Public Document Pack

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

Town House,
ABERDEEN, 24 October 2017

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Meeting Room 5, Health Village** on **TUESDAY, 31 OCTOBER 2017 at 10.00 am**.

FRASER BELL
HEAD OF LEGAL AND DEMOCRATIC SERVICES

B U S I N E S S

1 Welcome From the Chair

DECLARATION OF INTERESTS

2 Members are requested to intimate any declarations of interest (Pages 5 - 6)

DETERMINATION OF EXEMPT BUSINESS

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

STANDING ITEMS

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4b Matters Arising

5 Draft Minute of Audit and Performance Systems Committee - 21 August 2017 - for noting (Pages 21 - 24)

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ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE

14 Transformation Decisions Required (Pages 147 - 154)

15 Board Development Work (Pages 155 - 160)

16 Funding to a Voluntary Organisation (Pages 161 - 164)

WORKSHOP

17 Role of the Chief Social Work Officer

18 Community Justice

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Website Address: http://www.aberdeencityhscp.scot/

Should you require any further information about this agenda, please contact Iain Robertson, 01224 522869 or iairobertson@aberdeencity.gov.uk

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You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether reports for meetings raise any issue of declaration of interest. Your declaration of interest must be made under the standing item on the agenda, however if you do identify the need for a declaration of interest only when a particular matter is being discussed then you must declare the interest as soon as you realise it is necessary. The following wording may be helpful for you in making your declaration.

I declare an interest in item (x) for the following reasons ....
For example, I know the applicant / I am a member of the Board of X / I am employed by…
and I will therefore withdraw from the meeting room during any discussion and voting on that item.

OR

I have considered whether I require to declare an interest in item (x) for the following reasons .... however, having applied the objective test, I consider that my interest is so remote / insignificant that it does not require me to remove myself from consideration of the item.

OR

I declare an interest in item (x) for the following reasons .... however I consider that a specific exclusion applies as my interest is as a member of xxxx, which is

(a) a devolved public body as defined in Schedule 3 to the Act;
(b) a public body established by enactment or in pursuance of statutory powers or by the authority of statute or a statutory scheme;
(c) a body with whom there is in force an agreement which has been made in pursuance of Section 19 of the Enterprise and New Towns (Scotland) Act 1990 by Scottish Enterprise or Highlands and Islands Enterprise for the discharge by that body of any of the functions of Scottish Enterprise or, as the case may be, Highlands and Islands Enterprise; or
(d) a body being a company:-
i. established wholly or mainly for the purpose of providing services to the Councillor's local authority; and
ii. which has entered into a contractual arrangement with that local authority for the supply of goods and/or services to that local authority.

OR

I declare an interest in item (x) for the following reasons……and although the body is covered by a specific exclusion, the matter before the Committee is one that is quasi-judicial / regulatory in nature where the body I am a member of:

- is applying for a licence, a consent or an approval
- is making an objection or representation
- has a material interest concerning a licence consent or approval
- is the subject of a statutory order of a regulatory nature made or proposed to be made by the local authority…. and I will therefore withdraw from the meeting room during any discussion and voting on that item.

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INTEGRATION JOINT BOARD

Minute of Meeting

15 August 2017
Health Village, Aberdeen

Present: Jonathan Passmore MBE (Chairperson); Councillor Sarah Duncan (Vice Chairperson); and Councillors Cooke, Donnelly and Samarai; and Rhona Atkinson, Dr Nick Fluck and Professor Mike Greaves (NHS Grampian Board members); and Laura MacDonald (as substitute for Mike Adams (Partnership Representative, NHS Grampian) (for agenda items 1-16)), Deirdre MacDonald (as substitute for Jim Currie, Trade Union Representative, Aberdeen City Council (ACC)) Jenny Gibb (Professional Nursing Adviser, NHS Grampian), 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 Director, Aberdeen City Health and Social Care Partnership (ACHSCP) (for agenda items 1-16)), Bernadette Oxley (Chief Social Work Officer, ACC), Judith Proctor (Chief Officer, ACHSCP) and Alex Stephen (Chief Finance Officer, ACHSCP).

Also in attendance: Tom Cowan, Head of Operations, ACHSCP), Jess Anderson and Iain Robertson (Legal and Democratic Services, ACC), Claire Duncan (Lead Social Work Officer, ACHSCP, for agenda item 8), Kevin Dawson, Jennifer Rae and Katharine Paton (ACHSCP, for item 9), Catherine King (Commercial and Procurement Services, for item 9), Kenneth O'Brien (Service Manager, ACHSCP, for agenda items 10 and 11), Kevin Toshney (Planning and Development Manager, ACHSCP, for agenda item 14) and Gail Woodcock (Lead Transformation Manager, ACHSCP, for agenda item 15).

Apologies: Mike Adams, Jim Currie, Dr Satchi Swami and Angela Scott.

The agenda and reports associated with this minute can be located at the following link:-
http://committees.aberdeencity.gov.uk/ieListMeetings.aspx?CommitteeId=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.

WELCOME FROM THE CHAIR

1. The Chair opened the meeting and advised that further interviews to fill the outstanding Head of Locality posts had been arranged and noted that the standing orders review would be presented to the Board's next meeting as a number of legal issues had arisen that needed due consideration.

The Chief Officer highlighted that eight colleagues from the Partnership had visited the Netherlands to see the Buurtzorg model in action and noted the visit had proven to be very useful from a learning and development point of view and added that a briefing would be shared with members in due course.

The Board resolved:-

(i) to thank members who attended the Kingsmead Nursing Home thank you event for colleagues on 27 July 2017;
(ii) to note that a briefing on the Buurtzorg model would be circulated to members in due course; and
(iii) otherwise note the information provided.

DECLARATION OF INTERESTS

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

The Vice Chair declared an interest in relation to item 8 (Ethical Care Charter) by virtue of her employment with Unison and advised that she would remain in the meeting during consideration of the item;

Professor Greaves declared an interest in relation to item 14 (Draft Strategic Commissioning Implementation Plan) by virtue of his membership of the Quarriers Board and advised that he would remain in the meeting during consideration of this item: and

Kenneth Simpson declared an interest in relation to item 14 (Draft Strategic Commissioning Implementation Plan) and item 15 (Transformation Decisions required) by virtue of his Chairmanship of the ACVO Board and advised that he would remain in the meeting during consideration of these items.

The Board resolved:-

To note the declarations of interest intimated by the Vice Chair; Professor Greaves and Kenneth Simpson.

DETERMINATION OF EXEMPT BUSINESS

3. The Chair proposed that items 16 (Aberdeen City Residential Nursing Home Provision) and 17 (Bon Accord Care Contract Review) on today's agenda be considered with the press and public excluded.

The Board resolved:-
In terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973, to exclude the press and public from the meeting during consideration of the aforementioned items of business so as to avoid disclosure of exempt information of the classes described in paragraph 6 (Bon Accord Care Contract Review) and paragraphs 8 and 9 (Aberdeen City Residential Nursing Home Provision) of Schedule 7(A) of the Act.

MINUTE OF IJB MEETING – 6 JUNE 2017

4. The Board had before it the minute of the Board meeting of 6 June 2017.

The Board resolved:-
To approve the minute as a correct record.

DRAFT MINUTE OF AUDIT AND PERFORMANCE SYSTEMS COMMITTEE MEETING – 20 JUNE 2017

5. The Board had before it the draft minute of the Audit and Performance Systems Committee of 20 June 2017 for information.

The Board resolved:-
(i) to note the draft minute; and
(ii) to request that the slides from the prescribing workshop held in March 2017 be sent to Cllr Samarai.

DRAFT MINUTE OF CLINICAL AND CARE GOVERNANCE COMMITTEE MEETING – 28 JUNE 2017

6. The Board had before it the draft minute of the Clinical and Care Governance Committee of 28 June 2017 for information.

The Board resolved:-
To note the draft minute.

BUSINESS STATEMENT

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

The Board resolved:-
(i) to remove item 2 (Delayed Discharges) and item 4 (Document Management) from the Statement; and
(ii) otherwise note the Statement.

DECLARATION OF INTEREST

The Vice Chair declared an interest in the following item as outlined in item 2 of this minute and chose to remain in the meeting during consideration of this item.

ETHICAL CARE CHARTER

8. The Board had before it a report by Claire Duncan (Lead Social Work Officer, ACHSCP) which provided an update on progress with the scoping and planning for the implementation of UNISON's Ethical Care Charter.

The report recommended:-
That the Board –
(a) Note the ongoing and planned work in relation to the implementation of the Ethical Care Charter; and
(b) Request the Chief Officer to arrange for further reports to be presented to the Board detailing the progress made in implementing the Ethical Care Charter on a six monthly basis.

Claire Duncan (Lead Social Work Officer, ACHSCP) provided an overview of the work of the Ethical Care Charter working group and outlined the three stages of the Charter's implementation. She explained that an initial scoping exercise had found that a significant number of existing providers offered statutory sick pay to their staff; and explained that one of the key aims of the Charter was to increase recruitment and retention rates within the social care sector and hoped that implementation of the Scottish Living Wage would contribute towards this objective. Ms Duncan noted that an action plan had been developed and a further update would be presented to the Board in six months.

Thereafter there were questions and comments on the proportion of providers that were not compliant with the Charter; the use of contract monitoring processes as part of the Strategic Commissioning Strategy to monitor the compliance rate; engagement with unpaid carers during the consultation period; the growing connection between strategic commissioning and locality planning; and measures taken by the Partnership to build relationships with social care providers.

The Board resolved:-
(i) to note the ongoing and planned work in relation to the implementation of the Ethical Care Charter;
(ii) to request the Chief Officer to arrange for further reports to be presented to the Board detailing the progress made in implementing the Ethical Care Charter on a six monthly basis;
(iii) to request that officers look at ways to maximise engagement with unpaid carers and to consider appointing representatives to the Ethical Charter working group;
(iv) to request a review of the timescales outlined in stages 2 and 3 of the draft Action Plan and to investigate the feasibility of expediting the delivery dates.

LEARNING DISABILITY FRAMEWORK

9. The Board had before it a report by Katharine Paton (Learning Disabilities Service Manager, ACHSCP) that sought approval to recommission the Framework for Learning Disability services by replacing the existing framework with (1) a Framework for Supported Living Services; and (2) a Framework for Training and Skills Development Services which would be commissioned in partnership with Aberdeenshire Health and Social Care Partnership.

The report recommended:-
That the Board –
(a) Agree to retender the provision of Supported Learning for people with a learning disability in the form of a Framework for supported living with a separate lot for Enhanced Care provision, to the timelines detailed within the report;
(b) Agree to retender the provision of 'lifestyle support' for people with a learning disability in the form of a Framework for Training and Skills Development Services through joint commissioning with Aberdeenshire; and
(c) Note that another paper would be presented to the Board in early 2018 detailing the result of the tender process and seeking approval to issue contracts.

Jennifer Rae (Principal Planning Officer, ACHSCP) proposed not to extend the current two year Learning Disabilities contract for a further year and to replace existing arrangements from 1 April 2018 with three redesigned frameworks covering Supported Living Services; Training and Skills Development Services; and Care at Home. She also highlighted the proposed introduction of standard and enhanced care rates to take cognizance of support provided by carers to individuals with complex learning disabilities and to enable commissioners to model the cost of care on an hourly basis based on the Scottish Living Wage and other statutory employment requirements to fulfil the recommendations of the Ethical Care Charter.

Thereafter there were questions and comments on the standard and enhanced cost of care rates; the consistency of care provision during implementation of the three frameworks to support learning disability clients; the risk that providers may choose to remove themselves from the current framework and concentrate on Care at Home services; the importance of carer involvement at the earliest possible opportunity; the transition timeline from the existing model to the new frameworks; the impact on existing providers and service specification during the tendering process; and proposals for a joint commissioning arrangement with Aberdeenshire HSCP for the Training and Skills Development Services Framework.

With regards to the joint commissioning proposal, Catherine King (Commercial and Procurement Services) provided assurance to the Board that the Aberdeenshire and Aberdeen City Commercial and Procurement Service intended to lead on this and confirmed they were always supportive of joint working wherever possible.

The Board resolved:-
(i) to agree to retender the provision of Supported Learning for people with a learning disability in the form of a Framework for supported living with a separate lot for Enhanced Care provision, to the timelines detailed within the report;

(ii) to agree to retender the provision of 'lifestyle support' for people with a learning disability in the form of a Framework for Training and Skills Development Services through joint commissioning with Aberdeenshire;
(iii) to note that another paper would be presented to the Board in early 2018 detailing the result of the tender process and seeking approval to issue contracts;
(iv) to request that the Partnership engage with unpaid carers at the earliest opportunity in regards to the development of the Learning Disability Framework;
(v) to instruct the Chief Officer to develop a reporting process which would outline when the Board would be required to take further decisions on this workstream; and
(vi) to approve a formal Direction to Aberdeen City Council and NHS Grampian as detailed in Appendix 1 of the report and instruct the Chief Officer to issue that Direction to the Chief Executives of Aberdeen City Council and NHS Grampian.

WINTER PLANNING

10. The Board had before it a report by Kenneth O'Brien (Service Manager, ACHSCP) and Kate Livock (Unscheduled Care Project Manager, NHS Grampian) which (1) provided a brief background as to the context and process of winter planning for period 2016-17; (2) set out the learning established from National, Grampian and Aberdeen City specific sessions relating to winter 2016-17; and (3) described how this learning would be incorporated into the winter/surge planning for the 2017-18 period.

The report recommended:-
That the Board –
(a) Note the information contained in the report relating to learning from the 2016-17 winter period; and
(b) Note the arrangements put in place to incorporate such learning as part of the 2017-18 winter planning process.

Kenneth O'Brien (Service Manager, ACHSCP) advised that the report provided a debriefing of the 2016-17 winter plan and outlined the process for ensuring that learning would be incorporated into winter/surge planning for 2017-18. Mr O'Brien explained that winter 2016-17 was relatively mild and there were fewer cases of infectious disease admissions and highlighted the increasing effectiveness of the health and social care system in comparison to previous years as a result of more joined up working and greater communication between partners. He noted that discharges from hospitals decreased by 30% over the Christmas and New Year period and there were subsequent capacity challenges from 4 January 2017 onwards.

Mr O'Brien advised that Aberdeen City was further impacted by the withdrawal of a Care at Home provider on 6 January 2017 which put additional strain on care at home supply and care management colleagues. In terms of next steps, he explained that the Partnership's Senior Operational Management Team would review the Aberdeen City component of the plan prior to its incorporation into the comprehensive NHS Grampian winter/surge plan. Mr O'Brien provided further

assurance to the Board that 2017-18 winter planning was not contingent on receiving additional funding from the Scottish Government.

Thereafter there were questions and comments on the rate of flu jab take up during 2016-17; planning for major incidents such as a pandemic flu outbreak; the Partnership's plans for meeting social care demand during public holidays; and the impact on unpaid carers during these periods.

The Board resolved:-

(i) to note the information contained in the report relating to learning from the 2016-17 winter period;

(ii) to note the arrangements put in place to incorporate such learning as part of the 2017-18 winter planning process;

(iii) to agree that the Grampian-wide Winter Plan be submitted to the 3 October meeting of the Clinical and Care Governance Committee in order to meet the submission deadline to the Scottish Government, and to further request that all IJB members be sent the committee papers for information;

(iv) to request that information be sent to Cllr Donnelly on the level of flu jab take up during winter 2016-17; and

(v) to request that information be sent to Dr Howard Gemmell on when NHS Grampian received funding from the Scottish Government to support winter planning for 2016-17.

REVIEW OF INTERIM BED FUNDING

11. The Board had before it a report by Kenneth O'Brien which provided an update on (1) background information relating to the use of interim care home beds; (2) recent performance information relating to delayed discharges associated with a need for care home admission; (3) financial breakdown summarising the costs of renewing interim beds; and (4) an indication of next steps if the IJB approved funding as requested.

The report recommended:-

That the Board –

(a) Approve the project to renew the funding of the thirteen interim beds for a further twenty four month period commencing 1 December 2017;

(b) Instruct the Chief Officer to provide an update on the interim bed base project by the end of the twenty four month period unless by exception; and

(c) Instruct the Chief Officer to issue the Direction to Aberdeen City Council to purchase the 13 interim beds for twenty four months.

Tom Cowan (Head of Operations, ACHSCP) explained that the proposal aimed to support patients who were fit to be discharged from an acute setting and had been assessed as requiring nursing home admission but had no care home of their choice to be transferred to. He advised that the Partnership's Delayed Discharge Group had considered this issue in detail and recommended funding the thirteen interim beds to improve patient flow through the system and support the attainment of delayed discharge outcomes.

Thereafter there were questions and comments on the Delayed Discharge Group's assessment of the optimal number of interim beds; the possibility that the beds may

be utilised by primary care colleagues; and the importance of recording how the beds were being utilised and their occupancy rate.

The Board resolved:-

(i) to approve the project to renew the funding of the thirteen interim beds for a further twenty four month period commencing 1 December 2017;

(ii) to instruct the Chief Officer to provide an update on the interim bed base project by the end of the twenty four month period unless by exception;

(iii) to instruct the Chief Officer to issue the Direction to Aberdeen City Council to purchase the 13 interim beds for twenty four months; and

(iv) to request that performance information on the occupancy rate and use of the thirteen interim beds be integrated into the performance management framework and presented to the Clinical and Care Governance Committee for monitoring purposes.

STRATEGIC RISK REGISTER

12. The Board had before it the Strategic Risk Register.

The Chief Officer advised that the register had been presented to the Board for its six month review and reminded members that the Audit and Performance Systems Committee monitored the register as part of its regular business. She explained that a number of amendments had been made to the register and provided an overview of these revisions:-

With reference to risk 1 (Significant Market Failure), she noted that this risk remained high but additional mitigation had been added in terms of the Board's endorsement of the Ethical Care Charter and the development of strategic commissioning;

With reference to risk 2 (Financial Failure), she noted that this risk had increased due to additional budget complexity; and

With reference to risk 6 (Capacity of IJB partners to exercise functions), she noted that this risk had reduced as the Partnership had now been operating for over 16 months.

Thereafter there were questions and comments on risks associated with failure to engage with staff and how the register could capture this for monitoring purposes; the role and membership of the Joint Staff Forum to reflect the development of locality planning; the risk rating for risk 11 (Workforce Planning); and housing provision for key workers such as nurses and care workers within Aberdeen City.

The Board resolved:-

(i) to request that consideration be given to whether an additional risk should be inserted into the register with regards to not meeting expectations on staff engagement; and

(ii) otherwise note the register.

FINANCIAL MONITORING

13. The Board had before it a report by Gillian Parkin (Finance, NHS Grampian) and Jimmie Dickie (Finance, ACC) which (1) summarised the current year revenue budget performance for the services within the remit of the IJB as at Period 3; (2) advised on any areas of risk and management action relating to the revenue budget performance of the IJB services; and (3) requested approval of budget virements so that budgets were more closely aligned to anticipated income and expenditure.

The report recommended:-
that the Board –
(a) Note the report in relation to the IJB budget and the information on areas of risk and management action that were contained therein; and
(b) Instruct officers to review the financial position and identify savings to bring the mainstream budget back to a break even position.

The Chief Finance Officer advised that the Partnership projected a £4.518m overspend on mainstream budgets and outlined the areas of pressure that had contributed to this position. He explained that the Executive Team and budget holders were looking at areas where further efficiencies could be found and noted that use of Transformation Funding may have to be considered to meet mainstream budgeting pressures. He added that a special meeting of the Audit and Performance Systems Committee would be scheduled during September 2017 to review the budgetary position in detail and thereafter a report would be submitted to the Board's next meeting on 31 October 2017 for decision making.

Thereafter there were questions and comments on the level of efficiencies that could be made from the staff training budget through the development of a joint partnership training plan; how the IJB could continue to improve its due diligence through adherence to the requirements of the IJB Budget Protocol; and how the Partnership would ensure the delivery of safe and effective services if additional savings had to be made. At this point, the Board recognised that difficult decisions would have to be taken on resource allocation and future use of Transformation Funding.

The Board resolved:-
(i) to note the report in relation to the IJB budget and the information on areas of risk and management action that were contained therein;
(ii) to instruct officers to review the financial position and identify savings to bring the mainstream budget back to a break even position;
(iii) to agree to schedule a special meeting of the Audit and Performance Systems Committee during September 2017 to address the issues raised in the report prior to decision making at the Board's next meeting on 31 October 2017; and
(iv) to request that a risk register be developed focussing on the deliverability of the budget recovery plan and for this to be presented to the September meeting of the Audit and Performance Systems Committee.

DECLARATION OF INTEREST

Professor Greaves and Kenneth Simpson declared an interest in the following item as outlined in item 2 of this minute and chose to remain in the meeting during consideration of this item.

DRAFT STRATEGIC COMMISSIONING IMPLEMENTATION PLAN

14. The Board had before it a report by Kevin Toshney (Planning and Development Manager, ACHSCP) which outlined additional information in respect of the IJB's commissioning intentions which were set out in the attached draft Strategic Commissioning Implementation Plan.

The report recommended:-
that the Board –
(a) Agree that consultations on the draft Strategic Commissioning Implementation Plan be undertaken as outlined in the accompanying consultation plan; and
(b) Instruct that following consultation, an updated Strategic Commissioning Implementation Plan be presented to the IJB at its December meeting for approval.

Kevin Toshney (Planning and Development Manager, ACHSCP) advised that the draft plan had been presented to members for comment and feedback ahead of the consultation plan's submission and noted that the final plan would be presented to the Board at its meeting on 12 December 2017. Mr Toshney summarised the draft plan's priority areas and provided an overview of the roles played by the third and independent sectors and the Market Facilitation Steering Group in its development. He explained that the plan's aim was to support the local care market by increasing its strength and resilience.

Thereafter the Board endorsed the approach taken by the Partnership and agreed that the draft plan was an excellent first step. Members suggested that consideration be given to providing further detail on aspirations for driving up quality standards and more information on locality planning prior to the publication of the consultation plan.

The Board resolved:-
(i) to agree that consultations on the draft Strategic Commissioning Implementation Plan be undertaken as outlined in the accompanying consultation plan; and
(ii) to instruct that following consultation, an updated Strategic Commissioning Implementation Plan be presented to the IJB at its December meeting for approval.

DECLARATION OF INTEREST

Professor Greaves and Kenneth Simpson declared an interest in the following item as outlined in item 2 of this minute and chose to remain in the meeting during consideration of this item.

TRANSFORMATION DECISIONS REQUIRED

15. The Board had before it a report by Gail Woodcock (Lead Transformation Manager, ACHSCP) which requested approval from the IJB to incur expenditure, and

instruction to issue Directions to NHS Grampian and ACC in relation to projects that sit within the Partnership's Transformation Programme.

The report recommended:-
that the Board –
(a) Approve expenditure of up to £189,532 (total for two years) in relation to the Enhanced Carers Support project, subject to State Aid assessments;
(b) Approve the project change in relation to the grant funding for the THInc project as per section 2.3; and
(c) Issue the Direction attached as Appendix B, and instruct the Chief Officer to issue to Aberdeen City Council, appending the business cases to the Direction.

Gail Woodcock (Integrated Localities Programme Manager, ACHSCP) requested authorisation for the Enhanced Carers Support Service to test the implications of identifying and supporting carers at an earlier stage and to streamline processes to ensure that unpaid carers would have access to support in order to help them in their caring role. She provided additional assurance to the Board that carers were already represented on the Carers Strategy Steering Group and how engagement with carers could be further strengthened. With regards to the THInc project, Ms Woodcock advised that a change control was required to allow the Partnership to allocate the same level of funding but to more than one source.

The Board resolved:-
(i) to approve expenditure of up to £189,532 (total for two years) in relation to the Enhanced Carers Support project, subject to State Aid assessments;
(ii) to approve the project change in relation to the grant funding for the THInc project as per section 2.3; and
(iii) to issue the Direction attached as Appendix B, and instruct the Chief Officer to issue to Aberdeen City Council, appending the business cases to the Direction.

VALEDICTORY

16. At this juncture the Chair announced that today's Board meeting would be Professor Greaves' last meeting before he stepped down from the Board and thanked him for his contribution towards the integration of health and social care in Aberdeen City, particularly for his expertise at Board meetings and his chairmanship of the Audit and Performance Systems Committee.

Professor Greaves thanked the Chair and the Board for their support and advised that it had been an honour to serve on the Board since its inception and remarked that he had learned a great deal from fellow members and officers on community care and social care in general; and was impressed by the level of dedication and professionalism exhibited by all partners who were supporting integration. He appreciated that the Board would have to address a number of challenges but expressed his confidence that the Board and the Partnership would continue to successfully navigate the integration journey.

The Board resolved:-
To thank Professor Mike Greaves for his contribution towards the integration of health and social care in Aberdeen City and to wish him well on his future endeavours.

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

ABERDEEN CITY RESIDENTIAL NURSING HOME PROVISION

17. The Board had before it a report by Tom Cowan (Head of Operations, ACHSCP) and Alex Stephen (Chief Finance Officer, ACHSCP) which provided an update on the situation which developed at Kingsmead Nursing Home in April 2017 and made proposals to ensure the continuation of services and quality of care.

The Board resolved:-
To agree the recommendations outlined within the exempt report together with three additional resolutions.

BON ACCORD CARE CONTRACT REVIEW

18. The Board had before it a report by Judith Proctor (Chief Officer, ACHSCP) which provided an overview of the current arrangements and provided information regarding the proposed service specification and better alignment of service provision to the direction set by the IJB Strategic Plan.

The Board resolved:-
To agree the recommendations outlined within the exempt report together with two additional resolutions.

IJB MEETINGS

19. The Chair noted that today's meeting continued a recent trend in which meetings had run over the allotted time and requested that officers look at how IJB business and workshop sessions could be accommodated in the future.

The Board resolved:-
To instruct officers to develop a proposal to extend the length of Board meetings to ensure that all items of business and workshop sessions could be appropriately considered.

WORKSHOP

20. The Board were due to receive presentations on the role of the Chief Social Work Officer and Adult Support and Protection but agreed to postpone these presentations to a later date.

The Board resolved:-
To postpone the workshop sessions to a later date.
JONATHAN PASSMORE MBE, Chairperson.

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AUDIT AND PERFORMANCE SYSTEMS COMMITTEE

Minute of Meeting

21 August 2017
Health Village, Aberdeen

Present: Professor Mike Greaves (NHS Grampian (NHSG)) Chairperson; Rhona Atkinson (NHSG); and Councillors Cooke and Duncan.

Also in attendance: Judith Proctor (Chief Officer, Aberdeen City Health and Social Care Partnership (ACHSCP)), Alex Stephen (Chief Finance Officer, ACHSCP), Tom Cowan (Head of Operations, ACHSCP), Gail Woodcock (Lead Transformation Manager, ACHSCP), Sarah Gibbon (Executive Assistant, ACHSCP), David Hughes (Internal Audit), Andy Shaw (External Audit), Ricky McLaughlin (PricewaterhouseCoopers (PwC)) and Iain Robertson (Clerk, Aberdeen City Council (ACC)).

DECLARATIONS OF INTEREST

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

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

DETERMINATION OF EXEMPT BUSINESS

2. The Chair proposed that item 7 (NHS Grampian Internal Audit Report) on today's agenda be considered with the press and public excluded.

The Committee resolved:-
In terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973, to exclude the press and public from the meeting during consideration of the aforementioned items of business so as to avoid disclosure of exempt information of the classes described in paragraph 6 (NHS Grampian Internal Audit Report) of Schedule 7(A) of the Act.

MINUTE OF PREVIOUS MEETING – 20 June 2017

3. The Committee had before it the minute of the previous meeting of 20 June 2017.

With reference to item 6(ii), the Chief Finance Officer confirmed that he had met with Councillor Cooke to discuss the Board Assurance and Escalation Framework (BAEF) and advised that the Good Governance Institute were currently reviewing the BAEF and it would be resubmitted to the Committee in due course; and

With reference to item 7(v), the Clerk explained that he would liaise with colleagues from NHS Grampian to streamline the relevant audit committees and advised that an indicative IJB schedule would be presented to the IJB before the end of the calendar year. The Chief Officer added that the Partnership would also support re-convening a group consisting of the chairpersons of the Audit and Performance Systems Committee; the Council's Audit, Risk and Scrutiny Committee and NHS Grampian's Audit Committee to discuss how committee scheduling could be organised to support the audit function.

The Committee resolved:-
(i) to approve the minute as a correct record; and
(ii) otherwise note the information provided.

FINAL EXTERNAL AUDIT ANNUAL REPORT

4. The Committee had before it a report by the Chief Finance Officer which presented the Committee with the external audit report for discussion and noting.

The report recommended:-
That the Committee note the content of the Annual Audit Report to members and the Controller of Audit report.

Andy Shaw (External Audit) advised that the annual report was a public document addressed to both the IJB and the Controller of Audit. Mr Shaw summarised the IJB's financial results and noted the financial pressures faced by its partner organisations. Thereafter he outlined the audit conclusions and confirmed that the accounts complied with both CIPFA accounting standards and the four audit dimensions for the local government sector which were Financial Sustainability; Financial Management; Governance and Transparency; and Value for Money.

Mr Shaw noted that a letter had been drafted confirming the independence of the external auditors; and referred members to External Audit's only recommendation which asked the IJB to consider putting in place a document management system with version control. He noted that this recommendation had been accepted by management with an indicative implementation date of 31 March 2018.

The Committee resolved:-
(i) to note the content of the Annual Audit Report to members and the Controller of Audit report; and

(ii) to note that External Audit's recommendation for the IJB to put in place a document management system with version control had been accepted by management with an indicative date for implementation of 31 March 2018.

ANNUAL ACCOUNTS (AUDITED) 2016-17

5. The Committee had before it a report by the Chief Finance Officer which presented the Committee with the audited final accounts for 2016/17.

The report recommended:-
That the Committee -
a) Consider and agree the Integration Joint Board's Audited Accounts for 2016/17, as attached at appendix A;
b) Instruct officers to submit the approved audited accounts to NHS Grampian and Aberdeen City Council; and
c) Instruct the Chief Finance Officer to sign the representation letter, as attached at appendix B.

The Chief Finance Officer explained that terms of reference delegated authority to the APS Committee to approve the IJB annual accounts which members would be requested to do at today's meeting. He highlighted that the accounts were largely unchanged from the unaudited accounts presented to the Committee on 20 June 2017, but he appended a slight revision to p38 of the accounts which had been inadvertently altered during the version control process.

Thereafter members were advised on the definition and purpose of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS).

The Committee resolved:-
(i) to agree the Integration Joint Board's Audited Accounts for 2016/17, as attached at appendix A;
(ii) to instruct officers to submit the approved audited accounts to NHS Grampian and Aberdeen City Council;
(iii) to instruct the Chief Finance Officer to sign the representation letter, as attached at appendix B; and
(iv) to circulate the approved annual accounts to IJB members for information.

TRANSFORMATION PROGRAMME UPDATE

6. The Committee had before it a report by Gail Woodcock (Lead Transformation Manager, ACHSCP) which provided an update on the progress of the Transformation Programme.

The report recommended:-
That the Committee –
a) Note the ongoing process and progress in developing and delivering the transformational programme; and
b) Note the change requirement in relation to the provision of funding for Thinc social transport during 2017/18.

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Gail Woodcock (Lead Transformation Manager, ACHSCP) advised that the report provided an update on the IJB's six priority areas for strategic investment and outlined the governance arrangements which supported the management of the Transformation Programme. She explained that levels of expenditure; opportunities; risks; and mitigations had been set out for each priority area and noted that a number of projects had been delayed due to recruitment and capacity issues but advised that the recruitment of four programme managers would help to expedite this process. Ms Woodcock confirmed that THInc funding had been agreed by the IJB at its meeting on 15 August 2017.

Thereafter there were questions and comments on recruitment and capacity risks; the level of duplication within the governance structure, with particular reference to the roles and remits of the Strategic Planning Group and the Executive Programme Board; and the process for assessing the RAG status for the six priority areas for strategic investment;

The Committee resolved:-

(i) to note the ongoing process and progress in developing and delivering the transformational programme; and

(ii) to request additional detail within the next Transformation Programme Update on the process for assessing the RAG status for the six priority areas for strategic investment to provide clarification and assurance to the Committee.

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

NHS GRAMPIAN INTERNAL AUDIT REPORT

7. The Committee had before it a report by the Chief Finance Officer which presented the Committee with a summary of a recent NHSG Internal Audit report prepared by PwC. The internal audit report assessed the design and operating effectiveness of key controls for budget setting and staff governance at the Aberdeenshire, Aberdeen City and Moray Health & Social Care Partnerships (HSCPs).

The Committee resolved:-

(i) to note the content of the NHSG Internal Audit Report, as attached at Appendix A; and

(ii) to instruct officers to implement the actions outlined in the action plan of the NHSG Internal Audit report, as attached at Appendix A.

PROFESSOR MIKE GREAVES, Chairperson.

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CLINICAL AND CARE GOVERNANCE COMMITTEE

Minute of Meeting

03 October 2017
Townhouse, Aberdeen

Present:
Councillor Gill Samarai (Chairperson)
Jonathan Passmore MBE,
Councillor Sarah Duncan, (substitute for Councillor Donnelly).

Also in attendance:
Heather MacRae (Professional Lead for Nursing and Quality Assurance)
Ashleigh Allan (Clinical Governance Facilitator)
Laura MacDonald (ACHSCP UNISON rep/Health and Safety rep)
Kenneth Simpson (Third Sector Representative)
Dr. Stephen Lynch (Clinical Lead)
Kenneth O'Brien (Service Manager)
Dr Howard Gemmell, (Patient/Service User Representative)
Tom Cowan (Head of Operations, ACHSCP)
Sally Shaw (Head of Strategy & Transformation, ACHSCP)
Sarah Gibbon (Executive Assistant)

Apologies**:**
Dr Nick Fluck (Board member)
Bernadette Oxley (Chief Social Work Officer)
Judith Proctor (Chief Officer)
Trevor Gillespie (Team Manager, Performance Management)
Claire Duncan (Lead Social Work Officer)

OPENING REMARKS

Cllr Samarai welcomed Sally Shaw, Head of Strategy and Transformation) to her first meeting of the clinical and care governance committee.

MINUTE OF THE CCG MEETING – 28 JUNE 2017

1. The Committee had before it the minute of the previous Committee meeting of the 28th of June 2017

The Committee resolved:-

i. To approve the minute as a correct record.

BUSINESS STATEMENT

2. The Committee had before it a statement of pending business for information.

It was noted that a report on falls was due back to the Committee at its meeting in January 2018 and that falls has been a particular focus following a recent inspection at Aberdeen Royal Infirmary. Whilst an ongoing action plan from the Health & Safety Executive (HSE) doesn't explicitly relate to all ACHSCP sites, a decision was made to implement actions arising from the inspection on a Grampian-estate wide basis. This means that there will be a lot of positive updates expected for the January paper.

It was agreed that Social Work sickness absence to stay on the business statement and that this should come back to the January meeting of the Clinical & Care Governance Committee.

The Committee resolved:-

i. To note the statement.

ii. To remove item 4 on GP contractual visits as this is now represented on the ACHSCP committee tracker as an annual report.

VERBAL UPDATE – FIRE SAFETY RISK ASSESSMENTS

2a. The requested update was unavailable for discussion during the Committee. The Chair requested that it was instead distributed to Committee members electronically, given the importance of the subject matter.

VERBAL UPDATE – MENTAL HEALTH ACTION PLANNING

2b. Tom Cowan provided a verbal update on the action planning relating to issues in the Mental Health and Learning Disability (MH&LD) services relating to the current staffing position across both delegated services within ACHSCP and within those acute services under the direct management of NHS Grampian. He highlighted that an intention to bring a full action plan to this Committee meeting had been unrealistic

and, in the interim, updated on the position so far. He outlined that Royal Cornhill Hospital (RCH) continues to face pressure from high vacancies and the situation is not improving. Over the last few months, as indicated in the report, there has been focused activity to understand pathways, improve patient flow and reduce delayed discharges, for example the Delayed Transfer group. Other actions outlined in the update included:

- 6 temporary bed closures
- Considering patients aged 60+ for admission to OAMH in patient service to try to help equalise demand across the site.
- Pilot project for a senior Patient Flow co-ordinator

This action plan is being overseen by a group of senior managers, medical staff and nursing staff who meet weekly. Additional pressures come from the temporary closure of Bracken Ward and capacity issues at CAMHs.

Thereafter there were questions and comments on the appropriateness of an OAMH ward for those between ages 60-65 who may be trying to maintain employment; the division of wards by dementia/other mental health problems; the requirement for a whole-system approach; issues with contracts and terms of notice which could influence the inability to recruit psychiatrists; and the implications of the separation of hosted and delegated services. It was noted that the situation is perceived as high risk, potentially compromising patient care and that a strategy, timeline and resources are required.

It was also noted that this is a national issue and that Aberdeen City is not alone in facing these pressures. This issue will be raised at the NHS Grampian Board meeting by the Chair of the IJB. A system-wide approach is required for Mental Health & Learning Disability, and it was felt that the only organisation that can steer this work is the North East Partnership Steering Group (NEPSG).

<u>The Committee resolved:-</u>

i. For the Chair of the IJB to write to the CE and Chair of NHSG to add this to the next NHS Board meeting agenda,

ii. To request that a regular update on this subject remains on the business statement (to be presented at each meeting)

iii. To request a full report, delineating actions and associated timescales, to be presented to the IJB as soon as possible after the consideration at the NEPSG

<u>REPORTS FOR THE COMMITTEE'S CONSIDERATION</u>

PROPOSED FUTURE MEETING DATES

3. The Committee had before it a report by Sarah Gibbon (Executive Assistant) which proposed a series of new dates for Committee meetings in 2018-19.

The report recommended that the Clinical & Care Governance Committee:-

a. Approve the dates as outlined in the report.

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The Committee resolved:-

i. To approve the committee as outlined in the report, subject to change to 2019 of the February date.

DELAYED DISCHARGE INTERIM UPDATE REPORT

4. The committee had before it a report by Kenneth O'Brien with provided an interim update on delayed discharge performance for the Clinical & Care Governance Committee's consideration.

The report recommended:-

That the Clinical & Care Governance 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 outlined that this interim update paper is presented to the Committee at the request of IJB. The IJB receives six-monthly update reports on delayed discharge performance. He emphasised several items of note in the report, including: an additional data graph (figure 7) demonstrating the length of stay in the interim bed based; a year-on-year comparison shows favourable results this year compared with previous; the rate of improvement is not stopping, however it is slowing.

Kenneth O'Brien then invited any questions or comments from the Committee. Thereafter, there were questions and comments on an approaching point where any further reductions in delayed discharge may have higher associated costs; long-term aims for further reduction in delayed discharge figures through projects such as Acute Care@Home; sourcing the appropriate data to demonstrate delayed discharges aren't resulting in readmissions and people are being discharged to the appropriate care; resource transfer and the shifting of resources from acute to community settings; and the strategy for dealing with code 100s delayed discharges, noting a number of projects on the dashboard were delayed.

It was also noted during the meeting that the ACHSCP's performance for delayed discharge was now below the Scottish average

The Committee requested that Kenneth O'Brien works with Health Intelligence colleagues to examine the possibilities for gathering readmission data and ensuring that those discharged are discharged to the right setting. This would be presented as a verbal update to the next committee meeting.

The Committee resolved:-

i. To note the Partnership's current performance in relation to delayed discharges; and

ii. To note the current status and progress in relation to the Aberdeen City delayed discharge action plan.
iii. To request a verbal update on possibilities for gathering readmission data and ensuring that those discharged are discharged to the right setting.

ACHSCP WINTER PLAN 2017/18

5. The committee had before it a report by Kenneth O'Brien which provided a brief description of the context and process behind the creation of the current ACHSCP winter plan; documented the testing arrangements put in place in regards to the 2017/18 winter plan; and set out the monitoring arrangements for the winter plan.

The report recommended:-
That the Clinical and Care Governance Committee -
a) Review and approve the 2017/18 winter plan for the Aberdeen City H&SCP (appendix one) and its onward transmission to NHS Grampian for inclusion in the Grampian wide winter plan.
b) Endorse the review arrangements for the Aberdeen City H&SCP winter plan for over the 2017/18 winter period (as set out in section 2).
c) Approve the publication of the finalised 2017/18 winter plan on the Partnership's website.

The committee was presented with the final draft of the ACHSCP winter plan. The Partnership, as part of its working with NHSG, has to submit a winter plan which is then merged into the NHSG Winter Plan. The document in the appendix does not go to the government, but gets included in the NHSG Paper. It has been consulted with managers, with colleagues in acute, and signed off at SOMT.

There after there were questions and comments on the definition of winter surge; different patterns of discharge during the day; sudden increase in discharges before holiday periods; an initiative inviting hospital social work staff to work public holidays; and promotion and staff uptake relating to flu jabs.

Kenneth O'Brien then highlighted the key differences to this year's winter plan, including: public holiday working; an amended and more integrated SMOC process; review of GP practices on RAG; and interim bed capacity.

The Committee resolved:-
i. To review and approve the 2017/18 winter plan for the Aberdeen City H&SCP (appendix one) and its onward transmission to NHS Grampian for inclusion in the Grampian wide winter plan.
ii. To endorse the review arrangements for the Aberdeen City H&SCP winter plan for over the 2017/18 winter period (as set out in section 2).
iii. To approve the publication of the finalised 2017/18 winter plan on the Partnership's website

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JOINT INSPECTION OF HEALTH AND SOCIAL WORK SERVICES FOR OLDER PEOPLE – UPDATE REPORT

6. The Committee had before it a report by Heather MacRae, Professional Lead for Nursing and Quality Assurance, which provided an update on progress in implementing an action plan relating to the joint inspection of health & social work services for old people, undertaken by the Care Inspectorate and Health Improvement Scotland between November 2015 and February 2016.

The report recommended:-
That the Committee -
a) Note the progress on delivering the actions relating to the inspection, as in Appendix A.
b) Acknowledge the report provides the required assurance that actions are embedded in processes and that further assurance is no longer require.

Thereafter, there were comments and questions relating to methodological issues regarding a small sample of cases which resulted in a high figure of unmet need. It was agreed that this was not an accurate reflection. Additionally, there was discussion on the implementation of anticipatory care plans across the Partnership.

The Committee resolved:-
i. To note the progress on delivering the actions relating to the inspection, as in Appendix A;
ii. To acknowledge the report provides the required assurance that actions are embedded in processes and that further assurance is no longer required;
iii. To request a verbal update after the Care Inspectorate visit in November, to provide an update on their findings; and
iv. To instruct officers to draft a report to the IJB for its December meeting, to recommend closing off the inspection to the IJB on the 12th of December.

CLINICAL & CARE GOVERNANCE MATTERS

CLINICAL & CARE GOVERNANCE REPORT

7. The committee had before it a report by Dr. Stephen Lynch, (Clinical Lead for ACHSCP) which provides assurance to the Committee that there are robust mechanisms in place for reporting clinical and care governance issues.

The report was accompanied by the following appendices:-

- **Agenda Item 7a:** Clinical and Care Governance Group – Approved Minute May 2017
- **Agenda Item 7b:** Clinical and Care Governance Group – Unapproved Minute September 2017
- **Agenda Item 7c:** Clinical and Care Governance Group Report September 2017

The report recommended:-
That the Clinical & Care Governance Committee -
a) Note the content of the report

Dr Stephen Lynch highlighted the main elements of the report provided including ongoing work with Care Home in the City; sustainability development work for the GP practices; and ongoing workforce issues relating to recruitment and retention.

Thereafter questions were raised relating to how it is decided which issues will be escalated to the Committee. Whilst it was recognised that the Clinical and Care Governance Group provides an extremely valuable discussion allow situations and issues to be examined in depth, risks are not being described effectively. An additional question related to vaccinations and a potential not to include these in the GP contract.

The Committee agreed that a workshop between the Committee and the Group would be very useful for a number of reasons, including developing proportionality for the risks escalated and linking discussions with the IJB risk appetite statement.

Tom Cowan outlined the intention to have an additional series of transforming primary and community care workshops in November (preferably over 2 days), to outline our ambitions; identify what collaboration is required; to focus on how we might reimagine primary to play a dynamic role in a safe way. It is intended that these workshops would produce a series of recommendations and actions to be reported to the IJB.

The Committee resolved:-
i. To note the content of the report.
ii. To commend the work of the Primary Care Team, particularly relating to the early sight of issues and the willingness to engage with the sustainability review.
iii. To request that a workshop is organised between the Clinical & Care Governance Committee and the Clinical & Care Governance Group, to examine reporting and data requirements; risk escalation and links with the IJB risk appetite statement.

CARE GOVERNANCE DATA

SUMMARY REPORT – NHS ADVERSE EVENTS

8. The committee had before it a report from Heather MacRae and Ashleigh Allan which provided an overview on the NHS adverse event report for 1st April to 30th June 2017.

The report was accompanied by the following appendix:

- **Agenda Item 8a –** Incident Report (NHS)

It was noted that there is an increase in adverse events, but that it is related to a lot of ongoing work addressing pressure ulcers. There is now a very good pathway for tissue viability teams and the associated Datix Events are increasing as a result. There is a really good management of the Datix from the tissue viability teams and they are proud of the work.

Another notable change related to incidents of abusive/destructive/violent behaviour, which has reduced by half. This was a cohort of patients who had challenging behaviour. The early triggers of the behaviours were examined, which resulted in a change to the approach with the patients, consequently reducing incidents.

The incidents (slips, trips, falls) has also decreased, which could have been as a result of the actions from the HSE recommendations and actions (which don't directly relate to Woodend), though a decision has been made to do this on an estate-wide basis.

The report recommended:-
That the Clinical & Care Governance Committee –
a) Acknowledge that the report provides the assurance required.

The Committee resolved to:-
i. Acknowledge that the report provides the assurance required.

SUMMARY REPORT – NHS FEEDBACK

9. The committee had before it a report from Ashleigh Allan (Clinical Governance Facilitator) which provided an overview of the NHS feedback report for 1st of April to the 30th of June 2017

The report was accompanied by the following appendix:

- **Agenda Item 9b –** Feedback Report (NHS).

The report recommended:-
That the Clinical & Care Governance Committee -
a) Acknowledge that the report provides the assurance required.

It was suggested that it might be useful to receive information on any complaints which may impact on the registrations for staff. Heather MacRae agreed that the Committee could be made of any issues, but emphasised that it is extremely rare that a complaint would impact on a registration.

Thereafter, there were questions and comments relating to the use of Care Opinion and encouraging a positive cultural attitude to complaints where frontline resolution is attained where possible.

<u>The Committee resolved</u>:-

i. To acknowledge that the report provides the assurance required.
ii. To request information relating to complaints which may impact on registrations and any learning which comes from these.

SUMMARY REPORT - SOCIAL WORK DATA

10. The committee had before it a report from Trevor Gillespie, Team Manager, which sought to provide an analysis to support the performance information presented to the committee.

The report was accompanied by the following appendix:

- **Agenda Item 10a –** Adult Social Care Health & Safety Report

Trevor Gillespie was absent from the committee due to sickness leave. Tom Cowan invited any observations, emphasising that we need to look at this report and consider what will be useful. It was suggested that this could be included in the workshop agenda between Committee and Group members.

Thereafter there were questions and comments on: the management-level of the data; reporting to different committees and not wishing to duplicate reports; and psychological sickness levels in social work staff.

The report recommended:-

That the Clinical & Care Governance Committee -

a) Note the content of the report

<u>The Committee resolved</u>:-

i. To note the content of the report

ITEMS TO REPORT TO THE INTEGRATION JOINT BOARD

9 The Chair of the Committee invited any escalations to the IJB.

The Committee agreed to escalate a report on the JISOP in order to inform the IJB of the Care Inspectorates final feedback and to close off the inspection.

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There were no additional items of competent business for discussion.

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BUSINESS STATEMENT

31 OCTOBER 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.

No.	Minute Reference	IJB Decision	Update	Lead Officer(s)	Due
1.	TLG 17.11.14 Article 3	**Delegated Functions and Services** 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.	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. The ACC Scheme of Delegation is due to be presented to Full Council in March 2018 in line with the development of the Target Operating Model.	Chief Officer, Aberdeen City Health and Social Care Partnership	27.03.18
2.	sIJB 31.03.15 Article 5	**Winter Planning** 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 Planning was submitted to the Board on 15 August 2017 and the Board agreed for the winter plan to be presented to the 3 October 2017 meeting of the Clinical and Care Governance Committee in order to meet the submission deadline to the Scottish Government. The Grampian Winter Plan is due to be submitted to the NHS Grampian Board	Chief Officer, Aberdeen City Health and Social Care Partnership	12.12.17

No.	Minute Reference	IJB Decision	Update	Lead Officer(s)	Due
			on 2 November 2017 and will be presented to the IJB on 12 December 2017.		
3.	sIJB 27.10.15 Article 7	**Performance Assurance Framework** The Shadow Board requested a report on the development of a performance assurance framework.	A report on Performance Monitoring is on today's agenda.	Chief Officer, Aberdeen City Health and Social Care Partnership	31.10.17
4.	sIJB 23.02.16 Article 5	**Locality Planning** The Shadow Board requested a timetable which outlined the development of locality planning.	A workshop session on Maximising Localities Opportunities has been scheduled for 21 and 22 November 2017.	Integrated Localities Programme Manager, Aberdeen City Health and Social Care Partnership	12.12.17
5.	sIJB 23.02.16 Article 6	**Clinical and Care Governance Framework** 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 draft minute of the Clinical and Care Governance Committee is on today's agenda.	Chief Officer, Aberdeen City Health and Social Care Partnership	31.10.17
6.	IJB 30.08.16 Article 5	**Standing Orders** The Board requested that officers review standing order 23 and report back to the Board.	A report on the review of standing orders is on today's agenda.	Legal Services, ACC	15.08.17

No.	Minute Reference	IJB Decision	Update	Lead Officer(s)	Due
7.	IJB 30.08.16 Article 12	**Ethical Care Charter** The Board requested an update on the work of the Ethical Care Charter Working Group.	The Board agreed at its meeting on 15 August 2017 to receive reports on the Ethical Care Charter on a biannual basis. **Recommended for Removal**	Chief Officer, Aberdeen City Health and Social Care Partnership	27.03.18
8.	IJB 15.08.17 Article 17	**Aberdeen City Residential Nursing Home Provision** The Board requested a review of the Partnership's strategic intentions towards intervention in the event of future market failure.		Chief Officer, Aberdeen City Health and Social Care Partnership	27.03.18
9.	IJB 15.08.17 Article 19	**IJB Meetings** The Board instructed officers to develop proposals to extend the length of Board meetings to ensure that all items of business and workshop sessions could be appropriately considered.	A report on the IJB Meeting Schedule is on today's agenda.	Democratic Services, ACC	31.10.17

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Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Report Title	Committee Appointments
Lead Officer	Judith Proctor
Report Author, Job Title, Organisation	Iain Robertson, Committee Services Officer, Aberdeen City Council
Report Number	HSCP/17/083
Date of Report	6 September 2017
Date of Meeting	31 October 2017

1: Purpose of the Report

To advise the Board of the requirement to appoint a voting member onto the Audit and Performance Systems Committee and to appoint a Chairperson to the Audit and Performance Systems Committee.

2: Summary of Key Information

2.1 Professor Mike Greaves stood down from the IJB on 30 September 2017, therefore the NHS Grampian (NHSG) Board was required to appoint a new voting member to the IJB;

2.2 Professor Greaves was also a member and Chairperson of the Audit and Performance Systems (APS) Committee and there are now vacancies for these positions;

2.3 Item 2.1 of the APS Committee terms of reference state that the power to appoint committee members rests with the IJB;

2.4 As per standing order 2(1) the composition of IJB committees has been based on the principle of equal representation between Aberdeen City Council (ACC) and NHSG in terms of voting membership. As such it is recommended that the Board appoint an NHSG voting member to serve on the APS Committee and for the Board to appoint an NHSG voting member as Chairperson of the Committee;

2.5 The current composition of IJB committees are as follows:-

INTEGRATION JOINT BOARD

Audit and Performance Systems Committee

Chairperson – Vacant (NHSG);
Rhona Atkinson;
Councillor Cooke; and
Councillor Duncan.

Clinical and Care Governance Committee

Chairperson – Councillor Donnelly;
Dr Nick Fluck;
Jonathan Passmore MBE; and
Councillor Samarai.

2.6 The Board has discretion to appoint voting members to a committee based on a member's experience, interests and skills; and whether their appointment would be beneficial to the committee's functions and capacity;

2.7 The APS Committee's terms of reference have been attached as **Appendix A**; and the IJB meeting schedule for 2017-18 has been attached as **Appendix B** for members reference.

3:	Equalities, Financial, Workforce and Other Implications

3.1 As per the IJB's standing orders, it is recommended that voting members from Aberdeen City Council and NHS Grampian be equally represented on each committee.

3.2 It is also recommended that a voting member from NHSG and ACC be appointed as Chairperson to at least one of the committees to adhere to the equal representation principle.

4:	Management of Risk

Identified Risk(s):

If appointments to IJB committees are not balanced in terms of membership there

is a risk that perspectives from both partners may not be reflected during meetings and this may have an impact on decision making and scrutiny capacity.

Link to risk number on strategic or operational risk register:

Strategic Risk Register, item 3: Failure of the IJB to function and make decisions in a timely manner.

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

By appointing an equal number of members to each committee the Board would adhere to provisions and principles set out in standing orders. This would mean that both committees would have members in place to capture perspectives and expertise from both partners and strengthen their capacity to hold Partnership officers to account.

5: Recommendations

It is recommended that the Integration Joint Board:

1. Appoint an NHSG voting member to the Audit and Performance Systems Committee;
2. Appoint an NHSG voting member as Chairperson of the Audit and Performance Systems Committee; and
3. Agree to review the membership of both IJB committees at the Board's meeting in May 2018.

6: Signatures

[signature]	Judith Proctor (Chief Officer)

INTEGRATION JOINT BOARD

[signature]	Alex Stephen (Chief Finance Officer)

INTEGRATION JOINT BOARD

Appendix A

ABERDEEN CITY INTEGRATION JOINT BOARD
AUDIT & PERFORMANCE SYSTEMS COMMITTEE
TERMS OF REFERENCE

1	**Introduction**
1.1	The Audit & Performance Systems Committee is identified as a Committee of the Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the Committee will be considered as an integral part of the Standing Orders.
1.2	The Committee will be known as the Audit & Performance Systems Committee (APS) of the IJB and will be a Standing Committee of the Board,
2	**Constitution**
2.1	The IJB shall appoint the Committee. The Committee will consist of not less than 4 members of the IJB, excluding Professional Advisors. The Committee will include at least two voting members, one from Health and one from the Council.
3	**Chair**
3.1	The Committee will be chaired by a non-office bearing voting member of the IJB and will rotate between NHS and ACC.
4	**Quorum**
4.1	Three Members of the Committee will constitute a quorum.
5	**Attendance at meetings**
5.1	The Board Chair, Chief Officer, Chief Finance Officer Chief Internal Auditor and other Professional Advisors and senior officers as required as a matter of course, external audit or other persons shall attend meetings at the invitation of the Committee.
5.2	The Chief Internal Auditor should normally attend meetings and the external auditor will attend at least one meeting per annum.
5.3	The Committee may co-opt additional advisors as required.
6	**Meeting Frequency**

INTEGRATION JOINT BOARD

6.1	The Committee will meet at least 4 times each financial year. There should be at least one meeting a year, or part therefore, where the Committee meets the external and Chief Internal Auditor without other seniors officers present. A further 2 developmental sessions will be planned over the course of the year to support the development of members.
7	**Authority**
7.1	The Committee is authorised to instruct further investigation on any matters which fall within its Terms of Reference.
8	**Duties**
8.1	The Committee will review the overall Internal Control arrangements of the Board and make recommendations to the Board regarding signing of the Governance Statement, having received assurance from all relevant Committees.
	Specifically it will be responsible for the following duties:
	1. The preparation and implementation of the strategy for Performance Review and monitoring the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB;
	2. Ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against the national health and wellbeing outcomes, the associated core suite of indicators and other local objectives and outcomes and for reporting this appropriately to the Committee and Board. The performance systems scrutiny role of the Committee is underpinned by an Assurance Framework which itself is based on the Board's understanding of the nature of risk to its desired priorities and outcomes and its appetite for risk-taking. This role will be reviewed and revised within the context of the Board and Committee reviewing these Terms of Reference and the Assurance Framework to ensure effective oversight and governance of the partnership's activities.
	3. Acting as a focus for value for money and service quality initiatives;
	4. To review and approve the annual audit plan on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and reporting to the Board;

INTEGRATION JOINT BOARD

	5.	Monitoring the annual work programme of Internal Audit, including ensuring IJB oversight of the clinical and care audit function and programme to ensure this is carried out strategically;
	6.	To consider matters arising from Internal and External Audit reports;
	7.	Review on a regular basis actions planned by management to remedy weaknesses or other criticisms made by Internal or External Audit
	8.	To support the IJB in ensuring that the strategic integrated assurance and performance framework is working effectively, and that escalation of notice and action is consistent with the risk tolerance set by the Board.
	9.	To support the IJB in delivering and expecting cooperation in seeking assurance that hosted services run by partners are working effectively in order to allow Aberdeen City IJB to sign off on its accountabilities for its resident population.
	10.	Review risk management arrangements, receive annual Risk Management updates and reports and annually review with the full Board the IJB's risk appetite document.
	11.	Ensure existence of and compliance with an appropriate Risk Management Strategy.
	12.	Reporting to the IJB on the resources required to carry out Performance Reviews and related processes;
	13.	To consider and approve annual financial accounts and related matters;
	14.	Ensuring that the Senior Management Team, including Heads of Service, Professional Leads and Principal Managers maintain effective controls within their services which comply with financial procedures and regulations;
	15.	Reviewing the implementation of the Strategic Plan;
	16.	To be responsible for setting its own work programme which will include the right to undertake reviews following input from the IJB and any other IJB Committees;
	17.	The Committee may at its discretion set up short term working groups for review work. Membership of the working group will be open to anyone whom the Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Audit Committee;

	18. Promoting the highest standards of conduct by Board Members; and
	19. Monitoring and keeping under review the Codes of Conduct maintained by the IJB.
	20. Will have oversight of Information Governance arrangements and staffing arrangements as part of the Performance and Audit process.
	21. Ensuring effective IJB oversight of the scrutiny of Serious Incidents in health and social care, including monitoring and reporting systems, timely action, training and improvement activities.
	22. To be aware of, and act on, Audit Scotland, national and UK audit findings and inspections/regulatory advice, and to confirm that all compliance has been responded to in timely fashion.
9	**Review**
9.1	The Terms of Reference will be reviewed every six months to ensure their ongoing appropriateness in dealing with the business of the IJB.
9.2	As a matter of good practice, the Committee should expose itself to periodic review utilising best practice guidelines and external facilitation as required.

INTEGRATION JOINT BOARD

Appendix B

APRIL 2017						
SUN	**MONDAY**	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**	**SAT**
2	**3**	**4**	**5**	**6**	**7**	**8**
9	**10**	**11** **APS** Health Village Room 4&5 1000-1300	**12**	**13**	**14**	**15**
16	**17**	**18**	**19**	**20**	**21**	**22**
23	**24**	**25**	**26**	**27**	**28**	**29**
30						

MAY 2017						
SUN	**MONDAY**	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**	**SAT**
	1	**2**	**3**	**4**	**5**	**6**

Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

7	**8**	9	**10**	**11**	**12**	**13**
14	**15**	**16**	**17**	**18**	**19**	**20**
21	**22**	**23** **IJB Inductions** Health Village Room 4&5 1000-1300	24	**25**	**26**	**27**
28	**29**	**30**	**31**			

JUNE 2017						
SUN	**MONDAY**	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**	**SAT**
				1	**2**	**3**
4	**5**	6 **IJB** Health Village Room 4&5 1000-1300	**7**	**8**	**9**	**10**
11	**12**	**13**	14	**15**	**16**	**17**
18	**19**	**20** **APS** Health Village Room 4&5 1000-1300	21	**22**	**23**	**24**

INTEGRATION JOINT BOARD

25	**26**	27	**28** **C&CG** Health Village Room 4 & 5 1000-1300	**29**	**30**	
JULY 2017						
SUN	**MONDAY**	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**	**SAT**
2	**3**	**4**	**5**	**6**	**7**	**8**
9	**10**	11	**12**	**13**	**14**	**15**
16	**17**	**18**	19	**20**	**21**	**22**
23	**24**	**25**	26	**27**	**28**	**29**
30	**31**					
AUGUST 2017						
SUN	**MONDAY**	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**	**SAT**
		1	**2**	**3**	**4**	**5**

INTEGRATION JOINT BOARD

6	7	8	9	10	11	12
13	14	15 **IJB** Health Village Rooms 4&5 1000-1300	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

SEPTEMBER 2017

SUN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT
					1	2
3	4	5	6	7	8	9
10	11	12 **APS** Town House Committee Room 4 1000-1300	13	14	15	16
17	18	19	20	21	22	23

INTEGRATION JOINT BOARD

24	25	26	27	28	29	30
OCTOBER 2017						
SUN	**MONDAY**	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**	**SAT**
1	2	3 **C&CG** Health Village Rooms 4&5 1000-1300	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31 **IJB** Health Village Room 4&5 1000-1300				
NOVEMBER 2017						
SUN	**MONDAY**	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**	**SAT**
			1	2	3	4

INTEGRATION JOINT BOARD

5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21 **APS** Health Village Room 4&5 1000-1300	22	23	24	25
26	27	28	29	30		

DECEMBER 2017						
SUN	**MONDAY**	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**	**SAT**
31					1	2
3	4	5	6	7	8	9
10	11	12 **IJB** Health Village Rooms 4&5 1000-1300	13	14	15	16
17	18	19	20	21	22	23

INTEGRATION JOINT BOARD

24	25	26	27	28	29	30
JANUARY 2018						
SUN	**MONDAY**	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**	**SAT**
	1	**2**	**3**	**4**	**5**	**6**
7	**8**	**9** **CCG** Health Village Rooms 4&5 1000-1300	**10**	**11**	**12**	**13**
14	**15**	**16**	**17**	**18**	**19**	**20**
21	**22**	**23**	**24**	**25**	**26**	**27**
28	**29**	**30** **IJB** Health Village Rooms 4 & 5 1000-1300	**31**			
FEBRUARY 2018						
SUN	**MONDAY**	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**	**SAT**
				1	**2**	**3**

INTEGRATION JOINT BOARD

4	5	**6 IJB – Budget special** Health Village Room 4 & 5 1000-1300	7	8	9	10
11	12	**13 APS** Health Village Room 4&5 1000-1300	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

MARCH 2018						
SUN	**MONDAY**	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**	**SAT**
				1	2	3
4	5	**6 IJB (provisional special budget meeting)** HV Room 4&5 1000-1300	7	8	9	10
11	12	13	14	15	16	17

INTEGRATION JOINT BOARD

18	**19**	**20** **CCG** Health Village Rooms 4&5 1000-1300	**21**	**22**	**23**	**24**
25	**26**	**27** **IJB** Health Village Rooms 4&5 1000-1300	**28**	**29**	**30**	**31**

NHS Grampian

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Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Report Title	IJB Meeting Schedule
Lead Officer	Judith Proctor, Chief Officer
Report Author (Job Title, Organisation)	Iain Robertson, Committee Services Officer, Aberdeen City Council
Report Number	HSCP/17/093
Date of Report	14 September 2017
Date of Meeting	31 October 2017

1: Purpose of the Report

To propose an IJB meeting schedule for 2018-19 and to extend the length of Board meetings for the remaining 2017-18 dates.

2: Summary of Key Information

2.1 The time allocated for Board meetings, including workshop sessions is currently three hours between 10:00am - 1:00pm;

2.2. At its meeting on 15 August 2017, the Board instructed officers to develop a proposal to accommodate all items of business and developmental workshop sessions within the allotted time as a number of recent meetings had overrun;

2.3 It is therefore proposed that the remaining 2017-18 IJB meeting dates, outlined below be extended to run from 10:00am - 3:30pm;

Tuesday, 12 December 2017;

Tuesday, 30 January 2018;

Tuesday, 6 February 2018; and

Tuesday, 27 March 2018.

INTEGRATION JOINT BOARD

2.4 It is intended that IJB meetings would run as follows:-

10:00am-12:30pm IJB Public Business Meeting

12:30pm-1:00pm Lunch

1:00pm-1:30pm IJB Private Session for Exempt/Confidential Business

1:30pm-3:30pm Developmental Workshop Session

2.5 It is also proposed that these timescales be adopted for 2018-19 meeting dates;

2.6 As per the IJB Budget Protocol agreed by the Board at its meeting on 7 March 2017, a dedicated budget meeting has been scheduled for early February to allow the Board to agree a budget before Aberdeen City Council and the NHS Grampian Board set their annual budgets. A provisional budget meeting has been included within the schedule in the event that the Board has to take further budgetary decisions following the annual budget meetings of its two partners.

2.7 Following the previous year's schedule, IJB meetings would continue to be held on Tuesday mornings, in the Health Village on a 6-8 week cycle. No meetings have been set during public holidays or the Council's summer recess period.

2.8 The proposed schedule has been outlined below:-

All meetings would take place between 10:00am – 3:30pm and be held in the Health Village:-

Tuesday, 22 May 2018

Tuesday, 28 August 2018

Tuesday, 9 October 2018

Tuesday, 11 December 2018

INTEGRATION JOINT BOARD

Tuesday, 22 January 2019

Tuesday, 5 February 2019 - Budget Meeting

Tuesday, 5 March 2019 – *Provisional Budget Meeting*

Tuesday, 26 March 2019

2.9 It is further proposed that Board members set aside **9 January 2018** and **24 April 2018** for developmental workshop sessions.

3: Equalities, Financial, Workforce and Other Implications

3.1 It is anticipated that a meeting schedule which is publicly available on the Partnership's website would be beneficial for Aberdeen City Council, NHS Grampian and Partnership workforces. By scheduling IJB meeting dates up to March 2019, Board members, officers, auditors and stakeholders would be able to plan ahead and effectively prepare for Board meetings;

3.2 There may be additional cost to the Partnership if allotted meeting times were extended by an hour and a buffet lunch was provided. However if developmental sessions following business meetings were fully utilised there may be a financial offset as the need to hold several standalone workshop sessions out with IJB meeting dates would be reduced. Catering and refreshments are generally provided by the Partnership during these sessions.

4: Management of Risk

Identified risk(s): The Board would be unable to take timely and informed decisions without an agreed meeting schedule; this would undermine the effectiveness of the Board's governance arrangements;

By not extending the allotted meeting time, there is a risk that the Board does not give due consideration to all items of business and would not have sufficient time for developmental sessions which aim to increase members knowledge and Board capacity;

Link to risk number on strategic or operational risk register: Strategic Risk

INTEGRATION JOINT BOARD

Register (3) Failure of the IJB to function, make decisions in a timely manner etc;

How might the content of this report impact or mitigate the known risks: By agreeing a meeting schedule the Partnership would be able to ensure reports captured the views of key stakeholders during the consultation process. The Board would then be in a position to take informed and timely decisions to support the functions and strategic objectives of the Partnership.

5: Recommendations

It is recommended that the Integration Joint Board:

1. Agree to extend the meeting times for the remaining 2017-18 meeting dates from 10am-3:30pm and to instruct the Clerk to resend appointments to members and officers;
2. Agree the IJB meeting schedule for 2018-19;
3. Agree to hold developmental workshop sessions on 9 January and 24 April 2018; and
4. Agree that meeting dates be publicised on the Partnership's website.

6: Signatures

[signature]	Judith Proctor (Chief Officer)
[signature]	Alex Stephen (Chief Finance Officer)

Aberdeen City Health & Social Care Partnership

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INTEGRATION JOINT BOARD

Report Title	Review of IJB Standing Orders
Lead Officer	Judith Proctor, Chief Officer
Report Author (Job Title, Organisation)	Jess Anderson, Iain Robertson and Alan Thomson, Legal and Democratic Services, ACC
Report Number	HSCP/17/029
Date of Report	9th October 2017
Date of Meeting	31st October 2017

1: Purpose of the Report

1.1. To review IJB standing orders and to recommend revisions for Board approval.

2: Summary of Key Information

2.1. 18 months have passed since the IJB went live on 1 April 2016 and it is appropriate that the Board review its standing orders to ensure they remain robust and fit for purpose;

2.2. To support this review, officers from Legal and Democratic Services have conducted a benchmarking exercise with other IJB standing orders across Scotland and have liaised with colleagues to discuss shared challenges;

2.3. The review has provided an opportunity to take account of how the Board has been operating over the previous 18 months in terms of how it consults its partners and how it considers its business. This has now been formally integrated within standing orders;

2.4. The Board will note that a number of revisions have been recommended to the way the Board would resolve disputes and how the Board would consider and determine urgent business;

2.5. The Board should also note that the Standards Commission recently aligned the process for how IJB members would declare interests at Board meetings with the process set out in the Councillors Code of Conduct. This would mean that instead of members asking fellow Board members to make

a determination on whether the member with an interest should stay in the meeting or withdraw, this would now be at the discretion of the individual member who would apply the 'Objective Test';

2.6. A provision has been added within standing orders for the document to be reviewed on an annual basis and this will be incorporated into the Partnership's forward planning reporting process.

Appendices

- Appendix A: IJB Standing Orders

3:	Equalities, Financial, Workforce and Other Implications

3.1. The revised standing orders set out a formal consultation reporting process to ensure that partners are consulted on a wide range of issues and possible implications. This process will also ensure that the Board receives advice from officers with expertise in corporate governance to support decision making;

3.2. The standing orders maintain the provision for ACC and NHSG to be equally represented on the IJB and each of its committees.

4:	Management of Risk

Identified risk(s): The Board will be unable to function effectively if it cannot operate within constitutional guidelines and agree a way to resolve disputes.

Link to risk number on strategic or operational risk register: Strategic Risk Register, item 3: Failure of the IJB to function and make decisions in a timely manner.

How might the content of this report impact or mitigate the known risks: By reviewing standing orders the Board will ensure that its governance arrangements are robust and fit for purpose. Standing orders will allow the Board to conduct its business effectively and provide a mechanism for resolving disputes.

INTEGRATION JOINT BOARD

5:	Recommendations

It is recommended that the Integration Joint Board:

1. Approves the revisions made to IJB standing orders;
2. Notes that the revised standing orders would take effect from the Board's next meeting on 12 December 2017; and
3. Agrees to review standing orders annually as per order 8(5).

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

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ABERDEEN CITY INTEGRATION JOINT BOARD

STANDING ORDERS

1. Introduction

(1) The Aberdeen City Integration Joint Board ("the IJB") comprises voting representatives of Aberdeen City Council ("the Council") and the Grampian NHS Board ("the NHS Board") ("the constituent authorities") with non-voting advisory representatives.

(2) These standing orders are made under The Public Bodies (Joint Working) (Scotland) Act 2014 and subordinate legislation and any provision, regulation or direction issued by Scottish Ministers shall have precedence over anything written here in the event of any conflict.

2. Membership

(1) The IJB shall include the following voting members:-

(a) Four councillors nominated by the Council; and
(b) Four members nominated by the NHS Board, of whom three shall be non-executive directors and one an executive director;

(2) The IJB shall include the following non-voting members, with those at (f), (g) and (h) to be appointed by the NHS Board:-

(c) The Council's Chief Social Work Officer;
(d) The Chief Officer for Integration;
(e) The Chief Finance Officer of the IJB appointed under S95 of the Local Government (Scotland) Act 1973;
(f) A registered medical practitioner on the list of primary medical services performers prepared by the NHS Board;
(g) A registered nurse employed by the NHS Board or by a person or body with which the NHS Board has a contract; and
(h) A registered medical practitioner employed by the NHS Board and not providing primary medical services;

(3) The IJB must appoint, in addition, at least one member from each of the following groups:-

(i) Staff of the constituent authorities providing services under integration functions;
(j) Third sector bodies carrying out activities related to health or social care in the Council area;
(k) Service users living in the Council area; and
(l) People providing unpaid care in the Council area.

(4) The IJB may appoint such additional members as it sees fit but such members shall not be councillors or non-executive NHS Board members, and shall include one trade union representative and one partnership representative.

3. Appointment of Chair and Vice Chair

(1) The Chair shall be appointed by one of the constituent authorities for an appointing period not exceeding two years.

(2) The Council and the NHS Board shall alternate which of them shall appoint the Chair in each successive appointing period.

(3) The constituent authority which does not appoint the Chair must appoint the Vice Chair for that appointing period.

(4) The constituent authority may change the person appointed by that authority as Chair or Vice Chair during the appointing period.

(5) The constituent authorities may only appoint from their membership set out under paragraph 2(1)(a) and (b) above. An appointee of the NHS Board must be a non-executive member.

4. Term of Office of Members

(1) The term of office of IJB members shall be such period as the IJB shall determine which shall not exceed three years.

(2) A member appointed under paragraphs 2(2)(c) - (e) above shall remain a member for as long as they hold the office in respect of which they are appointed.

(3) At the end of a term of office set out under paragraph (1) above, a member may be reappointed for a further term of office.

(4) This paragraph is subject to paragraphs 6 (resignation of members) and 7 (removal of members) below.

5. Disqualification

(1) A person is disqualified from being a member of an integration joint board where the conditions specified in Article 8, paragraph (2) of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 are met, relating to conviction of a criminal offence, removal or dismissal for disciplinary reasons from paid employment or office with a Health Board or local authority, insolvency, removal from a register maintained by a regulatory body unless voluntary, or being subject to a sanction under section 19(1)(b) – (e) of the Ethical Standards in Public Life etc (Scotland) Act 2000. The definitions of “insolvency”, “regulatory body” and “voluntary” are those given in the Order referred to in this paragraph.

6. Resignation of Members

(1) A member may resign their membership of the IJB at any time by giving the IJB notice in writing.

(2) A voting member of the IJB must inform the constituent authority which nominated them.

(3) This section does not apply to the Council's Chief Social Work Officer, the Chief Officer, Aberdeen Health and Social Care Partnership, and the Chief Finance Officer.

(4) Other non-voting members of the Board shall hold office during each three year period until they are replaced by the appropriate nominating body.

7. Removal of Members

(1) If a member has not attended for three consecutive meetings of the IJB, and such absence is not due to illness or other reasonable cause as the Board may determine, the IJB may remove that member from office by providing them with one month's notice in writing.

(2) If a member acts so as to bring the IJB into disrepute or in a way which is inconsistent with the proper performance of the IJB's functions, the IJB may remove that member from office with effect from such date as it may specify in writing.

(3) If a member is disqualified during a term of office for a reason referred to in paragraph 5(1) above, they are to be removed from office immediately.

(4) Where a Council nominated member ceases for any reason to be a councillor during the term of office, they are to be removed from office with effect from the day on which they cease to be a councillor.

(5) Subject to the above paragraphs, a constituent authority may remove a member which it nominated by providing one month's notice in writing to the member and to the IJB.

8. Standing Orders

(1) All meetings of the IJB and its committees shall be regulated by these standing orders, which the IJB may amend as it so determines except that all requirements of The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 in relation to standing orders shall be met.

(2) Any amendments to these standing orders shall be effective from the meeting following the one at which the changes were agreed.

(3) Except where prohibited by statute, it shall be competent for any member at any time during a meeting to move the suspension of the whole or any specified part of these standing orders. Such a motion shall, if seconded, be put to the vote immediately without discussion.

(4) A two thirds majority of voting members in attendance shall be required to suspend standing orders. For the avoidance of doubt, if the figure is not a whole number it shall be rounded up.

(5) Standing orders shall be reviewed by the Board on an annual basis.

(6) Non-material amendments can be made to Standing Orders by the Chief Officer, following consultation with the Chair and Vice Chair of the IJB, without the requirement to report to Board. Members shall be notified once such amendments have been completed.

9. Calling Meetings

(1) The Chair may call a meeting of the IJB at such times as they see fit.

(2) A request for a special meeting of the IJB to be called may be made by a requisition signed by at least five of the voting members, which shall specify the business proposed to be transacted and which shall be presented to the Chair.

(3) If the Chair refuses to call a meeting requisitioned under the above paragraph, or does not call a meeting within seven days after the making of the request, the members who signed the requisition may call the meeting.

(4) The business to be transacted at any requisitioned meeting shall be limited to the business specified in the requisition.

(5) The IJB's annual calendar of meetings shall run from 1 April to 31 March of the following calendar year. A schedule of meetings shall be approved by the Board prior to 1 April of the new meeting year.

10. Notice of Meetings

(1) Prior to each meeting of the IJB or one of its committees, a notice of meeting specifying the time, place and business to be transacted at it signed by the Chair or a member authorised to act on the Chair's behalf, shall be sent electronically to every member or sent to the usual place of residence of every member, so as to be available to them at least five clear days before the meeting.

(2) A failure to serve notice of a meeting on a member in accordance with the paragraph above shall not affect the validity of anything done at the meeting.

(3) In the case of a meeting of the IJB called by members, the notice is to be signed by the members who requisitioned the meeting in accordance with paragraph 9(4) above.

(4) The provisions of the Local Government (Access to Information) Act 1985 shall apply to meetings of the IJB.

(5) In the event that an item of business has to be considered on an urgent basis, a meeting of the Board may be called at 48 hours notice by the Chair following consultation with the Vice Chair and Chief Officer. The Urgent Business meeting would retain all the IJB's functions and powers, and these standing orders would apply.

(6) If the office of Chair is vacant or the Chair is unable to act for any reason the Vice Chair may at any time call an Urgent Business meeting in consultation with the Chief Officer.

11. Business

(1) The notice of meeting shall include an agenda of items of business which shall be considered in the order in which they are listed except where the Chair, at his or her discretion, may determine otherwise.

(2) Except where required by statute, no item of business shall be considered at a meeting unless a copy of the agenda including the item of business and any associated report has been open in advance to inspection by members of the public in terms of the Local Government (Scotland) Act 1973 or, by reason of special circumstances which shall be recorded in the minute, the Chair is of the opinion that the item should be considered as a matter of urgency and at such stage of the meeting as the Chairperson shall determine.

12. Reports by Officers

(1) Reports must be produced in draft to the following officers for consultation prior to being accepted onto the IJB final agenda:-

a) Chair of the IJB
b) Vice Chair of the IJB
c) Chief Officer, ACHSCP
d) Chief Finance Officer, ACHSCP
e) Head of Operations, ACHSCP
f) Head of Strategy and Transformation, ACHSCP
g) Chief Social Work Officer, ACC
h) Chief Executive, ACC
i) Chief Executive, NHSG
j) Head of Finance, ACC
k) Director of Finance, NHSG
l) Head of Legal and Democratic Services, ACC
m) Clerk to the IJB

(2) Aberdeen City Council's Leader(s) and Convener of the Finance, Policy and Resources Committee shall be consulted on draft reports relating to the IJB Budget in line with the requirements of the IJB Budget Protocol.

13. Quorum

(1) No business is to be transacted at a meeting of the IJB unless at least one half of the voting members is present, being two voting members of each constituent authority.

14. Conduct of Meetings

(1) At each meeting of the IJB, or one of its committees, the Chair of the Board or Committee, if present, shall preside.

(2) If the Chair is absent from a meeting of the IJB the Vice Chair shall preside.

(3) If the Chair and Vice Chair are both absent from a meeting of the IJB, a voting member chosen at the meeting by the other voting members attending the meeting shall preside.

(4) No Vice Chairs shall be appointed to IJB committees. In the event that the Chair of a committee is absent, a voting member chosen at the meeting by other voting members attending the meeting shall preside.

(4) If it is necessary or expedient to do so a meeting of the IJB, or of a committee, may be adjourned to another date, time or place.

(5) A member who is unable to be present for a meeting of the IJB or any committee at the venue identified in the notice calling the meeting shall be able to take part remotely in any way which allows their participation.

(6) The provision of paragraph 14(5) shall not apply when the Board or committee had entered private session in which exempt or confidential business would be considered.

(7) No filming, recording or use of cameras shall be permitted without the Board's prior consent.

(8) Following the introduction of an item of business by the Chair, all members shall be entitled to ask questions and discuss the item as openly as possible.

(9) When, in the opinion of the Chair, members have had a reasonable opportunity to consider the item of business, the Chair shall move to a determination of the matter.

(10) Every effort shall be made by members to ensure that as many decisions as possible are made by consensus.

(11) The Board shall schedule a dedicated budget meeting to consider and agree the IJB budget and adhere to the provisions set out in the IJB Budget Protocol.

15. Power and Duties of Chair

(1) It shall be the duty of the Chair:-

(a) To preserve order and ensure that any member wishing to speak is given due opportunity to do so and to a fair hearing;
(b) To call members to speak according to the order in which they caught his / her eye;
(c) To decide on all matters of order, competency and relevancy;
(d) To ensure that the sense of the meeting is duly determined; and

(e) If requested by any member, to ask the mover of a motion or amendment to state its terms.

(2) The Chair shall have authority to determine all non-substantive procedural matters during Board meetings following consultation with the Clerk, excepting the suspension of standing orders as outlined in paragraph 8(3).

(3) The ruling of the Chair on all matters in these standing orders shall be final.

(4) Deference shall at all times be paid to the authority of the Chair, the Chair shall be heard without interruption and all members shall address the Chair when speaking.

16. Conflict of Interest

(1) A member must disclose any direct or indirect pecuniary interest or other interest in relation to an item of business to be transacted at a meeting of the IJB, or of one of its committees, before taking part in any discussion on that item.

(2) Where an interest is disclosed under the above paragraph, the member disclosing the interest is to decide whether, in the circumstances, it is appropriate for that member to take part in discussion of or voting on the item of business.

17. Minutes

(1) A record must be kept of the names of the members attending every meeting of the IJB or of one of its committees.

(2) Minutes of the proceedings of each meeting of the IJB or a committee, including any decision made at that meeting, are to be drawn up and submitted to the subsequent meeting of the IJB or the committee for agreement after which they must be signed by the person presiding at that meeting.

18. Alteration or Revocation of Previous Decision

(1) No decision of the IJB shall be altered or revoked within six months of it having been taken unless a recommendation to that effect is approved by the IJB, and any such alteration or revocation shall have no retrospective effect.

19. Voting

(1) In the event that the Board had been unable to reach a decision after following the procedure outlined between paragraphs 14(8) – 14(10) and a vote is required, the provisions of this paragraph shall apply.

(2) Each motion put to a meeting of the IJB shall be decided by a majority of the votes of those members attending and entitled to vote.

(3) Motions and amendments thereto shall be moved and seconded. Movers shall be entitled to speak for ten minutes and all other members, including movers when summing up at the conclusion of debate, shall be entitled to speak for five minutes. No member shall speak more than once in debate, except the mover when summing up, and shall only move, second or support a motion or related amendment. A member shall be entitled, however, to ask a question.

(4) Votes shall be taken by roll call except where an electronic voting system is available, in which case it shall be used in preference to any other method.

(5) If the members of the IJB agree unanimously prior to a vote on any particular matter, a vote may be taken by a show of hands.

(6) Where there is an tied vote, there shall be no casting vote afforded to the Chair or to any other member or group of members and in that event:-

6(i) The Chair shall, call on the Chief Officer to outline the consequences of each potential outcome, to provide such clarification that may be appropriate or requested and to set out the ramifications to the IJB of withdrawing the matter and maintaining the status quo and, thereafter, to make a recommendation.

6(ii) The Chair shall then immediately without further discussion call for a show of hands on the motion that is before the meeting.

6(iii) If the result remains a tie, the Chair may:

(a) call a recess of the meeting for such period as the Chair thinks fit to allow members to further consider matters and once the meeting is reconvened defer to (6ii) above; or,

(b) suspend further discussion on the issue of contention and defer the matter to the next meeting of the IJB; or

(c) where the Chair is of the view that a special meeting of the IJB requires to be convened suspend further discussion on the issue of contention and defer the matter to that special meeting.

6(iv) Where, in the event that following the recess in terms of Standing Order 6(iii) (a) there is still a tied vote, the Chair shall, at his discretion, either; call a further recess in terms of the said Standing Order 6(iii) or chose to proceed with either option in terms of Standing Order 6(iii) (b) or Standing Order 6(iii) (c).

6(v) Once the meeting is reconvened in accordance with 6(iv) above and the matter has been discussed in terms of Standing Order 14, the Chair shall call for a show of hands in terms of Standing Order 6(ii). In the event of a tied vote the Chair shall determine whether the matters should be deferred in terms of Standing Order 6(iii) (b) or Standing Order 6(iii) (c). Where this is the case, he shall direct the Chief Officer to provide such clarification that may be appropriate or requested and to set out the ramifications

to the IJB of withdrawing the matter and maintaining the status quo and bring that back to a future meeting.

6(vi) At a future meeting of the IJB in accordance with Standing Order (19)(6)(iii)(b) and (c), the matter shall be discussed in terms of the procedure set out in Standing Order 14 and the Chair shall invite members to vote in accordance with 19(4) above.

(a) If there remains a tied vote the Chair shall direct the Chief Officer to provide such clarification that may be appropriate or requested together with the options available to the IJB, including an outline of the ramifications of remaining with the status quo and invoking the dispute procedure under the Integration Scheme;

(b) The Chair shall invite members to consider and discuss these options in terms of Standing Order 14 and vote in accordance with 19(4) above on the issue;

(c) In the event of a further tied vote, a vote will be put to members on whether to withdraw the matter, have status quo apply or determine that the dispute procedure under the Integration Scheme may be invoked.

20. Substitutes

(1) A voting member who is unable to attend a meeting of the IJB shall arrange insofar as possible for a suitably experienced substitute, who is a member of the appropriate constituent authority, to attend in their place with voting rights.

(2) A non-voting member who is unable to attend a meeting of the IJB may arrange for a suitably experienced substitute to attend the meeting in their place.

(3) Where the Chair or Vice Chair is unable to attend a meeting of the IJB, any substitute attending in their place shall not preside over the meeting.

21. Temporary Vacancies in Voting Membership

(1) Where there is a temporary vacancy in the voting membership of the IJB, the vote which would otherwise have been cast by the member appointed to that vacancy may be cast by the other members nominated by the appropriate constituent authority.

(2) Where, because of temporary vacancies, the number of members nominated by a constituent authority is one or zero and that constituent authority is to appoint the Chair, the Chair must be appointed temporarily by the other constituent authority.

(3) Where a temporary vacancy, or the temporary appointment of the Chair in the circumstances set out in the paragraph above, persists for more

than six months, the Chair of the IJB must notify the Scottish Ministers in writing of the reasons why the vacancy remains unfilled.

(4) The Chief Officer shall determine an item of urgent business in consultation with the Chair/Vice Chair of the IJB and the Chief Executives of Aberdeen City Council and NHS Grampian during the period between the date of a Local Government Election and the appointment of voting members by Aberdeen City Council when the IJB does not have a quorum of members - on the basis that any such action shall be reported to the next meeting of the IJB as an item on the agenda.

22. Effect of Vacancy in Membership

(1) A vacancy in the membership of the IJB will not invalidate anything done by or any decision of the IJB.

23. Expenses

(1) The IJB may pay the reasonable travel and other expenses of members where incurred by them in connection with their membership of the IJB.

24. Committees

(1) The IJB may establish such committees as it may determine for the undertaking of its functions.

(2) The IJB must appoint the Chair of each committee it establishes.

(3) The IJB shall appoint two voting members from each constituent authority to serve on each committee to ensure equal representation.

(4) Any decision of a committee must be agreed by a majority of the votes cast by the voting members of that committee.

(5) The IJB may alter the Terms of Reference of any committee at any time.

(6) All IJB members shall be entitled to receive committee papers and an open invitation shall be extended to members to attend Committee meetings.

(7) The level of participation for non-committee members in these proceedings shall be at the discretion of the committee Chair, though non-committee members may not propose or second a motion or amendment, or vote.

25. General Powers of IJB

(1) The IJB may enter into a contract with any other person for the provision of goods and services for the purpose of undertaking the functions conferred on it by the Act, including but not limited to administrative support, accounting or legal services.

26. Register of Interests and Code of Conduct

(1) The Standards Officer shall keep and maintain a Register, which shall be open to public examination, in which all members shall record their interests and hospitality offered by virtue of their membership of the IJB. The Standards Officer shall be the officer so designated by the Standards Commission, following a nomination by the IJB.

(2) All members shall be bound by the terms of the Model Code of Conduct for Devolved Public Bodies, provided for under the Ethical Standards in Public Life etc (Scotland) Act 2000. Members should not accept any gift or consideration of any kind as an inducement or reward for any action or inaction in relation to the IJB as to do so could result in that member having committed an offence under the Bribery Act 2010.

27. Admission of Press and Public

(1) The Public must be excluded from a meeting when an item of business is being considered and it is likely that, if the Public were present, Confidential Information would be disclosed to them in breach of an obligation of confidence in terms of section 50A(2) of the Local Government (Scotland) Act 1973 as enacted by the Local Government (Access to Information) Act 1985. A report falling into this category shall:

- be marked as containing confidential information;
- carry a restricted watermark; and
- be printed on green paper.

(2) The Public may be excluded from a meeting by resolution of the IJB when an item of business is being considered, if it is likely that Exempt Information would be disclosed to them which would fall within the categories specified in Part 1 of Schedule 7a of the Local Government (Scotland) Act 1973, as enacted by the Local Government (Access to Information) Act 1985. Any such resolution shall specify the part of the proceedings to which it relates and the categories of exempt information involved shall be specified in the minutes. A report containing exempt information shall:

- specify the category involved;
- carry a restricted watermark; and
- be printed on green paper.

(3) The provisions of the Data Protection Act 1998 shall apply to meetings of the IJB and any relevant reports shall:

- be marked as containing data protected information; and
- carry a restricted watermark; and be printed on green paper.

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Aberdeen City Health & Social Care Partnership

INTEGRATION JOINT BOARD

Report Title	Finance Update as at end September 2017
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author	Gillian Parkin (Finance Manager)\Jimmie Dickie (Finance Business Partner)
Report Number	HSCP.17.080
Date of Report	12th October 2017
Date of Meeting	31st October 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 6 (end of September 2017); 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 September 2017

2.1 An adverse position of £1,231,000 is reported for the six month period to the end of September 2017 as shown in Appendix A. A forecasted year-end position has been prepared based on month 6 results. This has resulted in a projected overspend of £2,808,000 on mainstream budgets. The main areas of overspend are prescribing (forecast £1,500,000), learning disabilities (£983,000) and Grampian wide hosted services (£780,000). A significant degree of work has reduced the projected overspend from the June position, however this has been offset by the adverse movement on prescribing.

2.2 A review has been undertaken of the spend and commitments against the Integration and Change Fund budget and the forecast has been adjusted accordingly. As can be seen from the forecast identified in Appendix A it is currently anticipated that the £2,808,000 can be accommodated from within this budget for 2017/18. This would protect the partners from incurring any additional financial pressure on their own budgets. However, it is important

that recovery plans are implemented quickly, in order to protect the IJB's Integration and Change Funding so it can be used for transformation. The Executive Team and Senior Managers are committed to resolving this overspend in 2017/18, although are mindful there will be some transitional spend while the recovery plans are implemented.

2.3 An analysis of variances is detailed below:

Community Health Services (Year to date variance - £19,000 overspend)

Major Movements:

£94,000	Across non pay budgets
£96,000	Under recovery on income
(£170,000)	Pay

Within this expenditure category there is an overspend on non-pay costs due to unmet 2017/18 budget reduction targets. An under recovery on income mainly relating to education service level agreement for speech and language therapy (£40,000) due to renegotiation of contract and salaried dental service income being lower than anticipated due to lower patient numbers meeting the eligibility criteria for payment. This is currently being offset with vacancies mainly within Allied Health Professionals.

Hosted Services (Year to date variance £390,000 overspend)

There are overspends on 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. (which covers Care of the Elderly, Orthopaedics and the Mobility and Rehabilitation Service). Hosted services are led by one IJB; however, the costs are split according to the projected usage of the service across the three IJBs. Decisions required to bring this budget back into balance may need to be discussed with the three IJBs, due to the impact on service delivery.

Learning Disabilities (Year to date variance - £538,000 overspend)

Major Movements:

£435,000	Commissioned services
£170,000	Under-recovery customer and client receipts
(£72,000)	Underspend direct payments

The overspend on commissioned services reflects additional commitments against the needs led spot purchase care budget of £407,000 and block funded services budget of £31,000 as a result of an increase in the number of clients.

The under-recovery in client and customer receipts is mainly on residential and nursing care which is where the under recovery occurred last year. The underspend on direct payments includes recovery of £97,000 of income refunded from financial audits and reviews.

This Learning Disabilities budget will be closely monitored to determine if future growth due to packages transitioning from children's services will continue to be offset by recovery of direct payment underspends and reducing the direct payment contingency from eight to four weeks.

Mental Health & Addictions (Year to date variance - £129,000 overspend).

£73,000	Expenditure on locums
£100,000	Expenditure on commissioned services
(£37,000)	Income Customer and Client Receipts

The overspend on medical locum costs is due to the inability to recruit. Mental Health currently have 4 whole time equivalent consultant vacancies and 1 whole time equivalent speciality doctor, which are currently all being filled by locums.

The commissioned services overspend reflects overspends against mental health block funded care £33,000, mental health needs led spot purchased care £85,000 partially offset by an underspend on addictions spot purchased care £19,000. The additional income mainly relates to charges for residential services.

Older People & Physical and Sensory Disabilities (Year to date variance - £732,000 underspend

Major Movements:

(£634,000)	Commissioned services
£88,000	Direct payments
(£107,000)	Contributions from other local authorities
(£91,000)	Staffing vacancies

There is an underspend of £634,000 on commissioned services. This consists mainly of an underspend of £1,052,000 on needs led care : partially offset by additional payments to Bon Accord care for running Kingsmead Nursing Home £446,000 which are funded from the Integration and Change Fund held on another budget line. There is an overspend of £88,000 on needs led direct payments, mainly on older people home care due to additional clients. The overspend may reduce in future months as underspends are recovered and the direct payments contingency in existing budgets is reduced from eight

weeks to four weeks.

There is a £107,000 over-recovery of income for contributions from other councils towards the cost of residential care packages. The £91,000 underspend on staffing is mainly due to staffing vacancies. An exercise will be undertaken during the budget process to ensure that staffing budgets reflect the new management structure.

Central Living Wage/Inflation Provision etc. (Year to date variance - £22,000 underspend

Major Movements:

£188 000	Additional running expenses Kingsmead
(£220,000)	Additional Charging Policy Income

On the 1 April 2017 Aberdeen City Council took over the running of Kingsmead Nursing Home. The additional spend for the year to date of £188,000 is mainly due to ongoing running costs of the occupancy agreement. This is partial offset by Kingsmead customer and client receipts £156,000 and other charging policy income £60,000.

Primary Care Prescribing (Year to date variance – £742,000 overspend)

As actual information is received two months in arrears from the Information Services Division this position is based on actuals for July 2017 with an estimation of spend for August and September. The budget to September includes the additional budget added during the budget process of £559,000. The average cost per item varied throughout 2016/17 and averages at £11.28 over the year. The actual average cost per item in July was £11.32 and this price is used for estimating August and September spend. The volume of items estimated to June has decreased by 0.4% compared to quarter 1 2016/17. The previous forecast for 2017/18 was based on prices and market intelligence as at June 17. An additional cost pressure has developed since then due to drugs on short supply.

Primary Care Services (Year to date variance - £15,000 overspend)

The position within Primary Care Services represents the impact of the revision of the Global Sum (based on practice registered patient numbers) payments for 2017/18 anticipated to be matched by revised annual grant allocations. Cost pressures still exists for Enhanced Services continuing, which includes diabetic care, extended hours and immunisations. A new cost pressure is emerging in 2017/18 for premises in relation to Business Rates.

INTEGRATION JOINT BOARD

Out of Area Treatments (Year to date variance - £162,000 overspend)

The projected overspend reflects that the number of patients receiving care outside of the Grampian area has increased over the last few months. A review is being undertaken to determine how best to manage this budget and financial pressure in future. There has been a reduction in this forecast since June.

List of Appendices:

a) Finance Update as at end September 2017
b) Summary of risks and mitigating action
c) Sources of Transformational funding
d) Progress in implementation of savings - September 2017
e) Virements

3:	Equalities, Financial, Workforce and Other Implications

3.1 Every organisation has to manage the risks inherent in the operation of large and complex budgets. 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 underlying assumptions and risks concerning the forecast outturn figures are set out within Appendix B. Appendix D monitors the savings agreed by the IJB.

4:	Management of Risk

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

Link to risk number on strategic or operational risk register: 2

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.

INTEGRATION JOINT BOARD

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 reported to the executive and if necessary the clinical and care governance committee.

5:	Recommendations for Action

It is recommended that the Integration Joint Board:

1. Notes this report in relation to the IJB budget and the information on areas of risk and management action that are contained herein.

2. Notes the work undertaken by officers to reduce the overspend position forecast in June 2017 has been offset by new budget pressures identified in the prescribing budget.

3. Instructs Officers to review the financial position and continue to identify savings to bring the mainstream budget back to a break even position.

4. Approves the budget virements indicated in Appendix E.

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

Appendix A: Finance Update as at end September 2017

Accounting Period 3	Full Year Revised Budget Budget £'000	End Sept Budget Budget £'000	YTD Actual £'000	YTD Variance £'000	Variance Percent %	Year-End Forecast £'000
Community Health Services	31,779	15,824	15,843	19	0.1%	0
Aberdeen City share of Hosted Services (health)	20,415	10,261	10,651	390	1.9%	780
Learning Disabilities	30,314	15,160	15,698	538	1.8%	983
Mental Health & Addictions	19,657	9,826	9,955	129	0.7%	259
Older People & Physical and Sensory Disabilities	72,949	36,474	35,742	(732)	(1.0%)	(1,107)
Central Living Wage/inflation provision etc.	(1,399)	(702)	(724)	(22)	1.6%	(39)
Criminal Justice	47	32	22	(10)	(21.3%)	(1)
Housing	1,861	931	931	0	0	0
Primary Care Prescribing	39,865	19,800	20,542	742	1.9%	1,500
Primary Care	37,196	18,572	18,587	15	0.0%	30
Out of Area Treatments	1,005	540	702	162	16.1%	403
Sub Total: Mainstream position	**253,689**	**126,718**	**127,949**	**1,231**	**1.7%**	**2,808**
Integration and Change Funds	21,691					
Total funding available						**(21,691)**
Projected expenditure to end March 2018						14,675
Contribution to mainstream position (as above)						2,808
Total position including Integration and Change Fund	**275,380**	**126,718**	**127,949**	**1,231**		**(4,208)**
Risk Fund included in position above						**(3,000)**

Appendix B: Summary of risks and mitigating action

	Risks	Mitigating Actions
Community Health Services	Balanced financial position is dependent on vacancy levels.	• Monitor levels of staffing in post compared to full budget establishment. • A vacancy management process has been created which highlights recurring staffing issues to senior staff. • Position improving and break even predicted for year end
Hosted Services	Potential increased activity in the activity led Forensic Service. The use of locums for intermediate care	• Work is being undertaken at a senior level to consider future service provision and how the costs of this can be minimised. • Substantive posts have recently been advertised which might reduce some of this additional spend.
Learning Disabilities	Fluctuations due to expensive support packages being implemented. Increase in provider rates for specialist services. Underspend is dependent on vacancy levels continuing at present levels.	• Review packages to consider whether they are still meeting the needs of the clients. • All learning disability packages are going for peer review at the weekly resource allocation panel

	Risks	Mitigating Actions
Mental Health and Addictions	Increase in activity in needs led service. Potential complex needs packages being discharged from hospital. 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.	• Work has been undertaken to review levels through using CareFirst. • Review potential delayed discharge complex needs and develop tailored services. • A review of locum spend has highlighted issues with process and been addressed, which has resulted in a much improved projected outturn.
Older people services incl. physical disability	Balanced financial position is dependent on staffing levels. Increase in activity in needs led service.	• Monitor levels of staffing in post compared to full budget establishment. • A vacancy management process has been created which will highlight recurring staffing issues to senior staff. • Review packages to consider whether they are still meeting the needs of the clients. • An audit of CareFirst residential packages established that £500k of packages should be closed. These findings were combined with a review of previous years accruals to determine how much the residential care spend should be reduced which also resulted in a favourable reduction in projected spend

	Risks	Mitigating Actions
Prescribing	Primary Care prescribing is impacted by volume and price factors both of which are forecast on basis of available date and evidence at start of each year by the Grampian Medicines Management Group Several drugs now on short supply which has resulted in increased prescribing costs	• Monitoring of price and volume variances from forecast. • Review of prescribing patterns across General Practices and follow up on outliers. • Implementation of support tools – Scriptswitch, Scottish Therapeutic Utility. • Poly pharmacy and repeat prescription reviews to reduce wastage and monitor patient outcomes.
Out of Area Treatments	Increase in number of Aberdeen City patients requiring complex care from providers located out with the Grampian Area.	• Review the process for approving this spend.

Appendix C: Sources of Transformational funding

	2017/18 (£m)	2016/17 c/fwd. (£m)	Total (£m)
Integrated Care Fund	3.750	2.684	6.434
Delayed Discharge Fund	1.125	1.420	2.545
Winter resilience		0.190	0.190
Mental Health Access		0.054	0.054
Primary Care Pharmacy	0.318	0.215	0.533
Social Care transformation funding	9.504	4.773	14.277
Tranche 2 Social Care Funding	3.860		3.860
Primary Care Transformation	0.255	0.267	0.267
Mental Health Fund	0.138	0.147	0.147
Transforming Urgent Care	0.269	0.286	0.286
Keep Well/Public Health (Tobacco, CHW)		0.381	0.381
Carers Information Strategy	0.182		
Mental Health Access Fund	0.129		
Carers	0.280		
Mental Health Innovation Fund	0.078		
	19.888	**10.417**	**30.305**
Adjust for social care budget transfer	-8.614		-8.614
Funding available for IJB commitment	**11.274**	**10.417**	**21.691**

Appendix D: Progress in implementation of savings – September 2017

Area	Agreed Target	Status	Action	Responsible Officer
Vacancy Management	1,100	Amber	Once a post becomes vacant grades and hours are reviewed before the vacancy process begins. *All vacancies are authorised by CFO and senior management. Where possible posts are held until it is essential to be filled for the running of a service.*	Judith Proctor
City Core Community Health	103	Green	Only essential training is being permitted. Overtime is being monitored on a monthly basis and will only be used if this is essential to the running of a service and should be the last resort.	Tom Cowan
City Core Community Health	100	Green	There is currently an administration review being undertaken – reviewing all workload and grades of admin staff required. When a vacancy arises the grade and hours are reviewed and posts only being filled if essential. Bank usage is being monitored on a monthly basis and is the last resort of filling holiday or sick leave cover. CFO now chairing Admin review programme board.	Alex Stephen

Area	Agreed Target	Status	Action	Responsible Officer
Various on-costs on commissioned services	315	Green	Care providers will receive no increase in funding other than any increases agreed for sleepovers, living wage and through the NCHC if applicable.	Tom Cowan
Review and reduce commissioning in association with other Councils to reduce rates.	575	Amber	Review placements provided by Aberdeen City that should be funded by other councils. Some packages are expensive and by working with other Councils it should be possible to negotiate better rates. Review care packages to determine whether they are still fit for purpose and meet the eligibility criteria. *Additional social workers have been recruited to review packages and a process has been set-up where expensive packages are required to be signed off by a resource allocation panel. Any increases to packages require to be signed off by either CFO or Head of Operations*	Tom Cowan
Direct payment - reduce contingency levels	200	Green	Direct payment clients receive a contingency payment amounting to 8 weeks and this it to be changed to 4 weeks. 60% of audits have been completed	Tom Cowan

Area	Agreed Target	Status	Action	Responsible Officer
Speed up financial assessment process	100	Amber	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.	Alex Stephen
Income Generation	350	Amber	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.	Alex Stephen
Self-Directed Support	59	Green	Remove 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)	Alex Stephen
Remove historic underspends	260	Green	Complete	Alex Stephen
Outreach team not filled	280	Green	Funding and posts are no longer required re strategic plan.	Alex Stephen

Area	Agreed Target	Status	Action	Responsible Officer
Review of the Training/Overtime & Parking	163	Amber	Managers to consider ways to reduce overtime & training and pay travel as incurred not issuing parking passes. Ongoi ng	Judith Proctor
Management Model	710	Green	Review and assessment of the Partnership overall management model. 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.	Tom Cowan
Total	**4, 315**			

Appendix E: Virements

Period 4-6 Health	
Budget Virements/Additional Funding	
Primary Care Transformation Fund – Mental Health Hub	£254,631
Mental Health Fund – Mental Health Hub	£138,093
Transforming Urgent Care Fund –Potential out of hours to support GDENS.	£268,659
Carers Information Strategy – Support to 3rd sector to help improve carers support.	£181,667
Mental Health Access Fund – Mental Health Hub	£129,079
Carers Project – one off project work – re carers act.	£10,000
Carers/Veterans –Carers Act Implementation / Veterans Disability Allowances.	£270,000
Mental Health Innovation Fund - Transfer from NHSG.	£78,032
Pre committed SG allocations – childsmile / oral health – within nurseries and schools. (dental services)	£327,491
Mental Health budget transfer – Reallocation of post to correct budget	(£106,064)
Additional Hosted services budget – SG allocation	£98,981
Additional primary care budget – Support towards our primary care services.	£59,037
Total Virements	**£1,709,606**

Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Report Title	Performance Monitoring
Lead Officer	Sally Shaw, Head of Strategy and Transformation
Report Author (Job Title, Organisation)	Jillian Evans - Head of Health Intelligence (NHSG) Sally Shaw - Head of Strategy and Transformation
Report Number	HSCP/17/081
Date of Report	1st October 2017
Date of Meeting	31st October 2017

1: Purpose of the Report

1.1. The purpose of this report is to provide:

- The most current data in respect of Aberdeen City Health and Social Care Partnership's (ACHSCP's) performance against the National Core Suite of indicators;
- Detail on progress against other high level IJB performance measures
- Assurances of actions to be taken to support improvement in areas of poorer performance;
- Detail on progress in respect of implementing the Aberdeen City HSCP Performance Framework; and
- Clear demonstration of alignment of performance to the Aberdeen City HSCP Strategic Plan 2016 - 2019

2: Summary of Key Information

Introduction

2.1. The Strategic Plan of Aberdeen City HSCP sets out high level and long term priorities supporting the partnership's ambition to be a well-led organisation that supports people to live healthy, independent lives, providing person-centred care when needed. Currently performance against these ambitions is measured both through a 'Core Suite' of national indicators and a set of local measures determined by the partnership as

sentinel markers of performance and progress.

Aberdeen City HSCP Performance against National Indicators

2.2. Appendix 1 draws from the national published data to show how progress in Aberdeen City:

- Compares with the other 31 Scottish Partnerships and Scotland overall
- Changes from the previous year or previous period

2.3. Benchmarking is a useful way of identifying where improvement is required and when used alongside annual trend data, it can begin to demonstrate the true extent of progress against peer organisations. For example, Aberdeen City has made considerable progress in reducing emergency related hospital bed days. This achievement is even more marked when considering the growth in the elderly population whilst having the lowest acute hospital bed base in mainland Scotland.

2.4. The national information is provided each quarter but can be between four and six months old when it is published. For this reason the report makes reference to more recent data drawn from other publications or local management information. Indicators drawn from the bi-annual GP survey are considerably out of date and will not be updated until the new survey is conducted later this year.

Delayed Discharge

2.5. The Partnership's performance has been particularly noteworthy against this nationally relevant and important measure. Delayed discharge has been a significant contemporary issue facing health and social care. In Aberdeen City there has been a marked improvement in the number of individuals who have been delayed inappropriately, i.e. remaining in hospital after been assessed as medically fit for discharge to their own home or other community setting. Appendix 1 highlights improvement of 34.5% between 2015/16 and 2016/17. Whilst this is a considerable achievement in one year, the annual benchmarking figures indicated that delayed discharge performance in Aberdeen City was still below the national average and ranked 26th out of 32 Scottish Partnerships. However, as previously stated, these national indicators can be as much as 4 – 6

months out of date, and more current data in the form of the monthly delayed discharge census shows that Aberdeen City performance has continued to improve significantly, to the extent that it is now better than the national average for the first time.

Emergency Admissions and Readmissions

2.6. Emergency admissions for people over 65 years continues to show an improving trend, with a 3.5% reduction in the number of admissions last year and a 6% reduction in associated bed days. This has placed Aberdeen City as 7/32 and 19% better than the national average. More recent management information shows the continued improvement in reducing emergency hospital care against the backdrop of an ageing population. Since March 2017 there has been a further 2% drop in the rate of emergency admissions and a 5% reduction in the rate of hospital bed days since March 2017.

2.7. Readmissions to hospital within 28 days can indicate issues with the availability and quality of community services after discharge and tend to be highest amongst the most deprived populations. Readmissions in Aberdeen City have been stable for the past 5 years against an increasing trend in Scotland. A small improvement in the past year in Aberdeen means that it is now ranked 12 / 32, almost 9% better than the national average.

Rating of Care Services

2.8. Since 2015/16, there has been a 9% improvement in the rating of care services following Care Inspectorate inspections. This places Aberdeen City 9/ 32 Partnerships and almost 3% better than Scotland. This improvement is measured by the number of services evaluated as 'good' or better in regulatory inspections carried out by the Care Inspectorate.

2.9. Within the Aberdeen City Strategic Plan there is a clear statement about our 'Improvement Principles and Ambitions'. This positive performance being reported clearly supports the fact that we are committed to improving the experiences of individuals who use services and their personal outcomes. There is also a commitment to the continuing improvement of all services so that they are recognised as being effective, person centred and of high

quality, as our regulatory inspection evaluations demonstrate.

Supporting Improvement in Poorer Performing Areas.

2.10. As already described, a significant shift has occurred in what was the Partnership's worse performing area – individuals being delayed from being discharged from hospital when medically fit to do so. This has been a notable, improved shift in performance and an area where agreed, concerted effort signalled by the IJB's leadership, has led to change in working practice and improvement in outcomes for people. However, there is a need to continue to strive to identify ways to maintain this performance, especially heading into the winter period when there are annual spikes in emergency hospital admissions.

2.11. The appendices to this report include graphs on all 20 national performance measurements. Of these there are areas that are;

Performance areas that have improved locally but still below the Scottish average, these include;

- % of adults supported at home who agreed that they are supported to live as independently as possible;
- % adults who agreed they felt safe; and
- % adults with intensive care needs and receiving support at home.

Performance areas that have seen poorer performance locally (although may still be above the Scottish average), these include;

- % of adults supported at home who agreed they had a say in how their help, care and support was provided. (also below national average)
- % of adults supported at home and who agreed that their health and social care services seemed to be well co-ordinated.(still above national average)
- % of those adults receiving any care or support who rated it as excellent or good (circa the national average)
- % of people with positive experience of the care provided by their GP practice. (slightly poorer that national average)
- % adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life. (below national

average)

- % carers who felt supported to continue in their caring role. (above national average)
- Falls rate per 1,000 population aged 65+ (better than national average)

2.12. Although there are no significant decreases in performance these remain relevant performance measures and ones that will continue to relate and be used to demonstrate impact and improvement relating to the delivery of key activities under the Transformation Programme. Business cases for projects of work ensure that relevant outcome measures from the Performance Framework are included in the case for change and in the evaluation programme for individual projects.

Progress against other key IJB measures

2.13. In maintaining oversight of performance overall, the partnership monitors a range of other indicators which have been chosen locally. These are Safe; Effective; Caring; Responsive and Well-led care (Appendix 2). These are considered to be sentinel markers which give insight into system performance, rather than individual operational measures of performance.

2.14. This local reporting and monitoring is drawn from management information and is more up to date in comparison with information provided nationally. A commentary is provided here where there is notable change.

Safe

2.15. An objective within community planning is to increase awareness of adult support and protection and the measure of this is the number of referrals to adult protection. This is considered an indication of good partnership working and cohesion towards safe communities and appropriate support. However determining ‘appropriateness’ in relation to such referrals is difficult to do and an intelligent and sensitive way to capture the right data is still being pursued. Meantime in relation to those aspects that we are able to measure, i.e. the number of new referrals to initial investigation have been reducing for some time, with a 34% drop in the last quarter. This measure needs to be reviewed so that consideration can be given as to the impact of this reduction as it is a crude measure for a complex range of

activity.

Well Led

2.16. Positive staff experiences are associated with good quality care and enhancing the experience and motivation of our workforce is an important improvement outcome for the partnership. Process measures and qualitative data are used to assess progress, such as feedback from the Heart Awards and the Innovation Conference – both of which were received very positively.

2.17. The Employee Engagement Index (EEI) measures employees' engagement with their jobs or day-to-day work. Captured through the national iMatter questionnaires, this provides responsive and team based feedback on staff experience and helps to identify where improvement may be needed. In 2017, the partnership reported a 78% EEI, slightly higher than the 75% achieved in NHS Grampian overall. Another indication of staff engagement and participation is the use of the ideas management platform "Our Ideas". Since its introduction last year, the number of new users has increased to 450 and to date 10 new ideas have been generated and implemented. Sickness absenteeism, an indication of staff motivation, remains variable in social care however but fairly steady amongst NHS staff, and also below the average levels for Grampian.

Effective

2.18. Many of the indicators of effective care are covered by the national 'core suite', as set out in the previous section of this report.

2.19. Prevention and harm reduction activities also form part of effective care and here there has been a 31% reduction in the number of alcohol brief interventions in the first quarter of 2017/18. Although this in itself is not a particularly positive figure, what is positive is the increased focus on brief interventions generally within the health promoting activities of the partnership. Clear efforts are being made to reach people in wider settings to raise awareness, signposting them to health and care support.

Responsive

2.20. Minimising the number and wider effects of and for individuals delayed in their discharge from hospital is an indication of system responsiveness. The monthly census shows there to have been a dramatic reduction in the number of 'standard' delays from 53 in March to 38 in August 2017. The average length of 'standard' delay for patients has remained constant at 23-23 days but the biggest improvement is the reduction in the average length of 'code 9' delays which dropped from 158 to 73 days. Code 9 delays relate to those individuals who are assessed as lacking capacity and so require legal frameworks to be in place around decisions of their ongoing treatment, care and support. There has been an increase in the proportion of individuals taking up self-directed support from 7% to 10%, and levels of 'unmet' need for social work care has reduced by 22% in the last three months – both measures indicating increased responsiveness and clearly helped by the concerted efforts as part of the partnership's Improvement Plan.

Summary

2.21. Both the high level national and local indicators used to assess performance of the partnership point to continued system improvement in most areas. Reducing the number of individuals who experience a delay in their discharge from hospital and avoiding individuals having to be admitted on an emergency basis; improvements in meeting the demands for social care and self-directed support; and improvement in care services following Care Inspectorate Inspections all provide an optimistic picture of progress.

Progress on implementing the Performance Framework (Tiered Intelligence)

2.22. As mentioned in previous reports, we aim to introduce a system of information and intelligence at all 'tiers' of the organisation. In so doing, staff will be able to use data from health and social care to plan, manage and improve services. Clearly this requires the combination of health and social care data and to do this the partnership is implementing 'Tableau' software, a system which allows the bringing together of data from different information systems. It is a highly interactive and visual tool which will help users to access data more easily than they have in the past. Work is

ongoing to ensure the appropriate data sharing and governance arrangements are established to enable 'tiered intelligence' to operate fully.

2.23. A Grampian wide Steering Group has been established to drive forward the implementation of Tableau at scale, with senior leadership and wide representation from all Sectors.

Appendices

A. Analysis of the National Core Suite of Indicators
B. High level locally determined metrics of system-wide performance

3:	Equalities, Financial, Workforce and Other Implications

3.1 Performance monitoring, development and improvement are crucial aspects of business management. The systems which enable data and information sharing are evolving and a significant amount of work is being conducted behind the scenes to implement safe and secure arrangements.

4:	Management of Risk

Identified risk(s):

This links with the following risk identified in the strategic risk register:

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

- There is a risk that the outcomes expected from hosted services are not delivered and that the IJB does not identify non-performance 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.

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

The provision of data, information and intelligence to support performance improvement and governance is crucial. This enables to IJB and committees with the necessary assurance that the Partnership is performing to the highest standards and fulfilling the national outcomes.

Since the last report in spring 2017, the Partnership has committed investment for analytical and intelligence resources, enabling performance reporting to continue and to be developed throughout the Partnership.

5:	Recommendations

It is recommended that the Integration Joint Board:

1. Notes the performance and progress of the partnership against the high level indicators of system-wide performance;

2. Notes the information governance pressures and challenges in sharing operational and performance data within the partnership, and the efforts that are being made achieve this within data protection legislation;

3. Tasks the Head of Strategy and Transformation with reporting performance quarterly over the year; bi-annually to the IJB and bi-annually to the Audit and Performance Systems Committee; and

4. Requests a review of the Performance Framework in response to the review of the National Core Suite of measures undertaken by Sir Harry Burns when this is published.

INTEGRATION JOINT BOARD

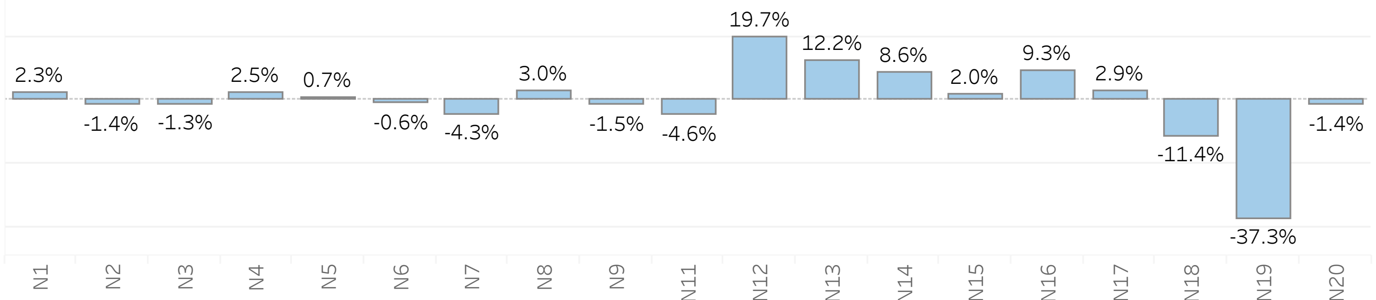
6: Signatures	
[signature]	Judith Proctor (Chief Officer)
[signature]	Alex Stephen (Chief Finance Officer)

Core Suite of Indicators - Headline Performance

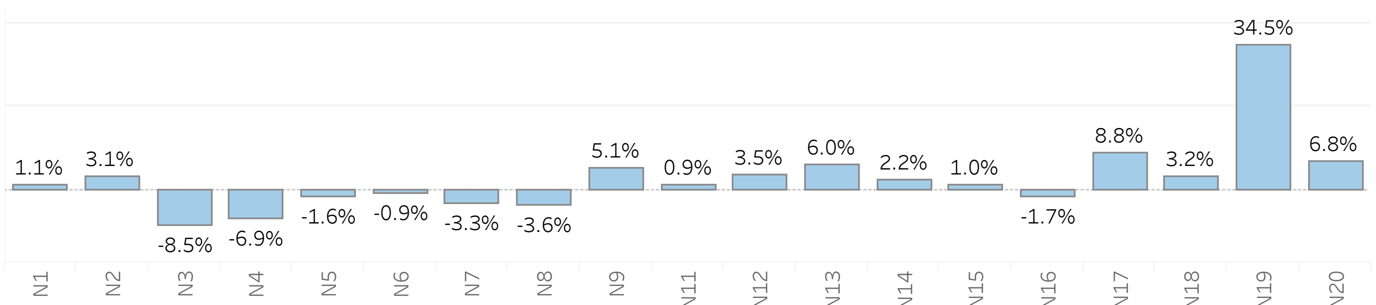
Aberdeen City

Last Update: Sep 2017

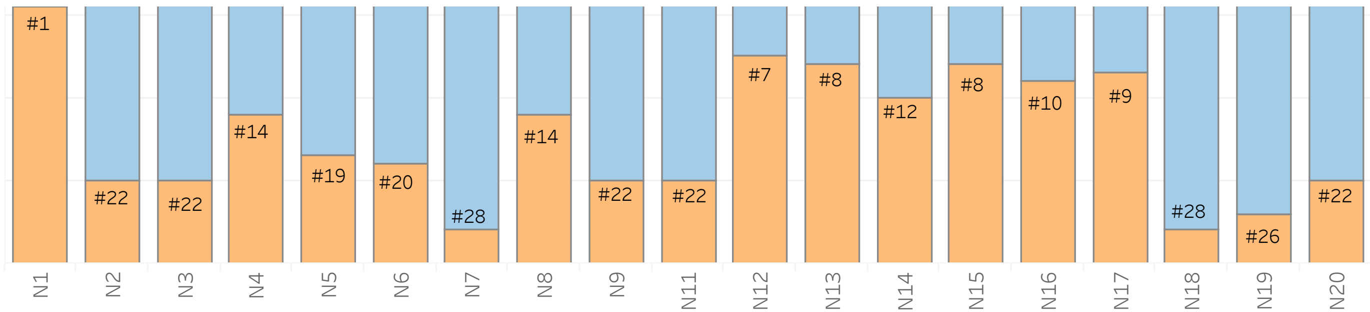
IJB Performance vs Scotland



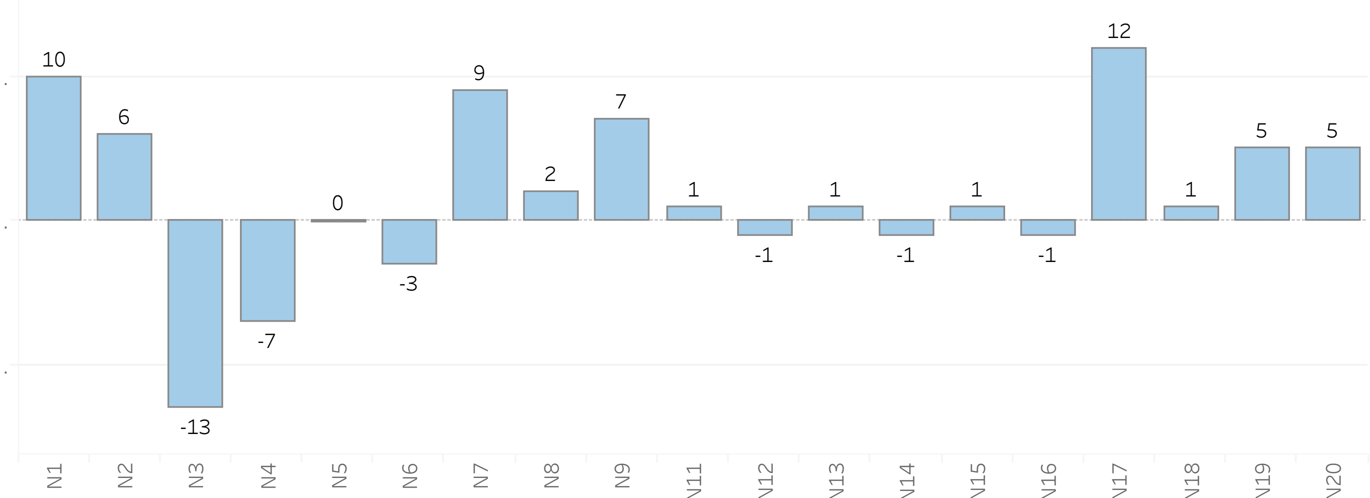
IJB Performance vs Previous Year



IJB Rank from 32 Scottish IJBs



IJB Change in Rank Year On Year



Core Suite of Indicators - Headline Performance - Aberdeen City

Last Update: Sep 2017

IJB Rank from 32 Scottish IJBs

Variable	Variable Name	Rank
N1	Percentage of adults able to look after their health very well or quite well	#1
N12	Emergency admission rate (per 100,000 population)	#7
N13	Emergency bed day rate (per 100,000 population)	#8
N15	Proportion of last 6 months of life spent at home or in a community setting	#8
N17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	#9
N16	Falls rate per 1,000 population aged 65+	#10
N14	Readmission to hospital within 28 days (per 1,000 population)	#12
N4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	#14
N8	Total combined % carers who feel supported to continue in their caring role	#14
N5	Total % of adults receiving any care or support who rated it as excellent or good	#19
N6	Percentage of people with positive experience of the care provided by their GP practice	#20
N11	Premature mortality rate per 100,000 persons	#22
N2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	#22
N20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	#22
N3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	#22
N9	Percentage of adults supported at home who agreed they felt safe	#22
N19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	#26
N18	Percentage of adults with intensive care needs receiving care at home	#28
N7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	#28

IJB Performance vs Previous Year

Variable	Variable Name	Value
N19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	34.5%
N17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	8.8%
N20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	6.8%
N13	Emergency bed day rate (per 100,000 population)	6.0%
N9	Percentage of adults supported at home who agreed they felt safe	5.1%
N12	Emergency admission rate (per 100,000 population)	3.5%
N18	Percentage of adults with intensive care needs receiving care at home	3.2%
N2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	3.1%
N14	Readmission to hospital within 28 days (per 1,000 population)	2.2%
N1	Percentage of adults able to look after their health very well or quite well	1.1%
N15	Proportion of last 6 months of life spent at home or in a community setting	1.0%
N11	Premature mortality rate per 100,000 persons	0.9%
N6	Percentage of people with positive experience of the care provided by their GP practice	-0.9%
N5	Total % of adults receiving any care or support who rated it as excellent or good	-1.6%
N16	Falls rate per 1,000 population aged 65+	-1.7%
N7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	-3.3%
N8	Total combined % carers who feel supported to continue in their caring role	-3.6%
N4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	-6.9%
N3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	-8.5%

IJB Performance vs Scotland

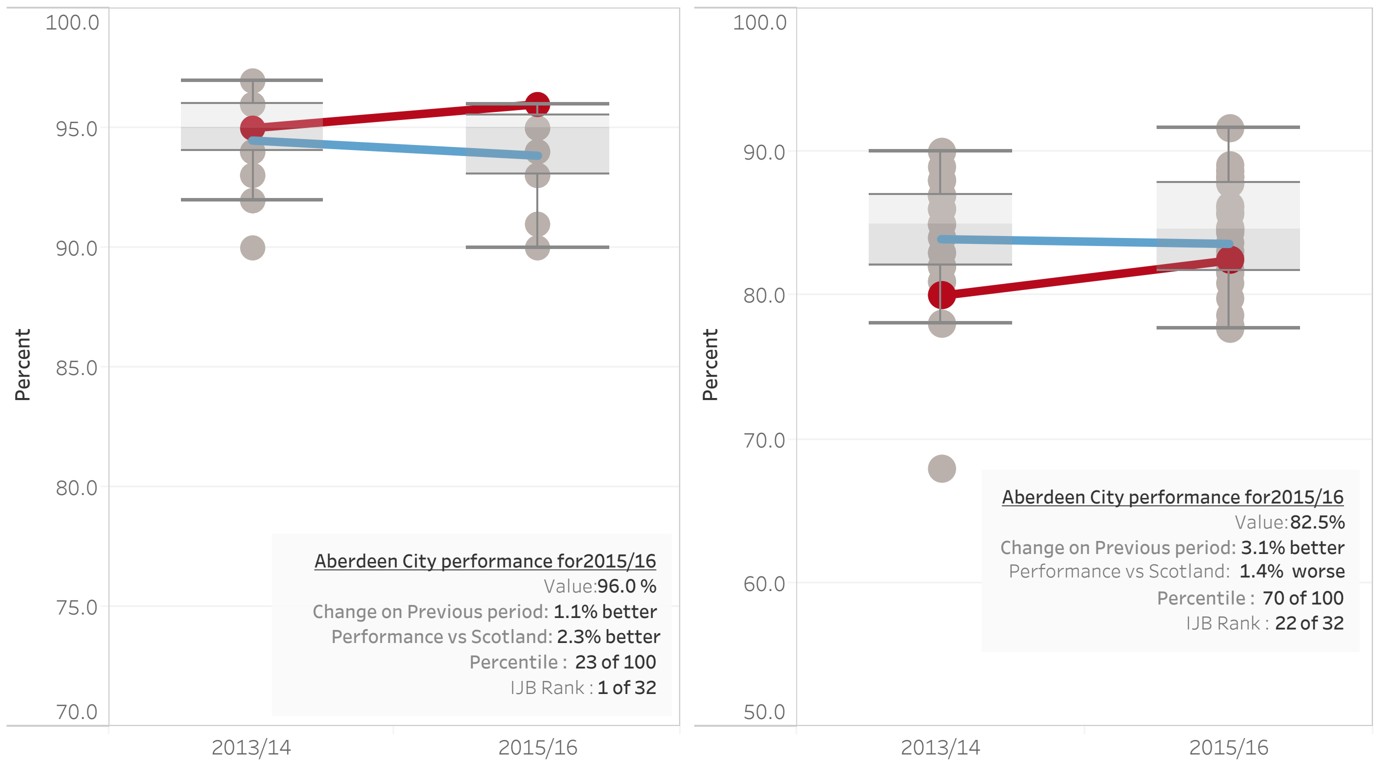
Variable	Variable Name	Value
N12	Emergency admission rate (per 100,000 population)	19.7%
N13	Emergency bed day rate (per 100,000 population)	12.2%
N16	Falls rate per 1,000 population aged 65+	9.3%
N14	Readmission to hospital within 28 days (per 1,000 population)	8.6%
N8	Total combined % carers who feel supported to continue in their caring role	3.0%
N17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	2.9%
N4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	2.5%
N1	Percentage of adults able to look after their health very well or quite well	2.3%
N15	Proportion of last 6 months of life spent at home or in a community setting	2.0%
N5	Total % of adults receiving any care or support who rated it as excellent or good	0.7%
N6	Percentage of people with positive experience of the care provided by their GP practice	-0.6%
N3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	-1.3%
N20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	-1.4%
N2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	-1.4%
N9	Percentage of adults supported at home who agreed they felt safe	-1.5%
N7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	-4.3%
N11	Premature mortality rate per 100,000 persons	-4.6%
N18	Percentage of adults with intensive care needs receiving care at home	-11.4%
N19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	-37.3%

IJB Change in Rank Year On Year

Variable	Variable Name	Value
N17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	12
N1	Percentage of adults able to look after their health very well or quite well	
N7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	9
N9	Percentage of adults supported at home who agreed they felt safe	7
N2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	6
N19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	
N20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	5
N8	Total combined % carers who feel supported to continue in their caring role	2
N11	Premature mortality rate per 100,000 persons	1
N13	Emergency bed day rate (per 100,000 population)	
N15	Proportion of last 6 months of life spent at home or in a community setting	1
N18	Percentage of adults with intensive care needs receiving care at home	1
N5	Total % of adults receiving any care or support who rated it as excellent or good	0
N12	Emergency admission rate (per 100,000 population)	
N14	Readmission to hospital within 28 days (per 1,000 population)	-1
N16	Falls rate per 1,000 population aged 65+	-1
N6	Percentage of people with positive experience of the care provided by their GP practice	-3
N4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	
N3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	-13

Inter Quartile Performance of Aberdeen City Against All Other IJB's

Aberdeen City
Scotland
All Other IJB's



NI.3 - Total % of adults supported at home who agreed that they had a say in how their help, care, or support was provided

Percent

2013/14 | 2015/16

Aberdeen City performance for2015/16
Value:77.8 %
Change on Previous period: 8.5% worse
Performance vs Scotland: 1.3% worse
Percentile : 70 of 100
IJB Rank : 22 of 32

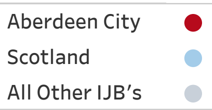
NI.4 - Total % of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated

Percent

2013/14 | 2015/16

Aberdeen City performance for2015/16
Value:77.3 %
Change on Previous period: 6.9% worse
Performance vs Scotland: 2.5% better
Percentile : 43 of 100
IJB Rank : 14 of 32

Inter Quartile Performance of Aberdeen City Against All Other IJB's



NI.5 - Total % of adults receiving any care or support who rated it as excellent or good

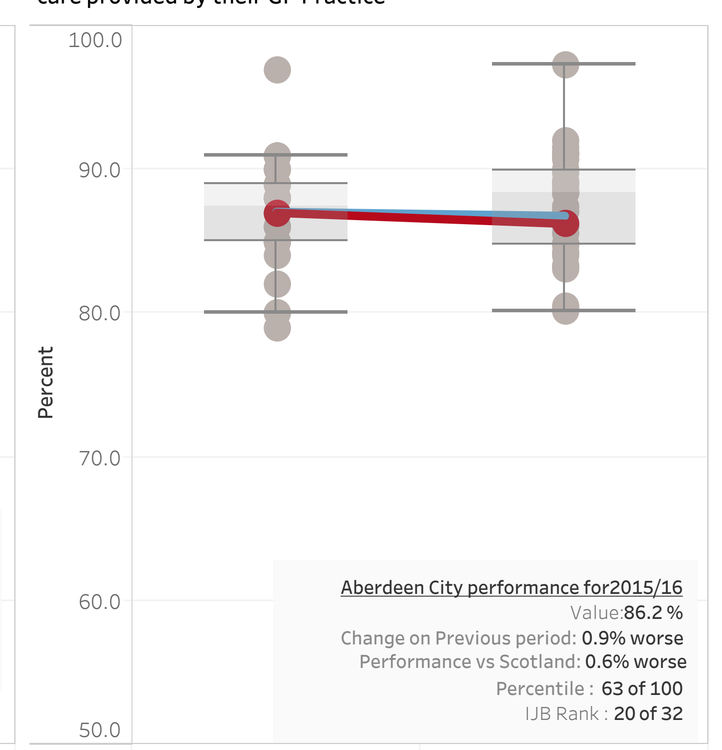
Percent

100.0
90.0
80.0
70.0
60.0
50.0

2013/14
2015/16

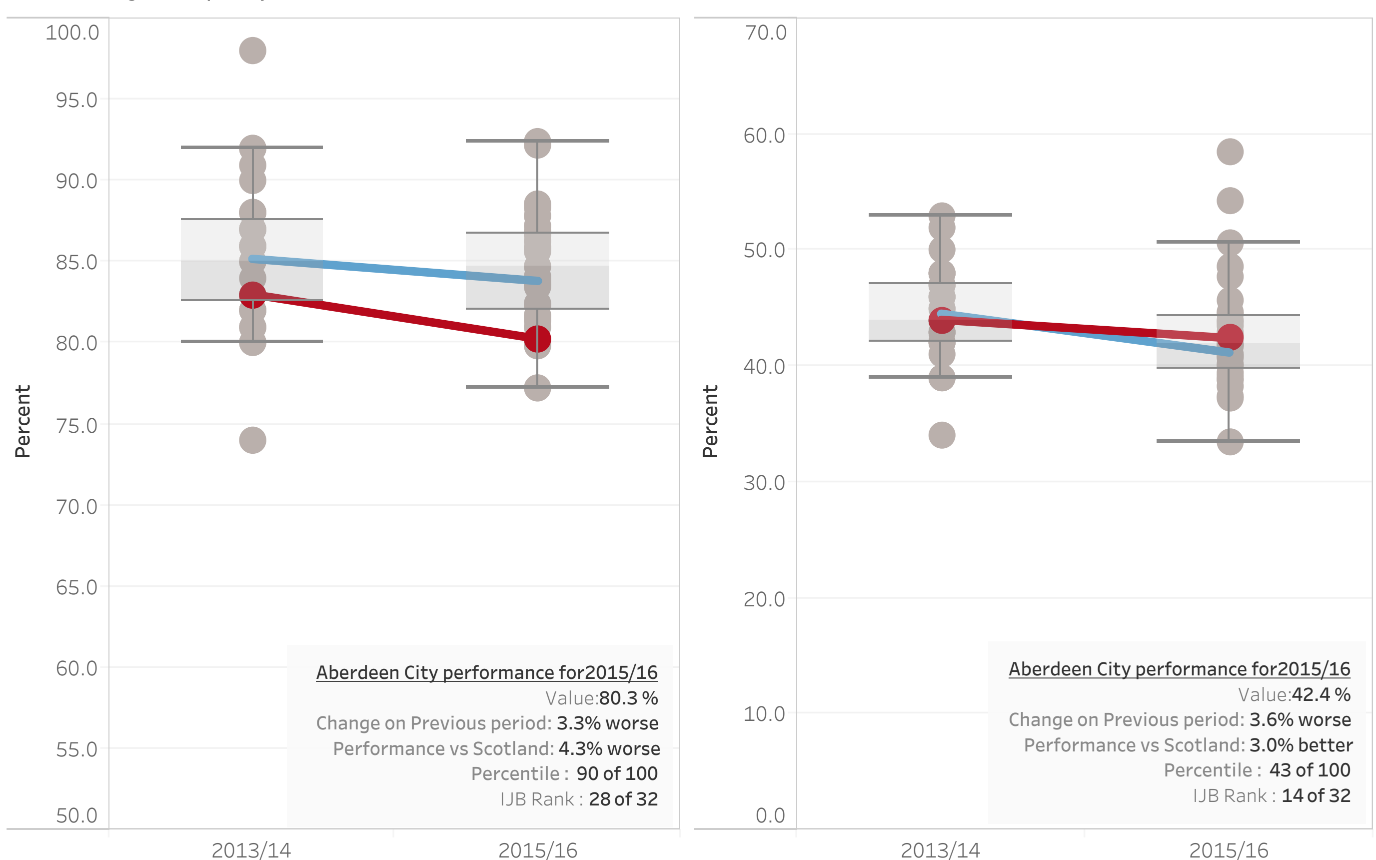
Aberdeen City performance for2015/16
Value:81.6 %
Change on Previous period: 1.6% worse
Performance vs Scotland: 0.7% better
Percentile : 60 of 100
IJB Rank : 19 of 32

NI.6 - Total combined % of people with positive experience of the care provided by their GP Practice



NI.7 - Total combined % adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life

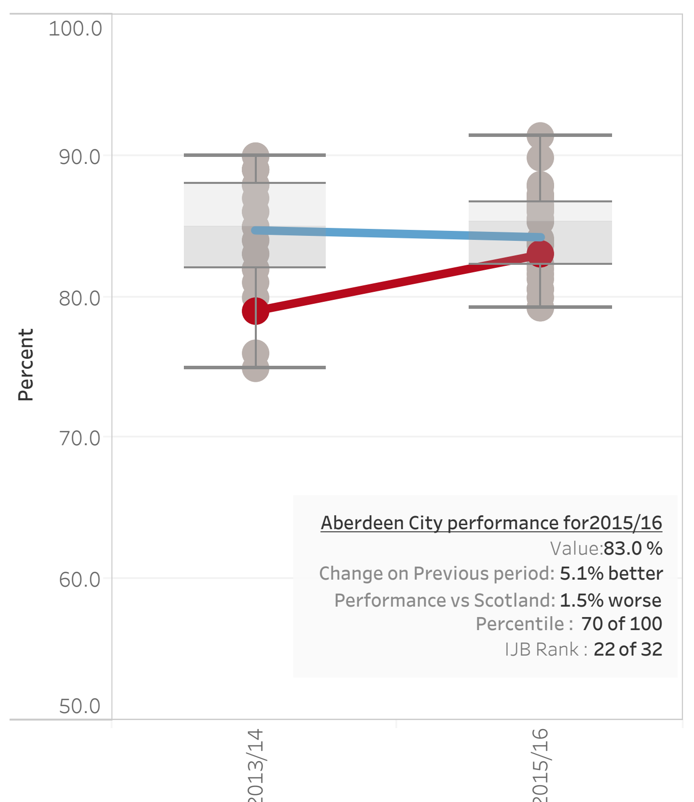
NI.8 - Total combined % carers who feel supported to continue in their caring role



Inter Quartile Performance of Aberdeen City Against All Other IJB’s

Aberdeen City
Scotland
All Other IJB’s

NI.9 - Total combined % adults who agreed they felt safe

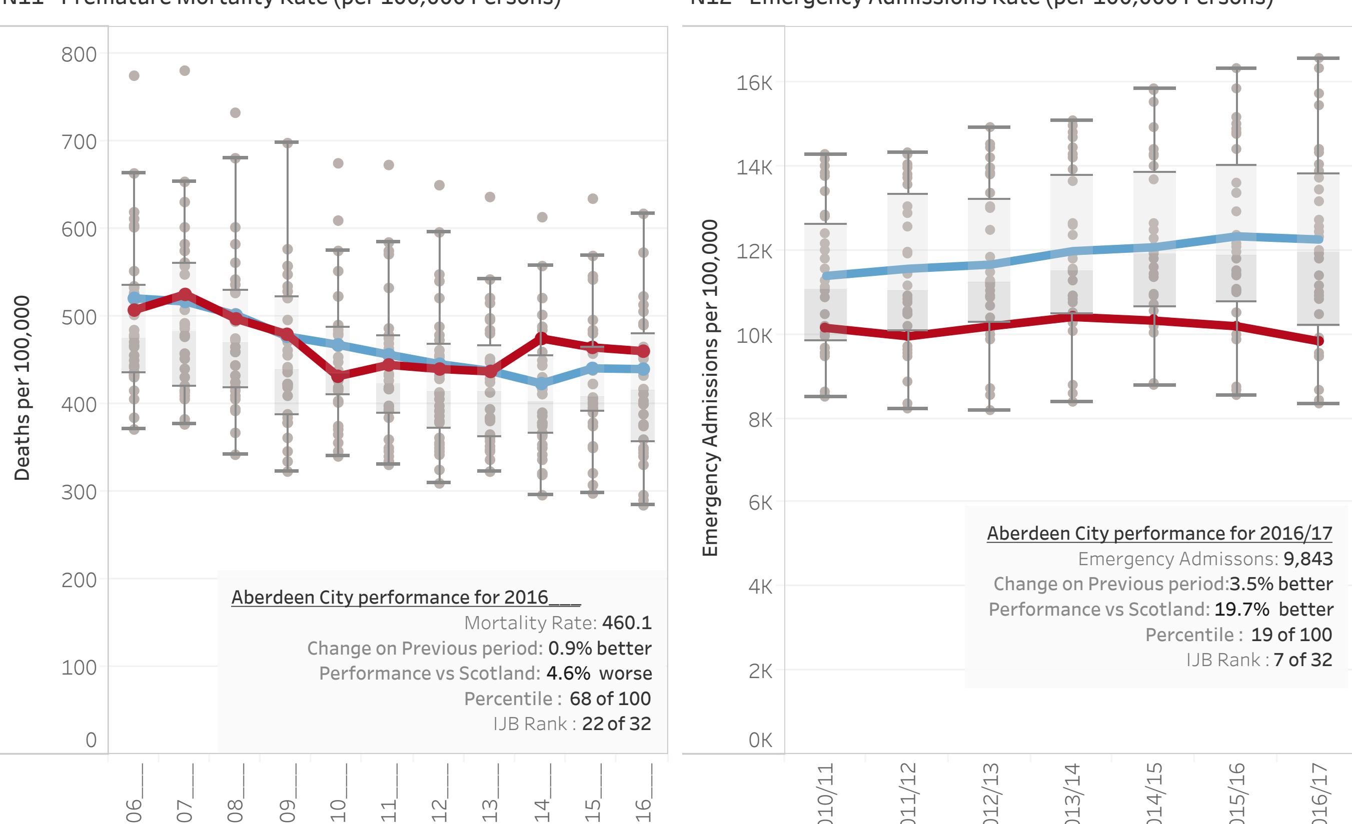


N10 - Percentage of Staf Who Say They Would Reccommend Their Workplace as a Good Place to Work

No Data

N11 - Premature Mortality Rate (per 100,000 Persons)

N12 - Emergency Admissions Rate (per 100,000 Persons)

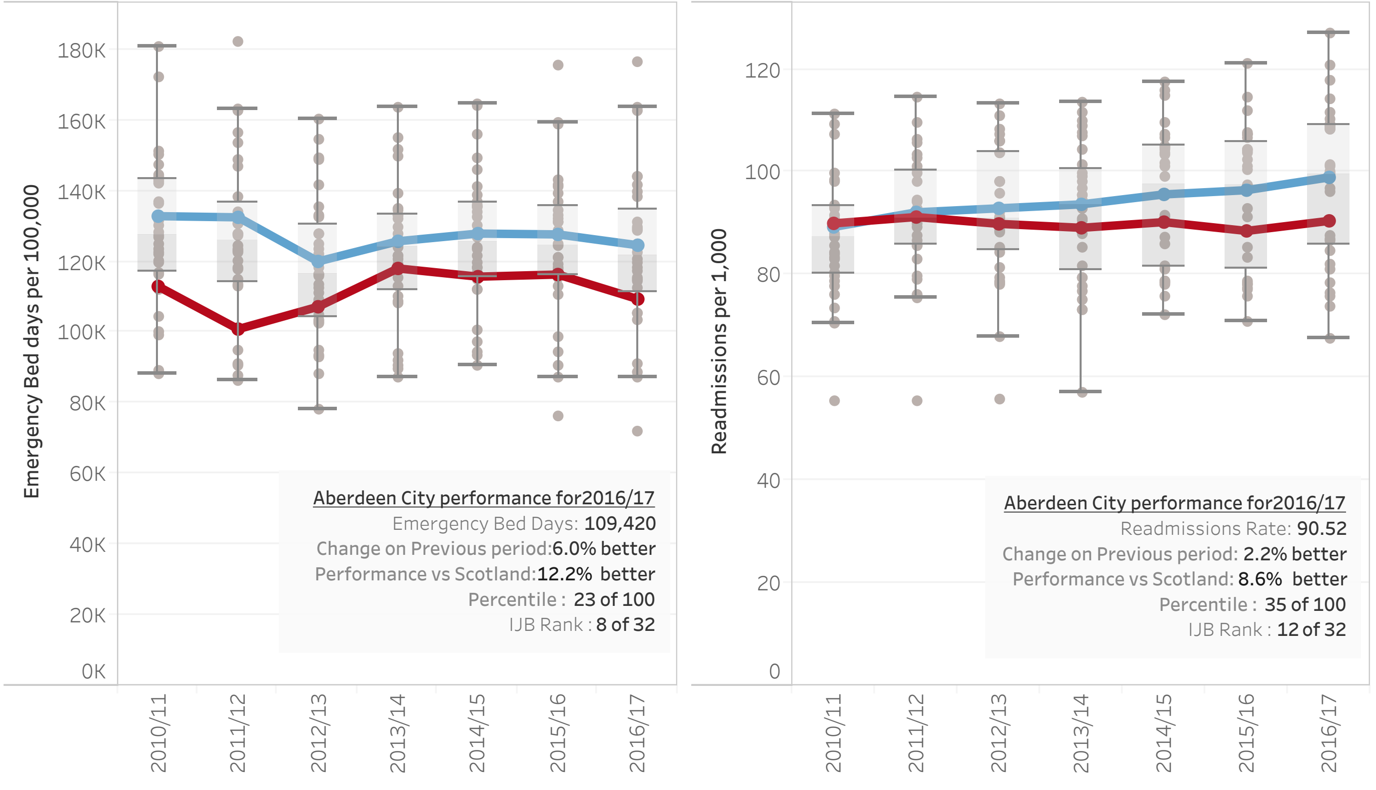


Inter Quartile Performance of Aberdeen City Against All Other IJB’s

Aberdeen City
Scotland
All Other IJB’s

N13 - Emergency Bed day Rate (Per 100,000 Population)

N14 - Readmission Within 28 Days (per 1,000 population)



N15 - Proportion of Last 6 Months of Life Spent at Home or in Community Setting

Percentage of Last 6 Months

100, 95, 90, 85, 80, 75, 70

2011/12, 2012/13, 2013/14, 2014/15, 2015/16, 2016/17

Aberdeen City performance for2016/17
Percentage of Last 6 Months:88.96
Change on Previous period: 1.0% better
Performance vs Scotland: 2.0% better
Percentile : 23 of 100
IJB Rank : 8 of 32

N16 - Falls Rate per 1,000 Population Aged 65+

Falls Rate Per 1,000

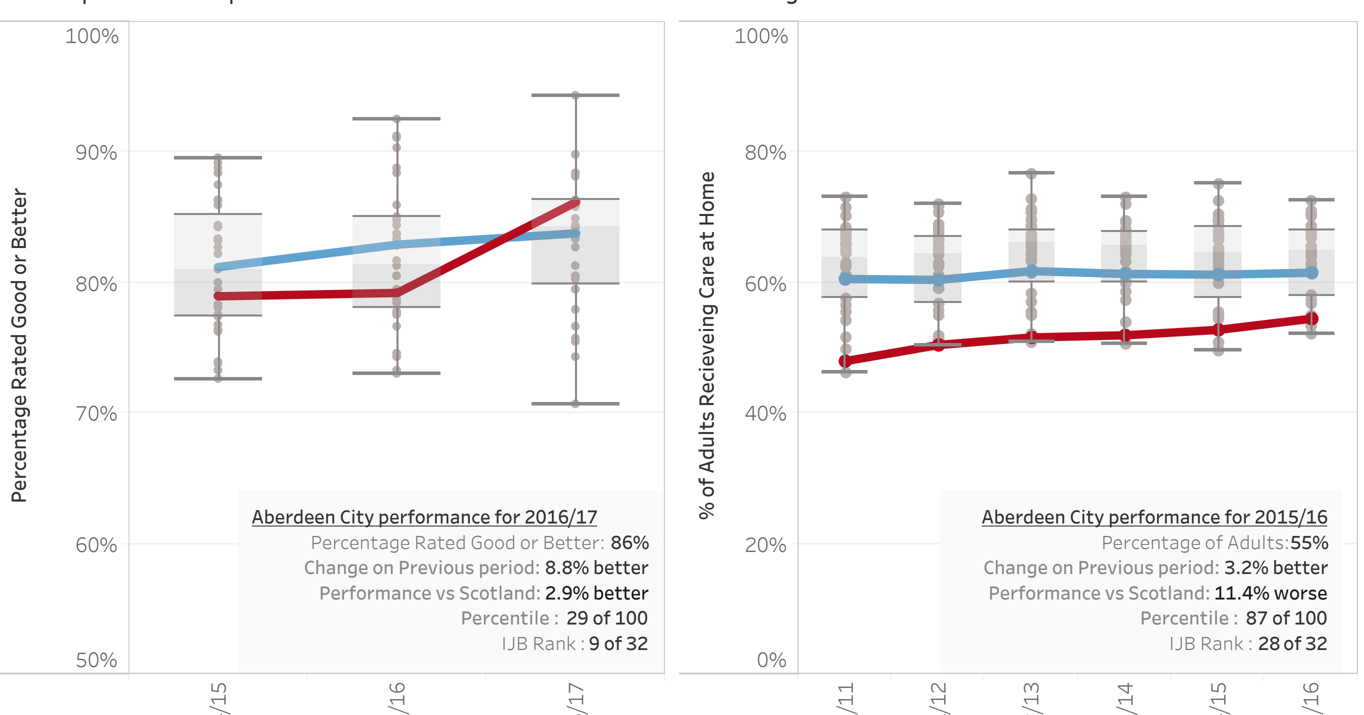
30, 25, 20, 15, 10, 5, 0

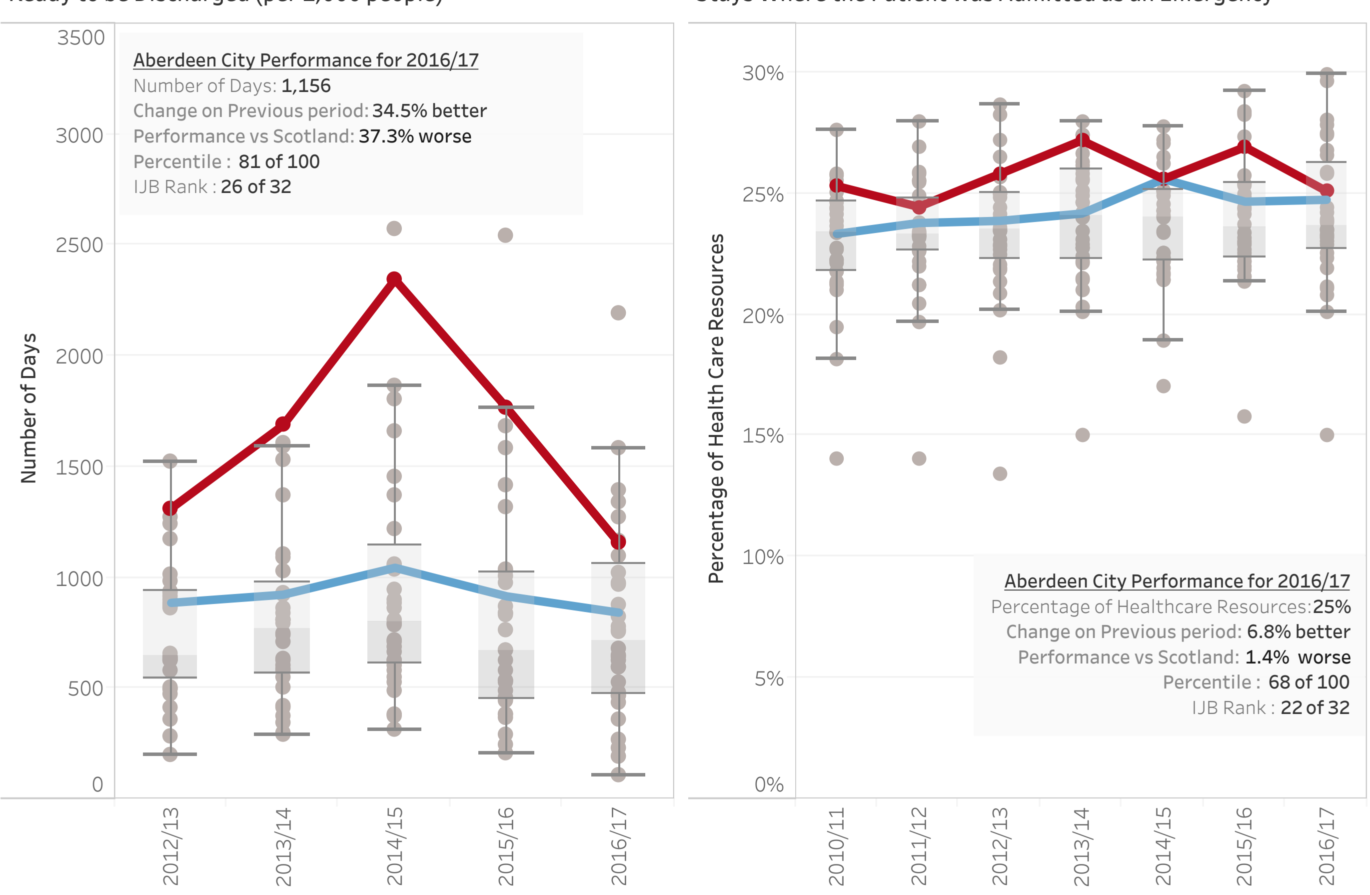
2010/11, 2011/12, 2012/13, 2013/14, 2014/15, 2015/16, 2016/17

Aberdeen City performance for 2016/17
Falls Rate: 19.61
Change on Previous period: 1.7% worse
Performance vs Scotland: 9.3% better
Percentile : 29 of 100
IJB Rank : 10 of 32

Inter Quartile Performance of Aberdeen City Against All Other IJB's

Aberdeen City
Scotland
All Other IJB's





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Summary Table Headline Indicators

Cat	Title	IJB Baseline	Current Position	% Change	Scotland	Latest Period	Trend Points	Updated For This Report	Long Term Trend
Safe	Falls rate per 1,000 population aged 65+ (Annualised)†	19.3	19.6	+1.7%	22	2016/17	7 Annual	Yes	
	Percentage of adults supported at home who agreed they felt safe	83%	83%	NA	84%	2015/16	2 Biennial	No	
	Number of new referrals to initial investigation under adult protection	106	70	-34.0%	-	20117/18 Q1	8 Quarters	Yes	
	Percentage of social care complaints responded to in time*	62%	78%	+25.8%	-	20117/18 Q1	8 Quarters	Yes	
	Number of NHS complaints and % responded to in time	104 (76.0%)	106 (70.8%)	-6.9%	-	2016/17	4 Annual	No	
Well Led	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	77%	77%	NA	75%	2015/16	2 Biennial	No	
	Average number of days to sickness lost per employee in social care (rolling 12 months)*	11.6	12.9	+11.2%	-	Jun-17	Monthly Rolling 12	Yes	
	Average percentage of work hours per month lost to sickness absence - NHS staff	5.0%	4.5%	-10.5%	5%	2017/18 Q1	8 Quarters	Yes	
Effective	Premature mortality rate per 100,000 persons*	464	460	-.9%	441	2016	7 Annual	Yes	
	Emergency admission rate (per 100,000 population, Annualised)	9,977	9,843	-1.4%	12,265	2016/17	7 Annual	Yes	
	Emergency bed day rate (per 100,000 population Annualised)	116,372	109,420	-6.0%	124,663	2016/17	7 Annual	Yes	
	Readmission to hospital within 28 days (per 1,000 population Annualised)	88.6	90.5	+2.2%	99	2016/17	7 Annual	Yes	
	Total % of adults receiving any care or support who rated it as excellent or good	82%	82%	NA	81%	2015/16	2 Biennial	No	
	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23.5%	23.1%	-1.9%	23%	2016/17	7Annual	Yes	
	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections*	79%	79%	NA	83%	2015/16	2 Annual	No	
	Number alcohol brief interventions	894	617	-31.0%	-	2017/18 Q2	8 Quarters	Yes	
Responsive	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	82%	82%	NA	84%	2015/16	2 Biennial	No	
	Total combined % carers who feel supported to continue in their caring role	42%	42%	NA	41%	2015/16	2 Biennial	No	
	Percentage of adults with intensive care needs receiving care at home	55%	55%	NA	62%	2016/17	5 Annual	No	
	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) 75+ only	1,765	1,156	-34.5%	915	2016/17	5 Annual	No	
	Number of delayed discharges per month at census. Standard and Code 9.	86	47	-45.3%	-	Aug-17	12 Monthly	Yes	
	Number and proportion of eligible people taking up self directed support	227 (6.9%)	286 (10.0%)	+42.9%	-	Jun-17	3 Quarterly	Yes	
	Number of unmet social care hours	1878	1462	-22.2%	-	2016/17 Q4	4 Quarterly	TBC	
Caring	Percentage of adults able to look after their health very well or quite well	96%	96%	NA	94%	2015/16	2 Biennial	No	
	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	78%	78%	NA	79%	2015/16	2 Biennial	No	
	Percentage of people with positive experience of the care provided by their GP practice	86%	86%	NA	87%	2015/16	2 Biennial	No	
	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	80%	80%	NA	84%	2015/16	2 Biennial	No	
	Proportion of last 6 months of life spent at home or in a community setting†	88.1%	89.0%	+1.0%	87%	2016/17	7 Annual	No	

* Latest information available is before current period

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Aberdeen City Health & Social Care Partnership
A caring partnership

Integration Joint Board

Report Title	Carers Strategy – A Life Alongside Caring
Lead Officer	Sally Shaw, Head of Strategy and Transformation
Report Author	Alison MacLeod, Lead Strategy and Performance Manager
Report Number	HSCP/17/082
Date of Report	16th October 2017
Date of Meeting	31st October 2017

1: Purpose of the Report

1.1. The purpose of this report is to seek the IJB's approval of the draft Carer's Strategy – 'A Life Alongside Caring' attached as an appendix as it relates to Adult Carers. Following IJB approval, the strategy will be the subject of public consultation across our sectors, localities and stakeholders.

1.2. The finalised strategy will be brought back to the IJB on 30th January 2018 for final approval before going to Aberdeen City Council for noting (given the duty the Carers (Scotland) Act 2016 places Councils under) and full publication by 1st April 2018. The strategy will also go to the Integrated Children's Services Committee for their approval of the Young Carers aspects.

2: Summary of Key Information

2.1. On 1st April 2018 The Carers (Scotland) Act 2016 (the "2016 Act") comes into effect. The Act extends and enhances the rights of Carers in Scotland to help improve their health and wellbeing so that they can continue to care, if they so wish, and have a life alongside caring.

2.2. The 2016 Act places a duty on local authorities and health boards to prepare a local Carers Strategy covering both adults and young carers. Aberdeen's strategy will consequently encompass all ages and work is ongoing to ensure that the final document relates equally to young carers as it does to adult carers. The finalised strategy will include an

Action Plan detailing the actions to be undertaken, the resources required, how we will know it is working, the timescale and who is responsible.

2.3. The draft strategy attached sets out how the Aberdeen City Health and Social Care Partnership and the Integrated Children's Services Partnership within the city intend to deliver the requirements of the 2016 Act particularly in relation to identifying both adult and young carers, understanding the care that they provide and their support needs, and providing comprehensive and easily accessible information on the type of support available as well as how and where to get it.

2.4. The 2016 Act describes requirements for Local Carer Strategies to cover the following: -

- Plans for identifying relevant carers and obtaining information about the care they provide.
- Assessment of demand
- Support available
- The extent to which demand for support is currently not being met.
- Plans for support
- Plans to help with emergency arrangements
- An assessment of the extent to which support may reduce impact on health and wellbeing
- Intended timescales for preparing adult carer support plans and young carers statements
- Other appropriate information
- Information relating to the particular needs and circumstances of Young carers

2.5. In addition Local Carer Strategies must: -

- Have regard to:-
  - ➢ National health and wellbeing outcomes
  - ➢ Integration functions relevant to carers (set out in Strategic Plan)
  - ➢ Various sections of the Children and Young People (Scotland)

Act 2014 and the principles of GIRFEC
  - Any other local or national plans
- Have undergone consultation with appropriate people and bodies
- Involve relevant carers
- Be published and reviewed (within 3 years)

2.6. The development of this strategy was co-ordinated by a Steering Group with representatives from the partnership, Integrated Children's Services, third and independent sectors, and carer representatives. It was informed by the output from various workshops, a programme of Carers Conversations and the work of various sub groups of the Steering Group looking at the different requirements of the legislation.

2.7. The Carers Conversations programme had a number of parts including:

- A large-scale event for Carer Organisations
- A large-scale public 'drop-in' event for Carers
- A survey consultation including the City Voice survey and a 'Carers Conversation' questionnaire
- Formal and informal Carers conversations – attending carers meetings; 1:1 conversations and group conversations.

2.8. It is estimated that approximately 1000 carers were able to provide their views on what is important to them.

2.9. These consultation and engagement activities were valuable sources of information and it is intended that similar events will be repeated throughout the lifespan of this strategy to test how we are doing with its implementation and provide an opportunity to revise activity if necessary.

3:	Equalities, Financial, Workforce and Other Implications

Financial Implications

3.1. Further discussions and consideration need to be undertaken in respect of the Carers Strategy to understand the increased demand and the cost

pressures this will bring. A critical aspect of these discussions will be the Eligibility Criteria that is set for carers receiving support. A sub group of the Carers Strategy Steering Group is considering what Eligibility Criteria is appropriate to meet our legislative obligations as well as being affordable. Their findings will inform the final strategy put forward for approval in January 2018. It is understood that funding will be available through the financial settlement for the implementation of the Carers Strategy and it is anticipated that this will be known by December 2017.

Equalities Implications

3.2. An Equalities & Human Rights Impact Assessment will be completed in respect of the final strategy.

Workforce Implications

3.3. The Carers (Scotland) 2016 Act brings a number of new and different obligations for staff. Dedicated resource will be made available to ensure the Act is implemented. Appropriate information and training will be given to all staff along with revised tools and processes.

Legal Implications

3.4. The Integration Scheme will need to be amended by Aberdeen City Council and NHS Grampian so that the duties under the Carers (Scotland) 2016 Act can be formally delegated to the IJB. The statutory review process of the integration Scheme includes a consultation period.

4:	Management of Risk

Identified risk(s): 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

Link to risk number on strategic or operational risk register:

Strategic Risk Register #7.

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

Integration Joint Board

The Carers Strategy – A Life Alongside Caring ensures the IJB will meet the Partners legislative duties under the Carers (Scotland) Act 2016.

5:	Recommendations for Action

It is recommended that the Integration Joint Board:

1. Instruct the Chief Officer to issue the draft Carers Strategy – A Life Alongside Caring for wider public consultation.

2. Instruct the Chief Officer to bring the final version of the Carers Strategy – A Life Alongside Caring to the IJB on 30th January 2018 for approval.

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

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Aberdeen City Health and Social Care Strategy for Carers

(2018 – 2021)

A Life Along-side Caring

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1. Introduction

On 1st April 2018 the Carers (Scotland) Act 2016 comes into effect. The Act extends and enhances the rights of carers in Scotland. This is to help improve their health and wellbeing so that they can continue to care, if they so wish, and support their ability to have a life alongside caring.

The Act places a duty on local authorities and health boards to prepare a local Carers Strategy covering both adults and young carers. Aberdeen's strategy consequently encompasses all ages and relates equally to young carers as it does to adult carers. The strategy sets out how the Aberdeen City Health and Social Care Partnership (ACH&SCP) and the Integrated Children's Services Partnership (ICSP) intends to deliver the requirements of the Act particularly in relation to: -

- identifying both adult and young carers,
- understanding the care that they provide and their support needs,
- providing comprehensive and easily accessible information on the type of support available as well as how and where to get it.

The role of unpaid carers is highly valued. One of the priorities of ACH&SCP's Strategic Plan is to: -

"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."

The AH&SCP is committed to delivering on the nine National Health and Wellbeing Outcomes. Outcome six is: -

"People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing."

The Partnership's commitment is that the significant role of unpaid carers will be recognised, that their views will be included, that their health and wellbeing will be nurtured and the impact of their carer role on their everyday lives reduced.

The development of this strategy was co-ordinated by a Steering Group with representatives from the AH&SCP, the ICSP, third and independent sectors, and carer representatives. It was informed by the output from various workshops, a Carers Conversation programme, and the work of various sub groups of the Steering Group looking at the different requirements of the legislation. Following consultation with relevant stakeholders, the strategy was approved by the Integration Joint Board (IJB) on XX, XXXX, XXXX and the Integrated Children's Services Board (ICSB) on

XX, XXXX, XXXX. It will be published on the AH&SCP's and the ICSP's websites and will be reviewed and refreshed in three years' time. Delivery of the strategy will be overseen by a Carer's Strategy Implementation Group (CSIG).

2. Legislative Changes

There are 4 key legislative 'drivers' which significantly change the way in which we work with carers:

a) Social Care (Self-directed Support) (Scotland) Act 2013,
b) Public Bodies (Joint Working) (Scotland) Act 2014,
c) Children and Young Peoples (Scotland) Act 2014.
d) Carers (Scotland) Act 2016

a) Social Care (Self-directed Support) (Scotland) Act 2013

The Social Care (Self-directed Support) (Scotland) Act 2013 (SDS), gives people a range of options for how their social care is delivered, and empowers them to decide how much ongoing control and responsibility they want over their own support arrangements. The Act places a duty to offer people four choices as to how they receive their social care support. The choices are:

- **Option 1 -** Direct Payments i.e. money is paid directly to the individual and they arrange their own support by employing care staff or buying services from one or more organisations.
- **Option 2 -** Individual Service Fund i.e. the individual selects the support they require and either the local authority or a third party arranges it. Payment is arranged by the local authority.
- **Option 3 –** Local authority arranged care i.e. the individual asks the local authority to choose and arrange the support they require.
- **Option 4 -** A mix of options 1, 2 and 3.

The Act contains some other duties and powers, for example, a power to support carers and a duty to provide support and information to help individuals make an informed choice.

Carers may be asked to get involved with helping the cared-for person decide what kind of support they want and what option they choose. They may also be asked to

ensure that the support they get works for both the carer and the cared-for person and that it complements the care provide by the carer. If an Adult Carer's Support Plan (ACSP) or Young Carer's Statement (YCS) indicates that support for the carer is required, they should also be offered the 4 options under SDS for the provision of that support.

b) Public Bodies (Joint Working) (Scotland) Act 2014

The Public Bodies (Joint Working) (Scotland) Act 2014 provided the framework for integrating health and social care services.

ACH&SCP was established on 1 April 2016. The main purpose of this integration is to improve the wellbeing and outcomes of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. One of the high priorities of the ACH&SCP's Strategic Plan, is to improve outcomes for, and the lives of, carers. Following an open and transparent process there are two carers who are now members of the IJB, demonstrating the partnership's commitment to carers. Aberdeen was one of the first Partnerships to make such appointments in Scotland.

Our challenge is that for both the carer and the cared-for person, we are able to evidence how our integrated services will provide them with an improved quality of experience. This is likely to have to be achieved at a time of severe pressure on resources.

c) Children and Young People (Scotland) Act 2014

The Children & Young People (Scotland) Act 2014 became law on 27 March, 2014 and contains several changes to how children and young people in Scotland are cared for. The key principles of the Act aim to strengthen the rights of children and young people in Scotland and encourage Scottish Ministers and Public Bodies to think about these rights and how they relate to their work. The Act has also created new systems to support children and young people and to help identify any problems at an early stage, rather than waiting until a child or young person reaches crisis point. It also: -

•increases the powers of Scotland's Commissioner for Children and Young People

•makes changes to early learning and childcare

•provides extra help for looked after children and young people in care

•provides free school dinners for children in Primary 1-3.

d) Carers (Scotland) Act 2016

This Act will come into effect from April 2018 and aims to give carers and young carers new rights, while bringing together all the rights carers currently have, under one piece of legislation.

Importantly, the Act brings changes to how carers can access support through 'Adult Carer Support Plans and Young Carers Statements. Under previous legislation, a carer had to provide 'regular and substantial' care in order to access a support plan. This has been removed and all carers will be entitled to one, if they want one. Additionally, the new act requires a focus on assessing the needs of the carer separately from the needs of the cared-for individual.

The Act also brings a range of new duties and powers:

Adult Carer Support Plans & Young Carers Statements	These plans will replace carers' assessments and consider a range of areas that impact on a carer. Young Carer statements must also be produced.
Eligibility Criteria	Eligibility criteria for access to social care services for carers must be published. However, not all support offered to carers will be subject to the criteria.
Carer Involvement	Carers must be involved in both the development of carers services and in the hospital discharge processes for the people they care for.
Local Carers Strategies	Local Carers' strategies, such as this one, must be produced and reviewed within a set period.
Information and Advice	An information and advice service must be provided for relevant carers, with information and advice about rights, advocacy, health and wellbeing (amongst others)
Short Breaks Statements	To prepare and publish a statement on short breaks available in Scotland for carers and cared for persons.

3. Consultation and Engagement

In order to inform the development of the Strategy and its Action Plan, we have sought the views of carers across Aberdeen. The Carers Strategy Steering Group itself is made up of a number of representatives from ACH&SCP, third sector, the independent sector and carers themselves.

In addition we have spoken to many carers throughout the City through a programme of ‘Carers Conversations’. This programme had a number of parts including:

- A large-scale event for Carer Organisations
- A large-scale public ‘drop-in’ event for carers
- Survey consultation including the City Voice survey and a ‘Carers Conversation’ questionnaire developed by the group
- Formal and informal carer’s conversations – attending carers meetings; 1:1 conversations and group conversations.

It is estimated that approximately 1000 carers were able to provide their views on what is important to them in this way.

These consultation and engagement activities were valuable sources of information and it is intended that similar events will be repeated throughout the lifespan of this strategy to test how we are doing with its implementation and provide an opportunity to revise if necessary.

4. Vision, Principles and Values

We recognise that our services across health, social care, third and independent sectors need to better support people in a caring role including, in some areas, improving practices and culture. Without carers our health and social care ‘system’ could not survive.

The focus of Aberdeen City Health and Social Care Partnership is on support in localities, rather than institutional care; increased personalisation of services and choices; and working to improve the outcomes for carers.

Vision

Caring is recognised for its vital contribution. Organisations communities and citizens work together to ensure that carers in Aberdeen are fully valued, respected and supported.

Principles

Under-pinning the vision and values stated throughout this strategy, are the ‘Equal Partners in Care’ (EPIC) Principles:

- Carers are identified.
- Carers are supported and empowered to manage their caring role.
- Carers are enabled to have a life outside of caring.
- Carers are fully engaged in the planning and shaping of services.
- Carers are free from disadvantage or discrimination relating to their role.
- Carers are recognised and valued as equal partners in care.

V A L U E S	• Equality of Access • High Quality • Collaboration • Integration • Localisation

STRATEGY	• Identify all those with a caring role in Aberdeen City (even those who may not see themselves as carers). (EPIC 1) • Meaningfully engage on an ongoing basis with carers. (EPIC 2) • Support carers to maintain their health and wellbeing. (EPIC 3 & 5) • Increase the profile of carers and the recognition of their unique contribution. (EPIC 4) • Further develop our staff to increase carer support. (EPIC 2) • Ensure Aberdeen becomes the most ‘Carer Positive’ City in Scotland.

We want Carers in Aberdeen City to be able to say:

“I was supported to identify as a carer and was able to access the information I needed”

“I am respected, listened to and involved in planning the services and support the person I care for receives”

“I am fully supported, as a carer, to manage my caring role”

“I am supported to have a life alongside caring, if I choose to do so”

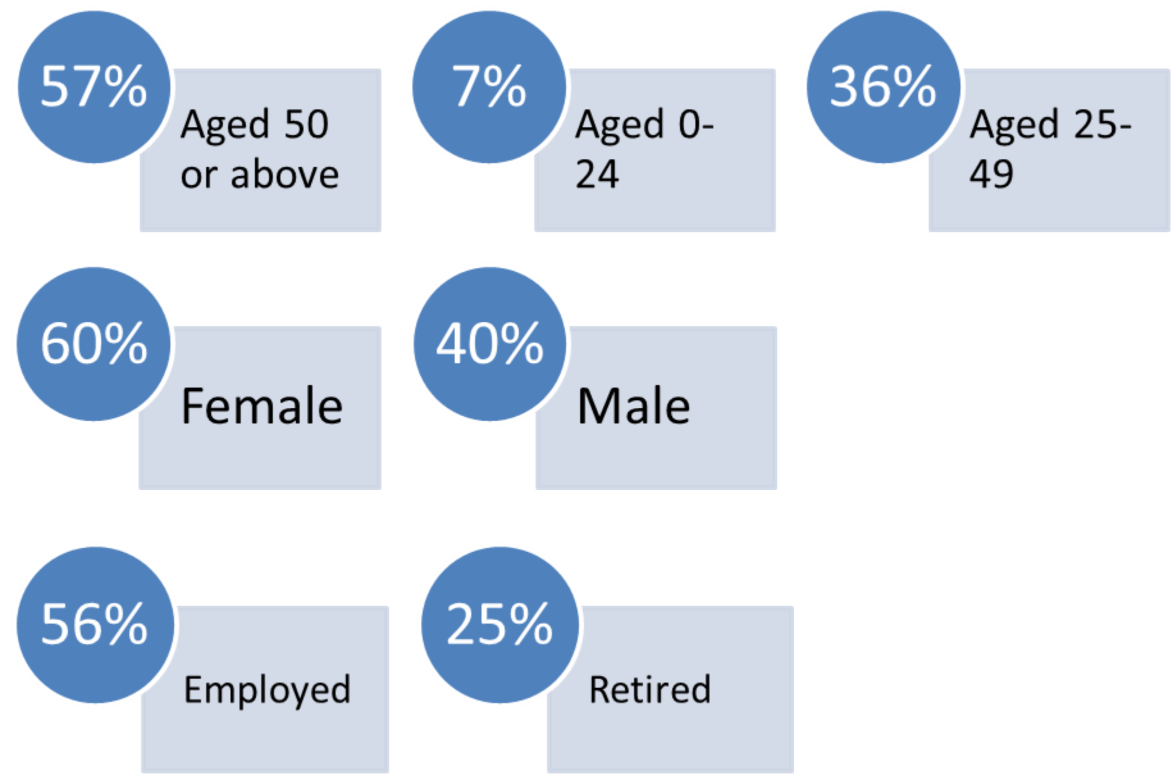
5. Who is a carer?

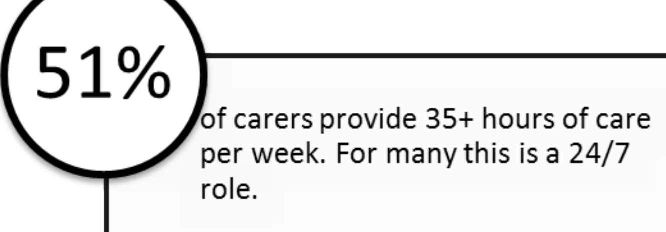
The Carers (Scotland) Act 2016 defines a carer as: -

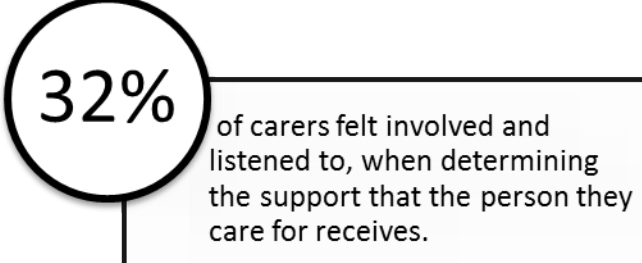
> *"an individual who provides or intends to provide care for another individual (the "cared-for person")"*
>
> *A "Young Carer" is someone who is under the age of 18, or over 18 but still at school.*
>
> *An "Adult Carer" is someone who is 18 years old or over and not a Young Carer.*

The "cared-for person" can often be a family member, friend or neighbour. A carer can be any age; employed, in education or neither; and they can have other responsibilities in terms of family to look after. They can provide care for a few hours a week or 24/7; the care they provide can be light touch or intensive. Some carers have to care for more than one person, which presents unique challenges. They may have had a caring role their whole life or it may be for only a short time. The people they care for can also be young or old and have a range of care needs from help with getting out and about to end of life care. Many people providing care do not see themselves as a 'carer'. They are first and foremost a husband, wife, son, daughter, friend, etc. who is undertaking acts of kindness, perhaps sometimes seen as duty, for their loved one. For the purposes of the legislation and this strategy these people are defined as "carers".

Carer Profile Aberdeen City







Carer’s Stories

“I was at school when my father had his first heart attack. I remember being very unsure as to what was really happening. Going to school and not knowing how to express how I felt and how to handle the instability of the future. It was equally difficult as my mum was upset. I had never witnessed my mum upset before. In many ways I felt I had to lie to my mum and play down what was happening so she wouldn’t worry so much. This led her to believe I wasn’t as concerned about my father as I should be.

As an adult I am better equipped to deal with these emotions and circumstances.

My daily routine consists of going to work full time. During my break at work I will call my father and see how he is. I tend to see my father about 4 times a week. I am extremely active in my community and attend various meetings. I have learned to juggle my time to fit caring for my father, working and attending meetings. There’s always a constant worry if you hear the telephone ring and it’s late at night or an unknown number as your first thought is that something is wrong with dad. I have very little time to attend social activities with friends as dad comes first. If I do attend anything I try and bring him along too.

I like him enjoying an evening even if it’s only for an hour or so. Positively it’s enabled me to be more understanding of the struggles that people go through and it’s made me a more caring and non-judgmental person. Even though I have had to juggle time and put my caring role first there are many positive sides to caring. It can provide you with a whole host of knowledge and in fairness I’ve never met a better chess player than my dad! Caring is not an easy job. You will be tired, stressed, worried, unsure, and anxious at times too but there is help at hand. If you feel this way you need to tell someone so support can be provided.”

My husband was diagnosed with Alzheimer's and vascular dementia over 18 months ago following over a year of noticing changes.

He thinks he is still capable of most things but can no longer work the microwave which he has been using for years. The intruder alarm is now also a problem and other everyday things. It seems that number order is a problem along with his memory for names and places.

For me it is extremely difficult to leave him because of these things and the fact that he wants to be with me all the time. Also, recently we have entered the realms of delusion and I fear for what might happen if he was alone or out. These experiences really frighten me.

When this came into our lives I was already extremely exhausted with caring for my elderly mother and family with health problems. On top of these I am now feeling grief as bits of my husband's –of 53 years – character which made me love him are fading as he changes. I love him deeply and the changes hurt. I am depressed and frightened for the future as I do not know how I will cope without help. He can do many things including driving and does not believe he has any problem whereas I am losing such a lot of my life. And not just the luxuries! I stopped having coffees with a couple of friends as he didn't want me to go. I have forgotten what it is like to look around a shop. Now, I badly need new underwear!! I REALLY need quiet time and I cannot get it.

We have a small group of friends and as he doesn't feel there is anything wrong I can hardly ask them to amuse him. He would wonder what was going on. It all sounds and feels so bad, but when the moments come when he lets me help with tasks like tablets or injections or trusts my word on his doubts or delusions it is wonderful."

Cara's mum has a long history of poor mental health. Cara (14) is increasingly taking the role of a young carer due to mum's poor health both physically and emotionally. She can present as mature but it can be a pseudo- maturity as she will often revert to being "young" when mum's mental health is good. She has had several house and school moves and has fallen behind with education due to this.

Cara is socially isolated and is increasingly using social media. Mum has a lack of awareness of internet safety and there is concerns regarding inappropriate TV programmes on Netflix.

This is what Cara says: -

'Being a young carer is like role reversal – parenting a parent. I have to remind my mum to take her medication or to eat breakfast. It is a stressful complicated life. I want to go out with my friends but I can't because I am too worried about something happening at home.

One day my French teacher was very cross at me after I had been up all night with my mum and I found it hard to concentrate in class.   I usually love French but all I wanted to do was go home and check up on my mum. It was the longest day. All I did was worry about my mum. I stopped going to French class after that.'

6. How many people are carers?

It's difficult to estimate the numbers of carers for a number of reasons including

Caring activities can often be seen as just a part of the relationship and the term 'carer' can seem alien to people.	Caring often starts at a low intensity so can go unnoticed.	Accepting the identity of carer means acknowledging the other person needs care, which can be difficult.	There may be a general lack of awareness of the role of a carer

The Scottish Health Survey (SHeS) estimates that there are 759,000 adult carers and 29,000 young carers (under the age of 16) in Scotland.

These individuals are critical to health & social care in Scotland, as the estimated value of the care provided is huge and nearly the equivalent of the entire NHS Scotland budget[1]:

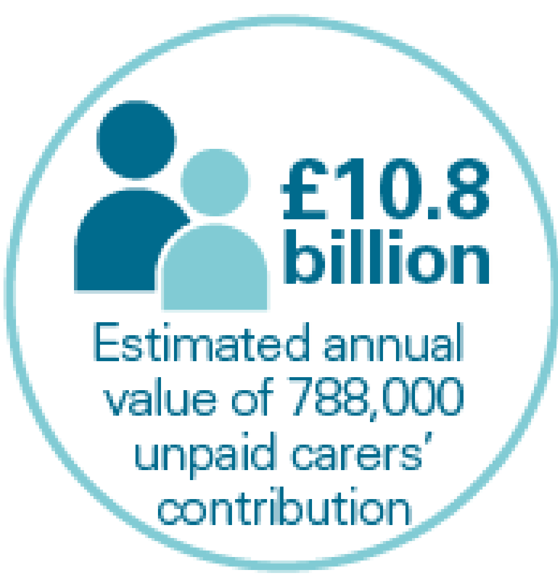


Figure 1

[1] http://www.audit-scotland.gov.uk/reports/e-hubs/transforming-health-and-social-care-in-scotland

It is difficult to come to an accurate figure for how many carers there are in Aberdeen. We can provide many different answers looking at different sources to estimate how many carers are known:

Carers with a Carers Assessment	**542 carers**[2]
Carers registered with Social Care databases	801 Carers. [3]
Carers known to the commissioned Carers' Support service	1200 Carers[4]

However, if we consider the 2011 census data, we get a much larger answer:

222,793	15, 571
Total population of Aberdeen City (2011 Census)	Total number of carers in Aberdeen City (2011 Census)

[5] Furthermore, according to the report Scotland's Carers (2015)[6], the Scotland Census 2011 may be a poor reflection of the number of carers in Scotland.

Whilst the census identified that 10% of Scotland's population are carers, the Scottish Health Survey (SHeS) estimates this figure at 17% of the adult population.

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[2] Unpaid carers with a carers assessment recorded on Aberdeen City's CareFirst system as of July 2016.
[3] People recorded on Aberdeen City's Care First system with role of unpaid carer as of July 2016.
[4] Carers on the VSA Carers' Database as of September 2016.
[5] Scotland Census Results & Data http://www.scotlandscensus.gov.uk/census-results

[6] Scotland's Carers (2015) Report http://www.gov.scot/Resource/0047/00473691.pdf

The main difference between the two surveys appears to be those carers who only care a few hours a week. Generally, the SHeS is thought to provide the best estimate.

This means we could have up to **37,874** carers in Aberdeen City.

7. What impact can caring have?

The National Carer Organisations (NCO) has produced a Best Practice Framework for Local Eligibility Criteria for Unpaid Carers (link). In it they have identified 8 areas of a carer's life which may be impacted by their caring role. Aberdeen City Health and Social Care Partnership are using the framework to help determine their Eligibility Criteria for carers as, by considering each of the areas of impact, we can ensure we have a comprehensive assessment of a carers needs and begin to identify appropriate support to help minimise the impact of the caring role. Each of the eight areas may not be impacted upon for all carers and not every carer will be impacted to the same degree but the areas are relevant for consideration for all carers both young and adult and in all circumstances.

At the beginning of 2016, Aberdeen City Health and Social Care Partnership undertook a 'Carers Conversation' programme (link to summary). What carers told us in that could all be linked to the eight areas identified by the NCO and some of what they told us is reflected in the narrative against each of the areas below: -

Health – This is perhaps the most obvious area where the impact of the caring role is seen. The impact could be on mental or physical health or wellbeing and could range from feeling a bit worried about things to depression, from a general feeling of tiredness to serious joint and/or muscle damage from perhaps having to assist with lifting and moving the cared-for person.

Emotions – Caring for a loved one can often be upsetting particularly if the person is physically deteriorating or their personality is changing. This can affect the carer's emotions and in some cases their experience can be similar to grief or feeling bereaved. Relationships with family and friends can become strained.

Finance – The caring role can affect the carer's ability to work which in turn can affect their finances. The act of caring can incur additional expenses with the cost of transport and/or parking whilst attending medical appointments. Having to buy specialist equipment or products, replacing clothing, turning up the heating or doing more laundry all bring added expense. If the cared-for person was the main earner and their condition has meant they have had to give up work this affects the overall

household income. Some carers told us they had taken out a loan or fallen behind with bill payments as a direct result of their caring responsibilities.

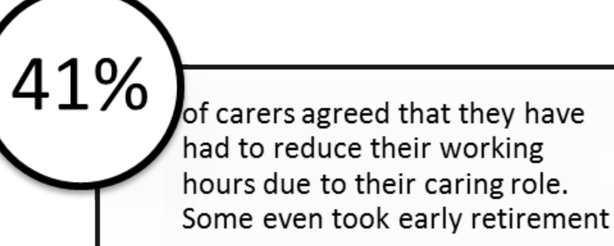
Life Balance – Dedicating time to caring can mean the carer often cannot find time to socialise or even just have some “me time” to do things that they want to do for themselves. Often they put the needs of the cared-for person first and don’t have the time or the energy to fully consider their own needs leading to these being neglected.

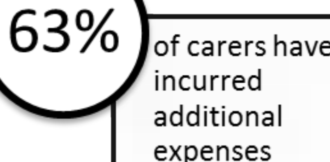
Feeling Valued – Caring can be a thankless task. There can be an expectation that a spouse, sibling or child will undertake the caring role and they can feel pressure or guilt about their situation and the way they are feeling about it. The focus of attention is often on the cared-for person, how they are feeling, whether their condition is improving, what their needs are and how these can be met. The tasks the carer undertakes can often go unseen and they can feel invisible and unappreciated.

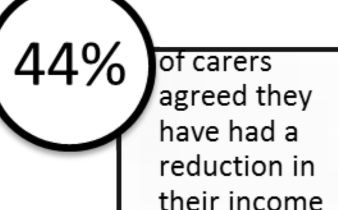
Future Planning – In some situations it can be difficult for the carer to make any plans whether they are short, medium or long term. This can be in any area of their life from their career, their education and development, or even their social life. Even a simple invitation to a night out at the weekend may be impossible to accept. For some, future planning may include ensuring care will continue for the cared-for person should the time come when the carer is no longer around to do it themselves.

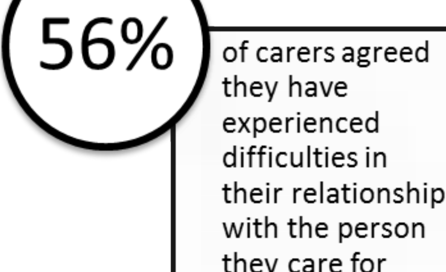
Employment - Caring can affect the carer’s ability to work and their choice as to what type of employment they do, where they work and how many hours they do. They may be forced to give up work, take early retirement, or reduce their working hours as a result of their caring role. They may not be able to focus on career development or apply for promoted posts and may be restricted to particular jobs in certain areas that allow them to continue to provide care. Carers told us that not all employers understand the caring role or are flexible enough to accommodate it.

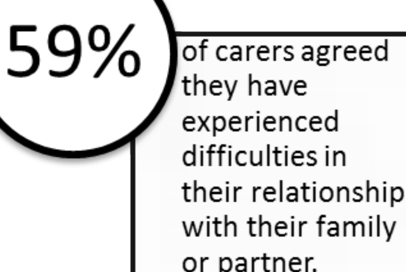
Living Environment – In some cases a carer may have to adapt their home to accommodate the needs of the cared-for person. This fundamentally changes their own living experience. Other carers do not live with the person they care for but their living environment can still be impacted. Some carers told us they are considering moving house to make their caring role easier.

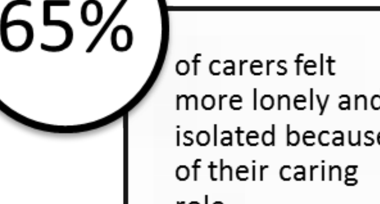












ABERDEEN CITY COUNCIL

8. Where are we now?

This section of the strategy examines where we are now and what carers told us about how they feel. It also identifies what support carers feel they are currently able to access and what services are provided across Aberdeen City and whether the demand is being met.

Services currently available

- Within Aberdeen City Health and Social Care Partnership there is provision within the Care Management Standards and National Eligibility Criteria for a consideration of the risks and priorities relating to carers. As with the criteria for any social care service risks must be substantial or critical to be eligible for support. Eligibility Criteria for carers will be developed specifically in line with the requirement of the Carer (Scotland) Act 2016. The Carers Assessment and Support documentation and process is being reviewed in consultation with carer representatives and a new form will be designed and made available to support the development of Adult Carer Support Plans.
- The Integrated Children's Services Partnership also have guidance on Eligibility Criteria for children and young people. The Eligibility Criteria Matrix for Children in Need in Aberdeen has 4 levels from children who are vulnerable with low priority needs through to children and families in crisis needing urgent intervention. Young Carers whose caring responsibilities are adversely affecting their development are at Level 2 on this current matrix – "children with moderate priority needs requiring targeted intervention". Again the guidance will be revised to meet the needs of the Carers (Scotland) Act 2016 and a process for the identification of Young Carers and the development of Young Carers Statements devised.
- Aberdeen City Health and Social Care Partnership commission a third sector provider – Voluntary Services Aberdeen (VSA) - to provide a Carers Support Service for adult carers over 18. The current contract with them runs until September 2019 although there is likely to be a variation required initially to reflect the new legislation. There are five elements to the service :-
    - Information, Advice and Signposting;
    - Support and Wellbeing;
    - Awareness and Training to support the caring role;
    - Carer consultation;
    - Advocacy, and
    - Co-ordination of provision of a Carer's Support Point at Aberdeen Community and Healthcare Village.

- There are many more other informal supports for carers available. These range from third party providers who, although not directly commissioned to deliver carer support will do this at the same time as they are delivering services to the cared for person. The support carers need can often come in the form of existing services such as the Citizen's Advice Bureau, Housing, Energy, Benefits or Financial Advice teams, Mental and Physical Health Services etc. Friends, family, neighbours and existing social and faith groups can also be a source of valuable support for carers. In many cases the support required for the carer is to put them in touch with these groups, help them make the connection and encourage them to make full use of what is available.

What carers told us

From the Carer Conversation programme, carers told us that, in general, they feel they do not have access to any formal support. Only 20% identified that they had a Carer's Assessment. Those who had had one had mixed opinions on the impact that it had. Many identified that it had a positive effect saying that it helped to feel someone had listened to them and that they were seen as an individual in their own right as well as providing information and help for them to access support such as Attendance Allowance. Others felt that it had been a waste of time, a paper exercise that did not improve their situation.

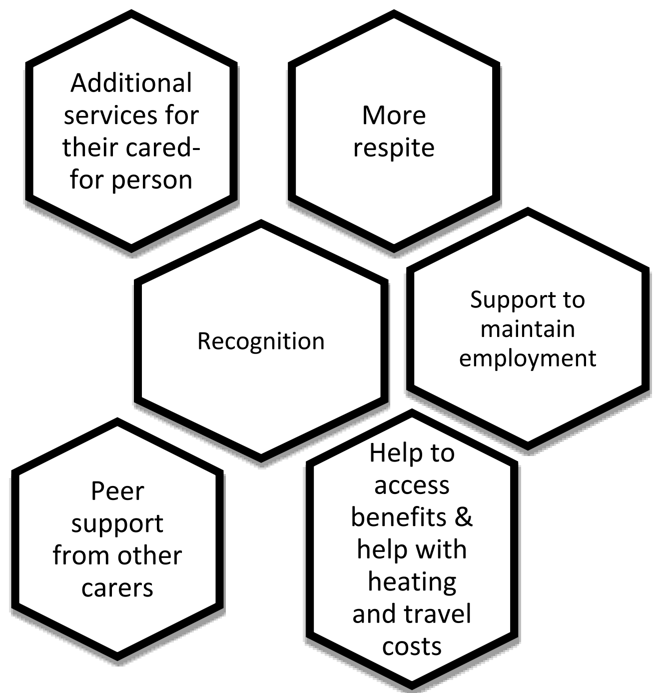
Carers did cite support groups and various activities that they were able to participate in e.g. a "Knit and Knatter" Group and a fortnightly "Dementia Café".

The strongest theme that emerged when carers were asked to describe any forms of support they received, was that of support they received from friends and family whether this was sharing the caring role; allowing for "me time"; or simply being there to listen to the carer's concerns and frustrations. The majority stated they got no support whatsoever, and that they felt they were on their own.

The two things that carers said would have the most impact on their caring role were: -

1. the provision of regular and appropriate respite, and
2. the cared-for person themselves receiving adequate services in their own right.

Carers told us they would like to see more of: -



9. Where do we want to be?

We will put in place a range of processes and procedures to enable unpaid carers to access support and services which will deliver on the EPIC principles and meet the requirements of the Carers (Scotland) Act 2016. The following paragraphs provide a high level overview of our intentions under each principle and the Action Plan in section 11 contains more detail on how and when we will deliver. Successful implementation of the Action Plan will be driven and managed by a Carer's Strategy Implementation Group (CSIG) consisting of senior officers of ACH&SCP and the ICSP with specific responsibility for the actions as well as third sector partners and carers representatives. An annual 'statement of progress' will be presented to the IJB and the ICSB, for scrutiny and subsequent wider publication.

I was supported to identify as a carer and was able to access the information I needed.

ACH&SCP value carers and the support that they provide to cared-for people. As a measure of that value the partnership intend to ensure that appropriate resources are aligned to support carers and meet the requirements of the new legislation. We will provide a dedicated officer with lead responsibility for carers in Aberdeen City. The current Carer's Support service is commissioned from a third sector provider. The current contract ends in September 2019. Prior to this date we will review that existing contract and enhance the arrangements through a formal variation to meet the requirements of the Carers (Scotland) Act 2016. When the contract is due for renewal the specification will take account of the new requirements, learning from the first 18 months of the Act's implementation.

Recognising that carers come from all areas of our wider population, the partnership will seek to engage with them in a variety of ways that is appropriate to their needs but is also familiar to them for example utilising social media such as Facebook and Twitter. All communication and engagement will take account of any particular needs of carers in relation to the nine protected characteristics as described by the Equalities Act 2010.

A dedicated Information and Advice sub group will be convened, reporting to the Carers Strategy Implementation Group and it will develop and manage the information available to carers ensuring that it is continuously updated and improved. The dedicated Information and Advice service for carers which is already commissioned may need review and further development in future. A

Communication and Engagement Plan will be developed by the sub group. The type of information made available to carers will be: -

- Information on their rights, including those set out in the Carer's Charter (link)
- Income Maximisation
- Education and training
- Advocacy/Brokerage
- Health and Wellbeing
- Bereavement Support
- Emergency Care Planning
- Future Care Planning

A series of awareness raising events will be run to help people understand the role of carers and the challenges they face and we will maximise every opportunity at other events and in other strategies, policies and guidance to raise the profile of carers and enable people across Aberdeen City to identify as a carer if that is what they wish to do. This will include supporting people to end their caring role if this is what they wish to do.

I am supported, as a carer, to manage my caring role.

Both the ACH&SCP and the ICSP already have Eligibility Criteria for access to social care services which make reference to carers. We will prepare and publish Eligibility Criteria specifically for carers, including those who don't reach the threshold for social care intervention, so that it is clear who is eligible to be supported and what criteria will be used for determining that eligibility. The Eligibility Criteria will also make it clear what support and advice is available for anyone who does not meet the criteria for formal support. In preparing the Eligibility Criteria we will involve and consult with carers. The criteria will be reviewed every three years in line with the Carer's Strategy.

Similarly, both the ACH&SCP and the ICSP already have an assessment process which identifies outcomes and needs for social care services and also what support will be provided to meet those needs. We will review the template and the processes used for these assessments in order that they meet the needs of carers under the new legislation and are able to inform the Adult Carer Support Plans and Young Carer Statements. In particular we will ensure that emergency arrangements and future planning are areas that are covered. We will give particular consideration to those caring for the terminally ill ensuring that they plan for their life after caring. We will use NHS Grampian's Palliative and Supportive Care Plan template for this

purpose. The responsibility for the methodology of care and support planning will remain with ACH&SCP and the ICSP within Aberdeen.

In response to what carers told us that they wanted, we will seek to maximise the opportunities for carers to access support groups and activities. As required by the legislation, we will prepare and publish a 'Short Breaks Statement' by 1st April 2018. The statement will cover both traditional and bespoke commissioned respite services and endeavour to provide more innovative and flexible arrangements. A 'Short Break' will be further defined as a short break away from the caring role. Short Breaks will be based on assessed needs and will be outcome focused. Our aim is that Short Breaks will be planned, reliable, and positively anticipated by carers and the cared-for person.

Recognising the Social Care (Self-directed Support) (Scotland) Act 2013 and the fact that carers are entitled to have choice and control over how their support is delivered we will ensure that, as part of the process to prepare the Adult Carer Support Plans and Young Carer Statements, that the 4 options are explained and offered to all carers who are eligible. In addition we will ensure that the use of Telecare options is explored to further assist with the caring role.

I am listened to and involved in planning the services and support which the person I care for receives.

Engaging with service users and carers is vital in ensuring that services and support that are delivered are high quality and appropriate. We will develop a Service User and Carer Engagement protocol which will ensure that service users and carers are involved in planning services and support for both carers and cared-for people. The protocol will include specific sections on hospital discharge and commissioned services.

In terms of hospital discharge we will review patient admission documentation to ensure it prompts consideration of and engagement with carers at an early stage building on our person centred approach. Using funding from the Scottish Government we ran a pilot on hospital discharge using a care assurance tool and the learning from that has informed our future approach.

The Carers (Scotland) Act 2016 brings a number of new and different obligations for staff and we will ensure they are trained appropriately to understand these responsibilities and also in the use of the Service User and Carer Engagement protocol

It is essential that we know who our carers are in Aberdeen City. We will develop and maintain a database of all known carers which will be used for communicating and engaging with carers. The Carers Conversation programme used to develop this strategy was very successful and well-received. We plan to repeat that on a regular basis as a means of monitoring the impact the implementation of the strategy is having and of understanding how carers are feeling and whether anything has changed that we need to take account of.

There are two carer representatives on the IJB and we commit to provide ongoing support to them to ensure their voice is heard appropriately. The carer's representatives will change over time and we will develop recruitment and selection protocols to inform and support future appointments.

I am supported to have a life alongside caring, if I choose to do so.

All of the commitments in this strategy are about ensuring that carers are supported to have a life alongside caring if they choose to do so. We will monitor the implementation of the strategy and report on this to the IJB and the ICSB on an annual basis to ensure it is having the desired effect on reducing the impact of caring on the health and wellbeing of carers. In addition we will seek to promote the Carers Positive Award in Aberdeen City to signify the importance we place on the value of the caring role.

10. How will this strategy reduce the impact of caring on the health and wellbeing of Carers

Area	Issues	What might help?
Health	• Mental Health (stress, worry, depression) • Sleep & Energy Levels • Physical Health	• Respite • Additional services for the cared-for person • Support groups and activities for carers • Information and Advice
Emotions	• Strained Relationships	• Counselling • Respite • Additional services for the cared-for person
Finance	• Reduced Income • Additional Costs • Debt or money worries	• Support to maintain employment • Access to benefits such as Carers Allowance • Help with heating/travel costs
Life Balance	• Reduced ability to socialise • Feeling too tired/stressed	• Respite • Additional services for the cared-for person
Feeling Valued	• Mental Health (stress, guilt, low self-esteem)	• Respite • Support groups and activities for carers • Information and advice
Future Planning	• Career Advice • Training Opportunities • Socialisation	• Support groups and activities for carers • Information and advice
Employment	• Unable to work • Reduced hours • Restricted opportunity	• Additional help with care • Support from employers: flexibility and understanding
Living Environment	• Adaptations • Location	• Information and advice • Link to relevant services to support

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Agenda Item 16

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