

## Appendix 6

### Aberdeenshire Integration Joint Board Revenue Budget 2024/25

#### Context for Social Care Pressures

- 1.0 Adult social care comprises all forms of personal and practical support for adults who need additional support. It describes support at home, including care homes and supporting unpaid carers to help them continue in their caring role. It means supporting people to:
  - live independently
  - be active citizens
  - participate and contribute to our society
  - maintain their dignity and their human rights
  - support people to stay at home or in a homely setting, with maximum independence, for as long as possible.
- 2.0 Local Authorities (delegated to Health and Social Care Partnerships) have a duty under the [Social Work \(Scotland\) Act 1968](#) to assess a person's social care support needs to decide if a person is eligible for services.
- 3.0 The Community Care and Health (Scotland) Act 2002 introduced free personal care for those aged 65 or over Scotland. This was extended to those under 65, by the Scottish Government in 2018 by an amendment to the 2002 Act, removing the previous age qualification and thereby extending personal care entitlements to all adults who are assessed by the local authority as needing this service, free of charge.
- 4.0 Self-Directed Support emerged as a social care policy in the form of a ten-year strategy: the Self-Directed Support Strategy 2010-20. This culminated in [The Social Care \(Self-directed Support\) \(Scotland\) Act 2013](#), which places a duty on local authorities (Health and Social Care Partnerships) to offer people who are eligible for social care a range of choices over how they receive their support. When discharging their duty to support people in need, local authorities do so in a way which offers the person choice, control, and flexibility to determine how they wish to receive support by offering 4 options, including personalised budgets.
- 5.0 While the intentions and principles of social policy are laudable, budgets have not kept pace with the cost of implementing these directions and public expectations exceed what can be realistically provided within the available budget. Audit Scotland, Social Care Briefing, January 2022, advised that in 2018/19 two thirds of Health and Social Care Partnerships were unable to achieve a balanced budget without recourse to funding from partners and they recommended "realistic costs in financial memorandums accompanying parliamentary bills for legislative change."
- 6.0 Since the enactment of the ([Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)) in 2016 commissioning and procurement are now the responsibility of

integration authorities via health and social care partnerships. Local authorities, though, remain responsible for the formal procuring and contracting care from providers. In Aberdeenshire, social care is provided through in-house care homes for older adults, commissioned residential services for adults, in-house care at home and from private providers through our support at home framework.

7.0 In April 2022, a new framework for non-residential commissioned services was implemented to amalgamate housing support and care at home. Aberdeenshire Council on behalf of the Aberdeenshire Health and Social Care Partnership tendered for a multi-supplier framework agreement for the provision of Support at Home Services for people who meet eligibility criteria aged 16 years and over with a range of needs, who require assistance through support to live independently and to develop, regain or retain their daily living skills, through provision of personal care, personal support and/or housing support, providing the right care and support in the right place.

8.0 The intention of the new framework is to streamline the procurement process to benefit small providers, offer greater flexibility to providers and commissioners to provide outcome focused services, ethical commissioning, and collaboration. The framework is currently being reviewed with good feedback from providers that these objectives are being met.

## **9.0 Social Care Pressures**

9.1 Our data shows that there has been an increased demand for social care services since in both adult and older adult services.

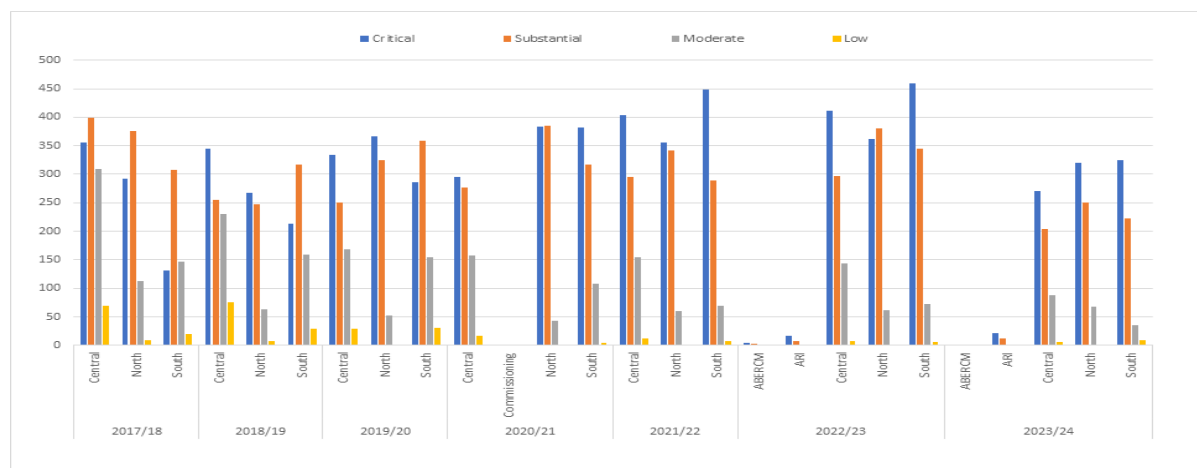
9.2 There are a variety of factors influencing this. Social policy since the implementation of the national direction of Reshaping Care for Older People 2011 - 2021 has promoted a shift away from people being cared for in residential settings to care at home or in a homely setting. There have been equivalent policies for people with learning disabilities with the policy 'The Same as You' being the final impetus for closing long stay settings and promoting the inclusion of people in the community. The 'Keys to Life', launched in 2013 is Scotland's learning disability strategy. It is a long-term strategy based on a commitment to human rights for people with learning disabilities.

9.3 The Aberdeenshire HSCP Strategic Plan 2020-2025 has implemented these national policies through our strategic plan, reshaping care priority and our learning disability strategy 'Be All You Can Be'. However, the anticipated growth in population of older people, and particularly very old people (over 85 years) over the next ten years, along with a difficult economic climate and changing public expectations, challenge the sustainability of any configuration of investment, and service improvement and transformation that we have put in place to support a growing population of people to age well and end their life with dignity in their place of choice. This has resulted in an increase in both residential care for older people and an increase in support at home with associated costs.

***“Aberdeenshire Aberdeenshire’s pensionable age population is projected to increase from 49,800 in 2018 to 73,750 by 2030 - an increase of approximately 28.0%.” Aberdeenshire Council, Strategic Needs Assessment, 2023***

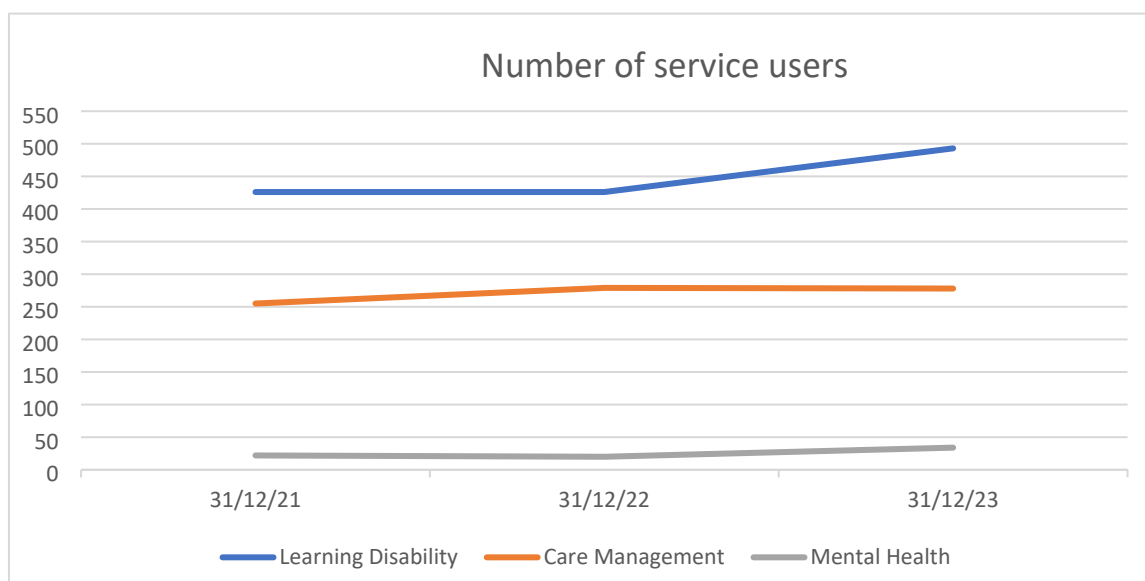
## 10.0 Learning Disabilities Eligibility Criteria

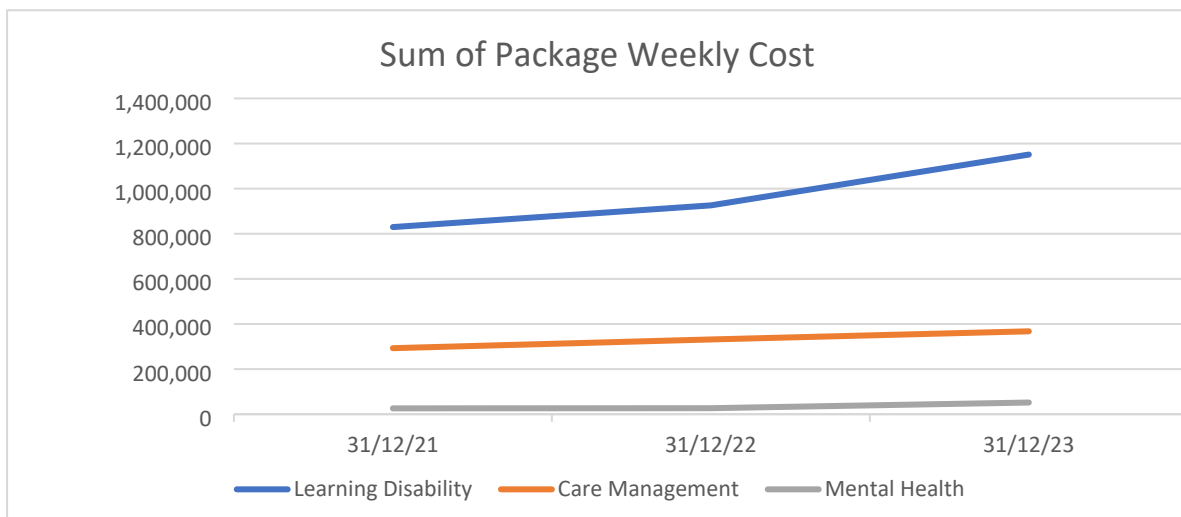
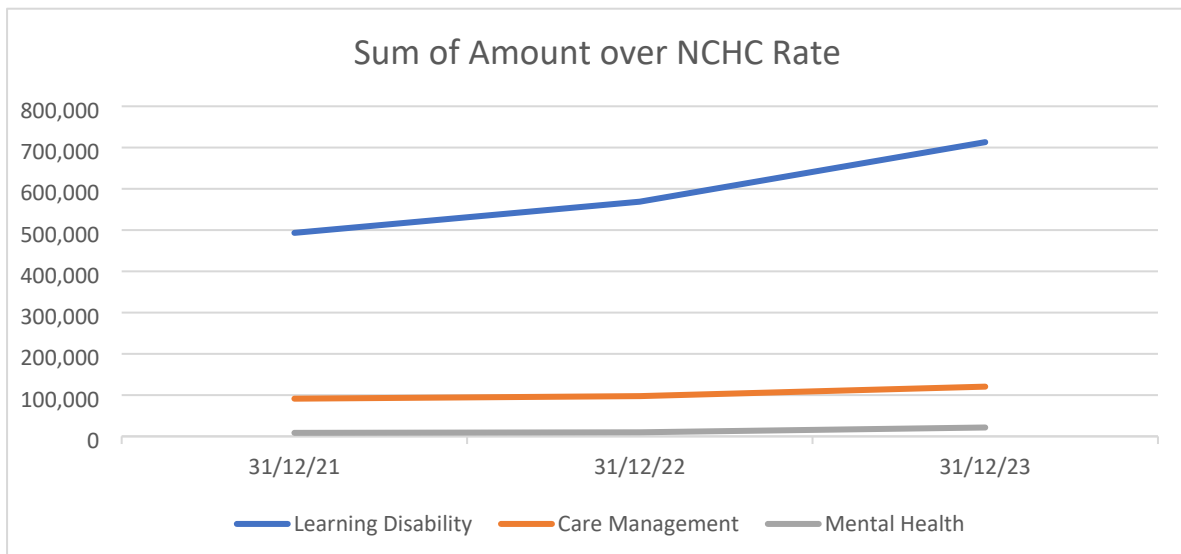
10.1 Figures for 2023/24 are to January 2024.



10.2 The data evidences the rise in service users assessed as having critical needs since 2017/18. However, while there is an overall trend in increasing complexity, the reduction in provision of service to service users assessed as having low needs supports the implementation of the policy decision in 2016 to change the Social Work Eligibility criteria to focus services on those at a substantial and critical level.

## Number of service users with packages over £888.50 (National care home rate for nursing care)





10.3 The data above evidences the increase in service users with care packages in non-residential care over the national care home rate.

10.4 Complexity of needs and associated increased costs of care packages in learning disability services have been driven by a number of factors:

- An increase in life expectancy due to improved medical intervention.
- Changing cultural expectations, more young people at point of transition expecting to move out as a young adult with associated cost of accommodation and support, whereas historically adults stayed at home with the care of parents.
- Increased numbers of referrals and all of these are of higher needs than previously.
- Increase in people with profound and multiple needs as well as a learning disability – resulting in need for more specialist equipment and higher care

needs i.e. for double up carers – specialist knowledge of peg feeding, postural drainage etc.

- More commissioned services in learning disability adult care – Increase to living wage etc. and increased costs to run services means increased commissioning costs for the same volume of care.
- Increase in mental health and autism/dual diagnosis referrals for complex young people known to CAMHS (Child and Adolescent Mental Health Services) and transitioning to adult mental health services.
- Increase in adults in mental health services eligible for self-directed support is causing the mental health core budgets to be over committed.
- Mental health out of area people who are in health-based treatment resources are returning to area to comply with the 'Coming Home' agenda after treatment but requiring high costs packages to maintain them safely.

## **11.0 Recommendation**

- 11.1 Measures are proposed to address the cost pressures while ensuring we meet our statutory duties and responsibilities to protect vulnerable people now and in future years. Some of these proposals involve reinvigorating existing strategic directions e.g. the Learning Disability IDEA strategy ensures that building based day care services are only provided for those service users that have the highest level of need. Others are consolidating processes already in place i.e. to ensure robust peer review by establishing a panel to approve high-cost packages, reviewing of all packages are moderate and low level to establish if signposting to non-statutory services is appropriate. Redefining the equivalency model to ensure equity in the cost of provision of 24-hour care if people chose to stay at home rather than move to a residential setting. The proposal to implement weekly budgets for the whole service in residential and supported living learning disability services rather than individual 'time and task' budgets supports the objectives in our 'Support at Home Framework' implemented in April 2022 to provide outcome focused models consistent with our intention to offer flexibility to providers and best, person-centred practice.

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