – Approved 2006/07	£
Aboyne & Deeside Advice Centre (ADVICE)	1,500
Arthritis Care	1,850
Banchory Advice Centre	3,500
Banff Learning Disability Forum	350
Bervie Outreach Advice Centre	1,750
Childline	1,080
Ellon Advice Centre	4,500
Ellon & District Transport Club	675
Fraserburgh & District Advice Centre	7,700
Huntly Advice Centre	5,150
Inverurie Advice Centre	4,700
Lead Scotland	3,700
Newmachar Thursday Club	750
North Aberdeenshire Learning Disabilities Forum	350
Peterhead Learning Disability Forum	350
Portlethen & Newtonhill Advice Centre (PANAC)	3,500
Rape & Sexual Abuse Centre	3,100
Stonehaven Advice Centre (STAIR)	5,100
Travellers Education and Information Project	1,600
Turriff Advice Centre	<u>7,100</u>
TOTAL	<u>58,305</u>

Other Sources of Funding – 2006/2007

Mental Illness Specific Grant	£577,000
Specific Grant for Training	£158,000
European Funding	£36,000
Carers Strategy	£396,000

Capital Expenditure

All capital projects are detailed in the Care Group sections under Development Proposals.

Purchasing Intentions

The need for forward planning is clearly recognised but within the Local Authority's annual budgetary cycle it is not possible to make firm statements about commitment of resources beyond the year for which the budget has been approved. The purchasing intentions stated below are the best estimates available at the time of preparation of the Plan. These figures may be modified to reflect changes in volume or type of service according to local needs. Current needs are in excess of our ability to purchase the level of service required.

**a) Purchase and provision of places from each sector - OLDER PEOPLE
– (£000's)**

	Voluntary Sector	Private Sector	In-house Provision
2005/2006 Actual			
Residential Care	1,128	2,198	7,392
Nursing Home Care	422	13,749	0
Respite Care	58	465	821
Day Care	418	269	2,108
Domiciliary Care	629	722	9,734
Meals on Wheels	0	0	269
2006/2007 Budget			
Residential Care	1,219	2,376	7,371
Nursing Home Care	401	14,861	0
Respite Care	63	503	819
Day Care	484	333	2,112
Domiciliary Care	642	741	9,435
Meals on Wheels	0	0	211
2007/2008 Estimate			
Residential Care	1,312	2,559	7,640
Nursing Home Care	420	15,999	0
Respite Care	68	541	849
Day Care	491	336	2,177
Domiciliary Care	648	749	10,464
Meals on Wheels	0	0	213
2008/2009 Estimate			
Residential Care	1,356	2,645	7,922
Nursing Home Care	434	16,541	0
Respite Care	70	559	880
Day Care	481	340	2,245
Domiciliary Care	655	756	10,842
Meals on Wheels	0	0	215

b) Purchase and provision of places from each sector - LEARNING DISABILITY – (£000's)

	Voluntary Sector	Private Sector	In-house Provision
2005/2006 Actual			
Residential Care	7,082	780	1,009
Nursing Home Care	7	348	0
Respite Care	62	34	112
Day Care	1,383	405	5,021
Domiciliary Care	3,418	3,176	0
2006/2007 Budget			
Residential Care	7,130	760	998
Nursing Home Care	6	339	0
Respite Care	61	33	109
Day Care	935	295	4,915
Domiciliary Care	2,983	2,772	0
2007/2008 Estimate			
Residential Care	7,366	792	1,024
Nursing Home Care	7	353	0
Respite Care	63	35	114
Day Care	949	298	5,092
Domiciliary Care	3,027	2,812	0
2008/2009 Estimate			
Residential Care	7,445	758	1,064
Nursing Home Care	6	338	0
Respite Care	61	33	118
Day Care	963	301	5,281
Domiciliary Care	3,057	2,841	0

c) Purchase and provision of places from each sector - PHYSICAL DISABILITY – (£000's)

	Voluntary Sector	Private Sector	In-house Provision
2005/2006 Actual			
Residential Care	178	94	0
Nursing Home Care	7	588	0
Respite Care	133	20	0
Day Care	259	139	0
Domiciliary Care	293	350	170
Occupational Therapy (including older people)	0	0	2,073
2006/2007 Budget			
Residential Care	186	102	0
Nursing Home Care	7	635	0
Respite Care	136	21	0
Day Care	271	169	0
Domiciliary Care	311	371	185
Occupational Therapy (including older people)	0	0	1,964
2007/2008 Estimate			
Residential Care	194	109	0
Nursing Home Care	8	684	0
Respite Care	140	23	0
Day Care	274	171	0
Domiciliary Care	322	376	191
Occupational Therapy (including older people)	0	0	2,025
2008/2009 Estimate			
Residential Care	200	113	0
Nursing Home Care	8	707	0
Respite Care	144	24	0
Day Care	277	172	0
Domiciliary Care	325	380	197
Occupational Therapy (including older people)	0	0	1,988

d) Purchase and provision of places from each sector - MENTAL HEALTH – (£000's)

	Voluntary Sector	Private Sector	In-house Provision
2005/2006 Actual			
Residential Care	486	18	0
Nursing Home Care	85	27	0
Respite Care	35	1	0
Day Care	806	31	747
Domiciliary Care	125	41	747
2006/2007 Budget			
Residential Care	506	19	0
Nursing Home Care	90	28	0
Respite Care	40	1	0
Day Care	828	64	799
Domiciliary Care	170	55	799
2007/2008 Estimate			
Residential Care	521	19	0
Nursing Home Care	92	29	0
Respite Care	41	1	0
Day Care	853	65	828
Domiciliary Care	171	56	829
2008/2009 Estimate			
Residential Care	537	20	0
Nursing Home Care	95	30	0
Respite Care	38	1	0
Day Care	783	66	829
Domiciliary Care	173	56	829

e) Purchase and provision of places from each sector - ALCOHOL RELATED PROBLEMS – (£000's)

	Voluntary Sector	Private Sector	In-house Provision
2005/2006 Actual			
Residential Care	0	2	0
Nursing Home Care	0	0	0
Respite Care	21	103	0
Day Care	1	10	0
Domiciliary Care	0	1	0
2006/2007 Budget			
Residential Care	0	4	0
Nursing Home Care	0	0	0
Respite Care	43	209	0
Day Care	2	18	0
Domiciliary Care	0	5	0
2007/2008 Estimate			
Residential Care	0	5	0
Nursing Home Care	0	0	0
Respite Care	44	215	0
Day Care	2	18	0
Domiciliary Care	0	5	0
2008/2009 Estimate			
Residential Care	0	5	0
Nursing Home Care	0	0	0
Respite Care	46	222	0
Day Care	2	18	0
Domiciliary Care	0	5	0

f) Purchase and provision of places from each sector - DRUG RELATED PROBLEMS – (£000's)

	Voluntary Sector	Private Sector	In-house Provision
2005/2006 Actual			
Residential Care	44	0	0
Respite Care	68	96	0
Day Care	0	1	0
Domiciliary Care	0	5	0
2006/2007 Budget			
Residential Care	45	0	0
Respite Care	65	78	0
Day Care	0	0	0
Domiciliary Care	0	5	0
2007/2008 Estimate			
Residential Care	46	0	0
Respite Care	67	80	0
Day Care	0	0	0
Domiciliary Care	0	5	0
2008/2009 Estimate			
Residential Care	47	0	0
Respite Care	68	82	0
Day Care	0	0	0
Domiciliary Care	0	5	0

g) Typical Unit Prices 2006/2007

	Voluntary	Private	Local Authority
Residential	£406/wk	£406/wk	£487/wk
Nursing Home Care	£471/wk	£471/wk	N/A
Supported Accommodation	£790/wk	N/A	£826/wk
Respite Care	£406/wk	£406/wk	
Day Care	£37/day	£34/day	£23.95/day (Charge £3.28/day)
Domiciliary Care/ Home Care	£9.53hr	£8.81hr	£8.12hr

NHS GRAMPIAN

Introduction

Funding from the Scottish Executive is largely in the form of a block allocation, which makes no distinction between hospital and community services. NHS Boards are therefore required to develop a Local Health Plan for health and healthcare, which incorporates both services. In addition separate funding is allocated for family health services.

The NHS Board strategic aims include a commitment to increase the current level of NHS community care service across Grampian in support of the care in the community policy. These planned developments will, in the main, be a re-investment of resources released from existing long-stay care provision, as will be the case with monies transferred to unitary authorities.

Resource Release

In response to the national policy directive to re-deploy resources away from long-stay NHS care into both residential and outreach community care services, the number of hospital continuing care beds over all priority client groups has reduced significantly over recent years. This programme was substantially completed in 2003/04.

The resources thus released are the main source of funds to meet the increased level of investment in health and community care services.

Resource Transfer

As the range and number of community based facilities increases in support of the care in the community policy, there is a requirement for NHS Boards to transfer funds to unitary authorities to fund the cost of the community services required as a result of the retraction in NHS long-stay continuing care provision.

The out-turn for 2006/2007 in respect of Aberdeenshire Council was £10.251m as follows:

	£ M
Learning Disability	6.96
Mental Illness	.782
Elderly Dementia	.936
Elderly	1.573
Total	10.251 M

Resource Transfer is subject to uplift, operational and strategic review.

APPENDIX 5

YOUR COMMENTS on the PLAN

We welcome your comments on the Joint Community Care Plan and any other aspects of community care. Please tell us what your views are by completing this comments box and posting, ~~faxing~~-emailing or faxing by 30 June 2007, as detailed below.

Comments

Send to: Evelyn Marshall

Email: evelyn.marshall@aberdeenshire.gov.uk

Post: Aberdeenshire Council
Housing & Social Work
Strategic Development (Community Care)
Woodhill House
Westburn Road
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Or Fax 01224 664992