

# Public Document Pack



Aberdeen City Health & Social Care Partnership

*A caring partnership*

To: Jonathan Passmore MBE (Chairperson); and Councillors Cameron, Donnelly, Ironside CBE 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 Lead, 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, 24 January 2017

## INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in Committee Room 2 - Town House on **TUESDAY, 31 JANUARY 2017 at 10.00 am.**

FRASER BELL  
HEAD OF LEGAL AND DEMOCRATIC SERVICES

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

#### **DECLARATIONS OF INTEREST**

- 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
- 3 Appointment of Vice Chairperson

## **STANDING ITEMS**

- 4 Minute of Previous Meeting - 15 November 2016 (Pages 5 - 16)
- 5 Business Statement (Pages 17 - 20)

## **ITEMS OF BUSINESS**

- 6 Finance and Budget Update (Pages 21 - 36)
- 7 Period 9 Finance Report (Pages 37 - 50)
- 8 Chief Social Work Officer Annual Report (Pages 51 - 126)
- 9 Local Outcome Improvement Plan (Pages 127 - 194)
- 10 Performance, Governance and Improvement (Pages 195 - 206)
- 11 Delayed Discharge Update Report (Pages 207 - 222)
- 12 Developmental Timetable (Pages 223 - 230)

## **FOR NOTING**

- 13 Draft Minute of Audit and Performance Systems Committee - 10 January 2017  
(Pages 231 - 236)

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

- 14 Mental Health Commissioning (Pages 237 - 250)
- 15 Bon Accord Care Update (Pages 251 - 254)
- 16 Transformation Programme (Pages 255 - 300)
- 17 Proposed Delegation - Amputee Rehab (Pages 301 - 310)

## **WORKSHOP SESSION**

- 18 Self-Directed Support

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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**

**15 November 2016**  
**Town House, Aberdeen**

Present: Councillor Ironside CBE (Chairperson); Jonathan Passmore MBE (Vice Chairperson); and Councillors Cameron, Jean Morrison MBE (as substitute for Councillor Donnelly, for items 4-20) and Young (for items 8-20); and Rhona Atkinson, Alan Gray (as substitute for 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), Graeme Simpson (Children's Services Manager, ACC (as substitute for Bernadette Oxley)), Kenneth Simpson (Third Sector Representative), 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), Lorraine McKenna (Business Manager, ACHSCP, for item 10), Gail Woodcock (Integrated Localities Programme Manager, ACHSCP, for items 11 and 20), Claire Wilkie and Simon Rayner (ACHSCP, for item 18), Jess Anderson (Legal Services, ACC, for item 18) and Iain Robertson (Clerk, ACC).

Apologies: Councillor Donnelly, Dr Nick Fluck and Bernadette Oxley.

**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 announced good news that the Partnership's Musculoskeletal (MSK) team had received a Grampian Recognition Award For Teams And Staff (GRAFTAS) for their pathways to care service redesign.

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

To congratulate the MSK team on their GRAFTAS Award.

## **DETERMINATION OF EXEMPT BUSINESS**

2. The Chair proposed that item 18 (Drugs and Alcohol Retendering), item 19 (Bon Accord Care Report) and item 20 (Transformation Progress Report) 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 1, 7, 8 and 9 of Schedule 7(A) of the Act.

## **MINUTE OF PREVIOUS MEETING**

3. The Board had before it the minute of the previous Board meeting of 30 August 2016.

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

To approve the minute as a correct record.

## **BUSINESS STATEMENT**

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

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

To note the statement.

## **REVIEW OF AUDIT AND PERFORMANCE SYSTEMS COMMITTEE TERMS OF REFERENCE**

5. The Board had before it a report by Alex Stephen (Chief Finance Officer, ACHSCP) which outlined the review of the Audit and Performance Systems

Committee (APS) Terms of Reference which required to be reviewed on a six monthly basis.

**The report recommended:-**

That the Board approve the changes to the Terms of Reference as recommended by the Audit and Performance Systems Committee.

Alex Stephen spoke to the report and advised that the APS Committee had conducted the six monthly review of the Terms of Reference and recommended that item 13 be revised to delegate authority from the IJB to the APS Committee to consider and approve unaudited and audited annual accounts. He noted that this change would be in line with accounting legislation and the annual accounts would thereafter be presented to the IJB for information.

**The Board resolved:-**

To approve the changes to the Terms of Reference as recommended by the Audit and Performance Systems Committee.

**PERIOD SIX FINANCE REPORT**

6. 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 Six 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 on the month six position in relation to the IJB budget and the information on areas of risk and management action that was contained therein;
- (b) Agree to the virements proposed in Appendix E;
- (c) Agree the Local Enhanced Service initiative as detailed in paragraph 2.5 funded from the prescribing budget on an invest to save basis; and
- (d) Agree the direction as set out in Appendix F.

Alex Stephen spoke to the report and advised that the Partnership's finances were stable with a favourable position of £1,199,000 reported at Period Six. He explained that the projected overspend of £931,000 at Year End was largely driven by the prescribing budget. Mr Stephen noted that the Partnership had requested GPs to review their prescribing arrangements to prevent issues like patients over ordering and stockpiling medicines to increase cost effectiveness. He advised that £500,000 of Transformation Funding had been allocated to cover the projected overspend at Year End but suggested that additional funds may need to be found to cover other outstanding variances.

Thereafter there were questions on proposed initiatives that would help GPs to reduce prescribing costs; the underspend recorded due to staff vacancies; and the use of Transformation Funding to cover variances in the Partnership's core budget.

**The Board resolved:-**

- (i) to note the report on the month six position in relation to the IJB budget and the information on areas of risk and management action that was contained therein;
- (ii) to agree to the virements proposed in Appendix E;
- (iii) to agree the Local Enhanced Service initiative as detailed in paragraph 2.5 funded from the prescribing budget on an invest to save basis; and
- (iv) to agree the direction as set out in Appendix F.

**FINANCIAL RESERVE STRATEGY**

7. The Board had before it a report by Alex Stephen which proposed a reserves policy for the consideration of the IJB.

**The report recommended:-**

That the Board approve the Reserves Policy.

Alex Stephen spoke to the report and explained that the Strategy had been recommended by the APS Committee at its meeting on 25 October 2016 but implementation was subject to IJB approval. He added that the Strategy provided a strong financial framework which would be populated to a greater extent in due course.

Thereafter members queried the role of the Council's S95 Officer and NHS Grampian's Director of Finance in the Reserve Policy's approval process, to which Mr Stephen advised that the Integration Scheme outlined the role of the parent bodies to review the IJB's financial arrangements and confirmed that final approval was delegated to the IJB.

**The Board resolved:-**

To approve the Reserves Policy.

**PERFORMANCE REPORT**

8. The Board had before it a report by Jillian Evans (Head of Health Intelligence, NHS Grampian) and Kevin Toshney (Acting Head of Strategy and Transformation, ACHSCP) which provided a progress report on the development of the Partnership's performance management framework, and to report on the Partnership's performance to date against the national outcomes and their suite of national and local indicators and to outline the improvement activity that had been taken forward.

**The report recommended:-**

that the Board –

- (a) Note the endorsement of this paper by the APS Committee;
- (b) Note the progress that had been made to date in developing the Partnership's performance management framework;
- (c) Instruct the Chief Officer to make the necessary arrangements for the completed performance management framework to be presented to the IJB at its next meeting;



- (d) Note the Partnership's performance against the national outcomes and the associated suite of national and local indicators; and
- (e) Instruct the Chief Officer to make the necessary arrangements for future performance monitoring reports to be accompanied by an improvement plan.

Kevin Toshney spoke to the report and advised that the emerging performance management framework would enhance the Partnership's intelligence capacity and provide assurance to the IJB that risks were being identified, mitigated and managed. He explained that the framework would allow the IJB to monitor performance against the National Health and Wellbeing Outcomes and the Partnership's bespoke local indicators. Mr Toshney highlighted that delayed discharge performance had continued to improve but the extent of progress varied by locality. He advised that the framework would be further developed to identify unmet social care need, capacity issues in the social care market and progress in relation to hosted service performance. He also noted that improvement plans would be developed to demonstrate how the Partnership would action recommendations made in the Social Work in Scotland: Audit Scotland report and the Joint Inspection of Services for Older People report and these plans would be presented to the Board in due course.

Thereafter there were questions on the low survey response rates and the representativeness of the data; the APS Committee's scrutiny role to provide assurance to the IJB; the development of data to help support operational performance and the role of Locality Leadership Groups in this process; the review of the National Health and Wellbeing Outcomes led by Sir Harry Burns; and progress in relation to the Partnership's delayed discharge performance.

**The Board resolved:-**

- (i) to note the endorsement of this paper by the APS Committee;
- (ii) to note the progress that had been made to date in developing the Partnership's performance management framework;
- (iii) to instruct the Chief Officer to make the necessary arrangements for the completed performance management framework to be presented to the IJB at its next meeting;
- (iv) to note the Partnership's performance against the national outcomes and the associated suite of national and local indicators;
- (v) to instruct the Chief Officer to make the necessary arrangements for future performance monitoring reports to be accompanied by an improvement plan; and
- (vi) to commend the work of officers during the development of the performance management framework.

**STRATEGIC PLAN INDICATIVE TIMELINE**

9. The Board had before it a report by Kevin Toshney and Gail Woodcock (Integrated Localities Programme Manager, ACHSCP) which provided an overview of the strategic planning activities that were being progressed following the publication of the Strategic Plan and to give an indicative timetable in relation to these.

**The report recommended:-**  
that the Board –

- (a) Note the emerging development of the Strategy and Transformation team;
- (b) Agree the prioritisation of the required planning activities;
- (c) Direct the Chief Officer to ensure that the completed plans were brought to the Board at the appropriate time for discussion and approval;
- (d) Agree that the completed 'Resilient, Supported and Included' section of the Local Outcomes Improvement Plan be brought to the Board at a future date for noting; and
- (e) Agree that the completed Community Justice Outcomes Improvement Plan be presented to the Board at a future date for noting.

Kevin Toshney spoke to the report and explained that the timeline followed on from the publication of the Strategic Plan in April 2016 and provided an outline of the management and team structures that had emerged since the go live date. He advised that further detail on delegated functions would be added in due course and that the Partnership would also need to develop a Commissioning Plan for new models of care; a Carers Strategy; and a Learning Disability Strategy. Mr Toshney further noted that the Strategic Plan required to be reviewed every three years and advised that the Strategic Planning Group would conduct a light touch review in 2017 ahead of a more comprehensive review in 2018.

Thereafter there were questions on the Carers Strategy Steering Group and the launch date of the Carers Strategy; how the Partnership would meet the National Health and Wellbeing Outcomes; the development of Community Planning Aberdeen's (CPA) Local Outcome Improvement Plan (LOIP) and the Partnership's contribution to its production; and the Partnership's level of accountability with regards to the delivery of LOIP and community justice outcomes.

**The Board resolved:-**

- (i) to note the emerging development of the Strategy and Transformation team;
- (ii) to agree the prioritisation of the required planning activities;
- (iii) to direct the Chief Officer to ensure that the completed plans were brought to the Board at the appropriate time for discussion and approval;
- (iv) to agree that the completed 'Resilient, Supported and Included' section of the Local Outcomes Improvement Plan be brought to the Board at a future date for noting;
- (v) to request a workshop on community justice; and
- (vi) to agree that the completed Community Justice Outcomes Improvement Plan be presented to the Board at a future date for noting.

**GRAMPIAN WINTER PLANNING**

**10.** The Board had before it a report by Christina Cameron (NHS Grampian) which provided an update on the shared process that had been undertaken for winter (surge) planning for health and social care services in the Grampian area for winter 2016-17. It set out the steps taken to prepare for winter across community and acute settings and how these efforts had been co-ordinated.

**The report recommended:-**

that the Board –

- (a) Note the update on the winter planning process; and
- (b) Note the approved Grampian Winter (Surge) Plan 2016-17.

Judith Proctor (Chief Officer, ACHSCP) spoke to the report and advised that the Partnership had contributed to the planning and testing of the Grampian-wide plan and she summarised the table top testing exercises undertaken to provide assurance on the resilience of the services that cut across the Partnership; NHS Grampian and the acute sector. She noted that the plan had been approved by the NHS Grampian Board on 3 November 2016.

Thereafter there were questions on the level of additional funding allocated to NHS Boards across Scotland; and members recognised that the Partnership and its partners had won an award in response to last winter's flooding.

**The Board resolved:-**

- (i) to note the update on the winter planning process;
- (ii) to note the approved Grampian Winter (Surge) Plan 2016-17; and
- (iii) to request further information for comparative purposes on the level of additional funding allocated by the Scottish Government to all NHS Boards.

**THREE YEAR CIVIL CONTINGENCY PLAN**

11. The Board had before it a report by Lorraine McKenna (Business Manager, ACHSCP) which reported progress on the civil contingency response capability of the Partnership to an emergency situation. The report presented a three year civil contingencies plan which outlined the pathway to an integrated health and social care response to an emergency situation and informed the IJB of the requirements of the Scottish Government in relation to their recently released Standards for Organisational Resilience.

**The report recommended:-**

that the Board –

- (a) Note the improved response capabilities of the Partnership to emergency situations;
- (b) Continue to support the ongoing development of an integrated system for responding to emergency situations; and
- (c) Endorse the three year civil contingencies plan as presented.

Lorraine McKenna spoke to the report and explained that a joint short life working group had developed a common approach across all Grampian IJBs in relation to contingency planning. She noted that the Civil Contingencies Plan had incorporated the working group's ten recommendations and the Scottish Government's resilience requirements. Ms McKenna then provided the Board with an outline of the plan's training requirements; control centre operations; processes for the integration of systems; and senior manager on call (SMOC) arrangements. She informed the Board that individual GP practices would be responsible for preparing their own business continuity plans which the Partnership was happy to support but had limited input over quality control or review timescales. She added that a Joint Resilience Group would be established which may require the relocation of services and staff and an options appraisal had been developed to review these proposals.

Thereafter there were questions on the duplication of services; the challenges of transitioning to the integrated business continuity plan; and how the Partnership

could engage with GP practices to encourage and support the refresh of their individual business continuity plans.

**The Board resolved:-**

- (i) to note the improved response capabilities of the Partnership to emergency situations;
- (ii) to continue to support the ongoing development of an integrated system for responding to emergency situations;
- (iii) to endorse the three year civil contingencies plan as presented; and
- (iv) to request that officers from the Partnership liaise with primary care colleagues and the Clinical Leadership Group to promote and support the refresh of GP business continuity plans.

**ENGAGEMENT, EMPOWERMENT AND PARTICIPATION STRATEGY**

**12.** The Board had before it a report by Gail Woodcock which brought to the attention of the IJB the Engagement, Empowerment and Participation Strategy that had been developed by Community Planning Aberdeen partners and sought agreement that the strategy would be adopted by the Partnership.

**The report recommended:-**

That the Board adopt the Community Planning Aberdeen Engagement, Empowerment and Participation Strategy as the Partnership's engagement and participation strategy as identified within the Integration Scheme.

Gail Woodcock spoke to the report and advised that the development of an engagement strategy was a requirement of the Integration Scheme and the Partnership had co-produced the document with Community Planning Aberdeen (CPA). She explained that the Strategy aligned with the Partnership's vision and strategic priorities but informed members that if the Strategy was approved today it may be subject to minor modification as it was due to be considered at the next CPA Board meeting on 12 December 2016.

Thereafter there were questions on the consultation process and members suggested that holding more meetings in the evenings may generate a greater number and more representative response rate from community partners and stakeholders. Members also highlighted that the Strategy before the Board had not included any veteran organisations which the Board had an obligation to engage with through the Armed Forces Covenant. Ms Woodcock assured members that this issue had been identified and addressed within the revised Strategy which now included the North East Scotland Disabled Veterans Association and this version would be presented to the CPA Board in December.

**The Board resolved:-**

To adopt the Community Planning Aberdeen Engagement, Empowerment and Participation Strategy as the Partnership's engagement and participation strategy as identified within the Integration Scheme.

## **SOCIAL WORK IN SCOTLAND - AUDIT SCOTLAND REPORT**

**13.** The Board had before it a report by Sarah Gibbon (Executive Assistant, ACHSCP) which asked the Board to consider the Social Work in Scotland prepared by Audit Scotland and to highlight key areas and recommendations relevant for the IJB.

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

that the Board –

- (a) Note the content of the Audit Scotland 'Social Work in Scotland' report and the ongoing work within the IJB relevant to the recommendations raised;
- (b) Note the Partnership's response to the recommendations in the report;
- (c) Agree to a development workshop on the role of the Chief Social Work Officer in relation to the IJB.

Judith Proctor spoke to the report and advised that the Audit Scotland report had reviewed adult social care arrangements within the new integration environment and outlined a number of issues facing the sector including demographic change and recruitment challenges. Mrs Proctor explained that the report had reviewed the governance and scrutiny arrangements of IJBs across Scotland and focussed on the improvement of service delivery; workforce planning; and recognised that the Chief Social Work Officer's (CSWO) role had changed significantly in recent years and that the CSWO's remit and responsibilities should be reviewed by boards as a priority. Graeme Simpson (Children's Services Manager, ACC) added that the report would be submitted to the Council's Education and Children's Services Committee for information on 17 November 2016.

Thereafter there were questions on the remit of the CSWO; and the level of engagement between the Scottish Government and the Scottish Local Government Partnership which represented Aberdeen City Council.

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

- (i) to note the content of the Audit Scotland 'Social Work in Scotland' report and the ongoing work within the IJB relevant to the recommendations raised;
- (ii) to note the Partnership's response to the recommendations in the report;
- (iii) to agree to a development workshop on the role of the Chief Social Work Officer in relation to the IJB.

## **MINUTE OF AUDIT AND PERFORMANCE SYSTEMS COMMITTEE – 11 AUGUST 2016**

**14.** The Board had before it the minute of the Audit and Performance Systems Committee of 11 August 2016 for information.

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

To note the minute.

## **DRAFT MINUTE OF AUDIT AND PERFORMANCE SYSTEMS COMMITTEE – 25 OCTOBER 2016**

15. The Board had before it the draft minute of the Audit and Performance Systems Committee of 25 October 2016 for information.

**The Board resolved:-**

To note the draft minute.

## **MINUTE OF CLINICAL AND CARE GOVERNANCE COMMITTEE – 16 AUGUST 2016**

16. The Board had before it the minute of the Clinical and Care Governance Committee of 16 August 2016 for information.

**The Board resolved:-**

To note the minute.

## **DRAFT MINUTE OF CLINICAL AND CARE GOVERNANCE COMMITTEE – 1 NOVEMBER 2016**

17. The Board had before it the draft minute of the Clinical and Care Governance Committee of 1 November 2016 for information.

**The Board resolved:-**

To note the draft minute.

## **CORPORATE RISK REGISTER**

18. The Board had before it the Corporate Risk Register for information.

**The Board resolved:-**

To note the Corporate Risk Register.

**In accordance with the decision recorded under article 2 of this minute, the following items were considered with the press and public excluded.**

## **DRUGS AND ALCOHOL RETENDERING**

19. The Board had before it a report by Claire Wilkie (Service Manager, Mental Health and Substance Misuse, ACHSCP) and Simon Rayner (Development Manager, Substance Misuse Service) which set out a proposed approach to re-tender specialist Drug and Alcohol Services and sought approval to re-tender these services and award contracts following the completion of the tender process.

**The Board resolved:-**

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

**BON ACCORD CARE REPORT**

**20.** The Board had before it a report by Alex Stephen which updated the IJB on the work undertaken on Bon Accord Care budget funding.

**The report recommended:-**

that the Board –

- (a) Note the work undertaken so far;
- (b) Agree that the amount outlined in the report be vired to the Bon Accord Care budget from the Central Living Wage/inflationary uplift budget line to cover the additional national insurance costs being experienced by Bon Accord Care;
- (c) Note the deficit on the Bon Accord Care budget and the actions being taken by officers to reduce this deficit; and
- (d) Instruct officers to bring a report back to the IJB on 31 January 2017 updating the Board on the financial position, strategic plan and other work being undertaken in relation to Bon Accord Care.

**The Board resolved:-**

- (i) to note the work undertaken so far;
- (ii) to agree that the amount outlined in the report be vired to the Bon Accord Care budget from the Central Living Wage/inflationary uplift budget line to cover the additional national insurance costs being experienced by Bon Accord Care;
- (iii) to note the deficit on the Bon Accord Care budget and the actions being taken by officers to reduce this deficit; and
- (iv) to instruct officers to bring a report back to the IJB on 31 January 2017 updating the Board on the financial position, strategic plan and other work being undertaken in relation to Bon Accord Care.

**TRANSFORMATION PROGRESS REPORT**

**21.** The Board had before it a report by Gail Woodcock which provided an update on the progress of the Transformation Programme.

**The report recommended:-**

that the Board –

- (a) Note the ongoing process and progress in developing and delivering the transformational programme;
- (b) Note that a paper would be developed for considering by the IJB in respect of the requirement to issue directions to ACC and NHSG in respect of areas of transformation;
- (c) Note the draft directions to ACC and NHSG;
- (d) Approve expenditure in relation to the procurement of Integrated Team Design Support in line with the Council's procurement regulations; and
- (e) Approve the provision of a grant to Cornerstone to support their Buurtzorg Transformation Programme.

**The Board resolved:-**

- (i) to note the ongoing process and progress in developing and delivering the transformational programme;
- (ii) to note that a paper would be developed for considering by the IJB in respect of the requirement to issue directions to ACC and NHSG in respect of areas of transformation;
- (iii) to note the draft directions to ACC and NHSG;
- (iv) to approve expenditure in relation to the procurement of Integrated Team Design Support in line with the Council's procurement regulations;
- (v) to approve the provision of the grant outlined in the report to Cornerstone to support the Buurtzorg Transformation Programme;
- (vi) to request further detail on the level of Scottish Government and other agency resource allocated to the IJB to support the implementation of Buurtzorg transformational principles; and
- (vii) to request that officers provide further information to third and independent sector colleagues on the criteria and process for accessing transformation funding.

**WORKSHOP SESSION**

**22.** Board members then received a presentation from Alex Stephen on the IJB's financial strategy.

**The Board resolved:-**

To thank Alex Stephen for the informative presentation.

**COUNCILLOR LEN IRONSIDE CBE, Chairperson.**



## BUSINESS STATEMENT

31 JANUARY 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>	<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.</p> <p>A report on a proposed delegation is on today's agenda under item 17.</p>	Chief Officer, Aberdeen City Health and Social Care Partnership	28.03.17
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 is on today's agenda under item 11.	Chief Officer, Aberdeen City Health and Social Care Partnership	31.01.17

<b><u>No.</u></b>	<b><u>Minute Reference</u></b>	<b><u>IJB Decision</u></b>	<b><u>Update</u></b>	<b><u>Lead Officer(s)</u></b>	<b><u>Due</u></b>
3.	slJB 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	28.03.17
4.	slJB 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.	A Transformation Programme report is on today's agenda under item 16.	Chief Officer, Aberdeen City Health and Social Care Partnership	31.01.17
5.	slJB 28.07.15 Article 7	<b><u>Draft Strategic Plan Indicative Timetable</u></b>  The Shadow Board requested an indicative timetable be produced during the development of the Strategic Plan that would focus on service delivery.	A report was presented to the Board on 15 November 2016.	Chief Officer, Aberdeen City Health and Social Care Partnership	15.11.16
6.	slJB 29.09.15 Article 9	<b><u>Auditing and Financial Reporting</u></b>  The Shadow Board requested a report on future reporting arrangements for financial and auditing matters that were within the remit of the slJB and to explore the option of establishing a Sub Committee to consider these matters.	The draft minutes of the Audit and Performance Systems Committee are on today's agenda under item 13.	Chief Finance Officer, Aberdeen City Health and Social Care Partnership	31.01.17

<b><u>No.</u></b>	<b><u>Minute Reference</u></b>	<b><u>IJB Decision</u></b>	<b><u>Update</u></b>	<b><u>Lead Officer(s)</u></b>	<b><u>Due</u></b>
7.	slJB 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
8.	slJB 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 Performance, Governance and Improvement is on today's agenda under item 10.	Chief Officer, Aberdeen City Health and Social Care Partnership	31.01.17
9.	slJB 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 report on locality planning was presented to the Board on 15 November 2016.  A locality workshop session is proposed under item 12 for 23 May 2017.	Integrated Localities Programme Manager, Aberdeen City Health and Social Care Partnership	15.08.17
10.	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 29 March 2017.	Chief Officer, Aberdeen City Health and Social Care Partnership	28.03.17
11.	IJB 28.06.16 Article 10	<b><u>Good Governance Institute Implementation Plan</u></b>  The Board instructed the Chief Officer to		Chief Officer, Aberdeen City Health and Social Care	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>
		prepare an action plan on how the recommendations in the Good Governance Institute's final report would be implemented.		Partnership	
12.	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
13.	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 had been implemented by the end of the financial year.		Chief Finance Officer, Aberdeen City Health and Social Care Partnership	28.03.17
14.	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 and for this report to come to the IJB by the end of the financial year.		Chief Officer, Aberdeen City Health and Social Care Partnership	28.03.17



## INTEGRATION JOINT BOARD

<b>Report Title</b>	Budget 2017/18
<b>Lead Officer</b>	Alex Stephen, Chief Finance Officer
<b>Report Author</b>	Alex Stephen, Chief Finance Officer
<b>Date of Report</b>	22 December 2016
<b>Date of Meeting</b>	31 January 2017

### 1: Purpose of the Report

- i) To update the Integration Joint Board on the provisional grant settlement and the implications to the Integration Joint Board Budget resulting from the announcements on the 15 December 2016.
- ii) To advise on the budget pressure facing the Integration Joint Board in 2017/18 and the budget savings identified by officers to close the provisional funding gap.
- iii) To highlight to the Integration Joint 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.

### 2: Summary of Key Information

#### 2.1 Funding for 2016/17

The Integration Joint Board (IJB) has a responsibility to set a balanced budget for 2017/18 as a result of the Public Bodies (Joint Working) (Scotland) Act 2014. The funds for the Integration Joint Board are delegated from Aberdeen City Council and NHS Grampian with the purpose of delivering the IJB's strategic plan. In 2016/17 the level of funding delegated at the start of the financial year was as follows:

	£'000
Aberdeen City Council	88,160
NHS Grampian	152,930
Integration and Change Funds (from Scottish Government via NHSG)	14,375
	<b>255,465</b>

The financial position for 2016/17 has remained relatively stable with the only major budget issue identified to date being an increase in prescribing costs. At the 30 November, the position shown is an overspend on mainstream budgets of



## INTEGRATION JOINT BOARD

£1,226,000, which is more than offset by an underspend on the integration and change funds of £10,590,000, providing a net underspend of £9,364,000 (further information is provided in section 2.5 of this report). These funds have largely been committed in principle by the IJB, in order to further integrate and transform the services provided by the Partnership.

As the delegated funds come from Aberdeen City Council and NHS Grampian the level of funding available to the IJB is heavily influenced by these organisations' grant settlements from the Scottish Government.

### **2.2 The Provisional Grant Settlement**

The Cabinet Secretary for Finance and the Constitution announced the draft Scottish Government budget on the 15 December 2016. As a result of this announcement the provisional grant settlement figures were provided to both local government and the national health boards. These figures remain provisional at the time of writing this report, as the local government settlement is subject to a checking process and the budget bill still requires formal approval by the Scottish Parliament in March 2017.

Both Aberdeen City Council and NHS Grampian face challenges balancing their respective budgets due to budget pressures exceeding the provisional level of funding available. This is consistent with most public sector organisations with inflationary pressures for pay and non-pay exceeding the level of funding available and budget reductions being required to close the funding gap.

The settlement information from Scottish Government to both organisations make mention of the IJB.

The Council Grant Settlement letter indicated the following:

- The additional £250 million support for health and social care provided by NHS through the Integration Fund in 2016-17 will be base-lined from 2017-18 and in addition, this will be increased by a further £107 million to meet the full year costs of the joint aspiration to deliver the Living Wage for social care workers, sleepovers and sustainability (£100m) and removal of social care charges for those in receipt of war pensions and pre-implementation work in respect of the new carers' legislation pressures (£7m);
- To reflect this additional support local authorities will be able to adjust their allocations to Integration Authorities in 2017-18 by up to their share of £80 million below the level of budget agreed with their Integration Authority for 2016-17 (as adjusted where agreed for any one-off items of expenditure which should not feature in the baseline). Taken together these measures will enable Integration Authorities to ensure the collective overall level of funding for social care is maintained at £8 billion.



## INTEGRATION JOINT BOARD

The NHS Grampian budget information, indicated the following:

- An acknowledgement that their share of the £107 million identified above had been included in their settlement.
- An expectation that the IJB budget allocations should be maintained at minimum of 2016/17 levels, less any one off adjustments.
- The Alcohol and Drugs Partnership funding to be baselined in the IJB budget.
- An extra £500 million to be invested in Primary Care by end of the parliament with £72 million identified in 2017-18. This is not included in the NHSG settlement figures at present and more information on how this will be made available, what it can be spent on and the arrangements for accessing the funds are expected in due course.
- An extra £30 million of funding identified in 2016-17 for mental health, some of these funds may come to the IJB in due course.

For Aberdeen City IJB, of the £107 million identified above an additional £4.130 million is being made available for the living wage, sleepovers, sustainability, war pensions and preparation for the carers' bill. Of this, the following detail applies:

- The living wage funding is required to fund the full year effect of 6.4% (previously agreed by the IJB for six months) and the increase in the living wage from £8.25 to £8.45 from 1 May 2017.
- The funding for sleepovers is to provide funds to ensure that the providers pay at a minimum HMRC rates for staff providing sleepover cover, rather than a 'per night' payment. The Scottish Government has indicated that the sleepover funding will be reviewed during the year to establish the level of need, as most IJBs are looking at ways to redesign sleepover arrangements to reduce costs.
- The 'sustainability' element is for providers who have historically paid low rates to bring them up to the levels paid by other providers.
- The war pension element of funding will allow this income to be disregarded for financial assessment purposes – this will have an effect of reducing potential income from Charging Policies.
- The final element of funding will allow IJBs to start making preparations for the forthcoming carers' bill.

Should Aberdeen City Council decide to remove its share of the £80 million from the IJB's budget then mainstream budgets will be reduced by £3,090,000. This will



## INTEGRATION JOINT BOARD

mean a cash reduction for the IJB of £3,090,000 along with the accommodation of budget pressures amounting to £895,000, resulting in a total savings figure of £3,985,000.

A flat cash settlement on the NHS Grampian side, adjusted for the one off additional funding will require savings or budget reductions to be identified to cover the budget pressures identified of £4,034,000.

### **2.3 Budget Pressures**

Consistent with the majority of public sector organisations, the IJB has a number of budget pressures which it needs to consider during its budget process. One of the principles used in this budget process is that we should only be budgeting for the current level of service, no more and no less. All the budget holders have been involved in collating the budget pressures which they feel will be incurred during 2017/18 and some of these have been reviewed and discounted by the IJB Executive Team. The budget pressures amount to approximately £8 million and are summarised below:

	<b>£'000</b>
Staff Increments and Pay Awards	2,206
Apprenticeship Levy (0.5%)	415
Bon Accord Care (pay and non-pay Inflation)	255
Prescribing	1,500
Hosted Services Budget Pressures	522
Energy and Business Rates increases	31
Aberdeen City Council (share of £80m)	3,090
<b>Total Budget Pressure</b>	<b>8,019</b>

### **2.4 Budget Savings**

The extended management team of Aberdeen City Health and Social Care Partnership have been reviewing their budgets to establish where savings can be made.

It is extremely difficult to identify savings in social care and health given that demand is likely to increase due to demographic movements. Also, a large proportion the budget is either:

- Contractual,
- Uncontrollable – Prescribing,
- Hosted – requires all three IJBs to agree to an adjustment.

This combined with some historical efficiency savings which have not been achieved on the health side of the budget makes finding further savings extremely





## INTEGRATION JOINT BOARD

difficult.

However, following this process it has been possible to identify budget savings amounting to £4,837,000 which are detailed in Appendix A of this report. These savings will not have a material impact on the delivery of the strategic plan. Should the IJB be minded to agree these budget savings then the level of budget gap will reduce to £3,182,000.

### **2.5 Integration and Change Funding**

The Integration and Change funding available to the IJB to help transform the services provided will play an important part in the financial strategy of the IJB over the next few years. The focus of these funds is about improving services for clients, however, the IJB also needs to be mindful that these funds will play an important role in allowing financial benefits and savings to be achieved in future years. All transformation projects of this scale require time to implement, as officers want to make sure that the projects will deliver the required benefits before rolling out across the city. This is one of the reasons that the spend accounted for against the integration and change fund has been slow to materialise.

The amount of integration and change funding likely to be available in 2017/18 is as follows:

	<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
<b>Total 2017/18 allocation</b>	<b>18,505</b>
Plus: 2016/17 Carry Forward based on position at end of November 2016	9,364
<b>Total Funds Available</b>	<b>27,869</b>

The table above shows the level of funding available, however, this needs to be considered against the commitments likely to be required in 2017/18. The planned spend provisionally committed in 2017/18 is as follows:



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	£'000
<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>
<b>Anticipated Spend 2017/18:</b>	
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>

The financial implications of the settlement re additional £107 million have been costed on an indicative basis and are likely to reduce following discussions with the providers.

The Executive Team are in the process of reviewing all the commitments currently made and will consider ceasing the funding for projects that are unlikely to deliver financial benefits or substantially improve service provision for clients.

Given the level of integration and change funds available, and the conditions associated with the grant settlement, officers recommend that the budget be balanced by using £3,182,000 from the integration and change fund in 2017/18. This is the only way a budget gap of this level can be funded without substantially impacting on the services provided to clients. Work will however continue to generate savings in mainstream budgets and deliver our transformational plan and financial benefits.

### **2.6 Reserves**

The IJB agreed its reserve strategy earlier this year. It was agreed that the IJB's position on reserves would be considered during the budget and year-end processes. During the budget process it is important to consider the adequacy of the reserves available to the IJB. As indicated in section 2.5 of this report, the underspend on the integration and change fund is forecast to be £9,364,000 at November 2016.

Good financial governance would indicate that reserves should be allocated for a



## INTEGRATION JOINT BOARD

specific purpose aligned to the strategic plan. Therefore, it is proposed to earmark £2.5 million of the integration and change fund underspend as a risk fund. The intention of this fund is to cover the IJB should some of the budget risks identified in the setting of the budget change over the financial year. This equates to 1% of the mainstream budget and if necessary will be available to support the health and social care services indicated in the strategic plan.

During the budget process it was identified that some equipment requires to be replaced. Rather than hold a separate budget for this, it is proposed to earmark £500,000 in the general reserve to provide a provision for replacing equipment for health and safety reasons. Equipment includes items that support people to live at home such as specialist beds and mobility aids.

The remainder of the funding would be earmarked in the general reserve for integration and transformation purposes as outlined above.

### **2.7 Budget Assumptions**

Setting any budget requires an acceptance of risk and the use of assumptions or estimates. The budget risks are documented in Appendix C of this report. The major budget assumptions are detailed below:

#### **Bon Accord Care:**

Bon Accord Care is the IJB's largest service provider. Bon Accord Care is block funded by the IJB and is a wholly owned subsidiary of Aberdeen City Council. Senior Officers from Bon Accord Care have been made aware of the financial position of the IJB and the requirement to make budget savings. The IJB is asked to approve the following budget for Bon Accord Care in terms of the block funded element of their contract.

	£'000
2016/17 Contract Level	26,150
Pay Inflation	224
Incremental Drift	161
General Inflation	23
Postages	9
Apprenticeship levy	112
2016/17 Budget Gap	286
Savings required	(560)
<b>2017/18 Contract Level</b>	<b>26,405</b>

While this is a challenging budget for Bon Accord Care it does increase by £255,000 (approximately 1%) from the 2016/17 contract level and in the context of the IJB finances is a fair allocation. The Senior Officers in Bon Accord Care are currently



## INTEGRATION JOINT BOARD

working on efficiency savings to be delivered and these will be reported with the final budget to the IJB on 28 March 2017.

### Commissioned Care Providers:

Commissioned, external care providers play an important role in providing services to the people of Aberdeen. Work is being undertaken by the Partnership to develop a market facilitation plan and commissioning plan. Both these documents will come before the IJB in due course.

As can be seen throughout this report it is anticipated care providers not covered by the national care home agreement will receive additional funding where applicable for sleepovers, the living wage full year effect and the increase in the living wage. No provision has been made in the budget for a general budget uplift given the financial position of the Partnership. Care providers covered by the National Care Home Contract will receive the nationally agreed uplift once finalised.

### Clinical & Care Governance:

The savings options identified are not anticipated to have an impact on clinical or care governance. Should any clinical or care issues arise the Executive Team will attempt to put mitigations in place to reduce these issues. Should this not be possible, then the matter will be reported to the Clinical & Care Governance Committee and then the IJB should they deem appropriate.

### Staff Involvement and Engagement:

Budget discussions and proposals have been led by the Executive and Senior Operational Management Team, including lead clinicians and professionals. A discussion on budget has taken place at the Partnership's staff forum and staff briefings and further discussions are planned. In addition both our partner organisations – NHS Grampian and Aberdeen City Council are developing communication and engagement strategies for staff.

## **2.7 Future Years Budgets**

The most recent grant settlement provides the best indication of future levels of funding likely to be available to the IJB. In order to stand still and cover estimated pay and non-pay inflation, the IJB will have to deliver £3 million savings per annum. Should there be cash cuts in the IJB or partner organisations' funding then the level of savings required is likely to increase. Work is being undertaken to finalise years 2 to 5 of the budget on a provisional basis and these will be reported to the IJB in March 2017.

## **2.8 Budget Process**

The process to be followed with regard to setting the budget is detailed below:

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## INTEGRATION JOINT BOARD

- 31 January 2017 – IJB considers budget based on provisional funding levels
- 14 February 2017 – NHS Board considers total funding level to be made available to the IJB (not savings)
- 22 February 2017 – Council considers total funding level to be made available to the IJB (not savings)
- 28 March 2017 – IJB receives report indicating final budgets and seeking approval to distribute funds to providers for the living wage and sleepovers and requisitions services from the partner organisations.

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

The equalities implications of the budget and budget savings have been assessed and are believed to have a minimal impact on the protected groups.

There are minimal workforce implications associated with the budget, except that the staff will receive the national agreed pay awards and any increments due. No redundancies have been anticipated or are expected in delivery of the savings. The budget savings do require managers to reduce overtime and training opportunities.

The financial implications are detailed throughout the report.

### 4: Management of Risk

#### Identified risk(s):

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

A risk of IJB financial failure with demand outstripping available budgets.

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

This report seeks to set a provisional budget for the IJB, which will provide the budget managers with time to start work on delivering savings and services within their allocated budgets.



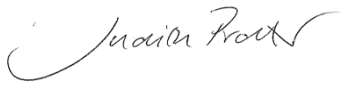

## INTEGRATION JOINT BOARD

### 5: Recommendations for Action

It is recommended that the Integration Joint 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. Agree the use of integration and change funds amounting to £3,182,000 to close the budget gap;
4. Agree the Bon Accord Contract level for 2017/18 of £26,405,000 and budget assumptions noted in section 2.7;
5. Agree the 2017/18 provisional IJB Budget in Appendix B;
6. Agree the earmarking of £2.5 million of 2016/17 underspend into a risk provision and £500,000 for replacement of essential equipment; and
7. Request that a report be brought back to the IJB on the 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.

### 6: Signatures

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

Saving				Appendix A
Budget	£'000	Description	Rationale	Risks
1 Commissioned services inflationary increases	(315)	Care providers would receive no increase in funding other than any increases agreed for sleepovers, living wage and through the National Care Home Contract if applicable.	That providers will receive above inflationary increases for living wage, sleepovers and where applicable the National Care Home Contract.	Providers may not be financial viable without a general inflationary increase and this may result in the number of services provided in the city reducing.
2 Reduce out of authority placements	(125)	Review placements provided by Aberdeen City which should be funded by other councils. A charging protocol is currently being finalised which should provide future financial savings.	Councils have a responsibility to pay for their own clients	The other councils may not fund the care packages and a lengthy negotiation process may be required.
3 Direct payments	(200)	Direct payment clients currently receive a contingency payment amounting to 8 weeks. Change to four weeks contingency.	Reducing the contingency level to four weeks will result in a similar level of contingency as provided by other Councils.	No risks - if clients run out of funding then they will contact the SDS team who will provide support.
4 Care Package Review	(400)	Review care packages to determine whether they are still fit for purpose and meet the eligibility criteria.	Sometimes care packages are in excess of the eligibility criteria and can be reduced as patients' conditions improve. By strictly enforcing the eligibility criteria all clients will receive a consistent level of service. This exercise will be undertaken by an external company.	The review may show areas where the level of service provided is below the eligibility criteria, potentially exposing the partnership to greater costs.



		Appendix A		
Budget	Saving £'000	Description	Rationale	Risks
5 Work in collaboration with other Councils to reduce the costs of expensive packages	(50)	Look to reduce the costs of some packages by working in collaboration with other councils.	Some of these packages are expensive and by working together it should be possible to negotiate better rates.	Providers may not accept the lower rates and alternative accommodation and services are scarce.
6 Financial assessment process	(100)	Improve process for calculating financial assessments.	By improving this process clients will know quicker how much contribution, if any, they require to make to their care package. Speeding up this process will give clients more certainty and reduce potential arrears.	The level of additional income that could be generated is difficult to estimate. However, the risk fund would be available to cover any shortfall.
7 Income Generation	(350)	Review charging levels across the Partnership and look for ways to generate more income to support core services - making best use of our assets etc.	Additional income will help to support delivery of core services. There may also be commercial interest in using some of our buildings.	No risks identified at this point, with proposals to come forward at later date.
8 Self Directed Support (SDS)	(59)	Removal of budget for organisation providing support to SDS clients.	Contract has come to an end and has not been renewed. Support now being provided in-house.	No risk
9 Remove historic underspends	(260)	Removal of historic underspends across the partnership.	Funding not required at current level of activity	No risk
10 Outreach team	(280)	These funds were set aside to develop a new team, however, given changes to the structure following integration it is now felt this team should not be established.	Funding and posts are no longer required or fit strategic plan.	No staff are in post so risk of non delivery is low.



Budget	Saving	£'000 Description	Rationale	Appendix A
11 Training and Overtime	(206)	Managers to consider ways to reduce overtime and training budgets.	These costs can be managed down without having a large impact on service users. Budgets will still exist for overtime and training but at a reduced level.	<b>Risks</b> A reduced level of training may impact on the quality of the service provided by staff. However, this will be mitigated by ensuring that appropriate training opportunities are available and delivered internally.
12 Administration and accommodation review	(100)	Reduce use of administrative bank staff and undertake a review of administrative work undertaken across the Partnership.	There are varying levels of administrative support being provided across the City. The rationale for the review is to establish a consistent level of service and consider how new technology can be used to best effect.	No redundancies will be required as a result of this review and any reduction in posts will be as they become vacant. The majority of this saving will come from bank staff reductions and by having a multi-skilled administrative team.
13 Review of parking across the partnership	(60)	Review number of car parking passes available to staff and rationalise where possible.	It maybe possible to reduce the cost of car parking by having staff claim any allowable costs, rather than being provided with a car parking pass.	Staff can still claim for allowable costs.

		Appendix A		
Budget	Saving £'000	Description	Rationale	Risks
14 Review and assessment of the Partnership overall management model	(710)	The Partnership structure has been discussed and agreed previously at the IJB.	Where staff are employed in transformational roles then they should be charged against the integration and change fund. Where it is possible to reduce the number of posts without making someone redundant then this will be considered and actioned.	A report will be brought back on the whole management structure once finalised.
15 Vacancy Management	(1,100)	Establish a vacancy management process for the Partnership to review and scrutinise vacant posts.	There has traditionally been a high level of staffing turnover in the City.	The clinical risk associated with delays in filling posts will be assessed. Critical posts will continue to be filled and bank staff will be used to cover any gaps in front facing services.
16 Hosted Services	(522)	The hosted services are showing a budget pressures across the whole of Grampian.	This has been removed on basis that it requires all three IJBs to agree to an increase or decrease in funding for hosted services.	A budget process for hosted services is being worked on by the three chief officers.
		<b>(4,837)</b>		

## Summary of Budget Movements

	2017/18
	Total £'000
<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	1,500
Hosted	522
Settlement (cash cut ACC)	3,090
<b>Totals Budget Pressures</b>	<b>8,019</b>
Budget Savings Identified in Appendix A	(4,837)
Funding from the Transformation and Integration Fund	(3,182)
	<u>0</u>

**Demographics**

The projected increases in the older population will continue to place services under pressure. No provision has been made for demographic movements and the services will need to absorb any movements within the current budgets as they are doing in the current financial year.

**Complexity of Care**

Increasingly the Partnership is required to provide services for individuals requiring a higher level of care than would have been required previously. The Partnership has shown that it can manage the financial consequences of the higher level of care and will continue to do so.

**Care Providers**

The majority of social care is provided externally and should a provider decide not to deliver care within the city then this will leave a gap in service provision which might be difficult to fill. This risk is on the Board's strategic risk register and will continue to be monitored frequently.

**Localities**

As localities are developed and budgets are devolved to new budget holders then the risk of under or overspend increases. This will be mitigated by a comprehensive financial training package for all budget holders in Partnership.

**Pay Awards**

Pay awards are agreed nationally and this might be at a rate greater than the budget provision allocated. The reserves will provide a financial cushion if required, while recurring savings are identified.

**Inflation**

Inflation rates are rising and whilst the majority of the Partnership's budget are not impacted by inflation, there could be some minor inflationary budget pressures which the Partnership will need to manage during the year.

**Staffing levels**

High levels of staff turnover are experienced in some services. The provisional budget includes a saving in relation to staff turnover. If the level of turnover changes due to the employment market conditions in Aberdeen then this may impact on delivery of this saving.

**Clinical Standards**

The delivery of budget savings is not expected to impact on clinical standards. This will be monitored by staff and the clinical and care governance committee.

**Future Budget Cuts and Transformation**

It is likely that budget savings will need to be found in future years. The view of the Executive Team is these savings should come from integration and transformation activities. If these activities don't generate the required level of savings or funding saved by the IJB in acute sector isn't passed to the IJB, then there is a risk future budgets will not be balanced.



## Integration Joint Board

<b>Report Title</b>	Finance Update as at 31 December 2016
<b>Lead Officer</b>	Alex Stephen, Chief Finance Officer
<b>Report Author</b>	Gillian Parkin, Finance Manager Jimmie Dickie, Finance Business Partner
<b>Date of Report</b>	23 January 2017
<b>Date of Meeting</b>	31 January 2017

### 1: Purpose of the Report

- i) To summarise the current year revenue budget performance for the services within the remit of the Integration Joint Board as at Period 9 (end of December 2016); and
- ii) To advise on any areas of risk and management action relating to the revenue budget performance of the Integration Joint Board (IJB) services.
- iii) To request approval of budget virements so that budgets are more closely aligned to anticipated income and expenditure (see Appendix E).

### 2: Summary of Key Information

#### Reported position for period to end December 2016

- 2.1 An adverse position of £721,000 is reported for the nine month period to the end of December 2016 as shown in Appendix A. A forecasted year-end position has been prepared based on month 9 results. This has resulted in a projected overspend of £1,480,000 (£1,226,000 at period 8) on mainstream budgets. This can mainly be attributed to the overspend (£1,200,000) on prescribing which is a highly volatile budget and will be a financial risk for the Integration Joint Board to manage and adverse movements in the forecast for learning disabilities due to an increase in the number of clients.
- 2.2 A review has been undertaken of the spend and commitments against the Integration and Change Funding budget and the forecast has been adjusted accordingly.
- 2.3 Should it not be possible for the Partnership to manage the overspend



## Integration Joint Board

position then the funding to cover the overspend will require to be met from Integration and Change Fund. A contribution of £500,000 from Integration and Change funds was agreed at the IJB April meeting which leaves a further required contribution of £980,000.

### 2.3 An analysis of the major variances is detailed below:

#### **Community Health Services (Year to date variance - £170,000 overspend)**

##### **Major Movements:**

(£351,000) staff vacancies underspend  
(£118,000) property underspend  
£658,000 unmet budget reductions

Within this expenditure category there is an underspend on staffing due to vacancies within almost all staffing areas. A underspend on property costs is also expected due to lower than anticipated utility costs. These underspends have been offset by historical unmet budget reduction targets, which have been considered and funded during the 2017/18 budget setting process.

#### **Hosted Services (Year to date variance £164,000 overspend)**

There is an overspend on the Police Forensic Service due to unfunded posts and unmet efficiency targets. Along with an overspend on medical locum costs due to the inability to recruit within Intermediate Care.

#### **Learning Disabilities (Year to date variance - £116,000 underspend)**

##### **Major Movements:**

(£195,000) staff vacancies underspend  
(£84,000) direct payments additional income  
£164,000 under recovery of client contributions

Staffing budgets for allied health professional and social care staff are underspending due to vacancies. Direct payments expenditure is less than at this point last year. This reflects an increase in the level of repayments collected during the year, compared to the same time last year. The under recovery of client contributions is being investigated, which may result in an improvement in the income levels collected. The level of underspend has reduced from period 8 position due to an increase in the number of clients requiring care.



## Integration Joint Board

### **Mental Health & Addictions (Year to date variance - £240,000 overspend)**

#### **Major Movements:**

£251,000 Additional expenditure on locums  
(£11,000) staff vacancies underspend

The overspend on medical locum costs is due to the inability to recruit. Mental Health currently have 2 whole time equivalent consultant vacancies and 1 whole time equivalent speciality doctor vacancy, which are all being filled by locums. There is an underspend on social care staffing mainly relating to delays in staff recruitment.

### **Older People & Physical and Sensory Disabilities (Year to date variance - £306,000 underspend)**

#### **Major Movements:**

(£121,000) staff vacancies underspend  
(£163,000) needs led commissioned budgets  
(£35,000) other income

The underspend on staffing is mainly due to a vacant head of service post. The other income is mainly due to secondment of development officer to the NHS. A review will be undertaken during the budget process to ensure that staffing budgets reflect the new management structure. An exercise has been undertaken to check the reliability of Older People and Physical Disability Nursing and Residential Carefirst data. This exercise has informed the outturn position reported.

### **Central Living Wage/Inflation Provision etc (Year to date variance - £122,000 underspend)**

#### **Major Movements**

£58,000 under recovery of client contributions  
(£214,000) underspend on central provision for living wage

There is an underspend on the central provision for the living wage which is currently being investigated. This is partially offset by under recovery of charging policy income, this position might improve as work is undertaken to process financial assessments.



## Integration Joint Board

### **Housing ( Year to date variance £83,000 underspend)**

The underspend has been recorded so far on work against Housing capital aids and adaptations, although the full budget is forecast to be spent by the end of the financial year. The Housing Revenue Account is a ring fenced budget and therefore any underspend from this element of the budget cannot be vired for non housing services.

### **Primary Care Prescribing (Year to date variance – £889,000 overspend)**

This position is based on actual information for April to October with an accrual for November and December report. The average unit cost per item prescribed increased from £11.08 in March to £11.37 in October. The volume of items estimated for December has increased by 0.55%. This is offset in part by the estimated impact of cross border prescribing costs and seasonal flu costs which impact from September and are better than expected. Estimates for November and December are based on latest actual information resulting in the overspend position reported.

### **Primary Care Services (Year to date variance - £117,000 underspend)**

The underspend on Primary Care Services is due to payments made to GPs for oxygen and quality and outcomes framework (QOF) being less than anticipated. There are cost pressures for local enhanced services such as diabetic care, extended hours and immunisations which are offsetting some of this underspend

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

- 3.1 An organisation of this size has to manage the risks inherent in the operation of large and complex budgets and services. These risks are minimised by the regular review of financial information by budget holders and corporately by the Board. This report is part of that framework and has been produced to provide an overview of the current financial operating position.
- 3.2 Key financial assumptions and risks concerning the forecast outturn figures are set out within Appendix B. Appendix D monitors the savings agreed by Aberdeen City Council.





## Integration Joint Board

### 4: Management of Risk

#### Identified risk(s)

**Link to risk number on strategic or operational risk register:** A risk of IJB financial failure with demand outstripping available budgets.

**How might the content of this report impact or mitigate the known risks:** Good quality financial monitoring will help budget holders manage their budgets. By having timely and reliable budget monitoring any issues are identified quickly, allowing mitigating actions to be implemented where possible.

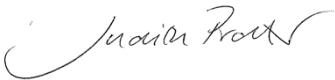

Should there be a number of staffing vacancies then this may impact on the level of care provided to clients. This issue is monitored closely by all managers and any concerns re clinical and care governance are reported to the Executive Team and if necessary the clinical and care governance committee.

### 5: Recommendations for Action

The Integration Joint Board is asked to :-

1. note this report in relation to the IJB budget and the information on areas of risk and management action that are contained herein.
2. 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.
3. agree the savings identified in appendix E.

### 6: Signatures

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



## Integration Joint Board

### Appendix A

Accounting Period 9	Full Year Budget £'000	December Budget £'000	Actual £'000	Variance £'000	Variance %	Year-End Forecast £'000
Community Health Services	31,699	23,436	23,606	170	0.5%	227
Share of Hosted Services (health)	20,762	15,583	15,747	164	0.8%	219
Learning Disabilities	29,099	21,827	21,711	(116)	(0.4%)	209
Mental Health & Addictions	18,313	13,720	13,960	240	1.3%	342
Older People & Physical and Sensory Disabilities	70,472	52,854	52,548	(306)	(0.06%)	(457)
Central Living Wage/inflation provision etc	(44)	(38)	(160)	(122)	(321%)	(153)
Criminal Justice	(91)	(65)	(100)	(35)	38.5%	(48)
Housing	1,861	1,395	1,312	(83)	(4.5%)	0
Primary Care Prescribing	39,165	29,413	30,302	889	2.3%	1,201
Primary Care	37,257	27,864	27,747	(117)	(0.3%)	(116)
Out of Area Treatments	1,222	792	829	37	3.0%	56
<b>Mainstream position</b>	<b>249,715</b>	<b>186,781</b>	<b>187,502</b>	<b>721</b>	<b>0</b>	<b>1,480</b>
<b>Integration and Change Funds</b>	13,875	1,446	1,446	0		
Total funding available						(13,875)
Projected expenditure to end March 2017						3,245
Contribution to mainstream position						1,480



## Integration Joint Board

Total position	263,590	188,227	188,948	721	0	(9,150)
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**Appendix B: Summary of financial risks and mitigating action**

	<b>Risks</b>	<b>Mitigating Actions</b>
<b>Community Health Services</b>	Balanced financial position is dependent on vacancy levels continuing at present levels.	<ul style="list-style-type: none"> <li>• Monitor levels of staffing in post compared to full budget establishment.</li> <li>• A vacancy management process is in the process of being created which will highlight recurring staffing issues to senior staff.</li> </ul>
<b>Hosted Services</b>	Potential increased activity in the activity led Forensic Service.	<ul style="list-style-type: none"> <li>• Work is being undertaken at a senior level to consider future service provision and actions that will reduce cost.</li> </ul>
<b>Learning Disabilities</b>	<p>Fluctuations due to expensive support packages being implemented.</p> <p>Increase in provider rates for specialist services.</p> <p>Underspend is dependent on vacancy levels continuing at</p>	<ul style="list-style-type: none"> <li>• Review packages to consider whether they are still meeting the needs of the clients.</li> </ul>

	<b>Risks</b>	<b>Mitigating Actions</b>
	present levels.	
<b>Mental Health and Addictions</b>	<p>Increase in activity in needs led service.</p> <p>Increase in consultant vacancies resulting in inability to recruit which would increase the locum usage. Average consultant costs £12,000 per month average locum £30,000 per month.</p>	<ul style="list-style-type: none"> <li>• Work has been undertaken to review levels through using carefirst.</li> <li>• A review of locum spend is being undertaken across NHS Grampian.</li> </ul>
<b>Older people services incl. Central living wage provision</b>	<p>Balanced financial position is dependent on vacancy levels continuing at present levels and social care capacity not being available to meet need.</p> <p>Providers may not agree to implementing the living wage for the hourly rate that is affordable from Scottish Government funding</p>	<ul style="list-style-type: none"> <li>• Monitor levels of staffing in post compared to full budget establishment.</li> <li>• A vacancy management process is in the process of being created which will highlight recurring staffing issues to senior staff.</li> <li>• Review packages to consider whether they are still meeting the needs of the clients.</li> </ul>
<b>Prescribing</b>	<p>Primary Care prescribing is impacted by volume and price factors both of which are forecast on basis of available date and</p>	<ul style="list-style-type: none"> <li>• Monitoring of price and volume variances from forecast.</li> </ul>

	<b>Risks</b>	<b>Mitigating Actions</b>
	evidence at start of each year by the Grampian Medicines Management Group	<ul style="list-style-type: none"> <li>• Review of prescribing patterns across General Practices and follow up on outliers.</li> <li>• Implementation of support tools – Scriptswitch, Scottish Therapeutic Utility.</li> <li>• Poly pharmacy and repeat prescription reviews to reduce wastage and monitor patient outcomes.</li> <li>• Approval of local enhanced service provision at IJB in November.</li> </ul>

**Appendix C: Sources of Integration and Change funding**

	<b>2016/17</b>	<b>2015/16 c/fwd</b>	<b>Total</b>
	£m	£m	£m
Integrated Care Fund	3.750	2.436	6.186
Delayed Discharge Fund	1.125	0.921	2.046
Winter resilience		0.190	0.190
Social Care Integration and Change Funding	4,750		4,750
Primary Care Transformation	0.270		0.270
Mental Health Fund	0.147		0.147
Transforming Urgent Care	0.286		0.286
	<b>10.328</b>	<b>3.547</b>	<b>13.875</b>

**Appendix D: Progress in implementation of savings - December 2016**

Area	Agreed Target	Forecast	Action	Responsible Officer
	£m	£m		
Procurement Savings	0.750	0.750	Work is continuing to make further savings from learning disabilities and mental health providers as agreed at Council. This saving needs to be taken forward in a managed manner in order to protect future service provision given the reliance on these providers.	Judith Proctor
Bon Accord Care Contract	0.700	0.430	Negotiations are continuing with Bon Accord Care (BAC). At present BAC have identified £430,000 of savings. A report on BAC was considered at the last IJB meeting and a further report is on today's agenda.	Judith Proctor
Efficient Collection of all valid fees and charges	0.300	0.300	Income budgets will be closely monitored. The current list of deregistered properties for both in-house and external providers is being reviewed for completeness by the non-residential financial assessments team.	Judith Proctor
Review SDS community engagement strategy in light of the integration Agenda	0.168	0.058	The aim is to rationalise bespoke funding in learning disability services and self directed support into a single more cost effective system.	Judith Proctor



Review of current clients against ordinary residency rules.	0.150	0.150	The aim is to make sure that costs for out of authority service users accommodated within the City are met by their home authority. This remains to be fully scoped, the Strategic Commercial Team are at an early stage in this process, although some work has commenced e.g. Newton Dee, which identified and established the principle that Aberdeenshire and some other Councils had a continuing responsibility for those people placed by them.	Judith Proctor
Review of block funded contracts	0.150	0.150	This saving will be contained within provision for growth and price inflation.	Judith Proctor
<b>Total</b>	<b>2.218</b>	<b>1.838</b>		

## Appendix E

### Period 9 - Virements

Budget Head	Permanent £'000	Description
Head of Operations	(2,457)	Redistribution of central budget for growth and inflation.
Older People	1,595	Increased expenditure on needs led services £967,000 and living wage increase £328,000.
Physical Disability	(2)	£124,000 living wage increase; offset by decreased expenditure on needs led services £126,000.
Learning Disability	341	Living wage increase £514,000; partially offset by other reductions in needs led services £173,000.
Mental Health and Substance Misuse	523	Increased expenditure on needs led services £350,000 and living wage increase £173,000.



## INTEGRATION JOINT BOARD

<b>Report Title</b>	Chief Social Work Officer's Annual Report
<b>Lead Officer</b>	Judith Proctor
<b>Report Author (Job Title, Organisation)</b>	Bernadette Oxley Chief Social Work Officer, Aberdeen City Council
<b>Date of Report</b>	9 November 2016
<b>Date of Meeting</b>	31 January 2017

### 1: Purpose of the Report

This report presents members of the Integrated Joint Board, the Chief Social Work Officer's Annual Report for 2015/16 financial year. The purpose of the report is to inform members of the role of the Chief Social Work Officer (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.

### 2: Summary of Key Information

The role of the Chief Social Work Officer is a statutory post in accordance with the Social Work (Scotland) Act 1968, as amended by the Local Government (Scotland) Act 1994. This requires Local Authorities to appoint a single CSWO for the purposes of listed social work functions.

The required qualifications of the CSWO are set out in regulations. National Guidance on the role of the CSWO was published by the Scottish Government in 2009 and was revised in July 2016. The guidance provides an overview of the Chief Social Work Officer's role, outlining the responsibility for values and standards, decision making and leadership. The guidance also covers accountability and reporting arrangements. For members' interest, the guidance is attached as Appendix 2.

The Chief Social Work Officer provides advice to the Council and the IJB on social work matters; undertakes decision making in respect of statutory functions and; provides professional governance, leadership and accountability for the delivery of social work and social care services, whether they are



## INTEGRATION JOINT BOARD

provided by the Council or on behalf of the Council by another agency. *Social Work in Scotland*, an Audit Scotland Report published in September 2016 outlined the increased complexity of the role as follows: “With integration and other changes over recent years, the key role of the chief social work officer (CSWO) has become more complex and challenging. Councils need to ensure that CSWOs have the status and capacity to enable them to fulfil their statutory responsibilities effectively”.

This report is consistent with the guidance laid down by the Chief Social Work Adviser, with regard to the content and format of Chief Social Work Officers’ annual reports. The annual report does not provide a complete account of social work activity over the year. Rather it is an opportunity to provide an overview of the range of services and initiatives in social care and to highlight key achievements and challenges.

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

There are no financial or other implications arising from this report, as it offers observation on social work activity in the preceding year.

### 4: Management of Risk

There is no risk associated with this paper, as it presents a historical review of activity.

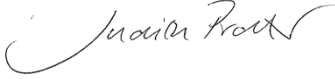

### 5: Recommendations

It is recommended that the Integration Joint Board:

1. Note the content of the Annual Report, as attached at Appendix 1 and;
2. Offer comment and observations on the content.



## INTEGRATION JOINT BOARD

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

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# **ANNUAL REPORT BY LOCAL AUTHORITY CHIEF SOCIAL WORK OFFICER 2015-2016**

## **ABERDEEN CITY COUNCIL**

### **1. Foreword**

I am pleased to present the Chief Social Work Officer's Annual Report for Aberdeen City for 2015-2016. This provides an overview of the social work services provided, information on statutory decisions made by the Chief Social Work Officer on behalf of the Council and some of the key challenges facing the service in 2016-2017 and beyond.

Every local authority is required to have a professionally qualified Chief Social Work Officer (CSWO), as set out in Section 45 of the Local Government etc. (Scotland) Act 1994. The qualifications are set down in regulations that state that the CSWO must be registered as a Social Worker with the Scottish Social Services Council (SSSC).

The overall aim of the CSWO role is to ensure that the Council receives effective, professional advice and guidance in the provision of all social work services, whether these are provided directly, in partnership with other agencies, or purchased on behalf of the local authority. The CSWO has a responsibility for overall performance improvement and the identification, management and reporting of corporate risks as these relate to social work services. To fulfill these responsibilities, the CSWO has direct access to elected members, reporting through the Education and Children's Services Committee and has direct links to the Chief Executive.

The CSWO provides professional leadership and promotes values and standards of professional practice, ensuring that only Registered Social Workers undertake those functions reserved in legislation and that social service workers meet the requirements of their regulatory body and the SSSC Codes of Practice. Any social service worker may approach the CSWO for professional advice.

A number of specific statutory responsibilities are discharged by the CSWO. These relate primarily to decisions about the curtailment of individual freedom and the protection of individuals and the public, which must be made by the CSWO or by a professionally qualified social worker to whom the responsibility has been delegated by the CSWO and for which the CSWO remains accountable.

There must be CSWO cover 24 hours a day, every day of the year. The Head of Children's Social Work is the Chief Social Work Officer. To ensure that CSWO cover is in place at all times, the Council has in place a scheme of delegation of the statutory responsibilities to the two Lead Service Managers in Children's Social Work and the Head of Joint Operations, Aberdeen Health and Social Care Partnership, all of whom are registered social workers.

Since the last Chief Social Work Officer's Annual Report, there have been significant changes in the delivery of social work within the City. On 1<sup>st</sup> April, the Aberdeen City Health and Social Care Partnership "went live" and social work services for Adults, Older People and those in receipt of Criminal Justice Services are now provided by the Partnership. The Council has also seen the introduction of the first Reclaiming Social Work Units and the development of new commissioning arrangements for children's social work. All of these have the potential to fundamentally change the delivery landscape of social care and social work across the City and across our partner agencies.

All of these changes are being and will continue to be delivered against a challenging economic and financial backdrop. The City Council will face significant budget pressures in the next and subsequent years, with difficult decisions requiring to be made about the future shape and size of service provision. These pressures are felt not just by ourselves, but also by our colleagues in the third and private sectors.

The City Council commissions high volumes of social care and the difficulty of securing care has continued over the past year. These are challenges that the City Council and the Health and Social Care partnership are addressing through innovative commissioning approaches, which are outlined later in this report.

Both the City Council, the Health and Social Care Partnership and our stakeholders and partners face recruitment challenges, with difficulty in filling key posts. Some pressure has been eased, due to the downturn in the local economy, which has seen increased application for some types of posts. However, professional vacancies remain hard to fill and some services are holding more vacancies than we would like. Approaches to filling posts and tackling our workforce priorities are outlined later in the report.

Despite these challenges, as Chief Social Work Officer, I believe that we are in a good place to deal with these challenges, due to the motivated and hard working staff group that we have in place.

Bernadette Oxley  
Chief Social Work Officer and Head of Children's Social Work



## **2. Summary Reflections - Key challenges and developments during the past year**

### **Reclaiming Social Work - Changing the focus of children's social work services**

Children's social work is a statutory, targeted service working with those families who are among the most vulnerable and disadvantaged in the city. Many of the children of these families are required to work with us on a compulsory basis.

The Reclaiming Social Work model is a whole system redesign of social work services for families in need in Aberdeen. It recognises the important role that social workers play in helping and supporting families in need and we want to make sure that they are free to focus on this work. This is why we have made a number of changes to enable social workers to work more collaboratively and concentrate on social work, not unnecessary bureaucracy. To achieve this, we are redesigning our service into systemic Social Work Units which will replace traditional teams, as well as providing training in systemic practice for our staff.

Following a review of the proposed structure, some changes were made to the focus of some Units who will retain an element of "specialism" i.e. Children with Disabilities and Children who require permanence. The initial Units commenced operation in February 2016. Following a job matching process all staff have been matched into a post in the new structure. This has been an unsettling but necessary exercise to go through to ensure we have the right staff with the right skills in each post.

Each Unit is headed by a consultant social worker and includes a social worker, a clinical practitioner and a unit co-ordinator who provide an enhanced admin role. Some Units will contain 2 social workers reflective of the statutory nature of the work and the need for them to visit children often placed out of the city. Units will have responsibility for a number of families, contrasting with the current position where each social worker works with a number of individual children.

Implementation of the Reclaiming Social Work model will significantly contribute to children's social work's continuing efforts to improve the services delivered to and the outcomes of the most vulnerable children and young people in Aberdeen. This will include a reduction in the number of children accommodated by the local authority including those placed in high cost residential and foster placements.

#### *Putting it into practice*

Scoping work on introducing Reclaiming Social Work began in 2013. Although work on the introduction of the model began in 2013, the proposed structure was only approved in January 2015 and full implementation began in June 2015. Governance is provided by a Programme Board which includes internal and external representation, whilst a Project Team has managed the process.

In preparation for moving to the new structure, 110 frontline staff completed an Association of Family Therapy accredited 18 day practitioners course in systemic practice during 2014 and 2015. Further training for new staff as well as shorter courses is planned during 2016/17. This will include a 2<sup>nd</sup> year of systemic training allowing 20 staff, clinical practitioners and consultant social workers, to further develop their knowledge and skills.

An independent evaluation of how the model is being introduced in Aberdeen is being undertaken and annual reports are provided during the implementation process. Reports have been insightful and provided a learning opportunity to further consider the views of staff and stakeholders.

Aberdeen is the first local authority in Scotland to implement Reclaiming Social Work. We are extremely proud of this and how we work with our partners during the implementation of Reclaiming Social Work is really important to us. This is a time of change for many of our staff and we are grateful for their continued dedication to Children's Social Work at this time.

In the coming year to implement Reclaiming Social Work we are going to:

- Learn as we go from the experience, further Units will go live throughout the course of 2016/17;
- explore the appropriateness/need for an interim "hybrid structure" to manage the transition between the two models;
- deliver further systemic training for new staff, those wishing to become clinical practitioners and those in residential and community services;
- work with HR colleagues to recruit internally and externally to fill remaining vacancies;
- promote Aberdeen's work in implementing Reclaiming Social Work in order to attract interest and potential new recruits from across the UK but also to take our stakeholders with us on our implementation journey;
- Develop an evidenced based performance framework to report on the impact of Reclaiming Social Work.

## **The Aberdeen City Health and Social Care Partnership**

The Aberdeen City Health and Social Care Partnership "went live" on 1<sup>st</sup> April 2016. The strategic priorities of the Partnership for the next three years are laid out in the Partnership's Strategic Plan. They are to:

- 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;
- Value and support those who are unpaid carers to become equal partners in the planning and delivery of services, to look after their own health and to have a quality of life outside the caring role if so desired;

- 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.

Further detail regarding the Health and Social Care Partnership is contained within the body of this report.

### 3. Partnership Structures/Governance Arrangements

#### Integrated Children's Services

##### *Joint Inspection Action Plan*

The Care Inspectorate's report on the joint inspection of services for children and young people in the Aberdeen City Community Planning Partnership area, undertaken during 2014, was published on 6 March 2015. The Inspection evaluated services positively and identified that the partnership had a positive platform to build on.

It also recognised the need to improve performance in respect of all Quality Indicators. An Action Plan was submitted to the Care Inspectorate in June 2015 outlining how the partnership planned to address the inspection's findings. This was overseen by the multi-agency Integrated Children's Services Board (ICSB), chaired by the Director of Education and Children's Services. All agencies who provide services to children within the partnership have been collectively responsible for delivering the Action Plan and the majority of actions have required agencies to work together to achieve successful outcomes.

The multi-agency Improvement and Performance Group (IPG), under the chair of the Head of Service for Policy, Performance and Resources in Education and Children's Services, has monitored the progress of delivering the Action Plan on behalf of the ICSB. Progress has in turn been ultimately reported to the Integrated Children's Services Chief Officers Group (COG).

The Care Inspectorate signed off the progress report in July 2016 and noted positive progress and a number of actions have been effectively subsumed into current multi-agency workstreams to ensure consolidation of the progress to date.

In February 2016 the Scottish Government announced its intention to review how Child Protection Inspections are to be undertaken. It is anticipated that this review will propose changes in terms of the focus and nature of future inspections.

Whilst ultimately focussed on outcomes for children and young people, a key challenge identified by the Inspection in 2014, was the need for agencies across Aberdeen City to improve how individually and collectively they analyse and utilise data to evidence improved outcomes. Consequently, a major element of the Action Plan has been to develop a quality assurance framework which draws upon best practice and delivers:

- clarity of roles and responsibilities;
- accurate management information;
- regular performance reporting and analysis;
- embedded audit and improvement cycles;
- engagement and feedback from children and families;
- a positive and energised workforce.

Using the Council's Covalent performance reporting system, an evidence gathering data framework has been developed across the Partnership. Although there have been challenges in developing and utilising this system, the learning from this experience will be invaluable to track and measure the impact of implementing the 2017-2020 Children's Services Plan, which all local authorities are required to have in place by 31 March 2017 and thereafter to report on annually to the Scottish Government.

### *Multi-agency practice*

Over the last year the ICS partnership has also anticipated the implementation of the Children and Young People (Scotland) Act 2014. Further revisions to the multi-agency Child's Plan have been made and the multi-agency training programme, provided in partnership with Aberlour, has sought to develop greater consistency in its use whilst also encouraging continuous practice improvement.

The city has also prepared for the launch of the named person provisions and has revised its approach to the multi-agency screening of Police Concern Reports. However, this has been undertaken against the backdrop of the challenge to the legislation in the UK Supreme Court.

The partnership is proud of the commitment of by the range of professionals within the city working with children and young people, something that is reflected in the attendance by over 400 at the annual ICS Conference each September.

### **The Health and Social Care Partnership**

A meeting of the Full Council on 2<sup>nd</sup> March 2016, approved a report which set out the powers to be delegated by the Council to the Integration Joint Board (IJB) for Health and Social Care. At that meeting, the Council instructed the Chief Executive to provide an update report to members of the Council on matters relating to the IJB that she considered to be of interest to them, including financial matters, on a quarterly basis.

The first of these quarterly reports was presented to the Council on 17<sup>th</sup> August 2016 and set out the central elements of governance for the IJB.

Aberdeen City Council has delegated a range of statutory functions in respect of social care services to the IJB. These functions have been delegated and not transferred and legal responsibility for these functions still sits with the City Council, under the direction of the IJB.

Legislation requires the IJB to set out a mechanism for implementing the Strategic Plan. This takes the form of directions from the IJB to the City Council, which sets out the services and functions to be delivered by the Council and the associated budget for this.

The IJB agreed its strategic plan 2016-2019 in March 2016. The strategic plan set out the partnership's strategic vision statement, its values and its strategic priorities for the next three years.

The IJB has also agreed a Board Assurance and Escalation Framework, which describes the means by which the board secures assurance on its activities. The framework sets out the governance structure, systems and performance and outcome indicators through which the IJB receives assurance. The framework describes the process for the escalation of concerns or risks and describes the regulatory framework within which the IJB operates.

Through an interim Clinical and Care Governance Framework, arrangements have been put in place by the IJB to comply with the National Framework for Clinical and Care Governance. A Clinical and Care Governance Group and a Clinical and Care Governance Committee have been established to oversee the framework. The C&CG Committee provides assurance to the IJB in relation to the quality and safety of services planned and/or delivered by the IJB. Its key role is to ensure that there are effective structures, processes and systems of control in place.

The role of the Clinical and Care Governance Group is to oversee and ensure provision of a coordinated approach to clinical and care governance issues within the Partnership. The Group reports to and provides assurance to the C&CG Committee that there are robust mechanisms in place for reporting clinical and care governance issues.

The Chief Social Work Officer's responsibilities in relation to local authority social work provision continue to apply to functions which have been delegated under the integration arrangements. The Health and Social Care Partnership will shortly appoint a Lead Social Work Manager, who will link with the Chief Social Work Officer with regard to the governance arrangements, continuous improvement, quality assurance and management of adult social care services. The Lead Social Work Manager is a member of the Care and Clinical Governance Group and the CSWO has a freestanding invite to attend.

## 4. Social Services Delivery Landscape for Aberdeen

### About Aberdeen

#### *Aberdeen's Economy*

Aberdeen is one of the most competitive, innovative and economically productive cities in the UK, and provides Scotland with 15% of its Gross Value Added (GVA). Much of the success of Aberdeen has been built on the traditional oil and gas sector; it also has a successful small business economy. Since the end of 2014, the local economy has suffered as a result of the global oil price decline. Business growth is slowing and, while this downturn is not the first of its kind, it highlights a growing and urgent need to diversify the economy to ensure economic sustainability.

Due to the historical success of the City workers in Aberdeen benefit from average salaries that are almost **£6,000 higher** than the Scottish average, and unemployment levels are low. Some of the most affluent areas of Scotland are within Aberdeen City, but equally within the City boundaries are some of Scotland's most deprived areas.

Despite low headline deprivation figures, almost **30%** of households in Aberdeen are in fuel poverty, **18%** of children in Aberdeen are living in poverty. The **majority** of children that are living in poverty are living in a working household.

#### *Aberdeen's Population*

The estimated population of Aberdeen City on 30 June 2015 was 230,350. This was 1,430 higher than the previous year and 21,660 higher than the mid-2005 figure. Of the 1,430 increase, 1,085 was due to migration.

In terms of age profile, Aberdeen City has a high proportion of the population in 16-24 and 25-44 age groups. They account for almost half (46.7%) of the total population of Aberdeen City. Compared to Scotland as a whole, Aberdeen has a relatively high proportion of young adults – those in the 16-29 year age group make up over a quarter (25.1%) of Aberdeen's total population. The comparable figure for Scotland is 18.3%. In contrast, Aberdeen has a smaller proportion of older people. Those aged 60 years and over make up only 20.1% of Aberdeen's population compared to 24% for Scotland.

In the period up to 2037, the population of Aberdeen City is projected to rise to 288,788. It is forecast that the 65+ age group in Aberdeen City will increase by 55.4% and the number of children (aged 0-15 years) is projected to increase 44.8%.

In Aberdeen City (2012-2014), life expectancy at birth for women is 81.1 years and for men it is 76.8 years. These figures are very close to the Scottish averages of 81.1 years for women and 77.1 years for men. Life expectancy has increased for both men and women over the past 10 years. The increase has been higher for men (2.4 years) than for women (1.2 years). However, rates of increase have been lower in

Aberdeen City than for most other local authority areas. As a result, Aberdeen's position relative to other council areas has worsened in the past 10 years – dropping from 18th to 23rd in the rankings for males and from 12th to 19th for females.

Life expectancy is strongly associated with deprivation. In Aberdeen City, life expectancy at birth was 71.9 years for men in the 15% most deprived areas of the city compared to 77.8 years for men in the 85% least deprived areas. For women, the respective figures were 78.0 years and 81.8 years.

Life expectancy at birth is an estimate of the average number of years a new-born baby would survive if he/she experienced an area's age specific mortality rates throughout his/her life. Healthy life expectancy at birth is higher for women than for men. In Aberdeen City, males born in the period 2009-2013 had a life expectancy at birth of 76.9 years and a healthy life expectancy of 65.0 years, giving an expected period of 'not healthy' health of 11.9 years. For women, the figures were 81.2 years and 67.4 years, giving an expected period of 'not healthy' health of 13.8 years. Compared to other local authority areas, healthy life expectancy in Aberdeen City ranks slightly above mid-point – ranking 15th (out of 32) for males and 14th for females.

As with life expectancy, healthy life expectancy is strongly associated with deprivation. In Scotland, for both males and females, healthy life expectancy decreased with increasing deprivation, and length of time in 'not healthy' health increased with increasing deprivation. Additionally, the gap between men and women also increased with increasing deprivation

There are strong associations between health, health-behaviours and level of deprivation. Those with the highest levels of deprivation are more likely to have poorer health and health-behaviours. The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government's official tool for identifying small area concentrations of multiple deprivation across all of Scotland. It assesses information from 7 domains (health, income, employment, education, housing, access and crime) to provide an overall measure of deprivation based on the small area geography known as data zones. The Scottish Government uses a 15% cut-off to define the most deprived data zones. By that measure, 22 (8%) of Aberdeen's 267 data zones were among the most deprived in Scotland

When only the health domain of the SIMD is considered, the picture for Aberdeen City is slightly worse with 48 (18%) of Aberdeen's 267 data zones being in the 15% most deprived data zones in Scotland. Almost all of these data zones are located in the seven priority neighbourhoods identified in the Community Regeneration Strategy.

Information on self-rated health was collected in the 2011 Census. When asked "How is your health in general?" most people in Aberdeen rated their health as either very good (54.3%) or good (31.4%), slightly higher than the corresponding Scottish figures (52.5% and 29.7%). 10.4% rated their health as fair and the remaining 3.9% rated it as bad or very bad. Rates were very similar for males and females, however, the proportion rating their health as good or very good decreased with age.



The 2011 Census also collected information on the presence of a long-term health problem or disability. People were asked “Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?” In Aberdeen, 7% of people reported a health problem or disability which limited activities ‘a lot’ and 9.0% which limited activities ‘a little’. Both these figures are slightly below comparative figures for Scotland of 9.6% and 10.1%.

Cancer and circulatory diseases (such as coronary heart disease and stroke) together account for over half of all causes of death in Aberdeen City. In 2013, almost a third (30.3%) of male deaths and a quarter (24.6%) of female deaths were caused by cancer, and 28.8% of male deaths and 30.6% of female deaths were caused by circulatory diseases.

In 2013, over a quarter of Aberdeen’s adult population were smokers. More men (31.4%) than women (20.2%) reported smoking. Comparison with other areas showed Aberdeen to have the highest proportion of male smokers of any local authority area in Scotland. Counter to the downward trend for Scotland as a whole, in recent years smoking prevalence in Aberdeen has increased for both men and women. In Aberdeen, 5% of 15 year-olds and 1% of 13 year-olds reported being regular smokers. Aberdeen currently has the lowest reported rate of smoking in school children across all local authority areas in Scotland.

In 2012/13, almost 2% (3,100 individuals) of Aberdeen’s population (aged 15-64 years) were estimated to have a problem drug use. Prevalence of problem drug use was higher in males (2.4%) than in females (1.4%) and higher in Aberdeen than in Scotland as a whole (1.7%). Since 2009/10 the overall estimated prevalence of problem drug use has been falling in Aberdeen. However, the estimated problem drug use for women has increased slightly over this period.

In 2013, 1.1% of 13 year-olds and 10.8% of 15 year-olds reported having used illicit drugs in the past year. This is lower than the equivalent rates for Scotland of 9.4% and 15.5%. Use of illicit drugs in 15 year-olds has dropped substantially, from 39% in 2002 to 10.8% in 2013. Approximately 34% of 15 year-olds and 13% of 13 year-olds reported that they had been offered drugs in the past year – most commonly cannabis.

### **Children’s Social Work Public Social Partnership**

In September 2015, the Head of Children’s Social Work commissioned a review of all commissioned services and invited internal audit to become involved. A cross council project was implemented involving colleagues from the commercial and procurement service, finance, ICT and the transformation unit, and a recovery plan is now in place. A strategic needs assessment and commissioning framework are key parts of the plan.

#### *Recovery plan & service reviews*

At the time of the review, of the 105 services funded from the Children’s Social Work budget only three local providers had an up to date contract in place. Seven services were provided under the National Framework for Fostering or Residential Services

and the remaining 95 services, most of which were individual placements or packages of care, either had no contract or an expired contract.

Many of these needed to be brought under the appropriate National frameworks or, where the service was not part of a national framework, a contract needed to be put in place. Separate work is being undertaken in relation to this latter group.

Seventeen of the services that were out of contract were considered to be 'high risk' because of high levels of funding, risk related to the client group, or concerns that without a contract the council could not provide assurance of best value. Seven of these, however, related to individual care packages where a level of agreement was in place or needed to be further developed and/or needed to be properly recorded on the system.

The reviews were commissioned earlier this year from an independent consultant and the findings were subsequently reviewed by Children's Social Work and the Contracts and Commissioning Team to determine:

- the strategic relevance of the service;
- whether the service was delivering value for money;
- the cost of the service; and
- whether the contract had been awarded in compliance with the council's financial regulations and with applicable procurement regulations.

The reviews have been completed and meetings arranged with providers to discuss the findings and put in place interim arrangements. This includes short term contracts and performance measures, pending the development of the Public Social Partnership (PSP) framework.

### *Public Social Partnership Model*

Reclaiming Social Work is predicated on a robust and strategic approach to commissioning in recognition of the staff intensive nature of the model and the importance of commissioning services that are targeted at identified areas of need.

The changing focus and new skills mix in Social Work Units will inevitably lead to different requirements of support services. Existing in-house Family & Community Services have already been re-configured and residential services are being similarly re-designed. Re-commissioning external services is a fundamental requirement of the implementation of Reclaiming Social Work by setting out the council's purchasing intentions to meet local need.

The PSP model has already provided the basis of a series of planning sessions between the service and third sector representatives. These have focussed on the identification and analysis of need as well as the parameters of the model's use. This has resulted in a move from the current service led commissioning approach towards a strategic commissioning framework, which sets out clear commissioning intentions, processes for the regular review of contracts and makes clear how the impact that services are having will be monitored. These planning sessions were supported and facilitated by Ready for Business, a third sector led consortium that

works with commissioners and buyers to encourage the adoption of social value in public procurement, including promotion of the PSP model.

The resulting Strategic Commissioning Framework for Children's Social Work and Strategic Needs Assessment are currently draft documents which will subsequently be approved at Directorate level - although the Needs Assessment will remain a 'live' document and be updated as and when further data becomes available. They include information not only about levels of need and existing services, but also sections covering the market position, commissioning priorities and performance management. They will help the service to pro-actively plan to meet future levels of demand by anticipating the needs and expectations of children and young people who are eligible to receive support from Children's Social Work as well as their families and carers.

One key aspect of the approach being developed is a clear shift towards monitoring and reviewing all services based on evidence of need and improved outcomes. This will be underpinned by a culture of performance management led by the Council as the commissioning organisation and a culture of continuous improvement and accountability by the providers. The principles of 'Results Based Accountability', a model developed by Mark Friedman, will be used to develop performance accountability in commissioned services and this will be reflected in interim contracts, highlighted above, ahead of the PSP.

As well as focussing on the identification and analysis of need, consultation with both representatives from current providers and a range of our own staff has also begun work on the co-production and design elements of the PSP. Work has also been undertaken to gain a range of views from service users, although this has proved a challenge and the work to gather their opinions is on-going.

From these consultations, implementation of the approach in three phases over the next year has been proposed. These will be:

- intensive support services;
- family support services;
- services for children with disabilities.

The benefit to Children's Social Work will be that each phase will be aligned to the needs of the part of the service that it will complement and support. For example, the first phase, which it is proposed will be tendered for later this year, will support early intervention and prevention, and particularly the work of the Youth Team. By contrast, the second phase will follow the roll out of further Units and provide support to children and families at that stage. The third phase, which will not be tendered until later in 2017, will follow on from work being undertaken to better understand the relationship between the Children with Disabilities Team.

## **H&SCP Commissioning**

The Integrated Joint Board approved its approach to Strategic Commissioning and Transformation on 26<sup>th</sup> April 2016. The programme of commissioning and transformation is governed by the Audit and Systems Performance Committee.

The IJB agreed that focussing on a smaller number of transformative projects would have the biggest effect on the whole system and support the partnership in delivering the shift towards more person centred and community focussed health and care economy. Delivery of these programmes is supported by a three year investment programme in the first instance.

The process undertaken to develop strategic priorities included a range of partners:

- Integration and Transformation Programme Board – participated in a workshop to identify a number of “big ticket” items that are key building blocks for delivery of the partnership’s strategic ambitions as set out in the strategic plan. These big ticket items were mapped against the partnership’s strategic priorities.
- The Strategic Planning Group – considered the outputs of the workshop of the Integration and Transformation Programme Board workshop and linked these to the delivery of the strategic plan.
- The Integration and Transformation Programme Board – considered and agreed the six priority strategic commissioning areas.

The strategic investment priorities of the Health and Social Care Partnership are:

- Acute Care at Home
- Supporting management of long term conditions – building community capacity
- Modernising Primary Care
- Culture Change / Organisational Change
- Strategic Commissioning and Development of Social Care
- Information and Communication Technology and Technology Enabled care

## 5. Finance

Aberdeen City Council in 2011 undertook a Priority Based Budgeting (PBB) exercise that reviewed all its costs over a 5 year period. As a result of this, a transformation programme was implemented, including the development of alternative family services and locally based preventative services to reduce the number of out of authority placements for children; the redesign of Learning Disability services with new models for accommodation with support and day opportunities; and the establishment of a Local Authority Trading Company, known as Bon Accord Care Ltd.

These actions, along with prudent financial management and monitoring, have ensured that the service continues to operate within available resources.

The current Council 5 Year Business Plan lays out the net budget for social work services until 2019-20, showing an increase of 13% from 2015-16. This is based on agreed savings and the building in of growth to the base budget.

SOCIAL WORK SERVICES	2015-16 £'000	2016-17 £'000	2017-18 £'000	2018-19 £'000	2019-20 £'000	2020-21 £'000
Total Budget	<b>127,332</b>	130,048	136,148	138,432	141,282	143,939
Adults	<b>88,199</b>	90,605	95,414	97,787	100,166	102,563
Children	<b>37,517</b>	37,797	39,058	38,939	39,390	39,610
Business Management	<b>1,616</b>	1,646	1,676	1,706	1,736	1,766

The projected growth in net budget is predicated on increases in nationally and locally agreed rates for commissioned services, demographic pressures in Learning Disability and Older People's services, purchasing of additional home care to meet need and increase in demand for alternative family services, based on growth trends in children's services and looked after children numbers.

### Children's Social Work

Social Work Services meet commitments within budget. However, Children's Services in 2015-16 were overcommitted through increase in demand, particularly against the joint budget with Education for specialist residential placements through the Children's Hearing and additional requirements for foster placements. The budget has now been re-profiled to effectively meet the demographic changes facing the City and the year on year increase in residential care charges.

As demand projections indicate an ongoing budget pressure, a sustainable solution is being developed through a range of initiatives. Investment is being made in service transformation to improve outcomes and constrain demand pressures, in particular the adoption of the Reclaiming Social Work Model, which gives the opportunity for an outcome based approach to setting the Children's Services budget. The Inclusion Review in Education will enable joint approaches to managing demand and meeting the needs of looked after children within City resources.

The integration of Children's Social Work services and universal services for children will offer further opportunities to strengthen and develop prevention and early intervention strategies to constrain growth in demand for more costly interventions. Particular consideration needs to be given to changes in relation to commissioned services and the impact of market forces.

### **Overview of joint financial planning and management of financial arrangements for the H&SCP**

Due diligence processes have been applied to the creation of the consolidated Aberdeen City Health and Social Care Partnership budget for the 2016/17 financial year. This is to ensure that the budget provided for the Partnership is sufficient, identifies current and historical pressures and demands and allows the Partnership to proceed on a sound financial basis.

In subsequent years the Chief Officer and the Chief Financial Officer will develop a business case for its resources in line with the method set out in the Integration Scheme.

The budget for the Partnership will be derived from the funding allocated to the IJB from Aberdeen City Council and NHS Grampian Health Board. In 2016/17 it is likely that the majority of funding will continue to be used as per existing budgets but in future years the IJB may choose to use the funds to provide services in an alternative manner. This would involve the reallocation of funding between health and social care budgets.

The Scottish Government Local Government Finance Settlement (Circular 7/2015 version 4) imposed a range of conditions on Councils, which were reflected in the creation of the consolidated budget. £250 million, for Scotland as a whole, will be transferred from the Health Budget to integration authorities in 2016/17, whereby £125 million is to support additional spend on expanding social care to support the objectives of integration; and £125 million is provided to help meet a range of existing costs faced by local authorities in the delivery of effective and high quality health and social care services.

The Aberdeen City IJB share of the £250 million is £9.5 million. £4.75m to fund additional capacity and £4.75m to meet local authority budget pressures. This includes a requirement that all social care workers including those in the independent and third sectors are paid the Living Wage.

This gives a total delegated budget of £251.699m for 2016/17 for the Aberdeen City and Social Care Partnership budget.

There is also additional capacity/transformational funding available of £9.625m. This consists of additional social care capacity £4.75m, Integrated Care Fund £3.75m and Delayed Discharge Funding £1.125m. The Chief Officer will consider an investment strategy for this funding.

## 6. Service Quality and Performance

### Performance Frameworks

#### *Children's social work performance framework and approaches to improvement*

The Children's Services Management Team has created a performance dashboard for reporting key performance information to managers within the service. This will be developed to all management tiers during the next year and will provide drivers to improving performance throughout the service. The Children's Services Management Team actively review performance information on a quarterly basis and commission audits of specific parts of the service or reviews of particular data. These are used to shape and re-design parts of the service or key processes within it.

The appointment of a Service Manager to manage and oversee the work of the Independent Reviewing Officers for looked after children is driving up the quality and consistency of such reviews. The previously developed outcomes framework is being applied within their plans and we aim to be able to monitor progress against these outcomes as part of our Carefirst client records system during the next year. This will give us additional evidence to highlight areas for improvement across the service.

#### *H&SCP Performance Framework*

At its meeting on 29<sup>th</sup> March 2016, the Integrated Joint Board approve a Framework to Support Planning, Governance and Performance Improvement in Aberdeen City: "The Intelligent IJB". The IJB adopted a framework for performance, governance and improvement, underpinned by good intelligence and effective practice.

The underlying principles of the framework are that for intelligence to have an impact on improving health and care, it is important to work together at all levels, to co-produce intelligence, aiming to improve ownership, responsibility and collective leadership.

The main components of the approach include:

- Managing the information challenge – developing processes to ensure that important intelligence is not missed;
- Establishing a systemic cycle of reporting for IJB business – ensuring a balanced approach to the discussion of operational performance and strategic considerations;
- Clarifying delegated accountability – empowering people to take leadership and responsibility at all levels of the organisation;
- Enabling constructive challenge – supporting people to interpret data and ask intelligent questions.

The H&SCP is introducing a system of tiered intelligence, where information is packaged to support effective service delivery, performance improvement, governance and strategic planning.



An early performance dashboard approach has been agreed, with indicators grouped under each of the nine outcome indicators. These indicators include the national core suite of indicators, health and social care national and local indicators and areas where we would wish to develop indicators to evidence achievement of outcomes. This continues to be an evolving piece of work, led by a cross-service Performance Working Group, with the intention of providing regular reporting and intelligence for use at three layers – operational, performance and governance.

As the Locality Leadership Groups develop, each has a performance sub-group, looking at co-ordinating the information required to develop Locality Plans. Over time these sub-groups will also look to develop local outcome indicators, to evidence the delivery of locality plans.

## **Risk Management**

### *Risk Management within Children's Social Work*

Risk management within Children's Social Work is governed by the City Council's Risk Management Strategy, which was agreed in January 2015.

The Strategy is designed to meet the following requirements:

- To promote the development of an Enterprise Risk Management culture across the Council and its Group.
- To support Principle 4 of the Local Code of Corporate Governance which requires transparent informed decision making which is subject to effective scrutiny and the management of risk.
- To assist the achievement of objectives.
- To provide a framework for the application of risk management practices to partnership activity in which the Council leads.
- To enhance the value of services provided to communities.
- To establish the methodology that identifies our appetite for risk.

The management of risk at the strategic level is informed by the implementation of controls and mitigation at both the strategic and service / operational levels. For example, developments in the management of a *Protecting Children* risk at the service level, will be linked at the strategic level to *Harm* and *Compliance* to ensure these key areas of risk are timeously updated and subject to dynamic management activity.

Beneath the strategic level, all services maintain registers which include risks with the potential to impact on their Service and Improvement Plan priorities and outcomes. All services take account of the corporate key dependencies in their consideration of risk:

- Financial Management and Planning
- Customer relations
- Employee engagement

- Business Continuity Planning
- Health, Safety and Wellbeing

The risks for Children's Social Work are contained within the service risk register for Education and Children's Services. Each identified risk has a risk owner, responsible for monitoring the risk. This risk register is a standing item at the E&CS Directorate Leadership Team meetings and will be approved at the meeting of the Council's Audit, Risk and Scrutiny Committee on 27<sup>th</sup> September 2016.

### *Risk Management within the Health and Social Care Partnership*

The Aberdeen City Integration Joint Board recognises that health and social care provision and the activities associated with care for patients/people who use services, employing staff, providing premises and managing finances are all, by their very nature, risk activities and will therefore involve a degree of risk.

The IJB, through its strategic plan, will seek to establish a culture that ensures that risk management is an integral part of everything it does. Effective risk management helps the board to meet its objectives.

The Risk Management Framework for the Health and Social Care Partnership was approved by the Integrated Joint Board on 29<sup>th</sup> March 2016. The development of the risk management framework was underpinned by a risk management workshop facilitated for the shadow IJB in October 2015. This workshop presentation outlined the principles of risk management, its importance to core business dependencies and the wider context of economic, political, demographic and environmental change. The role of risk management in supporting good governance and informed decision making was stressed. The Good Governance Institute facilitated additional workshops to support the board's exploration of risk appetite.

A strategic risk register frames the risks associated with the H&SCP's progress in achieving its strategic priorities. The Chair of the Strategic Planning Group owns this risk register. The Chair provides the Audit and Performance Systems Committee with an update of the risk register and updates the Chief Officer through the Executive Group. The Audit and Performance Systems Committee provides the Integration Joint Board with an update of the strategic risk register.

In addition, a Corporate Operational Risk Register has been developed, showing the high level business dependencies and operational risks that need to be managed. The Head of Operations owns this risk register and it is a standing item for discussion at senior operational management team meetings. The Head of Operations reports changes to the risk register to the Chief Officer through the Executive Group. As with the strategic risk register, the Audit and Performance Systems Committee will provide the IJB with an update of the corporate risk register.

## **7. Delivery of Statutory Functions**

### **Children's Social Work**

Children's social work is now very much part of the Education and Children's Services Directorate led by a single Directorate Leadership Team. Service Managers are now located with Education Colleagues and four of the new Social Work Units are based on a School site. The Virtual School Head Teacher has been appointed to provide educational continuity for looked after children.

As part of the implementation of Reclaiming Social Work, as outlined above, we have completed a review of our commissioning framework in partnership with stakeholders, including service providers. This is being taken forward during the next twelve months with the development and tendering for three tranches of services under a Public Social Partnership.

A key aim for 2016 - 17 will be to fully implement the Reclaiming Social Work model. Recruitment of sufficiently qualified and experienced staff in key roles, such as that of Consultant Social Worker, has been a challenge. Targeted recruitment for vacant posts is ongoing and whilst we are actively seeking to recruit new staff to these roles, both internally and externally, the pace of recruitment will determine the pace at which we roll out subsequent phases of the new service model.

It is therefore our intention to move to a "hybrid structure" while efforts to recruit the staff that we need continue. The hybrid structure will see staff who have yet to move to a Unit move to a team directly aligned to the area of work they have been matched to. Cases will also move to the appropriate teams. This change will minimise further change for service users; ensure clear line management structures; allow staff to begin to practice in the area of service delivery that they have been matched to; and enable a smoother transition to future Units.

Implementation of Part 4 (Named Person) and Part 5 (the Child's Plan) of the Children & Young People (Scotland) Act 2014 have implications for children's social work as well as the universal services of health and education. It will be important that the eligibility criteria for children's social work reflects these statutory changes and sets out how we will work with other agencies to deliver effective services to all children who meet the eligibility criteria. We are working closely with colleagues in the universal services to ensure that local guidance is clear and we have participated in training ahead of the implementation of these aspects of the Act.

Extension of entitlement to continuing care and aftercare for care experienced young people, under the Children & Young People (Scotland) Act 2014, will pose a challenge for children's social work. Whilst we wholeheartedly recognise and support the catalyst for these legislative changes, that is the acknowledgement that the longer term outcomes for care experienced young people are among the poorest in society, these provisions do pose challenges for children's social work.

For example, registering our Children's Homes to care for both adults and children; providing care for 12 - 13 year olds within the same setting as 20 - 21 year olds;

supporting foster carers to not only provide support for adolescents and teenagers, but also for young adults; recruiting foster carers to compensate for those caring for young people for longer periods; and taking account of the fact that young adults may be in employment or have an entitlement to their own benefits when determining the allowance paid to carers.

We are preparing for these challenges and as part of the implementation of Reclaiming Social Work we have already established a Youth Team whose core responsibilities will include providing aftercare support for care leavers. The Team will also forge positive links with other services both within the Council and externally. The change in statutory responsibilities will place added demands on the Youth Team, and it is anticipated that there will be additional capacity issues over the coming years which we will continue to monitor and respond to. In preparation for this we are doing modelling work to understand the number of young people who may wish to take advantage of these entitlements. In addition, we are working on the financial arrangements for supporting continuing care placements as well as understanding how many foster carers will be willing to support young adults and how a variety of residential settings will manage this change.

Kinship care, which is when a child is looked after by their extended family or close friends when they cannot remain with their birth parents, should be the first consideration when a child requires to be accommodated. Research highlights that children placed in kinship placements generally have better outcomes than children placed in other care settings. However the research also highlights the practical and financial challenges experienced by kinship carers. The Children & Young People (Scotland) Act 2014 sought to formalise aspects of the support provided to kinship carers and extended the scope of those children who qualify for kinship support. Whilst additional funding has been provided by the Scottish Government to provide parity between kinship carers and foster carers the additional funding is unlikely to cover full cost of implementing these changes.

The increased expectations around assessing kinship carers and providing practical and financial supporting to them will have resource implications for the Alternative Family Care Service. We do not underestimate the complexity of the care task that kinship carers provide and we will need to undertake assessments timeously and provide flexible and responsive support, if we are to ensure that kinship placements do not disrupt contributing to poorer outcomes for children.

Like most urban authorities Aberdeen City Council has more children who require adoption than it has approved adopters. Positive relations exist with neighbouring authorities who are often in the opposite position. This allows for prospective adopters to be directed to us where we can assume responsibility for assessing their suitability. Whilst these placements offer the best long term outcomes for children who cannot be cared for by their family, the cost of purchasing adoptive placements can be significant. It will therefore be incumbent upon us to ensure that every effort is made to source a local placement within the three month time frame.

The Reclaiming Social Work redesign established a team whose focus is the recruitment and assessment of carers (adopters and foster carers). This will ensure every effort is made to recruit carers locally for children who require adoption. The

ability to attract sufficient numbers of adopters to meet the demand of children requiring an adoptive placement remains challenging though and the economic downturn in the city has resulted in a drop in the number of enquiries from people interested in adoption.

Over the course of the coming year it is our intention to: implement the next phase of Reclaiming Social Work with further small groups of social workers working in Social Work Units, although full implementation is unlikely to be completed before late 2017; introduce the first tranches of a Public Social Partnership approach to the commissioning of support services from third sector providers to work alongside the Social Work Units; begin to see a managed reduction in the numbers of children placed in out of authority placements as planned for within the delivery of the Reclaiming Social Work Model and complete the re-design of residential services.

## **Child Protection**

The Aberdeen City Child Protection Committee (CPC) was established in June 2013, from the disaggregation of the North East Scotland Child Protection Committee that covered three local authority areas. The CPC is chaired by the Aberdeen City's Lead Nurse.

The CPC's Operational sub-committee is responsible for driving forward the work of the child protection programme. It is chaired by the Head of Children's Social Work and CSWO. A child sexual exploitation (CSE) sub group has been created to work exclusively on CSE for a concentrated period of time. The Operational sub-committee fulfils the function of the Safe outcome group of the Integrated Children's Services Board.

A Child Protection Partnership with Aberdeenshire and Moray local authority areas collaborates over the child protection register (CPR) and 9 core child protection training courses. Aberdeen City holds and administers the CPR, co-ordinates the core training programme and leads the organisation of the Partnership.

The CPC brought the 2011-15 child protection programme to an end in August 2015. This coincided with the report from the Care Inspectorate following the Joint Inspection of Children's Service in Aberdeen City. In August 2015, the CPC endorsed the new child protection programme consisting of the CPC contribution to the joint action plan 2015-2016 and a separate action plan relating to CSE.

### *The Child Protection Landscape in Aberdeen*

The number of children on the CPR is variable with need. Throughout the period, the number of children on the CPR remained comparable with the Scottish average of around 3 children per 1000 population of 0-16 year olds.

*Number of children on the Aberdeen City CPR  
31.07.11 to 31.07.16*

31.07.11	31.08.12	31.07.13	31.07.14	31.07.15	<b>31.07.16</b>
96	86	92	73	98	<b>118</b>

Children remain on the CPR for as long as necessary, 83% were de-registered within 12 months and 52% within 6 months, a total of 112 children in 2015-16. 40 children who were registered over the year from 1 August 2015 to 31 July 2016 had previous registration history, with a range of time intervals between individual registrations. Aberdeen City's rate of re-registrations has fluctuated between 16% and 25% over the course of the year.

The majority of children on the CPR (67%) are under 5 years old, including pre-birth registrations which indicates that we respond at an early stage to children in need of protection. Short periods of registration indicate that the supports put in place and intervention made reduces the risks to the child within a shorter time-frame. 10% of children on the CPR are aged 11-15 years which reflects an awareness of and response to the risks to that age group, in particular of child sexual exploitation.

The main risk factors for children on the CPR are emotional abuse 45%, domestic abuse 38% and parental drug misuse 37% (as at 31.07.16). Neglect is recorded as a risk factor in 31% of cases and non-engaging family in 25% of cases.

*Contribution to Joint Inspection*

Members of the CPC and its supporting groups were extensively involved in the Joint Children's Services Inspection of Services for Children and Young People in the Aberdeen City Community Planning Partnership area. The report was published on 4 March 2015. Child protection across Aberdeen City is commended throughout the report.

The summary states:

*"Urgent concerns about a child's safety were now much better recognised and dealt with effectively and promptly across services. Staff shared and reviewed information together and took swift action to ensure children and young people were protected."*

On the CPC itself, the report states:

*"Aberdeen City CPC in its first year from the disaggregation of the NES CPC had secured its identity, membership, structure and documentation. Phase 1 of an action plan had been successfully completed and phase 2 was in place."*

The CPC considered the report in detail and identified areas for improvement in child protection which have been incorporated into the CPC contribution to the joint action plan:

- Improved use of data and performance information has been focussed upon. A data framework, or suite of questions which the CPC wish asked of the

- data, has been established. The Operational sub-committee now analyse the data from a multi-agency perspective and report in the new format to the CPC;
- A multi-agency case file audit took place in February- March 2016. The audit team focussed on post registration support, chronologies, risk assessments and outcomes for children and considered the findings in accordance with the Care Inspectorate scale of 1-6 (unsatisfactory through to excellent). The findings of the audit will inform elements of the new child protection programme from 2016 onwards;
  - The Practitioners Guide to Information Sharing, Confidentiality and Consent was the CPC focus at the Integrated Children's Services Conference in October 2015. The evaluation was positive and provided a useful benchmark in relation to use of the guide;
  - The improvement methodology has been utilised to gather feedback from families attending case conferences;
  - Work in relation to child sexual exploitation is carried out by the CSE group under a separate action plan.
  - Links with other strategic partnerships such as the Aberdeen Alcohol and Drugs Partnership and the Aberdeen Violence Against Women Partnership continue to be forged. A joint event with ADP called "Phases and Stages" explored the tensions between timely planning for children and the rate of parental recovery from substance misuse. The shadowing programme which followed the event is underway. The first cohort of professionals have reported positively on the programme which will now be extended.

### *Child Sexual Exploitation*

Work in relation to child sexual exploitation is carried out by the CSE group, currently, under a separate action plan. The CSE action plan focusses on the national priorities of Prevention, Disruption & Prosecution and Recovery.

Considerable awareness raising and training has been undertaken – through Barnardo's training, Child Protection Partnership training and the CSE Conference which was held in October 2015. A total of 361 attendees at various training in the last year. CSE procedures and guidance for professionals have been published and made available to all multi-agency staff.

Connections were made with the UK Safer Internet centre who have now delivered online safety updates for the last 2 years.

The CPC promotes use of " Abby's Room" as a resource. Abby's Room is set up to illustrate the connection between a young person's actual and virtual worlds and to promote safe use of social media.

The 16 days of action event showcased the City's CSE strategy of Zero Tolerance in November 2015

Both the local Taxi Consultation Group and First Bus responded positively to the approach from the CSE group and it is hoped that awareness raising and reporting procedures can be developed with these key providers of transport in Aberdeen.

Future focus will be on working with schools, the night time economy, and shopping centres.

New courses were developed in the Child Protection Partnership to address CSE, on line safety and cultural issues impacting on child protection.

#### *Our Child Protection Programme: 2016-19*

The extended child protection programme for the period 2016-2019 will encompass any work outstanding from the 2015-16 phase of the programme in addition to the following priorities identified by the CPC:

- The CSE group to continue to implement its action plan;
- Significant Case Review procedures to be revised following the new National Guidance for Significant Case Reviews in Scotland;
- The launch of revised multi-agency guidance documents used locally and across the north east;
- Impact of the implementation of the Children and Young People (Scotland) Act 2014;
- Violence against women and domestic abuse to be developed collaboratively with the work of other outcome groups across integrated children's services and in conjunction with the work of the Aberdeen Violence against Women Partnership;
- Child protection and disability;
- Abuse, culture and child protection (Forced Marriage, FGM, honour violence, human trafficking);
- Implementing improvements following the findings of the multi-agency case file audit;
- Responding to other national priorities as identified by the Scottish Government or to local need as identified through performance data and other self-evaluation activity.

#### **Changing demand for children's social work services**

The population growth of Aberdeen City is putting pressure on all children's services, including social work. The last decade has seen a significant rise in both the population and the birth rate in Aberdeen and this is now reflected in the work being undertaken by children's social work, with a marked swing to working with younger children.

Over the last three years the service has undertaken 6 monthly case file audits. The results of these highlight a continuing growth in the proportion of children aged 0-2 open to social work. By contrast, over the same period there has been a corresponding decrease in the proportion of young people aged 12 - 16 within the workload, reflecting of the decrease in the overall population of this group of young people.

As of 31 March 2016 children's social work services were supporting 1805 children and young people.



	31-3-12	31-3-13	31-3-14	31-3-15	31-3-16
No. of children open to Social Work	1802	2016	2064	1829	1805

The number of referrals received by children's social work has increased in recent years. Although the number fluctuates from quarter to quarter, there has been an upward trend. Currently the service receives approximately 800 referrals per quarter. Of these approximately 40% will necessitate a social work assessment as to whether intervention is required or not. As we await the implementation of the Named Person Service, Children's Social Work will continue to support colleagues in universal services to consider how they can actively support families in a way which does not necessitate a referral to the Children's Social Work.

In the year 2015/16 there was a slight increase in the numbers of referrals to the Scottish Children's Reporter Administration (SCRA) – 349 compared to 339 for the year 2014/15 and 483 for the year 2013/14. The increase in the past year was also observed in other areas. It is suggested that this was, at least in part, due to changes introduced by the Children's Hearings (Scotland) Act 2011 and new non-offence grounds for referral to a Children's Hearing. Despite this increase the number of referrals represents a significant reduction from previous years - 81% fewer than the historic high of 1856 referrals in 2006 - 07.

The Children and Young People (Scotland) Act 2014 gave young people who are looked after new rights to request continuing care up to the age of 21 and aftercare to the age of 26. It also introducing enhanced duties to provide support and assistance for kinship carers and increased support for vulnerable children and families. However, as the changes have been implemented incrementally it is too early to tell what their full cost or impact will be on the service. This is something the service will actively plan for in the coming year.

### **Family and Community Support Services**

Service Development has continued during 2016 with Family & Community Support Services refocusing some of their role and remit as we implement Reclaiming Social Work across Children's Social Work Service. There has been a continuing focus on Intensive Support Services which offer a community based alternative to children considered on the "edge of care".

There has been a refocusing of the Crisis team, now known as **IFIT (Intensive Family Intervention Team)** which delivers an intensive response to crisis within families to prevent, where possible, children and young people being accommodated; or where children are already within a placement, and that placement is at risk of breaking down. Family work is focused on improving relationships and reducing risk so that children can remain with their family, within their school and community.

The staff team of Family & Community Support Officers, (who are qualified Social Workers) and Family Resource Workers work intensively with families often very early in the morning and into the evening to support them at key times of the day.

The majority of the staff team have undertaken the 18 day Systemic Family Therapy training and this has been key to supporting them better understand family dynamics, build positive working relationships and achieving positive outcomes for children and their family.

The Young Women's Service (YWS) recently moved into their new premises in the Pittodrie area of the city having previously been based in Westburn Intensive Support Service. The YWS provides a gender specific facility for vulnerable girls and young women within Aberdeen City. The development of the service was in response to the increasing numbers of girls and young women involved in or experiencing a range of difficulties including sexual exploitation, substance misuse, domestic violence and self-harm.

Moving to their new premises has gone some way to help develop the tailored support these young women require. They have been involved in the refurbishment of the building making it fit for purpose, offering them an opportunity to "claim" a space that offers them a level of security and nurturing whilst addressing identified need, building self-esteem and resilience. The Service also provides a base from which care, education, health and employability services can be utilised.

Teachers based at Westburn can provide support for education and learning and there are also links with the Young Person's Mental Health Practitioner who is also part of the services provided at Westburn.

## **Looked After Children**

Although there has been a downward trend in the number of children and young people looked after by the local authority over the last three years, they still represent a quarter of all cases open to children's social work services. Of the overall number of looked after children and young people, the proportion who are looked after and accommodated has over the past 5 years seen a consistent year on year increase - from 70% as of 31.03.12, to 81% as of 31.03.16.

The overwhelming majority of looked after children continue to be placed in a 'family' home. For example, at 31.03.16 493 children were cared for within a family setting; 108 (19%) were cared for by parents; 114 (21%) by friends/relatives; and 271 (49%) by foster carers/adopters. In contrast, only 11% of looked after children were accommodated in a residential setting. This latter figures compares to a national picture of 10% of looked after children being in residential care.

Although the proportion of children and young people accommodated in community based placements has risen slightly, in line with our strategic aim of shifting the balance of care, the proportion of children looked after at home with their parent(s) or with friends/relatives remains below the national average.

It is anticipated that, in line with other areas that have introduced the Reclaiming Social Work model, its implementation will start to impact upon the numbers of children accommodated by the authority and in particular the number placed in expensive out of city residential placements. Whilst there has been a 50% decrease in the use of such placements since 2010, the aim is to continue to reduce this.

Over the course of the RSW implementation a reduction of further 10 placements is planned for. The expectation is that this will also help deliver our strategic aim of increasing the proportion of looked after children cared for by their family.

The Children & Young People (Scotland) Act 2014 extended the duties on Local Authorities to deliver on the “staying-put” agenda, supporting looked after children to remain in care, beyond their 16<sup>th</sup> birthday possibly up to the age of 21. This new legislation aims to delivering improved long term outcomes for care experienced young people. The required changes identified by the Review along with how we deliver on our new statutory duties and ensure the residential service operates in line with Reclaiming Social Work are being actively taken forward.

There are five Children’s Homes maintained by the local authority, each accommodating five or six young people. In addition, there are two ‘satellite’ homes each with two places, within the city. Separately there is one Children’s Home managed by Barnardo’s and one Throughcare Home managed by Action for Children.

Work to refurbish the Throughcare Unit over the past year has meant they have, on a temporary basis, decanted into one of the Children’s Homes. Separately recruiting sufficient staff to provide safe staffing levels to meet the needs of the young people has meant one of the other Children’s Homes has had to close while efforts to recruit staff are progressed. The net effect is that we have continued to operate without two of the Children’s Homes. This is likely to continue into 2016/17 while we take forward the implementation of the Service Review and support the upskilling of staff to meet the needs of this vulnerable group of young people.

In 2015 the Scottish Government announced a new qualification for residential staff. All staff will need to complete this over the coming years. How the service supports staff obtain this qualification and continue to have the skill set appropriate to working in residential care, is a focal part of the workforce development plan.

The educational attainment of looked after children in Aberdeen has been considerably lower than that of looked after children throughout Scotland. Consequently, raising the attainment for looked after children is a local and national priority. The appointment of the Virtual Head Teacher, the first in Scotland, during the past year is providing a focus on how schools and services are supporting looked after children to achieve their full potential. It is anticipated that the impact of this post will begin to see an improvement in the attainment levels of our looked after population. The integration of the Education and Children’s Social Work will also contribute to services continuing and increasingly to work collaboratively to develop flexible and improved ways of improving the attainment of looked after children.

## **Youth Justice**

The Whole System Approach (WSA) for youth justice in Aberdeen has been embedded within the GIRFEC framework. Youth offending has fallen continually over the last 5 years, showing a 42% reduction.

	2011/12	2012/13	2013/14	2014/15	2015/16
No. of Offences	3768	2826	2583	2372	2169
No. of CrimeFiles	2484	1946	1796	1588	1548
No. of Juveniles	1630	1271	1111	995	1050

For the first time the number of offences committed by 8-15 year olds marginally exceeded the number of offences committed by 16-17 year olds.

The number of young people referred to SCRA on offence grounds has remained unchanged from the preceding year (73 referrals). However, this still represents a significant drop in the numbers since 2010/11 - a 70% reduction.

Through collaborative working and shared decision making, the WSA offers early intervention for low level offences, diversion from statutory measures, prosecution and custody, and community alternatives. An Intensive Support Service (ISS) makes a range of provision available, including services provided by Third Sector colleagues. This partnership approach enables social Workers to undertake more direct work with young people and families.

WSA processes are continually reviewed and the approach strengthened. Decision making and resource finding should be improved around alternatives to secure care and custody for the Court and Children's Panel, especially for 16-17 year olds who are on Compulsory Supervision Orders.

The ISS needs to be more 'intensive' in relation to measures to tackle persistent offending, including car crime. Closer working and learning from Adult Criminal Justice in relation to youths 16 years and over would be beneficial.

Over the next year we aim to:

- reduce the number of young people placed in residential provision out of Aberdeen City and we will recommission services that provide Intensive Support, building on evidence of what works and reflective of the current need;
- support the skills and knowledge of staff in assessing the needs of young people who present high risk offending behaviour via AIM 2 training;
- further develop our approach to CARM (Care and Risk Management) meetings drawing upon national best practice in collaboration with CYCJ;
- Establish a Youth Team to better support our young people transitioning out of residential and secure care;
- Re-examine the interface between CJS & Children's SW to appropriately divert and support young people in the Court system.

### **Corporate Parenting**

Following the implementation of the Children and Young People (Scotland) Act 2014, Aberdeen City, like other local authorities throughout Scotland, has a duty to provide

support, Council advice and guidance to children who are looked after and specified young people leaving care, up to their 26<sup>th</sup> birthday.

In advance of the introduction of the responsibilities laid out in the Children and Young People (Scotland) Act 2014, the Aberdeen City Council corporate parenting policy 2012 - 15 provided a clear framework for identifying specific actions and interventions to close the outcome gap between looked after children and care leavers, and their peers. The focus of the policy was to improve their educational attainment and achievement; enable them to take up and sustain positive post-school destinations in education, employment and training; reduce their involvement in the criminal justice system; reduce levels of homelessness for care leavers; and to help them live full and healthy lives.

The increase in numbers of those young people and care leavers entitled to support from the local authority over the next few years, highlights the need to have meaningful intervention, change and opportunities to ensure that they have positive outcomes and are supported to be successful learners, confident individuals, responsible citizens and effective contributors. The Act extends the range of public bodies required to act as corporate parents; it introduces new responsibilities on corporate parents to plan and collaborate to promote the wellbeing of care experienced young people. The Act requires local authorities to develop a corporate parenting plan detailing how it intends to deliver on its responsibilities. The action plan for the development of the Champions Board and associated areas provides the basis for Aberdeen City Council's corporate parenting plan.

We continue to work closely with a range of partners to raise awareness of corporate parenting, whether this be sharing corporate parenting action plans and strategies; participation in multi-agency meetings and events; or sharing resources for the benefit of care experienced young people. Aberdeen City Council and its partners send practitioners to attend networking and information sessions hosted by the Scottish Government or national organisations about corporate parenting.

### *Champions Board*

In 2015, Aberdeen City participated in a competitive three stage application process to receive funding from the Life Changes Trust to help further develop our Champions Board and associated activities. The Life Changes Trust, is an independent charity established with a Big Lottery Fund endowment of £50 million to improve the lives of two key groups in Scotland: care experienced young people and people affected by dementia.

The application process included a self-assessment as well as an intensive residential that helped to inform the final bid for the funding. It also helped us produce an ambitious action plan for both developing the Champions Board and consolidating corporate parenting duties over the next three years.

We were delighted when it was announced in April 2016 that Aberdeen City Council was being awarded funding from the Trust as one of eight local authority areas receiving a share of £2 million funding to support or establish a Champions Board.

Aberdeen's share of £220 thousand will be further boosted by contributions of in kind support from partners.

The three year Champions Board action plan details the plans to work with Who Cares? Scotland and our local corporate parents, to build on young people's participation, as well as ensuring that the Board is making a meaningful contribution to improving outcomes for individual young people.

Future plans include the appointment of an Advocacy & Participation Worker; the development of a participation group; the appointment of care experienced Development Assistants; and the introduction of individual grants for young people. We will also hold an annual residential for care experienced young people where they will develop ideas and challenges to present to the Champions Board.

Our Children's Rights Officers are also working closely with young people and our partners to develop a website specifically for looked after children, again funded through the Life Changes Trust. This website is being developed with SHMU (Station House Media Unit) and includes input from our newly appointed Virtual School Head Teacher and the LAC Teacher with additional input from residential services and the Youth Team. The website is scheduled to be launched in autumn of 2016.

### *Family Firm*

The corporate parenting agenda is both a Council and public authority wide commitment and inspires enthusiasm from all directorates. The continued support that corporate parenting receives from the Council leadership has contributed to the momentum that, for example, continues to create work experience placements as part of our Family Firm policy. The Family Firm policy has helped raise awareness of the corporate parenting responsibilities amongst staff who would not otherwise be aware of them.

In 2015 Aberdeen City Council entered into a joint venture with Action for Children to deliver the Keen4Work programme part funded by Inspire and the EU. It allows for 40 young people per year to take part in the programmes and will offer intense support tailored to the needs of the individual young person throughout their employment journey, from the pre-programme stage through to a sustained economic destination.

Keen4Work offers a 12 week (two days per week) supported work experience opportunity alongside an SCQF Employability Award qualification. These placements which are non-employment training opportunities can be matched with the interests of the young person. This allows them to both experience the working environment and to help them to develop transferrable knowledge and skills. Young people are expected to be at stage three on the Employability Pipeline prior to commencing a work experience placement thus ensuring that they are being set to succeed on the programme. Where a young person is not ready young people's practitioners can work with them to develop the necessary skills and knowledge to progress. Referrals are accepted from care experienced young people between 16 – 26 years.

Since July 2014 there have been seven intakes on the Keen4Work programme. The spring 2016 cohort saw four young people on placements, whilst the summer intake began in July 2016 with eight young people. The aim is to have 40 young people annually supported through Keen4Work.

The previous focus of Family Firm was on creating two year internship opportunities for care experienced young people. These were full time positions with the goal of encouraging the young person to gain employability skills whilst furthering their education and/or training. The internship programmes have had mixed success due to a variety of reasons but not limited to, structure; individual skills and knowledge; and interests. In future, the plan is to provide equality of opportunity for a Modern Apprenticeship with the Council, for care experienced young people as part of the Youth Employment Strategy being developed by Human Resources, in place of further internships.

Family Firm opportunities are also interlinked with Aberdeen Guarantees in promoting positive destinations to the most vulnerable groups at risk of negative destinations. In developing Family Firm opportunities the links and communication to the Aberdeen Guarantees team has proved vital in getting the right opportunity for the right young person. In addition, Family Firm opportunities are advertised and included on the Aberdeen Guarantees website.

In partnership with and the support of Who Cares? Scotland, and with funding from the Life Changes Trust, we aim to increase the levels of participation of care experienced young people in the work of the Champions Board. Also with the support of Life Changes Trust funding, we will promote paid employment opportunities for care experienced young people to develop their skills and confidence in championing the needs of looked after children and establish an individual grants scheme to increase opportunities for care experienced young people and to increase their involvement in decision making processes.

We will further develop the Champions Board to be fully representative of all corporate parents within the recent legislation and ensure that the interests of care experienced young people are championed throughout the respective organisations.

### **Secure Applications for Children**

A very small number of young people present a significant danger to themselves or to other people and for these few, a placement in secure care may be warranted. These placements can be instigated through Court proceedings, or by the CSWO. The CSWO decides whether to implement a secure authorisation by a Children's Hearing and whether to remove a child from secure accommodation. The CSWO must be satisfied that the criteria for secure placements are met and that such is in the best interest of the child. Such placements are used for the minimum possible time, though this will vary according to the needs of the child.

### Use of Secure Accommodation – number of children placed in a year:

PLACEMENTS	2011-12	2012-13	2013-14	2014-15	<b>2015/16</b>
Total New Placements	6 (5 children)	5	3	10 (9 children)	<b>7 (6 children)</b>
Placed by Court	3	1	1	1	<b>0</b>
Placed by Hearing & CSWO	3	1	0	2	<b>0</b>
Placed by CSWO	0	3	2	7	<b>7</b>
Hearing request - declined	1	2	2	2	<b>1</b>

The criteria for secure care are set out in legislation and the CSWO as decision maker declined to implement one authorisation from a Children's Hearing on the basis there was insufficient evidence that the grounds were met. Where there is a feasible alternative to a secure placement, this would be pursued vigorously and options would include a specialist residential placement, an Intensive Support Service in Youth Justice and, support through the Crisis Team or Young Women's Service.

### **Emergency transfer of children**

The CSWO will from time to time be asked to give consideration to moving a child, who is subject to a Compulsory Supervision Order, to a more suitable placement, before the child's circumstances can be presented to a Children's Hearing. There can be a range of circumstances which can trigger the need for such a move including where the carers/establishment is unable to meet the needs of the child or where the child's behaviour is posing a risk to themselves or others.

Research tells us that children do best when there is careful planning in the lead up to a move of placement. The use of emergency moves should consequently be kept to a minimum, reflective of the emergency nature of the child circumstances.

	2011-12	2012-13	2013-14	2014-15	<b>2015/16</b>
Number of Emergency Transfers	14	12	16	17	<b>10</b>

### **Adoption and Fostering**

The CSWO/Head of Children's Social Work is the Agency Decision Maker, a statutory role to consider the approval of plan's that are presented to the Adoption & Permanence Panel and the Alternative Family Care Panel. While the Court determines whether an Adoption Order is granted, the CSWO is the ultimate local authority decision maker on matters pertaining to adoption.



	2011/12	2012/13	2013/14	2014/15	2015/16
Adopters approved	15	19	14	34	<b>29</b>
Adoption Plans approved	25	19	19	32	<b>24</b>
Children adopted	21	24	21	19	<b>28</b>
Foster carers approved	16	13	6	7	<b>9</b>

In March 2014 Aberdeen City were chosen as one of the pilot authorities to be involved in the PACE programme. The PACE, (Permanence & Care Excellence) programme recognised that delay and drift occurred in the planning for children at every stage of the permanence process. For some this drift and delay can make it difficult for the permanence plan to be achieved resulting in children remaining within the “care system” for the duration of their childhood.

Aberdeen City is taking a multi-agency approach to making changes that can speed up the process of decision-making for permanence. Working with the Scottish Government and CELCIS (Centre of Excellence for Looked after Children in Scotland) since March 2014 we have begun to see a reduction in the length of time it is taking for children's plans to be agreed. Further improvement is still required and the emphasis on permanence planning for children is reflected in the RSW structure.

The need to have an increased supply of foster carers and adopters is critical to meeting the needs of local children who cannot be cared for by their family. It is estimated there is a need for 800 foster carers in Scotland. The service operates in a very competitive environment with a number of Independent Fostering Agencies operating in the area. The whole service re-design as part of RSW will see the establishment of a team dedicated to the recruitment, assessment and preparation of new carers (adopters and foster carers). This team will be critical to minimising the need for children to be placed often far from Aberdeen and the associated dislocation such brings for the child with links to their family and community.

The downturn in the oil industry has seen an associated downturn in the numbers coming forward interested in adoption. Conversely there is an initial indication that there has been a marginal increase in the numbers coming forward for foster care.

In 2015/16 there were 137 children, in external foster placements, commissioned by Aberdeen City Council at a cost of £5.8m. Reducing this number, supporting more children to remain within their family or placing them with our own foster carers is a priority of RSW and will actively contribute to shifting the balance of care.

We will in the coming year aim to recruit 20 new foster carers.

### **Adult Support and Protection**

Aberdeen City Adult Protection Committee (APC) shares an Independent Convener with Aberdeenshire and Moray APCs. This helps to facilitate consistency between the agencies across the Grampian Adult Protection Partnership. Through the Grampian Adult Support and Protection (ASP) Working Group, the three APCs develop and maintain the Grampian Interagency Policy and Procedure for the Support and Protection of Adults at Risk of Harm and this contributes to the success

of multi-agency working. The Policy has been reviewed and is about to be circulated for consultation. The Grampian Adult Protection Committees' Significant Case Review and Review Protocol has also been reviewed.

The Lead Service Manager is the Adult Protection lead for the Council. Around 125 Council Officers have been trained to a level that allows them to carry out adult protection investigations and discharge specific legislative functions. A rolling programme of training is in place to ensure a supply of Council Officers. In recognition of the increasing complexity of the nature of adult protection investigations, there is to be a third Advanced Council Officer training course, previously provided by The Robert Gordon University in 2012 and 2013. The intention is to give Council Officers additional skills and confidence in working with complex issues, including capacity, consent and undue pressure. RGU will run this course, again including a focus on risk assessment and risk management. It is now mandatory for Council Officers to attend an 'Adult Support and Protection Refresher course' every two years and these courses are run by the Aberdeen Adult Protection Unit (APU).

During the Biennial Reporting period 2013/15, the Scottish Government set 5 National Priorities for Adult Support and Protection: Financial Harm; ASP in A&E; Service User and Carer Involvement; ASP in Registered Care Homes; and Data Collection. The APC incorporated each of these priorities into its own action plan. In relation to data collection, the new national ASP Dataset has been incorporated into the APU reporting mechanism, which produces a full suite of information for monitoring, management and development purposes. This data is reported to each meeting of the APC for information and discussion and also on a biennial basis to Scottish Government. Raising awareness of ASP remains a local priority. A variety of means and continuing efforts are made to promote awareness, resulting in increased referrals from individuals themselves, family members, the public, care homes, care at home staff, NHS staff, Fire and Rescue Service staff and the Ambulance Service.

The second Adult Support and Protection national publicity campaign was launched in March 2016. The materials in leaflet and poster form arrived after the campaign and were distributed.

Financial harm continues to be a clear focus of the Grampian Financial Harm Sub Group. Two of the four half day Grampian Financial Harm Events were held in Aberdeen City and two in Keith in February 2016. These were planned along with multi-agency Grampian ASP colleagues. The events were well attended and well evaluated. Presentations were provided by a range of professionals, including the Adult Protection Unit Coordinator, Police Scotland, the Office of the Public Guardian, Aberdeen City Council Trading Standards staff and the Royal Bank of Scotland. The workshop discussions were evaluated as particularly worthwhile. A significant number of Adult Social Care staff, Aberdeen City Council Communities, Housing and Infrastructure staff, as well as NHS staff and third sector and care agency staff reported that these workshops enhanced their learning significantly for addressing financial harm and developing knowledge and skills.

The Adult Protection Committee's continued commitment to prioritising financial harm is reflected in the APU Coordinator's membership of the Grampian Financial

Harm Sub Group. There were also successful meetings between the Adult Protection Unit Trainer and the Police Scotland Adult Protection Coordinator, with Royal Bank of Scotland staff to discuss ways of improving awareness and developing processes that the banks could use in relation to ASP. During subsequent meetings, closer links and joint working were established. The APU Trainer and the Police Adult Protection Coordinator provided a presentation and led discussion in the Queens Cross Branch on Adult Support and Protection. The APU continues to work closely with colleagues in Police Scotland and in Trading Standards to address the issues of illegal activities in relation to scams of all descriptions. The APU's role is the support and protection of adults harmed by this activity. In addition, the APU works closely with operational colleagues and partner agencies to disseminate information on scams and what to do if affected to adults at risk and their families. Trading Standards have provided materials on financial harm and scams, to enhance the ASP Training provided by the APU.

The NHS Joint Training Coordinator along with a Speech and Language Therapist, have developed a Training for Trainers course and training materials for working with service users: 'Keeping Yourself Safe From Harm'. There is significant interest nationally in this course and the materials. A number of the courses have been run for an hour by two trainers in a range of Aberdeen services and have been well received by service users, to enhance their own understanding and awareness of harm and how to keep themselves safe. More of these courses are planned.

Over the past year 1055 referrals were submitted to the Adult Protection Unit; 34 fewer referrals than during the previous year. 89 older people accounted for almost half of the referrals which progressed to Inquiries and Investigations, followed by 60 people with mental health problems, 53 people with dementia and 52 people with a physical disability. For the first time annually, financial harm was the most common concern for 82 people, followed by physical harm for 69 people, which had been the largest group reported by concern in the previous year. Self harm was the next highest concern, for 56 people, followed by psychological harm for 38 people, with neglect for 33 people and sexual harm for 15 people. The main location of harm was for around 65% of people in their own home, which represented a significant increase from 51% in their own home during the previous year. Around 16% of people investigated were residing in a care home which is a slightly lower proportion than the 22% in the previous year.

Around 31% of referrals continue to a formal ASP intervention by Initial Inquiry, which is 5% fewer than the previous year, with only 1% of these proceeding to Full Investigation. The remainder of referrals are often redirected to social work services for assessment and support or to other relevant services/agencies. There is clear evidence from local audits that provision of immediate supports at Initial Inquiry stage often addresses risk of harm at an early point, thereby reducing the need for more substantive ASP intervention and in accordance with the principles of the Adult Support and Protection (Scotland) Act 2007; the principles of 'most beneficial' and 'least restrictive'.

Over the coming year the APC will continue to focus on financial harm, which is the largest form of harm investigated under Adult Support and Protection procedures in Aberdeen. We will continue to promote service user and carer awareness of ASP

and continue delivery of the 'Keeping Yourself Safe From Harm' courses to service users.

Following the independent internal review of Adult Support and Protection, the Chief Officer has convened a short life working group to address and develop the findings. A series of rapid improvement events will take place in the autumn of 2016.

## **Criminal Justice**

The Criminal Justice Social Work service is now in the transition phase between the Northern Community Justice Authority (NCJA) and Community Justice. Whilst the NCJA continues to disburse the funding from Scottish Government, monitor the delivery of the area plan for reducing offending and have oversight of the performance of Criminal Justice Social Work, these will become local authority functions from April 2017. Work is ongoing to ensure that strategic and operational structures are in place for the implementation of the new model.

Current NCJA Criminal Justice Social Work partners have expressed a desire to maintain a degree of collaborative working in terms of benchmarking, quality assurance and best practice.

Although Aberdeen follows the national and international trend in that offending continues on a downward trajectory, both the number of reports requested by the court and Community Payback Orders imposed has increased in the past year.

	2012-13	2013-14	2014-15	2015-16
CJSW Reports to Court	1,586	1,550	1,291	1,443
Community Payback Orders	968	1,054	1,116	1,132

Sentencers can impose any of nine Requirements on a Community Payback Order but, in reality, the Scottish average is 1.5 per order. In Aberdeen 90% of CPOs have an Unpaid Work and Other Activity Requirement, 10% above the Scottish average. This poses significant challenges in terms of unpaid work placements and it has been necessary to increase capacity by sourcing as many individual placements as possible. Whilst these are not as visible as some of the bigger work party environmental projects, they are rated very highly by both clients, who learn new skills and by recipients of the service, many of which are charities who gain additional workers.

We aim to be as responsive as possible to local need as identified by Councillors, MPs, MSPs, charities, environmental services, other ACC services and members of the public.

*Pre-Disposal Team*

The Pre-Disposal Team was set up 18 months ago as part of a restructuring of service in response to need and capacity issues. The Team is based in the Town House adjoining the Sheriff Court and the location has greatly improved relationships with Sheriffs as well as providing an improved court service to clients.

Since November 2015, the Team has been working in partnership with the Scottish Government and Scottish Court Service to pilot a Problem Solving Court for women offenders. This Problem Solving Approach was rolled out to men in August 2016.

### *Women's Services*

The Connections Women's Centre has now been operational in Spring Garden for over a year and feedback has been almost universally positive. In addition to working with women who have offended, the Centre also provides support to women who have been harmed by domestic abuse and, more recently, to women who are subject to Structured Deferred Sentence imposed by the Problem Solving Court.

Women have the opportunity to undertake a range of activities and programmes such as crafts, therapeutic photography, confidence to cook, acupuncture, safety planning and the Connection's Women's Programme. Whilst the Connection's Café and Caledonian Drop-in provide opportunities for informal advice, socialising and peer support.

In addition to our community based service, our Women's Support Workers continue to meet with Aberdeen women in Scottish prisons on a regular basis. A strong working relationship is developing with staff at HMP Grampian.

### *Domestic Abuse*

The Caledonian System continues to offer effective intervention with higher level domestic abuse perpetrators plus support for women and children harmed. This work is labour intensive, but initial feedback from Ipsos Mori who are currently evaluating the System are very positive.

CJSW was involved in Operation Gains, a pilot initiative with Police Scotland, Aberdeen Cyrenians and Alcohol and Drugs Action in the past year. This was aimed at providing support to women harmed by domestic abuse at the earliest possible opportunity in order to offer advice, safety planning and support throughout the legal process if required. In tandem with this, perpetrators whose offending was drug or alcohol related were offered support from ADA. The outcomes from the pilot were very positive, particularly in respect of the women, but unfortunately funding has now run out.

### *MAPPA*

From 1<sup>st</sup> April 2016 MAPPA was extended to Other Risk of Serious Harm Offenders; i.e. those who are neither registered sex offenders nor restricted patient but who, by reason of their conviction, are subject to supervision in the community and are assessed by the responsible authorities as posing a high or very high risk of serious

harm to the public. These offenders are the “critical few” who require high levels of multi-agency support and management. We are very fortunate to have extremely good relationships with our partners in this respect with excellent communication, information sharing and joint working.

Over the coming year, the Criminal Justice services will work with Community Planning Partners to produce a Community Justice Plan which will deliver effective services to reduce reoffending and embrace the opportunities for even more creative partnership working inherent in the Community Justice model. We will use the Connections Women’s Centre to further develop services to Women in the Criminal Justice system and those who have been harmed by domestic abuse and work with the Scottish Court Service and other agencies to successfully roll out the Problem Solving Approach to men.

### **Learning Disability Services**

In line with local and national policy and practice drivers, Learning Disability services continue to adapt to meet the needs and outcomes of the individuals it supports whilst addressing the challenges posed in the market place.

Over the past year we have:

- Rolled out a series of training event for care management and in house staff on Essential Lifestyle Planning and Support Planning. Lessons learnt from this have been shared within the service and to operational managers;
- Engaged with colleagues regarding Health & Social Care Integration, including commencing a dialogue regarding joint commissioning or budgets to support people with a Learning Disability;
- Continued to work in ways which promote people with Learning Disabilities as equal partners;
- Commenced work to support the development of a co-produced Vision for Learning Disabilities in Aberdeen;
- Continued to assess and review the best value of contracted services;
- Built and maintained good working partnerships with colleagues in health services and 3<sup>rd</sup> Sector organisations.

The programme of work in 2015-16 has highlighted that the service continues to face both challenges and opportunities. The key aspects of which are summarised below.

#### ***Market Pressures***

A successful large scale tendering process for Care at Home and Housing Support for people with a reputation to challenge services took place during the year, giving the Learning Disability Service the opportunity to redefine the way in which we look at services for people with complex needs in Aberdeen. Further developments within this area are required and the methodology used for this tender exercise will be built upon in future commissioning activity.

Changes in national legislation in relation to working practices has led to increased dialogue with Provider Organisations. At times this has proved challenging due to the economic pressures placed on both statutory and 3<sup>rd</sup>/Independent Sector organisations. We continue to work closely with all contacted organisations to ensure a supportive and open dialogue is maintained. Provider Organisations have analysed their position in the North East of Scotland, with some making the decision to cease business in the area. These circumstances have highlighted to us that further support must be offered to organisations and good relationships require to be maintained.

Over the coming year we will need to ensure we support provider organisations to deliver good outcomes for individuals in a flexible and responsive manner whilst addressing legislative demands regarding working practices. To address this, we will continue with a programme of successful provider engagement, focusing on how we can commission and contract services/supports in more effective and person-centred ways for all stakeholders. Ensuring the Learning Disability service commissions services in a sustainable way whilst offering best value. To do this we will continue to review our commissioning arrangements and ensure these are in line with our financial position as a service.

### *Changing Need*

Increased referrals have been made to the LD Care Management Teams with more people being assessed as Eligible for support. Individuals currently supported are often being reassessed due to increased need. As a result, further work has been undertaken in relation to mapping of our financial position and of our current services. This work will feed into the development of a Vision/Strategy for Learning Disabilities.

As part of reassessing the suitability of service provision work has commenced on the design of a replacement day centre facility for people with Learning Disabilities, due to open in late 2016. In addition, an extensive refurbishment programme was undertaken at Stocket Parade, ensuring that individuals have safe and well maintained homes.

Work has been ongoing to ensure, where possible, individuals are supported to live as tenants with associated rights within service provision. Close working relationships with a variety of stakeholders has been crucial to this aspect of work, and continues to be a priority.

### *Supporting the Workforce*

All Care Management staff and In-house Team Leaders/Seniors have attended training on Essential Lifestyle Planning & Support Planning. This training opportunity has been crucial in supporting the design and development of support arrangements, particularly for people entering the Learning Disability Service from Children's services.

With the increased demand for Care Management assessments and reviews additional staff resource has been provided to the teams. Successful recruitment

has resulted in staff workloads being managed more effectively. However, an increase in Adult Support & Protection concerns and statutory reviews of Guardianship powers have resulted in higher workloads and further pressures for staff. This is an area of concern and further work is required to review how staff can be supported to undertake their professional role.

Throughout the year processes within the service have been seen to require review and at times redesign. This covers aspects of Care Management function such as assessment and screening as well as how we review services and commission support. These changes are a crucial part of making the service more effective and future focussed.

We need to support our workforce to cope with the challenges of their workloads, including how to work with complex cases. To address this, we will adapt our processes to ensure they are supportive of our staff whilst ensuring they provide good governance for the service.

## **Mental Health Services**

The Mental Health (Care and Treatment) (Scotland) Act 2003 Section 32 (the 2003 Act) places a responsibility on Local Authorities to appoint sufficient Mental Health Officers (MHOs) for their local area to undertake statutory duties. The 2003 Act stipulates that MHOs must be Registered Social Workers working for the local authority who are experienced and who have completed specialist training. Within the context of the integration of health and social care this duty clearly remains with the local authority. This point is particularly important as it maintains a visible and tangible separation of health and local authority services.

Aberdeen City Council secures accredited MHO training in partnership with The Robert Gordon University, with the University hosting the academic elements of the course. The Council provides the practice setting and Practice Assessors who are qualified, practising MHOs who oversee and assess the knowledge and practice of MHOs in training. Numbers of suitably experienced Social Workers coming forward for training vary and the demands of the course and on the service in which the worker is based are significant. Practice Assessing is also a demanding role. Recruitment, retention and training of MHOs is an ongoing challenge.

	2013	2014	2015	2016
NO. OF MHOs	34	32	30	34
TRAINEES	NO COURSE	4	4	4

There are 29.5 MHOs located across adult services, with 19.5 working within Mental Health teams and 5 in the Out of Hours team. There are 14.7FTE core MHOs who are paid at a higher grade, these posts are MHO/SW posts and are mostly aligned to multi-disciplinary teams in Adult and Older Adult Mental Health at Royal Cornhill Hospital. There is one higher graded MHO in Learning Disability Services and one



Peripatetic MHO. All Senior Social Worker Posts at Royal Cornhill Hospital are also MHOs.

The above figures are intended to provide an overall picture and does not take in to account MHOs on Maternity Leave, Sick Leave and those who have moved to promoted, seconded posts. The actual numbers of MHOs providing a service are less than those given above.

MHOs have statutory duties in situations where compulsory detention or treatment under the 2003 Act is being considered, to assess and either consent or withhold consent to the detention and/or treatment. Once a person is detained the local authority has a duty to designate an MHO to the case and they remain involved with the person and exercise particular functions and duties for the duration of their detention. These duties include the identification of a Named Person, the writing of a Social Circumstances Report (SCR) as well as advising the person of their rights and supporting the person to exercise these rights.

The deprivation of a person's liberty and the giving of compulsory treatment is a grave infringement of human rights and the involvement of a social worker trained in mental disorder and the law – the MHO – is intended to provide independent checks and balances which take a holistic view of the person.

In relation to the civil provisions of the Mental Health (Care and Treatment) (Scotland) Act 2003 the figures below are in relation to statutory interventions by MHOs in Aberdeen City.

	2011/12	2012/13	2013/14	2014/15	2015/16
Compulsory Treatment Order	49	65	56	52	62
Emergency Detention in Hospital	20	30	36	36	28
Short-term	156	186	180	157	170

Recent and current Consultations by the Scottish Government propose changes to the Mental Health Act which will increase further still the role of the MHO under this piece of legislation. For example, the 2015 Act implemented in part earlier this year proposes the provision of mandatory MHO reports in certain circumstances when Compulsory Treatment Orders and Compulsion Orders are extended, changes to the Named Person provisions, the introduction of a role for MHOs in the transfer of prisoners for treatment and a brand new provision relating to Victim's Rights. Consideration is also being given to whether people with a learning disability or autism should be dealt with under mental health legislation.

### **Adults with Incapacity – Guardianship**

For those adults who lack capacity to make decisions or take action to safeguard their own welfare, their property or their financial affairs, the Sheriff Court can appoint a guardian under the Adults with Incapacity (Scotland) Act 2000 (the 2000 Act).

The local authority has many duties under the 2000 Act including the duty to make application to the Sheriff Court to have the Chief Social Work Officer appointed as Welfare Guardian where this is necessary and no one else is doing so. This duty applies also to financial and property matters and application must be made to appoint a private solicitor as Financial Guardian. Private individuals also can apply to be appointed as welfare and/or financial guardians. In all cases where welfare powers are sought, a report from an MHO is required.

People on Guardianship tend to be diagnosed with dementia, a learning disability or some other condition which affects cognitive abilities such as Huntington's Disease, stroke and alcohol related brain damage.

Numbers of Guardianships have been increasing year on year. For example, the annual number of new orders granted in 2014/15 is 84% higher than in 2009/10. The use of this piece of legislation is also influenced by judgements made in Sheriff and European Courts around deprivation of liberty as it applies to the provision of care and this, alongside the introduction of Self Directed Support is partly responsible for the increase in the use of Guardianship.

The CSWO is Welfare Guardian for 99 people, this has increased by 20, the previous year's figure being 79. Private individuals are welfare guardian for 286 people, this is up from 247 last year. In cases where a private individual has been appointed the local authority has a duty to supervise the guardian at least once a year.

The increasing use of Guardianship, places a growing demand on social work services across the board. There are more Guardianships in place for people with a learning disability than for any other client group.

Judgements made in the European Courts around Deprivation of Liberty have impacted on views about the authority of the 2000 Act. A recent consultation by the Scottish Law Commission is proposing the introduction of measures to authorise holding adults who lack capacity in both general hospitals for treatment of medical problems and also in care homes. It is unclear what the overall implications of such measures may be but it may well result in a further increase in the numbers of welfare guardianships.

## **Older People**

Integration with health into the Aberdeen City Health and Social Care Partnership has proved to be a major factor within Older People's Services. Significant work has been done with our health colleagues to improve services within Older People's Services across the partnership.

### *Practice Improvement*

In recognition of our difficulties in delivering an assessment and intervention service for urgent and high priority referrals, we undertook a review of the functions and processes of care management. As a result, a Response Team was introduced within the Older People's service. This team is able to undertake urgent

assessments in order to meet the needs of citizens quickly. The use of a scheduling tool across the services then allows a planned reallocation from a worker in the Response Team to one in one of the locality teams.

Practitioners are continually striving to improve the service they provide to older people in Aberdeen. Managers and some staff in Older People's Adult Social Care, have developed a core skills training and development programme. This has been rolled out to all care management staff and this training is being developed further to include Learning Disability Services over the next year.

### *Continuous improvement of Assessment and Review processes*

Ongoing feedback from frontline staff indicated that Assessment and Review tools and processes required further improvement. All paper work was reviewed as planned over the last working year and new assessment, care plan and risk assessments were piloted and will be rolled out to all Older Adults Care Management Teams during the rest of 2016.

As a way of undertaking our statutory duty to review annually all care packages, we have introduced innovative, less-time consuming ways of completing reviews, for some cases. Reviews of care were traditionally carried out through a face to face meeting with the individual, care provider, and family/informal carer. However, given the volume of high and urgent work within teams, it was not possible to regularly review less complex cases. Thus, our Care Managers and Care Co-ordinators have piloted the use of initial telephone reviews and day surgeries within care homes, which allow residents and families to attend if they have queries or wish to arrange a formal review. Traditional reviews remain a significant tool, particularly in more complex caring situations.

### *Partnership Working to address capacity issues*

Shifting the balance of care to enable more people to live at home, or in homely settings, continues to be a strategic objective, for Older People's Services. However, this has been subject to market forces, and the supply of care has challenged the social care system over a number of years. Recruitment and retention problems remain difficult within this sector and this continues to impact on waiting times for care and on discharge from hospital.

Money has been received from the Scottish Government to provide for the Living Wage which will be rolled out to Care Providers from October 2016. It is intended that this will address the issue of low wages in relation to this sector.

Because of recruitment issues, care at home providers are still not able to fully meet all the demands for care across the city. However, there is ongoing discussion with Care at Home Providers to look at locality based models of care delivery, which in the longer term should improve our ability to provide care to those increasingly complex care demands we face. In the meantime, the pressures of resource finding are placing a significant strain on capacity in care management teams, who continue to illustrate a high degree of persistence in trying to source care.

In relation to care home provision, in 2015-16 embargos on admissions because of staffing problems or poor standards have reduced, with only 1 Large Scale Investigation being undertaken into a care home. Staff at the home worked closely with council officers, health partners and residents and their families over a 6 month period to improve the standards of care. Although this was a difficult process for all to work through, the commitment of those involved, to improve outcomes for individuals, has proved to be successful. Ongoing partnership working with the home and health staff will continue to ensure that the improved standards continue.

### *Integrated Practice around Hospital Discharge*

Delayed Discharge remains a challenge and the national standard for 0 delays over 2 weeks is not presently being achieved, although the flow of people supported to leave hospitals is steady and delays have been gradually decreasing over the last year.

The main reason for delay continues to be the shortage of care to meet demand. However, the introduction of interim beds in for those patients assessed as requiring a care home place has enabled people to move from hospital to a care home, while they wait for a bed in their home of choice. There are plans to increase the resources available for this from September 2016, from 6 beds within 1 care home, to 19 across the city. The number of interim, residential beds will remain constant at 8, as will those for individuals awaiting care at home services who currently have access to 8 interim flats within the Clashieknowe Intermediate Complex.

Another major initiative to address this issue was the introduction of a Discharge Hub at Aberdeen Royal Infirmary (ARI). Care Management (Older Adults) Staff have been part of this and have worked in partnership with health colleagues to develop pathways for discharge, that minimise delayed discharge. Following the success of the Discharge Hub at ARI, a similar initiative has now been introduced at Woodend Hospital to ensure that an integrated approach to discharge is taken across services. The ARI and Woodend team gained three extra care managers (funded over a two year period) to facilitate the implementation of these initiatives.

### *Further Development and Improvement in 2016/17*

A Planning and Development Manager (Older People) is recently in post, for up to 1 year, to support the service in improving and moving further into integration. The post holder will have a lead role in:

- Improving financial information in CareFirst and ensuring that all staff are adequately trained in this area. Improving our financial data recording will improve commitment monitoring and ensure that budgetary information is reliable.
- The introduction of a new resource co-ordinator, to reduce duplication and improve efficiency when care searches are being undertaken by staff.
- Review of our current eligibility criteria in relation to Care Homes and Very Sheltered Housing, in order to ensure consistency and transparency across services. This is being done with partners in health, ACC housing and third sector.

- Redesign of administrative services to improve administrative function, both in supporting frontline staff and to improve business processes across different ACC departments and within the H&SC Partnership.
- Our updated assessments and care plans are outcomes focussed tools, in line with Self Directed Support (Scotland) Act 2013. All staff will undertake training throughout 2016/17 around Self Directed Support and training will also be developed with Bon Accord staff develop training around outcomes focussed assessment.

### **Aberdeen City Alcohol and Drugs Partnership**

The Aberdeen City ADP meets on a quarterly basis. It has representation from a range of stakeholders, including:

- The Chair of the Alcohol, Drugs and BBV forum - which is an open forum for members of the community to share their views on local alcohol and drugs issues.
- Aberdeen in Recovery (AIR) – an alcohol and drugs peer recovery support group
- Civic Forum – a city wide community representative group

The ADP is tasked with helping deliver on nationally set Scottish Government outcomes for alcohol and drugs. It also works to deliver on its alcohol and drugs strategies and on priorities contained in its Delivery Plan 2015-18. This latter document contains four priorities: Prevention; Early Intervention; Reducing deaths; Quality.

Although no new commissioning took place during the year, a public consultation on what services, service users and the public think previously took place prior to the current third sector alcohol / drugs services being commissioned.

In addition, the ADP jointly ran a local alcohol and drugs conference in November 2015, which attracted service users, family members and the general public.

Aberdeen City operates an:

- Integrated Alcohol Service (IAS)
- Integrated Drug Service (IDS)

Both services have multi-disciplined staff, including Doctors, Nurses, Social Workers and third sector Support Workers. The Support Workers are currently commissioned from the local third sector organisation, Alcohol & Drugs Action.

In 2015/16 there were 913 people referred to the IAS and 907 people referred to the IDS. During this time the IAS and the IDS consistently met Scottish Government health waiting times targets for alcohol and drugs services, which require that at least 90% of people are seen within three weeks from initial referral to treatment commencing.

The IAS and IDS has consistently met Scottish Government NHS treatment waiting times targets over the last year.

Work needs to continue to be done on helping clients to move through their recovery and in having robust methods for capturing outcomes around this.

### *Work with the Care Inspectorate*

Early in 2016, the Care Inspectorate began a programme of work, across the whole of Scotland, to support the validation of Alcohol and Drug Partnerships and services' self-assessment of performance and progress in implementing and embedding the National Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol services.

The Care Inspectorate programme included: questionnaires for service users and staff; a self-evaluation template; case file reading; and meetings with service users, staff and ADP members.

The Care Inspectorate intends producing a national report during 2016/17, as well as providing local feedback for each ADP. This information will help inform the ADP on areas for ongoing improvement.

### *Work on dealing with people found drunk & incapable*

Work took place during 2015/16 in preparation for the closing of the Designated Place of Safety (DP). The DP had been commissioned jointly by NHS Grampian and Police Scotland for temporarily caring for people found drunk & incapable.

New improved partnership processes were developed for implementing in 2016/17, which included having a Social Worker based within the Community Safety Partnership HUB at Frederick Street, Aberdeen. This worker assists the overall care management for this cohort, particularly for those people who are regularly found drunk and incapable. The new processes aim to reduce the impact upon emergency and health & social care staff.

### *Delivery of alcohol brief interventions*

There is good evidence that the delivery of Alcohol Brief Interventions (ABI) can help reduce alcohol consumption. The Scottish Government set NHS Boards targets around ABIs. The ABI target for Aberdeen City in 2015/16 was 2889. Over the year, a total of 4,418 ABIs were delivered.

### *Supply of naloxone*

Naloxone can temporarily reverse the effects of an opioid overdose and can therefore save life. Over the year, 544 naloxone kits were supplied to key individuals across Aberdeen.

### *Supply of methadone boxes*

Methadone Safe (Home) Storage boxes are issued by IDS staff as part of ongoing risk-assessment processes for people in drug treatment services who care for children. In 2015/16 there were 29 boxes issued.

## **Complaints About Social Work / Social Care Services**

The CSWO has awareness of the volume and nature of statutory complaints received and can sign off on appeals against complaint decisions. Using an excel spreadsheet register and CareFirst version 6 to record data on complaints, allows for analysis and ensures that complaint information is available for services and committees and to inform service improvements.

Complaint trend information and analysis is reported quarterly to both the Council's Education and Children's Services Committee and the Clinical and Care Governance Committee of the Health and Social Care Partnership. Complaint information is also reported separately to the CSWO and the H&SCP Chief Officer and forms part of the CSWO performance dashboard.

A regulated process applies to the methods and timescales for responding to complaints by persons who receive or are in need of social care service and persons whose request for a service has been refused by the local authority. This report considers statutory complaints, where the requirement is for a formal investigation and a full written response under the procedure; appeals against original statutory complaint decisions and complaints heard by the Complaints Review Committee.

In the period April 2015 to March 2016, 138 statutory complaints were recorded, (compared with 78 for 2014-15 and 95 in 2013-14).

These 138 complaints contained a total of 426 separate complaint points. Of these 426 complaint points, 59 points were upheld, 37 were partially upheld, 266 were not upheld, there 43 were no decision could be made and 21 were withdrawn.

Children services received 85 complaints, which contained 302 separate complaint points, 32 of which were upheld, 24 partially upheld, 204 were not upheld, 33 were no decision could be made and 9 were withdrawn.

Adult services received 51 complaints, which contained 116 complaint points, 26 of which were upheld, 13 partially upheld, 55 not upheld, 10 were no decision could be made, and 12 were withdrawn.

There were 2 complaints which covered both Children's and Adults Services, which had 8 complaint points, 1 of which was upheld and the remaining 7 not upheld.

In 2015-16, 87% of complaints that required formal acknowledgement were done within the required 5 day timescale, compared to 90% in 2014-15. In total, 70% of complaints were responded to within the 28 day deadline, compared to 29% in 2014-2015. Children's services responded in time to 70% and adult services responded in time to 72% of their respective complaints, the two joint complaints were both responded to on time.

In 2015 -16, 24 complaints were taken to the appeal stage, compared with 3 in 2014-15.

In 2015-16, 2 complainants took their case to the Complaints Review Committee, as compared to 3 in 2014-15.

Many factors can influence the number of complaints received and it is difficult to quantify the exact reasons. The rise in the number of complaints in 2015-16, can partly be attributed to particular complainants, who have made regular and voluminous complaints, but otherwise, it has to be accepted that the volume of complaints will fluctuate.

Likewise, the ability of the service to respond to a complaint within 28 days can be varied. In an effort to improve compliance, changes have been to how complaints are investigated. The Complaints, Rights and Enquiries team now take a more active role in the investigation of complaints, to aid social work staff. As can be seen by the improvement in compliance from 2014-15, this has been hugely successful and has been done whilst training all social work teams in complaints handling, which has also had a positive impact.

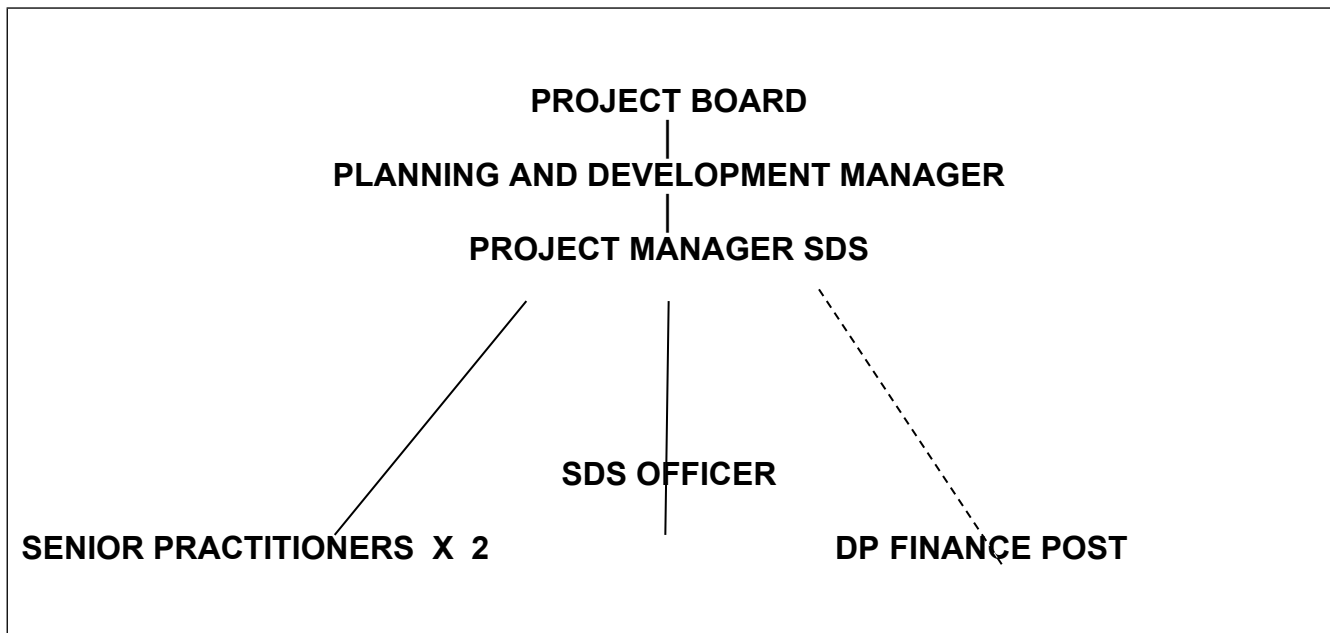


## 8. User and Carer Empowerment

### Self-Directed Support

Aberdeen City Council is progressing with the implementation of Self -directed Support across the city.

#### *SDS Team Structure*



#### *My Life Portal*

On 1<sup>st</sup> June 2016, the City's MyLife portal went live to the citizens of Aberdeen.

MyLife is a website dedicated to Self-Directed Support within Aberdeen and covers all service areas. The hope is that it will be the one stop information and advice website for SDS. The portal contains sections of information to support individuals with SDS.

"What is SDS" and the four options provide the supported person with a generic SDS leaflet, factsheets on each of the 4 options available through SDS explaining the systems and process, front facing documentation used to set up a direct payment (option1), Information on financial monitoring and the process of becoming an employer, links to useful support organisations.

Providers of support, goods and activities resource directory providing both supported people with easy access to providers and their services and providers with a medium on which to advertise their services. Providers have full administrative rights to their own page.

Financial section where we have numerous links to internal and external financial support, documentation that the supported person can view before the practitioner discusses them with them (open and transparent).

Useful links is broken into 5 sections for Links to SDS legislation, Children, Transitions, Adults service specific information and Carers which provide links to documentation used by practitioners, eligibility for services information.

Frequently asked questions provide the supported person and the practitioner with answers to commonly asked questions.

Films and stories provide real life examples of how SDS has empowered individuals to have more choice and control over their assessed care and support needs. This is to be further developed to include stories

The future focus is to advertise the portal to the wider community, ensure that all information, systems and processes are updated as required. Consult with supported people, representatives, support groups and providers January 2017 re functionality of MyLife.

### *Progress on Implementing SDS*

The main focus of work has been to implement a suite of forms and a clear process to enable practitioners to be confident in using option 1 successfully.

This has necessitated a complete overhaul of the processes and we now have a clear system from discussion, through set up, ongoing maintenance and closure of a direct payment. This overhaul has been informed through discussion with Finance, Carefirst, Service Managers, Supported People and Practitioners.

There is a comprehensive guidance document for practitioners, which will act as a day-to-day tool to enable them to work confidently within direct payment processes and systems.

An important part of successful implementation of option 1, DP has been the development of a robust escalation process. This is necessary for those situations where correct monitoring statements and accompanying paperwork have not been submitted to Finance, and as such has been developed through close working with Finance, Legal and Practitioners. There is now a comprehensive range of letters covering standard communication, alteration and escalation process available to Finance. There is an agreed time scale, process and a flowchart has been developed alongside written guidance to support this change.

The SDS team recognise that practitioners are developing their skills as we implement new processes.

There is an overarching guidance document for supported people to enable them to feel informed and capable in relation to their choice of a direct payment.

Additionally, there are comprehensive guides in relation to Personal Assistants and Self-Employed carers. For this particular aspect there has been consultation and discussion with Police Scotland and Adult Protection Unit to ensure we are meeting our responsibilities in relation to vulnerable adults and enabling people to make choices where it is safe to do so.

There are supported people who have, historically not been maintaining their DP in line with statutory requirements. With this in mind, over the coming months the SDS team will be supporting and establishing a guide for practitioners to help them think about and deal with these historical cases and ensure processes and systems are implemented to support and not disadvantage Supported People.

### **Supporting Independent Living**

A large concentration of work within the Learning Disability service has centred on enabling people to live as independently as possible. To do this we commenced a programme of re-registering services from care homes to care at home and housing support services, within our In-House estate. Following this, Provider Organisations were supported to identify which resources should adapt into more independent living environments, with individuals benefiting from having rights as occupants or tenants as well as income maximisation through full entitlement to benefits.

Our own In-House estate of Care Homes was the first step for such work. There have been benefits to the organisation and to the individuals we provide direct support to. This can be seen in the ways in which people have more choice and control of their homes and support arrangements in order to meet their identified outcomes and the way in which we model our services and support our staff to deliver high quality, individualised care.

In addition to this a key aspect of independent living is about extending individuals' rights to have choice in relation to their support arrangements. We have worked with our LD Care Management staff to ensure they are knowledgeable of different ways in which someone may be supported, including the person self-directing their support. Our aim is that individuals supported by the service will be given the opportunity to contribute to their own Essential Lifestyle Plan and Support Plan, providing detail on their needs, outcomes and how they will be supported. This gives individuals more opportunity to say what works for them and how their support should be delivered. It also provides detail on the cost of their support so it is clear how the money provided for support/services is used and this assists with reviewing the effectiveness of the support and whether it delivers good outcomes and best value.

We continue to look at ways of supporting people to live in their own homes or homely environments, working with individuals and other stakeholders to support the success of this work.

### **Active Ageing and the Wellbeing Team**

The achievements and progression of our wellbeing team have featured in the CSWO Annual Report since 2012.

The team has continued to support initiatives that promote physical activity and social opportunities and work with many partners and colleagues including Aberdeen Sports Village, Sport Aberdeen, The Robert Gordon University, local churches, the public health team, allied health professionals, Alzheimer's Scotland, Aberdeen Football Club Community Trust, Age Scotland, the Health and Care Village, Royal Cornhill Hospital, GP practices, care homes, Aberdeen Council of Voluntary Organisations, carers services, Footprints Connect and many others to increase the number of older people, many with long term conditions, getting active and involved in their local communities.

Some examples of what we did in 2015-16:

- We coordinated a programme that introduced new activities over a six month period in four separate sheltered housing complexes. The activities are now being led and delivered by Aberdeen Football Club Community Trust;
- We expanded our 'Meaningful Activities' network to reach more people living in their own homes and in care homes with long term conditions and worked with partners to create activities that are tailored to specific needs and conditions including dementia;
- We have worked with volunteers to support and empower them to meet needs in local areas. One community centre now runs a social group for isolated older citizens and a local Sports Centre hosts a wellbeing group for people with long term conditions and their unpaid carers;
- We have been actively involved in a design led approach facilitated by an external organisation called THRIVE in two neighbourhoods of Aberdeen and with GP surgeries in all localities to seek collaborative solutions to local issues. More specifically, we undertook a pilot project of 'wellbeing visitor' with one GP practice in a local neighbourhood to address loneliness and isolation among a small number of elderly patients;
- The work of the wellbeing team was promoted at the annual NHS Scotland Event in 2016 and was also shortlisted for a national award at the Scottish Council of Voluntary Organisations in the 'Perfect Partnership' category;
- We have promoted good practice and learning with one example being the discussion of a person's wellbeing as a central part of multi- disciplinary team meetings within primary care.
- We have continued to use approaches in community settings that have resulted in older people and volunteers taking ownership and responsibility for the running of initiatives in local areas such as volunteers running sessions of 'Technogym Easyline' in local neighbourhoods. 'Technogym Easyline' is a low level seated circuit class which is predominantly used for people aged 65 and above. It aims to help improve overall body strength. Technogym operates using a hydraulic bar which targets resistance for specific muscle groups.

During 2015/16 the wellbeing team also continued to support the 'Golden Games' which is a local partnership approach to a sports and physical activities festival for people over the age of 65 in Aberdeen. Initially developed in 2011, the 'Golden Games' have helped to create and promote an ever increasing range of active ageing events with partners that now take place throughout the year in Aberdeen.

During 2016/17 we hope that the Aberdeen partnership of local sports providers will take on the leadership for further development and delivery of the Golden Games.

Over the course of the next year, the wellbeing team will align itself with the public health team as part of Aberdeen City's Health and Social Care partnership (H&SCP).

Limited evaluation from previous projects makes it more difficult to know what learning and projects to prioritise and scale up.

Limited evaluation from previous projects has made it more difficult to know what learning and projects to prioritise and scale up. Therefore, the wellbeing team will undertake some evaluative learning on our successes and activities from previous years and make our function clear to a wide range of partners and colleagues in line with the priorities in the H&SCP's three year strategic plan.

We will continue to educate, support and empower communities to develop their own wellbeing opportunities and develop more locally focussed wellbeing activities and events. We plan to develop a range of wellbeing opportunities for people living with long term conditions, including people with dementia.

## **Locality Planning**

The Public Bodies (Joint Working) (Scotland) Act 2014, requires the H&SCP to divide Aberdeen's geographical area into at least two localities to enable to effective planning and deliver of integrated services.

The partnership has agreed to base its localities on the four existing GP cluster areas that have existed for a number of years, to take advantage of established relationship and activities. The agreed localities are:

- Aberdeen North;
- Aberdeen South;
- Aberdeen West;
- Aberdeen East.

The development of localities reflects that citizens will naturally associate themselves with communities rather than necessarily by the "locality" within which they live, the boundaries of which are set for administrative purposes.

Localities will be critically important from a planning perspective as they will enable the partnership to understand the health and wellbeing of the populations of these areas. The partnership will seek to use these localities to develop local solutions and will start small by testing proposals, understand the impact of implementation and then, where appropriate, seek to develop them further.

Some communities in Aberdeen already have established networks or planning groups and where these are in place, it is intended to seek to use this existing community asset infrastructure. A bottom up approach will be taken rather than placing a community or neighbourhood structure down onto a community, on order to increase the likelihood for sustainability.

The creation of Locality Leadership Groups has commenced and the four localities are planning and developing services on the basis of what we already know about the health and wellbeing of the local population and what assets and resources are available locally. All activities will be co-ordinated through the partnership, in line with the strategic plan, but recognising that localities may want to pursue some different approaches given their identified priorities. Mature and trusting relationships in and between the localities and the partnership as a whole, will help ensure that local emphases are within the parameters of the strategic plan.

## 9. Workforce Planning and Development

The public sector generally in Aberdeen faces challenges in recruitment of staff. In all social work services there are few experienced applicants for professional posts and, especially in children's social work, recruits are often recently qualified. There continues to be a significant shortage of residential child care staff. Promoted posts at any level attract few applicants and particular posts with 'acting up' arrangements remain unfilled on a permanent basis, despite middle management salary levels that are higher than the norm.

The Council has recently undertaken a comprehensive succession planning exercise for key workforce/occupational groups across the Council including Children's Social Work and Adult Health & Social Care, focusing on hard to fill, business critical posts. The aim of the exercise is to develop strong succession plans to help the Council attract people with the knowledge, skills and abilities we need, retain key employees, develop our existing teams and prepare suitable ready replacements internally through a variety of learning and development activities.

The workforce skills required to meet the legislative agendas of personalisation and self-directed support have been considered in a joint workforce planning exercise between NHS and Aberdeen City Council. Further details of this are provided below.

At the operational level, we have a SMART Supervision policy linked to the Scottish Social Services Council's (SSSC) continuous learning framework, which ensures that social work staff receive professional supervision to support the development of their professional practice. The supervision policy is linked to a Performance Review and Development (PR&D) scheme, which has been adapted from the Corporate scheme to support social work staff. Since 2013 annual increments in pay scales have been linked to positive performance as assessed through PR&D.

Interest in workforce development extends to the independent sector as recruitment and retention difficulties there are impacting significantly on capacity for service delivery through commissioning.

In the summer of 2015, the Council launched its Key Worker Housing Initiative, offering Council housing to identified key workers for a 6 month period following their appointment to a hard to recruit to post. However, due the downturn in the oil industry, renting in the private sector became cheaper and easier and there was no take up for the scheme.

### **Children's Social Work**

The implementation of Reclaiming Social Work presents a new way of working for the entire Children's Social Work Service. This has required comprehensive training of existing staff as well as cognisance of the fact that potential applicants from elsewhere in the country are unlikely to have undertaken training or have a qualification in systemic practice. Professional social work employees are being trained in systemic practice and as the implementation of the new Social work units go live, all staff in each unit are benefiting from a comprehensive five day induction

programme that covers the reclaiming vision, systemic practice, role definition, practical guidance and information on how the new team will operate and team building.

We are currently progressing a wholesale redesign of the Children's Residential Service. The redesign takes account of the national workforce development framework, the proposed SSSC registration requirement that staff within residential child care achieve the new SCQF level 9 awards in residential child care.

It is a key priority that action is taken to alleviate the recruitment and retention challenges facing Children's Social Work. A working group has been tasked with considering the workforce planning challenges facing the service and proposing an action plan to meet these challenges in the future, looking at career pathways, creative advertising solutions and a review of recruitment and selection tools to ensure we get the right people into these key roles.

### **Health and Social Care Partnership**

The draft workforce plan for the Health and Social Care Partnership outlines a number of HR workstreams that will support the integration of our health and care services. It gives an indication of the strategic direction/vision and suggests the short and medium term actions that are required to achieve that direction, and to identify appropriate outcomes for each action.

The workstreams for the HR elements of Health and Social Care Integration have previously been agreed by the Heads of HR as:

- HR Support to the new Partnerships;
- Staff Governance and Staff Partnership Working;
- Workforce Planning and Development;
- Recruitment and Resourcing;
- Organisational Change and OD;
- Health, Safety and Wellbeing;
- Workforce Performance and Reporting;
- Policies;
- The Integration Scheme.

It is understood that our draft workforce plan will develop and that it should therefore be viewed as a working document that is expected to undergo a number of iterative changes. Changes will be agreed by the NE HR Group, Chief Officers and Staff Side/Trade Union Representatives from Aberdeen City Council, Aberdeenshire Council, NHS Grampian and Moray Council – through the HR Sub Groups of the IJBs.

As the Partnership develops and delivers its strategic priorities, it is expected that the workforce will need to develop and change in line with changes in service delivery and the move to locality working.

## **Employee Opinion Survey**

In October 2014, the Council commissioned BMG research to undertake an organisation wide survey of employees. The fieldwork was completed in December 2014 and the findings from the survey were published to all staff on 12 February 2015.

Following the publication of the results, a series of Directorate wide workshops were held with staff focusing on the key outcomes and highlighted areas for improvement. A separate follow up survey for managers was undertaken in May 2015.

Directorate level actions plans have been developed for Education and Children's Services and Adult Social Care, to take forward issues highlighted through the Employee Opinion Survey. The Action Plan for Adult Social Care was reviewed and updated in July 2016.

As part of the implementation of Reclaiming Social Work, the service has commissioned an external organisation to engage with staff to evaluate the impact of the implementation of the approach. This is used as a 'temperature check' of the morale and motivation of staff at key points during the change process. Evaluation activity is reported and monitored through the RSW Programme Board.

## **Learning and Development and Training**

Training for social care staff is provided, in part, through the contract with Bon Accord Care. Corporate training is also available, to support the embedding of the Council's Core Behaviours.

In 2015/16, staff attended 293 training sessions run by Bon Accord Care.

The review of the L&D contract with BAC is a priority in 2015/16 to ensure that the contract continues to deliver high quality training, tailored to the strategic policy objectives of the Education and Children's Services Department and Adult Social Care services.

## **Key Challenges for 2016/17**

The five key workforce planning challenges facing social work services for 2016/17 are:

1. A significant challenge is supporting employees to meet the increasing demand on social work services within budget constraints. This is a challenge faced by both children's social work due to the increasing number of young people and their families requiring support from professional social work staff and within Adult Health and Social Care due to the population demographics. To meet this challenge, the directorates will continue to review and design the way we deliver our services and upskill and prepare staff to meet the future challenges and new ways of working.



2. Recruitment of staff with the right skills, values and behaviours. Plans to address this include reviewing recruitment strategies and the use of robust selection processes and grow our own initiatives.
3. The integration of Adult Health and Social Care services is likely to have workforce implications as a result of different ways of delivering services, although at this point in time it is not yet possible to determine what these might be. The HR workstream will continue to review the progress of the integration agenda and anticipate the work force planning implications.
4. The attraction and promotion of a diverse workforce. In most areas within social work services the current workforce is largely female, aged 25 to 55. Equality and diversity is a key priority for the Council and focus over the coming year will be given to youth employment and attracting and promoting talent with cognisance of the Equality Act.
5. Retention of staff with the right skills, values and behaviours. There is a risk that during periods of change and significant service demands staff may leave or lack engagement. Plans to address this include ongoing consultation and communication with staff during periods of change,

## **10. Improvement Approaches and examples/case studies of improvement activities**

### **Reclaiming Social Work**

Following completion of the staff matching process in 2015 a planned and managed roll out of the new Reclaiming Social Work structure began as planned in February 2016. Two thirds of staff are now matched into their new posts and we have already:

- Introduced the revised structure for our in-house Family and Community Support Services.
- Created and introduced a revised structure for the Alternative Family Care Service.
- Established the first 8 Social Work Units.
- Established a Youth Team to work with care leavers and 16 - 18 year olds who are in the Criminal Justice system.
- Established a revised Children with Disabilities team to focus on those children receiving care packages.

Although it is still early days in the implementation of Reclaiming Social Work and we do not as yet have hard data, direct feedback from service users has been extremely positive and encouraging. Families have spoken of feeling a difference in how social work staff are engaging with them. The Unit model is beginning to evidence that social work staff are managing risk more effectively and supporting families to identify solutions to their own difficulties. It is hoped that this will lead to more children being supported to remain within their family and community and over time contribute to a reduction in the numbers of children accommodated by the local authority.

In preparation for the roll out of Reclaiming Social Work we have developed a 'Go to Guide' for staff covering roles and responsibilities as well as key policies and procedures. It also incorporates what has become known as the 'Wiring Diagram'. This is an interactive resource for staff to explore and understand processes and systems around the care of children, whether they be in the child protection, looked after children or court systems. It includes live links to legislation and guidance as well as forms and procedures. Carefirst, our client record system, has in turn been updated to reflect this and to reduce the amount of data that social workers collect about a child by ensuring that where possible data is collected once and used to populate subsequent processes. The 'Go to Guide' and 'Wiring Diagram' are invaluable resources which staff, who may not always be familiar with all aspects of the social work job, have welcomed.

### **Opiate replacement therapy (ort) peer support group**

In January 2016, a Peer support group was set up at the Timmermarket Clinic under the title of 'ORT & Me'. This group meets weekly and is open to anyone who wants to discuss ORT and ways that they can stop requiring the need for its use in a controlled and supportive way. The group has been very successful, and regularly has a good attendance of about ten people who are currently on ORT. A number of these people have managed to reduce the dosage of their ORT and at least one

member has become abstinent in the time that it has been in operation. As it is a Peer support group, it is being run at no cost to statutory services.

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# **The Role of Chief Social Work Officer**

## **Guidance Issued by Scottish Ministers** pursuant to Section 5(1) of the Social Work (Scotland) Act 1968

Revision of Guidance First Issued In 2009

**Revised Version – July 2016**

**This guidance has been developed in partnership  
with local government and supported by COSLA**

## INTRODUCTION

1. The Social Work (Scotland) Act 1968 (the 1968 Act) requires local authorities to appoint a single Chief Social Work Officer (CSWO) for the purposes of listed social work functions.
2. This document contains statutory guidance. It is issued to local authorities by Scottish Ministers under section 5 of the 1968 Act. The local authority must have regard to this guidance. It must follow both the letter and the spirit of the guidance. It must not depart from the guidance without good reason. The Guidance replaces guidance previously issued in 2009.

## PURPOSE

3. The guidance is for local authorities and will also be of use to bodies and partnerships to which local authorities have delegated social work functions. Local authorities must have regard to this guidance when carrying out their functions under the 1968 Act. Recognising the democratic accountability which local authorities have in this area, clarity and consistency about the role and contribution of the CSWO are particularly important given the diversity of organisational structures and the range of organisations and partnerships with an interest and role in delivery of social work services.
4. This guidance summarises the minimum scope of the role of the CSWO. It will assist elected members in ensuring that the role is delivered effectively and that the local authority derives maximum benefit from the effective functioning of the role. Effective delivery of and support for the role will assist local authorities to be assured that there is coherence and effective interfacing across all of their social work functions.
5. The guidance is intended to:
  - (a) support local authorities in effective discharge of responsibilities for which they are democratically accountable;
  - (b) help local authorities maximise the role of the CSWO and the value of their professional advice – both strategically and professionally;
  - (c) provide advice on how best to support the role so that the CSWO can be effective in their role both within the local authority and in regard to other entities, such as Community Planning Partnerships, whilst recognising that local authorities operate with different management and organisational structures and in different partnership landscapes;
  - (d) assist Integration Joint Boards (IJBs) to understand the CSWO role in the context of integration of health and social care brought in through the Public Bodies (Joint Working) (Scotland) Act 2014 (the 2014 Act).

- (e) be read alongside the wide range of guidance relevant to social work functions of local authorities and relevant guidance issued relating to the 2014 Act.
- (f) be sufficiently generic to remain relevant in the event of future management or organisational structural change.

## REQUIREMENT

6. The requirement for every local authority to appoint a Chief Social Work Officer is set out in section 3 of the 1968 Act. This requirement is for the purposes of the local authority functions under the 1968 Act and the enactments listed in section 5(1B) of the Act. The role provides a strategic and professional leadership role in the delivery of social work services. In addition there are certain functions conferred by legislation directly on the CSWO by name.

7. The Scottish Office explicitly recognised that the need for the role was driven by *“the particular responsibilities which fall on social work services in that they affect personal lives, individual rights and liberties to an extent that other local authority services do not.”* (Circular: SWSG2/1995 May 1995)

8. The Public Bodies (Joint Working) (Scotland) Act 2014 provides for the delegation of certain social work functions by a local authority to an integration authority. The CSWO’s responsibilities in relation to local authority social work functions continue to apply to functions which are being delivered by other bodies under integration arrangements. However, the responsibility for appointing a CSWO cannot be delegated and must be exercised directly by the local authority itself.

## THE CHIEF SOCIAL WORK OFFICER ROLE

### Overview

9. The CSWO role was established to ensure the provision of appropriate professional advice in the discharge of a local authority’s statutory functions as described in paragraph 6. The role also has a place set out in integrated arrangements brought in through the 2014 Act. As a matter of good practice it is expected that the CSWO will undertake the role across the full range of a local authority’s social work functions to provide a focus for professional leadership and governance in regard to these functions.

10. The CSWO should assist local authorities and their partners in understanding the complexities and cross-cutting nature of social work service delivery – including in relation to particular issues such as corporate parenting, child protection, adult protection and the management of high risk offenders - and also the key role social work plays in contributing to the achievement of a wide range of national and local outcomes. The CSWO also has a contribution to make in supporting overall performance improvement and management of corporate risk.

11. It is for local authorities to determine the reporting and management structures that best meet their needs. Where the CSWO is not a full member of the senior management team or equivalent, elected members must satisfy themselves that the officer has appropriate access and influence at the most senior level and is supported to deliver the complex role described in this guidance.

## **Competencies**

12. Scottish Ministers' requirement is that the CSWO role will be held by a person who is qualified as a social worker and registered as such with the Scottish Social Services Council. Local authorities will also want to require this as they will need to ensure that the CSWO:

- can demonstrate extensive experience at a senior level of both operational and strategic management of social work and social care services and;
- has the competence and confidence required to provide effective professional advice at all levels within the organisation and with the full range of partner organisations
- receives effective induction to support them in full delivery of their role

*(NB At the time of writing, SI 1996/515, which sets out minimum qualifications for a CSWO is being reviewed with a view to amendment so that the social work degree is specifically included.)*

13. Further information on the skills and competencies required of a CSWO is available in the Standard for Chief Social Work Officers (issued by the Scottish Social Services Council in July 2015) which underpins the Level 11 Award for CSWOs which was launched in August 2015 as a further professional accredited qualification aimed at enhancing CSWO competence.

## **Scope**

14. The scope of the role relates to the functions outlined in paragraph 6 whether provided directly by the local authority; through delegation to another statutory body or in partnership with other agencies. Where social work services and support are commissioned on behalf of the authority, including from the independent and voluntary sector, the CSWO has a responsibility to advise on the specification, quality and standards of the commissioned services and support. The CSWO also has a role in providing professional advice and guidance to an Integration Joint Board or NHS Board to which social work functions have been formally delegated.

## **Responsibility for values and standards**

15. The CSWO should:

- (a) promote values and standards of professional practice, including all relevant national Standards and Guidance, and ensure adherence with the Codes of Practice issued by the Scottish Social Services Council for social service employers.



- (b) work with Human Resources (or equivalent function) and responsible senior managers to ensure that all social service workers practice in line with the SSSC's Code of Practice and that all registered social service workers meet the requirements of the regulatory body;
- (c) establish a Practice Governance Group or link with relevant Clinical and Care Governance arrangements designed to support and advise managers in maintaining and developing high standards of practice and supervision in line with relevant guidance, including, for example, - the *Practice Governance Framework: Responsibility and Accountability in Social Work Practice* (SG 2011);
- (d) ensure that the values and standards of professional practice are communicated on a regular basis and adhered to and that local guidance is reviewed and updated periodically.

16. The CSWO must be empowered and enabled to provide professional advice and contribute to decision-making in the local authority and health and social care partnership arrangements, raising issues of concern with the local authority Elected Members or Chief Executive, or the Chief Officer of the Integration Joint Board as appropriate (or the Chief Executive of a Health Board if appropriate in the context of a lead agency model), in regard to:

- (a) effective governance arrangements for the management of the complex balance of need, risk and civil liberties, in accordance with professional standards.
- (b) appropriate systems required to 1) promote continuous improvement and 2) identify and address weak and poor practice.
- (c) the development and monitoring of implementation of appropriate care governance arrangements;
- (d) approaches in place for learning from critical incidents, which could include through facilitation of local authority involvement in the work of Child Protection Committees, Adult Support and Protection Committees and Offender Management Committees where that will result in the necessary learning within local authorities taking place;
- (e) requirements that only registered social workers undertake those functions reserved in legislation or are accountable for those functions described in guidance;
- (f) workforce planning and quality assurance, including safe recruitment practice, probation/mentoring arrangements, managing poor performance and promoting continuous learning and development for staff;

- (g) continuous improvement, raising standards and evidence-informed good practice, including the development of person-centred services that are focussed on the needs of people who use services and support;
- (h) the provision and quality of practice learning experiences for social work students and effective workplace assessment arrangements, in accordance with the SSSC Code of Practice for Employers of Social Service Workers;

## Decision-Making

17. There are a small number of areas of decision-making where legislation confers functions directly on the CSWO by name. These areas relate primarily to the curtailment of individual freedom and the protection of both individuals and the public. Such decisions must be made either by the CSWO or by a professionally qualified social worker, at an appropriate level of seniority, to whom the responsibility has been formally delegated and set out within local authority arrangements. Even where responsibility has been delegated, the CSWO retains overall responsibility for ensuring quality and oversight of the decisions. These areas include:

- deciding whether to implement a secure accommodation authorisation in relation to a child (with the consent of a head of the secure accommodation), reviewing such placements and removing a child from secure accommodation if appropriate;
- the transfer of a child subject to a Supervision Order in cases of urgent necessity;
- acting as guardian to an adult with incapacity where the guardianship functions relate to the personal welfare of the adult and no other suitable individual has consented to be appointed;
- decisions associated with the management of drug treatment and testing orders
- carrying out functions as the appropriate authority in relation to a breach of a supervised release order, or to appoint someone to carry out these functions.

18. In addition to these specific areas where legislation confers functions on all CSWOs, there will be a much larger number of areas of decision-making which have been assigned by individual local authorities to Chief Social Work Officers reflecting *“the particular responsibilities which fall on social work services in that they affect personal lives, individual rights and liberties to an extent that other local authority services do not”* noted in paragraph 7. These areas may include responsibilities assigned through guidance or other routes. For example:

- the 2014 guidance on Multi Agency Public Protection Arrangements (MAPPA) makes explicit reference to the role of the CSWO in responsibility for joint arrangements, in co-operation with other authorities.
- although mental health services are delegated to Integration Joint Boards, some of these functions require to be carried out by local authority officers with a social work qualification (Mental Health Officers). Local authorities will want to be reassured via the CSWO that these functions are discharged in accordance with professional standards and statutory requirements

It is for each local authority to make transparent which additional specific areas of responsibility in regard to their social work functions they have assigned to their CSWO

## **Leadership**

19. The CSWO is responsible for providing professional leadership for social workers and staff in social work services. The CSWO should:

- (a) support and contribute to evidence-informed decision making and practice – at professional and corporate level – by providing appropriate professional advice;
- (b) seek to enhance professional leadership and accountability throughout the organisation to support the quality of service and delivery;
- (c) support the delivery of social work's contribution to achieving local and national outcomes;
- (d) promote partnership working across professions and all agencies to support the delivery of integrated services;
- (e) promote social work values across corporate agendas and partner agencies.

## **The CSWO role in the context of partnerships and integration**

20. In the context of Health and Social Care Integration and the 2014 Act, the CSWO is required to be appointed as a non-voting member of the Integration Joint Board (IJB) (or, in lead agency models, the Integration Joint Monitoring Committee). Scottish Ministers are strongly of the view that the influence of high quality professional leaders in the integrated arrangements is central to the effectiveness of improving the quality of care locally and nationally.

21. The CSWO also has a defined role in professional and clinical and care leadership and has a key role to play in Clinical and Care Governance systems which support the work of the Integration Joint Board, as set out in the partnership Integration Schemes and [relevant guidance](#).

22. The local authority should ensure that appropriate arrangements are in place to include the CSWO in relevant strategic and operational forums that provide direct access to the Chief Executive and elected members so that the CSWO is in an optimum position to support and advise them in regard to their social work function responsibilities in their partnership contexts.

## Reporting

23. The CSWO has a role in reporting to the local authority Chief Executive, elected members and IJBs – providing comment on issues which may identify risk to safety of vulnerable people or impact on the social work service and also on the findings of relevant service quality and performance reports, setting out:

- implications for the local authority, for the IJB, for services, for people who use services and support and carers, for individual teams/members of staff/partners as appropriate;
- implications for delivery of national and local outcomes;
- proposals for remedial action;
- means for sharing good practice and learning;
- monitoring and reporting arrangements for identified improvement activity.

24. The CSWO should also produce and publish a summary annual report for local authorities and IJBs on the functions of the CSWO role and delivery of the local authority's social work services functions (however these are organised or delivered). A template for this report is available from by the Office of the Chief Social Work Adviser, Scottish Government.

## ACCESS, ACCOUNTABILITY AND REPORTING ARRANGEMENTS

25. To discharge their role effectively, the CSWO will need:

- (a) direct access to people and information across the local authority, including the Chief Executive, elected members, managers and frontline practitioners and also in partner services, including in Health and Social Care Partnerships. Specific arrangements will vary according to individual councils, but should be clearly articulated locally;
- (b) to be able to bring matters to the attention of the Chief Executive to ensure that professional standards and values are maintained;
- (c) to be visible and available to any social services worker and ensure the availability of robust professional advice and practice guidance;
- (d) to provide professional advice as required to senior managers across the authority and its partners in support of strategic and corporate agendas.

26. Local authorities will need to agree:

- (a) how the CSWO is enabled to inform and influence corporate issues, such as managing risk, setting budget priorities and public service reform;

- (b) the specific access arrangements for the CSWO to the Chief Executive and elected members;
- (c) the relationships, responsibilities and respective accountabilities of service managers and the CSWO;
- (d) a mechanism to include an independent, professional perspective to the appointment of the CSWO;
- (e) procedures for removal of a CSWO postholder, bearing in mind the need for continuity in the provision of the CSWO functions, the value of independent professional advice and the arrangements for the appointment and removal of the local authority's other proper officers;
- (f) clear and formal deputising arrangements (with similar skills and experience available) to cover any period of absence by the CSWO and appropriate delegation arrangements where scale of business requires this.

27. This document complements the wide set of guidance underpinning the delivery of safe, accountable and effective social work practice and high quality social services in Scotland.



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## INTEGRATION JOINT BOARD

<b>Report Title</b>	Local Outcome Improvement Plan: People are Resilient, Included and Supported
<b>Lead Officer</b>	Judith Proctor, Chief Officer
<b>Report Author</b>	Gail Woodcock, Integrated Localities Programme Manager (ACHSCP)
<b>Date of Report</b>	18 December 2016
<b>Date of Meeting</b>	31 January 2017

### 1: Purpose of the Report

The purpose of this report is to provide information to the Integration Joint Board on the new Local Outcome Improvement Plan (LOIP) for Aberdeen, and specifically the Resilient People section of the plan.

### 2: Summary of Key Information

#### 2.1 Background

The Local Outcome Improvement Plan 2016 – 26 for Aberdeen City sets out the transformational change which Community Planning Aberdeen seeks to achieve, working together with partners and communities.

The approach taken for the development of the LOIP has been the use of driver diagrams as an improvement methodology to illustrate how CPA will directly affect the outcomes that it is prioritised for improvement.

Led by Aberdeen City Health and Social Care Partnership, a short term working group was brought together to develop the “People are Resilient, Included and Supported” section of the LOIP. The working group included representation from:

- Aberdeen City Health and Social Care Partnership (Public Health, Criminal Justice, Social Care, and Health and Social Care Strategy & Transformation)



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- Sport Aberdeen
- Police Scotland
- Scottish Fire and Rescue
- Alcohol and Drugs Partnership
- Aberdeen City Council (Community Planning, IT and Transformation, Community Safety, Priority Families, Equalities, Communities, Housing)
- NHS Grampian (Public Health)
- ACVO

The Resilient, Included and Supported People section of the LOIP, as developed by the working group was agreed by the Aberdeen City Community Planning Board in December 2016 and is included in the full LOIP which is attached at Appendix A (see pages 35 – 41).

Now that this section of the LOIP is complete, a Resilient and Supported Outcome Improvement Group will be established in March 2017, and this group will work together to ensure that the aspirations as set out in this section of the LOIP are delivered. This outcome group will be chaired by Judith Proctor, Chief Officer, Aberdeen City Health and Social Care Partnership.

It should be noted that the LOIP is a “live” document and will continue to be refined and developed over time. Some of the baselines are not yet available and some of the targets require fuller consideration as the action plan to deliver the LOIP develops. It is acknowledged that the improvement methodology agreed by the Community Planning Aberdeen Management Group will support this continuous improvement approach.

### **2.2 People are Resilient, Supported and Included**

This section of the LOIP has a strong alignment with the Aberdeen City Health and Social Care Partnership’s Strategic Plan, and seeks to achieve improvement in a number of areas that would not be possible through a single system/organisation approach.

In particular, progress towards delivery of this section of the LOIP will positively contribute to a number of our strategic priorities, and the cross-system partnership working approach which is central to Community Planning will increase the opportunities and potential for delivering on these 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





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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.
- Value and support those who are unpaid carers to become equal partners in the planning and delivery of services, to look after their own health and to have a quality of life outside the caring role if so desired.
- 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.

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

#### Financial Implications

There are no specific financial implications to the Partnership relating to this report.

#### Equalities Implications

There are no specific equalities implications relating to this report.

#### Workforce Implications

There are no specific workforce implications relating to this report. The Chief Officer of Aberdeen City Health and Social Care Partnership will chair the Resilient and Supported Outcome Group, with lead officer support for the Outcome Group being provided by the Integrated Localities Programme Manager.

### 4: Management of Risk

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

There are no specific risks identified relating to the Resilient and Supported



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Outcome Group at the current time. Risks and Opportunities in relation to delivering this section of the LOIP will be identified and considered by the Resilient and Supported Outcome Improvement Group.

**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:**

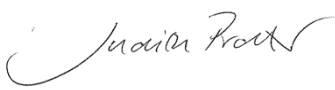

There is a strong alignment with the outcomes with the Resilient and Supported People section of the LOIP, and the Partnership's strategic priorities. Therefore it would be anticipated that the broader activity of the Community Planning Partnership in delivering the LOIP will be helpful in terms of minimising risks relating to non-delivery of the Partnership's Strategic Plan.

### 5: Recommendations for Action

It is recommended that the Integration Joint Board:

1. Note the LOIP as approved by the Aberdeen City Community Planning Board.
2. Requests annual updates on progress towards delivery of the Resilient and Supported section of the Local Outcome and Improvement Plan.

### 6: Signatures

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



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# Community Planning Aberdeen

## LOCAL OUTCOME IMPROVEMENT PLAN 2016-26



# FOREWORD BY COUNCILLOR JENNY LAING

Aberdeen is like no other place in Scotland. The City has benefited greatly from the prosperity brought by the oil and gas industry and many people and communities have enjoyed positive outcomes as a result. Whilst the rest of Scotland suffered badly during the global financial crisis in 2008, Aberdeen was relatively untouched by the recession. But eight years on, when the rest of the UK economy is recovering, Aberdeen is experiencing a decline of its own due to the drop in the price of oil.

Our dependency on the oil and gas industry has left the City vulnerable to the effects of the economic decline - job losses, falling property prices and loss of custom – the scale of harm created is having a devastating impact on the City and region. Accepting that, despite the past economic vibrancy provided by the oil and gas sector, we have had significant levels of deprivation in the City. For decades some communities have endured the poorest of outcomes, with little opportunity for social and economic mobility.

The current decline is not altogether unexpected. Aberdeen has recovered from previous downturns, but efforts to stabilise the economy have focussed on bolstering the oil and gas sector. Whilst we will continue to do so, it is vital that we take a more sustainable diversified approach by attracting non-oil business. If not, a larger proportion of our population will face the impact of a variety of causes of harm stemming from unemployment.

In light of the scale of this harm, Community Planning Aberdeen is committed to keeping a close eye on the economic performance of the City. The heightened risk of catastrophic consequences has forced the Partnership to seriously reflect on how it has been performing and what difference it is making to Aberdeen. In particular, how we are supporting our most vulnerable people and deprived communities. This comes on the back of the Audit of Community Planning in 2013 which raised questions about the effectiveness of the Partnership in securing positive outcomes for our City.

As the newly appointed Chair of Community Planning Aberdeen, one of my first tasks was to ensure that the Partnership had a common understanding of the big issues facing the City and what role it could play in tackling these. Last year I commissioned a strategic assessment of Aberdeen City to provide a robust evidence base on which the Partnership could make decisions about what really matters for the people and communities of Aberdeen.

The strategic assessment has enabled Community Planning Aberdeen to make an honest appraisal of where Aberdeen is as a City and where the Partnership is in terms of meeting the needs of our communities. It has been critical in identifying the priorities which the Partnership has agreed to focus on going forward, and which are presented in this Local Outcome Improvement Plan (LOIP).

This Local Outcome Improvement Plan (LOIP) replaces our old Single Outcome Agreement for Aberdeen and is different from any previous community plan. It is not a regurgitation of our single system plans, nor is it a mere aspirational statement for the future. It is a genuine plan for improvement, providing a clear blueprint for collaborative action. The LOIP describes the added value of the Partnership in developing and testing its shared theories of change in order to secure better outcomes for our communities.

Unsurprisingly, the LOIP identifies improving the economy as a key priority for Community Planning Aberdeen. But our aspirations go beyond financial success. The word prosperity is used throughout this plan and refers to the ambition of the Partnership to see all people, families, businesses and communities do well, flourish and succeed. This means supporting people to enjoy positive outcomes throughout their life journey, rather than reacting to issues and problems as they arise. By ensuring that all people in Aberdeen have the opportunity to prosper, no matter their social circumstances, we will promote the wellbeing and equity of our citizens and prevent a series of intractable problems for the future. Investing in prevention is a core principle of Community Planning Aberdeen which underpins every decision, action and impact.

The ultimate expression of this is our commitment to investing in our children. It is unacceptable that due to a lack of income, families can be dragged into a cycle of deprivation that is repeated generation after generation. We want Aberdeen to be a place where children and young people have the opportunity to reach their potential and achieve their ambition regardless of their background and circumstances.

There are wide divisions in health and life expectancy between the richest and the poorest communities in our City. People living just a few streets apart in some areas of Aberdeen find themselves with life expectancies more than 16 years apart. People living in the most deprived areas of the City are three times more likely to die prematurely from cancer as people from affluent areas. In tackling these health inequalities, the LOIP reflects our focus on supporting and protecting our most vulnerable people.

But our organisations can only do so much alone. Involving people in the decisions that have an impact on their lives and empowering communities to help themselves is vital. Whilst the LOIP is designed to be city wide, our underpinning locality plans will ensure that decisions about services provided are made at the most local level possible. We will focus on working with the localities where people experience significantly poorer outcomes than other people across the City as a result of socio-economic disadvantage. For each of these areas we will conduct a locality level strategic assessment, drawing on local community profile data, and work with communities to develop a plan which sets out the agreed priority outcomes for that locality.

This way of working with communities to improve outcomes is not new to us in Aberdeen. It sees a return to the same founding principles adopted over a decade ago when community planning in the City was considered sector leading in Scotland. We will learn from our past to strengthen our future approach to locality planning and forge ahead with the confidence that we are doing the right things, in partnership with our communities.

There is no doubt that we face challenges, but Community Planning Aberdeen is committed to tackle these head on. The opportunities are great and we are committed to working in new and more integrated ways to tackle the issues which have been stubbornly resistant to improvement in Aberdeen.

It is therefore with great passion and optimism that I present this Local Outcome Improvement Plan (LOIP) 2016-26 on behalf of Community Planning Aberdeen. This LOIP marks a new beginning for how we will work together and in partnership with our communities. It signals our joint commitment, confidence and ambition to achieve our vision of Aberdeen as a place where all people can prosper.



***Councillor Jenny Laing, Chair of  
Community Planning Aberdeen and  
Leader of Aberdeen City Council***



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## ACRONYMS

The following acronyms have been used throughout this plan:

ACC	Aberdeen City Council
ACVO	Aberdeen Council of Voluntary Organisations
BMI	Body Mass Index
CPA	Community Planning Aberdeen
HSCP	Health and Social Care Partnership
LAC	Looked After Children
LOIP	Local Outcome Improvement Plan
NES	North East Scotland College
N/A	Not Applicable
NHSG	National Health Service Grampian
RGU	Robert Gordon University
SCRA	Scottish Children's Reporter Administration
SDI	Scottish Development International
SDS	Skills Development Scotland
SE	Scottish Enterprise
SFRS	Scottish Fire and Rescue Service
SG	Scottish Government
TBC	To be confirmed
UoA	University of Aberdeen
UKTI	UK Trade and Investment

Throughout this document, Lead Partners refers to the community planning partner organisations which have a leading and/or key supporting role in the delivery of this plan.

# INTRODUCTION

Community planning is how public agencies work together with the community to plan and deliver better services which make a difference to people's lives. It was first introduced in Aberdeen at the end of the 1990s and gained traction in early 2000 with the introduction of 'planning for real' which saw the Council, Police, Health and Fire working jointly with other public agencies and communities to co-design solutions to local problems. This way of working was seen as sector leading in Scotland and over the last 13 years the Scottish Government has done much to spread the practice of community planning across all areas of the Country.

Last year community planning became a statutory requirement with the introduction of the Community Empowerment Act (Scotland) 2015. The Act places a legal duty on community planning partners to demonstrate that they are making a significant impact on the achievement of outcomes as a result of partnership working. In doing so, Community Planning Partnerships must prepare and publish a Local Outcome Improvement Plan (LOIP), by October 2017, which sets out the priority local outcomes it proposes to improve.

In advance of the statutory deadline, Community Planning Aberdeen has developed this Local Outcome Improvement Plan. It signals our joint commitment to making change happen and is recognised as critical to accelerating the pace of collaboration and joint working across the Partnership and driving real and lasting improvements for our communities in Aberdeen.

The vision and strategic priorities set out within this document provide a clear focus for Community Planning Aberdeen. They are based on discussions which have taken place with colleagues across the Partnership over the last 18 months and on the findings of the strategic assessment for Aberdeen City conducted during 2015/16. The priorities stated reflect the areas where the Partnership is striving to make maximum impact and drive improved outcomes in face of the key challenges it has identified for the next 10 years. All partners will reflect the priorities set out in this LOIP in their own strategic plans to ensure a 'golden thread' flows from the LOIP for Aberdeen City and runs through all partner organisations.

The design of the LOIP draws on the improvement methodology of the Institute of Health Improvement (IHI) to clearly demonstrate how Community Planning Aberdeen will achieve long term transformational change by taking practical action now. Driver diagrams are used to show this connect and identify the specific improvement aims that the Partnership will monitor to ensure we are on track to deliver significantly better outcomes.

The LOIP is a strategy for the City. To underpin this document, we will develop locality plans which will take the high level direction provided by the LOIP and translate it into meaningful improvement aims for our most disadvantaged communities. The Community Empowerment Act requires us to have locality plans in place by Oct 2017, but again we will work with communities to develop these plans without delay.

Fundamental to our approach is working with people and communities. Our communities are unique and their sense of place defines our work now and in the future. With a focus on improvement, we will continue to listen to communities, understand what is important, recognise and mobilise strengths and work with them to deliver what matters. We are in the process of finalising a Community Empowerment, Engagement and Participation Strategy which will set out in practical terms how we will work with people to help them achieve the aspirations of our communities.

In the spirit of continuous improvement, this LOIP is endorsed by Community Planning Aberdeen as a living document that will continue to evolve as our approach to improvement develops and matures; and as we strengthen our arrangements for working jointly with communities.

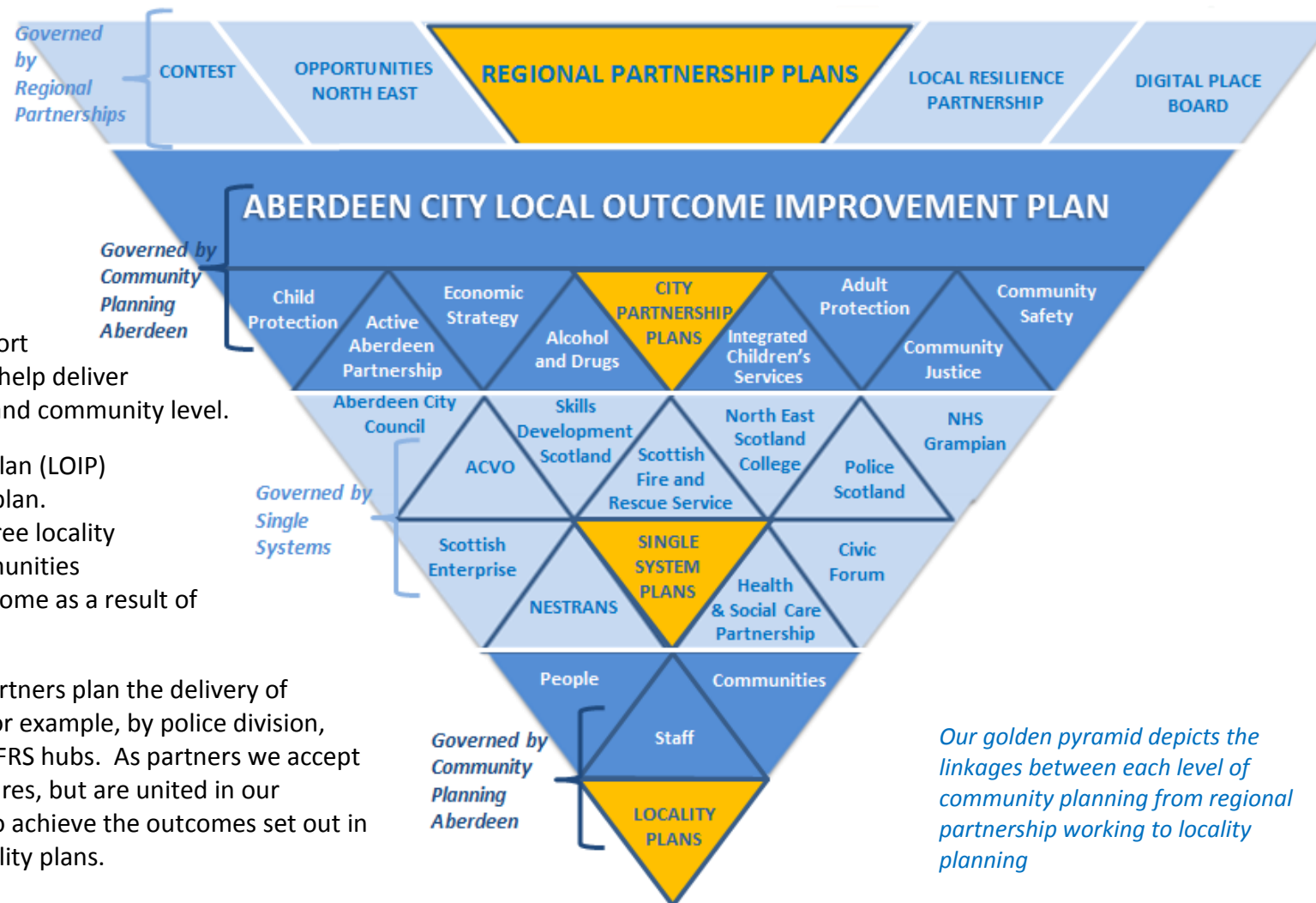
# OUR GOLDEN PYRAMID

A place can be represented at a number of levels. For example, a region, city, community and street are all 'places'.

The Community Planning Partnership has a responsibility to work with communities to plan, resource and deliver integrated public services and support community lead approaches which help deliver local outcomes at a city wide level and community level.

This Local Outcome Improvement Plan (LOIP) therefore represents our city wide plan. The LOIP will be underpinned by three locality plans for specifically targeted communities which experience inequality of outcome as a result of socio economic disadvantage.

Each of the Community Planning Partners plan the delivery of their services in a range of ways. For example, by police division, Council function, NHS Boards and SFRS hubs. As partners we accept these differences in delivery structures, but are united in our commitment to working together to achieve the outcomes set out in this LOIP and the underpinning locality plans.



*Our golden pyramid depicts the linkages between each level of community planning from regional partnership working to locality planning*

# THE ABERDEEN CONTEXT

## Our Economy

Aberdeen is one of the most competitive, innovative and economically productive cities in the UK, and provides Scotland with 15% of its Gross Value Added (GVA). Much of the success of Aberdeen has been built on the traditional oil and gas sector; it also has a successful small business economy. Since the end of 2014, the local economy has suffered as a result of the global oil price decline. Business growth is slowing and, while this downturn is not the first of its kind, it highlights a growing and urgent need to diversify the economy to ensure economic sustainability.

Due to the historical success of the City, workers in Aberdeen benefit from average salaries that are almost **£6,000 higher** than the Scottish average, and unemployment levels are low. Some of the most affluent areas of Scotland are within Aberdeen City, but equally within the City boundaries are some of Scotland's most deprived areas. Overall, levels of deprivation remain low. In 2012, **twenty-two** of the 267 datazones within Aberdeen were considered to be within the 15% most deprived areas in Scotland.

Despite low headline deprivation figures, almost **30%** of households in Aberdeen are in fuel poverty, **18%** of children in Aberdeen are living in poverty. The **majority** of children that are living in poverty are living in a working household.

## Our People

The population of Aberdeen City has risen sharply over the past decade, and in 2014 was estimated at **228,990**. Our population is projected to grow by **28% by 2037** which is the largest growth of all Scottish local authorities. In 2012 there was 103,934 households in the City; it is projected that by 2037 there will be in excess of 140,000 households. Given the current economic climate and recent political developments, these projections may change.

Aberdeen City has a very diverse population, with 15.9% not born in the UK compared to 7% of the population across the country.

Children (0-15) make up **15%** of Aberdeen's population and education is provided to more than **22,000** pupils. Demand for early learning and childcare is high in Aberdeen City and there is a shortage of available funded provision, with **570** children on the waiting list in October 2014. In July 2014 there were **577** looked after children in Aberdeen City, a rate similar to the national rate.

People in Aberdeen are living longer. **The over-65s account for another 15% of the population of Aberdeen**, and projections are that the population will continue to age. An older population brings many benefits and challenges. Older people are more likely to suffer from multiple and complex care needs, and therefore the demand for all services will shift.

## Our Place

Aberdeen has 37 neighbourhoods. The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government's official tool for identifying small area concentrations of multiple deprivation across Scotland. Eight of Aberdeen's neighbourhoods are recognised as deprived on this basis. The next publication of SIMD ranking is due in August 2016 and it is expected it will reflect these same areas.

- Torry
- Tillydrone
- Seaton
- Woodside
- Middlefield
- Cummings Park
- Northfield
- Mastrick

The City has a healthy expanse of green and open space. Well maintained, attractive and accessible natural spaces bring benefits to the health and wellbeing of people. **Three-quarters** of Aberdeen City's residents live within a 5 minute walk of the nearest greenspace, with a further **15%** within a ten minute walk, and people who live close to local greenspace are likely to visit it.

Continued focus on reducing carbon emissions has reaped rewards – a reduction of **1.8 kt CO2 per capita** has been achieved over the past decade. Despite this improvement, air pollution remains a key environmental concern for the Community Planning Partnership.

Transport is a major contributor to carbon emissions and in Aberdeen there is an exceptionally high level of car ownership and usage. It is a vicious circle – poor air quality and poor road safety discourages people from walking or cycling, yet reducing reliance on private transport is the best way to improve air quality.

As a result of climate change, extreme weather events are becoming more **frequent** and **intense** with warmer, wetter winters and drier, hotter summers. Extreme weather events, such as the flooding in Aberdeen in January 2016, disrupt the daily routine of individuals, communities, and organisations. Aberdeen bears 80% of the flood risk within North East Scotland.

## Our Technology

The range of digital tools and technologies is ever expanding, and these advancements have changed the ways in which individuals, communities, private businesses and the public sector interact. Digital mobile technologies have transformed how we deliver our services, and public service delivery is likely to change beyond all recognition over the next decade.

**83%** of properties in Aberdeen have access to superfast broadband, but download speeds remain among the **lowest** in the country. A more robust digital infrastructure would not only help to attract business to the City, it would also help to address wider social issues such as social isolation and improving health and wellbeing.

The journey to digital public service delivery races on. Online delivery can make public services quicker and more efficient for customers, often at a fraction of the cost of traditional methods.

# OUR VISION FOR ABERDEEN CITY

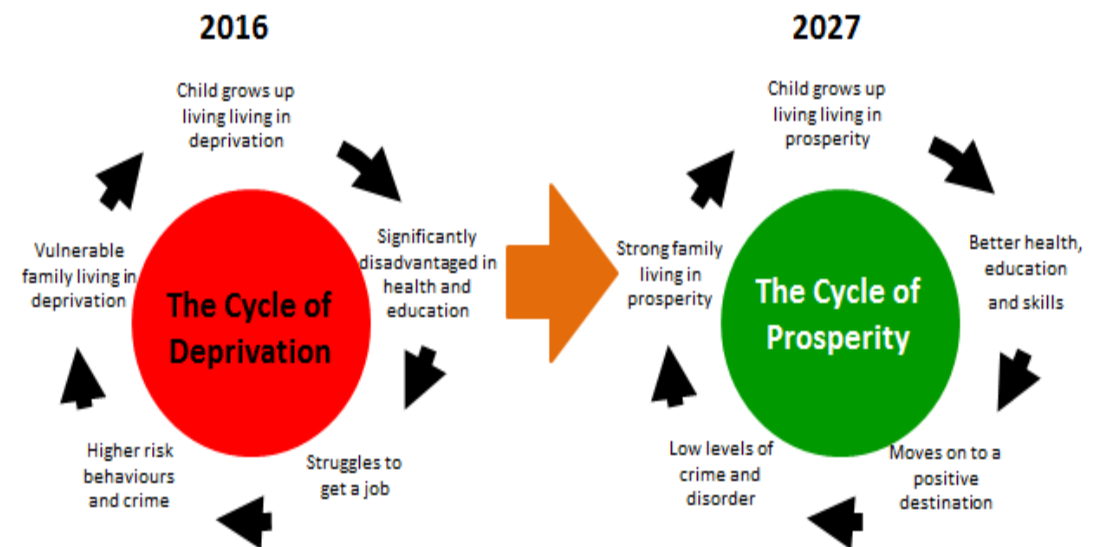
## ***‘A place where all people can prosper’***

Our vision for Aberdeen City is of a place where all people can prosper. This reflects our desire to help all people, families, businesses and communities to do well, succeed and flourish in every aspect. To achieve this vision we are committed to tackling the issues that exist in our society which prevent equal opportunity for all to lead a happy and fulfilling life.

As individual partner organisations we do our best to serve and protect the public. Added value comes from Community Planning Aberdeen working together as a Partnership to test and do things we haven't done before to deliver real and lasting transformational change for our communities.

There are problems faced by our City which have endured for decades and have been stubbornly resistant to improvement. Our evidence confirms what we already know; that inequalities in health, education and employment opportunities are passed from one generation to another.

We are clear that our focus going forward is on helping disadvantaged families and communities to escape this cycle of deprivation by creating the conditions for prosperity.





# THEMES, PRIORITIES, AND DRIVERS

We will achieve our vision through the delivery of three themes: **Economy** – central to ensuring a high quality of life for the people of Aberdeen; **People** – the key life outcomes of the people of Aberdeen; and **Place** – how people experience Aberdeen as a place to invest, live and visit.

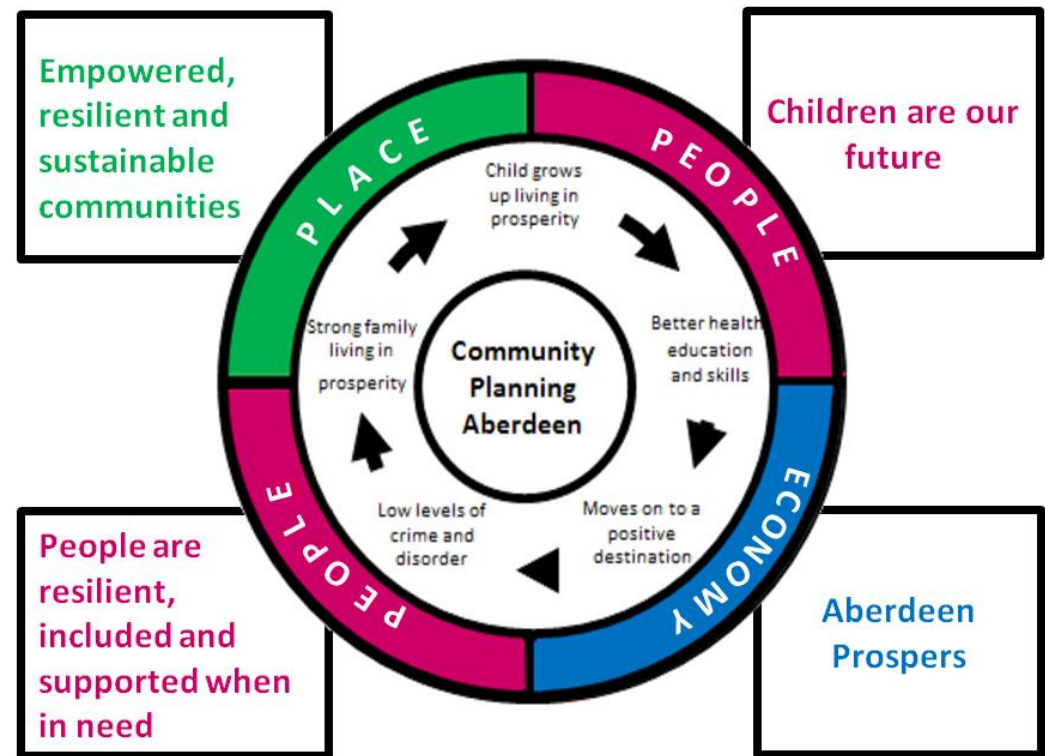
Under these themes, we will focus on four priority areas for strategic partnership working:

- **Aberdeen prospers**
- **Children are our future**
- **People are resilient, included and supported when in need**
- **Empowered, resilient and sustainable communities**

Our focus is to tackle inequality in these areas at the root causes of low income and health inequality to break the cycle of deprivation, inequality, unemployment, crime, violence and poor health that has existed in some families for generations.

Through the delivery of this Local Outcome Improvement Plan, we will push our joint resource investment toward early intervention and prevention to secure the future of our economy, people and place in all communities.

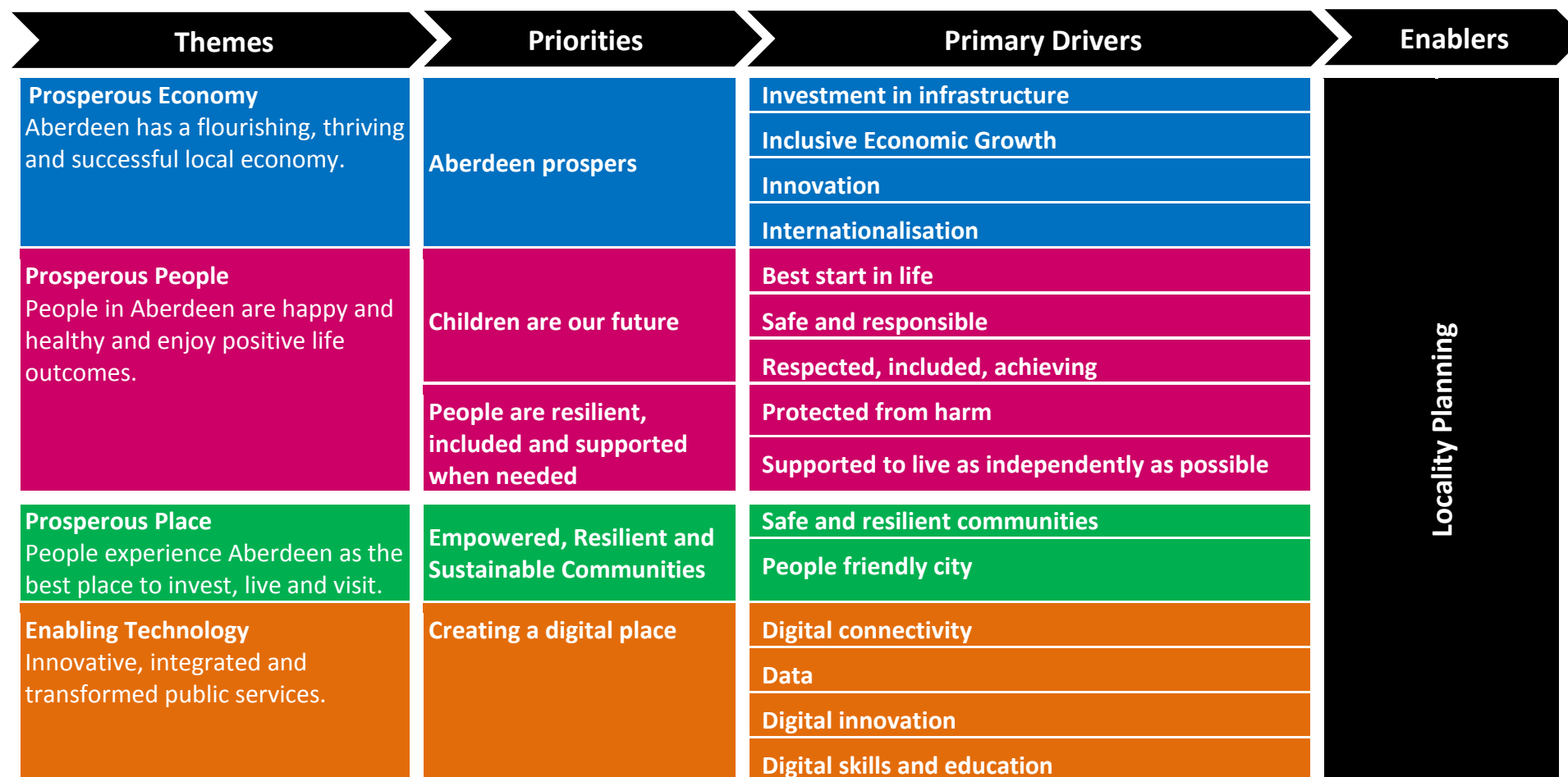
A fifth priority of **Creating a digital place** has also been identified, which cuts across all priority areas as a key enabler of innovative and integrated future public services.





This Local Outcome Improvement Plan identifies the primary drivers which will drive improvement in these priority areas. The following sections of the plan detail the secondary drivers for each priority and the improvement measures we will monitor to ensure we are making the impact intended. Locality Planning is fundamental to our approach to ensure the city wide aspirations outlined in this plan are delivered at a local level to secure better outcomes for communities which historically have experienced poor outcomes due to socio-economic disadvantage.

### DRIVER DIAGRAM



PLACE BASED INDICATORS

Each priority section is introduced with the place based indicators that we will maintain a watching brief over to understand the longer term impact of our joint efforts.

Place based indicators help us understand the impact we are having on each of our strategic themes

Prosperous economy	Prosperous people
Prosperous place	Enabling technology

IMPROVEMENT MEASURES

The improvement measures defined within each priority driver diagram are those which demonstrate the added value of the Partnership and which Community Planning Aberdeen will hold itself to account for performance.

Improvement measures indicate the effectiveness of the Partnership’s performance in delivering improvement in each priority area



# PROSPEROUS ECONOMY

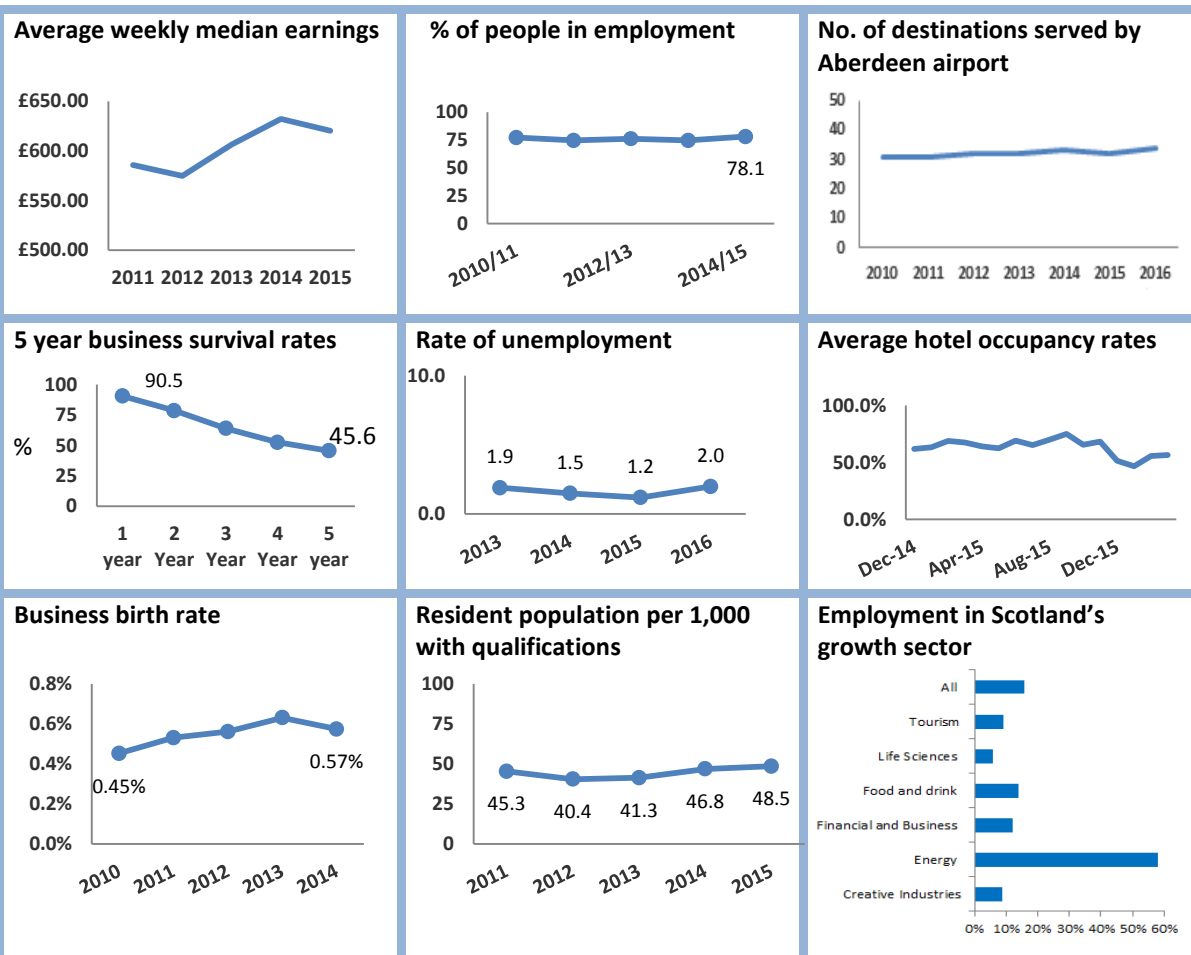
## ABERDEEN PROSPERS

The North East of Scotland is one of the most prosperous regions in the UK. There have been a number of constraints on accommodating this growth historically and in looking at the region's economic development, Aberdeen needs to be at the heart of a city region that competes with international city regions and not just with others in Scotland or the UK.

Economic activity in the North East is high, principally because of the North Sea Oil, and there are significant opportunities to sustain and grow activity in both the short and longer term. The immediate focus is on maximising economic recovery from remaining oil and gas reserves in the UK Continental Shelf while we identify ways to anchor expertise and activity in the North East region.

Key to this transition is the retention of the talent and transferable skills that currently exist within our businesses and educational institutions. In 2014 Aberdeen was ranked second among the UK's 63 largest cities in terms of the number of patents per 1,000 population, testimony to a variety of internationally significant research centres such as the National Subsea Research Institute, the Rowett, the Marine Lab and the James Hutton Institute.

### PLACE BASED INDICATORS OF ECONOMIC PROSPERITY:



It is important that expertise continues to be retained and developed within our schools, College and universities to encourage, grow and attract more world-leading innovation in this region. Two leading research universities are located in Aberdeen and provide a highly skilled workforce in applied sciences, technology and engineering.

If the UK leaves the European Union it will lose access to funds for member states. However, prior to any departure, there is also a risk of lower funding for UK research and innovation from the EU as even the risk of Brexit provides disincentives. Much of EU funding requires countries or regions from three or more member states to be working in partnership. The risk is that other member states or regions will be less likely to want to work with regions in the UK as it could create unnecessary risk for them in the event that the UK has to withdraw at some point depending upon Brexit negotiations.

## PRIMARY DRIVERS

In delivering this priority, we will focus our energy and efforts on working together to achieve the following primary drivers. These are the critical driving factors that the Partnership believes need to be addressed to be successful in ensuring Aberdeen prospers.

1. **Investment in infrastructure** - *Aberdeen City is a robust and resilient economy providing a vibrant built environment and attractive place for residents, students, business and tourists*
2. **Innovation** – *Aberdeen City has a reputation for enterprise, innovation and world class solutions*
3. **Inclusive economic growth** - *A skilled workforce for the future that provides opportunities for all our people*
4. **Internationalisation** – *Aberdeen City is a location of choice for investment, high value business activity and skills*

For each of these primary drivers we identify the underpinning primary and secondary drivers that the Partnership will focus on to deliver tangible improvement in these areas. The driver diagrams also identify the key measures that the Partnership will monitor to ensure it is having an impact.



## LEAD PARTNERS:

- Aberdeen City Council
- North East Scotland College
- North East Scotland Regional Transport Partnership (Nestrans)
- Robert Gordon University
- Scottish Enterprise
- Skills Development Scotland
- Scotland's Rural College
- University of Aberdeen

# 1. Investment in infrastructure - Aberdeen City is a robust and resilient economy providing a vibrant built environment and attractive place for residents, students, business and tourists

Infrastructure is critical for the City to remain an internationally competitive business environment and to secure a long term economic future - transport connectivity, information and communications technologies, business land and property and housing are key. We are committed to investing in an infrastructure that caters for the needs of a high performing international city economy – roads with capacity to cope with the demands of business, extensive air and sea links, digital connectivity to develop competitive business, and a competitive and accessible public transport system.

## HOW WILL WE DRIVE THIS FORWARD?

Driver Diagram 1a

Primary Drivers	Secondary Drivers	Improvement Outcomes					Lead Partners
		Improvement measures and aims	Baseline	17/18	20/21	26/27	
We will regenerate our city centre to become a vibrant and attractive place to live, work and invest in	Develop a plan to incentivise bringing underused space above shops and long term empty retail units into residential use	Increase % occupancy in city centre premises	50%	60%	65%	70%	Aberdeen City Council
We will unlock development potential and connectivity to international markets	Improve access to/ around Aberdeen International Airport	Increase number of destinations served by Aberdeen airport	32	34	36	42	Aberdeen Airport
		Increase number of passengers using Aberdeen airport	3.5m	3.6m	>4m	>4.5m	
We will develop infrastructure for commuter, visitor and freight transportation	Submit a City Region Deal to the UK and Scottish Governments to fast track development of infrastructure	Number of vessels arriving at Aberdeen harbour	7,428	7,600	8,000	8,500	Aberdeen City Council Private Sector Nestrans Scottish Enterprise
		Improve travel times Aberdeen to: Peterhead Fraserburgh	60mins 90 mins	- -	- -	45mins 60mins	
We will improve deployment of low carbon transport in the city and urban areas, through active travel networks	Work with European and National Funding programmes to improve renewable energy infrastructure	Reduce per capita local carbon emissions	6.8tonnes	6.5	6	5	Aberdeen City Council Active Aberdeen Partnership Nestrans Private Sector Sport Aberdeen
		Number of hydrogen buses	10	10	15	20	
	Secure significant improvements in the city's green/active travel (walking, cycling) network	Increase the % of people cycling as main mode of travel	0.3%	0.4%	1%	2.5%	
		Increase in satisfaction levels with city's green spaces	TBC	50%	70%	100%	

Primary Drivers	Secondary Drivers	Improvement measures and aims	Baseline	17/18	20/21	26/27	Lead Partner
We will modernise our utilities infrastructure to support the economic growth ambitions	Regeneration of a 2Ha in East Tullos exploring delivery of a potential £150m energy from waste facility in 2021 to support low carbon power targets and development of new industries	Reduce per capita local carbon emissions (tonnes)	6.8	6.5	6	5	Aberdeen City Council Private Sector
		% of household waste that is recycled	38.2%	39%	42%	50%	
We will provide business and public sector organisations with a level playing field in current and next generation information and communications technology	Develop an Inward Investment Plan that looks at how alternative financial models which can be used to invest in/deliver regional priorities of housing, broadband, etc.	Take up of commercial office space (square feet)	0.4m	0.5m	1m	1.4m	Aberdeen City Council Scottish Development International UK Trade and Investment
		Increase in % of premises in receipt of superfast broadband	83	90	95	97	
		Increase in average download speeds (M/Bts)	19.5	25	35	50	
		Build at least 415 affordable houses a year	415 (target)	415	415	415	
We will ensure availability of land and premises to support business growth	Ensure that there is land and infrastructure available to support and grow decommissioning	Decrease in supply of derelict land (hectares)	24h	24h	22h	20h	Aberdeen City Council Landowners
	Ensure businesses have access to a variety of immediately available and affordable premises and new use of existing brownfield	Decrease in supply of vacant land (hectares)	22h	22h	20h	18h	
We will enable Aberdeen to realise the development opportunities in the City Centre Masterplan and beyond	Prioritise development of those transport and other intervention areas in the Aberdeen City Centre Masterplan that deliver the biggest economic impact	Footfall in Aberdeen's Business Improvement District	TBC	+1%	+5%	+10%	Aberdeen City Council City Centre Masterplan stakeholders Nestrans
		Increase % of people accessing city centre using travel other than car.	TBC	+1%	+5%	+10%	

## LOCAL SUPPORTING STRATEGIES

[Economic Strategy 2015-2025](#)

[City Region Deal 2014-2025](#)

[City Centre Masterplan 2015](#)

[Local Development Plan 2016](#)

[Local Housing Strategy 2012 - 2017](#)

[Nestrans Regional Transport Strategy 2013-2035](#)

[Strategy for an Active Aberdeen 2016-2020](#)

## 2. Innovation - Aberdeen City has a reputation for enterprise, innovation and world class solutions

Building on our expertise in energy technology, a significant opportunity exists for Aberdeen to become a leading European City in the early deployment of hydrogen fuel cell vehicles, as well as becoming the hub for hydrogen technologies in Scotland. Today the city boasts Europe's largest fuel cell bus fleet and Scotland's first facility for hydrogen production and has developed a regional strategy to support these activities, in line with national low carbon economy. The availability of people with advanced skills that support innovation is an important asset from which to pursue our economic priorities – the two universities and North East of Scotland College will support the innovation agenda through the continuing development, of courses and programmes that strengthen the capacity for high value research and development.

### HOW WILL WE DRIVE THIS FORWARD?

Driver Diagram 1b

Primary Drivers	Secondary Drivers	Improvement Outcomes					Lead Partners
		Improvement measures and aims	Baseline	17/18	20/21	26/27	
We will provide research and design infrastructure to support development of advanced technologies and innovation in other sectors	Strengthen the interaction between research and business by developing an Oil and Gas Energy and Learning Teaching Centre of Expertise	Maintain Aberdeen's high position in number of patents per head of population	Top 4 in UK	Top 4	Top 4	Top 4	Aberdeen City Council Private Sector Scottish Enterprise Skills Development Scotland Universities
We will accelerate the transition to a more balanced economy by maximising new technologies and growing clusters within oil and gas, the wider energy sector, and also food, drink, agriculture, health and life sciences	Develop the existing Biopharmaceutical Hub that would provide R&D infrastructure for creation and commercialisation of products	Improve employment in growth sectors of life sciences	700	700	800	1000	Aberdeen City Council Private Sector Scottish Enterprise Scottish Rural College Skills Development Scotland
	Develop an Agri Food and Innovation Hub that provides R&D infrastructure and expertise for regional primary producers, processors and manufacturers	Improve employment in growth sectors of food, drink and agriculture in City and Region	16,600	17,000	18,000	20,000	
We will maximise the potential of hydrogen, energy from waste and other renewables technologies to develop a	Reduce emissions and promote alternative energy technologies through regional collaboration	% of household waste that is recycled	38.2%	39%	42%	50%	Aberdeen City Council Private Sector Scottish Enterprise Skills Development
	Vehicle replacement programme	% partnership fleet low carbon vehicles	TBC	+1%	+5%	+10%	

Primary Drivers	Secondary Drivers	Improvement measures and aims	Baseline	17/18	20/21	26/27	Lead Partner
medium-long term demand for the transferable skills in the oil and gas sector	Deliver the supply chain development activities in the Renewables/Hydrogen Action Plan and its focus on developing these emerging fuel cell technologies	Increase energy production from other renewable technologies	TBC	+1%	+5%	+10%	Scotland
We will provide business and innovation support to entrepreneurs/ business start-ups and increase the diversity of funding options through an increase in accessibility of international investment	Provide access to finance through the SE Innovation Support, Business Angel Venture Capital and/ or Scottish Local Authorities Loan Fund in Aberdeen City	Increase business gateway start up numbers	1163	+2%	+5%	+10%	Aberdeen City Council Business Gateway Private Sector Skills Development Scotland
		Business gateway “Growth companies” accepted into Scottish Enterprise’s Growth Pipeline	41%	43%	45%	50%	
		Number of FDI projects as measured by Ernst and Young	9	10	12	15	

## LOCAL SUPPORTING STRATEGIES

[Economic Strategy 2015-2025](#)

[City Region Deal 2014-2025](#)

[North East Scotland College Outcome Agreement 2015-16](#)

[North East Scotland College Curriculum Strategy 2015-16](#)

[Scottish Enterprise Business Plan 2015-2018](#)



### 3. Inclusive economic growth - A skilled workforce for the future that provides opportunities for all our people

Aberdeen has consistently performed above Scottish and UK levels of economic growth, working-age population growth and wages. It has the greatest projected growth of Scotland's strategic development plan areas with a forecast 35% increase in households to 2035. While the high wages and salaries on offer in the oil and gas sector have attracted people into the region, this has caused recruitment challenges in other sectors, while a lack of affordable housing and income inequalities has led to people living away from key employment centres in the city.

#### HOW WILL WE DRIVE THIS FORWARD?

Driver Diagram 1c

Primary Drivers	Secondary Drivers	Improvement Outcomes					Lead Partners
		Improvement measures and aims	Baseline	17/18	20/21	26/27	
We will develop the people and skills necessary to deliver economic development and, as a result, support diversification of businesses and economy	Delivery of Business Gateway to provide business start-up and development support, that is available to all businesses	Increase business gateway start up numbers	1163	+2%	+5%	+10%	Aberdeen City Council ACVO NES College Scottish Enterprise Scottish Rural College Skills Development Scotland Universities
		Business gateway "Growth companies" accepted into Scottish Enterprise's Growth Pipeline	41%	43%	45%	50%	
	Construct an Economic Footprint for the CPP and develop an action plan based on Key findings and recommendations	% of Economic Footprint improvement recommendations implemented	TBC	30%	60%	100%	
	Support implementation of key actions from the emerging/ existing industry-led sector strategies for oil and gas, food and drink, tourism and life sciences	Improve employment in growth sectors of life sciences	700	700	800	1000	
		Improve employment in growth sectors of food, drink and agriculture in City and Region	16,600	17,000	18,000	20,000	
We will ensure that the North East of Scotland is a great place to be – as a visitor, worker, entrepreneur or resident	Develop iconic tourism attractions to capitalise on non-business tourism and leisure markets and stimulate diverse culture and creative offerings	Improve hotel occupancy rates	56.6%	60%	65%	70%	Aberdeen City Council Visit Aberdeenshire
		Increase tourists to Aberdeen	1.5m	+5%	+15%	+30%	
		Increase tourist expenditure in Aberdeen	£400m	+5%	+15%	+30%	

Primary Drivers	Secondary Drivers	Improvement measures and aims	Baseline	17/18	20/21	26/27	Lead Partner
We will significantly improve the city through regeneration of our communities and ensuring a vibrant economy	Develop and implement Locality Plans for those communities experiencing socio economic disadvantage	Improve neighbourhood local statistics on employment, educational outcomes and health in Aberdeen City areas	TBC	+1%	+3%	+5%	Aberdeen City Council ACVO Health and Social Care Partnership NHS Grampian Police Scotland Scottish Fire and Rescue Service
		Reduce the gap between these areas and the rest of Aberdeen	TBC	-1%	-2%	-3%	
		Increase take up of Employment related services in these areas.	TBC	+1%	+3%	+5%	
		Increase no of employers paying the Living Wage	TBC	+5%	+25%	+50%	
		Reduce no of low-skilled, low-paid people in insecure employment	TBC	-	-5%	-10%	
		Reduce % of children in living in poverty	TBC	-	-5%	-10%	
We will invest in our workforce, particularly young people, develop our future workforce and ensure all benefit from economic activity	Implement Developing the Young Workforce to strengthen vocational skills attainment levels and encourage apprenticeships	Increase the % of those achieving a modern apprenticeship of all those leaving an MA	70%	71%	72%	75%	Aberdeen City Council Active Aberdeen Partnership NES College Skills Development Scotland Sport Aberdeen
	Delivering high attainment levels and positive destinations for our young people and providing a future supply of skills for employers, inward investors and future entrepreneurs	Increase educational attainment at NVQ4 and above of resident population	47%	50%	55%	60%	
		Increase proportion of young people achieving successful destinations post-school	92%	+1%	+2%	+3%	
We will ensure there is access for all employers to qualified labour	Address skills shortages in key sectors including public services and health sectors as identified in the Regional Skills Strategy	Reduce proportion of employers reporting skills shortages by occupation	24%	23%	20%	15%	Aberdeen City Council Skills Development Scotland
	Working with the Employers Training Forum, embed the use of targeted recruitment and training clauses in our procurement strategies to ensure those areas with higher levels of economic inactivity can access skills/ training opportunities	Increase proportion of businesses that report investing in on-the-job training, technical or job-specific training	TBC	+2%	+5%	+10%	

Primary Drivers	Secondary Drivers	Improvement measures and aims	Baseline	17/18	20/21	26/27	Lead Partner
	Deliver £2.2m ESF Employability Pipeline Project to increase economic activity through training and work experience	Monitor success of ESF Employability Pipeline to increase economic activity	TBC	Target to be set when project is approved			
We will ensure housing that is affordable, across markets, is widely available, and in particular to support vital key workers in the education, care and health sectors	Consider viability of expanding Places for People, a joint venture model to deliver 'private rented sector' homes regionally	Build at least 415 affordable houses a year	415	415	415	415	Aberdeen City Council Private Sector
		Build 1094 houses a year	1094	1094	1094	1094	

## LOCAL SUPPORTING STRATEGIES

[Economic Strategy 2015-2025](#)

[City Region Deal 2014-2025](#)

[Local Housing Strategy 2012 - 2017](#)

[North East Scotland College Outcome Agreement 2015-16](#)

[North East Scotland College External Engagement Strategy 2014](#)

[North East Scotland College Curriculum Strategy 2015-16](#)

[Nestrans Regional Transport Strategy 2013-2035](#)

[Scottish Enterprise Business Plan 2015-2018](#)

## 4. Internationalisation - Aberdeen City is a location of choice for investment, high value business activity and skills

Internationalisation supports growth, innovation and productivity and is a key characteristic of successful regional economies.

Internationalisation is already at the heart of the Aberdeen City Region, and is actually a driving force for the internationalisation strategy for the whole of Scotland. It has a long and successful history of exporting goods, expertise and talented people as well as being the home for large scale and sustained investment in sectors such as food and drink and oil and gas and energy. We want to build on our track record as one of the most international regions in the UK.

### HOW WILL WE DRIVE THIS FORWARD?

Driver Diagram 1d

Primary Drivers	Secondary Drivers	Improvement Outcomes					Lead Partners
		Improvement measures and aims	Baseline	17/18	20/21	26/27	
We will improve the attractiveness for international trade and investment	Support the development of our harbour	Increase number of new jobs created from completed inward investment projects	TBC	+2%	+5%	+10%	Aberdeen City Council Visit Aberdeenshire
	Support the promotion and marketing of the place with Visit Aberdeenshire	Work with Visit Aberdeenshire to develop metrics to monitor and improve promotion and marketing of Aberdeen	TBC				
	Develop the £330m new Aberdeen Exhibition and Conference Centre to anchor existing international events and compete for new events	Number of FDI projects as measured by Ernst and Young	9	10	12	15	
We will improve multi-modal access to Aberdeen	Work with Aberdeen International Airport in supporting its development plans	Improve times to and from Aberdeen airport by: Road Rail Bus	TBC TBC TBC				Aberdeen City Council Scottish Development International UK Trade and Investment Nestrans
		Increase number of rail passengers arriving at Aberdeen station	3.75m	+2%	+5%	+15%	
		Increase amount of freight arriving at Aberdeen harbour	4.2m tonnes	+2%	+5%	+10%	

Primary Drivers	Secondary Drivers	Improvement measures and aims	Baseline	17/18	20/21	26/27	Lead Partner
We will support companies in all key sectors to identify market opportunities and develop products and services to grow sales in international markets	Provide internationalisation support to businesses in existing priority and new markets linking existing innovation and R&D capability, in both the private sector and academia	Increase number of inward trade delegations supported by ACC	30	32	34	38	Aberdeen City Council Scottish Enterprise
We will collaborate with UK and Scottish agencies and business in prioritising international business support ensuring that businesses benefit from international trade and investment opportunities	Promote the 'investor readiness' of the region to international institutional investors/sovereign wealth funds	Improve attitudes of businesses from Aberdeen, and of those wishing to do business here, on readiness to do business in Aberdeen	TBC	+2%	+5%	+10%	Aberdeen City Council Scottish Enterprise
We will attract the best possible range of incoming exhibitions and events and showcase the city's internationally recognised sports, arts and culture offer	Deliver a £30m refurbishment of Aberdeen Art Gallery in 2017	Increase footfall at Aberdeen tourist attractions	TBC	+2%	+5%	+10%	Aberdeen City Council Active Aberdeen
		Improve number of national and international events at AECC by 10%	TBC	+2%	+5%	+10%	Partnership Sport Aberdeen Visit Aberdeenshire

## LOCAL SUPPORTING STRATEGIES

[Economic Strategy 2015-2025](#)

[City Centre Masterplan 2015](#)

[City Region Deal 2014-2025](#)

[Tourism Partnership Strategy](#)

# PROSPEROUS PEOPLE

## CHILDREN ARE THE FUTURE

Our ambition is to support every child, irrespective of their circumstances, to grow, develop and reach their full potential. We want Aberdeen to be a city where there is equality of outcomes and opportunities for all our children. Our priorities reflect the importance we place on supporting equity of access to education, supporting families to provide the best care they can for their children. We will also invest in the health, including mental health, of our children and young people.

Investment in children is increasingly seen as one of the best and most valuable long-term investments we can make. Investing shared resources to target prevention and early intervention for children and young people is central to tackling inequality and improving life chances. Living in deprivation, often can contribute to poorer outcomes for children and young people. Research has shown that children who live in persistent deprivation are: less likely to achieve academically; meet developmental milestones; experience poor health and are at higher risk of behavioural problems.

Throughout our strategic and multi-agency approaches, we will work to ensure the seamless delivery of children's services at all stages of child development and growth. The foundation of an individual's health and wellbeing is laid in

### PLACE BASED INDICATORS OF PROSPEROUS PEOPLE:



early childhood. The period from conception to 2 years of age is of critical importance in a child's development. Positive development during pregnancy and in the critical months post birth is essential for ensuring the best possible start. By reducing teenage pregnancies, maternal smoking and increasing breastfeeding rates, we will help ensure that children have the best opportunity to reach their developmental milestones.

Aberdeen City offers rich opportunities for all children and young people to achieve and become responsible, confident and contributing adults. Through implementing future focused engagement and participation strategies across Aberdeen City, we will continue to ensure that children and young people are respected and included citizens in their city.

## PRIMARY DRIVERS

In delivering this priority, we will focus our energy and efforts on working together to achieve the following primary drivers. These are the critical driving factors that our Integrated Children's Services Partnership believes need to be addressed to be successful in ensuring children are the future.

1. ***Children have the best start in life*** – children in Aberdeen City are healthy, happy and safe, and enjoy the best possible childhood
2. ***Children are safe and responsible*** – children and young people are safe from all forms of harm
3. ***Children are respected, included and achieving*** – children and young people are listened to, respected, valued and involved in the decision-making process

For each of these primary drivers we identify the underpinning primary and secondary drivers that the Partnership will focus on to deliver tangible improvement in these areas. The driver diagrams also identify the key measures that the Partnership will monitor to ensure it is having an impact.



## LEAD PARTNERS:

- Aberdeen City Council
- ACVO
- NHS Grampian
- Police Scotland
- Scottish Fire and Rescue Service

# 1. Children have the best start in life - children in Aberdeen City are healthy, happy and safe, and enjoy the best possible childhood

The period from conception through to age two is the most critical period in a child's life. To ensure that children have the best start in life, their mother needs to be in good physical and mental health before and during pregnancy. During infancy and early childhood, children are flooded with new experiences that impact on their brain development, and there is an opportunity for us to support children to grow and to ensure that healthy and positive habits are formed from a young age.

## HOW WILL WE DRIVE THIS FORWARD?

Driver Diagram 2a

Primary Drivers	Secondary Drivers	Improvement Outcomes					Lead Partners
		Improvement measures and aims	Baseline	17/18	20/21	26/27	
We will expand and improve access to affordable childcare across the city	The expansion of early learning and child care; and out of school care	Increase number of available early learning and childcare places: City wide (aim to meet 100% of demand by 2020/21)	4402	5000	100%	100%	Aberdeen City Council NHS Grampian
	Ensuring continued quality of childcare provision	Aim to maintain % of Early Learning and Childcare Inspections at 100%	100%	100%	100%	100%	
		Increase Proportion of Positive inspection Outcomes (Quality Indicators)	91.4%	93.4%	100%	100%	
		Increased satisfaction of parents with ELCC services( proportion of parents surveyed indicating that they are 'happy' with the service)	90.1%	93.1%	100%	100%	
	Workforce development and expansion within early learning and childcare services	Improve Recruitment [Increase in number of staff entering early learning and childcare sector] Data based on a Training Needs analysis	1200	-	2400	-	
		Increase in number of staff undertaking qualifications to improve quality and meet SSSC					



Primary Drivers	Secondary Drivers	Improvement measures and aims	Baseline	17/18	20/21	26/27	Lead Partner
		requirements: Support workers Practitioners Lead practitioners Managers	50% 86% 25% 19%	70% 90% 50% 50%	85% 95% 75% 75%	90% 95% 90% 90%	
We will expand supports for young Looked After Children and their families	Expansion of Me2 programme to support Looked After Children 2 year olds	Increase the no. of places available with a view to meeting 100% of demand	110	220	100%	100%	Aberdeen City Council Active Aberdeen Partnership NHS Grampian Sport Aberdeen
We will improve health supports and outcomes for families, children and young people	Alignment of policy and planning developments in line with the Healthfit 2020; ChildHealth 2020; and Health and Wellbeing local delivery plans.	Increase in % of babies exclusively breastfed at 6-8 week review	36.1%	-	46%	-	Aberdeen City Council Active Aberdeen Partnership NHS Grampian Sport Aberdeen
		Decrease in smoking during pregnancy (3 year rolling average)	14.1%	-	7%	-	
		Improvement in child dental health [% of P1 children receiving a 'low risk' letter from basic inspection]	67.2%	69.5% (Current Scottish rate)	77%	-	

## LOCAL SUPPORTING STRATEGIES

[Aberdeen City Council Parent Involvement Strategy 2014-2017](#)

[Aberdeen City Strategy for Autism 2014-2024](#)

[Aberdeen Community Learning and Development Plan 2015 - 2018](#)

[Aberdeen City Council Strategic Business Plan Refresh 2016/17](#)

[Integrated Children's Services Plan 2011-2015](#)

[Parenting Strategy 2012](#)

[NHS Grampian Local Delivery Plan 2015-2016](#)

## 2. Children are safe and responsible - children and young people are safe from all forms of harm

Everyone has a responsibility to keep children and young people safe from harm, and no single agency can do this alone. Children need to be kept safe from harm in order to thrive and reach important developmental milestones, and to ultimately become responsible and contributing citizens. Keeping children safe means more than ensuring their physical safety; looking after their emotional and mental well-being is equally important.

### HOW WILL WE DRIVE THIS FORWARD?

Driver Diagram 2b

Primary Drivers	Secondary Drivers	Improvement Outcomes					Lead Partners
		Improvement measures and aims	Baseline	17/18	20/21	26/27	
We will ensure that children and young people are safe at home	Implementation of the Reclaiming Social Work	Reduce the number of young people in out of Authority Places (Definition of out of authority currently under review so please regard baseline as an estimate)	42	-10%	-25%	-90%	Aberdeen City Council Active Aberdeen Partners Police Scotland Scottish Fire and Rescue Service
		Ensure CP re-registration rates will be in line with the national average (rate per 1000 pop aged 0-16)	Ab: 3.3 Scot:2.9	-	-	-	
We will improve multi agency support for vulnerable children and young people	Implementation of Getting it Right For Every Child in line with the requirements of the Children and Young People (Scotland) Act 2014 including but not limited to GIRFEC Operational Guidance and training for the 3 <sup>rd</sup> sector	Increase in % of children's plans assessed as good (Currently in development)	TBC	-	100%	100%	Aberdeen City Council Active Aberdeen Partners NHS Grampian Police Scotland
		Monthly Reviews of Children's Plans	TBC	100%	100%	100%	
We will ensure all children and young people are supported to be responsible and contributing citizens	Improvements in early intervention supports for offenders/victims and parents	Reduce no. young people suspected/accused of multiple crimes	190	170	150	100	Aberdeen City Council Active Aberdeen Partnership AFC Community Trust Police Scotland Scottish Fire and Rescue Service Sport Aberdeen
		Reduce youth crime (No. of children accused/ suspected of offence)	652	587	457	326	
		Reduce exclusion rates (per 1000 pupils)	40	35	25	10	
		Increase no. young people engaged in diversionary activity programmes	TBC	+2%	+5%	+10%	

Primary Drivers	Secondary Drivers	Improvement measures and aims	Baseline	17/18	20/21	26/27	Lead Partner
							StreetSport Transition Extreme

## LOCAL SUPPORTING STRATEGIES

[Aberdeen City Council Parent Involvement Strategy 2014-2017](#)

[Integrated Children's Services Plan 2011-2015](#)

[Parenting Strategy 2012](#)

[NHS Grampian Local Delivery Plan 2015-2016](#)

[National Guidance for Child Protection in Scotland 2014](#)

### 3. Children are respected, included and achieving - children and young people are listened to, valued, respected and involved in the decision-making processes in Aberdeen

Every child has a right to be treated with respect and dignity at all times, regardless of their age, gender, ethnicity or background. They all reserve the right to express their views on matters that directly affect them and to have those views listened to and considered. A child or young person who feels respected and included is one who is more likely to succeed in life. It is also important for children to feel that they are part of a supportive community that helps them to achieve their potential.

#### HOW WILL WE DRIVE THIS FORWARD?

Driver Diagram 2c

Primary Drivers	Secondary Drivers	Improvement Outcomes					Lead Partners
		Improvement measures and aims	Baseline	17/18	20/21	26/27	
We will implement a city wide strategy to promote participation of children and young people and children's rights, in partnership with other services within and beyond the council, including Unicef UK	Implement relevant aspects of the Children and Young People's Rights and Participation Strategy	Number of School S&Q, VSE HMle reports identifying pupil participation as a key area of strength	TBC Dec 17	+10%	+20%	+50%	Aberdeen City Council ACVO (3 <sup>rd</sup> Sector)
	Promote Youth Democracy and Political Literacy, in accordance with ICS Participation Strategy	Increase no. of established forums whereby young people can participate in youth democracy	TBC Dec 17	+10%	+20%	+50%	
We will ensure that all children are supported to live and be educated in their local community	All young people with Additional Support Needs are educated in their local community in line with 'Aberdeen City Inclusion Review' recommendations	Percentage of pupils identified as having an additional support need educated in their local community.	80%	85%	95% or >	95% or >	Aberdeen City Council ACVO (3 <sup>rd</sup> Sector) NHS Scotland Police Scotland
		Reduction in Number of young People with ASN being transported	559	500	400	250	
		Decrease no. of LAC educated out with the local authority (snapshot June 16, subject to variances in total LAC population size)	232	200	100	50	
We will close the outcome gap for all children and young people	Partnership working to evaluate and deliver targeted support to schools and their local communities	Improve Proportion of Positive School Inspection Outcomes (Quality Indicators/ Primary and Secondary School Combined)	90%	93%	100%	100%	Aberdeen City Council NES College Police Scotland

Primary Drivers	Secondary Drivers	Improvement measures and aims	Baseline	17/18	20/21	26/27	Lead Partner
		Reduce Attainment Gap between highest and lowest achieving 20% (Tariff Scores)	1752	1700	1600	1450	Universities
		Increased LAC Attainment (% of LAC achieving Literacy and Numbers at SQF Level 4 or above	28%	33%	50%	60%	
		% of teachers improving awareness of equality and diversity through CPD (Survey to be developed	Dec 2017	+10%	+10%	+10	
We will maximise the employment, education and training opportunities for all school leavers	Engage partners to expand and improve provision of post school learning and employment opportunities for young people	Increase in the proportion of young people entering positive destinations upon leaving school (follow up SLDR survey)	91.1%	93.1%	95%	97% >	Aberdeen City Council NES College Skills Development Scotland Universities
		Increase in the proportion of young people from deprived areas entering positive destinations upon leaving school (follow up SLDR survey)	82.6%	83.6%	85%	90%	
		Increase in % of young people progressing into a positive destination on completion of an Activity Agreement	77%	79%	82%	85%	
		Increase in the proportion of 16-19 year olds recorded as participating in education employment or training	91.0%	92.0%	94%	97% >	
		Increase in number of young people completing formal and informal Achievement Awards:					
		Formal (SQA Accredited)	365	401	587	800+	
		Informal (Non -Accredited)	713	784	1048	1500	

## **LOCAL SUPPORTING STRATEGIES**

[Aberdeen City Council Parent Involvement Strategy 2014-2017](#)

[Aberdeen City Strategy for Autism 2014-2024](#)

[Aberdeen Learning Strategy](#)

[Integrated Children's Services Plan 2011-2015](#)

[Parenting Strategy 2012](#)

[NHS Grampian Local Delivery Plan 2015-2016](#)

[Aberdeen City Council Strategic Business Plan Refresh 2016/17](#)

[Aberdeen Community Learning and Development Plan 2015 - 2018](#)

# PROSPEROUS PEOPLE

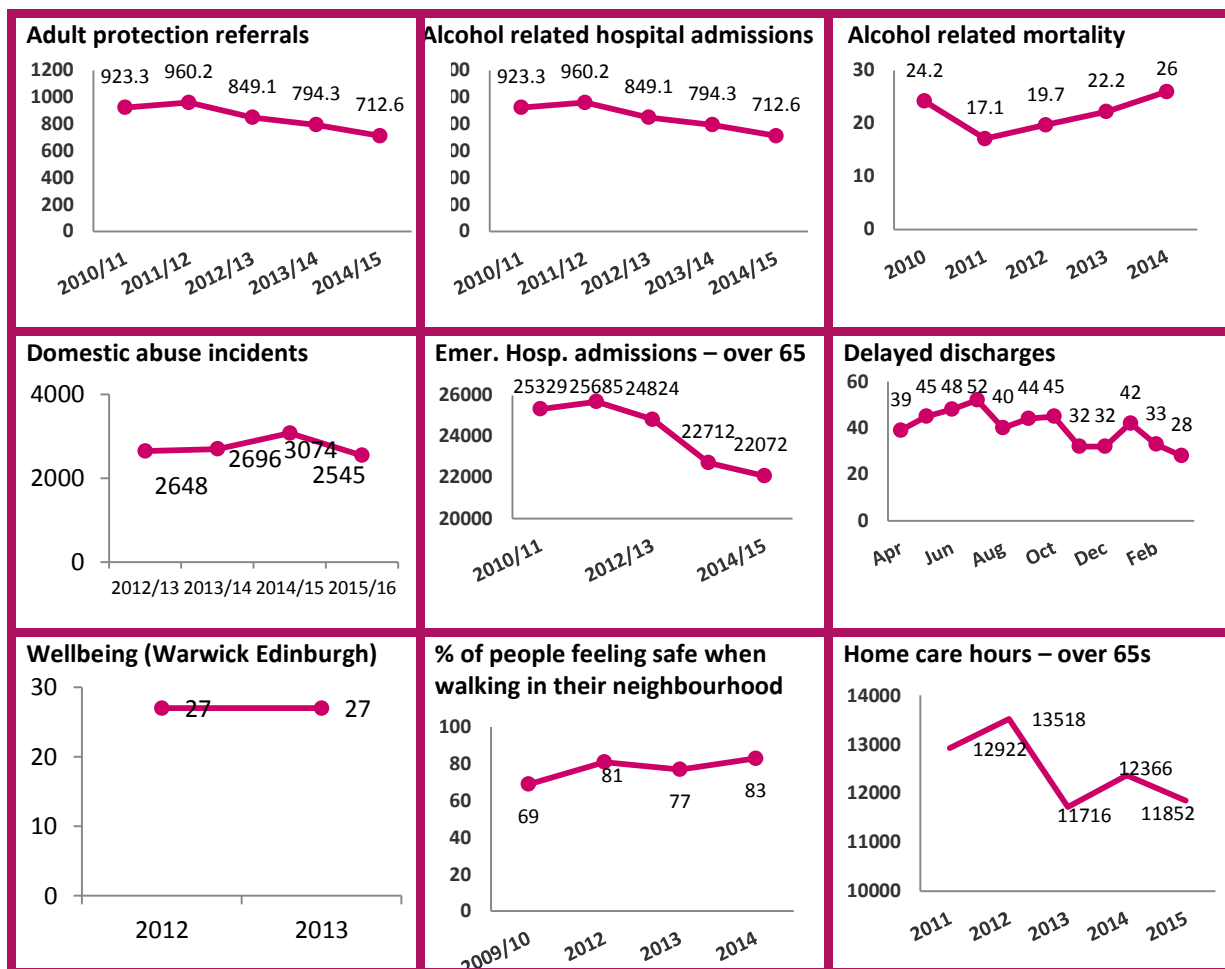
## PEOPLE ARE RESILIENT, INCLUDED AND SUPPORTED WHEN IN NEED

All people in Aberdeen are entitled to live within our community in a manner in which they feel safe and protected from harm, supported when necessary and fully included in the life of the city. All citizens are equally entitled to enjoy these aspirations, and it is recognised that people may, at times become vulnerable. People sometimes need others to support their achievement of a full, active, safe citizenship.

Ensuring that Aberdeen is a place where everyone feels safe, supported and included is important to the wellbeing of people and communities, as well as the overall reputation of the city. The quality and design of a place can significantly influence the ability of individuals and communities to live in healthy, sustainable ways. Issues such as wellbeing and quality of life, physical and mental health, social and cultural life, carbon emissions and energy use are all influenced by the quality of the environment.

Our population is diverse and is also changing with an increase in the number of people living with a combination of physical and mental health conditions. By

### PLACE BASED INDICATORS OF PROSPEROUS PEOPLE:



2037 the number of people over 65 in Aberdeen City is projected to rise by 56%, and the projected increase in the over 75s is even greater. Our city also has a mix of affluence and poverty. Estimates of how long a person is expected to live in good health (i.e. healthy life expectancy) can vary up to 17 years between neighbourhoods in Aberdeen. Wider social determinants of health describe the factors in which people are born, grow, work, live and age. These include among many, the environment, educational attainment, income levels - all of which have an impact on health and wellbeing.

Improvements in health care mean that individuals with previously life-limiting conditions and disabilities are also living longer, including more children with complex health conditions now surviving into adulthood. Although these demographic trends have positive aspects, they present new challenges to our City and partnership in relation to inclusion and equity as well as finding sustainable models of health and social care at a time of financial constraint. These challenges not only affect health and social care service providers, but also our wider connected system of public, third and independent sectors, businesses and local communities.

### PRIMARY DRIVERS

In delivering this priority, we will focus our energy and efforts on working together to achieve the following primary drivers. These are the critical driving factors that the Partnership believes need to be addressed to be successful in ensuring people are resilient, supported and included.

1. ***People and communities are protected from harm*** - *Individuals and communities are made aware of the risk of harm and supported appropriately to reduce this risk.*
2. ***People are supported to live as independently as possible***— *people are able to sustain an independent quality of life for as long as possible, and are enabled to take responsibility for their own health and wellbeing.*

For each of these primary drivers we identify the underpinning primary and secondary drivers that the Partnership will focus on to deliver tangible improvement in these areas. The driver diagrams also identify the key measures that the Partnership will monitor to ensure it is having an impact.



### LEAD PARTNERS:

- Aberdeen City Council
- ACVO
- Aberdeen City Health and Social Care Partnership
- NHS Grampian
- Scottish Fire and Rescue Service
- Police Scotland



## 1. People and communities are protected from harm – Individuals and communities are made aware of the risk of harm and supported appropriately to reduce this risk.

We all have a responsibility to keep vulnerable adults safe from harm. Everyone has the right to live in safety, and we, as public services, have a duty to safeguard people's health, wellbeing and human rights. There are many causes of vulnerability and adults can, at any time, become vulnerable. Adults can become vulnerable when they lack the ability to take care of themselves, or unable to protect themselves against harm.

### HOW WILL WE DRIVE THIS FORWARD?

Driver Diagram 3a

Primary Drivers (What)	Secondary Drivers (How)	Improvement Outcomes (Outputs)					Lead Partners
		Improvement measures and aims	Baseline	17/18	20/21	26/27	
We will develop systems and approaches that raise awareness of harm	Work together across the CPP to understand and proactively respond to available intelligence to identify those with increased likelihood of requiring support, by using business intelligence	Increase no. of appropriate referrals and initial referral discussions involving partners. Baseline to be established.	0	60%	100%	100%	ACHSCP ACC NHSG Police Scotland Scottish Fire & Rescue Services
		Increase number of partnership referrals received from SFRS, ACVO, HSCP, Active Aberdeen, Police, NHSG, ACC.	TBC  682 (SFRS)	TBC  682 (SFRS)	+5%	+10%	
	Promote awareness that adult support and protection is a shared responsibility and strengthen user involvement in our activities	Increase no. of third/ independent sector organisations making appropriate referrals in adult support and protection)	TBC	TBC	Increase		
	Promote awareness amongst partners of those at risk of drug related deaths and opportunities for signposting to treatment and support services	Increase number of usages of harm app	0	0	100	200	
		Increase usage of Choose Life prevent suicide app.	6000	+10%	+2%	+5%	
		Decrease in numbers of Drug related deaths (5 year average)	28	28	25	22	

Primary Drivers	Secondary Drivers	Improvement measures and aims	Baseline	17/18	20/21	26/27	Lead Partner
We will respond robustly and proportionately to concerns about the wellbeing and vulnerability of individuals and their risk of harm	Work with and support all agencies, by developing policies and protocols, to ensure that they are aware of their responsibilities and are seen to respond in an appropriate and timely manner.	Reduce proportion of crime (2 + experiences) experienced by repeat victims	58%	0	-1%	-2%	Aberdeen City Council NHS Grampian Aberdeen City Health and Social Care Partnership Police Scotland Scottish Fire and Rescue Service Violence against Women Partnership
		Reduce proportion (or amount) of crime (5+ experiences) experienced by repeat victims (Source of data: Scottish Crime and Justice Survey – available biannually)	14%	0	-1%	-2%	
		Reduce the average age that someone with a drug problem seeks help: Males (years) Females (years)	35.4 34.4	35.4 34.4	34 33	33 32	
		Reduce the average age that someone with an alcohol problem seeks help: Males (years) Females (years)	TBC TBC				
	Advance equality and reduce harm, harassment and abuse towards those individuals at risk/potential risk.	Increase the number of people and families who may be at risk that are identified for support	83	83	+5%	+10%	
		Reduce number of Police Scotland Hate Crime Reports	261	-10%	-25%	-60%	
		Increase the number of people identified to undertake an Earlier Intervention programme for domestic abuse perpetrators.	0	0	+5%	+10%	
		Increase the uptake of voluntary support for people including children harmed.	0	0	+5%	+10%	
		Reduce the number of Prejudice Incident Report Forms completed.	120	120	90	35	

Primary Drivers	Secondary Drivers	Improvement measures and aims	Baseline	17/18	20/21	26/27	Lead Partner
We will seek to reduce the risk of harm by increasing individual and community resilience to vulnerability.	Intensive family intervention support to families with complex and multiple needs through the provision of a Priority Families Service	Number of families assessed as having 3 or more improved outcomes 6 months following conclusion of the support. (Note figures are cumulative)	0	26	104	260	Aberdeen City Council NHS Grampian Aberdeen City Health and Social Care Partnership Police Scotland Scottish Fire and Rescue Service
		Increase number of alcohol brief interventions delivered in wider settings (i.e. those not currently delivered in primary, accident & emergency and maternity settings).	1330	1400	1600	1800	
	Raise awareness of factors that can improve personal and community resilience, health and wellbeing.	Increase number of Making Every Opportunity Count conversations. (Include home and fire checks.)	0	850	935	1028	
		No of clients supported by Community Links Workers to improve resilience, health and wellbeing (figures are cumulative)	0	40	400	1500	
	Work in partnership to strengthen resilience and capacity of people who are at risk of homelessness to maintain stable living arrangements.	Reduce repeat homelessness (within 12 months)	67 (5.08%)	5%	4%	2%	
		Increase % of households previously homeless that have sustained their tenancy for more than 1 year	92.7%	94%	96%	100%	

## LOCAL SUPPORTING STRATEGIES

[Aberdeen City Alcohol and Drugs Partnership Strategy 2011-21](#)

[Aberdeen City Local Policing Plan 2014-2017](#)

[Health and Social Care Partnership Strategic Plan 2016-19](#)

[Local Fire and Rescue Plan for Aberdeen City 2014-2017](#)

[NHS Grampian Local Delivery Plan 2015-2016](#)

[NHS Grampian Clinical Strategy 2016 - 2021](#)

## 2. People are supported to live as independently as possible – people are able to sustain an independent quality of life for as long as possible, and are enabled to take responsibility for their own health and wellbeing

Sometimes people need more support than others to maintain or improve their quality of life. There are a range of services which play an important role in helping people with additional care and support needs to live as independently as possible and connect to their communities.

### HOW WILL WE DRIVE THIS FORWARD?

Driver Diagram 3b

Primary Drivers	Secondary Drivers	Improvement Outcomes					Lead Partners
		Improvement measures and aims	Baseline	17/18	20/21	26/27	
We will empower citizens to feel they have real and meaningful choice and control over their own lives.	People are enabled to direct their own care and support as far as is reasonably practicable.	Number of people directing their own care and support as % of completed single shared assessments confirming eligibility	6%	+4%	+10%	+20%	Aberdeen City Council NHS Grampian Aberdeen City Health & Social Care Partnership ACVO
		Establish the use of the Link App and measure increase in the utilisation of the app	TBC	0	+30%	+75%	
	Develop self-management options/resources e.g. education, information, peer support, person centred staff and services, technology and carer support.	Increase in % of individuals able to look after their health very well or quite well.	96%	96%	96%	+1%	
		Mortality rate per 100,000 people aged under 75 years	464.4	464.4	464.4	+1%	
		Emergency admission rate for adults per 100,000 population.	8782	8782	-5%	-10%	
	People have a voice in key decisions and issues affecting them at a local level	% of people reporting that they have influence and a sense of control 'I feel able to participate in decision and help change things for the better' (Place Standard Tool)	TBC	TBC	+2%	+10%	

Primary Drivers	Secondary Drivers	Improvement measures and aims	Baseline	17/18	20/21	26/27	Lead Partner
We will promote health and wellbeing in all policies by Community Planning Partners to maximise contribution toward prevention of ill health and reduction in health inequalities.	Agree and develop a systematic approach and framework with community planning partners to integrate the improvement of health and wellbeing of our local population into all policy decisions.	Reduce the gap in life expectancy for men and women in defined communities. (Defined communities to be confirmed.)	TBC	0	0	-1%	Aberdeen City Council Active Aberdeen Partnership NHS Grampian Aberdeen City Health & Social Care Partnership ACVO Police Scotland Scottish Fire and Rescue Service Sport Aberdeen
		Increase number of organisations in Aberdeen being supported to detect health, safety and wellbeing issues to prepare a Healthy Working Lives action plan and associated policies	TBC	TBC	+80%	+100%	
		Reduce the number of inactive people in Aberdeen.	TBC	TBC	-5%	-10%	

## LOCAL SUPPORTING STRATEGIES

[Aberdeen City Strategy for Autism 2014-24](#)

[Aberdeen City Alcohol and Drugs Partnership Drugs Strategy 2011-21](#)

[Aberdeen City Alcohol & Drugs Partnership Alcohol Strategy 2009-19](#)

[Health and Social Care Partnership Strategic Plan 2016-19](#)

[Integrated Children's Services Plan 2011-2015](#)

[Joint Commissioning Strategy for Older People 2013-23](#)

[NHS Grampian Local Delivery Plan 2015-2016](#)

[NHS Grampian Carer's Information Strategy](#)

[Strategy for an Active Aberdeen 2016-2020](#)

# PROSPEROUS PLACE

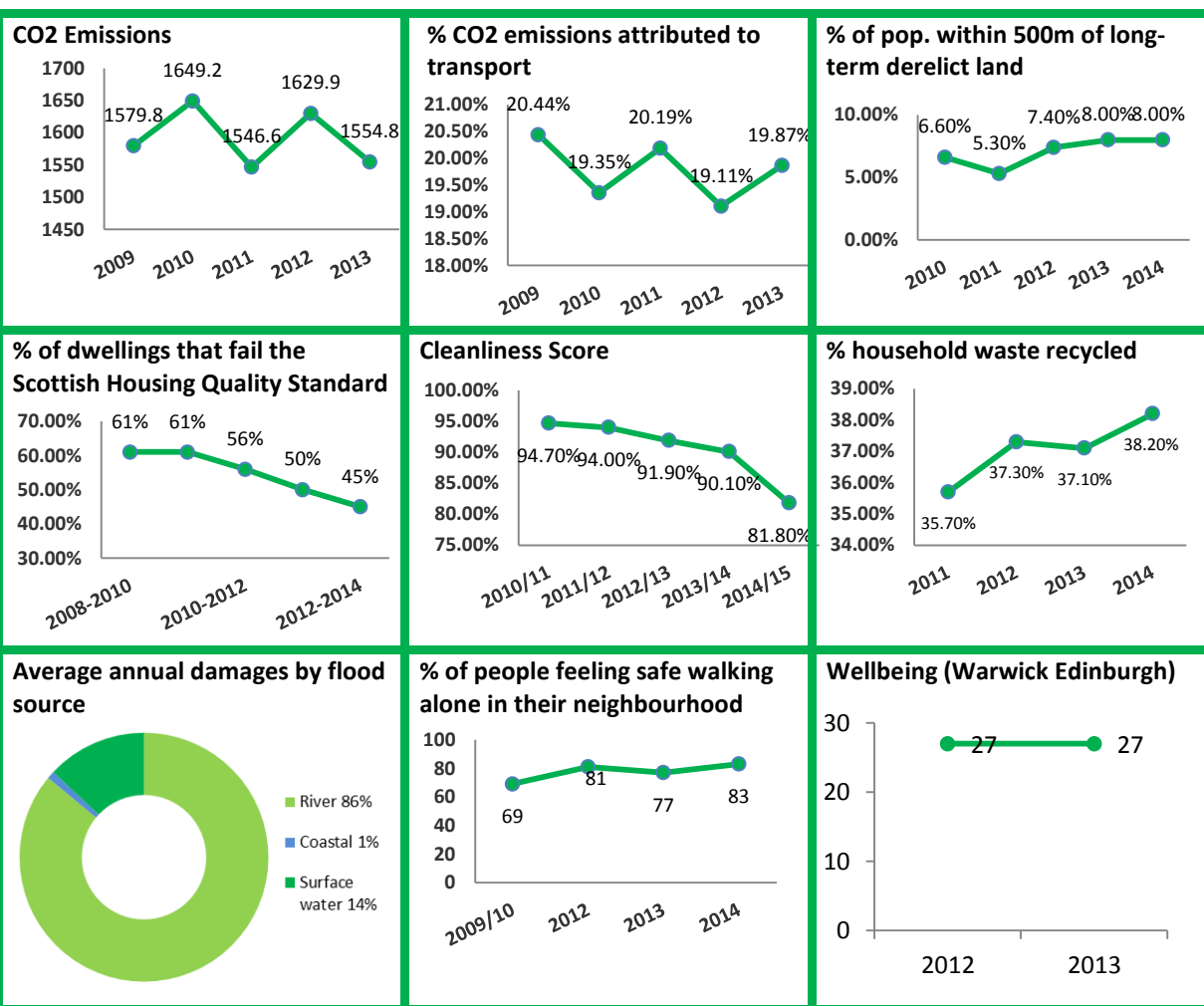
## EMPOWERED, RESILIENT AND SUSTAINABLE COMMUNITIES

The quality and design of a place can significantly influence the ability of individuals and communities to live in healthy, sustainable ways. Issues such as wellbeing and quality of life, physical and mental health, social and cultural life, the provision of quality sport and leisure facilities and open space, carbon emission and energy use are all influenced by the quality of the environment. Involving communities in the shaping of Aberdeen City will inspire people to collectively reimagine and reinvent the city as a place that contributes to their health, happiness, and wellbeing.

Embracing the opportunities presented by community empowerment legislation will enable communities to have a greater influence on their built environment and greenspace, and on the services delivered in their neighbourhood.

Everybody wants to live in a place where they feel safe. But safety is not just about being protected from crime and risk of accident. Aberdeen City holds approximately 80% of the flood risk within the North East of Scotland.

### PLACE BASED INDICATORS OF PROSPEROUS PLACE:



There are 5 areas within Aberdeen City that have been classified by the National Flood Risk Assessment as being potentially vulnerable to flooding. The main areas at high flood risk in Aberdeen are along the large watercourses, including the River Dee, River Don, the Denburn, and the coast and harbour-side area. The environment is integral to the quality of life enjoyed in Aberdeen City and is vital in encouraging the wellbeing of citizens. Aberdeen has an established green heritage and is held in high regard across the UK as an “in-bloom” destination. Good quality, attractive green spaces and air quality promote exercise and improve people’s health and overall quality of life.

Aberdeen’s booming economy in recent years has placed the city’s infrastructure below and above the ground under significant pressure and that infrastructure is now struggling to keep pace. Significant investment is required to improve infrastructure to ensure that the city remains an attractive and connected place to invest, live and visit and to maintain the region’s competitive advantage in the Future Cities era.

## PRIMARY DRIVERS

In delivering this priority, we will focus our energy and efforts on working together to achieve the following primary drivers. These are the critical driving factors that the Partnership believes need to be addressed to be successful in delivering a prosperous place.

**1. *Safe and resilient communities - Aberdeen is a place where people are safe from harm***

**2. *People friendly city - a city where people to choose to invest, live and visit***

For each of these primary drivers we identify the underpinning primary and secondary drivers that the Partnership will focus on to deliver tangible improvement in these areas. The driver diagrams also identify the key measures that the Partnership will monitor to ensure it is having an impact.



## LEAD PARTNERS:

- Aberdeen City Council
- Active Aberdeen Partnership
- ACVO
- Civic Forum
- NHS Grampian
- Police Scotland
- Scottish Fire and Rescue Service
- Sport Aberdeen

## 1. Safe and resilient communities - Aberdeen is a place where people are safe from harm

A fundamental sense of safety and wellbeing has the greatest impact on people's lives and builds community empowerment and resilience. Preventing crime and antisocial behaviour continues to be a priority for partnership working, but climate change and extreme weather events also pose a significant risk of harm to our communities. Flooding is the most common issue facing Aberdeen, which bears 80% of the flood risk of the North East. Our joint approach to prevention, rescue and recovery is critical to minimise the risk of harm.

### HOW WILL WE DRIVE THIS FORWARD?

Driver Diagram 4a

Primary Drivers	Secondary Drivers	Improvement Outcomes					Lead Partners
		Improvement measures and aims	Baseline	17/18	20/21	26/27	
We will develop community and business resilience awareness as well as enhancing ability to respond	Raise awareness of Community Resilience across a range of community groups	Number of community groups that include Community Resilience within their local plans	TBC 2017	25%	50%	100%	Aberdeen City Council Police Scotland Scottish Fire and Rescue Service Scottish Water Scottish Environmental Protection Agency
	Assist Communities and Businesses to develop and maintain effective Resilience Plans	Increase no. of communities with Resilience plans in place	1	15	100%	100%	
		Assess effectiveness of community resilience arrangements through testing and exercising	1	15	100%	100%	
We will maintain resilient and effective Category 1 and Category 2 Responders (as defined by Civil Contingencies Act 2004)	Maintain resilience within and between Category 1 responders through partnership working and continuous assessment	Development of resilience self-assessment toolkit	Feb 2017				Aberdeen City Council NHS Grampian Police Scotland Scottish Fire and Rescue Service Scottish Water Scottish Environmental Protection Agency
		Self-assessment and identification of recommendations for improvement	Apr 2017				
	Develop and maintain single and multi agency emergency plans and arrangements based on national, regional and local risk assessments	Maintain participation of all partners in Local Resilience Partnership groups and plans	100%	100%	100%	100%	



Primary Drivers	Secondary Drivers	Improvement measures and aims	Baseline	17/18	20/21	26/27	Lead Partner
	Coordinated multi-sector response to adverse weather conditions through Community Action Days	No. of public sector organisations actively participating in Community Action Days	TBC	1	5	12	Aberdeen City Council ACVO Health and Social Care Partnership NHS Grampian Police Scotland Scottish Fire and Rescue Service
		Increase the no. of crises averted as a result of the visiting schedule picking up an immediate problem (no heating, electricity, water etc)	TBC	+10%	+30%	+70%	
We will prevent and reduce the incidence of crime, disorder and antisocial behaviour and tackle the underlying causes of such behaviour to ensure that Aberdeen is a place where people are, and feel, safe	Proactively investigate youth annoyance and antisocial behaviour	Reduce the number youth annoyance and antisocial behaviour incidents reported to: Council – Anti-social behaviour Police Scotland – Youth Annoyance	3372 2213	-1% -1%	-5% -5%	-10% -5%	AFC Community Trust Aberdeen City Council Active Aberdeen Partnership Police Scotland Sport Aberdeen StreetSport Transition Extreme
		Reduce number of persistent offenders involved in incidences of youth annoyance and anti-social behaviour: Council – Anti social behaviour Police Scotland – Youth Annoyance	74 60	-1% -1%	-5% -5%	-10% -10%	
		Increase the no. of young people engaged in diversionary activity programmes who take on a coaching or volunteering role within their communities.	TBC	+2%	+5%	+10%	
	Educating Young People involved in youth annoyance to actively reduce the number of wilful fires in Aberdeen City	Reduce incidences of wilful raising through fire safety themed education and awareness sessions being delivered to schools in localities where respective incidents show greater prevalence	290	-1%	-5%	-10%	Scottish Fire and Rescue Service
	Promote fire safety in the home amongst the elderly and young alike	Increase partner referrals for home and fire safety visits around higher risk cases	529	+1%	+5%	+10%	Aberdeen City Council ACVO

Primary Drivers	Secondary Drivers	Improvement measures and aims	Baseline	17/18	20/21	26/27	Lead Partner
		Maintain /Increase levels of home and fire safety education across primary schools (Absafe)	944	+1%	+5%	+10%	Health and Social Care Partnership NHS Grampian Police Scotland Scottish Fire and Rescue Service
		Maintain home fire safety visits including care and repair / home-check	2769	+1%	+5%	+10%	
	Develop a safe culture around alcohol consumption and its effect on the City and residents	Work in partnership to reduce the % of violent crimes* (Violent Crime* = All Assaults, Serious Assaults, Attempted Murder, Murder, Robbery and Assault with intent to rob. (inc. Emergency Service / Police Assaults)	24644	-1%	-10%	-7%	Aberdeen City Council ACVO Health and Social Care Partnership NHS Grampian Police Scotland Scottish Fire and Rescue Service
		Increase no. of participants in Best Bar None and Unight to promote responsible drinking: Best Bar None Unight	42 17				
	Raise public awareness around the issue and impact of Domestic Abuse to affect an increase in reporting and a reduction in incidences	Increase no. Awareness raising events tackling Domestic Abuse across Aberdeen City.	6	12	18	24	Aberdeen City Council ACVO Health and Social Care Partnership NHS Grampian Police Scotland Scottish Fire and Rescue Service
		Increase the number of referrals made through the Disclosure Scotland Domestic Abuse Scheme (DSDAS)	112	+1%	+5%	+10%	
		Monitor and reduce the number of domestic abuse incidents	2535	-	-2%	-5%	
	Develop enhanced partnership working to prevent and reduce crime of all types and the subsequent fear/perception of crime across Aberdeen City	Work in partnership to reduce all crime across Aberdeen City (Crime = All Group 1 (Violence), Group 2 (Sexual Offences), Group 3 (Crimes of Dishonesty), Group 5 (Other Crimes), Group 6	24644	-1%	-5%	-10%	Aberdeen City Council ACVO Health and Social Care Partnership NHS Grampian

Primary Drivers	Secondary Drivers	Improvement measures and aims	Baseline	17/18	20/21	26/27	Lead Partner
		(Miscellaneous Crimes and Offences), Group 7 (Road Traffic Offences)					Police Scotland Scottish Fire and Rescue Service
		Increase % of people who feel safe in Aberdeen City (City Voice respondents)	83%	+1%	+4%	+7%	

## LOCAL SUPPORTING STRATEGIES

[Aberdeen City Waste Strategy 2014-2025](#)

[Aberdeen Local Development Plan 2016](#)

[ADP Alcohol Strategy 2009-19](#)

[ADP Drug Strategy 2011-21](#)

[Climate Change Study 2011](#)

[Local Housing Strategy 2012 - 2017](#)

[Local Transport Strategy 2016 - 2021](#)

[Nestrans Regional Transport Strategy 2013-2035](#)

[North East Flood Risk Management Strategy](#)

[Strategic Development Plan 2014](#)

[Strategic Housing Investment Plan 2015-2020](#)

[Sustainable Energy Action Plan](#)

## 2. People friendly city – a city where people to choose to invest, live and visit

As our population continues to grow and diversify, it is imperative that our city is built so it benefits people, the environment and the economy. This means building a city where all have the opportunity to enjoy the natural environment that can improve health, reduce stress and increase life expectancy. Preservation and enhancement of our environment is therefore vital to maintain social and economic wellbeing, as well as providing health, recreation and employment benefits to our communities.

### HOW WILL WE DRIVE THIS FORWARD?

Driver Diagram 4b

Primary Drivers	Secondary Drivers	Improvement Outcomes					Lead Partners
		Improvement measures and aims	Baseline	17/18	20/21	26/27	
We will be a city whose built environment is fit for keeping an ageing population safe and healthy and puts the child at the centre of design	Streets are designed with older people in mind to ensure ‘walkability’ of local neighbourhoods, particularly with regards to the provision of seating facilities to break up the pedestrian journey	Achieve Older people friend status using the Design of Streets with Older People in Mind Toolkit	TBC	60%	80%	100%	Aberdeen City Council Active Aberdeen Partnership ACVO Health and Social Care Partnership NHS Grampian Police Scotland Scottish Fire and Rescue Service Sport Aberdeen
	Build a child friendly city to ensure that the best interests of the child is a primary consideration	Achieve UNICEF Child Friendly City status (pilot project, criteria to be confirmed)	TBC	60%	80%	100%	
		Increase % schools recognised by UNICEF as Rights Respecting School	TBC	+5%	+10%	+20%	
	Ensure that all areas of the City and everyone in our communities have access to opportunities to participate in a range of health and fitness activities	Reduce the % of inactive: Adults	20%	20%	17%	15%	
		children	TBC	15%	12%	8%	
		Increase % uptake of recreational walking	62%	64%	66%	708%	
		Ensure all public swimming pools and fitness gyms are accessible for people with a disability	TBC	60%	70%	100%	
Sustainable food provision in Aberdeen, tackling food poverty, developing community food skills	Increase provision of meals provided during school holidays to children entitled to free school	TBC	25%	50%	75%	Aberdeen City Council ACVO	

Primary Drivers	Secondary Drivers	Improvement measures and aims	Baseline	17/18	20/21	26/27	Lead Partner
	and knowledge and delivering sustainable food provision	meals					Health and Social Care Partnership NHS Grampian Police Scotland Scottish Fire and Rescue Service
		Reduce no. of people affected by Household Food Insecurity	TBC	-10%	-25%	-60%	
		Increase provision of allotments and community food growing spaces	468	+1%	+10%	+25%	
We will create an attractive, welcoming environment in partnership with our communities	Creating a new place based community on a 3000 unit housing development, which includes a Learning Hub to deliver education, social and health, sports and leisure facilities for all ages	Improvement measures emergent – place shaping and planning by public partners is developing in a very different way from the past					Aberdeen City Council Active Aberdeen Partnership Health and Social Care Partnership NHS Grampian Police Scotland Scottish Fire and Rescue Service Sport Aberdeen
	Encourage communities to get involved in improving their local environment through friends of parks groups and environmental walkabouts	Increase in no. of people involved in friends of parks groups	TBC	+ 20%	+ 100%	+ 200%	Aberdeen City Council
		Increase in no. of people involved in environmental walkabouts	TBC	+ 20%	+ 100%	+ 200%	
		Increase in number of asset transfer requests	TBC	1	2	3	
		Maintain level of Britain in Bloom or Beautiful Scotland awards achieved	Gold	Gold	Gold	Gold	
		Increase number of 'It's your neighbourhood' awards achieved	5	5	7	12	
		Increase in volunteers involved in Britain in bloom and other environmental opportunities	TBC	+ 20%	+ 100%	+ 200%	

## LOCAL SUPPORTING STRATEGIES

[Accelerate Aberdeen: Super-connected Cities Programme](#)

[Local Transport Strategy 2016 - 2021](#)

[Strategic Development Plan 2014](#)

[City Centre Masterplan 2015](#)

[Local Development Plan 2016](#)

[Local Housing Strategy 2012 - 2017](#)

[Nestrans Regional Transport Strategy 2013-2035](#)

[Strategy for an Active Aberdeen 2016-2020](#)

# ENABLING TECHNOLOGY

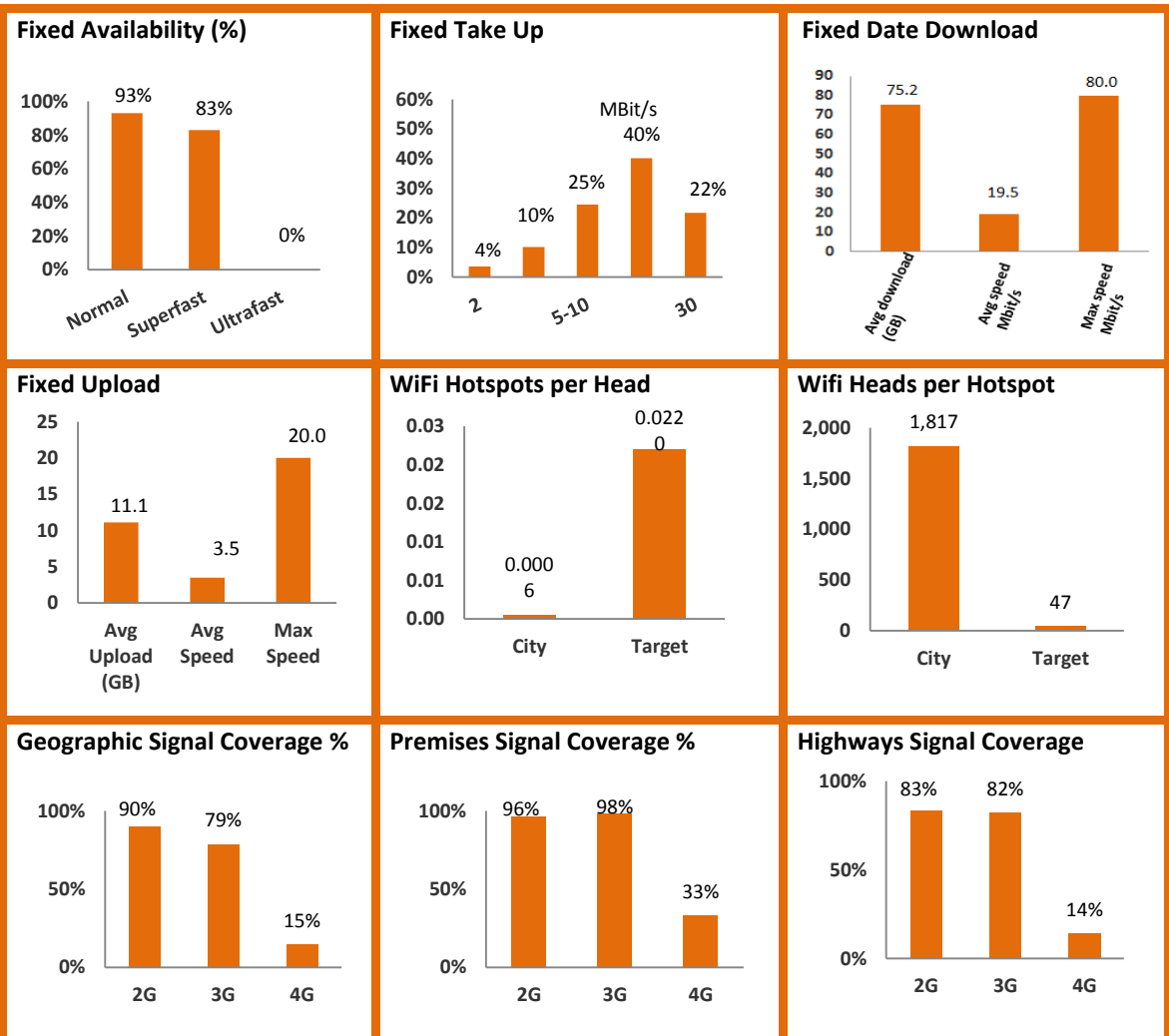
## CREATING A DIGITAL PLACE

Digital technologies are part of daily life for the significant majority of people and businesses. We pay for shopping and do our banking online; communicate and share with family, friends and business associates using video or social networks; and book cinema tickets from our mobile devices while sitting in cafes.

Digital technologies are transforming how we deliver public services, allowing communities to engage in different ways and providing more opportunities for businesses.

A key to this is world class connectivity. As the indicators opposite show Aberdeen is behind the best connected regions for most indicators. Through this plan we will address this shortfall. We will also exploit the use for data, stimulate innovation and ensure that our people have digital skills.

### PLACE BASED INDICATORS OF THE SMART CITY REGION:



PRIMARY DRIVERS

In delivering this priority we will focus on the following primary drivers. These are the factors that the Partnership believes will create a truly digital place.

- 1. **Digital Connectivity** – *Provide the first-class, fixed and mobile digital connectivity necessary for the economy to grow, communities to prosper, and for government and citizens to interact.*
- 2. **Data** - *Work collectively to develop and implement a common, data-driven approach to decision-making that will both protect communities and enable prosperity.*
- 3. **Digital Innovation** – *Aberdeen City is the location of choice for businesses to develop in digital innovation, supported by academic and public sector activity.*
- 4. **Digital Skills and Education** – *Aberdeen City invests in education in cutting edge digital skills and knowledge, from primary school to post-graduate research, and supports citizens and our workforce to apply this to daily life.*

For each of these primary drivers we identify the underpinning primary and secondary drivers that the Partnership will focus on to deliver tangible improvement in these areas. The driver diagrams also identify the key measures that the Partnership will monitor to ensure it is having an impact.



LEAD PARTNERS:

- Aberdeen City Council
- Aberdeenshire Council
- Aberdeen University
- ACVO
- Moray Council
- Robert Gordon University
- NHS Grampian
- Nestrans
- Police Scotland
- Scottish Government
- Scottish Futures Trust
- Scottish Fire and Rescue Service
- Transport Scotland
- Visit Scotland



## 1. Digital Connectivity – providing the first-class, fixed and mobile digital connectivity necessary for the economy to grow, communities to prosper, and for government and citizens to interact

High speed, ubiquitous connectivity is at the heart of building a smart city and supporting communities. Ensuring that communities and businesses can access ultrafast fibre and world class wireless is critical to prosperity and protection in the city.

### HOW WILL WE DRIVE THIS FORWARD?

Driver Diagram 5a

Primary Drivers	Secondary Drivers	Improvement Outcomes					Lead Partners
		Improvement measures and aims	Baseline	17/18	20/21	26/27	
We will ensure businesses, citizens, the public and third sectors have access to the ultrafast fibre broadband	Provide citizens and visitors with the opportunity to connect easily from their homes or other locations	% of households have superfast broadband.	83%	95%	100%	100%	Aberdeen City Council Scottish Government UK Government
		% Businesses have access to ultrafast broadband.	0%	20%	100%	100%	
	Ensure that businesses can prosper through better connectivity	Attract public and private sector investment in digital infrastructure	0%	£10m	£15	£35m	
We will ensure businesses, citizens, the public and third sectors have access to quality Wi-Fi and wireless connections	Citizens and visitors need good connections to enhance their experience of city	% of free Wifi across the city	0%	20%	100%	100%	Aberdeen City Council
	Businesses and public sector providers rely on wireless connections to provide services.	% coverage of boosted 4G coverage and 5G capability across the city.	33%	60%	100%	100%	
	Public sector needs a means to capture data to deliver high quality services and protect its citizens	% of city with sensor network to capture data and run CCTV	0%	20%	100%	100%	

## 2. Data – work collectively to develop and implement a common, data-driven approach to decision-making that will both protect communities and enable prosperity

Public sector partners do not use data consistently well to understand service delivery, develop policy, and drive operational efficiencies. We all need to improve our data quality, apply standards for its collection, recording and storage, and implement the means to share data securely. We can then apply data science techniques so that we can understand complex inter-connectedness of service provision, predict demand and impact, and rationalise how we collaborate for outcomes, and develop policy, at a city regional level.

### HOW WILL WE DRIVE THIS FORWARD?

Driver Diagram 5b

Primary Drivers	Secondary Drivers	Improvement Outcomes					Lead Partners
		Improvement measures and aims	Baseline	17/18	20/21	26/27	
We will share data across public sector partners in order to deliver services and protect citizens	Ensure that there are common standards across public sectors organisation	Secure internationally recognised standards accreditation		Dec 17			Aberdeen City Council NHS Grampian Police Scotland Aberdeenshire Council
	Provide a secure shared data platform for use by all partners and businesses	Deliver a regional data platform		Dec 17			
We will use data to enable evidence based business and policy decisions of Community Planning Aberdeen	Build data analytics capability within the community planning partnership to exploit city data platform	Number of employees across the CPP with a high level of analytical skills	0	10	20	30	Aberdeen City Council Aberdeen University Robert Gordon's University

### 3. Digital Innovation – Aberdeen City is the location of choice for businesses to develop in digital innovation, supported by academic and public sector activity

Aberdeen will develop as a city which is known for excellence in digital innovation. This will build on existing skills and capacities, and will involve all actors in the city. This programme will have an ambitious span: from designing the urban environment to developing solutions to address the challenges of tele-medicine for an aging population, from involving citizens in the co-design of digital services based on open data, to harnessing opportunities presented by Internet of Everything (IoE), to creating living labs which test solutions to complex interconnected issues over longer timespans.

#### HOW WILL WE DRIVE THIS FORWARD?

Driver Diagram 5c

Primary Drivers	Secondary Drivers	Improvement Outcomes					Lead Partners
		Improvement measures and aims	Baseline	17/18	20/21	26/27	
Grow a digital economy to support both public sector challenges and private enterprise.	Grow a substantive digital economy within the city	Number of digital start ups	42	50	70	100	Aberdeen City Council Open Data Institute Aberdeen
	Establish the right environment to exploit digital opportunities	Number of living labs across the city	1	3	10	20	
Support community capacity building through the use of technology	Enable citizens to be supported in their own homes through telecare	% increase in citizens receiving care in the home.	5%	10%	30%	70%	Aberdeen City Council NHS Grampian Scottish Centre for Telehealth and Telecare Scottish Fire and Rescue Service
	Develop a state of the art dashboard to provide community with information on assets, alerts, groups and networks	Dashboard fully operational		Dec 17			
	Develop applications that can be used to help those most in need	Number of community applications released each year	0	5	10	20	

#### 4. Digital Skills and Education – Aberdeen City invests in education in cutting edge digital skills and knowledge, from primary school to post-graduate research, and supports citizens and our workforce to apply this to daily life.

It is essential to the city's future that our citizens, workforce and decision makers have the skills and confidence to exploit digital technologies, make intelligent decisions, and interact using modern tools and platforms.

##### HOW WILL WE DRIVE THIS FORWARD?

Driver Diagram 5d

Primary Drivers	Secondary Drivers	Improvement Aims					Lead Partners
		Improvement measures and aims	Baseline	17/18	20/21	26/27	
All employees, managers, elected officials, and management boards of our organisations will have the skills	Need to ensure that all public sector employees have the right skills to work in a modern business environment	% of public sector employees with a standards level of digital skills	5%	10%	30%	90%	Aberdeen City Council Aberdeenshire Council NHS Grampian
Students and school leavers are provided with access to digital skills, and the means to raise their digital literacy	All public sector partners will develop opportunities for placement for students in ICT, Data Science and related disciplines and encourage skills transfer	% of school leavers and students who have high levels digital skills	TBC	40%	80%	100%	Aberdeen City Council NESCOL The Robert Gordon University Aberdeen University Data Lab
Our citizens will have access to learning opportunities to develop their digital skills, digital literacy, and data literacy	We will work with the 3 <sup>rd</sup> sector to plan a comprehensive range of adult training	% of citizens who feel comfortable using digital tools	TBC	15%	50%	90%	Aberdeen City Council Silver Surfers ACVO NES College

# HOW WE WILL DO OUR BUSINESS

## **Community engagement and building our asset base**

Our ambition is to support the achievement of better outcomes for all. Improvement is about people – their lives, aspirations, skills and talents – and we recognise people as our most valuable asset. In different communities across Aberdeen, assets range from skills and knowledge to local clubs, groups and informal community networks. Effective engagement with people and communities about how local services are planned and delivered is integral to how we will deliver this plan. We will finalise our Community Empowerment, Engagement and Participation Strategy to ensure the Partnership is united in its approach to working with people to help them achieve their aspirations for our communities.

## **Evaluation and performance management**

Ultimately, improving outcomes will be the test of our success. We have included a carefully chosen list of improvement measures and aims within this document. However in some areas, for example the early years work, the results may take up to five years to demonstrate success in achieving longer term significant outcomes. It is therefore critical that we use evidence based self-evaluation to ensure we are measuring the impact and outcomes we are having in taking forward this plan. As part of our performance management arrangements we will produce an annual performance report detailing progress against this plan.

## **Sharing and using data**

Joining up public sector data is critical to making service delivery more efficient, more cost-effective and to help serve our customers better. It will enable us to design and deliver new services, realign and reform how we deliver existing services and cease providing services that are no longer fit for purpose. When data is used effectively, everyone benefits.

We are committed to making data more openly available to others. By allowing others to access 'our' data, we will have a better understanding of the impact of our joint interventions and the collective difference we are making to achieving better outcomes for our people and communities.

## **Joint resourcing**

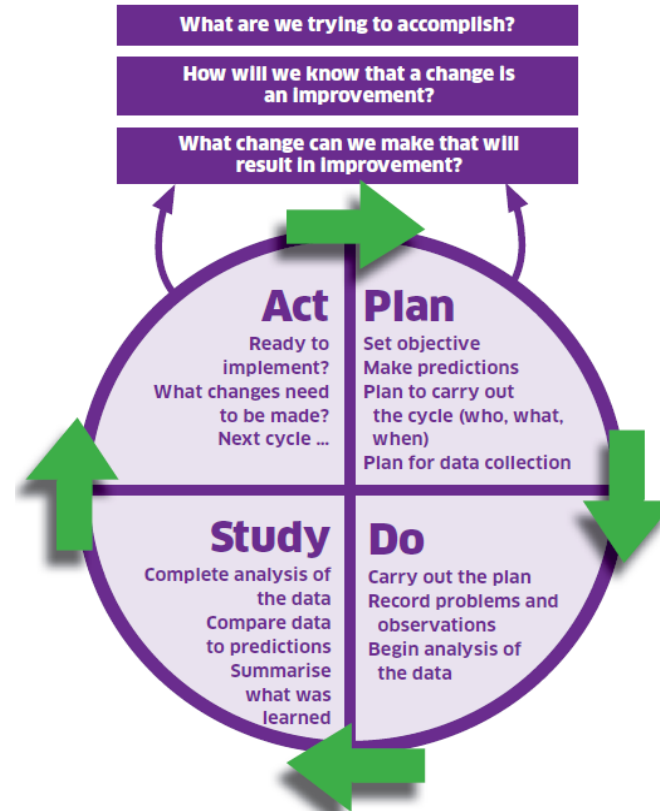
CPA is the only strategic forum where partners in Aberdeen are able to jointly plan how to deploy collective resources to achieve the agreed priorities set out in the Local Outcome Improvement Plan (LOIP). CPA will develop its approach to joint resourcing to ensure the LOIP is the focal point for the planning and deployment of resources locally and share budget, investment and resource planning information through the CPP. However, the CPP does not replace or override the formal governance and accountability arrangements of partner bodies.

## Improvement and innovation

CPA will adopt the Model for Improvement for driving improvement activity across the Partnership. It is a structured approach to improvement which can be used for any area of business and is designed to break down change into manageable chunks. Each small part is then tested to make sure that the things we are aiming to improve are actually improving. Designed by the Institute of Health Improvement (IHI), it has been widely used by the Scottish Government and NHS to deliver improvements and is currently being rolled out across local government; specifically in the area of Early Years. Aberdeen's Integrated Children's Services Partnership has a number of improvement projects underway using this methodology.

## Equality

A central theme of this Local Outcome Improvement Plan is a commitment to tackling the inequalities that exist within our society as a result of socio-economic disadvantage. People can also face barriers because of their race, gender, age, disability, sexual orientation or religion or belief. In delivering this plan, the Partnership will seek to tackle inequality in the city in whatever form it manifests itself, through clear and coordinated approaches.



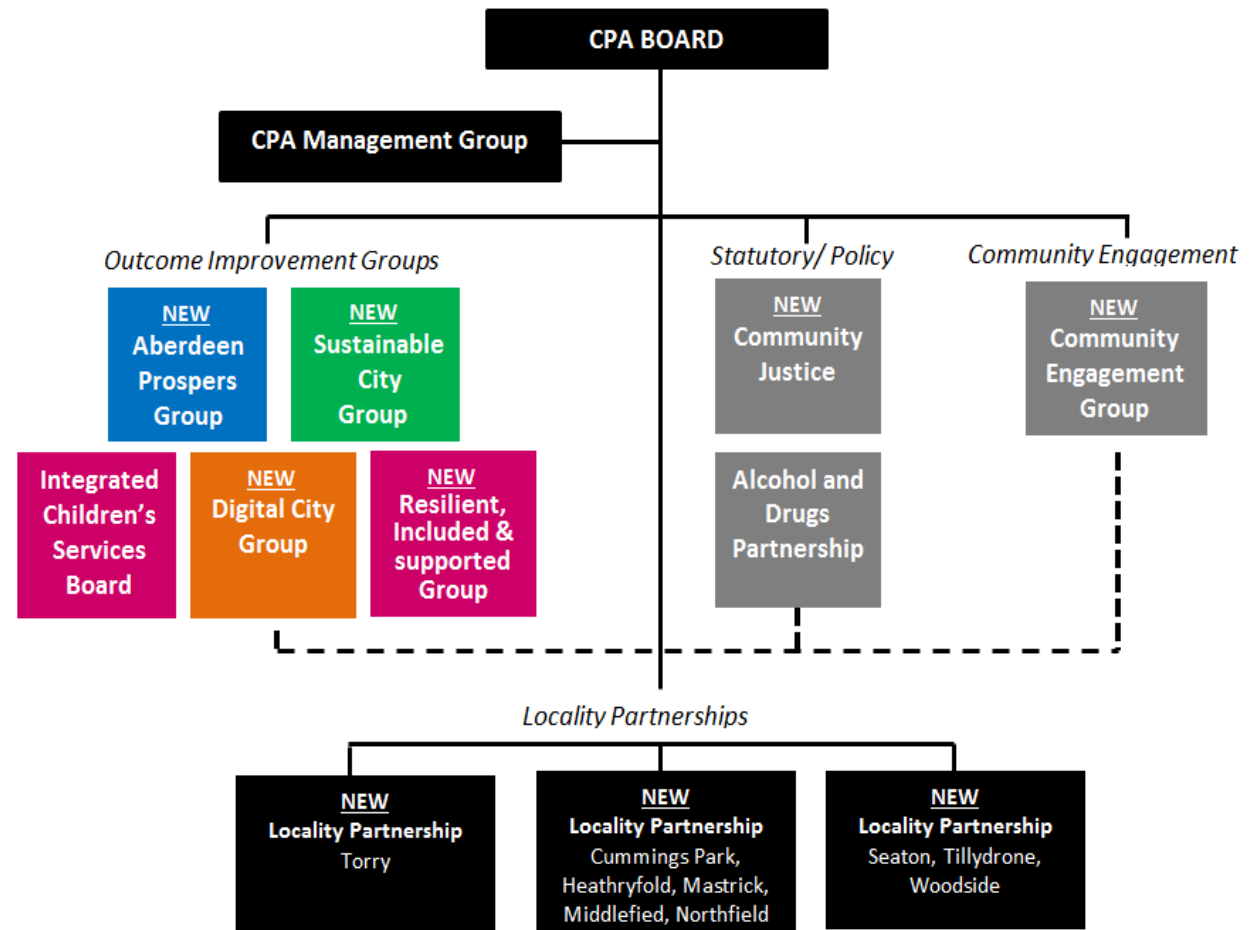
# GOVERNANCE AND ACCOUNTABILITY

The CPA Board provides strategic leadership and direction for Community Planning across Aberdeen. It will scrutinise overall delivery of progress against this Local Outcome Improvement Plan (LOIP) and the underpinning Locality Plans to ensure improved outcomes across all areas of Aberdeen.

The CPA Management Group is accountable to the CPA Board and will oversee the delivery of progress by five new Outcome Improvement Groups, a new Community Justice Group, Alcohol and Drugs Partnership, and new Community Engagement Group.

These groups facilitate effective joint working across Community Planning partners and with communities to ensure delivery of the LOIP and locality plans remain on track, and to advise the CPA Board of any additional action required to overcome barriers.

Locality Partnerships will also be established with communities to oversee the delivery of Locality Plans to ensure that improved outcomes are being achieved for our most disadvantaged communities in Aberdeen.



# CHANGE LOG

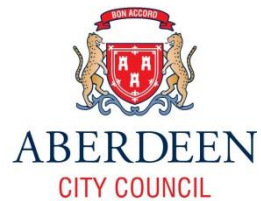
This change log provides record of all approved changes made to the Local Outcome Improvement Plan following approval of the original document by the Community Planning Aberdeen Board on 22 August 2016. Significant changes to the LOIP require approval by the CPA Board prior to incorporating into the document. The latest versions of the LOIP are available online at [www.communityplanningaberdeen.org.uk](http://www.communityplanningaberdeen.org.uk).

Version	Changes	Page Number	Approved By	Date
1	Local Outcome Improvement Plan	1-34 and 42-61	CPA Board	22 August 2016
2	People are resilient, included and supported when in need section added	35-41	CPA Board	12 December 2016
	Updated governance and accountability structure following approval of the Final Report for the Review of CPA Infrastructure	59	CPA Board	12 December 2016



# ENDORSEMENTS

This document is endorsed by the following Community Planning Partners:



FOR FURTHER INFORMATION CONTACT:

Community Planning Team

Email	<a href="mailto:communityplanning@aberdeencity.gov.uk">communityplanning@aberdeencity.gov.uk</a>
Visit	<a href="http://communityplanningaberdeen.org.uk">communityplanningaberdeen.org.uk</a>
Phone	Michelle Cochlan, Community Planning Manager 01224 522791



## INTEGRATION JOINT BOARD

<b>Report Title</b>	The Intelligent IJB: Framework for Performance, Governance and Improvement
<b>Lead Officer</b>	Kevin Toshney, Acting Head of Strategy and Transformation
<b>Report Author</b>	Jillian Evans, Head of Health Intelligence, NHS Grampian
<b>Date of Report</b>	21 December 2016
<b>Date of Meeting</b>	31 January 2017

### 1: Purpose of the Report

This paper provides an update of progress in implementing the Framework for Performance, Governance and Improvement, approved by the IJB in March 2016. National guidance requires Partnerships to produce an annual report on performance using the 'core suite of indicators'<sup>i</sup>. Beyond that, it is for the IJB to decide the breadth and depth of performance monitoring and the frequency of reporting. Our Framework is concerned with the provision of intelligence at all levels of the organisation aiming to support improvements in service delivery, governance and planning. In so doing, we aspire to be evidence informed, high performing and decisive, with an enabled and empowered culture.

This report has been subject to consultation with senior teams within the Health and Social Care Partnership and the City Council. All comments and amendments have been incorporated.

### 2: Summary of Key Information

#### Introduction

"The Intelligent IJB: A Framework to support Planning, Governance and Performance Improvement in Aberdeen City" was based on an approach of 'tiered intelligence' where information is packaged intelligently to support effective service delivery, performance improvement, governance and strategic planning.

Figure 1 outlines the data, information and intelligence that has been developed to date and provided at different tiers across the organisation.



## INTEGRATION JOINT BOARD

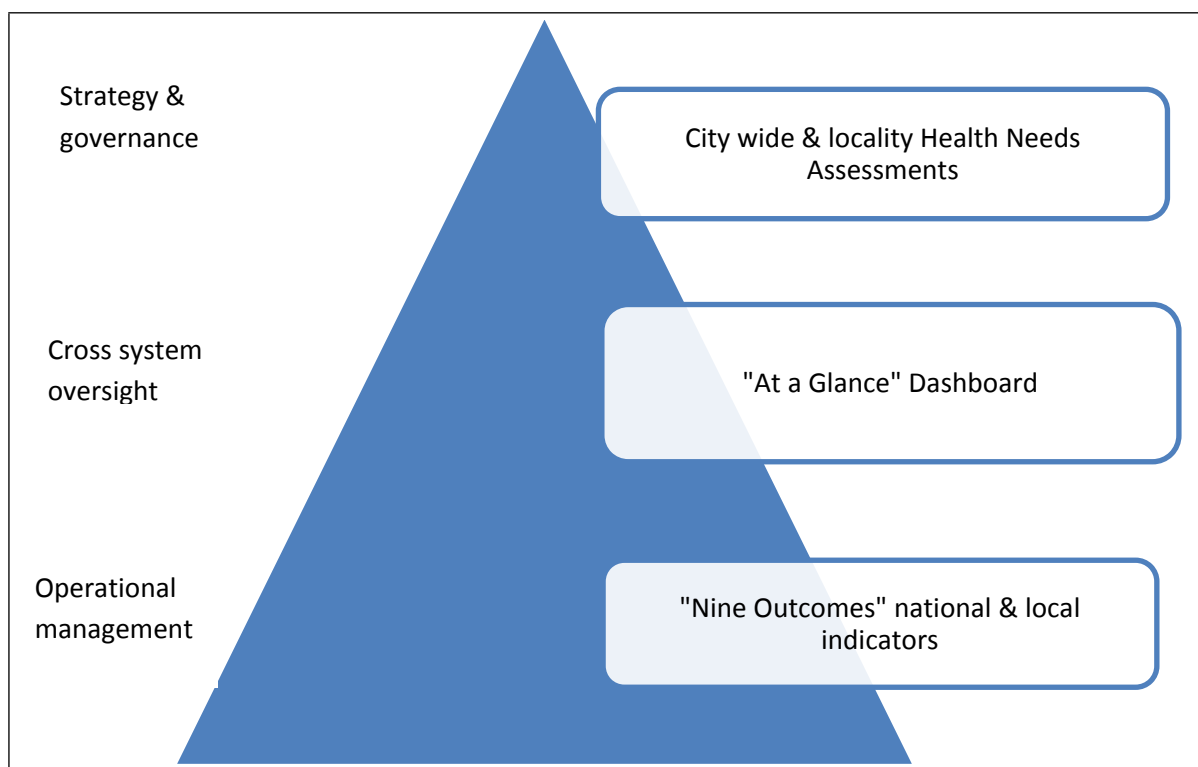


Figure 1: Aberdeen City HSCP Tiered Intelligence

### Development of Indicators to measure and monitor performance

Beyond the national indicators required in the Annual Report, the Partnership has begun to identify other relevant metrics which suit particular local requirements. This has involved working with the management team and using their knowledge to make good use of existing data and more importantly, to consider new measures that are more sensitive to the work and desired outcomes of the HSCP. Similar discussions have taken place with the Transformation Board, the Executive Team and in Locality Planning sessions. We still have a long way to go, but there is a lot of energy in creating the most sensitive measures of change and improvement.

#### Operational Level information

A bundle of national and locally identified indicators have been grouped around the nine national HSCP outcomes. Issued bi-monthly, this information provides drill-down data to locality level (where possible) shows progress over time and provides a comparison with other Partnerships or the Scottish average.

The provision of this detailed dataset will change from being a large drillable spreadsheet



## INTEGRATION JOINT BOARD

to become an interactive dashboard using Tableau data visualisation software. In so doing, this will help users navigate through a considerable dataset and we plan to develop 'storyboards' to help with interpretation of data and key messages. This is currently in development as part of a major project to transform the accessibility of data and intelligence.

### Cross system oversight information and intelligence

Two high level dashboards have been developed and are in use. One is to support performance and accountability of the Chief Officer with the Chief Executives of Aberdeen City Council and NHS Grampian. This includes a package of indicators to monitor performance in key areas of authority and accountability for the IJB. The other high level dashboard ("At a Glance") is provided to the HSCP Executive Team and the IJB to maintain oversight of the key aspects of Partnership business. These are clustered around the five Care Quality Commission categories of organisational performance: "Safe; well-led; effective; responsive; caring".

The Executive Team review the "At a Glance" performance dashboard monthly, accompanied by a descriptive commentary (both are attached). This helps to take decisions on whether to commission further investigation of performance matters and to take action. This has already begun in practice where the IJB clinical and care governance committee will soon be receiving a detailed report of adverse events reporting for falls – a matter identified by the Executive Team from the dashboard and commentary.

### Strategy and Governance

The Strategic Plan of the IJB was underpinned by a health needs assessment. Since then, health profiles have been provided at a locality level, helping to support local discussions and the development of plans. This work is continuing to evolve with localities through regular locality workshops.

### Scrutiny and Exception Reporting

We plan that the Audit and Performance Committee will be the main recipient of all performance data and intelligence. This includes the detailed 'nine outcomes indicators' and the 'At a Glance' dashboard, and in so doing, a formal structure for scrutiny of performance matters is in place. Decisions on exception reporting to Board level will be taken by this committee.

### **Setting targets for improvement**

The high level dashboards used by the Executive Team for performance oversight are being used to consider performance improvement trajectories and targets. These will be presented to the IJB in February 2017.



## INTEGRATION JOINT BOARD

### Data challenges

We have made substantial progress in providing data at all layers of the organisation. Our ability to really transform the use of data for performance and improvement depends on having access to raw data, and for this to begin, we need to have data sharing agreements in place. An existing Memorandum of Understanding exists between Aberdeen City and Aberdeenshire and Moray Councils, NHS Grampian and Police Scotland (2011) and this sets out the legal framework and responsibilities of all Partners when sharing personal and sensitive data. A Business Information Analyst appointed jointly by the Partners and hosted by NHS Grampian, together with the Governance Team in Legal Services provides support and advice in respect of information sharing, and the work that we are doing to develop indicators for performance management at all layers of the organisation will help to inform these data sharing requirements.

However we remain the only Health and Social Care Partnership in Scotland who has not yet signed an Information Sharing Protocol (ISP) with National Services Scotland. This would give us access to sophisticated health and social care planning and performance analytics to help with planning and performance. Discussions with Legal Services are continuing, and it is worth noting that the lack of an ISP does not in itself provide a barrier to sharing information where there is a statutory duty to do so.

Another challenge we have is sustaining investment in staff who are dedicated to developing the performance and improvement Framework. The temporary funding made available for a highly skilled data technician and analyst expires in March 2017 and although as much of the work will be absorbed by the Health Intelligence Team, the capacity and speed of delivery will be greatly affected.

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

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

### 4: Management of Risk

**Identified risk(s):** The management of risk in performance and governance is high, and endeavours to implement a Framework will take time and resource. It is likely that the reduction in intelligence capacity will slow down the rate of progress made so far. Consequently, the risk is that the performance framework is not developed sufficiently in



## INTEGRATION JOINT BOARD

order to:

- Provide the IJB and its committees with the necessary assurance that the partnership is performing to the highest standards and fulfilling the national outcomes and
- Provide the partnership with the necessary intelligence to ensure that our planning and delivery of service is safe, effective and innovative.

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

This links with the following risks identified in the strategic risk register:

- Failure of the IJB to function, make decisions in a timely manner etc
- There is a risk that the outcomes expected from hosted services are not delivered and that the IJB does not identify non-performance in through its systems. This risk relates to services that Aberdeen IJB hosts on behalf of Moray and Aberdeenshire, and those hosted by those IJBs and delivered on behalf of Aberdeen City.
- There is a risk that the governance arrangements between the IJB and its partner organisations (ACC and NHSG) are not robust enough to provide necessary assurance within the current assessment framework – leading to duplication of effort and poor relationships
- There is a risk that the IJB and the services that it directs and has operational oversight of fail to meet performance standards or outcomes as set by regulatory bodies
- There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care.
- Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system

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

The report seeks to mitigate these risks by

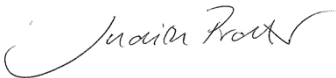

1. Showing the progress that has been made with developing and implementing the performance framework
2. Highlighting the risks associated with access to data and the sharing of information
3. Making the partnership aware of the need to continue investment in staff either through the Aberdeen City HSCP alone, or across all three HSCTs in Grampian to maximise economies of scale.





## INTEGRATION JOINT BOARD







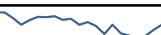

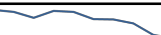

















5: Recommendations
<p>It is recommended that the Integration Joint Board:</p> <ol style="list-style-type: none"><li>1. Note the progress of implementing the Framework in meeting national requirements and local aspirations for performance, governance and improvement</li><li>2. Agree the governance processes for performance oversight and exception reporting through the Audit and Performance Systems Committee</li><li>3. Consider and agree the steps in securing a data sharing agreement with National Services Scotland</li><li>4. Note the requirement for continued investment in staff to support the development of this framework at all levels within the organisation.</li></ol>

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

<sup>i</sup> Scottish Government. Guidance for Health and Social Care Integration Partnership Performance Reports. Feb 2016



# Aberdeen City Health & Social Care Partnership: At a Glance Dec 16

Category	Indicator	Since Last Time	City	Benchmark with Grampian	Benchmark with Scotland	Trend line	Trend Period	Trajectory	Reported Figure Period
Safe	NHS number of level 1 adverse incidents	I	3				4 quarters		Jul-Sep 16
	Proportion of level 1 adverse incident reviews started in 10 days, count and percentage	I	(2) 67%				4 quarters		Jul-Sep 16
	Proportion of level 1 adverse incident reviews completed in 90 days, count and percent	I	(1) 33%				4 quarters		Jul-Sep 16
	NHS number of level 2 adverse incident	S	24				4 quarters		Jul-Sep 16
	Social care number of incidents & near misses		N/A						
	Number of new referrals to initial investigation under adult protection		106				22 quarters		Jul-Sep 16
	Number of social care complaints and % responded to in time	W	19 (62%)				5 quarters		Jul-Sep 16
	Number of NHS complaints and % responded to in time	I	22 (84.6)	68.2%			24 Months		Jul-Sep 16
	Number of new community payback orders		269				12 quarters		Jul-Sep 16
	Offender Reconviction Rate <sup>1</sup>	I	26.9%	26.2%	28.3%		10 Years		2013-14
	Number of criminal justice social work reports to court		352				12 quarters		Jul-Sep 16
Well Led	Budget year end forecast outturn %	I	100.37%				2 months		Sep-16
	Savings plan year end forecast outturn %	I	83.41%				2 months		Sep-16
	Average number of days to sickness lost per employee in social care (rolling 12 months)	S	11.6				10 months		Jun-16
	Average percentage of work hours per month lost to sickness absence - NHS staff	S	4.9%	4.5%	5.0%		24 Months		Sep-16
	% annual performance reviews & development appraisals conducted in social care		0.7%				20 Months		Apr-Nov 16
	% annual eKSF (knowledge and skills framework) appraisals conducted in NHS	S	20.1%	10%					Apr-Nov 16
	Social care employee opinion survey metric (wef April 17)								
	iMatter NHS Employee Engagement index (composite score) (Under Implimentation)								
Effective	Smoking cessation - No. quitters and % from 40% most deprived areas	W	68 (19.7%)	23.0%			8 Quarters		Apr-Jun 16
	Number of quarterly alcohol brief interventions and % of quarterly target achieved	W	503 (70%)	46%			8 Quarters		Jul-Sep 16
	% of adults registered with a dentist (provisional)	I	72.3%	72.5%	90.0%		8 Biannual		Mar-16
	Prescribing primary care cost per 1000 patients per day	I	£396	£402	£456				Jul-Sep 16
	A&E attendance rates per 1000 pop	W	16.37	13.59	23.04		24 Months	14.76	Oct-16
	Monthly rate of emergency admissions to hospital per 1000 pop	W	7.97	6.83	9.05		24 Months		Sep-16
	% re-admissions to hospital within 28 days	I	10.6%	9.7%	9.9%		24 Months		Jul-16
	Average Emergency Bed Days Length of Stay	W	5.8	6.6			24 Months		Sep-16
Responsive	Proportion of over 65ys with intensive care needs receiving over 10 hours of care		N/A						
	Total bed days lost due to delayed discharges	I	2218	4987	45074		18 Months		Oct-16
	Delayed discharges occupied bed days per 100,000 pop	I	963	848	843		18 Months		Oct-16
	Number of people delayed in hospital after being ready for discharge (at census)	I	72	173			18 Months		Oct-16
	Number of people receiving palliative social care		N/A						
	Number and proportion of eligible people taking up self directed support	N/A	227 (6.9%)						Nov-16
	Number of unmet social care hours (wef April 2017)								
Caring	Adult services % posts vacant	N/A	6.75%						Oct-16
	NHS % posts vacant (to be developed)								
	Agency staff employed in social care (WTE)	I	6 FTE				12 months		Oct-16
	Agency staff employed in NHS (WTE) (needs developed)								
	Number of carers assessments carried out by LA		N/A						

1 Approximate areas are based on where the courts of the offenders' index convictions are located, including high courts. Some sheriff court boundaries and LA areas do not match exactly.

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**Aberdeen Health and Social Care Partnership  
Performance Monitoring Commentary, December 2016**

**Introduction**

“The Intelligent IJB: A Framework to support Planning, Governance and Performance Improvement in Aberdeen City” was approved by the IJB in March 2016. This is based on an approach of ‘tiered intelligence’ where information is packaged intelligently to support effective service delivery, performance improvement, governance and strategic planning.

Figure 1 below shows the availability of data and information currently available and its target audience.

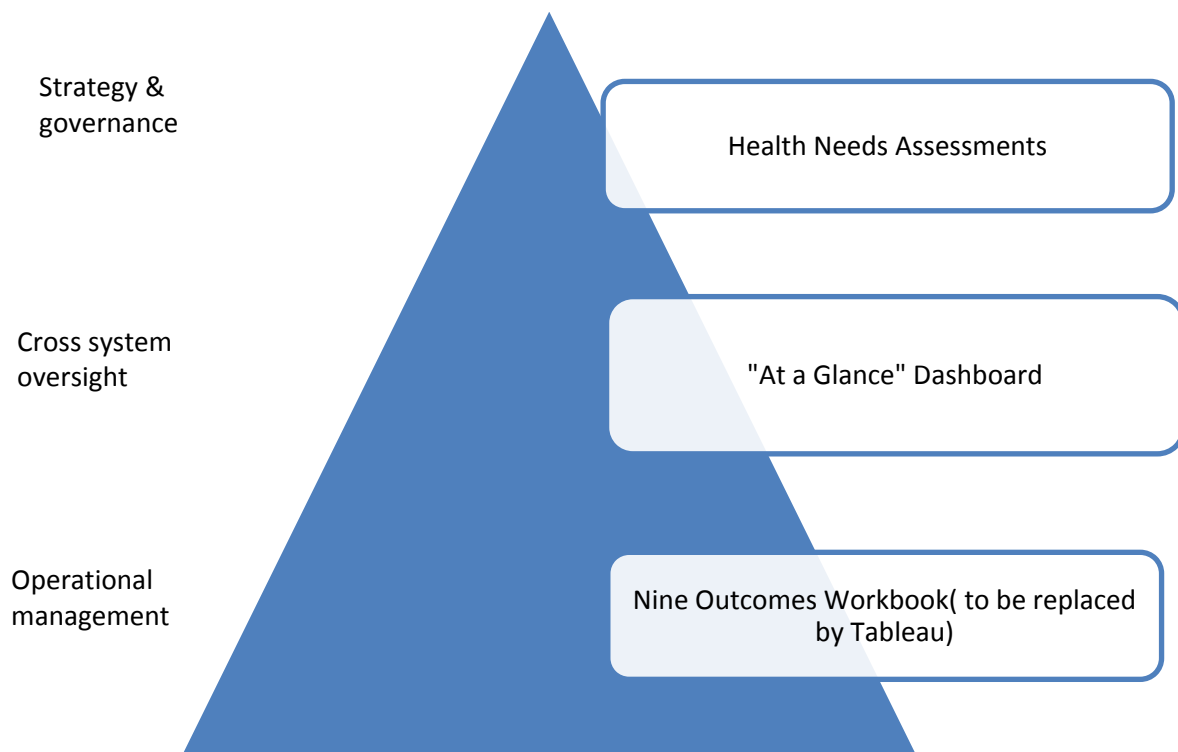


Figure 1: Tiered Intelligence

**Development of Indicators**

Beyond the national indicators required in the Annual Report, the Partnership has begun to identify other relevant metrics which suit particular local requirements for operational business.

The indicators presented here to the Executive Team and the underpinning detail in the Nine Outcomes Workbook has been co-produced with HSCP staff. The quest to refine and improve the intelligence is continuous and is consistent with the principles and ethos of the IJB – to be evidence informed, high performing and decisive, with an enabled and empowered culture.

## Performance Commentary

The attached summary report provides an 'at a glance' picture of performance against a basket of indicators. Indicators are grouped according to the Care Quality Commission categories of performance:

- **Safe** – how well do our services protect people from abuse and avoidable harm
- **Effective** – how well does the care and treatment we provide and commission achieve good outcomes, help people maintain quality of life and is based on the best available evidence
- **Caring** - how well do staff involve and treat people with compassion, kindness, dignity and respect
- **Responsive** – how well are services organised to meet individual needs
- **Well-led** – how well does leadership, management and governance of the organisation make sure it is providing high quality care, encouraging learning and innovation, and providing an open and fair culture

### Safe

There were three NHS level 1 adverse incidents during July to September 2016. Two incident reviews took place within the required 10 day period, with one outstanding. Although these numbers are very small, level 1 adverse incidents represent major and extreme events and it is important that these are reviewed systematically to allow action to be taken and learning to be shared. It is worth ensuring the processes for reviewing level 2 (moderate) incidents is also in place. A detailed intelligence report on falls in NHS premises and the management of these incidents is included for discussion at the Partnership's Clinical and Care Governance Committee in February.

Responding to complaints in time is important to mitigate effects and to support resolution. The proportion of timely responses to NHS complaints in Aberdeen City is better than elsewhere in Grampian. However just under two thirds of social care response times are completed within the required time period.

### Well-led

The aim of the Partnership is to achieve a balanced budget position at year end. The forecast position is for a small overspend of 0.37% against budget. It is understood that a plan to recover the savings plan position is in development.

Managing absence is an aspect of good organisation and leadership. Our health and social care reporting of sickness absence is not consistent across the Partnership and attempts will be made to find a way to improve this with the data we have available. Meantime our data shows an improving position for social care sickness absence and a stable position for NHS, which also compares favourably with the average for Scotland.

Conducting appraisal and performance reviews with staff show the need for improvement in both health and social care. Trends in social care over the past year suggest that a push to increase reporting occurs in the last quarter of the financial year, and this is likely to be a similar situation for NHS staff.

## Effective

The metrics associated with health improvement and lifestyle choices show a mixed picture. Encouraging and helping people to stop smoking amongst more deprived populations is a challenge faced by Aberdeen City and across Scotland. Efforts are being made to increase the 'reach' of people from the poorest parts of the City, including work in partnership with the third sector. There has been a decline in the number of alcohol brief interventions offered in primary care, with 70% of the agreed target being achieved. However Aberdeen City Practices have contributed the most to the Grampian wide target compared to Aberdeenshire and Moray. The proportion of adults registering with a dentist has been increasing consistently.

The trend in the use of emergency care services from Aberdeen city residents is fairly static, however use increased slightly in the September and October months.

## Responsive

Whilst the trend in the number of admissions for emergency hospital care has been static generally, the reduction in the number of occupied bed days used for delayed discharges has been marked. This is mainly the result of intensive team working and collaboration across health and social care.

Although the data requires to be developed further, the proportion of people taking up self directed support is very low at just 7% of all eligible people.

## Caring

The metrics shown in this section require considerable development however they are good indicator of the organisation's ability to provide a caring service.

## **Summary**

This dashboard gives an overall impression of steady progress made by the Partnership and the pressures it faces. Of particular note is the continuous improvement made in actively reducing the number of unnecessary days spent by patients in hospital once they are ready to be discharged.

The Executive Team is asked to note performance of the AHSCP using key oversight indicators at Executive Group level as part of the 'Intelligent Board' approach.

The Nine Outcomes Workbook will be made available electronically and a presentation made to the Executive Team meeting on 14<sup>th</sup> December. Following the presentation and together with the information included in the 'At a Glance' dashboard, the Executive Team is asked to consider any operational performance matters that require escalation to the IJB.

Jillian Evans  
Head of Health Intelligence  
NHS Grampian  
9<sup>th</sup> December 2016

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## INTEGRATION JOINT BOARD

<b>Report Title</b>	Delayed Discharge Performance and Improvement Programme - Update
<b>Lead Officer</b>	Judith Proctor, Chief Officer – ACHSCP
<b>Report Author (Job Title, Organisation)</b>	Kenneth O'Brien, Service Manager – ACHSCP
<b>Date of Report</b>	19 December 2016 [December 2016 Statistical Data Added on 11 January 2017]
<b>Date of Meeting</b>	31 January 2017

### 1: Purpose of the Report

This report is presented to the Integration Joint Board (IJB) for the purposes of provision of information, supporting scrutiny of the Partnership's performance, and to facilitate further discussion.

This paper follows on from the previous update provided to the Integration Joint Board at its meeting of 28<sup>th</sup> June 2016.

Two key areas are discussed:

- Current delayed discharge performance information in regards to the Aberdeen City Partnership;
- AND
- The current status of the Aberdeen City Delayed Discharge Action Plan – with information on progress and recent developments.

### 2: Summary of Key Information

#### Current Performance Information

For the purposes of clarity, the IJB should be aware that the Delayed Discharge figures classify patients/clients into THREE types of delay:

- "Standard" Delays – which are individuals who are medically fit for discharge and yet remain in a hospital bed.



## INTEGRATION JOINT BOARD

- “Code 9” Complex Delays – which are individuals who have particularly complex needs (such as requiring legal intervention in the courts) that would indicate a longer timescale for a safe and appropriate discharge.
- “Code 100” Commissioning/Reprovisioning Delays – which are individuals who have exceptional complex needs relating to previously being long-term hospital inpatients or other such prolonged circumstances. It is recognised by the Government that the normal timescales for discharge would be unable to be adhered to for such patients/clients.

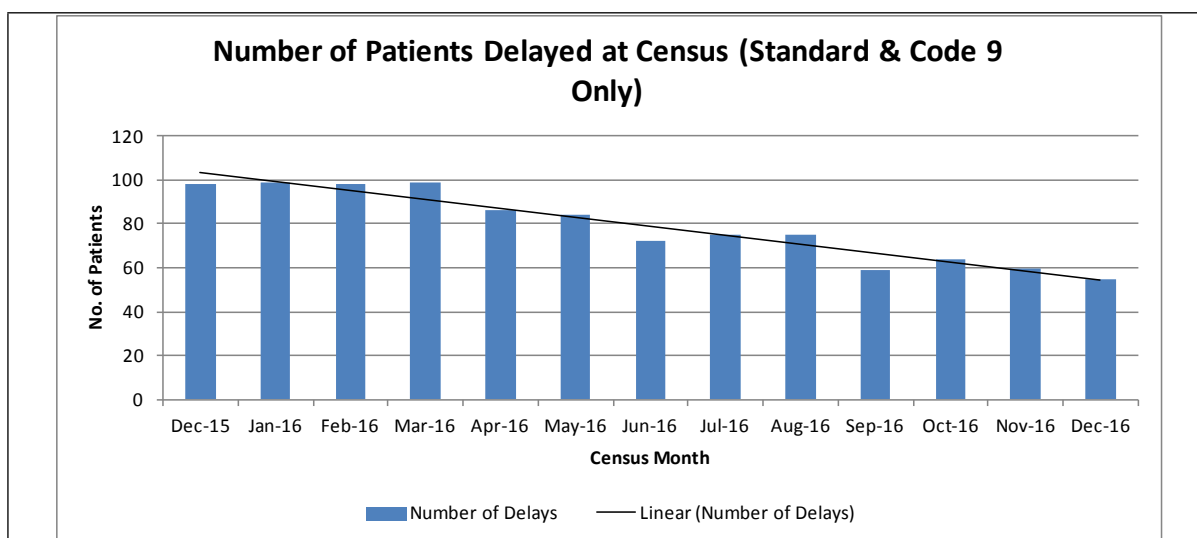
“Code 100” delays are reported to the Government however are not included in nationally published data. At the IJB meeting of 28<sup>th</sup> June 2016, the Board expressed an interest in seeing greater detail about this subset of delayed discharge patients/clients. Resultantly, data and narrative are provided on the Code 100 delayed individuals for the first time in this report.

The IJB may also wish to note that the Scottish Government changed the criteria, definitions and data recording requirements for Delayed Discharges starting from the July 2016 census point onwards. This has had a particular impact on the counting of the number of clients/patients delayed at each census point as individuals who were not previously counted are now included in the definition of a ‘delayed discharge’. Where ‘trend’ information is presented in this report that incorporates ‘pre’ and ‘post’ July 2016 figures, the post July 2016 figures have been adjusted to allow for trend comparison. This does not affect the count of “bed days lost” due to delayed discharges, as this data was not significantly affected by the changes in counting methodology. As more delayed discharge data accrues under the new data definitions, this adjustment will be phased out of general delayed discharge reporting.





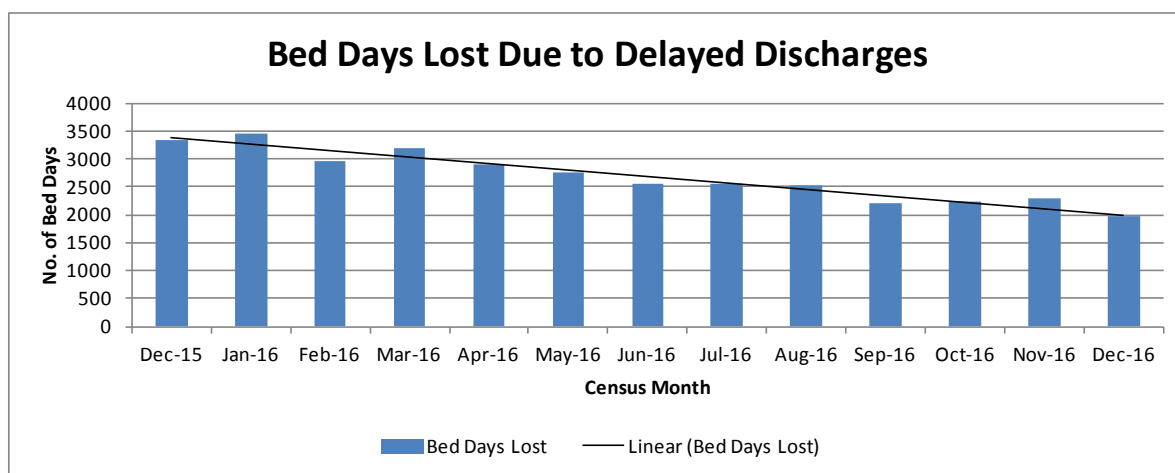
## INTEGRATION JOINT BOARD



**[FIGURE 1] – Numbers of Patients/Clients Delayed at Census**

**Figure 1** shows the overall count of those patients/clients classified as a ‘delayed discharge’ as at the monthly census point, (reflecting the fact that the Government captures Delayed Discharge performance on a monthly basis). This includes both “standard” delays and “code 9 delays”.

As can be seen, the previously identified downward trend has continued over the last six months, with a further 34% drop in overall numbers delayed since the May 2016 census (the last data reported to the IJB).



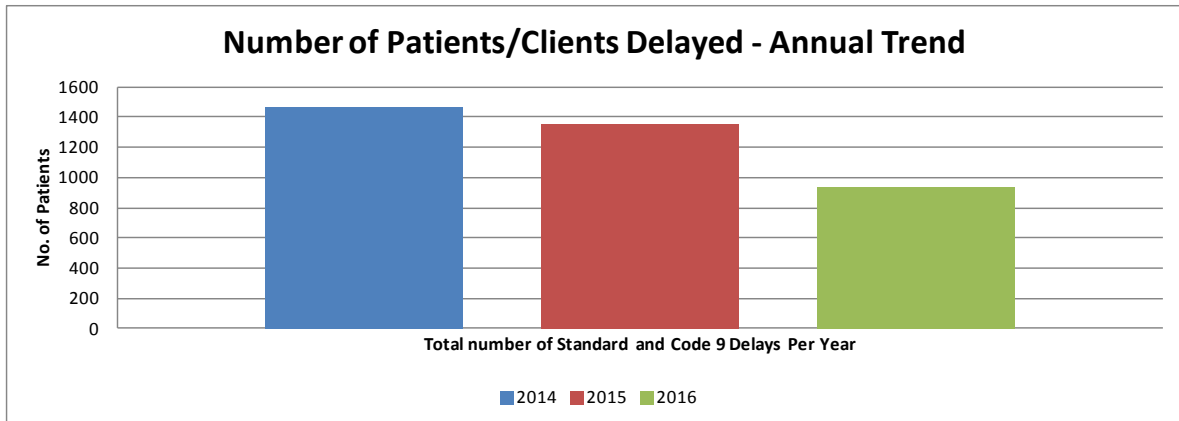
**[FIGURE 2] – Bed Days Lost Due to Delayed Discharges**

**Figure 2** shows the number of bed days occupied by patients/clients classified as a delayed discharge, also presented at monthly intervals. This also shows the



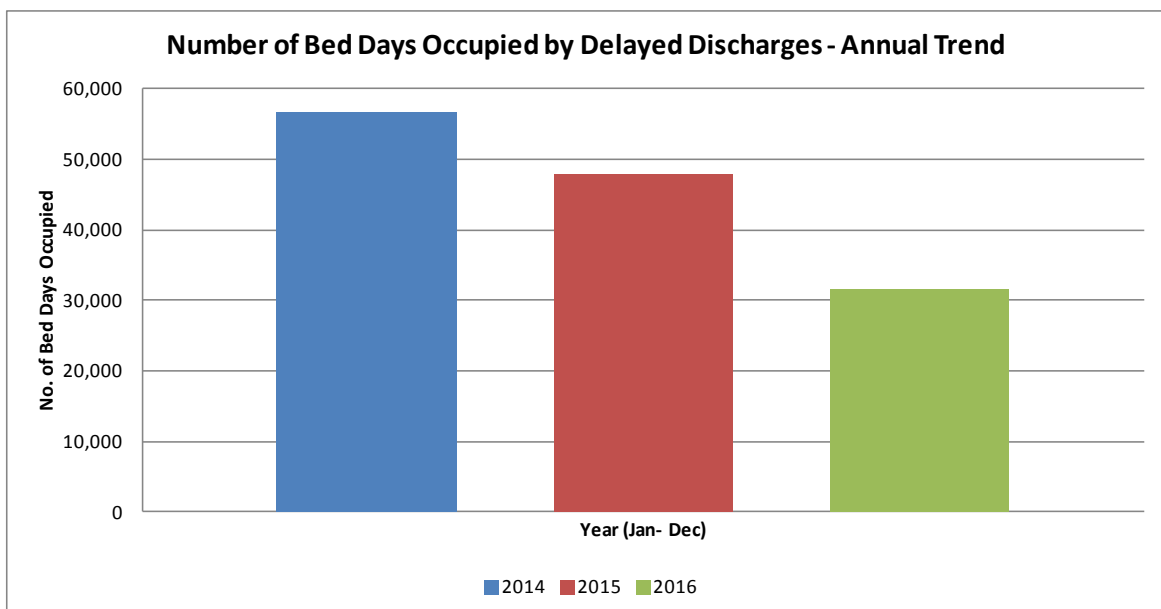
## INTEGRATION JOINT BOARD

continued trend downwards in the period since progress was last reported to the IJB, (with an additional 28% decrease in bed days lost).



**[FIGURE 3] – Number of Patients/Clients Delayed – Annual Trend**

**Figure 3** shows progress, year on year, in reducing the number of individuals classified as delayed discharges. The overall volume of delayed discharged individuals has decreased 36% between 2014 and 2016. Between 2015 and 2016 alone, the drop in numbers was 30%.

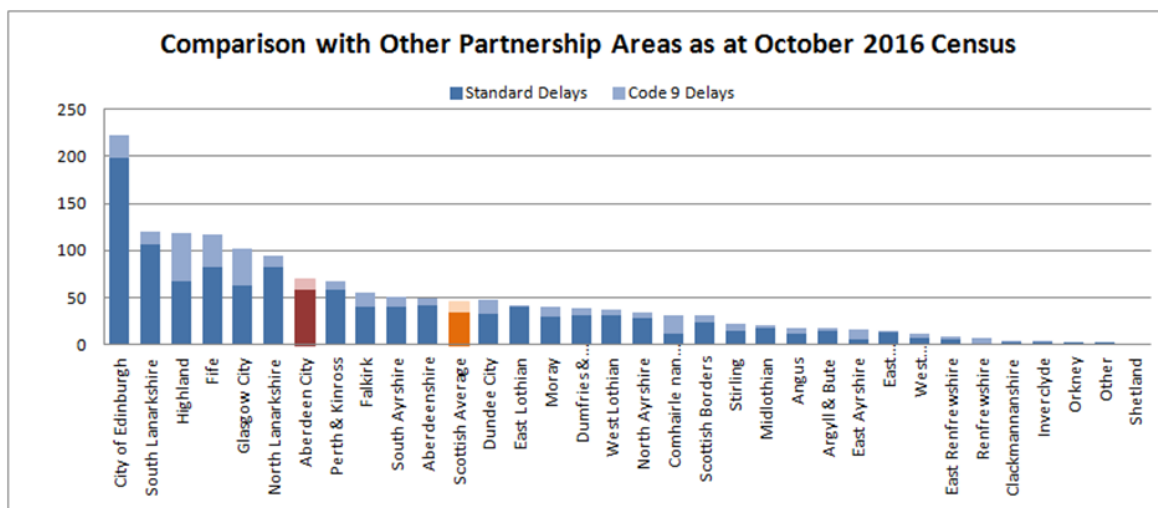


**[FIGURE 4] – Number of Bed Days Occupied by Delayed Discharges – Annual Trend**



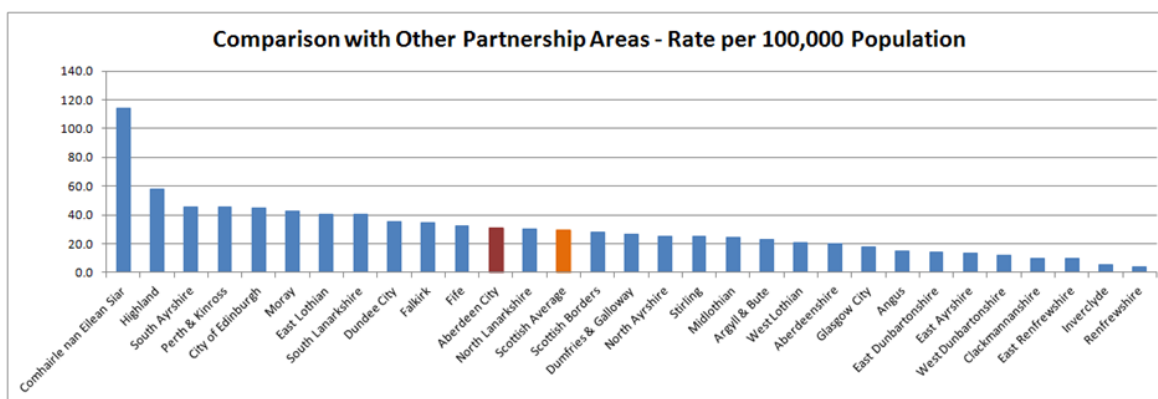
## INTEGRATION JOINT BOARD

**Figure 4** shows progress, year on year, in reducing the number of bed days occupied by delayed discharges. The overall volume of bed days 'lost' to delayed discharges has decreased 44% between 2014 and 2016. Between 2015 and 2016, bed days lost reduced by 33%



**[FIGURE 5 – Comparison with Other Partnership Areas]**

**Figure 5** shows Aberdeen City's number of delayed discharges in the context of other partnership areas. The most current cross-partnership data comes from the nationally published census information gathered for October 2016. When progress was last reported to the IJB in July 2016, Aberdeen City had the fifth highest number of standard delayed discharges across Scotland (having been the second highest partnership area in August 2015). The position as of the most current data available is that Aberdeen City now ranks 7th in regards to overall volumes of delayed discharges.

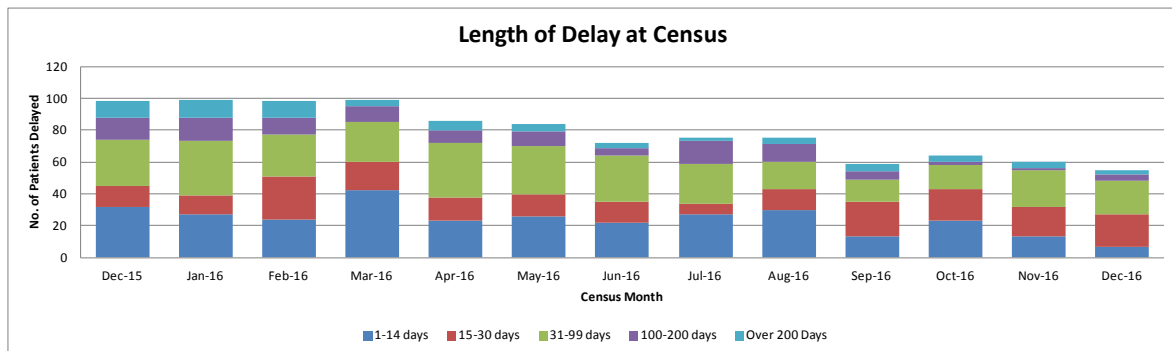




## INTEGRATION JOINT BOARD

### [FIGURE 6 – Comparison with Other Partnership Areas – Rate per 100,000 Population]

**Figure 6** shows Aberdeen City's position against other Partnership areas when the October 2016 census figures are adjusted to reflect population figures. The total of 71 delayed discharges in Aberdeen City in October 2016 equated to a rate of 30.8 delayed discharges per 100,000 population. This was above the Scotland wide rate of 29.4 per 100,000 population and 11 Partnerships recorded a higher rate than Aberdeen City. Aberdeen City now ranks just above the Scottish average, having previously been performing significantly above the Scottish average for an extended period.

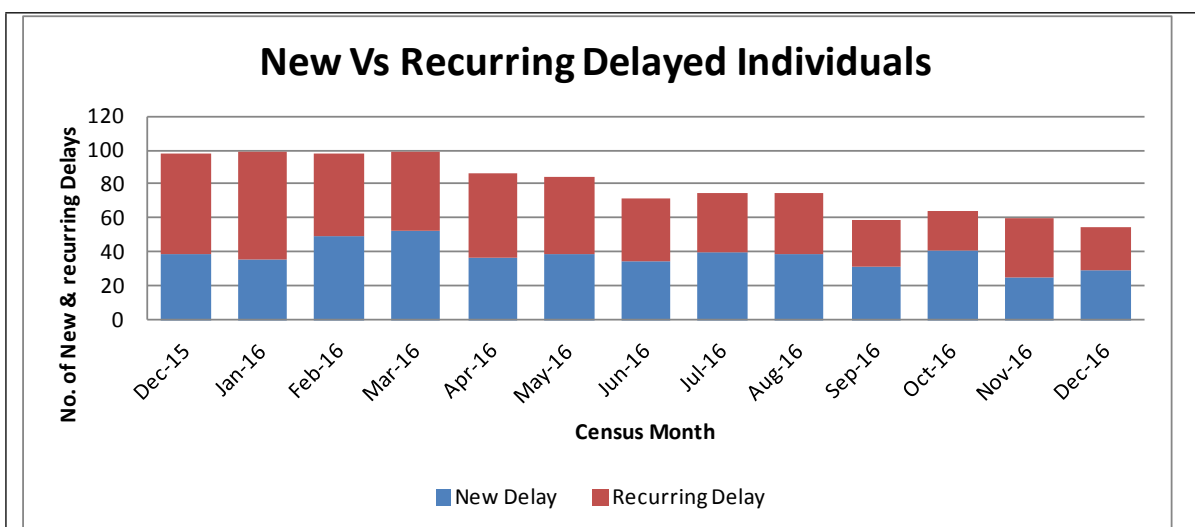


### [FIGURE 7] – Length of Delay at Census

**Figure 7** provides information on the **length of delay** for delayed discharge patients/clients at monthly census points. The longer delay periods (100-200 days and 200+ delays) tend to only be complex cases. What is notable is the contraction of the number of individuals facing very long delays (which is also reflected in the more general reduction in bed days lost).

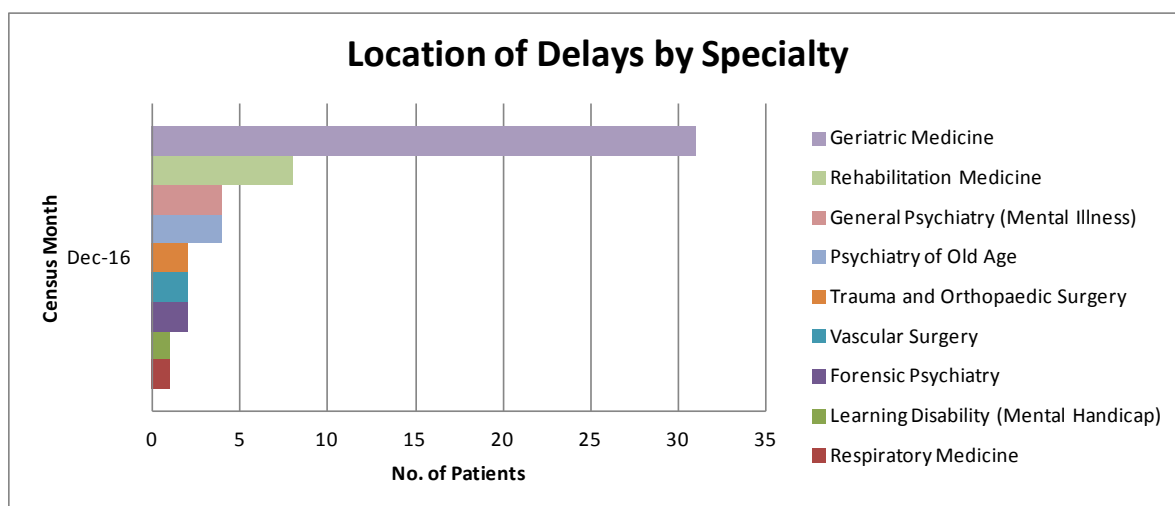


## INTEGRATION JOINT BOARD



**[FIGURE 8] – Proportion of “New vs Recurring” Delayed Individuals at Census**

**Figure 8** shows (over the past 12 months) the proportion of individuals at each census who were ‘new’ delays that month vs those who had been ‘carried forward’ from the previous census period. The shift from ‘recurring’ delays to ‘new’ delays’ evidences the speed at which discharges are being facilitated following an individual being deemed ‘ready for discharge’.



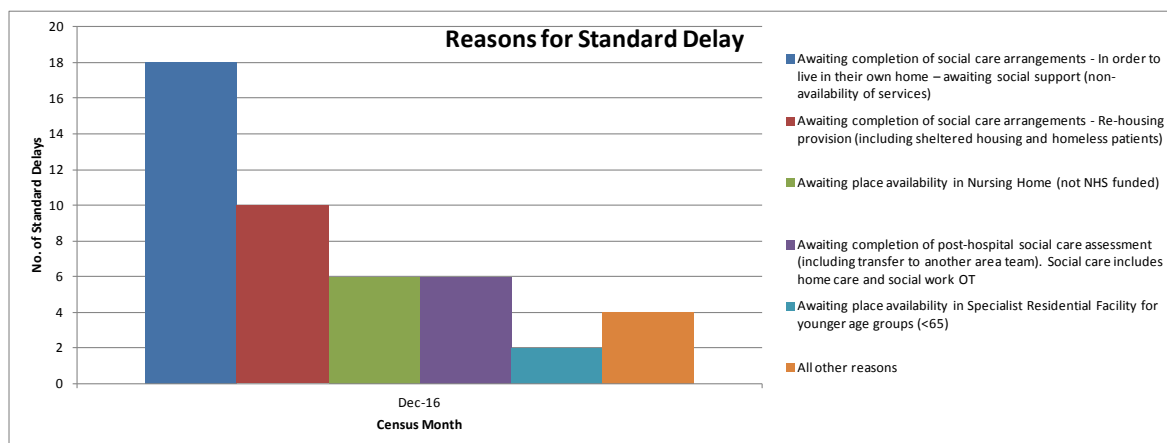
**[FIGURE 9] Location of Delays by Specialty**

**Figure 9** breaks down **where** within hospital specialisms delays are occurring. This is the latest information available based on the December 2016 census

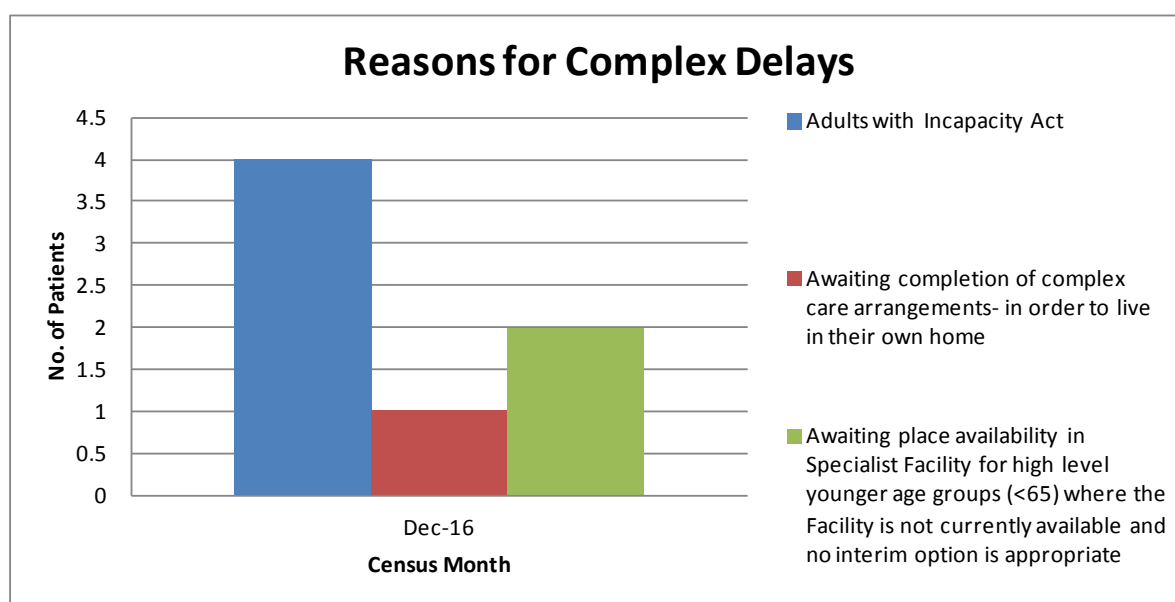


## INTEGRATION JOINT BOARD

information. Geriatric Medicine remains, by far, the largest speciality for delayed discharge patients, followed by Rehabilitation Medicine.



**[FIGURE 10 – Reasons for Standard Delay]**



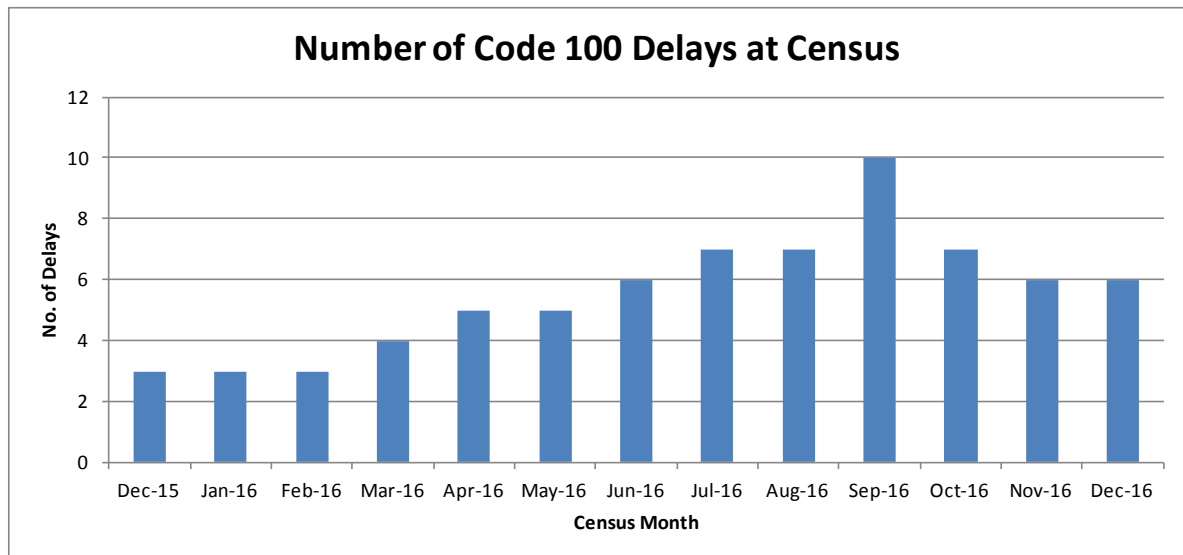
**[FIGURE 11 – Reasons for Complex Delays]**

Figures 10 and 11 shows the reasons why patients/clients are a delayed discharge. The vast majority of standard delays are accounted for due to lack of an appropriate resource – care at home provision and re-housing needs. The majority of current “Code 9” complex delays are due to the need to seek legal orders for patients/clients under the auspices of the Adults with Incapacity (Scotland) Act 2000, along with a small number of individuals with a need for

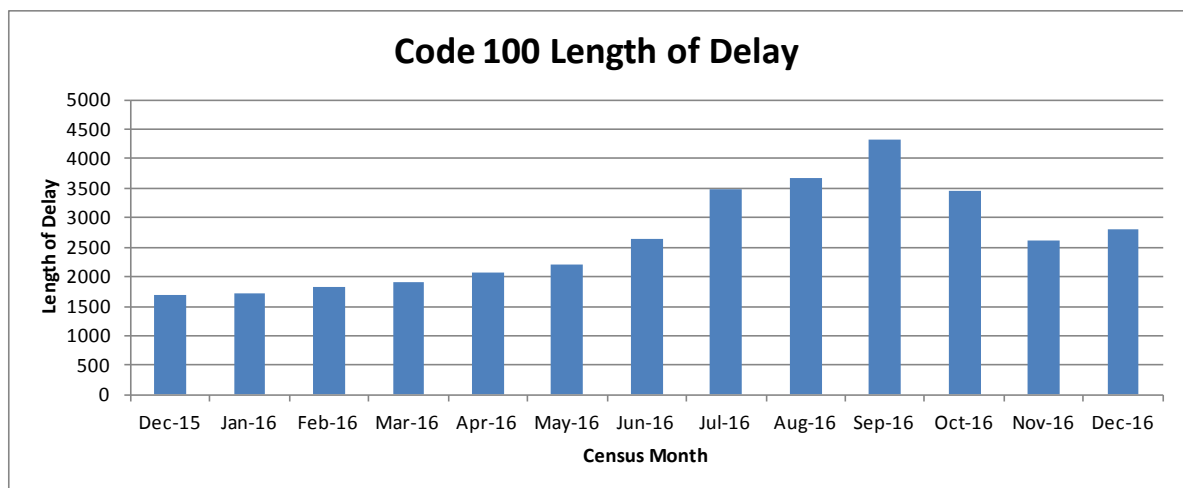


## INTEGRATION JOINT BOARD

specialised care services.



**FIGURE 12 – Code 100 Delays, Trend**

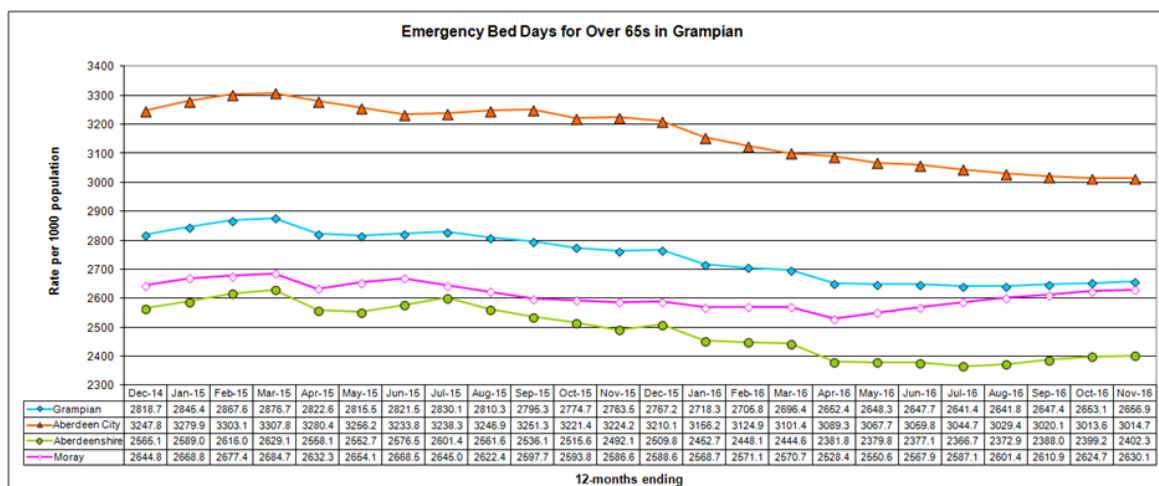


**FIGURE 13 – Code 100 Delays, Length of Delay**

**Figures 12 and 13** shows the number of individuals who have been classed as a 'Code 100' Delayed Discharge over the past 12 months, and the accumulated bed days attributed to these complex cases. It should be noted, that whilst the overall volume of individuals who are classified as Code 100 remains small overall, the lengths of delay recorded are very significant – reflecting the ongoing difficulties in commissioning bespoke support services for these complex client groups.



## INTEGRATION JOINT BOARD



**FIGURE 14 – Emergency Bed Days, Aberdeen City, Recent Trend**

**Figure 14** evidences a trend of declining emergency bed days for the over 65's within Aberdeen City over the past 12 months, thereby reducing the 'flow/demand' into hospital of patients who will then subsequently require discharge arrangements. Whilst it is early to draw overall conclusions, the work of the Partnership in regards to its development of community focused and preventative interventions may be beginning to show its impact. This would be the beginning of an indication that 'demand' for hospital beds is being curtailed alongside speedier 'throughput' within the system itself.

### Indicative Costs/Savings

When attempting to calculate the indicative costs/savings achieved through the reduction in delayed discharge bed days, the 'ISD Average Cost for a Delayed Discharge Bed' was provided by NHS Grampian's finance department. This figure was applied to the 33% reduction in bed days lost to delayed discharges from 2015 to 2016. This would indicate an indicative saving of **£3,463,376** compared to the previous year. Including bed day reductions from 2014 in the overall calculation, the indicative savings rise to **£5,339,086**.

	2014	2015	2016	+ / - (cumulative, 2014-16)
Indicative Cost of Bed Days	£12,099,132	£10,223,422	£6,760,046	- £5,339,086





## INTEGRATION JOINT BOARD

Lost to Delayed Discharge				
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### Summary of Key Data

- There has been a continued downward trend in both numbers delayed and bed days 'lost' due to delayed discharges since the last report to the IJB in June 2016.
- Aberdeen City has seen a 30% reduction in numbers of people delayed, comparing 2015 and 2016.
- Aberdeen City has seen a 33% reduction in 'bed days lost' due to delayed discharges, comparing 2015 and 2016.
- There has been a reduction in the proportion of individuals who are delayed for a longer period in hospital. Throughput and flow continues to improve.
- Code 100 delays, whilst relatively small in regards to volume, remain significant in regards to their combined 'lengths of delay'.

### Aberdeen City Delayed Discharge Action Plan

As has been previously reported to the IJB, an Aberdeen City Delayed Discharge Group has been operating since 2015, bringing together primary care, secondary care and social work/social care staff to monitor performance and implement improvements in delayed discharge performance.

To that end, the Aberdeen City Delayed Discharge Group has a regularly updated action plan which documents current initiatives and future plans. This action plan is provided in Appendix 1 for the IJB's review.

Key aspects of the action plan that the IJB may wish to note:

- The roll out and 'going live' of the additional interim bed capacity which was approved by the IJB at its meeting of 30<sup>th</sup> August 2016. This is already having a positive impact on the Partnership's delayed discharge position over the winter period.



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- The new workstream within the action plan relating to 'complex delays' (which includes some code 9's and the code 100 delays). This currently includes a full review of the City Partnership's Guardianship pathway; work with the voluntary sector to support uptake of Power of Attorney; and participation in a national project (supported by Health Improvement Scotland) to identify and "troubleshoot" common obstacles to very complex discharges. Aberdeen City will host an event (sponsored by the national project) in March 2017 focussing on this area of delayed discharge work.
- The work, being led by the Aberdeen City Partnership, to formalise, and streamline the 'choice' arrangements for discharge across Grampian.
- The interim housing project being developed to support and facilitate early discharge of individuals who do not require care home levels of support, but require rehousing or significant housing adaptations.

### Assurance

The IJB may wish to note that a paper containing similar data/information to this document was presented to the January 2017 meeting of the Partnership's Audit and Performance Systems Committee, for their scrutiny/review.

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

The issue of Delayed Discharge disproportionately impacts upon older adults and adults with chronic illness and/or long term disabilities. Whilst 'age' and 'disability' are protected equality characteristics, it is not anticipated that there will be anything other than a positive impact for both groups via the continued improvement in the timeliness of discharges.

The implementation of the 'action plan' (see Appendix One), involves expenditure from the dedicated delayed discharge funding stream. The overall use of this fund was included as part of the Chief Officer's paper on 'Strategic Commissioning and Transformation', presented at the IJB meeting of 26th April 2016. There are no new financial implications not already addressed within the financial 'envelope' set out in that earlier paper. Specific projects within the action plan that require



## INTEGRATION JOINT BOARD

funding authorisation will have appropriate permissions sought from the relevant authorities depending on the level of expenditure incurred.

There are no direct workforce implications relating to this report.

### 4: Management of Risk

#### Identified risk(s):

#### From the Partnership's Strategic Risk Register

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

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

Risk #7 (strategic)

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

One of the most high profile performance standards the Partnership is held to account for is that of the numbers of people delayed in hospital unnecessarily. Significant volumes of delays will always have tangible consequences for patient flow and care – particularly in times of peak demand. The delayed discharge action plan will help to address the overall volume of delays within the hospital estate – thereby mitigating some of this risk.

### 5: Recommendations

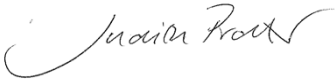

It is recommended that the Integration Joint Board:

1. Note the Partnership's current performance in relation to delayed discharges;
2. Note the current status and progress in relation to the Aberdeen City delayed discharge action plan;



## INTEGRATION JOINT BOARD

3. Request further regular updates on delayed discharge performance and actions taken to further improve performance.

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

Delayed Discharge Action Plan - Updated 13-12-2016

Key Milestones / Actions	Summary of Activity	Lead Officer(s)	Started	End Date	Locality	ACC/NHS	Cost Centre	RAG	Latest Update
Performance Data Recording									
Develop DD Performance Dashboard	Create and improve upon existing DD data and present it ina format that allows Partnership to track progress and identify areas of concern.	Emma Watson & Kenny O'Brien	May-15		City Wide	ACC	DD	G	Dashboard up and running with EDISON data populating current and past trend fields. Actual care home capacity data now integrated into dashboard + volumes of admissions to be incorporated. Group now also wanting to do root and branch review of dashboard to reflect current priorities.
Discharge Pathway [Process of Discharge & Resources to Support Discharge]									
Choice Policy to be Redrafted and Refreshed	To ensure that an up-to-date, competent 'Choice' policy to support discharge is in place and operational on a local level.	Kenny O'Brien & Louise Brodie	May-16		City Wide		DD	A	1st 'skeleton' draft of document completed. Working group met in November to review draft + plans - now back to each Partnership area to confirm approval of plans and ongoing participation. Documents will then begin process of being reviewed by the multiple bodies/groups to allow for 'sign off' across NHS Grampian and all three IJB's.
Enhanced Hospital Social Work Capacity	Injecting additional social work capacity into three key roles: coordination of ARI discharges at discharge hub; Coordination of Woodend discharges; flow and managemnet of interim bed base.	Kenny O'Brien & Lindsey Flockhart	Nov-15	Nov-17	City Wide	ACC	DD	G	Additional social work capacity now in place and being utilised. Agreed that aim should be for evaluation report to come back to DD Group in January 2017. LF to lead on evaluation report - LF + KOB + Health Intelligence have now met to look at data for quantitative evaluation + qualitative survey. Report, once endorsed, to go to Exec group for consideration.
Discharge Coordinator Post	Provision of a role that coordinates all DD activity across the Partnership.	Kenny O'Brien & Jason Nicol	Nov-15		City Wide	ACC	DD	G	Current consensus is that KOB secondment covering much of the strategic element of this job description. Still potentially an operational gap, r.e. oversight of all operational DD work. To hold at present. KOB has confirmed with Tom Cowan that money should be reserved for 2017/18 against this item, to ensure capacity remains available post KOB secondment. Will also reserve funds to cover KOB secondment this year.
Neuroflow Coordination	Provide for a specific service that support flow out of neurorehabilitation services (a key long-term delay area).	Jason Nicol & Kenny O'Brien & ACVO	Nov-15		City Wide		DD	A	ACVO have now indicated that there may be an appetite amongst voluntary neuro services to take on this role, but that they would be wanting certainty of two years funding to consider. Group agreed to 'ringfence' two years potential funding. Alison Macleod's team currently working with Jason Nicol r.e. details. Paper then to come to DD group for agreement/approval before formal permissions sought and then 'quick quote' etc.
DD Health Intelligence Post Shortfall	Ongoing funding to support dedicated DD analyst time.	Liane Cardno & Jillian Evans	Jan-15		City Wide	NHS	DD	G	Recurring payment made from DD funds to cover shortfall in health intelligence budget for dedicated DD analyst.
Complex Delays - Code 9 and Code 100									
Power of Attorney Project	Project to encourage Power of Attorney prior to admission to hospital - thereby minimising long-term delays awaiting court orders.	Kenny O'Brien & ACVO	Aug-16		City Wide		DD	G	Law firms have confirmed that they are interested in a) undergoing dementia friendly training for staff and b) discussing what they as a sector can do to improve the current practices around POA for 'at risk' groups. ACVO starting to 'firm up' a proposal that will encourage liasion/support/advice between law firms, third sector and health and social care professionals, r.e. promoting and support POA's and Guardianship arrangements. ACVO invited to January 2017 DD meeting to present their proposal.
Review Guardianship Pathway	Review of current practice in regards to Guardianship applications - spot delays and structural difficulties and then resolve.	Kenny O'Brien & Claire Wilkie & ACVO	Aug-16		City Wide		DD	G	Initial scoping now completed and over 40+ cases identified to review (covering Guardianship delays over the past two years). Staff identified for work + key staff visting Edinburgh to look at their pathway. CW to come back to DD group with initial findings. Both EW and GP have offered support to access necessary data from medical records to support the work. Health Intelligence are providing data to cross-reference with social work records.
Complex Patient - Bed Capacity	Initially conceived as whether Interim Bed spaces could be created for very complex patients - now looking much more as to whether ringfenced capacity could be created in resources to support discharge.	Kenny O'Brien, Katharine Pation, Jane Fletcher, Dorothy Askew	Aug-16		City Wide		DD	A	Complex DD group not convinced that an 'interim' bed solution would be helpful to their DD position - rather, they felt ringfenced capacity to support flow might be more viable. Potential to 'dust off' an older plan to do internal capital works to expand an existing City LD service. DA taking initial look at these plans and their capital costs - to feed back thereafter. KP looking at what additional 'staffing' costs would arise. Meeting held with Director of Operations to review plans - initial approval to 'scope up' work given. Paper to come to DD group to look at ringfencing money for capital spend.
Participate in National Project on Complex Delays	National project currently looking at Scotland wide structural issues in progressing complex delayed discharges.	Kenny O'Brien & Claire Wilkie	Aug-16		City Wide		DD	G	Aberdeen City has agreed to participate in a national project focusing on the most complex delays. Will examine in a detailed way the structural elements of delay + seek solutions. Participation continuing. Initial plans for Aberdeen to host a regional event on complex discharges in March 2017.
Interim and Intermediate Bed Base Provision									
Bed Base Review	Comprehensive review of Partnership bed requirements for older adults and adults with physical disabilities.	Kenny O'Brien & Jason Nicol	Jun-16	Jun-17	City Wide	ACC & NHS	DD	A	Frozen at present to allow KOB to focus on Strategic Commissioning work with a tight deadline. Some of the work done for strategic commissioning should be transferable to the wider bed base review project once restarted.
Identify and Commission Interim Beds to Support Discharge	Set up of interim beds in care home sector - ensuring faster discharges + additional capacity in the sector.	Kenny O'Brien & Lindsey Flockhart	Nov-15	Oct-17	City Wide	ACC	DD	G	IJB have approved spending on expansion of pilot. Primary care medical cover approved/agreed. Letters of agreement signed by all providers. Beds now starting to go live in a staggered fashon. Monthly meeting now in operation to review 'flow' through interim beds - chaired by KOB.
Identify and Commission Interim Housing Provision	Set up interim housing properties patients can move from hospital toa wait re-housing and/or adaptations being conducted.	Dorothy Askew & Kenny O'Brien	Dec-15		City Wide	ACC	DD	G	Paper to come to DD group with capital costs + options r.e. running costs and charging for accomodation etc - aiming for approvals etc before end of 2016.
Services & Other Resources to Support Discharge									
New Model of Care at Home Provision	Requirement to re-think manner /model of commissioing in care at home market given significant shortfall in care availability.	Kevin Toshney	Nov-15		City Wide	ACC	DD	A	Group informed that Kevin Toshney, (in his new role) will be looking strategically at the care at home market and how it may develop. Kevin to be invited to speak to DD Group - scheduled to attend in early 2017.
Aligning Care At Home Supply and Demand	Initiative to support matching much more robustly the demand for care at home (and the supply of care) to match Partnership priorities.	Kenny O'Brien * Lindsey Flockhart	Nov-16	Nov-17	City Wide	ACC	DD	G	Tom Cowan has approved secondment of experienced staff member for up to 51 weeks to support coordinating unmet needs list + develop liasion with care providers. Worker started beginning of November 2016. Tom Cowan also approved secondment of care at home providers staff member to liaise r.e. care at home - costs now confirmed and this worker has commenced work as well.
Establish a Joint Equipment Store for Aberdeen City	Project to evaluate options and then progress with a Joint Equipment Store .	Julie Somers	Jul-16		City Wide	ACC	DD	G	Agreed that full appraisal of options required, with evaluation and decision to follow. Independent programme manager has now been identified and commenced work on project. Now confirmed that any spend will not commence until financial year 2017/18.
Anticipatory Care Planning	Review of ACP work to Improve Impact + Minimise Admissions, Re-Admissions and Failed Discharges	Lynn Morrison	May-16		City Wide		DD	A	LM participating in Short Life Working Group. LM stating that work of group is progressing, with potential for a project to enhance ACP being brought to the DD group - potentially on a Grampian wide basis. Group has discussed and agreed with LM that (following recent workshop) any ACP work should try to incorporate awareness of POA arrangements. Further workshop in January 2017.
Capital Projects Supporting Discharge									
Planning and Development Manager Post	Salary costs for DD Capital Projects Staff Member	Dorothy Askew	Apr-16		City Wide	ACC	DD	G	Funding for staff member 2016/17.
Shared Homes Project		Dorothy Askew	May-15		City Wide		DD	A	Discussions initially taken place with Aberdeenshire and their 'Shared Lives' project - r.e. possible joint work, however this has stalled. DA now looking at potential research brief for tender out to third sector - still very early stages.

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## INTEGRATION JOINT BOARD

<b>Report Title</b>	Developmental Timetable for Members of the IJB and its Committees
<b>Lead Officer</b>	Judith Proctor
<b>Report Author (Job Title, Organisation)</b>	Sarah Gibbon
<b>Date of Report</b>	15 December 2016
<b>Date of Meeting</b>	31 January 2017

### 1: Purpose of the Report

This report presents an outline of planned development work for the Integration Joint Board (IJB), the Audit & Performance Systems (A&PS) Committee and Clinical & Care Governance (C&CG) Committee.

### 2: Summary of Key Information

At its meeting on 25 October 2016 the Audit & Performance Systems Committee agreed that a developmental timetable for IJB and Committee members should be developed.

Further development of members' knowledge of financial governance, scrutiny, risk management and the Board's duties in relation to community justice should aid members in making decisions on the reports presented by officers.

Appendix A contains a timetable with details of the planned developmental sessions for the remainder of the 2016-17 financial year and the financial year 2017/18. The timetable will be updated throughout the year.

An updated timetable will be included for noting at each meeting of the IJB, A&PS and C&CG, in order to ensure members have clear sight of intended developmental sessions.



## INTEGRATION JOINT BOARD

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

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

The training will be delivered in house by officers from the Aberdeen City Health and Social Care Partnership and Aberdeen City Council.

### 4: Management of Risk

**Identified risk(s):** By not providing developmental sessions there is a risk that this will have a detrimental impact on the standard of scrutiny and the level of decision making by the Board and its committees. There is also a risk that the developmental sessions for the IJB, A&PS and C&CG are developed on an 'ad hoc' basis, without full consideration to its overall developmental needs.

**Link to risk number on strategic or operational risk register:** Strategic Risk Register, item 8 - There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care.

**How might the content of this report impact or mitigate the known risks:** This report and the attached timetable provides the opportunity for structure and forward planning to ensure a well-balanced and holistic approach to IJB development.

### 5: Recommendations

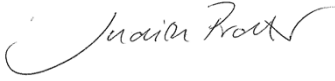

It is recommended that the Integration Joint Board:

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





## INTEGRATION JOINT BOARD

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

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Month	Session Title	Time and Venue	Aim	Attendees	Led By
<b>Jan 17</b>	Finance	10 <sup>th</sup> January 1-4pm Committee Room 4 Townhouse	This workshop will support the development of the IJB's finance strategy for 2017/18.	IJB Members	Alex Stephen
	SDS	31 <sup>st</sup> January 12-1pm Committee Room 2 Townhouse (after IJB main agenda)	This workshop will cover ongoing work on Self-Directed Support.	IJB	Gaynor Clarke
<b>Feb 17</b>	Developmental Session	1 <sup>st</sup> of February 10am - 1pm Conference Room, Summerfield House	This workshop will be held by the Good Governance Institute, to introduce a new phase of developmental work with the committee, resulting in the production of a maturity matrix.	C&CG Members	Good Governance Institute
<b>Mar 17</b>	Community Justice	28 <sup>th</sup> March 12-1pm Committee Room 2 Townhouse (after IJB main agenda)	This workshop will focus on briefing IJB members on the new model for community justice in Scotland which is to be implemented from 1 <sup>st</sup> April 2017.	IJB Members	Val Vertigans
	Maturity Matrix	14 <sup>th</sup> March 10-1pm Committee Room 2 of the Townhouse	This workshop will be facilitated by the Good Governance Institute to provide a refresh of the maturity matrix developed for the IJB.	IJB Members	Good Governance Institute
<b>Apr 17</b>	Adult Support and Protection	TBC	This workshop will brief IJB members on the principles and processes of Adult Support and Protection (AS&P) and present an action plan for the development of AS&P following recommendations from an internal review and the Joint Inspection of Older Adult Services.	IJB Members	

<b>May 17</b>	Councillor Inductions and Member Refresh	15 <sup>th</sup> of May 10am- 1pm Committee Room 2 of the Townhouse	This workshop will provide an IJB induction for new members and a refresh/forward look for existing members.	IJB Members	Executive Group & Committee Services
	Locality Planning	23 <sup>rd</sup> of May Committee Room 2 of the Townhouse (after IJB main agenda)	This workshop will provide an outline of the locality planning processes, ahead of a report which will be presented to the August IJB meeting.	IJB Members	Gail Woodcock
<b>Jun 17</b>	Annual Accounts	TBC (outside of IJB meeting)	This workshop will focus on the annual accounts which will be considered at the September meeting of the A&PS committee, before being presented to the IJB for information at its October meeting. All members are welcome to attend.	IJB Members	Alex Stephen
<b>Jul 17</b>					
<b>Aug 17</b>					
<b>Sep 17</b>					
<b>Oct 17</b>	IJB Board Performance	31 <sup>st</sup> of October Health Village Rooms 4 & 5 (after the IJB main agenda)	This workshop will help ensure that the IJB is working effectively as a board. It aims to review the capacity of the Board to scrutinise and hold officers to account and to review interactions, etiquette and performance against the Board Assurance Framework.	IJB Members	TBC
<b>Nov 17</b>					
<b>Dec 17</b>					

<b>Jan 18</b>					
<b>Feb 18</b>					
<b>Mar 18</b>					

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

## AUDIT AND PERFORMANCE SYSTEMS COMMITTEE

### Minute of Meeting

**10 January 2017**  
**Town House, Aberdeen**

Present: Professor Mike Greaves (NHS Grampian) Chairperson; and Councillors Ironside CBE and Jean Morrison MBE (for items 1-9) (as substitute for Councillor Young); and Rhona Atkinson (NHS Grampian).

Also in attendance: Alex Stephen (Chief Finance Officer, Aberdeen City Health and Social Care Partnership (ACHSCP)), Tom Cowan (Head of Operations, ACHSCP), Kevin Toshney (Acting Head of Strategy and Transformation, ACHSCP), Colin Harvey (Internal Audit), Kenneth O'Brien (Service Manager, ACHSCP) (for item 10), Sarah Gibbon (Executive Assistant, ACHSCP) and Iain Robertson (Clerk, ACC).

Apologies: Councillor Young and Judith Proctor (Chief Officer, ACHSCP).

## DECLARATIONS OF INTEREST

1. 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.

## MINUTE OF PREVIOUS MEETING – 25 October 2016

2. The Committee had before it the minute of the previous meeting of 25 October 2016.

With reference to item 10 (Transformation Progress Report), Kevin Toshney (Acting Head of Strategy and Transformation, ACHSCP), explained that the Transformation Report would be submitted to the APS Committee on a quarterly basis and a revised format would be presented to the IJB on 31 January 2017.

**The Committee resolved:-**

- (i) to approve the minute as a correct record; and
- (ii) to note the information provided.

**TERMS OF REFERENCE**

3. The Committee had before it the Committee's Terms of Reference for information.

Alex Stephen (Chief Finance Officer, ACHSCP) advised that on 15 November 2016 the IJB approved the recommended change to item 8.13. He explained that the APS Committee had been delegated authority to consider and approve the annual financial accounts.

**The Committee resolved:-**

- (i) to note the Terms of Reference; and
- (ii) to note the information provided.

**BOARD ASSURANCE FRAMEWORK**

4. The Committee had before it the Board Assurance Framework for information.

**The Committee resolved:-**

- (i) to note the Board Assurance Framework; and
- (ii) to request that relevant sections of the Framework be presented in landscape format.

**CORPORATE RISK REGISTER**

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

Alex Stephen (Chief Finance Officer, ACHSCP) advised that no major revisions had been made since the previous meeting on 25 October 2016 and noted that the Executive Team reviewed the content and format of the register on a continual basis. Kevin Toshney highlighted that additional comments had been made to item 1 (Significant Market Failure) of the Strategic Risk Register and noted that item 4 (Hosted Services) of the Strategic Risk Register would have to be updated to include feedback received from the recent Pan-Grampian workshop.

Thereafter the Committee made a number of comments on the Corporate Risk Register:-

With reference to item 3 (IJB Failure to Function) of the Strategic Risk Register, members asked about the recruitment to senior posts within the Partnership. Tom Cowan (Head of Operations, ACHSCP) explained that the Partnership would soon advertise to fill the Head of Locality vacancies and a steering group had been established to recruit officers to the Transformation Team;



With reference to item 7 (Failure to Meet Performance Standards) of the Strategic Risk Register, members requested that officers review the moderate rating assigned to this item. Mr Toshney advised that a paper would be submitted to the IJB on 31 January 2017 on performance, governance and improvement which would present a fuller dashboard within the Partnership's performance management framework and outline performance against the nine national health and wellbeing outcomes;

With reference to item 10 (Locality Working) of the Strategic Risk Register, members highlighted that the risk rating had been assigned as high but the rationale for the risk rating referred to a medium rating. Mr Stephen explained that current arrangements had been assessed as medium risk due to the high level of central control but this rating would be elevated to high risk once locality planning had been implemented. Mr Cowan advised that a balance would have to be struck to ensure that the Partnership's corporate objectives were being met and that locality planning and service delivery reflected the needs of local communities. He added that officers were working on a narrative that would articulate the opportunities and challenges of this approach.

With reference to the Health and Safety strategic priority within the Operational Risk Register, the Chair requested that officers review the *unlikely* rating within the likelihood section on page 69. Mr Cowan advised that the Operational Team would do so and informed members that work was ongoing to strengthen the cohesiveness between the Operational and Strategic Risk Registers.

**The Committee resolved:-**

- (i) to note the Corporate Risk Register; and
- (ii) to request that officers consider the suggested changes to the Corporate Risk Register.

**REVIEW OF STANDING ORDER 10(4)**

6. The Committee had before it a report by the Clerk which reviewed the Committee's decision to suspend standing order 10(4) as per its resolution on 31 May 2016.

**The report recommended:-**

That the Committee agree to implement standing order 10(4) and open Committee proceedings to the public and press.

The Clerk advised that as the Committee's membership had now been consolidated and new powers had been delegated to the Committee to approve the IJB's annual accounts, it would be prudent to open Committee business to external scrutiny.

Thereafter there were questions on how meeting rooms would be set up to accommodate the public; and how the public would be informed that they were welcome to observe but not participate in Committee proceedings.

**The Committee resolved:-**

To agree to implement standing order 10(4) and open Committee proceedings to the public and press.

## PERIOD 8 FINANCE REPORT

7. The Committee had before it a report by Alex Stephen (Chief Finance Officer, ACHSCP) which summarised the current year revenue budget performance for the services within the remit of the IJB as at Period 8. And to advise on any areas of risk and management action relating to the revenue budget performance of IJB services.

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

That the Committee note the month 8 position in relation to the IJB budget and the information on areas of risk and management action that was contained therein.

Alex Stephen spoke to the report and advised that further movement was expected on the CareFirst and prescribing budgets. Mr Stephen noted that the Period 9 financial report may corroborate this expectation but did not want to prejudge the accounts. He informed the Committee that he would aim to submit the Period 9 report to the IJB on 31 January 2017.

Thereafter there were questions on prescribing overspends; and the use of Transformation Funding to cover variances in mainstream budgets and its anticipated impact on the Partnership's transformation programme.

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

- (i) to note the month 8 position in relation to the IJB budget and the information on areas of risk and management action that was contained therein;
- (ii) to request that narratives in future financial reports be presented in a more tabular format;
- (iii) to revise the heading of the Central Living Wage/Inflation Provision etc on p90 from *underspend* to *overspend*; and
- (iv) to request that officers review the *mitigating actions* in Appendix B to include other possible solutions in addition to monitoring arrangements.

## DECLARATION OF INTERESTS

**Councillor Jean Morrison declared an interest in the following item by virtue of her membership of the Disabled Persons Housing Service Board but chose to remain in the meeting**

## DELAYED DISCHARGE UPDATE

8. The Committee had before it a report by Kenneth O'Brien (Service Manager, ACHSCP) which provided information to support the Committee's scrutiny of the Partnership's performance and to facilitate further discussion on the current delayed discharge performance information and the current status of the Aberdeen City Delayed Discharge Action Plan – with information on progress and recent developments.

**The report recommended:-**

That the Committee –

- (a) Note the Partnership's current performance in relation to delayed discharges; and
- (b) Note the current status and progress in relation to the Aberdeen City Delayed Discharge Action Plan.

Kenneth O'Brien spoke to the report and outlined the improvement in delayed discharge performance throughout 2016. He advised that since December 2015 there had been a 26% reduction in the number of people delayed and a 16% decrease in the number of bed days lost. Mr O'Brien explained that in comparison to other partnerships, Aberdeen City had improved from having the highest number of delayed discharges in Scotland to the seventh highest. In terms of rate per 100,000 population, Aberdeen City was now ranked 12<sup>th</sup> in Scotland, very close to the national average. Mr O'Brien also highlighted that performance would be fluid throughout the year and delayed discharges may increase in January 2017 due to the winter period. He further advised that continued improvements in performance would become more challenging as the scope for further reductions narrowed.

Thereafter there were questions on the special measures the Scottish Government had previously placed Aberdeen City under in relation to delayed discharge performance; the ongoing bed based review and the challenges of meeting the 72 hour national discharge target; and the ongoing collaboration between the Partnership, the acute sector and housing providers to undertake housing assessments and pilot an interim housing arrangement for service users who otherwise would have remained in an acute setting or been transferred to a long term care facility.

**The Committee resolved:-**

- (i) to note the Partnership's current performance in relation to delayed discharges;
- (ii) to note the current status and progress in relation to the Aberdeen City Delayed Discharge Action Plan; and
- (iii) to thank Kenneth O'Brien and other officers from the Partnership who had contributed to the improvement in delayed discharge performance.

**REPORTS FROM ACC AUDIT, RISK AND SCRUTINY COMMITTEE**

9. The Committee had before it a summary report by Alex Stephen which presented three reports considered by ACC's Audit, Risk and Scrutiny Committee on 24 November 2016.

**The report recommended:-**

that the Committee -

- (a) Note the content of the report at Appendix A: Internal Audit report on self-directed support (SDS);
- (b) Request that the APS Committee would receive update reports on SDS before submitting to the IJB;
- (c) Note the content of the report at Appendix B: Internal Audit report on purchasing and creditors; and

- (d) Note the content of the report at Appendix C: Internal Audit report on the CareFirst System.

Colin Harvey (Internal Audit) advised that the three reports had been considered by the Council's Audit, Risk and Scrutiny Committee on 24 November 2016 and he invited the Committee to challenge issues raised in the reports.

With reference to Self-Directed Support, Mr Harvey explained that the Partnership was moving ahead with recommendations made in the report and the Committee was advised that a number of recommendations identified significant issues within audited areas but found no major issues at a corporate or service level. Thereafter there were questions on the constraints placed on the audit process due to compliance with data protection legislation; and the volume of recommendations relating to practical or procedural matters.

With reference to IJB Purchasing and Creditors, Mr Harvey highlighted two recommendations which identified major issues at a service and corporate level relating to inappropriate tendering in excess of EU thresholds; and the need for controls to ensure authorisation limits were being applied by Processing Officers. Thereafter there were questions on the Partnership's classification of write offs for rental payments and its compliance with the Council's financial procedures; and the controls put in place to mitigate the risk of inappropriate authorisation of payments which would ensure that limits were not exceeded. The Committee sought assurance from officers that financial procedures and EU regulations would not be breached. Alex Stephen provided this assurance and advised that the Partnership had been developing protocols such as a scheme of delegation to address the risks identified within the audit report.

With reference to CareFirst, Mr Harvey highlighted that minor improvements had been suggested but the audit report was generally positive and recommendations had been taken on board by the Partnership. Alex Stephen explained that a number of recommendations related to the modification of IT systems or were one time issues that were relatively straightforward to resolve or implement.

**The Committee resolved:-**

- (i) to note content of the report at Appendix A: Internal Audit report on self-directed support (SDS);
- (ii) to request that the APS Committee would receive update reports on SDS before submitting to the IJB;
- (iii) to note the content of the report at Appendix B: Internal Audit report on purchasing and creditors; and
- (iv) to note the content of the report at Appendix C: Internal Audit report on the CareFirst System.

**PROFESSOR MIKE GREAVES, Chairperson.**

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