

# Public Document Pack



Aberdeen City Health & Social Care Partnership  
*A caring partnership*

To: Jonathan Passmore MBE (Chairperson); Councillor Len Ironside CBE (Vice Chairperson); and Councillors Cameron, Donnelly and Young; and Rhona Atkinson, Dr Nick Fluck and Professor Mike Greaves (NHS Grampian Board Members); and Mike Adams (Partnership Representative, NHS Grampian), Jenny Gibb (Professional Nursing Adviser, NHS Grampian), Jim Currie (Trade Union Representative, Aberdeen City Council (ACC)), Bernadette Oxley (Chief Social Work Officer, ACC), Kenneth Simpson (Third Sector Representative), Dr Howard Gemmell (Patient and Service User Representative), Gill Moffat and Faith-Jason Robertson-Foy (Carer Representatives), Dr Stephen Lynch (Clinical Director, Aberdeen City Health and Social Care Partnership (ACHSCP)), Dr Satchi Swami (Secondary Care Adviser, NHS Grampian) and Judith Proctor (Chief Officer, ACHSCP).

Town House,  
ABERDEEN, 21 March 2017

## **INTEGRATION JOINT BOARD**

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in Committee Room 2 - Town House on **TUESDAY, 28 MARCH 2017 at 10.00 am.**

FRASER BELL  
HEAD OF LEGAL AND DEMOCRATIC SERVICES

### **B U S I N E S S**

#### **DECLARATION OF INTERESTS**

- 1 Members are requested to intimate any declarations of interest

#### **DETERMINATION OF EXEMPT BUSINESS**

- 2 Members are requested to determine that any exempt business be considered with the press and public excluded

## **STANDING ITEMS**

- 3 Minute of IJB Meeting - 31 January 2017 (Pages 5 - 14)
- 4 Minute of IJB Special Budget Meeting - 7 March 2017 (Pages 15 - 22)
- 5 Draft Minute of Audit and Performance Systems Committee Meeting - 28 February 2017 - for noting (Pages 23 - 28)
- 6 Business Statement (Pages 29 - 32)

## **ITEMS OF BUSINESS**

- 7 Transformation Programme (Pages 33 - 52)
- 8 Buurtzorg (Pages 53 - 60)
- 9 Living Wage and Sleepovers (Pages 61 - 68)
- 10 Good Governance Institute Implementation Plan (Pages 69 - 76)
- 11 Measuring Outcomes Under Integration (Pages 77 - 92)
- 12 IJB Scheduling (Pages 93 - 102)

## **ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE**

- 13 Bon Accord Care Report (Pages 103 - 108)
- 14 Review of Internal Auditors (Pages 109 - 112)

## **WORKSHOP SESSION**

- 15 Community Justice

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Should you require any further information about this agenda, please contact Iain Robertson, 01224 522869 or [iairobertson@aberdeencity.gov.uk](mailto:iairobertson@aberdeencity.gov.uk)

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Aberdeen City Health & Social Care Partnership  
*A caring partnership*

## INTEGRATION JOINT BOARD

### Minute of Meeting

**31 January 2017**  
**Town House, Aberdeen**

Present: Jonathan Passmore MBE (Chairperson); and Councillors Cameron, Ironside CBE, Jean Morrison MBE (as substitute for Councillor Donnelly) and Young (for items 1-13); and Rhona Atkinson, Dr Nick Fluck and Professor Mike Greaves (NHS Grampian Board members); and Mike Adams (Partnership Representative, NHS Grampian), Jim Currie (Trade Union Representative, Aberdeen City Council (ACC)), Jenny Gibb (Professional Nursing Adviser, NHS Grampian), Bernadette Oxley (Chief Social Work Officer, ACC), Kenneth Simpson (Third Sector Representative, for items 1-6), Gill Moffat and Faith-Jason Robertson-Foy (Carer Representatives), Dr Howard Gemmell (Patient/Service User Representative), Dr Stephen Lynch (Clinical Lead, Aberdeen City Health and Social Care Partnership (ACHSCP)), Dr Satchi Swami (Secondary Care Adviser, NHS Grampian) and Judith Proctor (Chief Officer, ACHSCP).

Also in attendance: Alex Stephen (Chief Finance Officer, ACHSCP), Tom Cowan (Head of Operations, ACHSCP), Kevin Toshney (Acting Head of Strategy and Transformation, ACHSCP), Angela Scott (Chief Executive, ACC, for items 1-13), Gail Woodcock (Integrated Localities Programme Manager, ACHSCP, for items 9 and 16), Jillian Evans (Head of Intelligence, NHS Grampian, for item 10), Kenneth O'Brien (ACHSCP, for item 11), Claire Wilkie (ACHSCP, for item 14), Jason Nicol and Graeme Smith (NHS Grampian, for item 17) and Iain Robertson (Clerk, ACC).

Apologies: Councillor Donnelly.

**The agenda and reports associated with this minute can be located at the following link:-**

**<http://committees.aberdeencity.gov.uk/ieListMeetings.aspx?Committeeld=516>**

**Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.**

## **OPENING REMARKS**

1. The Chair opened the meeting and explained that he had taken over the Chair of the IJB from Councillor Ironside and thanked him for his leadership and support during the formation of the IJB. The Chair highlighted the upcoming HEART Awards and noted that being a judge for such worthy nominees had been a very humbling experience. He also advised that an IJB Information Bulletin had been circulated to Board members on 27 January 2017 which detailed additional projects and Partnership work for members' information.

### **The Board resolved:-**

- (i) to thank Councillor Ironside for his leadership during the establishment of the IJB and his contribution towards health and social care integration in Aberdeen City; and
- (ii) otherwise note the information provided.

## **DECLARATION OF INTERESTS**

2. Members were requested to intimate any declarations of interest.

### **The Board resolved:-**

To note that no declarations of interest were intimated at this time.

## **DETERMINATION OF EXEMPT BUSINESS**

3. The Chair proposed that item 14 (Mental Health Commissioning), item 15 (Bon Accord Care Update), item 16 (Transformation Programme) and item 17 (Amputee Rehab) on today's agenda be considered with the press and public excluded.

### **The Board resolved:-**

In terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973, to exclude the press and public from the meeting during consideration of the aforementioned items of business so as to avoid disclosure of exempt information of the classes described in paragraphs 6 and 8 of Schedule 7(A) of the Act.

## **APPOINTMENT OF VICE CHAIRPERSON**

4. As per standing order 3(3) the Chair requested nominations for Vice Chairperson of the IJB from Aberdeen City Council.

The Chair nominated Councillor Ironside and this was seconded by Councillor Cameron. Having received no further nominations, the Chair advised that Councillor Ironside had been appointed as the IJB's Vice Chairperson.

**The Board resolved:-**

To appoint Councillor Ironside as the IJB's Vice Chairperson.

**MINUTE OF PREVIOUS MEETING**

5. The Board had before it the minute of the previous Board meeting of 15 November 2016.

**The Board resolved:-**

To approve the minute as a correct record.

**BUSINESS STATEMENT**

6. The Board had before it a statement of pending business for information.

**The Board resolved:-**

- (i) to remove item 5 (Draft Strategic Plan Indicative Timetable) and item 6 (Auditing and Financial Reporting) from the statement; and
- (ii) otherwise to note the statement.

**FINANCE AND BUDGET UPDATE**

7. The Board had before it a report by Alex Stephen (Chief Finance Officer, ACHSCP) which updated the Board on the provisional grant settlement and implications to the IJB budget resulting from announcements made on 15 December 2016. The report advised on the budget pressure facing the Board in 2017-18 and the budget savings identified by officers to close the provisional funding gap. And highlighted to the Board the position with regard to the Board's reserves and future year budget projections along with budget risks and assumptions underpinning the provisional budget.

**The report recommended:-**

That the Board –

- (a) Acknowledge the implications of the Scottish Budget and Grant Settlement on the IJB's budget;
- (b) Agree the budget savings identified in Appendix A of this report;
- (c) Agree the use of integration and change funds amounting to £3,182,000 to close the budget gap;
- (d) Agree the Bon Accord Care contract level for 2017-18 of £26,405,000 and budget assumptions noted in section 2.7;
- (e) Agree the 2017-18 provisional IJB Budget in Appendix B;
- (f) Agree the earmarking of £2.5 million of 2016-17 underspend into a risk provision and £500,000 for replacement of essential equipment; and
- (g) Request that a report be brought back to the IJB on 28 March 2017 to detail the final 2017-18 budget for the IJB, along with a proposal for approval to release additional funding for the living wage and sleepovers.

Alex Stephen spoke to the report and advised that the budget had been discussed and approved by the Executive Team and it was their objective to strike a balance

between providing resource for mainstream services and supporting the Partnership's transformation aspirations. He explained that the presentation of the budget had taken cognizance of Aberdeen City Council's financial protocols which were based on transparency and openness. Mr Stephen highlighted that relevant colleagues from both partners had been consulted and advised that this was a provisional budget based on indicative figures. He explained that the budget was due to be considered by Aberdeen City Council and the NHS Grampian Board in February, and thereafter would be reported back to the IJB on 28 March 2017 for final approval.

Thereafter there were questions on aligning the budget with the values and risk tolerances set out in the Strategic Plan; the achievability of the savings identified; the use of transformation and change funding for transformation purposes rather than to cover variances in the mainstream budget; the impact of prescribing on the level of overspend; how much control the Partnership had over prescribing costs; the role of Public Health in sourcing efficiencies in the prescribing budget; the high cost of care packages; the need for the Partnership to maintain a fund earmarked for reserves; the Bon Accord Care budget; the replacement of essential equipment; the importance of protecting training and registration for staff; recruitment challenges; and the apprenticeship levy.

Following discussion, Councillor Young proposed that the Board –

- (1) Acknowledge the implications of the Scottish Budget and Grant Settlement on the IJB's budget;
- (2) Agree the budget savings identified in Appendix A of this report;
- (3) Instruct the Chief Officer to bring back to the Board at a future meeting, options for accelerating the Transformation Programme;
- (4) Request an additional special budget meeting of the IJB post formal budget meetings of Aberdeen City Council and the NHS Grampian Board; and
- (5) Request the Chief Officer to come back to the special budget IJB meeting sharing plans for controlling prescribing costs, including a financial risk assessment.

**The Board resolved:-**

- (i) to acknowledge the implications of the Scottish Budget and Grant Settlement on the IJB's budget;
- (ii) to agree the budget savings identified in Appendix A of this report;
- (iii) to instruct the Chief Officer to bring back to the Board at a future meeting, options for accelerating the Transformation Programme;
- (iv) to request an additional special budget meeting of the IJB post formal budget meetings of Aberdeen City Council and the NHS Grampian Board;
- (v) to request the Chief Officer to come back to the special budget IJB meeting sharing plans for controlling prescribing costs, including a financial risk assessment;
- (vi) to replace all references to *uncontrollable prescribing* with *limited control of prescribing* in future reports; and
- (vii) to separate training from overtime and staffing in Appendix A.



## **PERIOD NINE FINANCE REPORT**

8. The Board had before it a report by Gillian Parkin (Finance Manager, NHS Grampian) and Jimmie Dickie (Finance Business Partner, ACC) which summarised the current year revenue budget performance for the services within the remit of the IJB at Period Nine and advised on areas of risk and management action relating to the revenue budget performance of IJB services. The report also requested approval of budget virements so that budgets are more closely aligned to anticipated income and expenditure.

### **The report recommended:-**

that the Board –

- (a) Note the report in relation to the IJB budget and the information on areas of risk and management actions that are contained herein;
- (b) Note that the Executive Team are reviewing this position in conjunction with the 2017-18 budget and also looking for savings to bring the mainstream budget back to a break even position; and
- (c) Agree the savings identified in Appendix E.

Alex Stephen spoke to the report and advised that an adverse position of £721,000 had been recorded at December 2016 and an overspend of £1,480,000 was now projected at Year End. He explained that the level of overspend since the last meeting in November was largely due to movements in the Learning Disabilities budget.

Thereafter members discussed the Partnership's level of influence on locum costs; and Judith Proctor (Chief Officer, ACHSCP) suggested that the Board may find it useful if further detail was provided in future finance reports on management of the Learning Disabilities budget.

### **The Board resolved:-**

- (i) to note the report in relation to the IJB budget and the information on areas of risk and management actions that were contained therein;
- (ii) to note that the Executive Team were reviewing this position in conjunction with the 2017-18 budget and also looking for savings to bring the mainstream budget back to a break even position;
- (iii) to agree the virements identified in Appendix E; and
- (iv) to request that further detail on management of the Learning Disabilities budget be included in future finance reports.

## **CHIEF SOCIAL WORK OFFICER (CSWO) ANNUAL REPORT**

9. The Board had before it a report by Bernadette Oxley (Chief Social Work Officer, ACC) that presented the CSWO Annual Report for 2015-16. The purpose of the report was to inform members of the role of the CSWO; to provide information on statutory decision making in the period; and to give a progress report on key areas of social work and social care provision within Aberdeen City.

### **The report recommended:-**

That the Board –

- (a) Note the content of the report, as attached at Appendix 1; and

- (b) Offer comment and observations on the content.

Bernadette Oxley spoke to the report and provided an overview of the statutory responsibilities of the CSWO and its emerging role as a principal adviser to IJBs. Ms Oxley referred members to the Annual Report attached under Appendix 1 and highlighted revised guidance published by Scottish Government in Appendix 2.

Thereafter there were questions on care for older people being integrated into locality planning; and the need for an interim '*hybrid structure*' during the implementation of the Reclaiming Social Work programme.

**The Board resolved:-**

- (i) to note the report; and
- (ii) to reaffirm the importance of the CSWO post to support the Partnership's integration agenda and as a source of advice to the Board.

**LOCAL OUTCOME IMPROVEMENT PLAN**

10. The Board had before it a report by Gail Woodcock (Integrated Localities Programme Manager, ACHSCP) which provided information to the IJB on the new Local Outcome Improvement Plan (LOIP) for Aberdeen; and specifically the Resilient People section of the plan.

**The report recommended:-**

that the Board –

- (a) Note the LOIP as approved by the Aberdeen City Community Planning Board; and
- (b) Request annual updates on progress towards delivery of the Resilient and Supported section of the LOIP.

Judith Proctor spoke to the report and advised that the IJB was a statutory partner of Community Planning Aberdeen (CPA), with particular responsibility for the People are Resilient, Included and Supported section of the LOIP. Mrs Proctor added that she was the chair of the Resilient, Included and Supported Group within the CPA governance structure.

Thereafter members discussed the involvement of the universities in CPA and their level of contribution towards the development of the LOIP. Mrs Proctor highlighted that under the refreshed CPA structure, Aberdeen University and Robert Gordon University had been invited to participate in CPA at an appropriate level, and explained that the LOIP was a living document that would be revised as and when required.

**The Board resolved:-**

- (i) to note the LOIP as approved by the Aberdeen City Community Planning Board; and
- (ii) to request annual updates on progress towards delivery of the Resilient and Supported section of the LOIP.

## **PERFORMANCE, GOVERNANCE AND IMPROVEMENT**

11. The Board had before it a report by Jillian Evans (Head of Health Intelligence, NHS Grampian) which provided an update of progress in implementing the Framework for Performance, Governance and Improvement as approved by the IJB on 29 March 2016.

### **The report recommended:-**

that the Board –

- (a) Note the progress of implementing the Framework in meeting national requirements and local aspirations for performance, governance and improvement;
- (b) Agree the governance processes for performance oversight and exception reporting through the Audit and Performance Systems Committee;
- (c) Consider and agree the steps in securing a data sharing agreement with national Services Scotland; and
- (d) Note the requirement for continued investment in staff to support the development of the framework at all levels within the organisation.

Jillian Evans spoke to the report and explained that data had been packaged using a tiered approach to enable the Partnership to separate strategic and operational information. This would underpin the development of local indicators and enable officers to drill deeper into the data to inform decision making and support continuous improvement. Ms Evans advised that greater detail would be reported to the IJB's committees and they would be remitted with escalating performance issues to the Board.

Thereafter there were questions on the steps required for the Partnership to be able to sign the Information Sharing Protocol with National Services Scotland; the development of metrics for complex issues such as loneliness that had been challenging to quantify; the strategic alignment of interests between CPA and the Partnership; and the National Review of Health and Social Care Targets chaired by Sir Harry Burns.

### **The Board resolved:-**

- (i) to note the progress of implementing the Framework in meeting national requirements and local aspirations for performance, governance and improvement;
- (ii) to agree the governance processes for performance oversight and exception reporting through the Audit and Performance Systems Committee;
- (iii) to note that the Executive Team were taking steps to secure a data sharing agreement with National Services Scotland and to request an update on progress at the Board meeting on 28 March 2017; and
- (iv) to instruct the Chief Officer to report back to the Board on 28 March 2017 with an outline of resource needed to support the development of the framework at all levels within the organisation.

## **DELAYED DISCHARGE UPDATE REPORT**

**12.** The Board had before it a report by Kenneth O'Brien (Service Manager, ACHSCP) which provided information on delayed discharges to support the scrutiny of the Partnership's performance and to facilitate further discussion.

### **The report recommended:-**

that the Board –

- (a) Note the Partnership's current performance in relation to delayed discharges;
- (b) Note the current status and progress in relation to the Aberdeen City delayed discharges action plan; and
- (c) Request further regular updates on delayed discharge performance and actions taken to further improve performance.

Kenneth O'Brien spoke to the report advised that he was able to present a full year position on delayed discharge performance and informed the Board that since May 2016, the number of people delayed had improved by 34% and there had been a 28% reduction in the number of bed days lost. He also highlighted that in comparison to other health and social care partnerships, Aberdeen City had improved from having the second highest number of delays to the seventh highest. Mr O'Brien provided a summary of Code 100 Delays and the Partnership's collaboration with Aberdeen Council of Voluntary Organisations (ACVO) and other partners on issues relating to power of attorney and progressing interim housing arrangements for service users with complex needs after discharge from an acute setting.

Thereafter there were questions on care home provision and care placements as reasons for standard delays; how strategic commissioning would help improve performance; the high cost of travelling to hospitals for unpaid carers and how this had led to a number of patients being delayed; and the need for the Partnership to develop improvement targets to articulate its future ambitions.

### **The Board resolved:-**

- (i) to note the Partnership's current performance in relation to delayed discharges and to thank officers who contributed towards this positive trend;
- (ii) to note the current status and progress in relation to the Aberdeen City delayed discharges action plan; and
- (iii) to request further regular updates on delayed discharge performance and actions taken to further improve performance, including information on improvement targets and future ambitions.

## **DEVELOPMENTAL TIMETABLE**

**13.** The Board had before it a report by Sarah Gibbon (Executive Assistant, ACHSCP) which outlined the planned development work for the IJB and its committees.

### **The report recommended:-**

that the Board –

- (a) Agree the timetable of developmental sessions attached as Appendix A; and
- (b) Instruct officers to continue to update the timetable and present revised versions to future meetings of the IJB as an item for noting.

Judith Proctor spoke to the report and advised that the timetable would support individual and board development and highlighted that workshop sessions on items integral to the integration agenda such as locality planning would be arranged before a report would be submitted to the Board for decision. She noted that the timetable was a working document and would be updated as and when required by officers or at the instruction of the IJB and its committees.

Thereafter the Clerk confirmed that the Members Induction session scheduled for 15 May 2017 would be open to returning councillors and all IJB members; and Angela Scott (Chief Executive, ACC) advised that ACC had commissioned the Good Governance Institute to support its review of adult support and protection and suggested that it may be beneficial for Board members if the findings were reported to the IJB.

**The Board resolved:-**

- (i) to agree the timetable of developmental sessions attached as Appendix A;
- (ii) to instruct officers to continue to update the timetable and present revised versions to future meetings of the IJB as an item for noting;
- (iii) to request that the Chief Officer liaise with the Chief Executive of ACC in order to present the findings of the Good Governance Institute's review of adult protection to the Board's meeting on 28 March 2017; and
- (iv) to request that workshop sessions on the role of the CSWO and Prescribing be added to the Developmental Timetable.

**DRAFT MINUTE OF AUDIT AND PERFORMANCE SYSTEMS COMMITTEE – 10 January 2017**

14. The Board had before it the draft minute of the Audit and Performance Systems Committee of 10 January 2017 for information.

**The Board resolved:-**

- (i) to request a review of the Committee's resolutions for item 9 in order to reflect the assurance provided within the narrative of the minute
- (ii) otherwise note the draft minute.

**In accordance with the decision recorded under article 3 of this minute, the following items were considered with the press and public excluded.**

**DECLARATION OF INTERESTS**

**Professor Mike Greaves declared an interest in the following item by virtue of his membership of the Quarriers Board but chose to remain in the meeting during consideration of this item.**

## **MENTAL HEALTH COMMISSIONING**

15. The Board had before it a report by Claire Wilkie (Service Manager, Mental Health and Substance Misuse, ACHSCP) which set out a commissioning plan for people with mental illness for 2017.

**The Board resolved:-**

To approve the recommendations contained in the exempt report together with one additional recommendation.

## **BON ACCORD CARE UPDATE**

16. The Board had before it a report by Alex Stephen which updated the IJB on the work undertaken on the Bon Accord Care Budget and sought to allocate additional funds to that organisation.

**The Board resolved:-**

To approve the recommendations contained in the exempt report together with one additional recommendation.

## **TRANSFORMATION PROGRAMME**

17. The Board had before it a report by Gail Woodcock which requested approval from the IJB to incur expenditure in relation to three projects that sit within the Partnership's Transformation Programme.

**The Board resolved:-**

To approve the recommendations contained in the exempt report.

## **PROPOSED DELEGATION – AMPUTEE REHAB**

18. The Board had before it a report by Jason Nichol (Service Manager, ACHSCP) which proposed a formal delegation of Amputee Rehabilitation services from NHS Grampian, and sought agreement that the ACHSCP host this service on behalf of the three Grampian Partnerships.

**The Board resolved:-**

To approve the recommendations contained in the exempt report together with one additional recommendation.

**JONATHAN PASSMORE MBE, Chairperson.**



Aberdeen City Health & Social Care Partnership  
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## **INTEGRATION JOINT BOARD**

### **Minute of Special Budget Meeting**

**7 March 2017  
Health Village, Aberdeen**

Present: Jonathan Passmore MBE (Chairperson); Councillor Len Ironside CBE (Vice Chairperson); and Councillors Cameron, Jean Morrison MBE (as substitute for Councillor Donnelly, for items 4-5) and Young (for items 1-4); and Rhona Atkinson, Dr Nick Fluck and Professor Mike Greaves (NHS Grampian Board members); and Jim Currie (Trade Union Representative, Aberdeen City Council (ACC)), Jenny Gibb (Professional Nursing Adviser, NHS Grampian), Bernadette Oxley (Chief Social Work Officer, Aberdeen City Council (ACC)), Kenneth Simpson (Third Sector Representative), Dr Caroline Howarth (NHS Grampian, as substitute for Dr Stephen Lynch), Faith-Jason Robertson-Foy (Carer Representative), Dr Howard Gemmell (Patient/Service User Representative) and Judith Proctor (Chief Officer, Aberdeen Health and Social Care Partnership (ACHSCP)).

Also in attendance: Alex Stephen (Chief Finance Officer, ACHSCP), Kevin Toshney (Acting Head of Strategy and Transformation, ACHSCP), David Pflieger (Director of Pharmacy and Medicines Management, NHS Grampian, for item 5) and Iain Robertson (Clerk, ACC).

Apologies: Councillor Donnelly, Dr Stephen Lynch, Gill Moffat, Dr Satchi Swami and Tom Cowan.

**The agenda and reports associated with this minute can be located at the following link:-**

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**Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.**

## **OPENING REMARKS**

1. The Chair opened the meeting and announced that Dr Stephen Lynch had been appointed as the Partnership's Clinical Director after a robust recruitment process and congratulated Dr Lynch on his appointment. The Chair also submitted his apologies for the IJB's next meeting on 28 March 2017 and noted that this would be Councillor Ironside's last IJB meeting before his retirement from public life and advised that he wanted to place on record his personal thanks for the support and inspiration provided by Councillor Ironside to him and the Board during the integration of health and social care in Aberdeen City. Thereafter this sentiment was endorsed by all Board members.

### **The Board resolved:-**

- (i) to congratulate Dr Stephen Lynch on his appointment as the Partnership's Clinical Director;
- (ii) to thank Councillor Ironside for his service and leadership during the integration of health and social care in Aberdeen City; and
- (iii) otherwise note the information provided.

## **DECLARATION OF INTERESTS**

2. Members were requested to intimate any declarations of interest.

### **The Board resolved:-**

To note that no declarations of interest were intimated at this time.

## **DETERMINATION OF EXEMPT BUSINESS**

3. The Chair moved that no items on today's agenda be considered as exempt business.

### **The Board resolved:-**

To agree that all items on today's agenda be open to the press and public.

## **IJB BUDGET**

4. The Board had before it a report by Alex Stephen (Chief Finance Officer, ACHSCP) which updated the Board on the funding delegated by Aberdeen City Council and NHS Grampian for health and social care activities in 2017-18 and advised on budget pressure facing the IJB in 2017-18 and budget savings identified by officers to close the funding gap. The report highlighted the position with regard to the Board's reserves and future year budget projections along with budget risks and assumptions underpinning the budget and sought approval of a budget protocol to be used in future financial years for the creation and approval of the IJB budget.

### **The report recommended:-**

That the Board –

- (a) Agree the budget savings identified in Appendix A of this report;



- (b) Agree the use of integration and change funds amounting to £2,241,000 to close the budget gap;
- (c) Agree the Bon Accord contract level for 2017-18 of £26,289,000 and budget assumptions noted in section 2.7;
- (d) Agree the 2017-18 provisional IJB budget in Appendix B;
- (e) Agree the earmarking of £2.5million of 2016-17 underspend into a risk provision and £500,000 for replacement of essential equipment;
- (f) Agree the Budget Protocol in Appendix E;
- (g) Agree the directions to Aberdeen City Council and NHS Grampian contained in Appendices F and G; and
- (h) Request that a report be brought back to the IJB on 28 March 2017 with a proposal to distribute additional funding for the Living Wage and sleepovers.

<b>Summary of Budget Movements</b>	
	<b>2017/18</b>
	<b>Total</b>
	<b>£'000</b>
<b>Budget Pressures:</b>	
Staff Increments\Pay Award	2,206
Bon Accord Care - in year pay award and increments	255
Energy	22
Apprenticeship Levy	415
Rate revaluation	9
Prescribing	559
Hosted	522
Settlement (cash cut ACC)	3,090
<b>Totals Budget Pressures</b>	<b>7,078</b>
Budget Savings Identified in Appendix A	<b>(4,837)</b>
Funding from the Transformation and Integration Fund	<b>(2,241)</b>
	<b>0</b>

<b>Aberdeen City Integration Joint Board Budget - Notional 5 Year Position</b>	<b>Budget</b>	<b>Budget</b>	<b>Budget</b>	<b>Budget</b>	<b>Budget</b>
	<b>IJB</b>	<b>IJB</b>	<b>IJB</b>	<b>IJB</b>	<b>IJB</b>
	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
	Community Health Services	30,554	32,030	33,507	34,983
Aberdeen City share of Hosted Services (health)	21,620	22,142	22,664	23,186	23,708

Learning Disabilities	21,540	21,744	21,948	22,152	22,356
Mental Health & Addictions	14,783	15,415	16,047	16,679	17,311
Older People & Physical and Sensory Disabilities	64,595	66,004	67,413	68,822	70,231
Head office/Admin	234	293	352	411	470
Central Living Wage/inflation provision etc	2,079	3,224	4,369	5,514	6,659
Criminal Justice	43	177	311	445	579
Housing	1,860	1,860	1,860	1,860	1,860
Primary Care Prescribing	39,869	40,428	40,987	41,546	42,105
Primary Care	36,060	36,060	36,060	36,060	36,060
Out of Area Treatments	1,220	1,220	1,220	1,220	1,220
Resource Transfer	17,640	17,640	17,640	17,640	17,640
Sub Total: Mainstream position	<b>252,097</b>	<b>258,237</b>	<b>264,378</b>	<b>270,518</b>	<b>276,659</b>

<b>Integration and Change Funding for 2017/18</b>	<b>£'000</b>
Integrated Care Fund – baselined	3,750
Delayed Discharge – baselined	1,125
Social Care Transformation Funds (share of £125 million- baselined)	4,750
Social Care Transformation Funds (share of £125 million- baselined)	4,750
Share of £107 million for living wage etc.	4,130
Primary Care share of £72 Million	TBC
Mental Health share of £30 Million	TBC
Total 2017/18 allocation	<b>18,505</b>
Plus: 2016/17 Carry Forward based on position at end of December 2016	9,150
Total Funds Available	<b>27,655</b>

	<b>£'000</b>
<b>Implications of the £107 million:</b>	
Living Wage – additional 6 months of funding to the providers	1,600
Living Wage – move from £8.25 to £8.45 for 11 months	1,145
Sleepovers (under review)	1,113
National Care Home Contract Inflation (still under negotiation)	912
War Pensions Income	18
Carers Bill preparation costs	78
	<b>4,866</b>
Anticipated Spend 2017/18:	

Transfer to support social care re the 2016/17 settlement	4,750
Projects planned in 2017/18	7,861
<b>Total spend anticipated in 2017/18</b>	<b>17,477</b>

Alex Stephen spoke to the report and explained that revisions requested at the Board's previous meeting on 31 January 2017 had been actioned. He highlighted that pressures within the prescribing budget were less than originally estimated and variances within the mainstream budget now stood at £2.241million. He noted that the Executive Team aspired to use Transformation Funding to cover budget variances on a one off basis but this would be dependent on whether the level of public sector efficiencies continued throughout future years. He added that the Executive Team was committed to recovering the £2.241million through identification of further efficiency savings where possible.

Mr Stephen informed the Board that Aberdeen City Council and NHS Grampian had both agreed their contributions to the IJB on the basis of the Scottish Government's Grant Settlement. He added that the report provided further detail on transformation activity that was taking place within mainstream budgets and cited work related to delayed discharges and the implementation of an integrated management structure as examples of transformation which delivered outcomes as set out within the Strategic Plan.

Thereafter there was discussion on the funding allocated to support the delivery of the Carers (Scotland) Act 2016 and Kevin Toshney (Acting Head of Strategy and Transformation, ACHSCP) advised that the Partnership's Carers Strategy would be presented to the Board in the second half of 2017. There were additional questions on the use of transformation funding to cover variances in mainstream budgets; and resource implications for providing training and overtime to staff.

**The Board resolved:-**

- (i) to agree the budget savings identified in Appendix A of this report;
- (ii) to agree the use of integration and change funds amounting to £2,241,000 to close the budget gap;
- (iii) to agree the Bon Accord contract level for 2017-18 of £26,289,000 and budget assumptions noted in section 2.7;
- (iv) to agree the 2017-18 provisional IJB budget in Appendix B;
- (v) to agree the earmarking of £2.5million of 2016-17 underspend into a risk provision and £500,000 for replacement of essential equipment;
- (vi) to agree the Budget Protocol in Appendix E;
- (vii) to request that a workshop session on the Budget Protocol be added to the Developmental Timetable;
- (viii) to agree the directions to Aberdeen City Council and NHS Grampian contained in Appendices F and G;
- (ix) to request that a report be brought back to the IJB on 28 March 2017 with a proposal to distribute additional funding for the Living Wage and sleepovers; and

- (x) to thank the IJB's parent bodies and previous members of the Transitional Leadership Group and shadow IJB for supporting the Board's development to such an extent that an integrated budget could be agreed by consensus in such a coherent manner.

## **PRESCRIBING REPORT**

5. The Board had before it a report by Judith Proctor (Chief Officer, ACHSCP) and David Pflieger (Director of Pharmacy and Medicines Management, NHS Grampian) which provided information in relation to actions being taken, or planned by the Executive Team to address the identified risks.

### **The report recommended:-**

that the Board –

- (a) Note the IJB would be following an assertive approach in pursuing medicines efficiencies including maximising the use of generic medication;
- (b) Note the level of financial risk associated with the assumptions of achieving the maximal savings used in the budget assessment, especially relating to Pregabalin for the 2017-18 financial year which presented the biggest savings opportunity and therefore risk to the Aberdeen City IJB prescribing budget; and
- (c) Endorse the approach set out in relation to local measures being put in place to maximise efficiency and local control on the prescribing budget.

David Pflieger spoke to the report and highlighted the issues that would impact on the prescribing budget such as the volume and cost of drugs; and the level of transactions. Mr Pflieger set out the complexity of prescribing which was influenced by a range of factors such as population demographics; compliance with GP contracts and clinical guidance; in addition to legal issues associated with prescribing branded and generic medicines. Further to this, he outlined the controls available to the Board to manage prescribing costs as well as risks linked to these options and oversight arrangements NHS Grampian had put in place to monitor prescribing throughout Aberdeen City.

The Chair advised that he attended an IJB Chairs meeting on 6 March 2017 in which members had discussed local and national issues that impacted on prescribing budgets. He noted that today's budget agreement was a strong statement of intent on how the Aberdeen City IJB would approach the challenges associated with prescribing. The Chair asked if the IJB would be required to make any adjustments to the level of savings related to generic medicines, particularly Pregabalin. Alex Stephen explained that it was unclear at this point how the balance of risk between Pregabalin and generic medicines would fall and highlighted that the IJB's reserves fund was in place as a contingency.

Thereafter there were questions on workload challenges for GPs who would have additional responsibilities to achieve cost efficiencies and how Community Pharmacists could support GPs in this regard; and what measures the Partnership had adopted at both locality and Pan-Grampian level to engage the public in order to increase efficiencies related to prescribing.

### **The Board resolved:-**

- (i) to note the IJB would be following an assertive approach in pursuing medicines efficiencies including maximising the use of generic medication;
- (ii) to note the level of financial risk associated with the assumptions of achieving the maximal savings used in the budget assessment, especially relating to Pregabalin for the 2017-18 financial year which presented the biggest savings opportunity and therefore risk to the Aberdeen City IJB prescribing budget; and
- (iii) to endorse the approach set out in relation to local measures being put in place to maximise efficiency and local control on the prescribing budget.

**JONATHAN PASSMORE MBE, Chairperson.**

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Aberdeen City Health & Social Care Partnership  
*A caring partnership*

## **AUDIT AND PERFORMANCE SYSTEMS COMMITTEE**

### **Minute of Meeting**

**28 February 2017**  
**Health Village, Aberdeen**

Present: Professor Mike Greaves (NHS Grampian (NHSG)) Chairperson; and Councillor Young (for items 1-9) and Rhona Atkinson (NHSG).

Also in attendance: Judith Proctor (Chief Officer, Aberdeen City Health and Social Care Partnership (ACHSCP)), Alex Stephen (Chief Finance Officer, ACHSCP), Kevin Toshney (Acting Head of Strategy and Transformation, ACHSCP), Gail Woodcock (Integrated Localities Programme Manager, ACHSCP) (all officers previously listed in attendance for items 1-9 only); and David Hughes (Internal Audit, for items 1-5 and 7-10), Andy Shaw (KPMG, External Audit) and Iain Robertson (Clerk, Aberdeen City Council (ACC)).

Apologies: Councillor Ironside CBE.

### **OPENING REMARKS**

1. The Chair opened the meeting and advised that this was the first Committee meeting to be held in public session as per standing order 10(4). He also referred to the terms of reference and welcomed progress made by the Committee in a short period of time against items contained therein.

#### **The Committee resolved:-**

To note the information provided.

### **DECLARATIONS OF INTEREST**

2. The Committee were requested to intimate any declarations of interest.

#### **The Committee resolved:-**

To note that no declarations of interest were intimated at this time for items on today's agenda.

## **DETERMINATION OF EXEMPT BUSINESS**

3. The Chair proposed that item 8 (Committee Members Annual Meeting with IJB Auditors) on today's agenda be considered with the press and public excluded.

### **The Board resolved:-**

In terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973, to exclude the press and public from the meeting during consideration of the aforementioned items of business so as to avoid disclosure of exempt information of the classes described in paragraph 1 of Schedule 7(A) of the Act.

## **MINUTE OF PREVIOUS MEETING – 10 January 2017**

4. The Committee had before it the minute of the previous meeting of 10 January 2017.

### **The Committee resolved:-**

To approve the minute as a correct record.

## **CORPORATE RISK REGISTER**

5. The Committee had before it the Corporate Risk Register for information.

Judith Proctor (Chief Officer, ACHSCP) provided an update on the status of the Strategic Risk Register

With regards to item 1 (Market Failure), risk ratings were unchanged since the previous meeting but additional commentary had been added on how the Partnership would address risk;

With regards to item 2 (Financial Failure), the Committee was advised that the level of financial pressure from the prescribing budget was not as high as originally estimated and further detail would be provided at the IJB meeting on 7 March 2017. Committee members requested that officers review the reference to NHSG and ACC underwriting the IJB budget in year one within the Mitigating Actions section;

With regards to item 3 (IJB Failure to Function), the Chief Officer explained that the Scheme of Delegation was under review and would be aligned with the ACC scheme which was also being reviewed. She also noted that business cases for senior management posts were due to be submitted to the Council's Finance, Policy and Resources Committee;

With regards to item 4 (Hosted Services), the Chief Officer advised that meetings had been held with counterparts in Aberdeenshire and Moray health and social care partnerships to set out an agreed process on the provision and performance of hosted services, as well clarifying accountability for services delivered on behalf of another partnership. Committee members highlighted that further detail on the



robustness of the governance framework for hosted services should be added to this section in order for the Committee to be fully assured of hosted arrangements;

With regards to item 5 (Governance Arrangements), the Chief Officer noted that she met with Chief Executives from ACC and NHSG on a regular basis in her capacity as the Joint Accountable Officer and it was the intention of the Executive Team to present a budget protocol to the IJB meeting on 7 March 2017 for approval. The Chief Officer added that the performance management framework was taking shape and a reporting template had been agreed to ensure consistency of reporting. She informed the Committee that a biannual IJB progress report was presented to Full Council and would next be submitted to Council on 15 March 2017;

With regards to item 6 (Corporate Services), the Chief Officer explained that no revisions had been made since the previous meeting but noted that this section would be updated on a more regular basis as the Partnership matured as a corporate body;

With regards to item 7 (Failure to Meet Performance Standards), the Chief Officer advised that the Good Governance Institute had been supporting the Clinical and Care Governance Committee in this regard and an action plan had been developed. She added that performance reporting would adhere to Intelligent Board Principles and this was welcomed by Committee members as an efficient way to do business and report performance;

With regards to item 8 (Reputational Damage), the Chief Officer highlighted that a communications strategy and action plan were in place and further steps were being taken to strengthen engagement with middle management;

With regards to item 9 (Failure to Deliver Transformation), the Chief Officer explained that recruitment was ongoing to fill senior and key project and programme management posts. She noted that the IJB workshop scheduled for 7 March 2017 would provide further detail on the transformation programme; and

With regards to item 10 (Locality Working), the Chief Officer informed the Committee that recruitment was ongoing to fill Locality Lead posts and highlighted progress with regards to GP cluster management and the establishment of multi-agency teams.

The Chair advised that the Operational Risk Register was attached for members' information and the Committee agreed to note the register.

**The Committee resolved:-**

- (i) to request that officers review the Mitigating Actions section of item 2 (Financial Failure);
- (ii) to request further detail be added to the Assurances section of item 4 (Hosted Services) on how governance arrangements would underpin the delivery of hosted services;
- (iii) to note the ongoing delegation of risk ownership to members of the Executive Team;
- (iv) to request that officers highlight changes made since the previous meeting without using tracked changes and for version control to be introduced; and
- (v) otherwise note the Corporate Register.

## **DECLARATION OF INTEREST**

**David Hughes declared an interest by virtue of his employment with the Shared Internal Audit Service for Aberdeen City and Aberdeenshire Councils and left the meeting before consideration of the following item.**

## **REVIEW OF INTERNAL AUDITORS**

**6.** The Committee had before it a report by Alex Stephen (Chief Finance Officer, ACHSCP) which considered the appointment of internal auditors for 2017-18.

### **The report recommended:-**

That the Committee recommend to the IJB that the shared internal audit service used by both Aberdeen City and Aberdeenshire Council provide internal audit services to the IJB.

Alex Stephen advised that as per standing order 8(4) the Committee was required to review internal auditing arrangements. He explained that the report had recommended that the Committee appoint the shared internal auditing service for Aberdeen City and Aberdeenshire Councils as the majority of documents reported to the IJB originated through Aberdeen City Council's auditors rather than NHS Grampian auditors. He noted that if the recommendation was agreed, NHS Grampian's internal auditors would still have a role within the auditing framework but where necessary the IJB and its committees should seek advice from and assign work to the shared Aberdeen City and Aberdeenshire auditing service.

### **The Committee resolved:-**

To recommend to the IJB that the shared internal audit service used by both Aberdeen City and Aberdeenshire Council provide internal audit services to the IJB.

## **EXTERNAL AUDIT STRATEGY REPORT**

**8.** The Committee had before it a report by Alex Stephen that presented the draft external audit strategy to the Audit and Performance Systems Committee for its consideration.

### **The report recommended:-**

That the Committee approve the approach to external audit as outlined in Appendix A.

Andy Shaw (KPMG, External Audit) spoke to the report and advised that the audit strategy followed a standard format but was specific to the IJB and the Partnership. He explained that materiality had been set at 1% of budgeted gross expenditure to reflect the risks associated with Partnership's new body status. He advised that there was a significant risk that management would override controls and noted this risk was in line with International Standards on Auditing (ISA). Mr Shaw provided further information on other areas of audit focus and the wider scope of work; he highlighted

key issues for external audit would be how the IJB and the Partnership addressed financial sustainability, financial management and governance and transparency. He concluded by noting that as Director he would be responsible for signing off the Board's annual accounts, and informed the Committee that Natalie Dyce (Manager) and Sam Johnstone (Fieldwork Lead) would provide further support to the IJB.

Thereafter there were questions on the challenges of providing an external auditing service for Scottish IJBs which were supported by two independent bodies; the added complexity for auditing the Aberdeen City IJB due to Bon Accord Care's status as an Aberdeen City Council Arm's Length External Organisation (ALEO) and their position within group accounts; the risks KPMG had identified by virtue of their position as external auditors to both Aberdeen City Council and the IJB; how KPMG would provide a holistic approach to auditing financial sustainability and what steps external auditors across Scotland had taken to ensure a standardised approach to assigning risk; and how external audit would communicate with the Committee if they had identified significant issues which would impact on the IJB's capacity to function.

**The Committee resolved:-**

To approve the approach to external audit as outlined in Appendix A.

## **TRANSFORMATION UPDATE**

9. The Committee had before it a report by Gail Woodcock (Integrated Localities Programme Manager, ACHSCP) that provided an update on the progress of the Transformation Programme.

**The report recommended:-**

That the Committee note the ongoing process and progress in developing and delivering the transformational programme and to seek further updates at regular intervals.

Gail Woodcock spoke to the report and advised that the report had been presented in a new format which reported by exception. She explained that an enabling infrastructure had been set up to support the Partnership's transformation activities and highlighted keys risks and opportunities that had been identified. Ms Woodcock confirmed that the Transformation Programme Board's governance arrangements were under review after being operational for a year. She added that Social Care Campus proposals were being reviewed and the Programme Board was exploring how projects could be delivered using buurtzorg principles.

Thereafter there were questions on the delivery of acute care at home and the importance of managing expectations to ensure that an affordable and sustainable system could be implemented; the assignment of risk ratings for projects within the Change Programme; and indicative timeframes for concluding the Programme Board's recruitment process.

**The Committee resolved:-**

To note the ongoing process and progress in developing and delivering the transformational programme and to seek further updates at regular intervals.

In accordance with the decision recorded under article 3 of this minute, the following items were considered with the press and public excluded.

#### **DECLARATIONS OF INTEREST**

Judith Proctor, Alex Stephen, Kevin Toshney and Gail Woodcock declared an interest by virtue of their employment with Aberdeen City Health and Social Care Partnership and left the meeting before consideration of the following item.

#### **COMMITTEE MEMBERS ANNUAL MEETING WITH IJB AUDITORS**

10. The Committee met with IJB auditors in closed session without senior Partnership officers being present as per item 5.2 of the Committee's terms of reference.

**The Committee resolved:-**

- (i) to note the issues raised at the confidential meeting; and
- (ii) to note that the next annual meeting would be scheduled following production of the IJB's 2016-17 annual accounts.

**PROFESSOR MIKE GREAVES, Chairperson.**

## BUSINESS STATEMENT

28 MARCH 2017

Please note that this statement contains a note of items which have been instructed for submission to, or further consideration by, the Integration Joint Board (IJB). All other actions which have been instructed are not included, as they are deemed to be operational matters after the point of decision. Items which have been actioned are shaded.

<u>No.</u>	<u>Minute Reference</u>	<u>IJB Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Due</u>
1.	TLG 17.11.14 Article 3	<p><b><u>Delegated Functions and Services</u></b></p> <p>The TLG agreed that the starting position in terms of delegated functions and services would be those set out in set one of the regulations and orders as set out in tables 2 and 3 appended to the report, and within that starting point, agreed that further work on the handling of NHS services delivered across the north east and in relation to hosted services within scope would be carried out by the Strategic Change Management Group and recommendations brought back to the Shadow Board.</p>	The Scheme of Delegation was deferred by the Board at its meeting on 28 June 2016 and will be aligned to the development of Aberdeen City Council's revised Scheme of Delegation.	Chief Officer, Aberdeen City Health and Social Care Partnership	23.05.17
2.	sIJB 27.01.15 Article 5	<p><b><u>Delayed Discharges</u></b></p> <p>The Shadow Board agreed in principle to the proposals attached and for officers to develop these further. The Shadow Board also agreed to additional funding support from the Scottish Government and to receive regular updates on progress in developing this work and in relation to Delayed Discharge performance.</p>	A Delayed Discharges report was presented to the Board on 31 January 2017.	Chief Officer, Aberdeen City Health and Social Care Partnership	23.05.17

<u>No.</u>	<u>Minute Reference</u>	<u>IJB Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Due</u>
3.	sIJB 31.03.15 Article 5	<b><u>Winter Planning</u></b>  The Shadow Board requested a report that would provide an early update on winter planning and the roles of both parent organisations be added to the schedule and for said report to be submitted no later than the August meeting.	A report on winter and contingency planning was presented to the Board on 15 November 2016.	Chief Officer, Aberdeen City Health and Social Care Partnership	23.05.17
4.	sIJB 28.04.15 Article 12	<b><u>Integrated Care Fund</u></b>  The Shadow Board requested a report on the proposed planning and delivery expectations for years two and three of the Integrated Care Fund.	The IJB budget was approved on 7 March 2017.  <b><u>Recommended for removal</u></b>	Chief Officer, Aberdeen City Health and Social Care Partnership	07.03.17
5.	sIJB 27.10.15 Article 6	<b><u>Document Management</u></b>  The Shadow Board requested a report on document management and storage.		Chief Officer, Aberdeen City Health and Social Care Partnership	23.05.17
6.	sIJB 27.10.15 Article 7	<b><u>Performance Assurance Framework</u></b>  The Shadow Board requested a report on the development of a performance assurance framework.	A report on Measuring Outcomes Under Integration is on today's agenda.	Chief Officer, Aberdeen City Health and Social Care Partnership	28.03.17
7.	sIJB 23.02.16 Article 5	<b><u>Locality Planning</u></b>  The Shadow Board requested a timetable which outlined the development of locality planning.	A locality workshop session is scheduled for 6 June 2017.	Integrated Localities Programme Manager, Aberdeen City Health and	15.08.17

<u>No.</u>	<u>Minute Reference</u>	<u>IJB Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Due</u>
				Social Care Partnership	
8.	slJB 23.02.16 Article 6	<b><u>Clinical and Care Governance Framework</u></b>  The Board resolved to defer decision making on the Clinical and Care Governance Framework on 23 February 2016 to the Board's next meeting on 29 March 2016.	The minutes of the Clinical and Care Governance Committee will be submitted to the Board's next meeting on 23 May 2017.	Chief Officer, Aberdeen City Health and Social Care Partnership	23.05.17
9.	IJB 28.06.16 Article 10	<b><u>Good Governance Institute Implementation Plan</u></b>  The Board instructed the Chief Officer to prepare an action plan on how the recommendations in the Good Governance Institute's final report would be implemented.	The GGI Implementation Plan is on today's agenda.	Chief Officer, Aberdeen City Health and Social Care Partnership	28.03.17
10.	IJB 30.08.16 Article 5	<b><u>Standing Orders</u></b>  The Board requested that officers review standing order 23 and report back to the Board.	A wider review of standing orders has been scheduled for 15 August 2017.	Senior Democratic Services Manager, ACC	15.08.17
11.	IJB 30.08.16 Article 10	<b><u>Living Wage Monitoring Arrangements</u></b>  The Board instructed the Chief Officer to ensure the implementation of the Living Wage and Fair Working Practices through appropriate contract monitoring processes to provide assurance to the IJB that this	An Assurance on the implementation of the Living Wage is on today's agenda.	Chief Finance Officer, Aberdeen City Health and Social Care Partnership	28.03.17

<u>No.</u>	<u>Minute Reference</u>	<u>IJB Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Due</u>
		had been implemented by the end of the financial year.			
12.	IJB 30.08.16 Article 12	<b><u>Ethical Care Charter</u></b>  The Board requested an update on the work of the Ethical Care Charter Working Group		Chief Officer, Aberdeen City Health and Social Care Partnership	15.08.17





## Integration Joint Board

<b>Report Title</b>	Transformation Programme – Decisions Required
<b>Lead Officer</b>	Judith Proctor, Chief Officer
<b>Report Author</b>	Gail Woodcock, Integrated Localities Programme Manager (ACHSCP)
<b>Report Number</b>	HSCP/17/030
<b>Date of Report</b>	7/3/17
<b>Date of Meeting</b>	28/3/17

<b>1: Purpose of the Report</b>
The purpose of this report is to request approval from the Integration Joint Board to incur expenditure in relation to four projects that sit within the Partnership’s Transformation Programme.

<b>2: Summary of Key Information</b>
<p><b><u>2.1 Background</u></b></p> <p>The Transformation Programme for the Aberdeen City Health and Social Care Partnership includes the following priority areas for strategic investment:</p> <ul style="list-style-type: none"> <li>• Acute Care at Home</li> <li>• Supporting Management of Long Term Conditions – Building Community Capacity</li> <li>• Modernising Primary and Community Care</li> <li>• Culture Change/ Organisational Change</li> <li>• Strategic Commissioning and Development of Social Care</li> <li>• Information and Communication Technology and Technology Enabled Care (included within a wider work programme also including infrastructure and data sharing)</li> </ul> <p>These programmes, consisting of a range of individual and linked projects, seek to</p>



## Integration Joint Board

support the delivery of the objectives and aspirations as set out in our Strategic Plan.

### **2.2 Authority to progress with specific procurements and grants**

This report seeks authorisation from the Integration Joint Board for approval to incur expenditure in respect of the following items which have already been considered and recommended for approval by the Integration and Transformation Programme Board or the Partnership's Executive Team (Project Summaries for each of these items are attached as appendices to this report):

#### 2.2.1 Mental Health Community Hubs

This project seeks to build capacity within primary care and the community to improve the psychological wellbeing and functioning of the population. It is anticipated that this initiative will help to address the current high level of unmet need for mild to moderate "common mental health problems" through filling an identified service gap.

The new mental health hubs, supported by new Primary Care Psychologist roles, will be community based alongside general practitioners and the new Link Worker roles.

A range of potential benefits have been identified including:

- Improvements in functioning and wellbeing of the population.
- Supporting people to maintain or return to employment.
- Access to services in local community setting, aligned with other local provision.
- Reduced pressure on GP services.
- Improved levels of clinical support for care providing staff
- Reduction in spend on physical health conditions (addressing the link between poor mental health and physical care costs.)
- Reductions in costs to provide health and care services from existing models.

While there is evidence from elsewhere to support the implementation of the Mental Health Community Hub initiative, it is recognised that demonstrating the benefits will be complex, as will shifting resources within existing models of health and care to support the mainstreaming of this way of working.

The business case, sets out a proposal to provide "double running" to test this new model for a period of two years, with initial evaluation of benefits taking place after one full year of operation. This approach will provide an opportunity to improve the



## Integration Joint Board

model or plan to cease the new model (in the event that there is no evidence to suggest progress towards delivering the anticipated benefits.)

The IJB is requested to approve the expenditure relating to this project.

### 2.2.2 Enhancing the Independent Sector Contribution to Integrated Services in Aberdeen City

Independent homecare and care at home agencies in are central to improving outcomes for individuals in Aberdeen. Input from the Independent sector will be essential as we develop new models of integrated care to deliver our strategic priorities in a sustainable way.

Scottish Care is proposing to facilitate and support the engagement of the independent sector in order to:

- Ensure active participation and leadership from the Independent Sector in developing and delivering change,
- Contribute to the reshaping of market provision
- Ensure broad input from the independent sector in Aberdeen City in developing and testing new models of integrated care and support
- Make better use of local assets within the independent sector
- Development of an effective partnership between the Independent and the Third Sector in Aberdeen City.

A number of options have been considered for supporting this **enabling** activity, and the Integration and Transformation Programme Board has supported a model which would see Scottish Care build its capacity to support the engagement and involvement of the independent sector in our integration and change process.

The IJB is requested to approve the expenditure relating to this project up to a maximum of three years.

### 2.2.3 THInC Transport Extension

Social transport and accessibility is often cited as a key enabler/ blocker for people being able to access the right services at the right time. Work is underway to develop a range of options for social transport, taking into consideration inter-relationships with our wider plans to transform existing service models into more local models embedded in communities.

To provide the time and space for full identification of the various options and to



## Integration Joint Board

determine the implications of each, it is considered prudent to continue to support the existing social transport model.

THInC: Transport in the City operates in the city in order to assist older residents with mobility difficulties to access transport to attend health related appointments. Originally funded through the “Change Fund” the services operates during week days and is operated by Buchan Dial-a-Community Bus social enterprise.

It is proposed to continue this existing service for a further one year period (until 31 March 2018), in order to allow scoping and development work to be undertaken on a longer term sustainable social transport solution.

The IJB is requested to approve the expenditure relating to the one year interim extension of the THInC project.

### 2.2.4 Alzheimer’s Scotland Post Diagnostic Support Service

This service, which provides advice, information and support to people recently diagnosed with dementia and their families and carers, was originally funded through the Change Fund, but this funding has now ceased.

A review of all dementia related services is planned to take place during 2017/18, and it is proposed that this existing service continues to be funded while this review takes place.

As a result of the review, it is anticipated that a range of options are developed for how people that are affected by dementia, with the preferred range of models being developed into robust business cases.

The IJB is requested to approve the expenditure that will be required to continue this service for a one year period.

### **3: Equalities, Financial, Workforce and Other Implications**

#### **Financial Implications**

The recommendations in this report will result in financial expenditure from the Integration and Change budgets as follows:

**Mental Health Community Hubs** – £514,956 (year 1\*), £509,384 year 2 incl. 1%



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uplift for staffing resources). Total: £1,024,340

\*Note: year 1 is anticipated to be 2017/18, year 2 2018/19, but will be dependent on time required to recruit, and may therefore cross financial years.

**Independent Sector Engagement and Participation in Change Process –** £127,661 (year 1), £146,454 (year 2), £149,383 (year 3) Total: £423,498 (grant\*\* funding.)

**THInC Extension -** £73,775 (one year of grant\*\* funding.)

\*\*Note: grant funding for THInC Extension and Independent Sector Engagement and Participation in Change Process will be subject to State Aid assessment.

**Alzheimers Scotland Post Diagnostic Support -** £104,000 (one year of funding).

The extension of the procurement with Alzheimer’s Scotland will utilise exception 15.3 (f) within the Council’s Procurement Regulations: “Where the Director is satisfied that the risk to service user(s) outweighs the benefits of advertising the requirement and awarding the contract or framework following competition”.

These costs are planned for in the current Integration and Transformation Programme financial plan, and are within the available budget.

The projected Integration and Change Fund financial position for 2017/18 at the time of writing this report is as follows:

	£'000
Total Integration and Change Funds Available (17/18)	28,040
Budget and settlement implications (17/18)	7,333
Transformation and Change Programme (17/18)	7,526
Transfer to support social care re 16/17 settlement	4,750
Reserves Strategy	2,500
Uncommitted Integration and Change Funds	<b>5,931</b>

### Equalities Implications



## Integration Joint Board

The recommendations are expected to have positive implications in relation to the following protected characteristics: age and disability.

### **Workforce Implications**

The recommendations will result in recruitment to a number of additional fixed term posts.

#### **4: Management of Risk**

##### **Identified risk(s):**

Risks relating to the Transformation Programme are managed throughout the transformation development and implementation processes. The Programme Board has a key role to ensure that these risks are identified and appropriately managed.

##### **Link to risk number on strategic or operational risk register:**

The main risk relates to not achieving the transformation that we aspire to, and the resultant risk around the delivery of our strategic plan, and therefore our ability to sustain the delivery of our statutory services within the funding available.

9. Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system

2. There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and project an overspend

##### **How might the content of this report impact or mitigate the known risks:**

This paper seeks approval to incur expenditure in order to progress a number of projects related to the transformation programme. Progress in these activities will positively contribute to the pace of transformation.



## Integration Joint Board

5: Recommendations for Action	
<p>It is recommended that the Integration Joint Board:</p> <ol style="list-style-type: none"> <li>1. Approve expenditure of £1,024,340 (total for two years) in relation to the establishment of Mental Health Community Hubs, for an initial two year period.</li> <li>2. Approve the expenditure of up to £423,498 (total for three years) relating to Enhancing the Independent Sector Contribution to Integrated Services Project through the provision of a grant to Scottish Care, subject to State Aid assessments.</li> <li>3. Approve the expenditure of £73,775 required to continue the THInC project through to 31 March 2018, through the provision of a grant to Aberdeenshire Council, subject to State Aid assessments.</li> <li>4. Approve the expenditure of £104,000 required to continue the Post Diagnostic Support project through to 31 March 2018, through the extension of the existing contract.</li> <li>5. Instruct the Chief Officer to issue the Directions attached at Appendix E and Appendix F to Aberdeen City Council and NHS Grampian respectively.</li> </ol>	

6: Signatures	
	Judith Proctor (Chief Officer)
	Alex Stephen (Chief Finance Officer)

Appendix A: Project Summary: Mental Health Community Hubs



## **Integration Joint Board**

Appendix B, Project Summary: Enhancing the Independent Sector Contribution to Integrated Services in Aberdeen City

Appendix C: Project Summary: THInC Extension

Appendix D: Project Summary: Alzheimer's Scotland Post Diagnostic Support Service Extension

Appendix E: IJB Direction to Aberdeen City Council

Appendix F: IJB Direction to NHS Grampian





# Project Summary

Date:  
19/3/17

<b>Project Name</b>	Mental Health Community Hubs	<b>Author</b>	Gail Woodcock
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## 1 Summary of Project

The purpose of this project is to provide safe, effective evidence based psychological treatment for mild-moderate “common mental health problems” in the community, aligned with primary care. The initiative will support self-management principles and seeks to build community capacity and improve the psychological wellbeing and functioning of the population. It is also anticipated that the initiative will address the current high level of unmet need for this population and improve accessibility for the appropriate level of service.

The project will involve the creation of a Primary Care Mental Health Hub in each Locality. Each “hub” will include a team of 0.5FTE Clinical Psychologist and 2FTE Primary Care Psychologists. This team will receive referrals from GPs, and will support Link Workers by offering training and expertise on tiered model and appropriate referrals. The initial project duration will be two years.

## 2 Anticipated Benefits

- Reduction in patient symptoms and improvements in functioning and wellbeing
- Enabling targeted individuals to return to the workplace
- Easy access to appropriate support in the local community
- Reduced pressure on GP workload
- Improved levels of clinical support for care providing staff
- Reduction in spend on physical health conditions
- Reduction in costs to provide health and social care services (based on current models)
- Reduction in costs to wider public purse (i.e. out of work benefits.)

Note: these anticipated benefits will be measured, via appropriate indicators, during the project period.

## 3 Financial Implications

<b>Expenditure</b>		
<b>Staffing Resources</b> (assumes 1% uplift in year 2)	£504,956	£510,006
<b>Equipment Costs</b> (ICT Equipment)	£10,000	
<b>Sub-Total</b>	<b>£514,956</b>	<b>£510,006</b>



## Project Summary

Date:  
19/3/17

<b>Revenue Receipts and Grants</b>		
Primary Care Transformation Fund (Mental Health)	£417,725	£417,725
Access Funding	£44,668	£44,668
Integrated Care Fund	£5,572	£622
Core Budget (Nursing Budget)	£46,991	£46,991
<b>Sub-Total</b>	<b>£514,956</b>	<b>£510,006</b>

#### 4 Exit Strategy

Following one full year of operation, the difference in a range of appropriate indicators will be measured to identify whether the anticipated benefits are being achieved. A number of these anticipated benefits, if realised, could support the mainstreaming of this initiative if real cash benefits could be achieved.

If the anticipated benefits are not achieved, the project will be closed during year 2.

If some of the anticipated benefits are achieved and others are not, further work will be undertaken to determine the benefits of continuing this way of working compared to current working systems.



# Project Summary

Date:  
19/3/17

<b>Project Name</b>	Enhancing the independent sector contribution to integrated services in Aberdeen City	<b>Author</b>	Gail Woodcock
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## 1 Summary of Project

Independent homecare and care at home agencies in are central to improving outcomes for individuals in Aberdeen. Input from the Independent sector will be essential as we develop new models of integrated care to deliver our strategic priorities in a sustainable way.

The project will involve Scottish Care building its capacity to support the engagement and involvement of the independent sector in our integration and change process. The project duration will be three years.

## 2 Anticipated Benefits

- A wider range of agencies to be involved, including the large national providers who do not tend to engage with the Partnership
- A greater number of individuals understanding what is required from the independent sector, lending greater impact across the Partnership
- A range of roles for those involved, improving their knowledge and understanding
- Providers will develop a more extensive range of resources in consultation with partners
- Efficiencies would derive from a more effective independent sector, for example avoiding emergency care costs and unplanned hospital admission; expediting earlier hospital discharge.

## 3 Financial Implications

<b>Expenditure</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
<b>Staffing Resources</b> (assumes 2% uplift and full year staffing funding in year 2 and year 3)	£117,961	£146,454	£149,383
<b>Equipment Costs</b> (ICT Equipment)	£9,700		
<b>Sub-Total</b>	<b>£127,661</b>	<b>£146,454</b>	<b>£149,383</b>

\* Some of year 1 staffing costs would be covered by Change Funds which have been carried forward.

Note: It would be intended to fund this from the Integrated Care Fund.



## Project Summary

Date:  
19/3/17

### 4 Exit Strategy

It is anticipated that the project will have released its expected benefits within 3 years and will cease at this time.



# Project Summary

Date:  
19/3/17

<b>Project Name</b>	THInC Transport in the City	<b>Author</b>	Gail Woodcock
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## 1 Summary of Project

The project will see the THInC transport service continue until 31 March 2018, to allow the service to continue in its current form while further work is undertaken with key stakeholder to develop a co-produced options appraisal and full business case.

The pilot transport service known as “THInC: Transport in the City” started operation in February 2015, funded by the Change Fund via ACVO’s Social Transport Project, with the main purpose of **assisting older residents with mobility difficulties in accessing transport to health-related appointments** such as GPs, hospital clinics and dentists. The service is aimed at those who would otherwise be unable to travel or would have great difficulty in travelling. A door-to-door service is provided with the driver providing assistance between the passenger’s front door and the vehicle and helping the passenger to get on/off the bus. Passengers are also assisted in and out of the destination point should they require it.

## 2 Anticipated Benefits

- Lack of disruption to people using the service while further work is undertaken and an ongoing sustainable plan developed.
- Appropriate time allocated to allow co-produced options appraisal and full business case to be developed.
- Service users will continue to be able to attend appointments.
- Appropriate time will allow implications of other transformational activities (which may involve more services being provided in local community settings) to be taken into consideration in the planning process.

## 3 Financial Implications

<b>Expenditure</b>	<b>2017/18 (£)</b>
THInC Advice Line Costs (City 40%)	13,118
Vehicle running costs	14,000
Fuel	4,600
Driver costs	43,472
Driver Holiday cover	3,520
Insurance etc	10,000
Misc operational costs	3,000
Booking Office Staffing	12,064



## Project Summary

Date:  
19/3/17

TOTAL Estimated EXPENDITURE	<b>103,774</b>
<b>Income</b>	
*Bus Fares	£14,000
Bus Service Operators Grant (BSOG)	£2,880
NHS Grampian contribution	£4,373
Nestrans contribution	£4,373
Aberdeen City Council contribution	£4,373
<b>Total estimated income</b>	<b>£29,999</b>
<b>Net REVENUE Funding required</b>	<b>£73,775</b>

Note: It would be intended to fund this from the Integrated Care Fund.

#### 4 Exit Strategy

This is a one off cost to continue the project for one year while a sustainable plan is developed.



# Project Summary

Date:  
19/3/17

<b>Project Name</b>	Alzheimer's Scotland Post Diagnostic Support Service	<b>Author</b>	Gail Woodcock
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## 1 Summary of Project

This proposal seeks to continue an existing post diagnostic support service (previously funded by the Change Fund) which provides advice, information and support to people recently diagnosed with dementia and their families and carers.

This continuation will allow time to develop sustainable plans for ongoing support, without negatively impacting on those affected in the meantime.

## 2 Anticipated Benefits

- No negative impact to service users while further work is undertaken and an ongoing sustainable plan developed.
- Appropriate time allocated to allow review of existing services linked to the development of our strategic commissioning model, an options appraisal to be carried out and full business case to be developed.

## 3 Financial Implications

<b>Expenditure</b>	<b>2017/18 (£)</b>
Contract Cost	104,000

Note: It would be intended to fund this from the Integrated Care Fund.

## 4 Exit Strategy

This is a one off cost to continue the project for one year while a sustainable plan is developed.

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## INTEGRATION JOINT BOARD

### DIRECTION

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

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The **Aberdeen City Council** is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

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

**Approval from IJB received on:-** 28 March 2017

**Description of services/functions:-** Enhancing the Independent Sector Contribution to Integrated Services, Continuation of Post Diagnostic Support project. High level description of these services is as per attached Project Summary reports.

**Reference to the integration scheme:-** These projects will contribute to the evidence that the Partnership will be obliged to demonstrate how well the nine National Health and Wellbeing outcomes are being met (section 2). Annex 2, Part 2 identifies a range of services, some of which are provided through contractual arrangements with the independent sector (relevant to Enhancing the Independent Sector Contribution to Integrated Services project), and Health improvement services (relevant to Continuation of Post Diagnostic Support project.)

**Link to strategic priorities (with reference to strategic plan and commissioning plan):-** This direction seeks to support delivery of the following strategic priorities:

- Develop a consistent person centred approach that promotes and protects the human rights of every individual and which enable our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local community.
- Support and improve the health, wellbeing and quality of life of our local population.
- Promote and support self-management and independence for individuals for as long as reasonably possible.
- Contribute to a reduction in health inequalities and the inequalities in the wider social conditions that affect our health and wellbeing.
- Strengthen existing community assets and resources that can help local people with their needs as they perceive them and make it easier for people to contribute to helping others in their communities.



- Support our staff to deliver high quality services that have a positive impact on personal experiences and outcomes.

**Timescales involved:-**

Start date:- 1 April 2017

End date:- 31 March 2018 (Continuation of Post Diagnostic Support project). 31 March 2020 (Enhancing the Independent Sector Contribution to Integrated Services project).

**Associated Budget:-**

Details of funding source:- Integrated Care Fund.

- Continuation of Post Diagnostic Support Project - £104,000
- Enhancing the Independent Sector Contribution to Integrated Services Project - £423,498 (total for three years)

Availability:- Confirmed

Prior to sending this direction, please attach a copy of the original report and the completed consultation checklist



## INTEGRATION JOINT BOARD

### DIRECTION

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

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The **NHS Grampian** is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

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

**Approval from IJB received on:-** 28 March 2017

**Description of services/functions:-** Fixed term resource required to deliver Mental Health Community Hubs Project and THInC Extension project as described in the documents: Project Summary: Mental Health Community Hubs, and Project Summary: THInC Extension project.

**Reference to the integration scheme:-** These projects will contribute to the evidence that the Partnership will be obliged to demonstrate how well the nine National Health and Wellbeing outcomes are being met (section 2). Annex 1, Part 2 identifies a range of services, some of which will be relevant to the THInC Extension project and section 20 identifies Mental Health services provided out with a hospital which will be affected by the Mental Health Community Hubs Project.

**Link to strategic priorities (with reference to strategic plan and commissioning plan):-** This direction seeks to support delivery of the following strategic priorities:

- Develop a consistent person centred approach that promotes and protects the human rights of every individual and which enable our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local community.
- Support and improve the health, wellbeing and quality of life of our local population.
- Promote and support self-management and independence for individuals for as long as reasonably possible.
- Contribute to a reduction in health inequalities and the inequalities in the wider social conditions that affect our health and wellbeing.
- Strengthen existing community assets and resources that can help local people with their needs as they perceive them and make it easier for people to contribute to helping others in their communities.
- Support our staff to deliver high quality services that have a positive impact on personal experiences and outcomes.



**Timescales involved:-**

Start date:- 1 April 2017

End date:- 31/March 2018 (THInC Transport extension). 31 March 2019 (Mental Health Community Hubs: Two year duration, actual dates may vary)

**Associated Budget:-**

Details of funding source:- Primary Care Transformation Fund (Mental Health), Access Fund, Integrated Care Fund, Core Nursing Budget.

- THInC Transport Extension - £73,775
- Mental Health Community Hubs Project - £1,024,340 (total for two years)

Availability:- Confirmed

Prior to sending this direction, please attach a copy of the original report and the completed consultation checklist.



## Integration Joint Board

<b>Report Title</b>	Buurtzorg Model of Community Care
<b>Lead Officer</b>	Judith Proctor, Chief Officer
<b>Report Author</b>	Gail Woodcock, Integrated Localities Programme Manager (ACHSCP)
<b>Report Number</b>	HSCP.17.018
<b>Date of Report</b>	20 February 2017
<b>Date of Meeting</b>	28 March 2017

### 1: Purpose of the Report

The purpose of this report is to provide information to the Integration Joint Board on progress towards utilising Buurtzorg principles to develop new integrated community nursing and care at home teams.

This report also seeks agreement for a cross sector team to visit the Netherlands to learn more about the approach in order to inform developments in Aberdeen.

### 2: Summary of Key Information

#### 2.1 About Buurtzorg

Buurtzorg Netherlands was created in 2006 as a new model of patient centred care focussed on facilitating and maintaining independence and autonomy for the individual for as long as possible.

The model is a powerful integrator at the point of care and has demonstrated results in high quality person-centred support and care, and high levels of staff engagement and job satisfaction. The key characteristics of the model include:

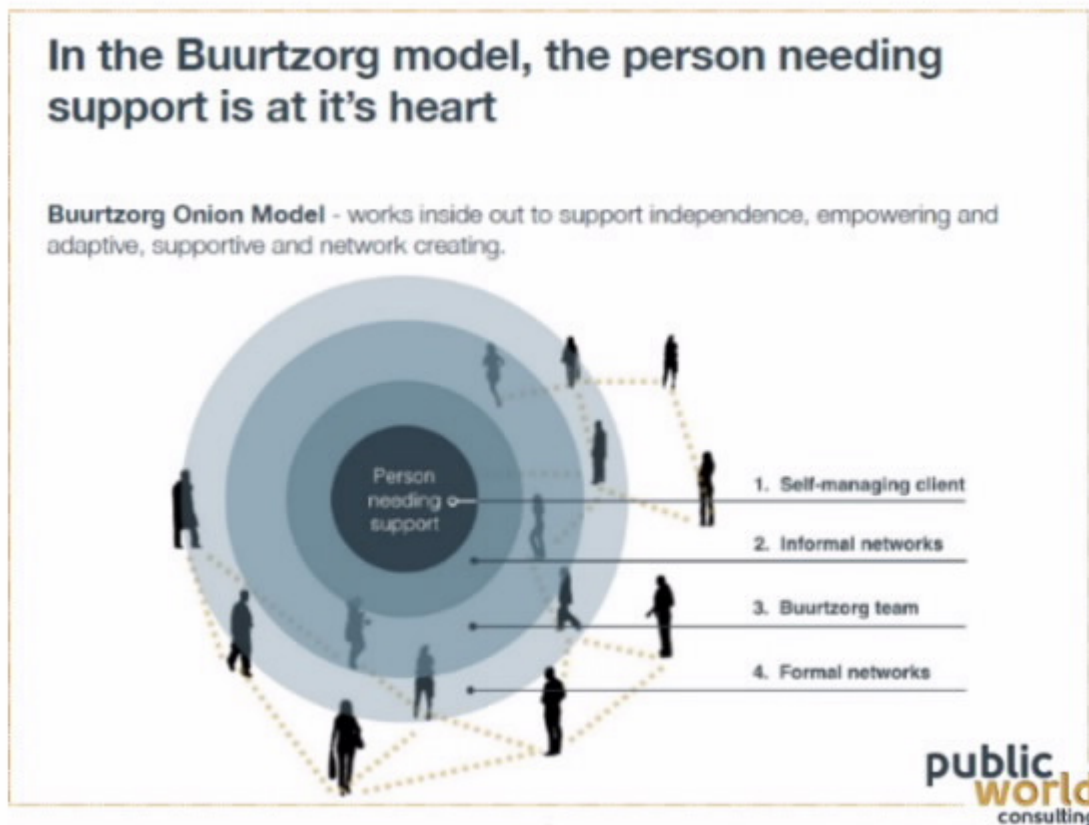
- Strong focus on the person, their strengths, formal and informal networks and promoting independence.
- Unhurried visits, mostly from registered nurses working in locality based teams of no more than 12 staff.
- Highly autonomous self-organising teams (intermittently supported by a



## Integration Joint Board

coach) who develop a flexible range of solutions to meet people's needs.

When compared to current models of community care (similar to those in Scotland) this model has resulted in better outcomes for people helping them to stay independent at home for longer, and when they do require hospital care, length of stay has been reduced. Compared with their former model, which involved numerous time limited visits from care workers focused on allotted tasks (or artificial boundaries between personal care and healthcare), this model has consistently produced more effective results with improved efficiency across the board.



### 2.1.1 National Support

There has been considerable interest from Scotland and elsewhere in the Buurtzorg model of neighbourhood care developed, and now widely adopted, in the Netherlands.

The Scottish Government is supporting the Buurtzorg principle



## Integration Joint Board

of neighbourhood care in Scotland, using the learning to accelerate progress with integration as well as the development of the health and social care workforce. A number of areas have expressed an interest in participating in nationally supported tests. Because Scotland is operating in a different context, the tests will need to reflect local circumstances and developments, including integration. To date three potential tests have emerged and are progressing with work to take these forward in their areas. These include Aberdeen City Health and Social Care Partnership, Borders Health and Social Care Partnership, and Cornerstone. There are a number of other areas which are at an earlier stage.

The test sites are being supported by the Living Well in Communities team in the iHub at Healthcare Improvement Scotland in partnership with Buurtzorg's UK agent Public World. There have been a number of visits to potential test sites to support them to develop their plans and there have also been three national meetings of a learning network. A national evaluation framework and guidance is being developed to support local learning and evaluation, and also to provide key insights to inform national policy going forward.

### **2.2 Development of Principles in Aberdeen**

To ensure broad understanding of the approach and how it may differ from the existing models of nursing and community care in Aberdeen, a number of workshops took place at various times on 5<sup>th</sup> and 6<sup>th</sup> October 2016. These workshops, which were attended by almost 200 colleagues including Community Nursing, AHPs, Care Management, Third and Independent Sectors, provided an opportunity to find out about Buurtzorg including hearing from a Buurtzorg Netherlands Nurse. The workshops allowed questions to be asked and provided a space for considering how the application of the principles of Buurtzorg may be relevant to nursing and care at home activities in Aberdeen. These workshops were very well received, with those present reporting that they were excited and enthusiastic about what this approach might bring.

The Buurtzorg "neighbourhood care" principles that we are seeking to test in Aberdeen include:

- Person at the centre
- Autonomy of professionals and self-organising teams (within agreed framework)
- Prevention of admission/ supporting discharge from hospital
- Collaboration and co-production (developing solutions locally together)
- Developing local improvement capacity and capability
- Building social value





## Integration Joint Board

- Encouraging innovation
- Reduced fragmentation of care: delivery of holistic care
- Simplification of health and social care system

To “test and learn” in Aberdeen, it is proposed to develop two community teams including both nursing staff and care at home staff.

### **2.3 Key Considerations**

To support the development and delivery of this new way of working, two groups have been established: an Operational Group whose members include frontline nursing staff from across the city (will also include care at home staff in due course), and a Governance Group whose members include senior staff from across the Health & Social Care Partnership and its Partners (including IT, HR and OD). Both groups are being supported by Public World Consulting with financial backing from the Scottish Government through Health Improvement Scotland.

Some of the key activities that are and will be developed include:

**Developing the operational model** – rules and framework within which integrated community teams will operate

- Team structure
- Capacity of team
- Care processes
- Culture
- Interfaces
- Team roles and tasks
- Team processes
- Team budget – team development, training and supplies
- Coach role
- Back office role

### **Human Resources/ Organisational Development considerations**

- Process for starting up – selecting the site, selecting/ recruiting the team
- Recruitment process
- Peer supervision
- Sickness procedures
- Career progression
- Team development
- Training and support
- Selecting and training a coach





## Integration Joint Board

### Goals and indicators of success

- Aligned to the triple aim of the Aberdeen City Health and Social Care Partnership Strategic Plan: Improved health and wellbeing; improved experiences; reduced wastage and duplication
- Links to partnership's Integration and Transformation Evaluation Framework and benefits realisation
- Aligned with values of partnership: Caring; Person Centred; Enabling

### Integration across health and social care

- Identify potential issues
- Clarify linkages with roles of social work, AHPs, GPs and wider Partnership, especially Care at Home providers

### Understanding and mitigating potential issues with statutory and regulatory framework

- Links to relevant health and social care legislation and regulatory framework, where it may impact on the team and the framework they work within/ processes they follow
- What key data is required, and how is it shared appropriately
- Development of risk register

### Back office and systems

- Design and set up of back office function to protect the team from organisational bureaucracy so that the team can focus on providing holistic care
- Responsibilities at senior level within partnership for resolving key challenges/ blockages and protecting team from wider system
- Having the appropriate IT in place to enable the team to provide safe holistic care, while minimising paperwork

### Transformation process

- Minimise impact and potential to undermine existing community nursing service during test and implementation period
- Double running resource support where required
- Development of robust business case identifying resources required, and anticipated benefits, including when and how these will be realised and identified.



## Integration Joint Board

### **2.4 Next Steps**

A key milestone will be the selection of communities that the new integrated community teams will support. Due to the challenges relating to data sharing, clients within selected communities will receive individual information about the new way of working and will be asked if they would be willing to participate and share their relevant data (health, social care and care at home) in order to support the establishment of the new teams.

It is planned that the teams will include nurses and care at home workers, and the information provided by people who receive services in the potential communities (as described above) will be used to help identify Care at Home provider partners to develop the test.

### **Proposed Team Visit**

While much has already been learned about the Buurtzorg approach, it is also felt that it would be helpful for a small team to visit the Netherlands to see for themselves how the system works in practice, and consider what can be learned from this system as we develop our Aberdeen model.

It is suggested that this small team would include a spectrum of representatives from the development teams, to ensure learning from a range of perspectives, taking into consideration the complexities of the project, including: operational front line nurse staff member(s), senior operational nursing manager, senior operational social work manager, care at home provider, IT/ systems representative, programme manager.

It is recommended that this small team is headed up by a member of the Executive Team.

The visit will be useful for developing learning relationships, as well as gaining direct experience of the detail of how this system works: from a patient perspective; care provider perspective; communications and development perspective; and overall management perspective.

The IJB is asked to endorse this proposed learning visit.



## Integration Joint Board

### 3: Equalities, Financial, Workforce and Other Implications

#### **Financial Implications**

At this stage in the project, based on evidence from Buurtzorg Netherland, it would be anticipated that if fully implemented this model of care would not exceed existing allocated resources, and may generate efficiencies.

Project implementation costs are likely to include backfill costs to allow care providing staff to fully participate in the development of the Aberdeen model. In addition some double running costs may also be required during the transition period.

Project management, evaluation and benefits management would be delivered from already agreed Transformation Programme Management infrastructure.

The development of the business case would fully identify the range of financial implications.

Costs relating to the study visit are anticipated to be around £500 per head (based on £200 per return flight, £200 for 3 nights accommodation, £100 subsistence). This gives an estimated total cost of £4,000 for a team of 8 people and will be funded from the Integration & Change fund.

#### **Equalities Implications**

There are no specific equalities implications as a result of this report.

#### **Workforce Implications**

The transformation to integrated teams providing care in communities will be a significant change to the way that nursing and care at home teams currently work. The transition approach seeks to directly involve these individuals in developing and implementing the new way of working.

### 4: Management of Risk

#### **Identified risk(s):**

A risk register and mitigations will be developed and worked through as part of the



## Integration Joint Board

project process.

**Link to risk number on strategic or operational risk register:**

N/A

**How might the content of this report impact or mitigate the known risks:**

Learning from existing practice will support greater understanding of potential issues and how these issues may be overcome.

### 5: Recommendations for Action

It is recommended that the Integration Joint Board:

1. Note the progress towards testing integrated community teams, using Buurtzorg principles, in Aberdeen.
2. Approve a cross sector team to visit the Netherlands to learn more about the approach in order to inform the development of this project, at an estimated cost of £4,000, funded from the Integration & Change fund.

### 6: Signatures

	Judith Proctor (Chief Officer)
	Alex Stephen (Chief Finance Officer)



## INTEGRATION JOINT BOARD

<b>Report Title</b>	Living Wage & Sleepovers
<b>Lead Officer</b>	Alex Stephen (Chief Finance Officer, ACHSCP)
<b>Report Author (Job Title, Organisation)</b>	Alison Macleod (Social Care Procurement Manager)
<b>Report Number</b>	HSCP/17/010
<b>Date of Report</b>	15/03/17
<b>Date of Meeting</b>	28/03/17

<b>1: Purpose of the Report</b>
<p>The purpose of this report is to : -</p> <ol style="list-style-type: none"> <li>1. Advise the Integration Joint Board of the outcome of the additional 6.4% funding provided in 2016/17 to contracted providers of social care services in relation to payment of the Scottish Living Wage of £8.25 per hour.</li> <li>2. Seek approval from the Integration Joint Board for the Aberdeen City Health and Social Care Partnership to provide a further uplift of 2.6% funding in 2017/18 to contracted providers of social care services to allow for the increase of the Scottish Living Wage from £8.25 to £8.45 per hour from 1<sup>st</sup> April 2017.</li> <li>3. Seek approval from the Integration Joint Board to provide additional, individually targeted, funding to those contracted organisations providing a sleepover service to enable them to meet Her Majesty’s Revenue and Customs (HMRC) guidelines which state that the average hourly rate for a sleepover shift should be equivalent to at least the National Minimum Wage (NMW). The NMW will rise to £7.50 per hour from 1<sup>st</sup> April 2017.</li> </ol>

<b>2: Summary of Key Information</b>
<ol style="list-style-type: none"> <li>2.1. The Integration Joint Board identified additional funding of £1.6 million from the 2016/17 Scottish Government budget settlement process to implement the Scottish Living Wage of £8.25 per hour to staff providing adult social care for the half year October 2016 to March 2017.</li> <li>2.2. A proposal was made to the Integration Joint Board (IJB) on 30<sup>th</sup> August</li> </ol>



## INTEGRATION JOINT BOARD

2016 to pay contracted providers of adult social care an uplift of 6.4% This rate was determined based on the fact that providers under the National Care Home Contract (NCHC) were in receipt of this level of uplift from 1<sup>st</sup> October 2016. The Board resolved to:

- Agree the proposal of a 6.4% uplift to all rates for purchased services across all client groups and for all hours worked (except those already covered by the National Care Home Contract) from 1st October 2016
- Instruct the Chief Officer to issue a direction to Aberdeen City Council to provide a 6.4% uplift, at a cost of £1.6 million.
- Instruct the Chief Officer to ensure the implementation of the Living Wage and Fair Working Practices through appropriate contract monitoring processes to provide assurance to the Board that this had been implemented by the end of the financial year.

2.3. The uplift was provided as instructed and contract variations issued. Not all providers signed their contract variations and it is proposed that any further uplift in rates will not be processed for providers until such time as they sign and return the contract variation. The uplift was provided on the strict understanding that it would be used to ensure all staff providing adult social care were in receipt of at least the Scottish Living Wage of £8.25 per hour. Where providers were already paying at least this rate, the uplift could be used to enhance Fair Working Practices such as the provision of additional training, the implementation of flexible working etc.

2.4. As providers received the uplift, the Social Care Commissioning, Procurement and Contracts Team then followed this up by requesting providers complete and return a "Monitoring of Remuneration" form. The form asked the providers to confirm whether they were paying staff at least the Scottish Living Wage and to confirm there had been no cost displacement as a result i.e. passing on other costs such as PVG checking or provision of uniforms. Providers were also asked to confirm whether they had used any of the funding for enhancing Fair Working Practices.

2.5. The review process is still progressing, however of the 78 contract variations issued, 55 have responded so far. Of those 55, all have confirmed that they are paying the Scottish Living Wage and that there has been no cost displacement. It has been confirmed that 30 providers have been able to use at least some of the funding to enhance Fair Working Practices. As part of the process we asked providers to confirm that we could have access to





## INTEGRATION JOINT BOARD

their staff to verify their claims that the Scottish Living Wage was being paid. All 55 agreed that this could happen. Verification will continue as part of routine contract monitoring and it is proposed that any additional rate increase will not be processed for those providers who haven't responded until they do so.

- 2.6. As part of the 2017/18 funding settlement the Partnership identified an additional £1.145 million to allow for a further uplift to contracted providers to increase the Scottish Living Wage from £8.25 to £8.45 per hour as of 1<sup>st</sup> May 2017.
- 2.7. Negotiations in respect of the National Care Home Contract (NCHC) rate for 2017/18 are currently ongoing. The current offer is for an uplift of 2.6%. Significant work has been undertaken nationally to develop a calculator to analyse the cost of care and address several systemic challenges faced by Care Home providers but elements of this remain incomplete and are not yet jointly agreed. The 2.6% uplift was informed using the intelligence gained from the work to date therefore it is felt it is a robust and well researched offer. In the interest of consistency it is proposed that we once again match the NCHC offer. This represents a fair uplift to the providers and will provide them with a 2.6% increase across their whole contract, whilst it is estimated only 70% of their contracts actually relate to social care staffing. It is also proposed to provide the 2.6% for the whole financial year, rather than the 11 months from which the living wage increase applies. This means the providers will have some additional funds to cover any other budget pressures which are anticipated in 2017/18.
- 2.8. Local calculations estimate the funding required to implement the increase in the Scottish Living Wage on the direct staffing elements of rates is 2.4%. An increase of 2.6%, as well as matching the NCHC offer and being consistent with our previous approach, allows for a contribution to other costs and takes into account the fact that there is no other annual uplift on offer to providers. The estimated cost to apply this across all contracted services is within the additional funding received.
- 2.9. There are currently 13 contracted organisations providing sleepover services in Aberdeen City. A sleepover service is where the assessment has determined that an individual or a group of individuals requires support overnight on the premises, but recognises that the need is not great enough to require a waking duty. Traditionally, rather than paying an hourly rate for a sleepover, a rate per night was agreed and often this was at a level of £30 to £40 per 10 hour night. Following a legal challenge nationally, HMRC recently ruled that the average hourly rate for a sleepover shift must be



## INTEGRATION JOINT BOARD

equivalent to at least the National Minimum Wage. The current rate for NMW is £7.20 per hour but this rises to £7.50 in April 2017.

- 2.10. As part of the 2017/18 grant settlement the Partnership also identified additional funding to address shortfalls in sleepover funding. As there is a relatively small number of providers and as they are all paying for sleepovers in different ways it is proposed that we adopt a targeted approach to this. Some fact finding work has already been undertaken to ascertain what providers are paying. It is proposed that we deal with each case individually, consulting with each provider and allocating sufficient funding to bring each from where they are now to where they need to be to meet the HMRC requirement. There is no deadline for the implementation of this funding therefore it is proposed for ease we also implement this at the same time as the Living Wage uplift i.e. from 1st April 2017.
- 2.11. The providers were made aware of these provisional offers on two occasions in early March and while some providers would ideally like increases above these levels, there was a general recognition that in the current financial context, this was a fair approach from the Partnership.

### 3: Equalities, Financial, Workforce and Other Implications

- 3.1. An equality impact assessment is not required because there are no impacts on the protected characteristics arising as a result of this report.
- 3.2. It is estimated that 2.6% for the whole financial year will cost £1.3 million. The cost of funding the sleepovers is still being finalised, however, it is estimated that this will be in the region of £650,000. Taken together both these costs can be accommodated within the initial allocations identified during the budget process.

### 4: Management of Risk

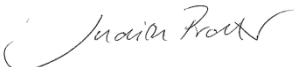

The content of this report links to the strategic risk "There is a risk of significant market failure in Aberdeen City". By ensuring that contracted providers are able to pay staff the Scottish Living Wage for normal shifts and an HMRC compliant rate for sleepover shifts we are helping to support providers to recruit and retain staff which ultimately supports the sustainability of the market.





## INTEGRATION JOINT BOARD

<b>5: Recommendations</b>
<p>It is recommended that the Integration Joint Board:</p> <ol style="list-style-type: none"> <li>1. Note the outcome of the additional 6.4% funding provided in 2016/17 to contracted providers of social care services in relation to payment of the Scottish Living Wage of £8.25 per hour.</li> <li>2. Approves the provision of a further uplift of 2.6% funding in 2017/18 to contracted providers of social care services to allow for the increase of the Scottish Living Wage from £8.25 to £8.45 per hour from 1st April 2017. The uplift to be paid dependant on receipt of a signed contract variation and completion of the verification questionnaire.</li> <li>3. Approves the provision of additional, individually targeted, funding to those contracted organisations providing a sleepover service to enable them to meet HMRC guidelines of the average hourly rate for a sleepover shift being equivalent to at least the National Minimum Wage of £7.50 per hour from 1st April 2017.</li> <li>4. Issues a Direction to Aberdeen City Council to prepare and issue contract variations to all appropriate contracted providers in relation to the 2.6% uplift to ensure payment of the Living Wage and to prepare and issue contract variations to providers of a sleepover service to award additional funding in relation to the payment of these at an average hourly rate equivalent to the National Minimum Wage.</li> </ol>

<b>6: Signatures</b>	
	Judith Proctor (Chief Officer)
	Alex Stephen (Chief Finance Officer)

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## INTEGRATION JOINT BOARD

### DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014  
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The **ABERDEEN CITY COUNCIL** is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

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

#### **Approval from IJB received on:-**

28<sup>th</sup> March 2017

#### **Description of services/functions:-**

To prepare and issue contract variations to all appropriate contracted providers of adult social care services in relation to a 2.6% uplift to ensure payment of the Scottish Living Wage of £8.45 per hour.

To prepare and issue contract variations to providers of sleepover services to award additional funding in relation to the payment of these at an average hourly rate equivalent to the National Minimum Wage of £7.50 per hour.

#### **Reference to the integration scheme:-**

#### **Link to strategic priorities (with reference to strategic plan and commissioning plan):-**

There is a direct link between the recruitment and retention of good quality staff on the quality of care provided. The provision of these uplifts in rates ensures that providers who are contracted to provide adult social care services are able to recruit and retain good quality staff. The 2.6% uplift in relation to the Living Wage could in addition be used to enhance Fair Working Practices such as training. This direction, therefore, supports the provision of high quality services that have a positive impact on personal experiences and outcomes.

#### **Timescales involved:-**

Prior to sending this direction, please attach a copy of the original report and the completed consultation checklist.  
-----



Start date:- 1<sup>st</sup> April 2017

Both of these contract variations to take effect from 1<sup>st</sup> April 2017 until further notice.

**Associated Budget:-**

Details of funding source:- Integration and Change funding of £1.95 million.

Availability:- Additional funding identified through 2017/18 settlement.

Prior to sending this direction, please attach a copy of the original report and the completed consultation checklist.

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## INTEGRATION JOINT BOARD

<b>Report Title</b>	Progress on Good Governance Institute Recommendations
<b>Lead Officer</b>	Judith Proctor
<b>Report Author (Job Title, Organisation)</b>	Laura Botea, Senior Programme Delivery Office, GGI Sarah Gibbon, Executive Assistant, ACHSCP
<b>Report Number</b>	HSCP/17/012
<b>Date of Report</b>	14.02.17
<b>Date of Meeting</b>	28.03.17

### 1: Purpose of the Report

This report informs the Integration Joint Board (IJB) on the progress on the implementation of the recommendations from the Good Governance Institute.

### 2: Summary of Key Information

The (then) Shadow Aberdeen City Integration Joint Board (sIJB) commissioned support from the GGI in order to support the sIJB develop its capacity and capability as a developing organisation. A report was presented to the IJB at its meeting in June 2016, which outlined 11 recommendations for improvement.

Appendix 1 provides a summary of each of the 11 recommendations, along with comment on the progress made so far, and where relevant, its inclusion in the GGI's forward schedule of work for 2017-18.

### 3: Equalities, Financial, Workforce and Other Implications

The work undertaken with the GGI support the IJB in establishing robust processes and procedures for ensuring sound financial and workforce planning, alongside appropriate risk management and escalation processes to ensure issues are dealt with at the right level in the organisations.

This report has no impact on equalities however the IJB is required to have sound governance around its equalities duties and this is supported by it being



## INTEGRATION JOINT BOARD

a robust and capable public sector organisation.

### 4: Management of Risk

#### Identified risk(s):

- Failure of the IJB to function, make decisions in a timely manner etc

**Link to risk number on strategic or operational risk register: 3**

#### How might the content of this report impact or mitigate the known risks:

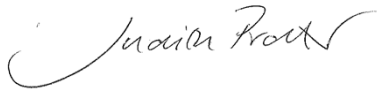

This report outlines the developmental work undertaken by the GGI and the work scheduled for the year 2017/18. This will help to ensure the IJB continues to function in an effective and efficient manner and will provide continued support for improving governance practice.

### 5: Recommendations

It is recommended that the Integration Joint Board:

1. Note the progress made towards the implementation of the GGI recommendations, as outlined in Appendix 1

### 6: Signatures

	Judith Proctor (Chief Officer)
	Alex Stephen (Chief Finance Officer)

Aberdeen City Health and Social Care Partnership  
 February 2017 update on progress made on implementation of GGI report recommendations from May 2016

Recommendation	Response
<p><b>(R1) GGI recommends that the IJB reassess themselves against the good governance matrix at 6-month intervals to support the Board’s ability to test out its effectiveness and maturity, moving to an annual assessment in line with its agreed cycle of business.</b></p>	<p>The IJB will reassess themselves against the good governance matrix during a workshop facilitated by GGI on the 14<sup>th</sup> March 2017.</p>
<p><b>(R2) GGI recommends that ACHSCP closely links the achievement of its strategic priorities with the practical application of its agreed risk appetite statement, revisiting the discussion on appetite for risk as needed.</b></p>	<p><i>Progress until May 2016: The IJB has agreed its risk appetite statement, and has had several mature discussions on risk appetite. This has included applying the risk approach to the draft strategic risk register, and will continue to be taken forward and applied as ACHSCP further develops its organisational objectives.</i></p> <p>There are general discussions around this, however the mechanisms described in the Assurance Framework to guide the partnership’s business are not currently generally used. With regards to objectives, these are under review by the Scottish</p>

Recommendation	Response
	<p>government, and this may affect the framework used for the approach to risk. The application of the Assurance Framework principles and processes approved by the IJB at its inception will also be commented on in the GGI report as part of the core governance and clinical and care governance assessment workstream (in March 2017).</p> <p>This report will include a commentary on the implementation of the risk management policy and risk register system in the light of the IJB's stated approach on risk appetite.</p>
<p><b>(R3) GGI recommends that ACHSCP should continue to engage and communicate with staff, localities and partners about its values, strategy and implementation plans</b></p>	<p>ACHSCP currently engages and communicates using a variety of methods including the 'Partnership Matters' newsletter, engagement events such as the conference (Nov 16) and Heart Awards (Dec 17) and through specific engagement events such as the Carers' organisation event (Feb 17). Work is ongoing to develop a 'road-show' of visits to further improve visibility of the Executive Team.</p>
<p><b>(R4) GGI recommends that the ACHSCP Executive Group review the current status of the IJB's risk escalation and risk assessment processes, and cycle of business to ensure these are appropriately utilised and</b></p>	<p>This will be further explored within GGI's current programme of work (leadership and capacity development and core governance development). A commentary on this will be provided within the final report in May 2017.</p>



Recommendation	Response
<p>understood by IJB members and embedded within committee operations, in line with the processes set out in the AEF.</p>	
<p><b>(R5) GGI recommends that the development of the Clinical and Care Governance Committee and of the broader clinical and care governance of ACHSCP is a key aspect of focus for the organisation in the coming months.</b></p>	<p>The partnership is focused on clarifying, refining and delivering value from their structure and systems and GGI is facilitating this. Workshops in support of developing maturity matrices for the clinical and care governance, and audit and performance systems committees, in support of this have started. Outputs from workstreams 1 and 2 (leadership and capacity development and core governance development) will also include development support and relevant recommendations that apply.</p>
<p><b>(R6) GGI recommends that ACHSCP undertake a SIPOC mapping exercise of its committees in order to support clarity of roles and responsibilities from the outset, as well as supporting the shared understanding of assurance.</b></p>	<p>Progress on this recommendation is being made through the core governance development workstream as part of GGI's current programme of work (facilitation of clinical and care governance committee workshops and the development of committee maturity matrices). GGI can provide further guidance on best practice around clarity of roles and responsibilities for the ACHSCP to take this forward, as well as guidance on self-assessment using the SIPOC methodology will be provided as part of the development programme.</p>

Recommendation	Response
<p><b>(R7) GGI recommends that the progress made in strengthening Board dynamics is applied to the committees, and in particular that attention is paid to encouraging even contribution from members and the appropriate content and delivery of agenda items.</b></p>	<p>The work of the committees to date will have supported maturing dynamics in place.</p> <p>This recommendation is being undertaken in part through the drafting of an induction pack to support committee chairs, IJB members, and locality leaders. The committee matrices being developed through GGI's current programme of work will also address this point.</p>
<p><b>(R8) The IJB has discussed principles of engagement and guidelines for Board etiquette (Appendix 1). GGI recommends that ACHSCP agree a board etiquette approach that facilitates both trust and challenge.</b></p>	<p>Completed. The Board etiquette approach has been agreed.</p>
<p><b>(R9) GGI recommends that the IJB consider undertaking a distinct Board development programme to assist with the achievement of the two recommendations above as well as strengthening both individual members' capability and competency and also effective team interaction</b></p>	<p>GGI have witnessed a growing maturity in Board dynamics over the course of this programme, and commend the IJB on this progress and encourage members to continue in this regard.</p> <p>The GGI workstream on leadership and capacity development is underway. We have also gathered suggestions for further development work, both formal and informal during interviews and observations as part of the programme of work around governance development. These will be incorporated into the</p>

Recommendation	Response
	GGI recommendations for board development within the final report.
<p><b>(R10) GGI recommends that ACHSCP continue its commitment to shared system-wide learning with partners, and, supported by the knowledge management resources produced to date, considers utilising forums such as the North East Partnership, IJB Chief Officer group, and board-to-board meetings with other IJBs to drive forward constructive benchmarking and the sharing of best practice.</b></p>	<p>Progress on this recommendation is being made through GGI's facilitation of two workshops as part of the leadership and capacity development workstream.</p>
<p><b>(R11) GGI recommends that ACHSCP adopt an Integrated Reporting approach to the production of its annual Performance Report.</b></p>	<p>The ACHSCP has made very good progress in developing the performance management framework, and its main focus is currently around streamlining its clinical and care governance, and quality and safety information flows. The adoption of an Integrated Reporting approach will form part of ACHSCP next steps going forward.</p>

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## INTEGRATION JOINT BOARD

<b>Report Title</b>	Measuring Performance Under Integration – Invitation to Submit Improvement Objectives to the Ministerial Strategic Group
<b>Lead Officer</b>	Judith Proctor – Chief Officer, ACHSCP
<b>Report Author</b>	Judith Proctor – Chief Officer, ACHSCP
<b>Report Number</b>	HSCP/17/019
<b>Date of Report</b>	24 <sup>th</sup> February 2017
<b>Date of Meeting</b>	28 <sup>th</sup> March 2017

### 1: Purpose of the Report

This report seeks agreement for the Aberdeen City Health and Social Care Partnership (HSCP) to participate in national measurement of improvement under integration. The report seeks agreement that the HSCP provides publically reported data for this process and sets out alignment to the agreed IJB, Strategic Plan, its performance framework and developing improvement plan.

### 2: Summary of Key Information

A Ministerial Strategic Group (MSG) for Health and Community Care has been established at a National level and is being chaired by the Cabinet Secretary for Health, Wellbeing and Sport. Membership of the Group comprises representatives from agencies and professions involved in the delivery of integration as a policy. The MSG now wishes to measure improvement across Scotland resulting from the integration policy and the Public Bodies (Joint Working)(Scotland) Act of 2014 (the Act).

The MSG particularly wants to focus on 6 key areas of performance as set out below:

1. Unplanned admissions
2. Occupied bed days for unscheduled care
3. A&E performance



## INTEGRATION JOINT BOARD

4. Delayed discharges
5. End of life care
6. The balance of spend across institutional and community services

The Integration Authority Chief Officers received the letter at **Appendix A** on the 19<sup>th</sup> of January from Scottish Government and CoSLA officials inviting them to each provide the Ministerial Strategic Group with objectives for their Health and Social Care Partnerships, setting out improvement trajectories and ambitions against those 6 areas. The expectation was that these objectives would be provided by the end of February 2017 following consultation with the Chief Officers.

Under the Act, there is a requirement on IJBs to publish an annual performance report and for this to be made publically available. In addition to this, the Aberdeen City HSCP has agreed to a tiered intelligence approach to its performance management and the IJB receives regular performance reports at both Board and Committee level. HSCP officers have also been tasked by the IJB in developing an improvement plan addressing areas where accelerated or improved performance is expected.

Aberdeen City IJB has an ambition to provide high quality, person centred, caring services and these are set out in the Strategic Plan. Progress in achieving these ambitions and performance as an integrated partnership will be set out in our annual report which will be agreed by the IJB and published by June 2017. These ambitions are aligned to the MSG's 6 key priority areas and it would be possible to align already agreed priorities for improvement to these. The IJB has not yet set trajectories for improvement as set out in the letter at **Appendix A** however will be agreeing its own improvement plan in due course where, if agreed, further such trajectories relating to these measures can be set out for agreement.

From a governance perspective the Integration Joint Board (IJB) does not, and is not expected to, report to the Ministerial Strategic Group and the only statutory requirement for reporting is the annual performance report as set out above.

### 3: Equalities, Financial, Workforce and Other Implications

None relevant to this report.



## INTEGRATION JOINT BOARD

### 4: Management of Risk

#### Identified risk(s):

There is a risk that the IJB and services that it directs and has operational oversight of, fail to meet performance standards or outcomes as set by regulatory bodies.

**Link to risk number on strategic or operational risk register:** 7 (strategic)

#### How might the content of this report impact or mitigate the known risks:

Agreeing that publically available performance data can be used to support the MSG in measuring performance under integration nationally, will provide assurance that the IJB is performing well in these areas, but also allow an opportunity for further benchmarking for performance under integration with other integration authorities.

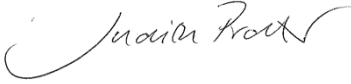

### 5: Recommendations

It is recommended that the Integration Joint Board:

1. Agree that publically available data relating to the performance of the IJB and HSCP can be used to support the MSG in measuring performance under integration;
2. Instructs the Chief Officer to develop trajectories for improvement and that these are considered in relation to the IJB's own improvement plan and present these at a future meeting; and
3. Asks the Chief Officer to reply formally to the request setting out the IJB's position.



## INTEGRATION JOINT BOARD

6: Signatures	
	Judith Proctor (Chief Officer)
	Alex Stephen (Chief Finance Officer)



Health and Social Care Integration Directorate  
Geoff Huggins, Director  
T: 0131-244 3210  
E: [geoff.huggins@gov.scot](mailto:geoff.huggins@gov.scot)



Scottish Government  
Riaghaltas na h-Alba  
gov.scot



COSLA

COSLA

Paula McLeay, Chief Officer Health and Social Care  
T: 0131-474 9257  
E: [paula@cosla.gov.uk](mailto:paula@cosla.gov.uk)

To: Chief Officers – Integration Authorities

19 January 2017

Dear Colleagues

## **MEASURING PERFORMANCE UNDER INTEGRATION**

The Ministerial Strategic Group for Health and Community Care (MSG) discussed how to measure progress under integration at its meetings on 16 November and 21 December.

At the meeting on 21 December MSG agreed that for 2017/18 we will track across Integration Authorities:

- (1) unplanned admissions;
- (2) occupied bed days for unscheduled care;
- (3) A&E performance;
- (4) delayed discharges;
- (5) end of life care; and
- (6) the balance of spend across institutional and community services.

You are each invited to set out your local objectives for each of the indicators for 2017/18 by the end of February. MSG has agreed that it will receive a quarterly overview on progress across the whole system and you are asked to produce your objectives on that basis. We are meeting with the Executive Group of Chief Officers on Friday and will discuss what national support you would want us to offer for this process. Our objective will be to adapt and use existing data collection methodologies where possible and to establish a clear process for the work.

When we met on 16 December we had indicated that as a minimum we would provide data for each partnership covering each of the indicators. The data would show the position for all partnerships to enable individual Integration Authorities to understand the shape and

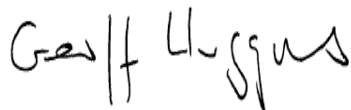
nature of their service relative to others. We are still working on the structure and format of that data. For now, we attach high level data covering a number of the areas (**Annex A**). Again we would intend to use the conversation on Friday to discuss the structure and format of the data with the intention of writing shortly after to all Chief Officers with the necessary material.

MSG noted that the approach for future years may change as a consequence of the Review into Targets and Indicators being undertaken by Sir Harry Burns and also as data sources for particular areas of service delivery improvement. It also noted that most key service delivery areas under integration have a direct impact on these higher level system indicators. In particular, it is important that we are able to understand both the contribution of social care and primary care services to these higher level system indicators, but also how they support important outcomes in respect of independent living and the protection and maintenance of health.

Local partnerships are already using a wide range of data to support their commissioning and delivery activity and will continue to operate under the duties in the 2014 Act in respect of public reporting. This process is not intended to duplicate or substitute for that process.

The Local Delivery Plan (LDP) Guidance for 2017/18 has been issued to NHS Chief Executives and sets the expectation that Boards and regional planning partnerships ensure that their objectives and plans are consistent with Integration Authority plans. Similarly, given the interaction with the hospital system you will need to ensure that your objectives and plans are consistent with NHS Board and regional plans for 2017/18.

Yours sincerely

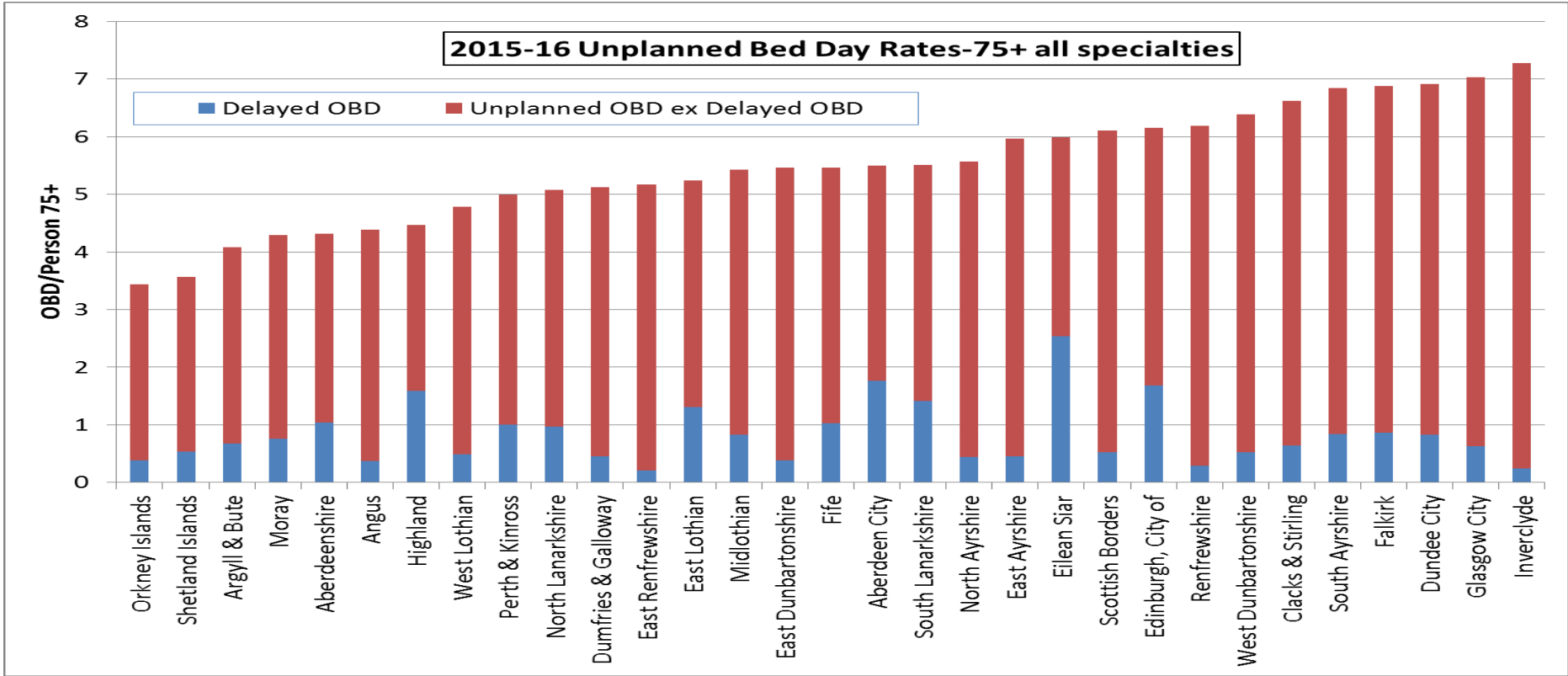


**GEOFF HUGGINS**  
Scottish Government



**PAULA McLEAY**  
COSLA

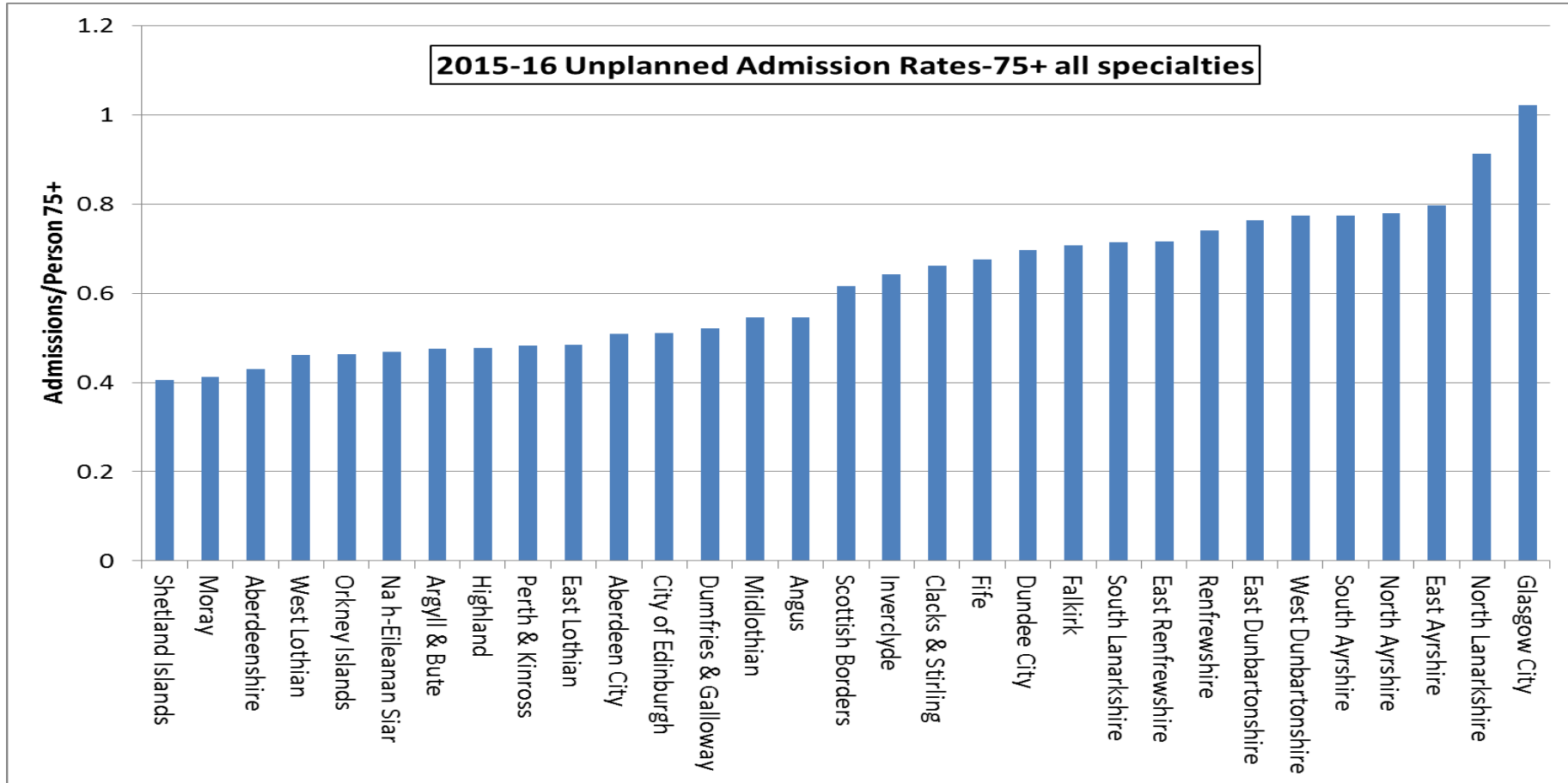
Unplanned Bed Days



**Notes:** This chart shows the unplanned bed days per capita for people aged 75+ for each partnership (in 2015/16). It is for unplanned bed days in all specialties and differentiates between the bed days used by delayed patients and other non-delayed bed days. A total of 2.5m bed days were used by people age 75+ of which 400k were by delayed patients, an average of 16% of the total bed days for this age group and varying across partnerships from 3.4% to 42%. There is a two-fold variation in the overall bed day rates across partnerships and a 12 fold variation in delayed bed

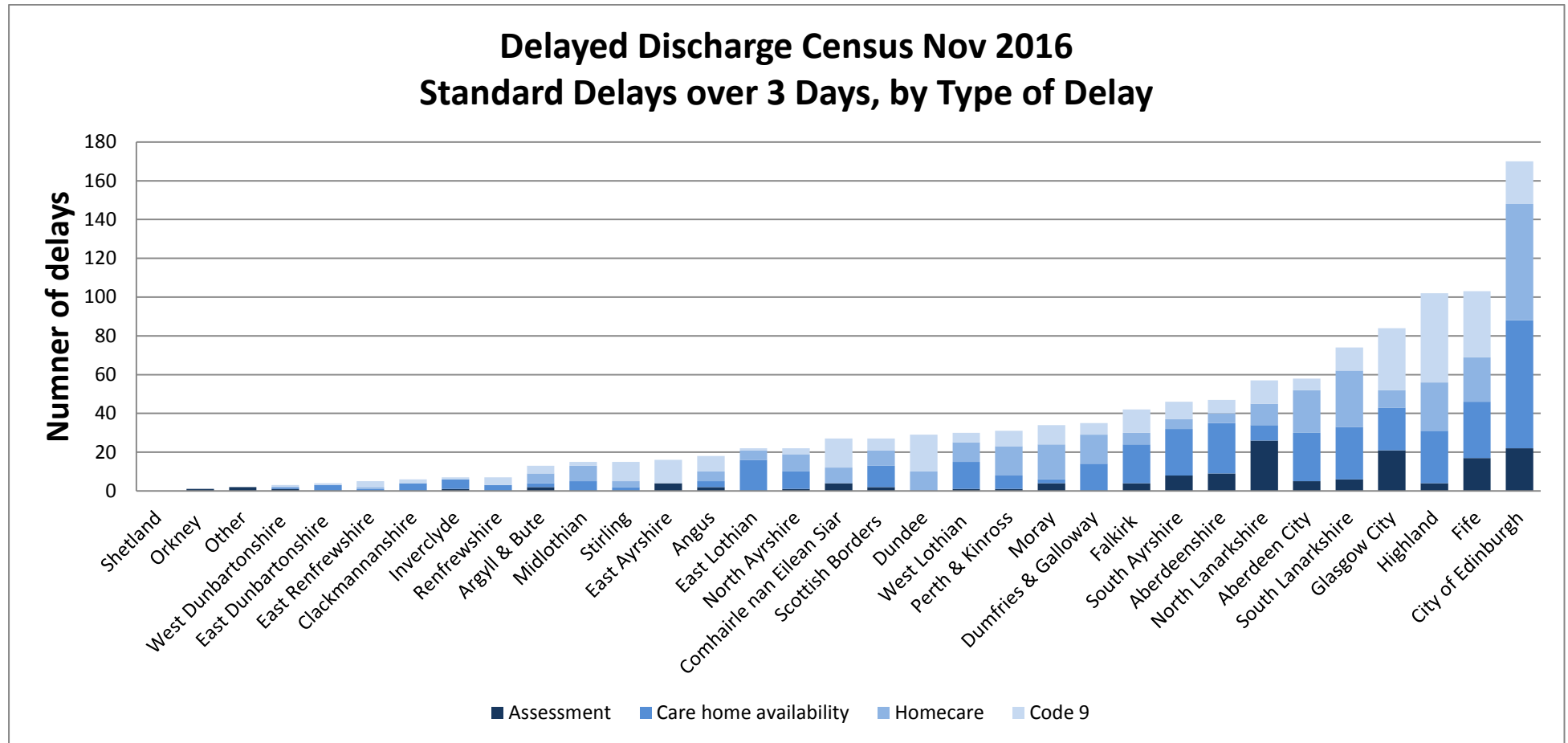
day rates. There is no association between delayed bed day rates and overall bed day rates. We can develop this analysis to include other age groups and to differentiate between specialties and type of delay.

Unplanned admissions



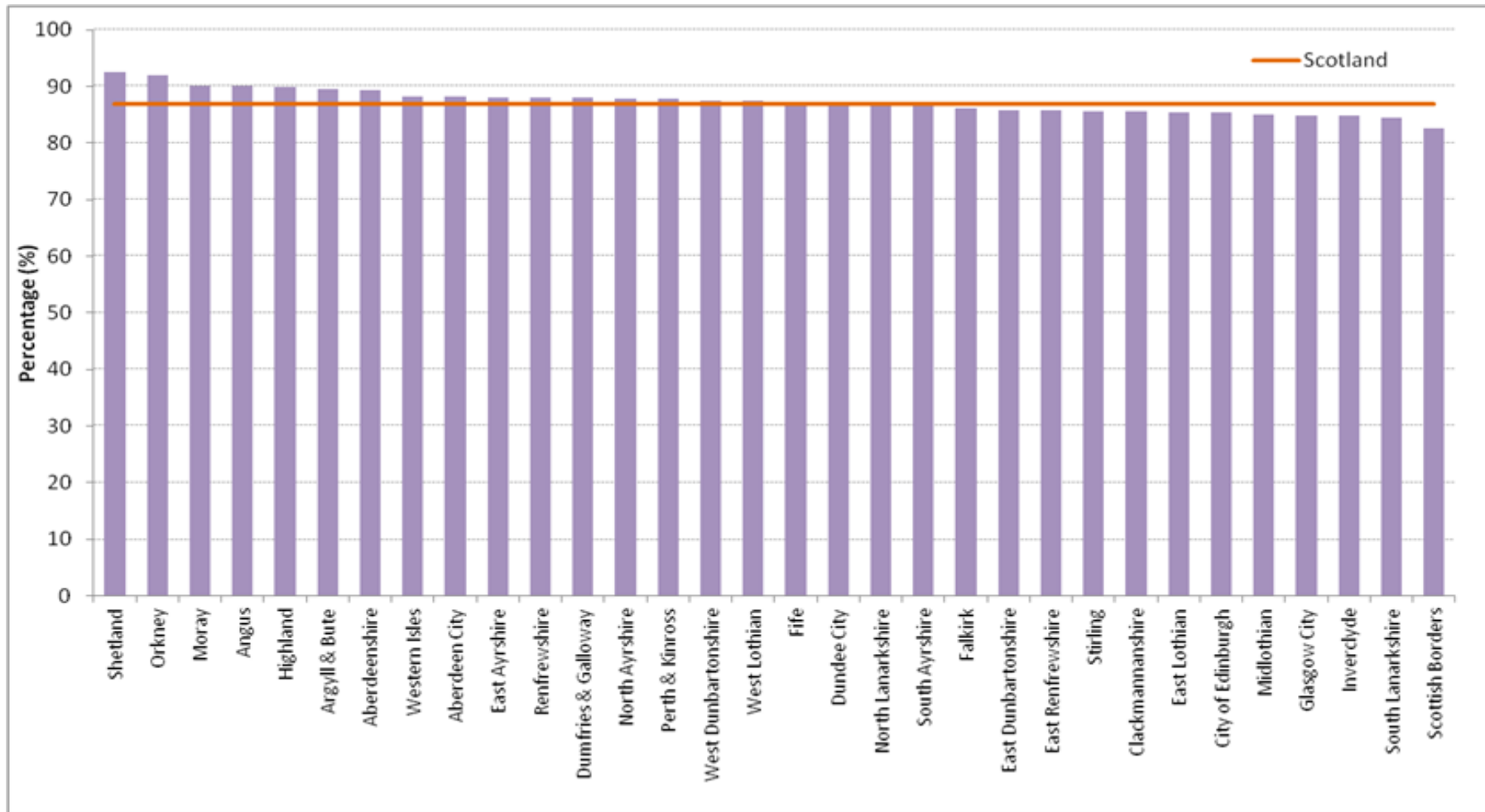
**Notes:** This chart shows the unplanned admissions per person aged 75+ in all specialties in 2015/16. We can see that the two fold variation seen in the bed days chart is evident here, although there is some slight re-ordering which is to be expected as bed day rates are a function of admission rates and length of stay. We can develop this analysis to consider different age groups and specialties.

Delayed Discharge Census: Standard Delays > 3 days by type of delay



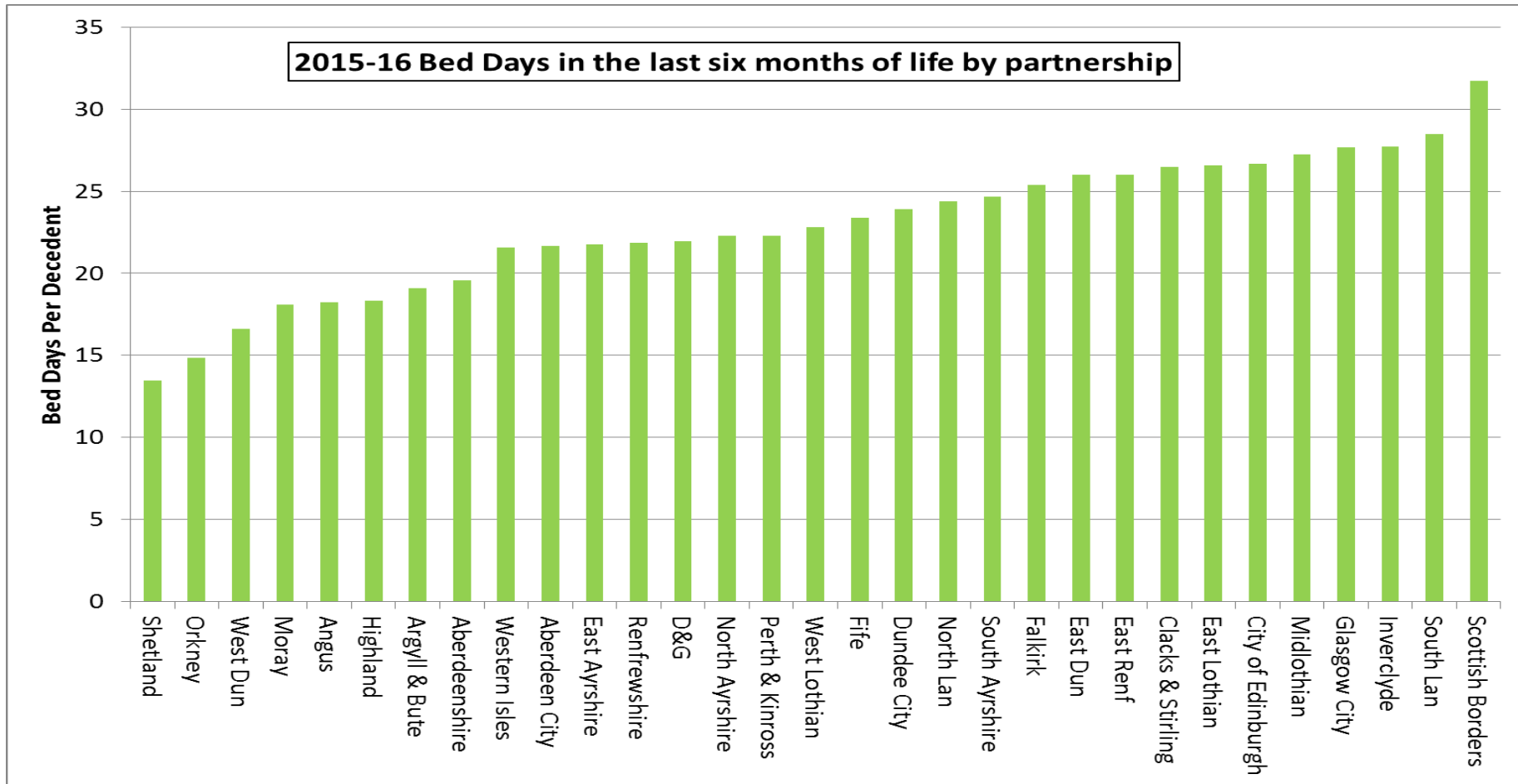
**Notes:** this chart shows the number of delays by type of across all partnerships. These figures exclude family reasons. There is considerable variation across partnerships. There are also differences in the main reason for delays. For example while care home and home care are key reasons for some partnerships, Code 9 categories appear to be the main reason for others

End of Life (a)



**Notes:** This chart shows the proportion of the last six months of life spent at home or in a community setting for people who died in 2015/16. There is a difference of 10% across partnerships. We can develop this analysis by considering different age groups and by differentiating between settings.

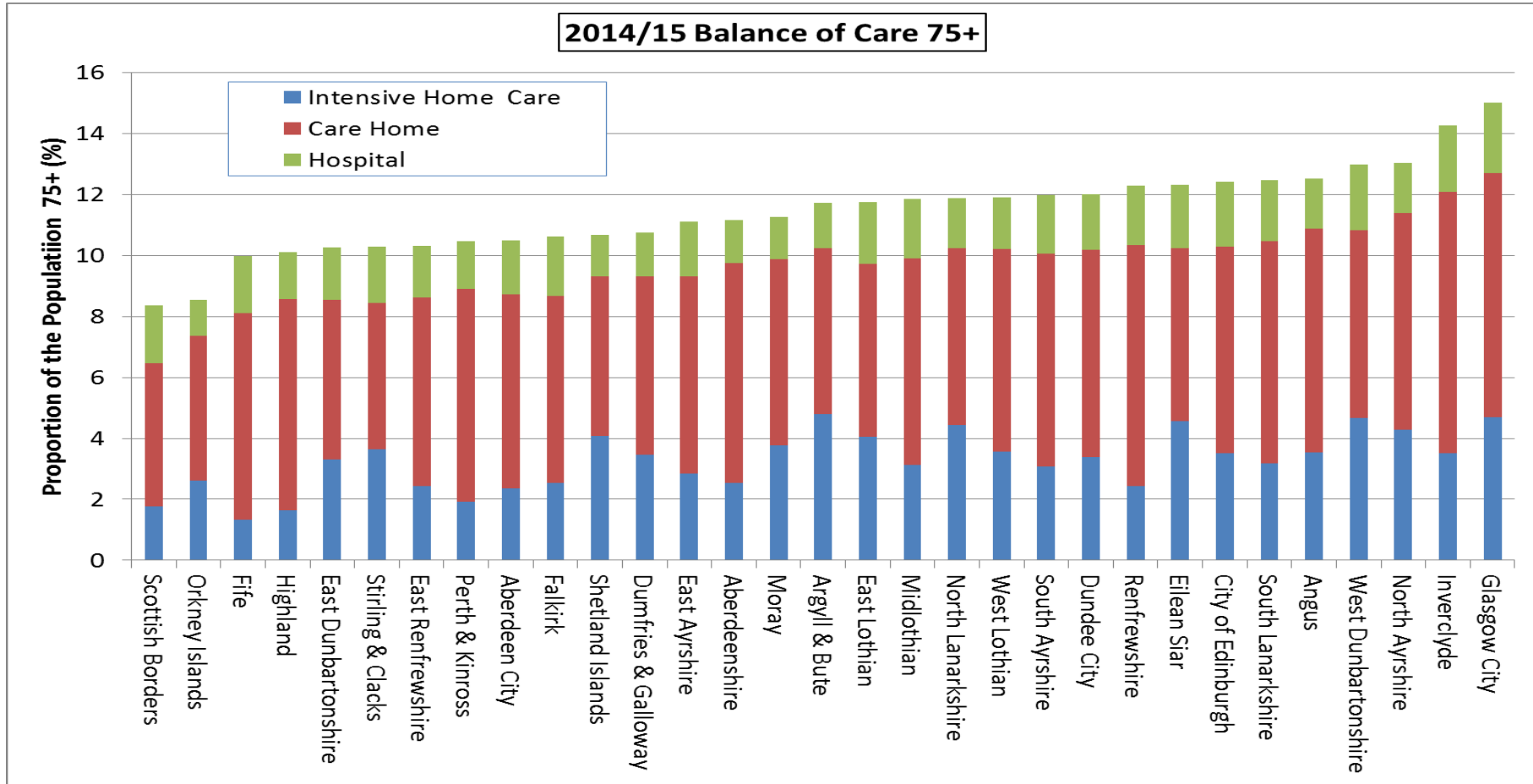
End of Life (b)



**Notes:** This chart shows the average unplanned bed days in the last six months of life for people who died in 2015/16. There is a two-fold variation across partnerships. If all Scottish partnerships could attain the same bed days per decedent as Shetland, half a million bed days could be saved-equivalent to the 10% commitment in the Delivery Plan.

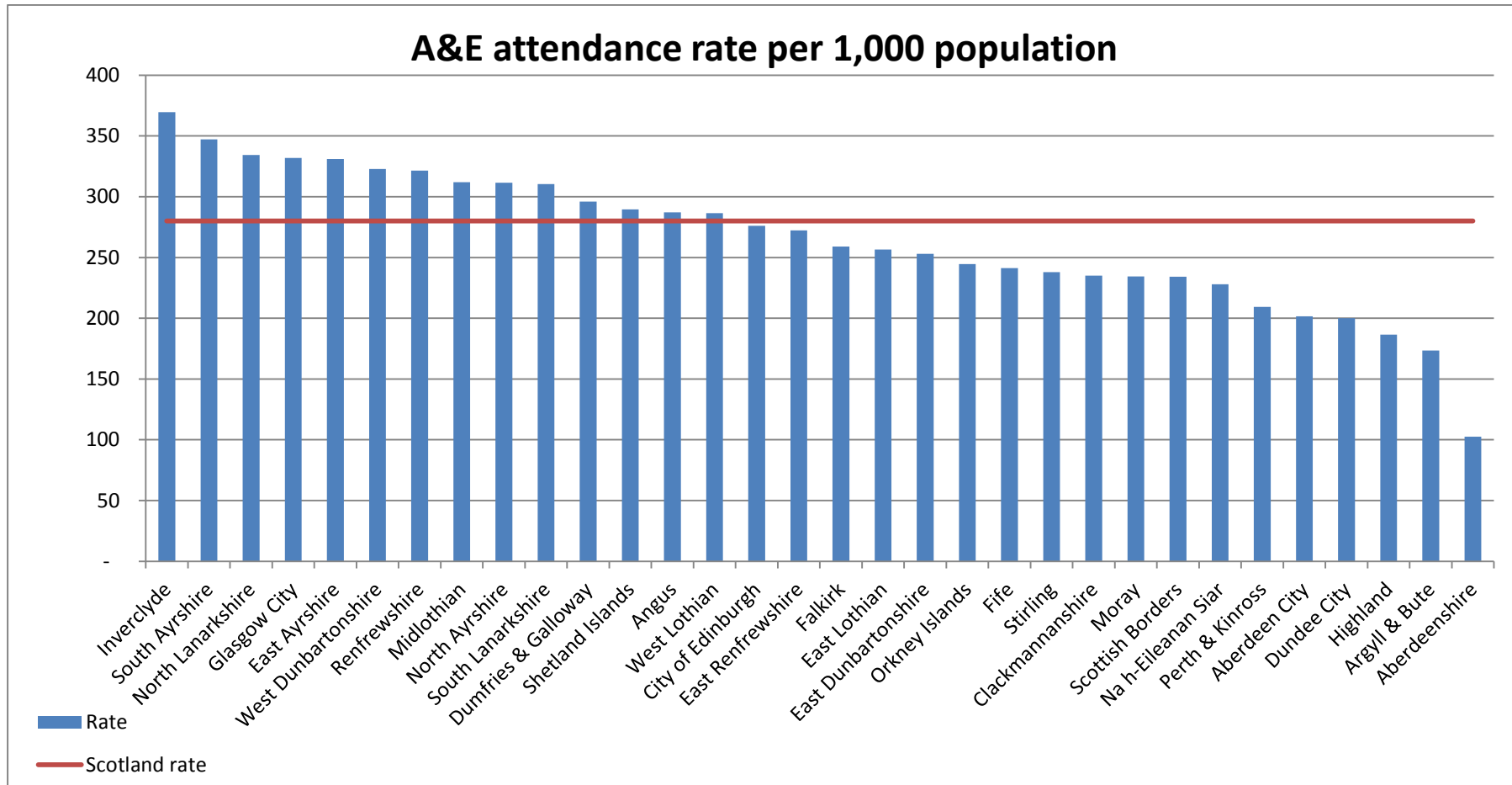


Balance of Care



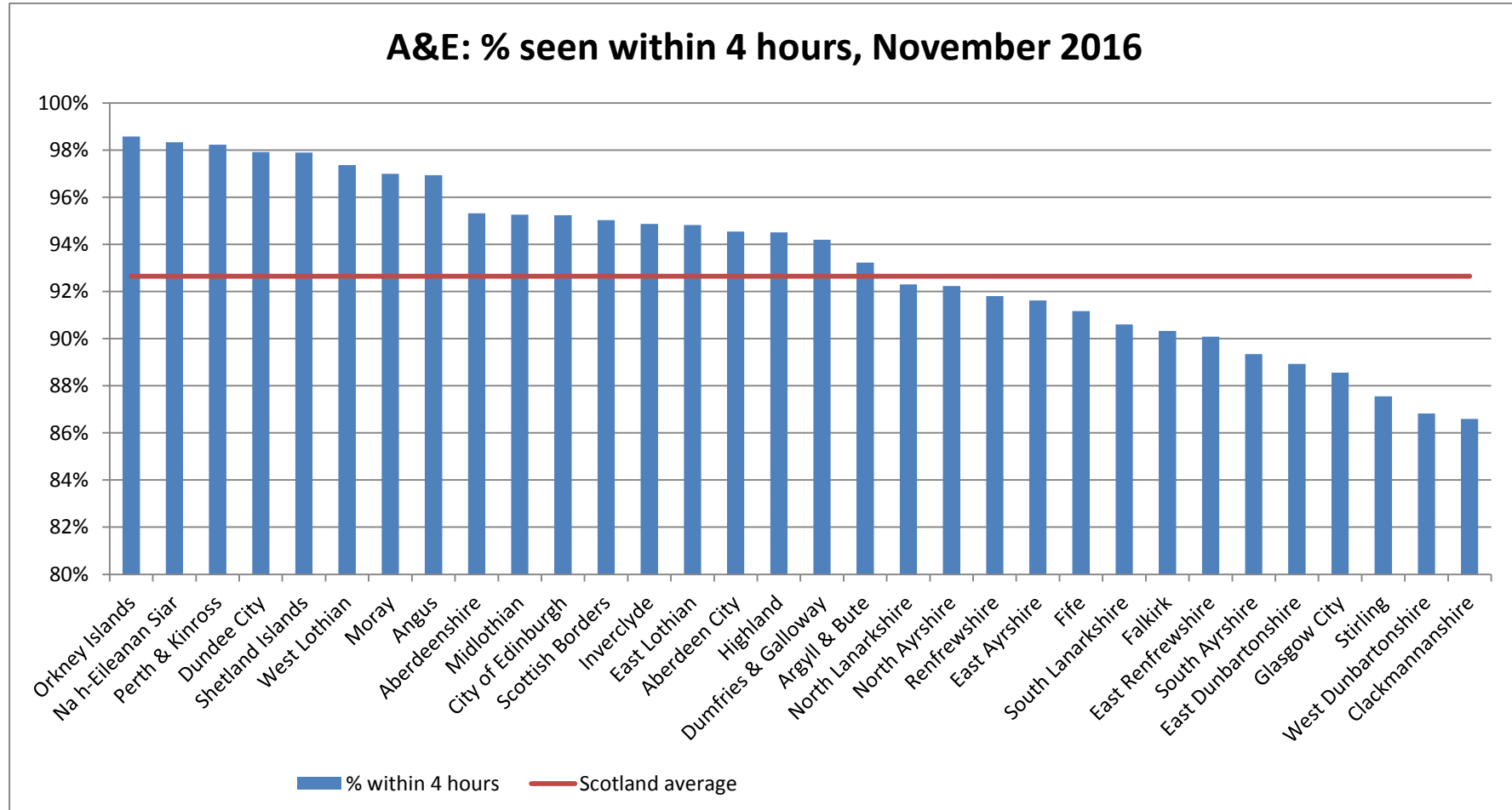
**Notes:** This chart looks at balance of care for people aged 75+ and shows the proportion of partnership populations aged 75+ who were either in hospital, in a care home or in receipt of 10+ hours home care in 2014/15. There is an almost two-fold variation (8% c/w 15%). Across Scotland, 8.5% of people aged 75+ were either a care home or hospital varying from 5.9% to 10.7% across partnerships. We can develop this analysis to include other age groups and to reflect the balance of care as a spectrum of settings; we can also look at spend across the spectrum.

A&E (a) : A&E attendance rate per 1,000 population by Partnership 2015/16



**Notes:** this shows the attendance rate at A&E per 1000 population by Partnership. There is considerable variation between Partnerships –370 per 1000 population in Inverclyde while 102 attendees per 1000 population in Aberdeenshire (Scotland – 280 per 1000). The difference is likely to reflect a range of issues including demographic factors, proximity of population to A&E facility as well as other healthcare provision .

A&E % seen within 4 hours



**Notes:** This chart shows performance on the 4 hour wait target by partnership. There is a difference of 11% between the highest performing area and the lowest performing area. The Scotland average is 93%. We can also provide A&E data on conversion rate- eg the proportion of A&E attendances which result in admission to hospital

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## INTEGRATION JOINT BOARD

<b>Report Title</b>	Proposed Amendment to IJB Meeting Schedule
<b>Lead Officer</b>	Judith Proctor – Chief Officer, ACHSCP
<b>Report Author</b>	Iain Robertson, Committee Services Officer, ACC
<b>Report Number</b>	HSCP/17/031
<b>Date of Report</b>	15 <sup>th</sup> March 2017
<b>Date of Meeting</b>	28 <sup>th</sup> March 2017

### 1: Purpose of the Report

The report seeks approval to revise the 2017-18 IJB meeting schedule to take account of the new Statutory Council meeting date and to schedule an additional meeting date to consider the IJB budget.

### 2: Summary of Key Information

At its meeting on 15 March 2017, Aberdeen City Council agreed to reschedule the Statutory Council meeting after the Local Government elections from 10 May to 17 May 2017. Business to be conducted at the statutory meeting includes the appointment of elected members to Council committees and outside bodies: this will include appointments to the Integration Joint Board. It is not known at this point what the composition of the Council Administration will be after the election and there may be a number of members appointed to the IJB who have not served on the Board in any capacity. Therefore it is proposed that the IJB reschedule its meeting on 23 May 2017 to 6 June 2017 to take cognisance of the hectic period following the election and allow appointed members more time to prepare for the forthcoming IJB meeting. New and returning IJB members will be asked to attend induction/refresh training and it is proposed that this session be held on 23 May 2017.

Following the approval of the IJB Budget Protocol on 7 March 2017, it is proposed that a dedicated meeting be scheduled to consider the IJB's annual budget. It is recommended that this meeting take place on 6 February 2018 in order for the IJB



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to approve a provisional budget and thereafter for these proposals to be presented to both parent bodies at their annual budget meetings.

It is also proposed that the IJB set aside a date for a provisional budget meeting on 6 March 2018 as a contingency in the event that the Board had been unable to agree a budget on 6 February 2018 or if one (or both) of its parent bodies varied their level of contribution to the IJB. The proposed schedule takes cognisance of NHS Grampian and Aberdeen City Council's legal responsibilities and statutory obligations to deliver a balanced budget; in addition to the requirements set out in the agreed budget protocol.

### 3: Equalities, Financial, Workforce and Other Implications

There are no equalities, financial, workforce or other implications directly arising from this report.

Adding and rearranging meeting dates may pose scheduling difficulties for a number of members and officers.

### 4: Management of Risk

#### Identified risk(s):

There is a risk that the IJB fails to function properly within its Integration Scheme, Strategic Plan and Schemes of delegation particularly in reference to being able to make appropriate decisions in a timely manner and meet its required functions.

**Link to risk number on strategic or operational risk register:** 3 (Strategic)

#### How might the content of this report impact or mitigate the known risks:

By moving the IJB meeting date back two weeks from 23 May to 6 June 2017, this will allow the Partnership more time to prepare and deliver induction training for new members following the Statutory Council meeting on 17 May 2017. There is a risk that the capacity of new members to make informed decisions may be impacted if the Partnership has not had sufficient time to appropriately induct new members into the IJB and provide them with a strategic overview of the integration



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landscape.

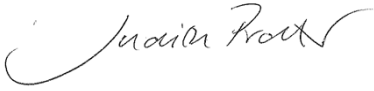

By scheduling an additional meeting date to consider the IJB's annual budget, the Board will mitigate against the risk of not adhering to the Budget Protocol as agreed at its meeting on 7<sup>th</sup> of March 2017.

### 5: Recommendations

It is recommended that the Integration Joint Board:

1. Agree the revised schedule attached as Appendix A;
2. Agree that the IJB Induction/Refresh session be arranged for 23 May 2017 and for the Developmental Timetable to be updated accordingly; and
3. Instruct the Clerk to make the necessary preparations to arrange these meetings.

### 6: Signatures

	Judith Proctor (Chief Officer)
	Alex Stephen (Chief Finance Officer)



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### APPENDIX A

#### PROPOSED IJB MEETING SCHEDULE 2017-18

**6 June 2017 – 10:00 am, Town House**

15 August 2017 - 10:00 am, Health Village

31 October 2017 - 10:00 am, Town House

12 December 2017 - 10:00 am, Health Village

30 January 2018 - 10:00 am, Town House

**6 February 2018 (budget meeting) - 10:00 am, Town House**

**6 March 2018 (provisional special budget meeting) -10:00 am, Town House**

27 March 2018 - 10:00 am, Health Village





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### APPENDIX B

#### **BUDGET PROTOCOL BETWEEN ACC, NHS GRAMPYAN AND THE ABERDEEN IJB**

##### **BACKGROUND**

With the inception of the Aberdeen City IJB in February 2016, Aberdeen City and NHS Grampian budget setting approaches will need to be adapted to take cognisance of the IJB. It is important that the IJB is allowed to undertake the duties that have delegated to it by the council and the health board under the Public Bodies (Joint Working) (Scotland) Act 2014. In accordance with the spirit of the legislation the council and the health board will no longer decide upon the strategic priorities for the delivery of delegated health and social care services, rather this will be the responsibility of the IJB.

However, the council and the health board will contribute a very substantial sum of money to the IJB and on this basis it is clearly important to give confidence to all elected members of council and board members of NHS Grampian about the types of services and strategic planning that the IJB will be considering. Through an agreed approach, it is hoped that the council and the health board will feel able to agree and support the strategic priorities of the IJB and budget appropriately for the money required for the IJB.

In the spirit of fostering closer pan public working it should however be borne in mind that both parent bodies (the partner organisations) do have significant legal responsibilities. In relation to the Council it has a statutory requirement to set a balanced budget each year and therefore this statutory obligation will take precedent as defined in the Local Government (Scotland) Act 1973 and other subsequent legislation. NHS Grampian is also expected by the Scottish Government Health Department to set a balanced budget each year.

There is a complexity to the IJB role that is important to understand. It identifies its strategic priorities and identifies the resource required to deliver these priorities and in theory then sets a direction to both of its partners (ACC and NHS



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Grampian) to fully fund these priorities. Of course, in reality, both partner organisations have many calls on their resource and will be unable to simply fund a set of priorities. The reality of this new complexity demands that the executive team of the IJB are fully aware of the financial pressures being faced by both partner organisations and that the articulation of priorities for funding purposes is done in partnership/negotiation with the executives of both partner organisations. Without such an approach, the risk to all parties is that a settled budget cannot be agreed.

In all of the complexity of the model, the key to success is that we maintain the sense of “we” that has been a feature to date i.e. -we are all in this together. Collaboration by definition requires a “we” that encompasses all relevant perspectives to enhance solutions and decisions. Expanding our sense of “we” involves building cooperative, collaborative, mutual working relationships by linking our ideas together to create something better than any of us could have done individually. It is important to create this sense of collaboration through building a collaborative approach to budgeting.

### Stage 1 : EXECUTIVE ENGAGEMENT

#### i) Principle of Openness , Transparency and Engagement

It is important that an open book approach is taken across all 3 executive teams and that business is conducted on a “no surprises” basis. The ability of the IJB executive team to be sighted and involved in the respective budget processes and work in both organisations is essential.

#### ii) Approach to savings

There are 2 elements of engagement required. Firstly, the executive team of the IJB needs to manage the integration of thinking about cost savings between delegated NHS services and the city council adult services. Part of the rationale for integration of the systems is that it will drive out financial savings as a result of the elimination of duplication and waste between the 2 systems. Of course, historically, the 2 systems are only familiar with realising single system savings and so the management team will need to be very systematic in the identification of duplication and waste over the 2 systems. Secondly, of course, the IJB does



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not sit in isolation – it is part of the wider systems of ACC and NHS Grampian as well as being part of the whole Aberdeen “place” system. It is therefore critical that the IJB executive and management teams, engage with the wider systems of the ACC and NHS Grampian to identify scope for synergies and thus savings across these wider systems and also to ensure there are no unintended consequences on these wider systems from the saving decisions of the IJB, or on the IJB from cost reduction decisions taken by the Partners. Unless this wider engagement takes place, we are at risk of having created just another silo through the IJB

### **iii) Timing of Engagement**

Engagement is critical throughout but critically important before the budget papers are formally presented to the council, any NHS forum and the IJB. It’s important that the timings of these meetings and the associated disclosure is synchronised. Once the Scottish Government settlements for both partner organisations is known, including the details of any “conditions”, it is critical that the 2 CEO’s, Chief Officer (Joint Accountable Officer) and 3 CFOs come together in order to navigate the IJB’s priorities into a funding award based on the available resource to the parent bodies.

## **STAGE 2 MANAGING THE IJB BUDGET REQUEST THROUGH THE GOVERNANCE SYSTEMS OF ACC, NHS GRAMPAN AND THE IJB**

The IJB is essentially 100% funded by its 2 partner organisations, a not dissimilar situation from the ALEOs within ACC’s group structure. The levels of savings required by any of the council’s ALEOs are identified within the budget option papers presented to council but the exact details of how the target level of savings will be achieved are not identified. This approach has attempted to respect the role of the ALEO board in terms of its responsibilities to scrutinise such proposals and to then be the decision maker in terms of which savings options to accept. This approach has meant that these options have not been transparent to council and ultimately to the public at large. The scale of the IJB is vastly bigger than all the council’s ALEOs put together and if we adopted the same approach to the IJB as we currently take to the ALEOs then effectively members would have no oversight of the specific saving options being considered.



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In attempting to navigate a way through the complexity of roles and responsibilities in terms of decision making within the landscape of the IJB, it is important to pursue openness and transparency whilst respecting the distinct decision making rights of the IJB.

A suggested way forward is: the executive team of the IJB participate in the council's political engagement with all political groups and this will involve being open and transparent in all the budget options the executive team are considering presenting to the IJB. Members will need to respect that these options are being shared with them for information as opposed to for decision making. This represents the pre-budget setting engagement. At the formal budget setting council meeting, again there will be full disclosure of the proposed IJB budget options along with a reminder that these are being included for information and not debate or decision-making. Council will be required, as part of its overall budget, to determine the funding it can provide to the IJB and to formally agree that. It should be noted that this must be done in the context of the council setting a balanced budget by law and is still accountable for the disbursement of funds.

In light of the funding award from ACC and NHS Grampian, the executive team will then finalise the budget with the IJB who will have already made a decision in principle on which budget options to accept, pending final settlement and funding allocation from the 2 partner organisations. Given the minute of the IJB is now included as part of the CEO's progress report to council on the IJB, members will be informed of which options the board finally accepted.

This recommended approach serves the objective of openness and transparency whilst respecting the new decision making responsibilities of the IJB board.

### **SPECIFIC TIMESCALES FOR 17/18**

Council is statutorily required to set its budget by 11<sup>th</sup> March each year. Of course, this is subject to having received its grant allocation from Scottish Government

For the 17/18 budget cycle, the following governance meetings are scheduled, with the described business:



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- Aberdeen City Council – 22 February 2017 and within that budget will be an allocation for the IJB and will include a presentation of the budget options to be considered by the IJB board
- NHS Grampian - The IJB will receive an allocation from NHS Grampian which will be confirmed following confirmation of the NHS Board health allocations. Indicative allocations have been made in terms of baseline funding and Chief Officers advised accordingly. Details on other allocations will be presented to the Chief Officer when confirmed by Scottish Government. A detailed finance plan showing how the IJB will operate within the resources allocated by the partner organisations will be presented to the NHS Grampian Accountable Officer for review and assurance. Appropriate monitoring arrangements will be implemented to enable the NHS Grampian Accountable Officer to seek assurances on financial performance throughout the financial year.
- The IJB will agree an outline decision in principle on budget options at its meeting of the 31<sup>st</sup> of January 2017 and make a formal agreement and set a direction at its meeting in March 2017.

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