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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the IJB.

Town House,
ABERDEEN, 16 May 2018.

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Meeting Room 5, Health Village on TUESDAY, 22 MAY 2018 at 10.00 am.**

FRASER BELL
CHIEF OFFICER - GOVERNANCE

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

- 4a Minute of Board Meeting - 27 March 2018 (Pages 7 - 20)
- 4b Matters Arising
- 5a Minute of Special IJB Meeting - 10 April 2018 (Pages 21 - 24)

5b Matters Arising

6 Draft Minute of Clinical and Care Governance Committee - 20 March 2018 (Pages 25 - 32)

7 Draft Minute of Audit and Performance Systems Committee - 10 April 2018 (Pages 33 - 40)

8 Business Statement (Pages 41 - 46)

STEWARDSHIP AND GOVERNANCE

9 Review of Committee Terms of Reference (Pages 47 - 70)

10 Data Protection Officer (Pages 71 - 74)

FINANCE

11 Unaudited Annual Accounts (Pages 75 - 122)

12 Financial Monitoring (Pages 123 - 136)

PERFORMANCE

13 Performance Monitoring (Pages 137 - 150)

STRATEGIC

14 Strategic Plan Review Timeline (Pages 151 - 158)

15 Carers Strategy - Eligibility Criteria and Funding Allocation Process (Pages 159 - 188)

16 Primary Care Improvement Plan (Pages 189 - 196)

17 Primary Care Premises Plan (Pages 197 - 200)

EXEMPT/CONFIDENTIAL BUSINESS

18 Skills Framework (Pages 201 - 212)

- 19 Funding to a Voluntary Organisation (Pages 213 - 218)
- 20 Kingswells Care Home (Pages 219 - 234)
- 21 Bon Accord Care Contract Review (Pages 235 - 244)
- 22 GMS Services to Torry Neighbourhood (Pages 245 - 254)

Website Address: <https://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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Agenda Item 2

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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Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Minute of Meeting

27 March 2018
Health Village, Aberdeen

Present: Jonathan Passmore MBE (Chairperson); Councillor Sarah Duncan (Vice Chairperson); and Councillors Laing, Avril McKenzie (as substitute for Councillor Imrie) and Samarai; and Rhona Atkinson, Christine Lester (as substitute for Dr Nick Fluck) and Luan Grugeon (NHS Grampian Board members); and Rachel Little (as substitute for Mike Adams, Partnership Representative, NHS Grampian), Jim Currie Trade (Union Representative, Aberdeen City Council (ACC)), Howard Gemmell (Patient and Service User Representative), Faith-Jason Robertson-Foy (Carer Representative), Caroline Hiscox (Professional Nursing Adviser, NHS Grampian, for items 1-13), Liv Cockburn (Third Sector Representative, for items 1-13), Dr Stephen Lynch (Clinical Director, Aberdeen City Health and Social Care Partnership (ACHSCP), for items 1-12 and 14-18), Bernadette Oxley (Chief Social Work Officer, ACC), Judith Proctor (Chief Officer, ACHSCP) and Alex Stephen (Chief Finance Officer, ACHSCP, for items 1-12 and 14-18).

Also in attendance: Tom Cowan, Head of Operations, ACHSCP, for items 1-12 and 14-18), Sally Shaw (Head of Strategy and Transformation, ACHSCP, for items 1-12 and 14-18), Iain Robertson (Democratic Services, ACC), Alan Thomson (Legal Services, ACC), Martin Murchie (Chief Officer – Business Intelligence and Performance Management, ACC, for agenda item 13), Gail Woodcock (Lead Transformation Manager, ACHSCP, for agenda item 14), Alison MacLeod (Lead Strategy and Performance Manager, ACHSCP, for agenda items 15 and 18) and Jenny Rae (Strategy and Transformation, ACHSCP, for agenda item 16).

Apologies: Councillor Imrie, Dr Nick Fluck, Mike Adams, Gill Moffat 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?Committeeld=516>

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

WELCOME FROM THE CHAIR

1. The Chair opened the meeting and welcomed Councillors Imrie and Laing; and Dr Malcolm Metcalfe onto the Board and thanked Councillors Cooke and Donnelly for their past contributions at Board and Committee meetings. The Chair confirmed to members that the Chief Officer had tendered her resignation and a report was on today's agenda to set out a process to recruit her successor, in the meantime Sally Shaw had been appointed as the interim Chief Officer. The Chair also thanked Partnership staff who had provided support during a recent visit to Aberdeen by Paul Gray (Director General, Health and Social Care, and Chief Executive of the NHS in Scotland). He added that the visit had focussed on the Partnership's approach to delayed discharges and winter planning and in his view the visit had been successfully delivered.

The Board resolved:-

- (i) to welcome Cllrs Imrie and Laing; and Dr Metcalfe onto the Board;
- (ii) to thank Cllrs Cooke and Donnelly; and Dr Swami for their contributions towards the integration of health and social care in Aberdeen City;
- (iii) to agree to re-order today's agenda to consider item 13 (Recruitment and Selection of Chief Officer) following item 3 (Determination of Exempt Business);
- (iv) to note that Sally Shaw had been appointed as the interim Chief Officer; and
- (v) otherwise note the information provided.

DECLARATION OF INTERESTS

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

The Board resolved:-

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

DETERMINATION OF URGENT BUSINESS

3. The Chair advised that he had accepted item 13 (Recruitment and Selection of Chief Officer) onto today's agenda as urgent business.

The Board resolved:-

To accept item 13 (Recruitment and Selection of Chief Officer) as urgent business.

DETERMINATION OF EXEMPT BUSINESS

4. The Chair proposed that item 18 (Commissioning Decisions) 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 item of business so as to avoid disclosure of exempt information of the classes described in paragraph 8 of Schedule 7(A) of the Act.

DECLARATIONS OF INTEREST

Tom Cowan, Dr Stephen Lynch, Sally Shaw and Alex Stephen declared an interest for the following item as they were members of the Aberdeen City Health and Social Care Partnership Executive Team and withdrew from the meeting during consideration of this item.

RECRUITMENT AND SELECTION OF CHIEF OFFICER

5. The Board had before it a report by Philip Shipman and Lesley Strachan (HR, ACC) which set out proposals to recruit a replacement for the outgoing Chief Officer of the Aberdeen City Health and Social Care Partnership.

The report recommended:-

That the Board –

- (a) Agree the proposed changes to the Chief Officer Job Description;
- (b) Agree to appoint a recruitment partner to undertake an executive search exercise;
- (c) Agree the proposed assessment centre format;
- (d) Note the indicative timeline for the recruitment and selection process;
- (e) Establish a temporary committee of the IJB to be called an Appointments Panel, constituting the Chair and Vice Chair of the IJB and the Chief Executives of ACC and NHS Grampian to interview candidates; and
- (f) Approve the delegation of the appointment of Chief Officer to the Appointments Panel.

The Chair advised that the IJB would lead on the recruitment and appointment of a permanent Chief Officer and highlighted that the report recommended the formation of an Appointments Panel that would have delegated authority to appoint the Chief Officer.

Thereafter there were questions and comments on (1) the cost of conducting the full recruitment process; (2) the rationale for using the Transformation Fund to meet the cost of the recruitment process; and (3) the appraisal process for the post of Chief Officer and the importance of conducting a robust exit interview with the outgoing Chief Officer.

Following questions to officers, the Board agreed to request further information on the cost of conducting a recruitment and selection process and to defer decision making to a Special IJB meeting.

The Board resolved:-

To defer decision making and agree to schedule a special IJB meeting to determine this matter.

MINUTE OF IJB MEETING – 30 January 2018

6. The Board had before it the minute of the IJB meeting of 30 January 2018.

The Board resolved:-

To approve the minute as a correct record.

MATTERS ARISING

7. The Chair asked if there were any matters arising from the meeting of 30 January 2018.

The Board resolved:-

To note there were no matters arising.

MINUTE OF BUDGET MEETING – 13 February 2018

8. The Board had before it the minute of the Budget meeting of 13 February 2018.

The Board resolved:-

To approve the minute as a correct record.

MATTERS ARISING

9. The Chair asked if there were any matters arising from the Budget meeting of 13 February 2018.

The Board resolved:-

To note there were no matters arising.

DRAFT MINUTE OF AUDIT AND PERFORMANCE SYSTEMS COMMITTEE MEETING – 2 MARCH 2018

10. The Board had before it the draft minute of the Audit and Performance Systems Committee of 2 March 2018 for information.

In reference to item 5(xii), Rhona Atkinson requested that risk management be considered at the IJB workshop on 24 April 2018 and for the Strategic Risk Register to be reviewed by the Board at its next meeting on 22 May 2018.

The Board resolved:-

- (i) to request that risk management be considered at the IJB workshop on 24 April 2018;
- (ii) to request that the updated strategic risk register be presented to the Board at its next meeting on 22 May 2018; and
- (iii) otherwise note the draft minute.

BUSINESS STATEMENT

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

The Board resolved:-

- (i) to remove items 3 (Strategic Commissioning Plan), 10 (Understanding Progress Under Integration) and 11 (Care Home Provision) from the Statement; and
- (ii) otherwise note the Statement.

IJB MEETINGS REVIEW

12. The Board had before it a report by the Clerk which reviewed IJB meeting arrangements and recommended a course of action for future Board meetings.

The report recommended:-

That the Board –

- (a) Agree to retain the existing meeting arrangements for Board meetings; and
- (b) Request a further review of IJB meeting arrangements on 11 December 2018 which would accompany the proposed schedule of Board meetings for 2019-20.

The Clerk advised that over the past few cycles the additional time dedicated for meetings and developmental workshop sessions had been needed and recommended that current arrangements remain in effect until further review in December 2018.

The Board resolved:-

- (i) to agree to retain the existing meeting arrangements for Board meetings; and
- (ii) to request a further review of IJB meeting arrangements on 11 December 2018 which would accompany the proposed schedule of Board meetings for 2019-20.

MEDIUM TERM FINANCIAL STRATEGY

13. The Board had before it a report by Alex Stephen (Chief Finance Officer) which (1) provided an update to the Board on the final levels of funding delegated by Aberdeen City Council and NHS Grampian for health and social care activities in 2018/19; (2); requested final approval of the Medium Term Financial Strategy; (3) requested approval of the Bon Accord Care final 2018/19 contract value; (4) advised on risk fund levels contained within the Medium Term Financial Strategy; (5) requested approval of the position re uplifts for contracts and direct payments not covered by the national care home contract; and (6) requested approval to submit formal budget directions to Aberdeen City Council and NHS Grampian.

The report recommended:-

That the Board -

- (a) Note the financial allocations proposed to be allocated by the partner organisations;

- (b) Approve the Bon Accord Contract level for 2018/19 of £26,750,000 and budget assumptions noted in section 2.3;
- (c) Formally approve the 2018/19 budget and the Aberdeen City IJB Medium Term Financial Strategy included as appendix 1 of this report;
- (d) Note that the IJB previously agreed to earmark £2.5 million in a risk fund and that this is included in the Medium Term Financial Strategy;
- (e) Instruct the Chief Officer to uplift the direct payments for clients with a staffing element included in their payment by 3.5% from the 1 May 2018 to cover the increase in the Scottish Living Wage;
- (f) Instruct the Chief Officer to negotiate uplifts for those Social Care providers not covered by the National Care Home Contract; and
- (g) Make the budget directions contained in appendix 2 of this report and instruct the Chief Officer to issue these directions to the constituent authorities.

The Chief Finance Officer advised that both Aberdeen City Council and NHS Grampian had confirmed the provisional IJB budget with no material changes and he requested formal approval of the 2018-19 budget.

Thereafter there were questions and comments on (1) uplifts within the National Care at Home Contract; (2) the possibility of additional Public Health funding being allocated to IJBs; (3) the monitoring arrangements the Partnership had put in place to ensure external care providers payed the Scottish Living Wage; and (4) members requested an update on the implementation of the Ethical Care Charter.

The Board resolved

- (i) to note the financial allocations proposed to be allocated by the partner organisations;
- (ii) to approve the Bon Accord Contract level for 2018/19 of £26,750,000 and budget assumptions noted in section 2.3;
- (iii) to formally approve the 2018/19 budget and the Aberdeen City IJB Medium Term Financial Strategy included as appendix 1 of this report;
- (iv) to note that the IJB previously agreed to earmark £2.5 million in a risk fund and that this is included in the Medium Term Financial Strategy;
- (v) to instruct the Chief Officer to uplift the direct payments for clients with a staffing element included in their payment by 3.5% from the 1 May 2018 to cover the increase in the Scottish Living Wage;
- (vi) to instruct the Chief Officer to negotiate uplifts for those Social Care providers not covered by the National Care Home Contract;
- (vii) to make the budget directions contained in appendix 2 of this report and instruct the Chief Officer to issue these directions to the constituent authorities;
- (viii) to request that reports on the Scottish Living Wage and Ethical Care Charter implementation be consolidated and reported to the Board in due course; and
- (ix) to agree to review the narrative of the Medium Term Financial Strategy at the Board meeting on 9 October 2018.

PRESCRIBING

14. The Board had before it a report by Dr Stephen Lynch (Clinical Director, ACHSCP) which provided an overview of the current budget position in relation to prescribing and the actions being taken by the Primary Care Prescribing Group in response to these pressures.

The report recommended:-

That the Board –

- (a) Endorse the changes to prescribing recommended by the Grampian Primary Care Prescribing Group;
- (b) Instruct the Chief Office to prepare a report detailing other drugs being prescribed with limited clinical value and recommending the process to be followed to de-prescribe these drugs; and
- (c) Instruct the Chief Officer to prepare a report on prescribing indicating how a regional approach to prescribing could operate.

Dr Lynch provided an overview of the national pressures within the health and social care system which had been caused by rising drug prices; inefficient prescribing; and an increase in the number of elderly patients with complex illnesses and conditions. He explained that in comparison to other Partnerships, Aberdeen City GPs were amongst the most efficient prescribers but improvements could still be made and advised that Primary Care colleagues would be asked to review their prescribing practices to identify additional opportunities for efficiency savings. Dr Lynch acknowledged the sensitivities surrounding this area of health and social care and highlighted the importance of a Grampian-wide approach to address the issue.

Thereafter there were questions and comments on (1) the importance of developing a public engagement strategy on prescribing in order to manage expectations and concerns; (2) the role of Public Health to promote healthier diets and exercise as alternatives to prescribed medication; (3) the level of buy-in from local GPs; and (4) the anticipated impact of the GMS contract on prescribing practice.

The Board resolved:-

- (i) to endorse the changes to prescribing and commend the work of the Grampian Primary Care Prescribing Group;
- (ii) to instruct the Chief Office to prepare a report detailing other drugs being prescribed with limited clinical value and recommending the process to be followed to de-prescribe these drugs;
- (iii) to instruct the Chief Officer to prepare a report on prescribing indicating how a regional approach to prescribing could operate;
- (iv) to extend an invitation to NHS Grampian's Director of Pharmacy to address the Board prior to the 2019-20 budget setting process; and
- (v) to instruct the Chief Officer to draft a wider communication strategy to include budgetary and financial elements linked to prescribing, and present this to a future meeting of the Board for consideration.

INTEGRATION SCHEME

15. The Board had before it a report by Jess Anderson and Vicki Johnstone (Legal Governance Team, ACC) which presented the revised Integration Scheme for Aberdeen City to reflect changes in legislation brought about by the Carers (Scotland) Act 2016. Further changes in the scheme were made to reflect the passage of time and to bring clarity and accuracy to arrangements since the IJB was established.

The report recommended:-

That the Board endorse the Health and Social Care Integration Scheme for Aberdeen City which had been amended to reflect changes in legislation brought about by the Carers (Scotland) Act 2016.

Vicki Johnstone advised that the Scheme had been updated to accommodate changes brought about by the Carers (Scotland) Act 2016 and to reflect the passage of time since the Board went live in April 2016.

The Board resolved:-

- (i) to endorse the Health and Social Care Integration Scheme for Aberdeen City which had been amended to reflect changes in legislation brought about by the Carers (Scotland) Act 2016; and
- (ii) to thank Vicki Johnstone and the ACC Legal Governance Team for a well presented report and Integration Scheme.

SCHEME OF GOVERNANCE

16. The Board had before it a report by Alan Thomson (Legal Governance Team, ACC) which (1) outlined the delegations reserved to the IJB; (2) set out the Operational Protocol to the Chief Officer and Chief Finance Officer; and (3) to clarify the accountability considerations.

The report recommended:-

That the Board –

- (a) Approve the attached Scheme of Governance- Role and Responsibilities protocol at Appendix 1;
- (b) Agree that the Scheme of Governance- Role and Responsibilities be reviewed annually, or as and when required by officers; and
- (c) Note the powers delegated to the Chief Officer by Aberdeen City Council at Appendix 2.

Alan Thomson advised that approval of the roles and responsibilities paper would complete the IJB's suite of core governance documents and confirmed that the IJB Scheme aligned with the recently approved Aberdeen City Council Scheme of Delegation. Mr Thomson explained that the Scheme set out which powers were reserved to the Board and which were within the remit of the Chief Officer and Chief Finance Officer.

The Board resolved:-

- (i) to approve the attached Scheme of Governance- Role and Responsibilities protocol at Appendix 1;
- (ii) to agree that the Scheme of Governance- Role and Responsibilities be reviewed annually, or as and when required by officers;
- (iii) to note the powers delegated to the Chief Officer by Aberdeen City Council at Appendix 2;
- (iv) to thank Alan Thomson and the ACC Legal Governance Team for a well presented report and Scheme of Governance.

DELEGATED AUTHORITY GRANTS

17. The Board had before it a report by Gail Woodcock (Lead Transformation Manager, ACHSCP) which requested the Board to instruct the Chief Officer to (1) authorise grants for up to £10,000 per annum to organisations to support the delivery of strategic priorities; and (2) to bring to the attention of the IJB, a proposed grant to support the delivery of the Golden Games, and which would be authorised under the proposed instruction to the Chief Officer.

The report recommended:-

That the Board –

- (a) Agree that grants up to £10,000 per annum are made to individual organisations and up to £2,000 per annum to individuals, provided that the aims of the project to be funded comply with the Strategic Plan, the Strategic Commissioning Plan and/or the National Outcomes;
- (b) Instruct the Chief Officer, following consultation with the Chief Financial Officer, and the Chair and Vice-Chair of the IJB, to accept, assess and make arrangements for grants up to £10,000 per annum to be paid to individual organisations and up to £2,000 per annum to individuals, and to report quarterly to the Audit and Performance Systems Committee with details of the grants paid and accepted; and
- (c) Note the information about the Golden Games project and that, subject to recommendations 1 and 2 above, this project would be approved and grant funding provided in line with these recommendations.

Gail Woodcock advised that the report was a technical report which aimed to align IJB procedures for paying and accepting grant funding with Aberdeen City Council's Scheme of Delegated Powers which authorised Chief Officers to approve and accept grants of up to £10k for organisations and £2k for individuals. Ms Woodcock also provided an overview of the Golden Games and how it supported priorities within the Strategic Plan and she requested approval for this year's project.

Thereafter there were questions and comments on (1) the provision of recurring grant funding for events such as the Golden Games and how the Partnership would monitor compliance and benefits realisation; (2) whether the Partnership had developed a budget line within the Transformation Programme to record the receipt and authorisation of grant funding; and (3) how the Audit and Performance Systems Committee would receive assurance on the Partnership's management of grant funding.

The Board resolved:-

- (i) to agree that grants up to £10,000 per annum are made to individual organisations and up to £2,000 per annum to individuals, provided that the aims of the project to be funded comply with the Strategic Plan, the Strategic Commissioning Plan and/or the National Outcomes;
- (ii) to instruct the Chief Officer, following consultation with the Chief Financial Officer, and the Chair and Vice-Chair of the IJB, to accept, assess and make arrangements for grants up to £10,000 per annum to be paid to individual organisations and up to £2,000 per annum to individuals, and to report quarterly to the Audit and Performance Systems Committee with details of the grants paid and accepted; and

- (iii) to note the information about the Golden Games project and that, subject to recommendations 1 and 2 above, this project would be approved and grant funding provided in line with these recommendations.

CARERS STRATEGY

18. The Board had before it a report by Alison MacLeod (Lead Strategy and Performance Manager, ACHSCP) which sought approval of the Carers Strategy and provided an overview of next steps in relation to implementation, subject to approval.

The report recommended:-

That the Board –

- (a) Approve the final draft of the Aberdeen City Carers Strategy;
- (b) Approve the next steps in relation to the launch and implementation of the Aberdeen City Carers Strategy;
- (c) Instruct the Chief Officer to bring back further detail of the funding prioritisation and allocation process to the May meeting of the IJB;
- (d) Instruct the Chief Officer to submit the finalised Eligibility Criteria for Carers to the May meeting of the IJB; and
- (e) Instruct the Chief Officer to submit the Aberdeen City Short Breaks Services Statement to the IJB meeting in October 2018.

Alison MacLeod provided an overview of the consultation process and advised that all feedback had been acknowledged and taken into consideration during preparation of the final Strategy, including additional consultation with individuals and groups representing children and young carers. Ms MacLeod highlighted that an *At a Glance* summary of the Strategy had been prepared along with an action plan that would be overseen by the Carers Strategy Implementation Group. She also confirmed that the children and young carers element would be presented to Aberdeen City Council's Operational Delivery Committee on 29 May 2018, and pending approval it was the Partnership's intention to launch the Carers Strategy during Carers Week which would run between 11- 17 June 2018.

Thereafter there were questions and comments on (1) the importance of developing a policy to determine which charges could be waived for respite care; (2) the response rate from carers and carers groups during the consultation process; (3) how the Partnership would liaise with Aberdeen City Council in relation to the children and young carers element within the Strategy; (4) the level of unmet need amongst young carers throughout the city and the stigma that may be felt by having social care involvement in family life; (5) the level of respite care being met through Self Directed Support; and (6) the importance of integrating the needs of carers into the commissioning framework in order to provide support and meet outcomes.

The Board resolved:-

- (i) to approve the final draft of the Aberdeen City Carers Strategy;
- (ii) to approve the next steps in relation to the launch and implementation of the Aberdeen City Carers Strategy;
- (iii) to instruct the Chief Officer to bring back further detail of the funding prioritisation and allocation process to the May meeting of the IJB;
- (iv) to instruct the Chief Officer to submit the finalised Eligibility Criteria for Carers to the May meeting of the IJB;

- (v) to instruct the Chief Officer to submit the Aberdeen City Short Breaks Services Statement to the IJB meeting in October 2018;
- (vi) to request the Chief Officer to develop local guidelines with regards to waiving charges for respite care in order for carers to meet personal outcomes under the legislation; and
- (vii) to thank Alison Macleod for a well presented report and Carers Strategy.

LEARNING DISABILITY STRATEGY

19. The Board had before it a report by Jenny Rae which sought approval of the Aberdeen City Learning Disability Strategy, known as A'thegither, which will run from 2018-2023.

The report recommended:-

That the Board –

- (a) Approve the Learning Disability Strategy known as A'thegither in Aberdeen; and
- (b) Note that further reports would be presented to the IJB in reference to a Local Action/Implementation Plan and specific Learning Disability Commissioning Plan (as per the timelines identified in the body of the report).

Jenny Rae provided an overview of the Strategy's development including consultation and engagement activity. She highlighted that the Strategy was accessible and easy to read for people with learning disabilities and if the Strategy was approved at today's meeting, it was the Partnership's intention to launch the Strategy during the nation-wide Learning Disability Week which commenced on 14 May 2018.

Thereafter the Board welcomed the Strategy and thanked Ms Rae for her excellent work and suggested that the Strategy should be shared as an example of best practice with other Partnerships.

The Board resolved:-

- (i) to commend and approve the Learning Disability Strategy known as A'thegither in Aberdeen;
- (ii) to note that further reports would be presented to the IJB in reference to a Local Action/Implementation Plan and specific Learning Disability Commissioning Plan (as per the timelines identified in the body of the report); and
- (iii) to thank Jenny Rae for a well presented report and Learning Disability Strategy.

GMS CONTRACT

20. The Board had before it a report by Judith Proctor (Chief Officer) which provided an overview of the key steps and timeline for the implementation of the 2018 General Medical Services (GMS) Contract in Scotland).

The report recommended:-

That the Board –

- (a) Note the implications, key steps and timeline for implementation of The 2018 General Medical Services (GMS) Contract in Scotland, considering the key implications;
- (b) Agree that the IJB Chair sign the Memorandum of Understanding to commit the Aberdeen City Health and Social Care Partnership to undertake its responsibilities in relation to the implementation of the new GMS contract;
- (c) Note that the Memorandum of Understanding would also be presented to the NHS Grampian Board where it will be recommending for signing by NHS Grampian; and
- (d) Ask the Chief Officer to bring a final Primary Care Improvement Plan to the IJB for agreement prior to its submission to Scottish Government in July 2018.

The Chief Officer advised that the GMS Contract would come into effect on 1 April 2018 with the purpose of establishing a payment to GPs for the provision of primary care services. She explained that the terms of the Contract set out a significant change in the delivery of primary care services and although the Contract was between the NHS and primary care providers, there was acknowledgement that IJBs had responsibility for strategic planning.

The Chief Officer explained that the recently established Grampian Regional Oversight Group had responsibility for overseeing the implementation of the Contract on a Pan-Grampian basis and that the Group was led by the Chief Officer of the Moray IJB. She noted that the Aberdeen City IJB would be represented by the interim Chief Officer and the Clinical Director. She also informed the Board that the Memorandum of Understanding between the British Medical Association (BMA), NHS Boards, Integration Authorities and the Scottish Government had been signed by the Chief Officer of the Glasgow HSCP in his capacity as Chairperson of Chief Officers, Health and Social Care Scotland on behalf of all Scottish IJBs.

Thereafter there were questions and comments on (1) the level of contracted funding which had been pre-committed to existing workstreams and programmes; (2) the development of the three year Primary Care Improvement Plan; (3) the importance of managing expectations on how GP services would be delivered over the course of the contract; (4) the governance protocol, with regards to signing the Memorandum of Understanding; and (5) the importance of involving localities in the roll out of the Contract to ensure buy-in from local GP practices and communities.

The Board resolved:-

- (i) to note the implications, key steps and timeline for implementation of the 2018 General Medical Services (GMS) Contract in Scotland, considering the key implications;
- (ii) to ask the Chief Officer to bring a final Primary Care Improvement Plan to the IJB for agreement prior to its submission to Scottish Government in July 2018; and
- (iii) to circulate an appointment to members for the Primary Care Workshop on 2 May 2018.

In accordance with the decision recorded under article 4 of this minute, the following items were considered with the press and public excluded.

COMMISSIONING DECISIONS

21. The Board had before it a report by Alison MacLeod which sought approval for a number of commissioning decisions required as interim arrangements pending the outcome of future service reviews.

The Board resolved:-

- (i) to approve the proposals for putting the existing services listed in the report under robust contractual arrangements;
- (ii) to make the Direction under Appendix A and instruct the Chief Officer to issue the Direction to Aberdeen City Council to undertake the work to make these contractual arrangements on behalf of the IJB; and
- (iii) to instruct the Chief Officer to report progress on the development of a Contracts Register to the Audit and Performance Systems Committee.

JONATHAN PASSMORE MBE, Chairperson

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Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Minute of Special Meeting

10 April 2018
Town House, Aberdeen

Present: Jonathan Passmore MBE (Chairperson) and Councillor Sarah Duncan (Vice Chairperson); and Councillors Cooke (as substitute for Councillor Samarai), Imrie and Laing; and Rhona Atkinson and Luan Grugeon (NHS Grampian Board members); and Mike Adams (Partnership Representative, NHS Grampian), Dr Howard Gemmell (Patient/Service User Representative) and Judith Proctor (Chief Officer, ACHSCP).

Also in attendance: Iain Robertson and Alan Thomson (Governance, Aberdeen City Council (ACC)) and Philip Shipman (HR Manager, NHS Grampian).

Apologies: Councillor Samarai, Dr Stephen Lynch, Liv Cockburn, Gill Moffat, Dr Malcolm Metcalfe, Caroline Hiscox, Faith-Jason Robertson-Foy and Bernadette Oxley.

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

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

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OPENING REMARKS

1. The Chair opened the meeting and welcomed Councillor Claire Imrie to her first IJB meeting. He thanked members for attending the Special Meeting which had been called to re-consider the recruitment and selection process for the post of Chief Officer.

The Board resolved:-

- (i) to welcome Councillor Imrie to her first meeting of the Board; and
- (ii) otherwise note the information provided.

DECLARATION OF INTERESTS

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

The Board resolved:-

To note that no declarations of interest were intimated by members for items on today's agenda.

DETERMINATION OF EXEMPT BUSINESS

3. The Chair advised there was no exempt business on today's agenda.

The Board resolved:-

To note there was no exempt business.

APPOINTMENT OF CLINICAL AND CARE GOVERNANCE COMMITTEE CHAIRPERSON

4. The Board had before it a report by the Clerk which asked the Board to appoint a Chairperson of the Clinical and Care Governance Committee.

The report recommended:-

That the Board appoint an ACC voting member as Chairperson of the Clinical and Care Governance Committee.

The Vice Chair, seconded by the Chair nominated Councillor Imrie as a voting member and Chairperson of the Clinical and Care Governance Committee.

The Board resolved:-

- (i) to appoint Councillor Imrie as a voting member of the Clinical and Care Governance Committee; and
- (ii) to appoint Councillor Imrie as Chairperson of the Clinical and Care Governance Committee.

RECRUITMENT AND SELECTION OF THE CHIEF OFFICER

5. The Board had before it a report by Philip Shipman (HR Manager, NHSG) and Lesley Strachan (Workforce Change Project Lead, ACC) which set out proposals to recruit a replacement for the outgoing Chief Officer of Aberdeen City Health and Social Care Partnership and sought decisions in relation to the job description for the Chief Officer, the search and selection process and the constitution of the formal appointment panel.

The report recommended:-

That the Board –

- (a) Agree the proposed changes to the Chief Officer Job Description;
- (b) Agree to appoint a recruitment partner to undertake an executive search exercise;
- (c) Agree the proposed assessment centre format;

- (d) Note the indicative timeline for the recruitment and selection process;
- (e) Establish a temporary committee of the IJB, to be called an Appointments Panel, constituting the Chair and Vice Chair of the IJB and Chairs of the Audit and Performance Systems and Clinical and Care Governance Committees, with the Chief Executives of ACC and NHS Grampian as principal advisers to the Panel to interview candidates; and
- (f) Approve the delegation of the appointment of the Chief Officer to the Appointments Panel.

The Chair advised that additional detail had been added to the report which had first been reported to the Board on 27 March 2018 and he was seeking Board agreement on the recruitment process for the post of Chief Officer. He also stressed the importance of having as many Board members participate at the assessment day as possible to ensure Board ownership of the appointment.

Thereafter there were questions and comments on (1) the total cost of commissioning an external consultant to conduct an executive search; (2) the maximum cost of developing and running psychometric tests as part of the assessment process; (3) the composition of the Appointment Panel, in which Councillor Cooke highlighted his preference that the Panel include all eight voting members of the Board; (4) the role of the Stakeholder Panel and what steps would be taken to ensure that its assessment would be taken into account at the appointment stage; and (5) the Chair put forward his view that if the Appointment Panel was evenly divided on making an appointment then he would favour deferring any appointment.

The Board resolved:-

- (i) to agree the proposed changes to the Chief Officer Job Description;
- (ii) to agree to appoint a recruitment partner to undertake an executive search exercise;
- (iii) to agree the proposed assessment centre format;
- (iv) to request that further information on protocols for the appointment process be circulated to members, with particular reference made to the role of the Stakeholder Panel;
- (v) to note the indicative timeline for the recruitment and selection process;
- (vi) to establish a temporary committee of the IJB, to be called an Appointments Panel, constituting the Chair and Vice Chair of the IJB and Chairs of the Audit and Performance Systems and Clinical and Care Governance Committees, with the Chief Executives of ACC and NHS Grampian as principal advisers to the Panel to interview candidates; and
- (vii) to approve the delegation of the appointment of the Chief Officer to the Appointments Panel.

VALEDICTORY

6. The Chair advised that this was Judith Proctor's last meeting as Chief Officer of the Aberdeen City Health and Social Care Partnership and he asked the Board to formally thank Mrs Proctor for her leadership during the formative years of health and social care integration. The Chair highlighted a number of areas of great success which had made Aberdeen City one of the strongest and well run integration authorities in Scotland and concluded that it was a compliment for Edinburgh's

Partnership to appoint Aberdeen City's Chief Officer as it recognised the good work that had been done over recent years.

The Board resolved:-

To thank Judith Proctor for her leadership during the integration of health and social care in Aberdeen City, and to wish her well in her new role as Chief Officer of the Edinburgh Health and Social Care Partnership.

JONATHAN PASSMORE MBE, Chairperson.

DRAFT



CLINICAL AND CARE GOVERNANCE COMMITTEE

Minute of Meeting

**20 March 2018
Health Village, Aberdeen**

Present:

Dr Nick Fluck (Chairperson/NHS Board Member)
Councillor Gill Samarai
Jonathan Passmore MBE (Chairperson of IJB/ NHS Board Member)

Also in attendance:

Heather MacRae (Professional Lead for Nursing and Quality Assurance)
Ashleigh Allan (Clinical Governance Facilitator)
Aileen Cameron (Clinical Governance Facilitator)
Dr. Stephen Lynch (Clinical Lead)
Dr Howard Gemmell, (Patient/Service User Representative)
Sally Shaw (Head of Strategy & Transformation, ACHSCP)
Sarah Gibbon (Executive Assistant)
Judith Proctor (Chief Officer)
Trevor Gillespie (Team Manager, Performance Management)
Claire Duncan (Lead Social Work Officer)
Kenneth O'Brien (Service Manager – for Item 3)
Rosie Cooper (Falls Lead, ACHSCP – for Item 4)
Councillor Alan Donnelly (at beginning,

Apologies:

Laura MacDonald (ACHSCP UNISON rep/Health and Safety rep)
Tom Cowan (Head of Operations, ACHSCP)
Bernadette Oxley (Chief Social Work Officer)

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.

MINUTE OF THE CCG MEETING – 09 January 2018

1. The Committee had before it the minute of the previous Committee meeting of the 9th of January 2018

MATTERS ARISING

The Committee resolved:-

To approve the minute as a correct record.

BUSINESS STATEMENT

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

Verbal Update – Mental Health & Learning Disability Staffing

Judith Proctor provided an update on the mental health & learning disabilities services, including: staffing; operational challenges; performance & compliance; actions implemented; and outcomes so far.

The Committee resolved:-

- i. To note the statement.
- ii. To request that a presentation on the mental health & learning disability staffing is made to the Committee at its June meeting.
- iii. To request that the update provided is circulated to committee members after the meeting.

REPORTS FOR THE COMMITTEE'S CONSIDERATION

DELAYED DISCHARGE

3. The Committee had before it a report by Kenneth O'Brien which provided an interim update on the most currently available delayed discharge performance data.

The report recommended:-

That the Clinical & Care Governance Committee:-

- a) Note the Partnership's current performance in relation to delayed discharges.
- b) Note the current status and progress in relation to the Aberdeen City delayed discharge action plan.

Kenneth O'Brien highlighted a number of key points from within the report, including:

- A continuing downwards trends for the number of patients delayed at census. A slight spike was recorded in January due to winter pressures, however this was contained and February 2018 was the best performance on record (data not available at time of drafting report). The situation for bed days lost is similar.
- The Committee had previously requested information on the performance of the interim beds. The average and median length of stay in these beds is showing a downwards trend, indicating a significant turnover. The conversion rate (those who are placed in a care home in an interim bed and chose to stay there) is 70%.
- Woodend Integrated Transitions Team has formally gone live.
- Continuing to move away from the Edison system towards integrated system with TRAK to record delayed discharges. This may increase the number of very small delays which are recorded.
- Candidate lined up for dedicated MHO Capacity. This will allow dedicated time to work on issues of guardianship.

Thereafter, there were questions and comments relating to (1) Code 100 delays and anticipated change in volume recorded over the next 12 months; (2) the need to link this work to re-admission rates, particularly relating to the interim beds; (3) how the interim beds are spread across the city and different care homes; (4) the potential for the use of interim beds to be expanded across different client groups; (5) the use of trend lines within the data presented and possible alternatives such as process control methods.

The Committee resolved:-

- (i) Note the Partnership's current performance in relation to delayed discharges.
- (ii) Note the current status and progress in relation to the Aberdeen City delayed discharge action plan.
- (iii) To request that data relating to readmission rates is presented in future reports to the IJB & the CCGC.

COMMUNITY FALLS

4. The committee had before it a report by Rosie Cooper, Falls Lead & ACP Improvement Advisor, ACHSCP, which provided the Clinical & Care Governance Committee with an update relating to falls, focusing on falls in the community.

The report recommended:-

That the Clinical & Care Governance Committee:-

- a) Note the "Policy for the prevention, reduction and management of patient falls in the community", as found at appendix A
- b) Provide any appropriate feedback on the content of the policy, prior to submission to the NHS Grampian Board for approval
- c) Note the update relating to falls in light of the increase in RIDDOR reports and request that further updates are provided to the Clinical & Care Governance committee on a bi-annual basis.

Rosie Cooper provided an overview of the paper, explaining how the need for the policy presented arose from a Health & Safety Executive visit. The main components of the policy outlined: the interventions for all; the process of identifying those patients at risk of falls; communication; reporting and management of a fall; quality assurance and improvement; and staff education. She also discussed examples of falls prevention work ongoing in the city, such as the Falls & Balance exercise classes, balance challenge and work with the Health Point.

The Committee discussed the policy as an appropriate response and submission to the NHS Grampian Board following the HSE inspection, but recognised the opportunity for this piece of work to be expanded to fit better across a partnership of health & social care. The Committee expressed the desire to further develop this work to become the ACHSCP Community Falls Policy to reflect the Partnership's ambitions.

Thereafter, there were questions and comments relating to: (1) compliance rates with E-learning modules; (2) Level 1 Conversation training opportunities for social work staff across the Partnership; (3) the need for emphasis on prevention work in the community; (4) an 'easy-to-read' summary on level 1 & 2 on NHSG Guidance; (5) how awareness of opportunity to self-refer into preventative falls initiatives could be increased; (6) connections with the remit of the link worker programme.

The Committee resolved:-

- (i) Note the "Policy for the prevention, reduction and management of patient falls in the community", as found at appendix A, recognising that this is a policy for how NHSG staff can meet requirements from HSE, rather than a strategy for falls reduction in the community.
- (ii) Request that the policy is expanded within the HSCP's environment.
- (iii) Request that the Falls Policy is taken into an NHS SLT for a pan-Grampian discussion & recommendation to the NHS Board.
- (iv) Include RIDDOR reporting relating to falls within our adverse events reporting expectations for the Clinical & Care Governance Group and the Clinical & Care Governance Committee.

FIRE SAFETY – PRESENTATION

Claire Duncan, Lead Social Work Officer for ACHSCP, gave a presentation to the Committee on Fire Safety. It dealt with the legislation; legal duties & responsibilities; role of the Scottish Fire & Rescue Services; the situation in Aberdeen for both council-owned and privately-owned care homes; contract compliance; and the work currently on-going within the Partnership.

Thereafter there were questions and comments relating to: (1) ensuring that the list of buildings which are non-compliant with the fire safety risk certifications comes back to a future committee meeting; (2) tolerance for non-compliance and ensuring there is an assessment of risk; (3) differences between tenant and landlord actions; (4) connections with Community Planning Aberdeen; (5) how the report to the CCG in June will move through the systems to the Board.

CLINICAL & CARE GOVERNANCE MATTERS

CLINICAL & CARE GOVERNANCE REPORT

6. 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 recommended:-

That the Clinical & Care Governance Committee -

- a) Note the content of the report

The report was accompanied by the following appendices:-

- **Agenda Item 6a:** Clinical and Care Governance Group – Approved Minute December 2017
- **Agenda Item 6b:** Clinical and Care Governance Group – Unapproved Minute Feb 2018
- **Agenda Item 6c:** Clinical and Care Governance Group - Report Feb 2018

The Clinical & Care Governance Group wish to escalate one item to the Committee relating to Torry Medical Practice, who will be taken over by ACHSCP as a 2C practice. A project board has been convened chaired by the Head of Operations and the project lead will be Emma King (Head of Locality). The intention is to provide the opportunity for staff to TUPE across. It is unlikely that any of the current GPs will remain however there is interest from the wider community of GPs. Communication strategy has been developed and is being implemented. Medical workforce needs to be secured in next 8 weeks.

Stephen Lynch invited any questions or comments relating to the two minutes as presented in the pack.

Thereafter, there were questions and comments relating to: (1) ACHSCP's Business Manager is undertaking work relating to the IJB's responsibilities relating to the developments with GDPR and Duty of Candor.

The Committee resolved:-

- (i) To note the content of the report.
- (ii) Request an update on the situation with Torry Medical Practice to the next Clinical & Care Governance Committee.

CARE GOVERNANCE DATA

SUMMARY REPORT – NHS ADVERSE EVENTS

7. 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 of October to the 31st of December 2017. This was robustly discussed at the Clinical & Care Governance Group, as evidenced in the minutes.

The report recommended:-

That the Clinical & Care Governance Committee –

- a) Acknowledge that the report provides the assurance required.

The report was accompanied by the following appendix:

- **Agenda Item 7a – Incident Report (NHS)**

The Committee resolved to:-

- (i) Acknowledge that the report provides the assurance required.

SUMMARY REPORT – NHS FEEDBACK

8. 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 October to the 31st of December 2017.

The report was accompanied by the following appendix:

- **Agenda Item 8b – Feedback Report (NHS).**

The report recommended:-

That the Clinical & Care Governance Committee -

- a) Acknowledge that the report provides the assurance required.

There have been discussions on the adoption of the CareOpinion method gathering feedback. It was suggested that this could come back to the C&CG Committee as a proposal.

Thereafter, there were questions relating to the options for early resolution and whether there is a mechanism for referring a complaint back to early resolution;

The Committee resolved:-

- (i) To acknowledge that the report provides the assurance required.
- (ii) Instruct officer to develop a proposal on the adoption of the Care Opinion method of gathering feedback, to come back to a future C&CG Committee.

ITEMS TO REPORT TO THE INTEGRATION JOINT BOARD

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

The Committee resolved to escalate or highlight:-

1. The good work and progress with delayed discharge.
2. A desire to further develop the Falls Policy to fit ACHSCP ambitions.
3. Progress is being made on the fire safety issue and there will be a requirement to consider how we interface with other agencies.
4. Ongoing situation with Torry Medical practice and highlight that a report will be coming to the board

AOCB

10. There were no additional items of competent business for discussion.

DR NICK FLUCK, in the chair.

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Aberdeen City Health & Social Care Partnership
A caring partnership

AUDIT AND PERFORMANCE SYSTEMS COMMITTEE

Minute of Meeting

10 April 2018
Town House, Aberdeen

Present: Rhona Atkinson (NHS Grampian (NHSG)) Chairperson; and Councillors Duncan and Imrie (present due to vacancy); and Luan Grugeon (NHSG).

Also in attendance: Sally Shaw (interim Chief Officer, (Aberdeen City Health and Social Care Partnership (ACHSCP)), Alex Stephen (Chief Finance Officer, ACHSCP), Martin Allan (Business Manager, ACHSCP), Sarah Gibbon (Executive Assistant, ACHSCP), Alan Thomson (Governance, Aberdeen City Council (ACC)), Sandra Buthlay and Jimmie Dickie (Finance, ACC) (All present for agenda items 1-10); and Iain Robertson (Governance, ACC) David Hughes (Internal Audit) and Andy Shaw (External Audit).

Apologies: Judith Proctor and Angela Scott.

OPENING REMARKS FROM THE CHAIR

1. The Chair opened the meeting and the Clerk advised that apologies had been received from Judith Proctor and Angela Scott.

The Committee resolved:-

To note the apologies.

DECLARATIONS OF INTEREST

2. 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

3. The Committee was asked to determine any exempt or confidential business.

The Chair proposed to consider item 11 (Private Meeting with Internal and External Audit) as exempt business.

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 item of business so as to avoid disclosure of exempt information of the classes described in paragraph 1 of Schedule 7(A) of the Act.

MINUTE OF PREVIOUS MEETING – 2 March 2018

4. The Committee had before it the minute of the previous meeting of 2 March 2018.

In reference to item 5 (Risk Register Review) Councillor Duncan asked how actions were tracked, Alex Stephen (Chief Finance Officer, ACHSCP) advised that the Partnership maintained a report tracker and these actions were due to be considered at the risk management workshop on 24 April and at the next IJB meeting on 22 May 2018; and

In reference to item 11 (Transformation Progress), Luan Grugeon asked if the Partnership had been reviewing governance arrangements whilst transformation projects were being upscaled, Mr Stephen confirmed that governance was taken into account and the Partnership had mechanisms in place to monitor the pace of change.

The Committee resolved:-

- (i) to approve the minute as a correct record;
- (ii) to request a deep dive session on the governance arrangements for transformation projects; and
- (iii) otherwise note the information provided.

LOCAL CODE OF GOVERNANCE

5. The Committee had before it a report by the Chief Finance Officer which reviewed the local code of corporate governance for the IJB as agreed by Audit & Performance Systems Committee on 11 April 2017 and allowed the Committee to comment on the sources of assurances used to measure the effectiveness of the governance principles contained in the CIPFA\SOLACE₁ *'Delivering Good Governance in Local Government: Framework'* document.

The report recommended:-

That the Committee approve the use of the sources of assurance, listed in appendix 1, and review the local code of governance.

Alex Stephen (Chief Finance Officer, ACHSCP) advised that the IJB code of governance had adopted the agreed ACC framework and provided an overview of the sources of assurance outlined in Appendix 1. He explained that IJB accounts would be finalised during the week commencing 16 April 2018.

Thereafter there were questions and comments on (1) how the IJB local code of governance linked in with the NHSG Professional Governance Framework; and (2) Mr Stephen advised that production of a final document would be dependent on ACC and NHSG as IJB accounts were included within both of its partners accounts.

The Committee resolved:-

- (i) to approve the use of the sources of assurance listed in Appendix 1, subject to these being updated and circulated, and to note the local code of governance; and
- (ii) to request a review of the reporting schedule for the IJB Local Code of Governance programme to ensure that a streamlined approach could be adopted during the 2018-19 financial year.

REVIEW OF FINANCIAL GOVERNANCE ARRANGEMENTS

6. The Committee had before it a report by the Chief Finance Officer which provided the results of the review undertaken by the Executive Team against financial governance requirements contained in the Chartered Institute of Public Finance and Accountancy (CIPFA)'s statement on the *'Role of the Chief Financial Officer in Local Government (2016)'*.

The report recommended:-

That the Committee note the content of the report and comment on the accompanying results of the Executive team review contained in Appendix 1.

Alex Stephen advised that the review had been based on a recommendation from the Board's previous external auditor, to provide financial assurance to the Committee using the principles set out in the Role of Chief Finance Officers in Local Government guidance prepared by CIPFA. He then provided an oversight of significant changes made during the year and highlighted areas of future work.

Thereafter there were questions and comments on (1) the process for embedding financial consequences in person specifications and appraisals; (2) the financial challenges related to locality planning and where a manager from one partner managed another partner's budget; and (3) members sought assurance that managers and budget holders had sufficient financial skills to carry out their roles effectively, Mr Stephen confirmed that he had no significant concerns in this regard as staff had received training and were generally knowledgeable and experienced.

The Committee resolved:-

- (i) to request that consideration be given to simply stating where principles do not apply to IJBs such as treasury management within principle 3; and
- (ii) otherwise note the content of the report and comment on the accompanying results of the Executive team review contained in Appendix 1.

GOVERNANCE STATEMENT

7. The Committee had before it a report by the Chief Finance Officer which (1) provided the Committee with the opportunity to provide comment on and approve in principle, the annual governance statement; and (2) requested agreement that

assurances on the government framework could be provided to Aberdeen City Council and NHS Grampian.

The report recommended:-

That the Committee –

- (a) Comment on the draft annual governance statement, as set out in appendix 1; and
- (b) Additionally, on the proviso that no significant weaknesses impacting on the IJB's governance framework are identified in the assurances received by Aberdeen City Council, NHS Grampian and the IJB's Internal auditors: Instruct the Chief Finance Officer to complete the governance statement and provide responses to Aberdeen City Council and NHS Grampian that reasonable assurance can be placed upon the adequacy and effectiveness of the Aberdeen City Integration Joint Board's systems of governance.

Alex Stephen advised that last year's formatting had been retained but additional improvement activity had been included to reflect the Board's second full year of operation. Mr Stephen provided an overview of the IJB scheme of governance and noted that an action plan was in place to monitor implementation. He added that additional sources of assurance would be provided by ACC and NHSG following approval of their annual governance statements and explained that if any significant changes had been made, these items would be brought back to the Committee for further consideration.

Thereafter there were questions and comments on (1) the possibility of referring to the Fairer Scotland Duty within the action plan; (2) the list of improvement actions, with particular focus on the review of risk registers; and (3) the importance of not losing focus on person centred care at a local level in search of achieving national metrics and targets.

The Committee resolved:-

- (i) to request that reference be made to the Fairer Scotland Duty within the action plan; and
- (ii) otherwise instruct the Chief Finance Officer to complete the governance statement and provide responses to Aberdeen City Council and NHS Grampian that reasonable assurance could be placed upon the adequacy and effectiveness of the Aberdeen City Integration Joint Board's systems of governance.

INTERNAL AUDIT ANNUAL REPORT

8. The Committee had before it a report by David Hughes (Chief Internal Auditor) which provided the Committee with Internal Audit's Annual Report and Internal Financial Control Statement for 2017/18.

The report recommended:-

That the Committee -

- (a) Note the Internal Financial Control Statement for 2017/18;
- (b) Note that the Chief Internal Auditor has confirmed the organisational independence of Internal Audit;
- (c) Note that there has been no limitation to the scope of Internal Audit work during 2017/18;

- (d) Note that an external review of Internal Audit was completed by KPMG and the outcome from that was reported to Aberdeen City Council's Audit, Risk and Scrutiny Committee; and
- (e) Note the progress that IJB management has made with implementing recommendations agreed in Internal Audit reports relating to the IJB.

David Hughes advised that Internal Audit had assessed the IJB's governance, financial and risk management frameworks and found that reasonable assurance could be placed on the adequacy and effectiveness of the Board's internal control system. He explained that a number of recommendations for improvement had been made and referred members' attention to appendix 2 of the report. Mr Hughes concluded by confirming the independence of Internal Audit and noting that its scope had not been limited during 2017-18.

The Chair thanked Mr Hughes for his report and reiterated the importance of a having a robust and reliable internal audit function, as well as having a Committee that would listen to concerns and act on recommendations for improvement.

Thereafter members discussed Internal Audit's oversight of IJB partnership working, to which Mr Hughes advised that Internal Audit did not have full access to relevant information as they were not NHS Grampian's internal auditor. The Chair confirmed that NHS Grampian's internal audit plan for 2018-19 had been approved last week (week commencing 2 April 2018).

The Committee resolved:-

- (i) to note the Internal Financial Control Statement for 2017/18;
- (ii) to note that the Chief Internal Auditor has confirmed the organisational independence of Internal Audit;
- (iii) to note that there has been no limitation to the scope of Internal Audit work during 2017/18;
- (iv) to note that an external review of Internal Audit was completed by KPMG and the outcome from that was reported to Aberdeen City Council's Audit, Risk and Scrutiny Committee; and
- (v) to note the progress that IJB management has made with implementing recommendations agreed in Internal Audit reports relating to the IJB.

INTERNAL AUDIT PLAN

9. The Committee had before it a report by David Hughes which sought approval of the Internal Audit Plan for the Aberdeen City Integration Joint Board for 2018/19.

The report recommended:-

That the Committee approve the Internal Audit plan for 2018/19.

David Hughes presented the Internal Audit Plan for 2018-19 and advised that areas of intended scrutiny had been based on discussions with management and a review of risk and governance documents. He noted that the adult social care element of the Plan had been approved by the Council's Audit, Risk and Scrutiny Committee on 22 February 2018.

Thereafter there were questions and comments on (1) risks relating to hosted services; (2) how audit areas were selected by Internal Audit; and (3) the ongoing

review of the Strategic Risk Register and whether there was scope to change areas of intended scrutiny throughout the year. Mr Hughes confirmed there was such scope, and pointed out that internal audit work would not commence until the second quarter of the financial year.

The Committee resolved:-

- (i) to approve the Internal Audit plan for 2018/19; and
- (ii) to request that risks relating to hosted services be reviewed at the IJB Workshop on 24 April 2018.

INTERNAL AUDIT REPORT – FINANCIAL ASSESSMENTS

10. The Committee had before it a report by David Hughes which presented the outcome from the planned audit of Financial Assessments that was included in the 2017/18 Internal Audit Plan for Aberdeen City Council.

The report recommended:-

That the Committee review, discuss and comment on the issues raised within this report.

David Hughes advised that the objective of the audit was to determine whether assurance arrangements were in place to undertake financial assessments for fees charged and services provided by the Partnership. Internal Audit found that this was the case in general, though a number of recommendations were made for improvement with regards to the quality assurance process. He added that Management had accepted all Internal Audit recommendations.

Thereafter there were questions and comments on (1) the use of digital technology to improve accuracy and efficiency levels; (2) the ongoing workstream to increase the functionality of the Care First system; and (3) the importance of processing and storing personal information and data securely.

The Committee resolved:-

To note the report.

INTERNAL AUDIT REPORT – SOCIAL WORK PAYROLL

11. The Committee had before it a report by David Hughes which presented the outcome from the planned audit of Adult Social Work Payroll that was included in the 2017/18 Internal Audit Plan for Aberdeen City Council.

The report recommended:-

That the Committee review, discuss and comment on the issues raised within this report.

David Hughes advised that appropriate controls were in place but highlighted that areas of compliance could be strengthened with regards to authorised signatures, and a number of minor payment errors had been identified. He added that Management had accepted all recommendations for improvements made by Internal Audit.

The Committee resolved:-

To note the report.

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

PRIVATE MEETING WITH INTERNAL AND EXTERNAL AUDIT

12. The Committee met in private session with the Partnership's internal and external auditors as per item 6.1 of the Committee's terms of reference.

The Committee resolved:-

- (i) to note the information provided; and
- (ii) to note that the Committee's next meeting with auditors was scheduled for 13 November 2018.

RHONA ATKINSON, Chairperson.

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BUSINESS STATEMENT

22 May 2018

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 or have exceeded their due date are shaded.

| <u>No.</u> | <u>Minute Reference</u> | <u>IJB Decision</u> | <u>Update</u> | <u>Lead Officer(s)</u> | <u>Due</u> |
|------------|-------------------------------|---|--|---|------------|
| 1. | TLG 17.11.14 Article 3 | <p><u>Delegated Functions and Services</u></p> <p>The TLG agreed that the starting position in terms of delegated functions and services would be those set out in set one of the regulations and orders as set out in tables 2 and 3 appended to the report, and within that starting point, agreed that further work on the handling of NHS services delivered across the north east and in relation to hosted services within scope would be carried out by the Strategic Change Management Group and recommendations brought back to the Shadow Board.</p> | <p>The Scheme of Governance was approved by the Board at its meeting on 27 March 2018.</p> <p>Recommended for removal</p> | Chief Officer, Aberdeen City Health and Social Care Partnership | 27.03.18 |
| 2. | IJB 30.08.16 Article 5 | <p><u>Standing Orders</u></p> <p>The Board requested that officers review standing order 23 and report back to the Board.</p> | A report reviewing committee terms of reference is on today's agenda. | Legal and Democratic Services, ACC | 22.05.18 |
| 3. | IJB 15.08.17 Article 17 | <p><u>Aberdeen City Residential Nursing Home Provision</u></p> <p>The Board requested a review of the Partnership's strategic intentions towards</p> | A report is on today's agenda. | Chief Officer, Aberdeen City Health and Social Care Partnership | 27.03.18 |

| <u>No.</u> | <u>Minute Reference</u> | <u>IJB Decision</u> | <u>Update</u> | <u>Lead Officer(s)</u> | <u>Due</u> |
|------------|-------------------------------|--|---|--|------------|
| | | | for carers to meet personal outcomes under the legislation. | | |
| 6. | IJB 31.10.17 Article 15 | <u>Transformation Decisions</u> The Board requested an options appraisal on the Partnership's use of ACC and NHSG estates and the development of digital solutions; and instructed the Chief Officer to provide an update on implementation timescales. | | Chief Officer, Aberdeen City Health and Social Care Partnership | 09.10.18 |
| 7. | IJB 31.10.17 Article 16 | <u>Board Development Work</u> The Board requested a report on Board Development which would be shaped following consultation with members on their developmental priorities and needs. | The Board deferred decision making on this item for six months. | Chief Officer, Aberdeen City Health and Social Care Partnership | 28.08.18 |
| 8. | IJB 12.12.17 Article 11 | <u>Scheme of Assistance Private Sector Grants Budget 2017-18</u> The Board instructed the Head of Strategy and Transformation to form a short-life working group, including representatives from Bon Accord Care, Aberdeen City Council and the ACHSCP, to undertake a review of the Scheme of Assistance policy and full working practices in order to ensure demand and budget are managed as efficiently and effectively as possible. | This report will be presented to the Board on 28 August 2018. | Head of Strategy and Transformation , Aberdeen City Health and Social Care Partnership | 27.03.18 |
| 9. | IJB 30.01.18 Article 7 | <u>Diet, Activity and Healthy Weight</u> The Board instructed the Chief Officer to | This report will be presented to the Board on 28 August 2018. | Chief Officer, Aberdeen City Health and | 22.05.18 |

| <u>No.</u> | <u>Minute Reference</u> | <u>IJB Decision</u> | <u>Update</u> | <u>Lead Officer(s)</u> | <u>Due</u> |
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| | | prepare an additional paper to be presented to the IJB in early 2018 to consider the Food Charter for the SFCPA. | | Social Care Partnership | |
| 10. | IJB 30.01.18 Article 14 | <u>Primary Care</u> The Board instructed the Chief Officer to develop an Engagement Strategy to develop the vision further with all stakeholders and bring this back to the IJB in May 2018. | The IJB has adopted an engagement strategy. One specific to the primary care strategy will be brought back on 22 August 2018, alongside the finalised Primary Care Plan. | Chief Officer, Aberdeen City Health and Social Care Partnership | 22.05.18 |
| 11. | IJB 30.01.18 Article 19 | <u>Mental Health Commissioning</u> The Board instructed the Chief Officer to ensure that the Strategic Commissioning Board presents a report to the Board which would outline challenges related to the re-provision of care, with particular focus on the housing element and to provide options for the Board's consideration. | | Chief Officer, Aberdeen City Health and Social Care Partnership | 22.05.18 |
| 12. | IJB 30.01.18 Article 10 | <u>Risk Management</u> The Board requested that the updated strategic risk register be presented to the Board at its next meeting on 22 May 2018 | The Board held a workshop session to review the strategic risk register and risk appetite statement on 24 April 2018. | Chief Finance Officer, Aberdeen City Health and Social Care Partnership | 22.05.18 |
| 13. | IJB 27.03.18 Article 13 | <u>Ethical Care Charter Implementation</u> The Board requested reports on the Scottish Living Wage and Ethical Care Charter implementation be consolidated | | Chief Officer, Aberdeen City Health and Social Care Partnership | 28.08.18 |

| <u>No.</u> | <u>Minute Reference</u> | <u>IJB Decision</u> | <u>Update</u> | <u>Lead Officer(s)</u> | <u>Due</u> |
|------------|-------------------------------|---|--------------------------------|---|------------|
| | | and reported to the Board in due course. | | | |
| 14. | IJB 27.03.18 Article 13 | <u>Medium Term Financial Strategy</u> The Board agreed to review the narrative of the Medium Term Financial Strategy at its meeting on 9 October 2018. | | Chief Finance Officer, Aberdeen City Health and Social Care Partnership | 09.10.18 |
| 15. | IJB 27.03.18 Article 14 | <u>Prescribing</u> The Board requested:- (i) the Chief Officer to prepare a report detailing other drugs being prescribed with limited clinical value and recommending the process to be followed to de-prescribe these drugs; (ii) the Chief Officer to prepare a report on prescribing indicating how a regional approach to prescribing could operate; and (iii) the Chief Finance Officer to draft a communication strategy on budgetary and financial pressures, and present this to a future meeting of the Board for consideration. | | Chief Officer, Aberdeen City Health and Social Care Partnership/ Chief Finance Officer, Aberdeen City Health and Social Care Partnership | 28.08.18 |
| 16. | IJB 27.03.18 Article 20 | <u>GMS Contract</u> The Board asked the Chief Officer to bring a final Primary Care Improvement Plan to | A report is on today's agenda. | Chief Officer, Aberdeen City Health and Social Care | 22.05.18 |

| <u>No.</u> | <u>Minute Reference</u> | <u>IJB Decision</u> | <u>Update</u> | <u>Lead Officer(s)</u> | <u>Due</u> |
|------------|-------------------------|--|---------------|------------------------|------------|
| | | the IJB for agreement prior to its submission to Scottish Government in July 2018. | | Partnership | |



INTEGRATION JOINT BOARD

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|---|---|
| Report Title | Review of Committee Terms of Reference |
| Lead Officer | Sally Shaw, Interim Chief Officer, ACHSCP |
| Report Author, Job Title, Organisation | Iain Robertson, Committee Services Officer, Aberdeen City Council |
| Report Number | HSCP/18/026 |
| Date of Report | 26 April 2018 |
| Date of Meeting | 22 May 2018 |

| |
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| 1: Purpose of the Report |
| To review the Audit and Performance Systems (APS) and Clinical and Care Governance (CCG) Committee terms of reference and to set out the process for appointing a new member to the APS Committee. |

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| 2: Summary of Key Information |
| <p><u>Review of Committee Terms of Reference</u></p> <p>2.1 At its meeting on 29 March 2016, the Integration Joint Board (IJB) agreed to establish two committees to support its functions. These were the Audit and Performance Systems (APS) Committee and the Clinical and Care Governance (CCG) Committee.</p> <p>2.2 The Committees have been operating for two years and now is a good opportunity to review the terms of reference to ensure they remain robust and reflect how committees operate in practice.</p> <p>2.3 To support this review, a short term Governance Working Group was formed consisting of officers from the Council and NHS Grampian to conduct a benchmarking exercise against terms of reference from other integration authorities and equivalent committees within Partner organisations.</p> <p>2.4 The Governance Working Group then carried out an initial review and made a number of formatting, clarification and substantive changes to the terms of reference and to the Committee section within standing orders to ensure the IJB scheme of governance remained as streamlined as possible.</p> |



INTEGRATION JOINT BOARD

2.5 The main changes have been summarised below:-

IJB Standing Orders:

- Job titles within the Consultation section have been updated to reflect the Council's Target Operating Model;
- Process developed for escalating reports from committees to the IJB for consideration; and
- There is also a new order noting that an IJB Chair cannot also be Chair of an IJB committee to avoid conflicts of interest.

APS Committee:

- Format of terms of reference has been revised to reflect IJB standing orders;
- Purpose of the Committee added to the Introduction session;
- Responsibility for reviewing the Governance Statement and Annual Performance Report inserted into the Committee's remit;
- Responsibility for scrutiny of serious incidents in health and social care, including training, monitoring and reporting activity transferred to the CCG Committee; and
- Terms of Reference now to be reviewed annually.

CCG Committee:

- Format of terms of reference has been revised to reflect IJB standing orders;
- Membership limited to four voting members, with other attendees as advisers. This standardises membership and quorums for both committees;
- Links between the CCG Committee and NHSG and Council committees set out; and
- It is made clear that the Committee is subject to IJB standing orders but the order which allows public and press access to meetings and documents will remain suspended for a period of one year prior to further review.

2.6 It is recommended that items within the IJB Scheme of Governance (standing orders, committee terms of reference, Integration Scheme, Code of Conduct and Roles and responsibilities) all be reviewed annually on a recurring basis in May each year to ensure a cohesive approach continues to be adopted.



INTEGRATION JOINT BOARD

Appointment of Member to Audit and Performance Systems Committee

2.7 Following the meeting of Aberdeen City Council on 5 March 2018 which changed the Council's membership on the IJB, a position on the APS Committee became vacant. It is recommended that a voting member from the Council be appointed to this committee to adhere to the equal representation principle set out in standing order 24(3).

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

3: Equalities, Financial, Workforce and Other Implications

3.1 IJB standing orders include the provision for the Council and NHSG to be equally represented on the Board and each of its committees.

4: Management of Risk

Identified Risk(s): IJB Committees will be unable to function effectively if governing documents are not update to date and robust.

If appointments to 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 reviewing committee terms of reference, the Board will ensure that its governance arrangements are robust and fit for purpose.

The appointment of an equal number of members from the Council and NHS Grampian would mean that each committee is equally represented and has a



INTEGRATION JOINT BOARD

greater range of expertise and experience to hold Partnership officers to account.

5: Recommendations

It is recommended that the Integration Joint Board:

1. Approve the revised Standing Orders and Committee Terms of Reference attached as **Appendices A, B and C**;
2. Agree to review Committee Terms of Reference along with the wider IJB Scheme of Governance on an annual basis; and
3. Appoint an Aberdeen City Council voting member onto the Audit and Performance Systems Committee.

6: Signatures

| | |
|---|---|
|  | Sally Shaw (Interim Chief Officer) |
|  | Alex Stephen (Chief Finance Officer) |



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 executive 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 for the remainder of that 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) ~~Chief Officer~~Head of Finance, ACC
 - k) Director of Finance, NHSG
 - l) ~~Chief Officer Governance~~Head of Legal and Democratic Services, ACC
 - m) Clerk to the IJB
- (2) Aberdeen City Council's Leader(s) and Convener of the City Growth 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 for an appointing period not exceeding two years.-
- (3) The IJB may change the person appointed as Chair during the appointing period for the remainder of that period.
- (4) The Board Chair shall not chair an IJB committee.
- (53) The IJB shall appoint two voting members from each constituent authority to serve on each committee to ensure equal representation.
- (64) Any decision of a committee must be agreed by a majority of the votes cast by the voting members of that committee.
- (75) The IJB may alter the Terms of Reference of any committee at any time.
- (86) All IJB members shall be entitled to receive committee papers and an open invitation shall be extended to members to attend Committee meetings.

(97) 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.

10 Committee meetings shall be conducted in accordance with IJB standing orders.

(11) Following agreement from a majority of members, a committee may refer or escalate an item of business to the next IJB meeting for consideration. The Clerk of the committee shall make the necessary arrangements.

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.



ABERDEEN CITY INTEGRATION JOINT BOARD

AUDIT AND PERFORMANCE SYSTEMS COMMITTEE TERMS OF REFERENCE

1. Introduction

- (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.
- (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.
- (3) The purpose of the Committee is to provide assurance to the IJB on the robustness of the Partnership's risk management, financial management service performance and governance arrangements.

2. Constitution

- (1) The IJB shall appoint the Committee members. The Committee will consist of of not less than four voting members of the IJB, with two members appointed from each partner, excluding Professional Advisors. The Committee will include at least two voting members, one from Health and one from the Council.

3. Chairperson

- (1) The Committee will be chaired by a non-office bearing voting member of the IJB and will rotate between NHS Grampian and Aberdeen City Council (ACC).

4. Quorum

- (1) Three Members of the Committee will constitute a quorum.

5. Attendance at Meetings

- (1) The ~~Board Chair~~, Chief Officer, Chief Finance Officer, Chief Internal Auditor and other Professional Advisors and senior officers are required

as a matter of course, external audit or other persons shall attend meetings at the invitation of the Committee.

- (2) The Chief Internal Auditor will be invited to each meeting and the external auditor will attend at least one meeting per annum.
- (3) The Committee may co-opt additional advisors as required.

6. Meeting Frequency

- (1) The Committee will meet at least four 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 two developmental sessions will be planned over the course of the year to support the development of members.

7. Authority

- (1) The Committee is authorised to instruct further investigation on any matters which fall within its Terms of Reference.

8. Duties

The Committee shall:-

- (1) ~~The Committee will r~~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.
- (2) Prepare and implement the strategy for performance review and monitor the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB.
- (3) Ensure 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.

- (4) Act as a focus for value for money and service quality initiatives.

- (5) 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.
- (6) Monitor 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.
- (7) Consider matters arising from Internal and External Audit reports.
- (8) Review on a regular basis actions planned by management to remedy weaknesses or other criticisms made by Internal or External Audit.
- (9) 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.
- (10) 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.
- (11) Review risk management arrangements, receive annual Risk Management updates and reports and annually review with the full Board the IJB's risk appetite document.
- (12) Ensure the existence of and compliance with an appropriate Risk Management Strategy.
- (13) Report to the IJB on the resources required to carry out Performance Reviews and related processes.
- (14) Consider and approve annual financial accounts and related matters.
- (15) ~~Ensure 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. Approve and understand the sources of assurance used in the Annual Governance Statement.~~
- (16) Review the Annual Performance Report to assess progress toward implementation of the Strategic Plan.
- (17) 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.
- ~~(18) 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 and Performance Systems Committee.~~
- (189) Promote the highest standards of conduct by Board Members.
- (1920) Monitor and keep under review the Codes of Conduct maintained by the IJB.

(204) Provide oversight of Information Governance arrangements and staffing arrangements as part of the Performance and Audit process.

~~(22) Ensure 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.~~

(213) 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.

(22) The Committee shall present the minute of its most recent meeting to the next meeting of the IJB for information.

9. Review

(1) The Terms of Reference will be reviewed annually ~~every six months~~ to ensure their ongoing appropriateness in dealing with the business of the IJB.

(2) As a matter of good practice, the Committee should expose itself to periodic review utilising best practice guidelines ~~and external facilitation as required.~~



ABERDEEN CITY INTEGRATION JOINT BOARD

CLINICAL AND CARE GOVERNANCE COMMITTEE TERMS OF REFERENCE

1. Introduction

- (1) The Clinical and Care Governance Committee will provide assurance to the Integrated Joint Board (IJB) on the systems for delivery of safe, effective, person-centred care in line with the IJB's statutory duty for the quality of health and care services.

2. Remit

- (1) To provide assurance to the IJB that clinical and care governance is being discharged within the Partnership in relation to the statutory duty for quality of care and that this is being led professionally and clinically with the oversight of the IJB.
- (2) To provide the strategic direction for development of clinical and care governance within the Partnership and to ensure its implementation.

3. Membership

- (1) The Committee shall be established by the IJB and will be chaired by a voting member of the IJB. The Committee shall ~~consist~~comprise of four voting IJB members, with two members appointed from each partner.

(2) The principal advisers to the Committee shall be:-

- (a) Chief Officer ;
- (b) Chief Social Work Officer;
- (c) Chair of the Clinical and Care Governance Group;
- (d) Chair of the Health and Safety Committee;
- (e) Chair of the Joint Staff Forum;
- (f) Clinical Director;
- (g) Professional Nursing Lead;
- (h) Allied Health Professional Lead Officer; and
- (i) IJB Public Representatives.

~~(3) All other Partnership officers shall attend where appropriate.~~

- ~~• 4 voting members of the IJB~~
- ~~• Chief Officer~~
- ~~• Chief Social Work Officer~~
- ~~• Chair of the Clinical and Care Governance Group~~
- ~~• Chair of the Health and Safety Committee (this group is in development)~~
- ~~• Chair of the Joint Staff Forum~~
- ~~• Professional Lead – GP~~
- ~~• Professional Lead – Nurse/AHP~~
- ~~• Public Representative~~
- ~~• Third sector and Independent Sector representatives~~

~~(2) The Chair and members of the Committee will be appointed by the IJB. Committee membership and Chairmanship will be reviewed annually.~~

~~(43) Where a member is unable to attend a particular meeting, a named representative may shall attend in their place.~~

~~(54) The Committee may wish to co-opt additional advisers as required invite appropriately qualified individuals from other sectors to join its membership as it determines or as is required given the matter under consideration. This may include advisers from NHS Board Professional Committees, Managed Care Networks and Adult and Child Protection Committees.~~

~~(5) The Committee may co-opt additional advisers as required with approval of the Chair.~~

4. Quorum

~~(1) Two voting IJB members will be required and a total of four other committee members (six in total) shall constitute a quorum. Three members of the Committee will constitute a quorum.~~

5. Frequency of Meetings

(1) The Committee shall ~~meet quarterly and will~~ meet at least four times a year.

(2) The Chair may, at any time, convene additional meetings of the Committee.

(3) Two development workshops/activities will be held each year.

6. Conduct of Meetings

- (1) A calendar of Committee meetings, for each year, shall be agreed by the members and distributed to members.
- (2) The agenda and supporting papers shall be sent to members at least seven days before the date of the meeting.
- (3) Administrative support shall be provided by the Health and Social Care Partnership.

7. Authority

- (1) The Committee is authorised on behalf of the IJB to investigate any matter that falls within its Terms of Reference and obtain professional advice as required.
- (2) ~~The Committee may form one or more sub-groups to support the clinical and care governance function within the Partnership.~~

8. Duties

- (1) The Committee shall be responsible for the oversight of clinical and care governance within Aberdeen City Health and Social Care Partnership. Specifically it will:
- (2) Agree the Partnership's clinical and care governance priorities and give direction to clinical and care governance activities.
- (3) Oversee the work of the Clinical and Care Governance Group and Staff Governance Groups – receiving a quarterly report and meeting minutes for consideration and assurance as necessary.
- (4) Monitor the Partnership's Risk Register from a clinical and care governance/staff governance perspective and escalate to the IJB any unresolved risks that require executive action or that pose significant threat to patient care, service provision or the reputation of the Partnership.
- (5) Oversee and direct the processes within the Partnership to ensure appropriate action is taken in response to adverse events, scrutiny reports/action plans, safety action notices, complaints and litigation. Also ensures that examples of good practice and lessons learned are disseminated within the Partnership and beyond if appropriate.
- (6) The Chief Social Work Officer will provide appropriate professional advice to the Clinical and Care Governance Committee in relation to statutory social work duties in terms of the Social Work (Scotland) Act 1968. In their operational management role the Chief Officer will work with and be supported by the Chief Social Work Officer with respect to quality of integrated services within the Partnership in order to then provide assurance to the IJB.
- (7) The Professional Leads nominated by NHS Grampian will be supported by NHS Grampian's Medical Director and Director of Nursing and Allied

Health Professions through formal network arrangements. In their operational management role, the Chief Officer will work with and be supported by these Professional Leads with respect to quality of integrated services within the Partnership in order to then provide assurance to the IJB.

- (8) The Chief Officer has delegated responsibilities from both Chief Executives, for the professional standards of staff working in integrated services. The Chief Officer, relevant Lead Professionals and the Chief Social Worker will work together to ensure appropriate professional standards and leadership particularly during times of transition.
- (9) Through the Clinical and Care Governance Committee, the Chief Officer will ensure that clear strategic objectives for clinical and care governance are agreed, delivered and reported through an annual clinical and care governance action plan. This will include actions to ensure the quality of service delivery including that delivered through services procured from the third and independent sector.

(10) Ensure 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.

9. Reporting Arrangements

- (1) The Clinical and Care Governance Committee will formally provide a copy of its minutes to the IJB for inclusion on the agenda of subsequent IJB meetings. These minutes will be made publically available.

(2) The Committee shall provide the IJB and any other relevant bodies or individuals with a written report on any matters which are agreed as requiring escalation. The Clerk will make the necessary arrangements.

- ~~(32)~~ The Chief Officer will provide assurance to the IJB on the development and completion of the Annual Clinical and Care Governance Workplan.

- ~~(43)~~ The Committee will provide assurance to the IJB and inform the NHS Clinical Governance Committee on the operation of clinical and care governance within the Partnership.

(5) The Committee will have close links with the Aberdeen City Council Public Protection Committee to explore shared risks and responses to adverse events, the preparation of action plans and the sharing of best practice and learning.

- ~~(64)~~ The Committee will conduct a review of its role and, function on an annual basis, ~~and membership within the first year and then regularly at a frequency to be determined.~~

- ~~(75)~~ The Clinical and Care Governance Group will report to the Clinical and Care Governance Committee.

(8) The provisions of standing order 10(4), relating to the access of public and press to meetings and papers shall not apply to this Committee but shall be subject to annual review.



INTEGRATION JOINT BOARD

| | |
|--|--|
| Report Title | Data Protection Officer |
| Lead Officer | Alex Stephen, Chief Finance Officer, ACHSCP |
| Report Author (Job Title, Organisation) | Alan Thomson, Solicitor, Aberdeen City Council |
| Report Number | HSCP/18/037 |
| Date of Report | 27 April 2018 |
| Date of Meeting | 22 May 2018 |

1: Purpose of the Report

1.1 To advise the Integration Joint Board of the requirement to appoint a Data Protection Officer.

2: Summary of Key Information

2.1 The new General Data Protection Regulation (GDPR) comes into effect on the 25th May 2018.

- The GDPR introduces a duty for public authorities to appoint a data protection officer (DPO).
- DPOs monitor internal compliance, inform and advise on data protection obligations, provide advice regarding Data Protection Impact Assessments (DPIAs) and act as a contact point for data subjects and the supervisory authority.
- The DPO must be independent, an expert in data protection, adequately resourced, and report to the highest management level.
- A DPO can be an existing employee or externally appointed.
- In some cases, several organisations can appoint a single DPO between them.
- DPOs can help demonstrate compliance and are part of the enhanced focus on accountability.

2.2 The DPO's tasks are defined in Article 39 as:

- to inform and advise the IJB about obligations to comply with the GDPR and other data protection laws;



INTEGRATION JOINT BOARD

- to monitor compliance with the GDPR and other data protection laws, and with data protection polices, including managing internal data protection activities; raising awareness of data protection issues, training staff and conducting internal audits;
- to advise on, and to monitor, data protection impact assessments;
- to cooperate with the supervisory authority; and
- to be the first point of contact for supervisory authorities and for individuals whose data is processed (employees, customers etc).

2.3 It's important to remember that the DPO's tasks should also cover all personal data processing activities, not just those that require their appointment under Article 37(1).

- When carrying out their tasks the DPO is required to take into account the risk associated with the processing undertaken. They must have regard to the nature, scope, context and purposes of the processing.
- The DPO should prioritise and focus on the riskier activities, for example where special category data is being processed, or where the potential impact on individuals could be damaging. Therefore, DPOs should provide risk-based advice to your organisation.
- If the IJB decide not to follow the advice given by their DPO, the reasons for not doing so should be documented to help demonstrate accountability.

2.4 The Data Protection Bill will define what a 'public authority' is under GDPR. This is likely to be the same as those defined under the Freedom of Information Act (Scotland) 2002 which includes the IJB. However, the Data Protection Bill is subject to amendment and officers will confirm the IJBs status when the Bill becomes an Act of Parliament.

2.5 The IJB is not expected to have much personal data. This is because the partners are responsible for operational delivery of the functions and services. Therefore, the partners will be the data controllers, either separately or jointly, for all the services delivered by Partnership. The IJB will have some data controller responsibilities for reports it receives, complaints to the Board, information about seconded staff, and other small amounts of data. The DPO for the IJB is, therefore, not expected to have much to do for the IJB. It is hoped that one of the Partner's DPO's will take on responsibility for the IJB. Any costs associated with the appointment are likely to be minimal.

2.6 Aberdeen City Council's (ACC) DPO is currently the Chief Officer – Governance. This may change once the new organisational structure has been finalised later this year. The DPO for NHS Grampian (NHSG) is the Information Governance Lead.



INTEGRATION JOINT BOARD

| | |
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| 3: | Equalities, Financial, Workforce and Other Implications |
|-----------|--|

Equalities – Not applicable

Financial – There is no or minimal anticipated cost to providing this service to the IJB due to the small amount of work anticipated for the IJB.

Workforce – While all NHS staff and ACC staff must all comply with GDPR this is already being done by the individual DPOs for both organisations.

Other – Not applicable

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| 4: | Management of Risk |
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If the IJB does not appoint a Data Protection Officer, it will be in breach of new data protection legislation.

| | |
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| 5: | Recommendations |
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It is recommended that the Integration Joint Board:

1. Approve the appointment of a Data Protection Officer for the Integration Joint Board and instruct the Chief Officer to make the necessary arrangements with the relevant Partner.

| | |
|-----------|-------------------|
| 6: | Signatures |
|-----------|-------------------|

| | |
|---|---|
|  | Sally Shaw (Interim Chief Officer) |
|  | Alex Stephen (Chief Finance Officer) |

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Integration Joint Board

| | |
|--|-------------------------------------|
| Report Title | Unaudited Final Accounts 2017/18 |
| Lead Officer | Alex Stephen, Chief Finance Officer |
| Report Author (Job Title, Organisation) | Alex Stephen, Chief Finance Officer |
| Report Number | HSCP/18/055 |
| Date of Report | 30/04/2018 |
| Date of Meeting | 22/05/2018 |

1: Purpose of the Report

The purpose of this report is to allow the Integration Joint Board to review and comment on the unaudited final accounts for 2017/18.

2: Summary of Key Information

This is the second time that a full set of accounts have been prepared for the Integration Joint Board (IJB).

A great deal of work has been undertaken at a national level to agree on a proposed approach to the Integration Joint Board Accounts. Even then there will be changes in format and the disclosures contained in the accounts based on local circumstances. However, the major disclosures and format is based on a template commissioned by the Scottish Government with the Chartered Institute of Public Finance and Accountancy (CIPFA).

The accounts are based the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18 (the Code) and follow the format of the accounts used by local authorities as the IJB is recognised as a local government body, under Part VII of the Local Government (Scotland) Act 1973.

Given this is only the second year of producing these accounts there is a possibility that some of the disclosures and the accounts will need to be changed during the audit process.

The audit of the accounts will take place week beginning the 21 May 2018. The final audited accounts will be brought back to a special meeting of the Audit & Performance Systems Committee to be held week beginning the 11 June 2018.



Integration Joint Board

The Local Authority Accounts (Scotland) Regulations 2014 defines the notice period, the inspection period, the deadline for submission of an objection to the accounts and the information which must be made available for inspection. The inspection must last 15 working days.

Aberdeen City Council have embarked on a process to shorten the timescale for closing the final accounts. As the IJB accounts feed into the Aberdeen City Accounts, the IJB have been collated quicker than in 2016/17. The intention is that the Aberdeen City Council accounts, including the group accounts, will be drafted, audited and approved by the 30 June at the latest,

The accounts follow the following format:

Management Commentary - Explains the performance over the last financial year and highlights some of the potential risks during the next financial year.

Remuneration Note – contains details of the pay and pension benefits accrued by the senior officers of the IJB during 2017/18.

Annual Governance Statement – Highlights the Governance Framework in place and describes performance and improvements against the local code of governance. Was discussed at the last APS Committee and now contains the assurances from Aberdeen City Council, NHS Grampian and the Internal Auditors. Note it also contains an additional disclosure in relation to the Kingsmead Nursing Home.

Financial Statements – contains details of the financial transactions, including the Income & Expenditure Account, Balance Sheet and Movement in Reserves Statement.

Notes to the Accounts – including the financial policies used by the IJB over this period and the relevant disclosures required through the code.

As can be seen through the accounts at the end of the financial year the IJB has £8,306,254 in its useable reserve at the end of the financial year, which has largely been allocated by the IJB for specific integration and change projects.



Integration Joint Board

3: Equalities, Financial, Workforce and Other Implications

Equalities – There are no equalities implications arising from this report.

Financial – The financial implications are highlighted throughout the report and in the appendix.

Workforce – There are no workforce implications directly arising from this report.

4: Management of Risk

Identified risk(s) and link to strategic risk register:

- There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and project an overspend – Medium
- 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 – Medium
- There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care – High
- Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system – High

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



The audited accounts are an important document for the IJB, demonstrating financial performance over the year and are independently audited.

Recommendations could be received from the external auditors which impact on any of the strategic risks highlighted above.



Integration Joint Board

| 5: | Recommendations |
|---|-----------------|
| <p>It is recommended that the Integration Joint Board:</p> <ol style="list-style-type: none"><li data-bbox="284 618 1235 658">1) Consider and comment on the Unaudited Accounts for 2017/18 | |

| 6: | Signatures | |
|--|---|--|
|  | Sally Shaw (Interim Chief Officer) | |
|  | Alex Stephen (Chief Finance Officer) | |



Aberdeen City Integration Joint Board

Unaudited Annual Accounts 2017/18



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Management Commentary

The Role and Remit of the Integration Joint Board (“IJB”)

Aberdeen is the third largest city in Scotland and provides Scotland with 15% of its Gross Added Value. Much of this value has come from the oil and gas industry, although since the oil price reduction in 2014 the local economy has suffered. Aberdeen has a population estimated in 2014 at 228,990 and eight of its 37 data zones are recognised as deprived in the Scottish Index of Multiple Deprivation rankings.

In terms of health and social care the demand for services continues to rise each year. The over-65s account for 15% of the total population of Aberdeen and this percentage is forecast to increase to 18% over the next 20 years.

Prior to the establishment of the IJB, community health services were delivered by NHS Grampian (through the Community Health Partnership) and adult social care services were delivered by Aberdeen City Council through the Social Work Department.

The Public Bodies (Joint Working) (Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and received Royal Assent in April 2014. The Act provides a framework for the integration of adult health and social care services in order to improve the quality and consistency of services to patients, carers, service users and their families; to provide seamless, joined-up quality health and social care services in order to care for people in their own homes or a homely setting where it is safe to do so; and to ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer-term and often complex needs, many of whom are older.

Aberdeen City Council and NHS Grampian took the decision that, in order to comply with their obligations as a result of the 2014 Act, the model for integration of health and social care services in Aberdeen City would be the Body Corporate model, also known as an Integration Joint Board. Under this model, the health board and local authority delegate the responsibility for the strategic planning and delivery of health and adult social care services to the Integration Joint Board. The Aberdeen City Integration Joint Board was established by Scottish Ministers as a Body Corporate on 6 February 2017 with full delegation of services taking effect from 1 April 2016.

The Integration Scheme defines the services that have been delegated by the health board and local authority to the Aberdeen City Integration Joint Board. The Act indicates that the delegation of some services is mandatory, while for others a discretionary approach can be taken depending on local circumstances. For some of the delegated health services it was not practical to split the services across the three integration joint boards in the Grampian area. These services are still delegated, but classed as ‘hosted’, which means the costs and budgets are shared based on estimated usage across the three integration joint boards. These services are managed and led by one lead integration joint board on behalf of the other two boards. A full list of the services delegated is contained in the appendices of the Integration Scheme, along with the name of the lead integration joint board in the case of the hosted services.

The IJB is the governing body for the delegated health and social care services. The operational delivery of these services is undertaken by the Aberdeen City Health & Social Care Partnership which is an overarching term to describe the services delegated to the IJB and delivered by Aberdeen City Council, NHS Grampian, voluntary organisations, care providers and the third sector.

The IJB's Operations for the Year

During its second full year of operation good progress has been made in terms of delivery of the strategic plan. The focus of this year has been to build on the progress delivered in the first year of operation and start to deliver the transformation projects which the IJB had previously approved.

The IJB also agreed during the 2017/18 budget process that six priorities be delivered by the end of the financial year. These priority projects have now largely been delivered and are documented below:

- Develop business case for acute care at home;
- Establish link workers in city;
- Localities shadow operation\notional budgets;
- Continue work on carers strategy;
- Develop commissioning strategy and move forward market facilitation; and
- Testing the Buurtzorg model.

Over the last financial year the IJB has:

- approved a transformation plan, a strategic commissioning implementation plan, a carers strategy and started the process of defining its vision for the future delivery of primary care services in Aberdeen;
- published its first annual report;
- approved a medium-term financial strategy providing the IJB with information on the budget pressures likely to be faced over the next five financial years and setting out the budget saving themes which the IJB will use to close the estimated funding gap;
- operated two sub-committees (Audit and Performance Systems Committee and Clinical and Care Governance Committee);
- moved forward its three major transformation projects;
- hosted an annual conference and awards ceremony;
- further developed its performance management and risk frameworks, and reviewed and revised its Board Assurance Escalation Framework;
- held several workshops to inform IJB members of the services for which the IJB has strategic responsibility; and
- implemented a new operational management structure and defined the management structure in each locality.

Good progress has been made in this period with a significant level of spend allocated towards transformation projects during 2017-18. Progress on transformation work had previously been slower than might have been anticipated due to the complexity of having to work through the governance systems of the three organisations (NHS Grampian, Aberdeen City Council and the Integration Joint Board). However, during

2017-18 it was possible to increase the pace of transformation following the recruitment to key project management positions in the strategy and transformation team.

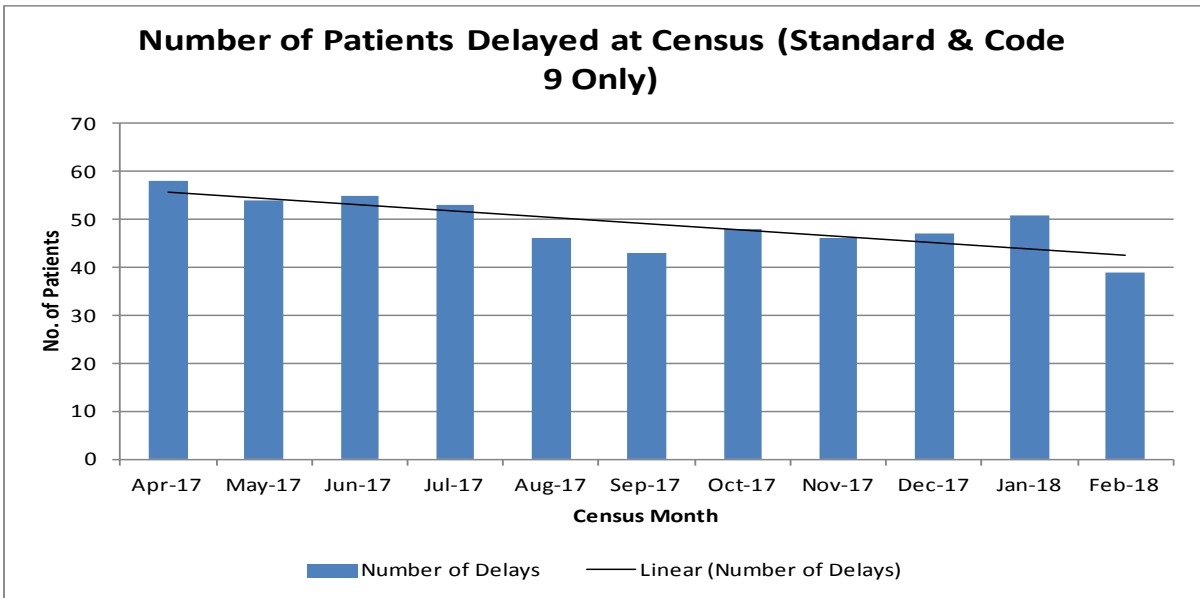
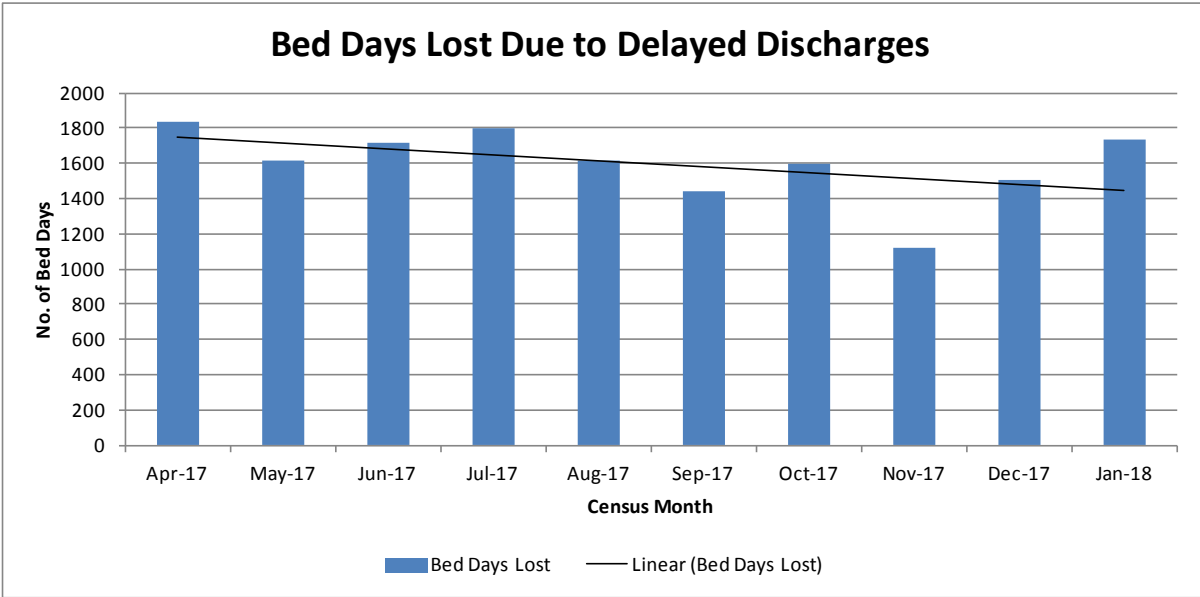
Our three key major transformation projects are now either operational or in the very final stages of being implemented. Further information on our three major transformation projects is highlighted below:

- Our Acute Care @ Home project seeks to allow patients to receive certain types of care previously provided in a large hospital setting in their own home. The team is now largely recruited to and started to care for patients in March 2018;
- Our Community Link Workers project will provide twenty link workers in the city to support our colleagues in primary care by signposting and patients to access community support and resources which will lead to improved outcomes for patients. A tender process was undertaken and the contract for providing this service was awarded to the Scottish Association for Mental Health. The link workers will start work early in the new financial year; and
- Our Integrated Neighbourhood Care Aberdeen (INCA) teams are recruited to and have started to deliver services. These teams are based on the Buurtzorg model of community nursing and care at home used in Holland, where care is provided by small, self-managing teams in a given neighbourhood.

A number of the services delegated to the IJB continue to experience difficulties recruiting staff. The payment of the Scottish Living Wage has helped in recruiting staff for social care services and the downturn in the oil industry has improved recruitment for some positions. However, there are still issues in recruiting staff to qualified positions such as social workers, nurses, allied health professionals and general practitioners in the primary care setting.

One of the key aspects of the 2014 Act and strategic plan is the formation of localities in which health and social care services will be delivered. In Aberdeen City it was agreed to have four localities and a locality leadership group has been established in each area. These groups are working well and continue to make good progress at their own speed. Four Head of Locality posts have been established and are now recruited to in order to support the delivery of locality working. The management structure below the heads of locality is now scoped and is in the process of being implemented.

The IJB has been working hard to reduce the number of Aberdeen City residents who are ready to be sent home from hospital, but have been delayed from doing so. The term commonly used for these individuals is a “delayed discharge”, and people can be delayed for varied reasons, ranging from social care provision through to issues with equipment, adaptations and even transport. The IJB has presided over a notable improvement in respect of both the numbers of individuals delayed in hospital, alongside the overall bed days lost to delayed discharges. This can be seen from the performance information below:



The IJB has received budget monitoring reports each quarter as defined in the integration scheme. The Audit and Performance Systems Committee has also been

reviewing the budget monitoring information on a regular basis. The outturn for the financial year against the forecast position reported for December is shown below.

| Budget | Forecast 31 December 2017 £'000 | Outturn 31 March 2018 £'000 |
|--|--|--|
| Total from Reserves | 1,437 | 2,111 |
| Integration and Change Fund and Primary Care Fund | 6,730 | 6,057 |
| Risk and Equipment Fund | 2,250 | 2,250 |

The IJB's Position at 31 March 2018

The accounts for the year ended 31 March 2018 show a usable reserves position of £8,306,965 (£10,417,474 2016/17). This is largely due to additional funding from the Scottish Government which the IJB is using on integration and change projects. A significant element of these funds has been committed and used in 2017/18. All of the recurring funding was now been allocated, however, there still remains some one-off funding which was carried forward from last financial year. The IJB agreed a reserves strategy and during the 2017/18 budget process agreed to hold back as earmarked reserves £2.5 million as a risk fund. The reserves position was confirmed during the 2018/19 budget process.

The majority of public sector organisations are facing challenges balancing their budgets in a context of increasing demand and costs, while the funding available is reducing in real terms. The 2018/19 budget was agreed on 27 March 2018 and included £4 million of budget reductions.

The major risk in terms of funding to the Integration Joint Board is the level of funding delegated from the Council and NHS and whether this is sufficient to sustain future service delivery. There is also a risk of additional funding being ring-fenced for specific priorities and policies, which means introducing new projects and initiatives at a time when financial pressure is being faced on mainstream budgets.

The IJB has made arrangements with social care providers to allow the Scottish Living Wage to be paid in 2017/18. Local negotiations will be undertaken with social care providers to provide funding to pay the Scottish Living Wage of £8.75 per hour from 1 May 2018. This was possible due to additional funding being made available. Should additional funding not be available in future years, it will be difficult for the IJB to fund any future increases in the Scottish Living Wage given the financial pressures being experienced across its services and the level of increase in Scottish Living Wage year on year.

Demand is expected to continue to rise given the increase in the number of over-65s forecast. At the same time the complexity of the care required is increasing due to improvements in medicine and the increased average life expectancy evidenced over the last few decades. Also, there are greater expectations being placed on our

services by clients and this, along with expectations from our other stakeholders, continues to drive performance on targets such as waiting times.

The implementation of the carers strategy in 2018/19 will expose the IJB to financial risk, as although additional resources will be provided and the calculation of the adequacy of these resources has been assessed through a comprehensive process at a national level, there are still concerns over the potential level of spend. In particular the demand for these services, whilst influenced by the local eligibility criteria, may be difficult to predict and manage.

The IJB's Strategy and Business Model

The IJB's Strategic Plan for 2016-19 sets out how the National Health and Wellbeing Outcomes will be achieved. To achieve our desired outcomes, the strategic priorities for the next three years are:

- develop a consistent person-centred approach that promotes and protects the human rights of every individual and which enables our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local community;
- support and improve the health, wellbeing and quality of life of our local population;
- promote and support self-management and independence for people for as long as reasonably possible;
- value and support those who are unpaid carers to become equal partners in the planning and delivery of services, to look after their own health and to have a quality of life outside the caring role if so desired;
- contribute to a reduction in health inequalities and the inequalities in the wider social conditions that affect our health and wellbeing;
- strengthen existing community assets and resources that can help local people with their needs as they perceive them and make it easier for people to contribute to helping others in their communities;
- support staff to deliver high quality services that have a positive impact on personal experiences and outcomes.

During the 2018/19 the IJB will seek to:

- fully implement the first phase of acute care @ home and start to develop plans for the second phase;
- approve a primary care improvement plan and test new delivery models linked to our primary care strategy;
- further establish and embrace locality working;
- implement and monitor the carers strategy;
- develop a public health strategy for Aberdeen City IJB;
- begin to evaluate the benefits of the INCA teams and, providing the anticipated benefits are realised, develop a roll-out plan across the city; and
- further develop our evaluation programme for our transformation projects.

The IJB strategic plan will be updated during 2018/19 picking up on the trends and cost pressures identified in the first two years of operation. In a similar method to the creation of the current strategic plan, an extensive consultation process will be undertaken with interested and affected groups.

The IJB provides strategic direction to the partners (Aberdeen City Council and NHS Grampian) by approving formal directions to the partner organisations on the changes that it would like made to operational service delivery in order to achieve the priorities included in the strategic plan.

The directions are then passed to the Chief Executives of the partner organisations who in turn pass these on to officers for implementation.

Key Risks and Uncertainties

The key strategic risks, as contained in the Strategic Risk Register, along with an assessment of level of risk facing the IJB are as indicated below:

- There is a risk of significant market failure in Aberdeen City– High
- There is a risk of financial failure, that for example, demand outstrips the budget and IJB cannot deliver on priorities, statutory work, and project an overspend – High
- Failure of the IJB to function and make decisions in a timely manner –Low
- 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 IJB – Medium
- There is a risk that the governance arrangements between the IJB and its partner organisations (Aberdeen City Council and NHS Grampian) are not robust enough to provide necessary assurance within the current assessment framework – leading to duplication of effort and poor relationships – Medium
- There is a risk that services provided by ACC and NHS corporate services on behalf of the IJB do not have the capacity, are not able to work at the pace of the IJB's ambitions, or do not perform their function as required by the IJB to enable it to fulfil its functions - High
- 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 - Medium
- There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care - High
- Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system – High
- There is a risk that the IJB does not maximise the opportunities offered by locality working – Medium
- Workforce planning across the Partnership is not sophisticated enough to maintain future service delivery - Medium

These risks are documented in the Strategic Risk register, which is monitored and updated frequently by the IJB Executive Team, who in turn report to the IJB and Audit and Performance Systems Committee on a regular basis.

Analysis of the Financial Statements

The accounts show usable reserves of £8,306,965 at 31 March 2018 (£10,417,474 at 31 March 2017). This is largely due to unspent integration and change funds provided by the Scottish Government to the IJB via NHS Grampian. This level of reserve had largely been anticipated throughout the year and is a result of the transformation programme taking longer than planned, due to the various governance processes.

Prescribing continues to be a major financial pressure for the IJB. In 2017/18 an overspend on the prescribing budget of £1,616,080 was incurred. This is largely due to a discount anticipated in one medicine not materialising at the forecast levels and the price of some drugs substantially increasing due to short supply issues. Work continues with our colleagues in pharmacy to reduce spend on prescribing and a regional approach is being developed across the North East supported by NHS Grampian.

Hosted services continue to experience financial pressure as the governance and financial processes between the three Grampian IJBs were not well enough developed for the 2017/18 budget process. As a result of this several budget legacy funding issues continued to be incurred and this was compounded as the additional budget was not provided for the pay award. Workshops have been held with the three IJBs during this financial year to start developing and refining the governance and financial processes.

Budgets for large hospitals are managed by acute. The IJB has a notional budget representing the consumption of these services by residents. The IJB is responsible for the strategic planning for these services as a result of the legislation which established the IJBs.

The services covered include:

- accident and emergency services at ARI and Dr Gray's - inpatient & outpatient;
- inpatient hospital services relating to general medicine, geriatric medicine, rehabilitation medicine, respiratory medicine, learning disabilities, old age psychiatry, general psychiatry;
- palliative care services provided at Roxburghe House Aberdeen and the Oaks Elgin.

One of the key priorities of the IJB and reasons why the IJBs were established is to reduce the use of these services by transferring them into the community. During the financial year NHS Grampian advised that the Aberdeen City IJB's use of these services had reduced as highlighted below.

| Set Aside | 2016/17 | 2017/18 |
|------------------|----------------|----------------|
| Budget | £46,732,000 | £41,344,000 |
| Days used | 152,498 | 142,349 |

The reason for the reduction is largely due to the reduction in the number patients categorised as being a delayed discharge.

Jonathan Passmore
IJB Chair



Sally Shaw
Interim Chief Officer



Alex Stephen
Chief Finance Officer



**Independent Auditor's Report to the Members of Aberdeen City Integration
Joint Board**

**Independent Auditor's Report to the Members of Aberdeen City Integration
Joint Board (continued)**

Statement of Responsibilities

Responsibilities of the Integration Joint Board

The Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the chief financial officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature.

Signed on behalf of the Aberdeen City Integration Joint Board

Jonathan Passmore
IJB Chair

Responsibilities of the Chief Financial Officer

The chief financial officer is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the chief financial officer has:

- selected suitable accounting policies and then applied them consistently;
- made judgements and estimates that were reasonable and prudent;
- complied with legislation; and
- complied with the local authority Code (in so far as it is compatible with legislation).

The chief financial officer has also:

- kept proper accounting records which were up to date; and
- taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of the Aberdeen City Integration Joint Board as at 31 March 2018 and the transactions for the year then ended.

Alex Stephen
Chief Finance Officer

Remuneration Report

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditor to ensure it is consistent with the financial statements.

Remuneration: IJB Chair and Vice Chair

The voting members of the IJB are appointed through nomination by Aberdeen City Council and NHS Grampian. The positions of IJB Chair and Vice Chair alternate between a Councillor and a Health Board representative every two years.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. The details of the Chair and Vice Chair appointments and any taxable expenses paid by the IJB are shown below.

| Taxable Expenses 2016/17 £ | Name | Post(s) Held | Nominated by | Taxable Expenses 2017/18 £ |
|----------------------------------|--------------------------|---|-----------------------|----------------------------------|
| Nil | Jonathan Passmore | Chair 01/01/17 to 31/03/18 Vice Chair 01/04/16 to 31/12/16 | NHS Grampian | Nil |
| Nil | Cllr Sarah Duncan | Vice Chair 18/05/17 to 31/03/18 | Aberdeen City Council | Nil |
| Nil | Cllr Len Ironside CBE | Chair 01/04/16 to 31/12/16 Vice Chair 01/01/17 to 03/05/17 | Aberdeen City Council | Nil |
| Nil | Total | | | Nil |

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore no pension rights disclosures are provided for the Chair or Vice Chair. From 3 May 2017 to 18 May 2017 there was no vice chair due to the period of time between the local government elections and the statutory meeting of the Council.

Remuneration: Officers of the IJB

The IJB does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the Board.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the IJB.

Other Officers

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

| Total 2016/17 £ | Senior Employees | Salary, Fees & Allowances £ | Taxable Expenses £ | Total 2017/18 £ |
|--------------------------------|---|--|-----------------------------------|--------------------------------|
| 108,746 | Judith Proctor* Chief Officer 01/02/16 to 31/03/18 | 112,565 | 414 | 112,979 |
| 50,544 (FYE 68,124) | Alex Stephen Chief Finance Officer 04/07/16 to 31/03/18 | 68,806 | nil | 68,806 |
| 159,290 | Total | 181,371 | 414 | 181,785 |

FYE = Full Year Equivalent

*Judith Proctor resigned from the post of Chief Officer during the financial year 2017/18, with her last day being 27 April 2018. Sally Shaw has been appointed as the interim Chief Officer to cover this role whilst a permanent appoint is made.

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension

benefits which may include benefits earned in other employment positions and from each officer's own contributions.

| Officer Name | Responsibility | Pension as at 31/3/2018 £000 | Pension Difference from 31/3/2017 £000 | Lump Sum as at 31/3/2018 £000 | Lump Sum Difference from 31/3/2017 £000 | Pension Contribution 2017/2018 £ | Pension Contribution 2016/2017 £ |
|----------------|--|------------------------------|--|-------------------------------|---|----------------------------------|----------------------------------|
| Judith Proctor | Chief Officer 01/02/2016 – 31/03/2018 | 34 | 4 | 82 | 2 | 16,745 | 16,191 |
| Alex Stephen | Chief Finance Officer 01/07/2016 – 31/03/2018 | 22 | 2 | 32 | 1 | 13,280 | 9,755 |

The IJB does not have its own pension scheme, however, details of the North East of Scotland Pension scheme can be found in Aberdeen City Council's accounts and details of the NHS pension scheme can be found NHS Grampian's accounts. Both documents are available on their respective websites.

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

| Number of Employees in Band 2016/17 | Remuneration Band | Number of Employees in Band 2017/18 |
|-------------------------------------|---------------------|-------------------------------------|
| 1 | £65,000 - £69,999 | 1 |
| 1 | £105,000 - £109,999 | 0 |
| 0 | £110,000 - £114,999 | 1 |

Exit Packages

No exit packages were paid to IJB staff during this period or the previous period.

Jonathan Passmore
IJB Chair

Sally Shaw
Interim Chief Officer

Annual Governance Statement

Scope of Responsibility

The Integration Joint Board (“IJB”) is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, safeguarding public funds and assets and making arrangements to secure best value in their use.

In discharging this responsibility, the Chief Officer has put in place arrangements for governance which includes the system of internal control. This is designed to manage risk to a reasonable level, but cannot eliminate the risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable but not absolute assurance of effectiveness.

The IJB has a reliance on the Aberdeen City Council and NHS Grampian’s systems of internal control, which support compliance with both organisations’ policies and promotes achievement of each organisation’s aims and objectives, as well as those of the IJB.

The result of this is a situation where assurances are required on the effectiveness of the governance arrangements from the three partners. This means that a significant failure in the internal control environment of one of the three partners may require to be disclosed in the accounts of all three partners and not just the IJB and the partner where the issue occurred.

The Governance Framework

In this complex environment of circular assurances it is important that the IJB has its own local code of corporate governance and regularly reviews performance against the governance principles included within this code. The IJB has developed an Assurance Framework in conjunction with the Good Governance Institute which provides readers with an understanding of the governance framework and the assurances that can be obtained from it.

The IJB agreed on 11 April 2017 at the Audit & Performance Systems Committee to adopt a local code of corporate governance which was built around the principles identified in the ‘CIPFA\SOLACE¹ Delivering good governance in Local Government Framework (2016 Edition)’. This code provides a list of documents from an IJB, NHS Grampian and Aberdeen City Council perspective which provide assurance on the governance framework.

At the same meeting a review undertaken by the Chief Finance Officer evaluating the IJB’s governance environment against the governance principles detailed in the CIPFA document titled the ‘the role of the chief financial officer in local government’.

¹ CIPFA - The Chartered Institute of Public Finance and Accountancy

SOLACE – The Society of Local Authority Chief Executives

Whilst both these documents were specifically written for Local Government the governance principles can be used by other public sector organisations. Also, the IJB is defined as a local government organisation per the Local Government (Scotland) Act 1973 and Aberdeen City Council has also adopted the governance principles from the delivering good governance document in its own local code of corporate governance.

Against each of the seven governance principles adopted by the IJB there are key documents, policies and arrangements which help address these. For the IJB some of these documents belong to NHS Grampian and Aberdeen City Council given their operational delivery role and the fact that the staff have remained employed by the partner bodies.

The seven governance principles identified in the local code of corporate governance and recommended in the CIPFA\SOLACE Framework are identified below, along with narratives evidencing compliance with the principles.

Principle 1 – Behaving with integrity, demonstrating strong commitment to ethical values and representing the rule of law,

Integrity: The following values of the IJB are indicated in the strategic plan:

- Caring
- Person Centred
- Enabling

These values form part of the decision making process of the IJB and are evident in the actions and decisions made by the Board. The IJB has appointed a Standards Officer who is responsible, amongst other things, for the maintaining of Registers of Interests, Registers of Gifts and Hospitality and training on the Model Code of Conduct for Members of Devolved Public Bodies.

Ethical Values: Over the course of this financial year the IJB has agreed in principle to adopt the Unison Ethical Care Charter and has provided funding to care providers to allow the Scottish Living Wage to be paid.

Rule of Law: A comprehensive consultation process has been developed with officers from Aberdeen City Council and NHS Grampian to ensure that decisions and reports comply with legislation. A member of the Council’s Governance Team attends the IJB to ensure that decisions taken are in line with any legislative requirements. The IJB has appointed a Chief Finance Officer to ensure that the accounts and finances are in line with the statutory accounting environment. The IJB has standing orders and an integration scheme which provide information on where decisions can be made. Two sub committees have been created and each have their own terms of reference.

Improvement activities undertaken during the year: The standing orders of the IJB have been reviewed and updated. The integration scheme of the IJB has also been updated and approved by both NHS Grampian and Aberdeen City Council. The register of interests for IJB members has been updated by the IJB members and published online. The powers delegated to officers by Aberdeen City Council were

updated and a role and responsibilities protocol has now been agreed by the IJB for the Chief Officer and Chief Finance Officer. An officer from the Council's Governance Team is now based in the IJB Management Office for at least one day a week. The IJB's format for formal Directions has been updated to make reference to the strategic plan priorities. An induction process was undertaken for new IJB members.

Future Developments: The terms of reference for the two sub committees will be reviewed during the next financial year.

Principle 2 – Ensuring openness and comprehensive stakeholder engagement,

Openness: The IJB is a public board where members of the public can attend and agendas, reports and minutes are available to review. Therefore, members of the public can assess whether they believe that decisions are being taken in the public interest. The Audit & Performance Systems Committee is also a public meeting. The IJB has its own complaints handling procedure which complies with Scottish Public Services Ombudsman's guidance.

Stakeholder Engagement: The non-voting membership of the IJB is set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. This comprises six professional members and a minimum of 4 stakeholder representatives for each of the following groups - staff, third sector bodies, service users and carers. The IJB agreed a budget protocol on the 7 March 2017 which sought to formalise stakeholder engagement with the partner organisations around the budget process. Care providers are very much thought of as a key part of the partnership and invited to the majority of the events the IJB hosts. The IJB has established the Aberdeen City Joint Staff Forum, which includes representation from the trade unions and the staff partnership, as a forum for workforce issues affecting social care and health staff.

Improvement activities undertaken during the year: A number of workshops have been held during the year, particularly around primary care and the transformation programme. A communications protocol documenting how the IJB will communicate with its stakeholder has been developed and approved by the IJB's Executive Team. A communication grid has also been established which shows when, where and what we plan to communicate throughout the year. The complaints handling procedure was agreed by Audit & Performance Systems Committee on 20 June 2017.

Future Developments: Implement the duty of candour guidance across the partnership.

Principle 3 – Defining outcomes in terms of sustainable economic, social and environmental benefits,

Economic: The IJB has agreed a Medium Term Financial Strategy which will be updated annually. The transformation programme and IJB report format specifically highlight the economic impact of the decisions being taken on current and future financial years. Work has been undertaken to establish the financial and operational benefits of the major transformation projects.

Social: The IJB has published a strategic plan which identifies outcomes and the direction of travel over the next few years. The majority of outcomes are closely linked to how social care and health services will be delivered and improved over the life of the strategic plan.

Environmental: A public bodies climate change duties report is collated and submitted annually on behalf of the IJB

Principle 4 - Determining the interventions necessary to optimise the achievement of intended outcomes,

Interventions: A transformation programme has been developed focussing on six big ticket items which will help support the delivery of the strategic plan. These six big ticket items are monitored on a regular basis and information on progress is received by the Integration Joint Board and the Audit & Performance Systems Committee for scrutiny and challenge. Decisions to procure services costing over £50,000 are taken by the Integration Joint Board in so far as it relates to a Direction made to the NHS or Aberdeen City Council in respect of a delegated function and each report contains a section on risk. The Transformation Board monitors any new projects ensuring that an optional appraisal and project plan is developed in line with best practice. The benefits, both financial and non-financial, are highlighted and contained in the project plans.

Future Developments: The IJB should review and update its Strategic Plan during the financial year 2018/19.

Principle 5 – Developing the entity’s capacity, including the capability of its leadership and the individuals within it,

Entity’s Capacity: A workforce plan has been developed for the IJB covering health and social care services. Capacity is further developed and scrutinised by having stakeholders out with those employed by the IJB, ACC or NHS Grampian around the IJB and many of its working groups.

Leadership: The IJB has set itself goals and has evaluated their performance against these goals. An organisational development plan has been developed and agreed which has a focus on leadership. A conference was held by the partnership during the year focussing on social care and health which was well attended.

Individuals: An induction programme has been established for the IJB which complements the induction programmes of NHS Grampian and Aberdeen City Council. Monthly newsletters are sent to all staff and an awards ceremony was held to celebrate achievements during the year. Staff surveys have been undertaken for Council staff and the ‘imatter’ survey is undertaken annually. The outputs from these surveys are discussed by the IJB Executive Team and any necessary improvement actions implemented.

Improvement activities undertaken during the year: The ‘imatter’ survey was undertaken and teams have prepared their action plans on the basis of the information included. A dignity at work staff survey was also rolled out to staff and the results are

in the process of being reviewed by the IJB Executive Team. A leadership programme called 'From the Ground Up' led by the IJB Executive Team has been established. This involves the IJB Executive Team visiting operational services and also hosting quarterly leadership events for third and fourth tier managers.

Principle 6 - Managing risk and performance through robust internal control and strong public financial management,

Risk: Two risk registers have been developed. The first is an IJB strategic risk register and this documents the risk that the IJB may face in delivery of the strategic plan. The second register covers operational risks and is a summary of the departmental operational risk registers. Both the strategic risk register is updated frequently and reported to the Audit & Performance Systems Committee and the IJB.

Performance: A performance management framework has been developed for the IJB and is reported frequently to the Audit & Performance Systems Committee and the IJB. Performance is also monitored by bi-monthly city sector performance review meetings, where the Chief Executives and senior finance officers from NHS Grampian and Aberdeen City Council discuss performance and finance in a structured meeting with the Chief Officer and Chief Finance Officer. Performance management information is provided at a national NHS level and also contained within the statutory performance indicators reported by the Council. An annual performance report is required as defined in the legislation (Public Bodies (Joint Working) (Scotland) Act 2014) underpinning the creation of the IJB.

Internal Controls: The internal control environment is largely delivered by the partner organisations given their operational remit. However, internal controls are evidenced in the IJB integration scheme and financial regulations. A review of the IJB internal controls is undertaken annually by the Chief Internal Auditor and his opinion on the adequacy of the internal control environment is highlighted below.

Financial Management: The IJB has received quarterly reports on the financial position as indicated in the integration scheme. All IJB reports contain a financial implications section advising the IJB on the budget implications of agreeing the recommendations of the report.

Improvement activities undertaken during the year: A Medium Term Financial Strategy has been prepared and agreed by the IJB. A Strategic Commissioning Implementation plan was also approved. The Board Assurance and Escalation Framework was reviewed by Audit & Performance Systems Committee and final agreement was given to the revised version by the IJB on 30 January 2018.

Future Developments: A workshop will be undertaken with the IJB on the risk and risk registers. The risk appetite statement will be reviewed and agreed by the IJB.

Principle 7 – Implementing good practices in transparency, reporting, and audit to deliver effective accountability.

Transparency: The IJB meetings are held in public and the agendas, reports and minutes are available for the public to inspect. Public attendance is welcome at the IJB meetings. The Audit & Performance Systems committee is held in public. The

IJB has developed a publication scheme as required under the Freedom of Information (Scotland) Act 2002.

Reporting: The annual accounts management commentary section will have a focus on both financial and service performance over the last financial year.

Audit: The 2016/17 accounts received an unqualified audit opinion. The Audit & Performance Systems Committee has received an internal audit plan from the Chief Internal Auditor and internal audit reports over the last financial year.

Improvement activities undertaken during the year: Work has been undertaken on performance monitoring at a national level through the Ministerial Steering Group (MSG) and they have developed indicators for the IJBs which are used as the basis for improvement planning. The Fairer Scotland Duty will also be reviewed and embedded in the Partnership during this period.

Review of Effectiveness

The IJB has responsibility for conducting, at least annually, a review of the effectiveness of the governance arrangements, including the system of internal control. The review is informed by the work of the IJB Executive Team (who have responsibility for the development and maintenance of the internal control framework environment), the work of the internal auditor and the Chief Internal Auditor's annual report, and reports from the external auditor and other review agencies and inspectorates.

The Chief Internal Auditor has reviewed the IJB's internal control framework and in his opinion reasonable assurance can be placed upon the adequacy and effectiveness of the Board's framework of governance, risk management and control in the year to 31 March 2018.

Whilst issues were identified in audits that have been completed, as reported to the Audit and Performance Systems Committee, areas of good practice, improvement, and procedural compliance were also identified.

The external auditor's 2017/18 annual report had one formal recommendation for the Executive Team about establishing a formal records management procedure with version control features. The IJB is in the process of rolling out Microsoft Office 365 and has created a separate environment for files for the final accounts. This system means only one version of the file will be available and it is possible to track back when changes were made and by whom. This system will be rolled out in due course across the Partnership.

The governance framework was reviewed by the Executive Team against the governance principles identified in the CIPFA Role of the Chief Finance Officer Framework. The Audit & Performance Systems Committee were updated on progress with the implementation of improvement actions identified on the 10 April 2018.

The local code of corporate governance was agreed by the Audit & Performance Systems Committee on the 11 April 2017 and progress against the seven principles is detailed above. At Audit & Performance Systems Committee on the 10 April 2018 an update was provided on the sources of assurance contained in the local code of governance.

The work undertaken against the improvement actions highlighted in the 2017/18 annual governance statement is detailed in the improvement activities undertaken during the year sections detailed above.

It is recognised that the IJB's governance framework is evolving as it matures and that future development work is required to provide further assurance against the governance principles. A summarised list of the 2018/19 improvement actions is shown directly below:

| | Area Improvement Outcome to Be Achieved | for and Be | Improvement Action Agreed | Responsible Party | Completion Date |
|----|--|-------------------|--|--------------------------|------------------------|
| 1. | Sub Committee Terms of Reference | | Review to ensure still fit for purpose | IJB Committee Clerk | 31 March 2019 |
| 2. | Duty of Candour | | Implement across Partnership | Business Manager | 31 March 2019 |
| 3. | Strategic Plan | | Update the strategic plan | Lead Strategy Manager | 31 March 2019 |
| 4. | Risk Registers | | Hold a workshop on the risk registers to review and familiarise IJB of the contents and process. | Chief Officer | 31 March 2019 |
| 5. | Fairer Scotland Duty | | Implement across Partnership | Business Manager | 31 March 2019 |

In addition, the review of the effectiveness of the governance arrangements and systems of internal control within Aberdeen City Council and NHS Grampian places reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control.

Accordingly the following notes support the reliance that is placed upon those systems:

i) Aberdeen City Council's governance framework

Aberdeen City Council's governance framework comprises the systems and processes, culture and values by which the Council is directed and controlled, and the activities through which it accounts to, engages with and leads the community. It enables the Council to monitor the achievement of its strategic objectives as set out in the Strategic Business Plan 2017/18, where the role of governance, performance management and risk management are recognised as crucial in improving stewardship and how we do business. Reviewing our governance activity enables us to consider whether those objectives have led to the delivery of appropriate, cost effective services to the citizens of Aberdeen.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the

Council's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The Audit, Risk and Scrutiny Committee has a key role in this and an annual report of its activities will be approved by the committee and referred to Council for its consideration. This demonstrates the Council's governance arrangements through improved transparency, understanding and challenge of the activity and outcomes from the Audit, Risk and Scrutiny Committee.

The Council has an approved Local Code of Corporate Governance which sets out our commitment to the seven principles recommended in the CIPFA / SOLACE Framework 2016, by citing the primary sources of assurance which demonstrate the effectiveness of our systems of internal control.

- | | |
|--------------------|--|
| Principle A | Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law |
| Principle B | Ensuring openness and comprehensive stakeholder engagement |
| Principle C | Defining outcomes in terms of sustainable economic, social and environmental benefits |
| Principle D | Determining the interventions necessary to optimise the achievement of the intended outcomes |
| Principle E | Developing the entity's capacity, including the capability of its leadership and the individuals within it |
| Principle F | Managing risk and performance through robust internal control and strong public financial management |
| Principle G | Implementing good practices in transparency, reporting and audit, to deliver effective accountability |

The Code, approved by Council on 15th March 2017, can be viewed at:

<https://committees.aberdeencity.gov.uk/documents/s67547/LocalCodeofCorporateGovernance.pdf>

In summary the Council has undertaken a self-evaluation of its Local Code of Corporate Governance and determined that there is strong compliance with the Code and that governance processes, procedures, performance reporting and engagement material are well managed by the organisation. The Council has a clear approach to the decision-making process and seeks to engage with those in the community and with partners and staff.

The Chief Executive and Co-Leaders of the Council have certified that reasonable assurance can be placed upon the adequacy and effectiveness of Aberdeen City Council's systems of governance and that the annual review demonstrates sufficient evidence that the Code of Corporate Governance operates effectively. Furthermore, the Council proposes over the coming year to take steps to further enhance governance arrangements and are satisfied that these steps will address the need for improvements that were identified in the

review of effectiveness and will monitor their implementation and operation as part of the next annual review.

ii) NHS Grampian governance framework

NHS Grampian is required to operate within the aspects of the Scottish Public Finance Manual (SPFM) which are set out within the guidance issued to Chief Executives and more generally to all Board members by the Scottish Government Health and Social Care Directorates as being applicable to NHS Boards. The SPFM is issued by Scottish Ministers to provide guidance to the Scottish Government and other relevant bodies on the proper handling and reporting of public funds. The SPFM sets out the relevant statutory, parliamentary and administrative requirements, emphasises the need for efficiency, effectiveness and economy, and promotes good practice and high standards of propriety.

As Accountable Officer, the Chief Executive is responsible for maintaining an adequate and effective system of internal control that identifies, prioritises and manages the principal risks facing the organisation, promotes achievement of the organisation's aims and objectives and supports compliance with the organisation's policies and safeguarding public funds.

The Board continually monitors and reviews the effectiveness of the system of internal control with a specific focus on the delivery of safe and effective patient care, achievement of national and local targets and demonstrating best value and the efficient use of resources. Key elements of the system of internal control include:

- A Board which meets regularly to discharge its governance responsibilities, set the strategic direction for the organisation and approve decisions in line with the Scheme of Delegation. The Board comprises the Executive Directors and Non-Executive members. The Board activity is open to public scrutiny with minutes of meetings publicly available;
- The Board receives regular reports on Healthcare Associated Infection and reducing infection as well as ensuring that health and safety, cleanliness and good clinical practice are high priorities;
- Scheme of Delegation, Standing Orders and Standing Financial Instructions approved by the Board are subject to regular review to assess whether they are relevant and fully reflective of both best practice and mandatory requirements;
- Mature and organisation wide risk management arrangements built on localised risk registers and processes which ensure, as appropriate, escalation of significant instances of non compliance with applicable laws and regulations;
- Dedicated full time members of staff for key statutory compliance functions including Information Governance, Health and Safety, fire and asbestos, tasked with ensuring they are up to date with all relevant legislation and are responsible for co-ordinating management action in these areas.
- A focus on best value and commitment to ensuring that resources are used efficiently, effectively and economically taking into consideration equal opportunities and sustainable development requirements;

- Consideration by the Board of regular reports from the chairs of the performance governance, patient focus and public involvement, staff governance, clinical governance, endowment and audit committees concerning any significant matters on governance, risk and internal controls;
- Each key governance committee is supported by a designated lead Executive Director who has the delegated management accountability for statutory and regulatory matters.
- Regular review of financial performance, risk management arrangements and non financial performance against key service measures and standards by the Performance Governance Committee;
- Regular review of service quality against recognised professional clinical standards by the Clinical Governance Committee;
- Regular review of workforce arrangements and implementation of the NHS Scotland Staff Governance standards by the Staff Governance Committee;
- An active joint management and staff partnership forum with staff side representation embedded in all key management teams and a dedicated full time Employee Director who is a member of the Board;
- Regular review of priorities for infrastructure investment and progress against the agreed Asset Management Plan by an Asset Management Group chaired by a Board Executive Director and including management representatives from all operational sectors and representation from the clinical advisory structure;
- Clear allocation of responsibilities to ensure we review and develop our organisational arrangements and services in line with national standards and guidance;
- Consultation on service change proposals is undertaken with stakeholders and used to inform decision making;
- Promotion of effective cross sector governance arrangements through participation by the IJB Board members and the Chief executives of each of the partner organisations in the North East Partnership forum, regular meetings between the Chief Executives of all Public Sector organisations in Grampian and performance review meetings with each IJB Chief Officer to further develop and drive improvement through integrated service delivery.
- A patient feedback service to record and investigate complaints and policies to protect employees who raise concerns in relation to suspected wrongdoing such as clinical malpractice, fraud and health and safety breaches; and
- An annual general meeting of all Trustees of the NHS Grampian Endowment Funds to approve the accounts and review investment policy and strategy.

Based on the evidence considered during the review of the effectiveness of the internal control environment operating within NHS Grampian, the Chief Executive has confirmed that he is not aware of any outstanding significant control weaknesses or other failures to achieve the standards set out in the guidance that applies to NHS Boards in relation to governance, risk management and internal control.

Certification

Subject to the above, and on the basis of assurances provided, we consider that the internal control environment operating during the reporting period provides reasonable and objective assurance that any significant risks impacting upon the achievement of our principal objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the internal control environment and action plans are in place to identify areas for improvement. It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the Aberdeen City Integration Joint Board's systems of governance.

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Sally Shaw
Interim Chief Officer

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Jonathan Passmore
Chair

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices.

| | | 2016/17 | | | 2017/18 | |
|--------------------|----------------------|---------------------|--|--------------------|----------------------|--------------------|
| Gross Expenditure | Gross Income | Net Expenditure | | Gross Expenditure | Gross Income | Net Expenditure |
| £ | £ | £ | | £ | £ | £ |
| 31,649,313 | - | 31,649,313 | Community Health Services | 31,406,760 | - | 31,406,760 |
| 21,207,851 | - | 21,207,851 | Aberdeen City share of Hosted Services (health) | 21,724,509 | - | 21,724,509 |
| 29,264,461 | - | 29,264,461 | Learning Disabilities | 31,269,790 | - | 31,269,790 |
| 18,304,741 | - | 18,304,741 | Mental Health & Addictions | 20,065,177 | - | 20,065,177 |
| 69,719,818 | - | 69,719,818 | Older People & Physical and Sensory Disabilities | 72,882,926 | - | 72,882,926 |
| 1,007,021 | (170,013) | 837,008 | Head office/Admin | (475,319) | (112,000) | (587,319) |
| 4,413,345 | (4,624,593) | (211,248) | Criminal Justice | 4,658,796 | (4,749,806) | (91,010) |
| 2,197,288 | - | 2,197,288 | Housing | 1,860,555 | - | 1,860,555 |
| 40,005,916 | - | 40,005,916 | Primary Care Prescribing | 41,364,343 | - | 41,364,343 |
| 36,846,589 | - | 36,846,589 | Primary Care | 37,234,075 | - | 37,234,075 |
| 1,219,506 | - | 1,219,506 | Out of Area Treatments | 1,480,487 | - | 1,480,487 |
| 46,732,000 | - | 46,732,000 | Set Aside Services | 41,344,000 | - | 41,344,000 |
| 2,856,283 | - | 2,856,283 | Transformation | 5,011,678 | - | 5,011,678 |
| 305,424,132 | (4,794,606) | 300,629,526 | Cost of Services | 309,827,777 | (4,861,806) | 304,965,971 |
| - | (311,047,000) | (311,047,000) | Taxation and Non-Specific Grant Income (Note 5) | - | (302,855,462) | (302,855,462) |
| 305,424,132 | (315,841,606) | (10,417,474) | (Surplus) or Deficit on Provision of Services | 309,827,777 | (307,717,268) | 2,110,509 |
| | | (10,417,474) | Total Comprehensive Income and Expenditure | | | 2,110,509 |

There are no statutory or presentation adjustments which affect the IJB's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently an Expenditure and Funding Analysis is not provided in these annual accounts.

Movement in Reserves Statement

This statement shows the movement in the year on the IJB's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

| Movements in Reserves During 2017/18 | General Fund Balance | Total Reserves |
|--|-------------------------|---------------------|
| | £ | £ |
| Opening Balance at 31 March 2017 | (10,417,474) | (10,417,474) |
| Total Comprehensive Income and Expenditure | 2,110,509 | 2,110,509 |
| Adjustments between accounting basis and funding basis under regulation | - | - |
| (Increase) or Decrease in 2017/18 | 2,110,509 | 2,110,509 |
| Closing Balance at 31 March 2018 | (8,306,965) | (8,306,965) |
| | | |
| Movements in Reserves During 2016/17 | General Fund Balance | Total Reserves |
| | £ | £ |
| Opening Balance at 31 March 2016 | - | - |
| Total Comprehensive Income and Expenditure | (10,417,474) | (10,417,474) |
| Adjustments between accounting basis and funding basis under regulation | - | - |
| (Increase) or Decrease in 2016/17 | (10,417,474) | (10,417,474) |
| Closing Balance at 31 March 2017 | (10,417,474) | (10,417,474) |

Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

| 31-Mar 2017 | | Notes | 31-Mar 2018 |
|------------------------|------------------------------|--------------|------------------------|
| £ | | | £ |
| 10,417,474 | Short term Debtors | (6) | 8,306,965 |
| 10,417,474 | Current Assets | | 8,306,965 |
| - | Short-term Creditors | | - |
| - | Current Liabilities | | - |
| - | Provisions | | - |
| - | Long-term Liabilities | | - |
| 10,417,474 | Net Assets | | 8,306,965 |
| (10,417,474) | Usable Reserve: General Fund | (7) | (8,306,965) |
| - | Unusable Reserve: | | - |
| (10,417,474) | Total Reserves | | (8,306,965) |

The unaudited accounts were issued on 16 April 2018

Alex Stephen
Chief Finance Officer

Usable reserves may be used to provide services, subject to the need to maintain a prudent level of reserves and any statutory limitations on their use. Unusable Reserves includes reserves relating to statutory adjustments as shown in the Movement in Reserves Statement.

Notes to the Financial Statements

1. Significant Accounting Policies

General Principles

The Financial Statements summarises the authority's transactions for the 2017/18 financial year and its position at the year-end of 31 March 2018.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the IJB.
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down

Funding

The IJB is primarily funded through funding contributions from the statutory funding partners, Aberdeen City Council and NHS Grampian. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in Aberdeen City.

Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet or a cashflow statement. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet.

Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March is accrued, for example in relation to annual leave earned but not yet taken. In the case of Aberdeen City IJB any annual leave earned but not yet taken is not considered to be material.

Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

Reserves

The Integration Joint Board is permitted to set aside specific amounts as reserves for future policy purposes. Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows – this forms part of general reserves;
- create a contingency to cushion the impact of unexpected events or emergencies; and

- create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

The balance of the reserves normally comprises of:

- funds that are earmarked or set aside for specific purposes; and
- funds which are not earmarked for specific purposes but are set aside to deal with unexpected events or emergencies.

Reserves are created by appropriating amounts out of the General Fund Balance in the Movement in Reserves Statement. When expenditure to be financed from a reserve is incurred, it is charged against the appropriate line in the Income and Expenditure Statement in that year to score against the Surplus/Deficit on the Provision of Services. The reserve is then appropriated back into the General Fund Balance in the Movement in Reserves Statement.

The IJB's reserves are classified as either Usable or Unusable Reserves.

The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision.

Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. The NHS Grampian and Aberdeen City Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the IJB does not have any 'shared risk' exposure from participation in CNORIS. The IJB participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration, is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

Support Services

Corporate support services (finance, legal and strategy) are provided by Aberdeen City Council and NHS Grampian at no cost to the IJB and it is not possible to separately identify these costs. To the extent that delegated services include an element of overheads and support services costs, these will be included within the appropriate line within the Income and Expenditure statement. No charge was made for the services of the Interim Chief Finance Officer during the shadow period.

2. Critical Judgements and Estimation Uncertainty

The Financial Statements include some estimated figures. Estimates are made taking into account the best available information, however actual results could be materially different from the assumptions and estimates used. The key items in this respect are listed below.

Provisions

No financial provision for any future events has been made by the IJB in this accounting period.

3. Prior Period Adjustments, Changes in Accounting Policies and Estimates and Errors

Changes in accounting policies are only made when required by proper accounting practices or the change provides more reliable or relevant information about the effect of transactions, other events and conditions on the Integration Joint Board's financial position or financial performance. Where a change is made, it is applied retrospectively by adjusting opening balances and comparative amounts for the prior period as if the new policy had always been applied.

Changes in accounting estimates are accounted for prospectively, i.e. in the current and future years affected by the change.

Material errors discovered in prior period figures are corrected retrospectively by amending opening balances and comparative amounts for the prior period

The unaudited Annual Accounts were authorised for issue by the Chief Finance Officer on 16 April 2018. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2018, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

4. Expenditure and Income Analysis by Nature

| 2016/17 | | 2017/18 |
|---------------------|--|------------------|
| £ | | £ |
| 117,050,344 | Services commissioned from Aberdeen City Council | 122,925,886 |
| 188,347,788 | Services commissioned from NHS Grampian | 186,873,091 |
| | - Employee Benefits Expenditure | - |
| | - Other IJB Operating Expenditure | - |
| | - Insurance and Related Expenditure | - |
| 26,000 | Auditor Fee: External Audit | 28,800 |
| | - Auditor Fee: Other | - |
| (4,794,606) | Service Income: Aberdeen City Council | (4,861,806) |
| | - Service Income: NHS Grampian | - |
| (311,047,000) | Partners Funding Contributions and Non-Specific Grant Income | (302,855,462) |
| <hr/> | | |
| (10,417,474) | (Surplus) or Deficit on the Provision of Services | 2,110,509 |

5. Taxation and Non-Specific Grant Income

| 2016/17 | | 2017/18 |
|----------------------|---|----------------------|
| £ | | £ |
| (88,463,000) | Funding Contribution from Aberdeen City Council | (85,168,829) |
| (222,584,000) | Funding Contribution from NHS Grampian | (217,686,633) |
| 0 | Other Non-ring fenced grants and contributions | - |
| <hr/> | | |
| (311,047,000) | Taxation and Non-specific Grant Income | (302,855,462) |

The funding contribution from the NHS Board shown above includes £41,344,000 in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

6. Debtors

| 31-Mar-17 | | 31-Mar-18 |
|---------------------------|-----------------------|------------------|
| £ | | £ |
| 5,644,089 | NHS Grampian | 5,181,711 |
| 4,773,385 | Aberdeen City Council | 3,125,254 |
| 10,417,474 Debtors | | 8,306,965 |

Amounts owed by the funding partners are stated on a net basis. Creditor balances relating to expenditure obligations incurred by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the IJB.

7. Usable Reserve: General Fund

The IJB holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the IJB's risk management framework.

The table below shows the movements on the General Fund balance, analysed between those elements earmarked for specific planned future expenditure, and the amount held as a general contingency.

| 2016/17 | | | | 2017/18 | | |
|-------------------------|---------------------|---------------|--------------------------|--------------------|------------------|--------------------------|
| Balance at 1 April 2016 | Transfers In | Transfers Out | Balance at 31 March 2017 | Transfers In | Transfers Out | Balance at 31 March 2018 |
| £ | £ | £ | £ | £ | £ | £ |
| - | (500,000) | - | (500,000) | - | - | (500,000) |
| - | - | - | - | (2,639,806) | - | (2,639,806) |
| - | (7,417,474) | - | (7,417,474) | - | 4,000,315 | (3,417,159) |
| - | (7,917,474) | - | (7,917,474) | (2,639,806) | 4,000,315 | (6,556,965) |
| - | (2,500,000) | - | (2,500,000) | - | 750,000 | (1,750,000) |
| - | (10,417,474) | - | (10,417,474) | (2,639,806) | 4,750,315 | (8,306,965) |

8. Agency Income and Expenditure

On behalf of all IJBs within the NHS Grampian area, the IJB acts as the lead manager for Sexual Health Services and Woodend Rehabilitation Services. It commissions services on behalf of the other IJBs and reclaims the costs involved. The payments that are made on behalf of the other IJBs, and the consequential reimbursement, are not included in the Comprehensive Income and Expenditure Statement (CIES) since the IJB is not acting as principal in these transactions.

The amount of expenditure and income relating to the Sexual Health Services agency arrangement is shown below.

| 2016/17 | | 2017/18 |
|--|-----------------------------------|----------------|
| £ | | £ |
| 1,219,057 | Expenditure on Agency Services | 1,259,746 |
| (1,219,057) | Reimbursement for Agency Services | (1,259,746) |
| - Net Agency Expenditure excluded from the CIES | | - |

The amount of expenditure and income relating to the Woodend Rehabilitation Services agency arrangement is shown below.

| 2016/17 | | 2017/18 |
|--|-----------------------------------|----------------|
| £ | | £ |
| 5,772,096 | Expenditure on Agency Services | 6,061,434 |
| (5,772,096) | Reimbursement for Agency Services | (6,061,434) |
| - Net Agency Expenditure excluded from the CIES | | - |

9. Related Party Transactions

The IJB has related party relationships with the NHS Grampian, Aberdeen City Council and Bon Accord Care/Bon Accord Support Services. The nature of these relationships means that the IJB may influence, and be influenced by, these parties. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships.

NHS Grampian

| 2016/17 | | 2017/18 |
|---------------------|--|---------------------|
| £ | | £ |
| (222,584,000) | Funding Contributions received from the NHS Board* | (217,686,633) |
| - | - Service Income received from the NHS Board | - |
| 188,183,593 | Expenditure on Services Provided by the NHS Board | 186,687,549 |
| 159,923 | Key Management Personnel: Non-Voting Board Members | 185,542 |
| (34,240,484) | Net Transactions with the NHS Grampian | (30,813,542) |

Key Management Personnel: The non-voting Board members employed by the NHS Board and recharged to the IJB include the Chief Officer and the Clinical Director. Details of the remuneration for some specific post-holders is provided in the Remuneration Report

*Includes resource transfer income of £31,275,920

Balances with NHS Grampian

| 31-Mar-17 | | 31-Mar-18 |
|------------------|---|------------------|
| £ | | £ |
| 5,644,089 | Debtor balances: Amounts due from the NHS Board | 5,181,711 |
| - | - Creditor balances: Amounts due to the NHS Board | - |
| 5,644,089 | Net Balance with the NHS Grampian | 5,181,711 |

Transactions with Aberdeen City Council

| 2016/17 | | 2017/18 |
|-------------------|--|-------------------|
| £ | | £ |
| (88,463,000) | Funding Contributions received from the Council | (85,168,829) |
| (4,794,606) | Service Income received from the Council | (4,861,806) |
| 117,014,182 | Expenditure on Services Provided by the Council | 122,864,232 |
| 66,434 | Key Management Personnel: Non-Voting Board Members | 90,454 |
| 23,823,010 | Net Transactions with Aberdeen City Council | 32,924,051 |

Key Management Personnel: The Non-Voting Board members employed by the NHS Board and recharged to the IJB include the Chief Financial Officer. Details of the remuneration for some specific post-holders is provided in the Remuneration Report. The Chief Social Work Officer is a non voting member of the Integration Joint Board and the costs associated for this post are borne by the Council.

| 31-Mar-17 | | 31-Mar-18 |
|------------------|---|------------------|
| £ | | £ |
| 4,773,385 | Debtor balances: Amounts due from the Council | 3,125,254 |
| - | - Creditor balances: Amounts due to the Council | - |
| <hr/> | | |
| 4,773,385 | Net Balance with the Aberdeen City Council | 3,125,254 |
| <hr/> | | |

Transactions with Bon Accord Care (BAC) and Bon Accord Support Services (BASS)

Bon Accord Care Limited and Bon Accord Support Services Limited are private companies limited by shares which are 100% owned by Aberdeen City Council. Bon Accord Care provides regulated (by the Care Inspectorate) care services to Bon Accord Support Services which in turn delivers both regulated and unregulated adult social care services to the Council.

| 31-Mar-17 | | 31-Mar-18 |
|-------------------|---|-------------------|
| £ | | £ |
| (1,184,001) | Service Income received from the Council | (898,000) |
| 26,435,283 | Expenditure on Services Provided by the Council | 28,975,742 |
| <hr/> | | |
| 25,251,282 | Net Transactions with BAC/BASS | 28,077,742 |
| <hr/> | | |

10. VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

Glossary of Terms

While the terminology used in this report is intended to be self-explanatory, it may be useful to provide additional definition and interpretation of the terms used.

Accounting Period

The period of time covered by the Accounts normally a period of twelve months commencing on 1 April each year. The end of the accounting period is the Balance Sheet date.

Accruals

The concept that income and expenditure are recognised as they are earned or incurred not as money is received or paid.

Asset

An item having value to the IJB in monetary terms. Assets are categorised as either current or non-current. A current asset will be consumed or cease to have material value within the next financial year (e.g. cash and stock). A non-current asset provides benefits to the IJB and to the services it provides for a period of more than one year.

Audit of Accounts

An independent examination of the IJB's financial affairs.

Balance Sheet

A statement of the recorded assets, liabilities and other balances at the end of the accounting period.

CIPFA

The Chartered Institute of Public Finance and Accountancy.

Consistency

The concept that the accounting treatment of like terms within an accounting period and from one period to the next is the same.

Contingent Asset/Liability

A Contingent Asset/Liability is either:

- A possible benefit/obligation arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain events not

wholly within the IJB's control; or

- A present benefit/obligation arising from past events where it is not probable that a transfer of economic benefits will be required, or the amount of the obligation cannot be measured with sufficient reliability.

Creditor

Amounts owed by the IJB for work done, goods received or services rendered within the accounting period, but for which payment has not been made by the end of that accounting period.

Debtor

Amount owed to the IJB for works done, goods received or services rendered within the accounting period, but for which payment has not been received by the end of that accounting period.

Entity

A body corporate, partnership, trust, unincorporated association or statutory body that is delivering a service or carrying on a trade or business with or without a view to profit. It should have a separate legal personality and is legally required to prepare its own single entity accounts.

Exceptional Items

Material items which derive from events or transactions that fall within the ordinary activities of the IJB and which need to be disclosed separately by virtue of their size or incidence to give a fair presentation of the accounts.

Government Grants

Grants made by the Government towards either revenue or capital expenditure in return for past or future compliance with certain conditions relating to the activities of the IJB. These grants may be specific to a particular scheme or may support the revenue spend of the IJB in general.

IAS

International Accounting Standards.

IFRS

International Financial Reporting Standards.

IRAG

Integration Resources Advisory Group

LASAAC

Local Authority (Scotland) Accounts Advisory Committee

Liability

A liability is where the IJB owes payment to an individual or another organisation. A current liability is an amount which will become payable or could be called in within the next accounting period e.g. creditors or cash overdrawn. A non-current liability is an amount which by arrangement is payable beyond the next year at some point in the future or will be paid off by an annual sum over a period of time.

Provisions

An amount put aside in the accounts for future liabilities or losses which are certain or very likely to occur but the amounts or dates of when they will arise are uncertain.

PSIAS

Public Sector Internal Audit Standards.

Related Parties

Bodies or individuals that have the potential to control or influence the IJB or to be controlled or influenced by the IJB. For the IJB's purposes, related parties are deemed to include voting members, the Chief Officer, the Chief Finance Officer, the Heads of Service and their close family and household members.

Remuneration

All sums paid to or receivable by an employee and sums due by way of expenses allowances (as far as these sums are chargeable to UK income tax) and the monetary value of any other benefits received other than incash.

Reserves

The accumulation of surpluses, deficits and appropriation over past years. Reserves of a revenue nature are available and can be spent or earmarked at the discretion of the IJB.

Revenue Expenditure

The day-to-day expenses of providing services.

Significant Interest

The reporting authority is actively involved and is influential in the direction of an entity through its participation in policy decisions.

SOLACE

Society of Local Authority Chief Executives.

The Code

The Code of Practice on Local Authority Accounting in the United Kingdom.



INTEGRATION JOINT BOARD

| | |
|------------------------|---|
| Report Title | Finance Update as at end March 2018 |
| Lead Officer | Alex Stephen, Chief Finance Officer |
| Report Author | Gillian Parkin (Finance Manager)\Jimmie Dickie (Finance Business Partner) |
| Report Number | HSCP.18.038 |
| Date of Report | 20 April 2018 |
| Date of Meeting | 22 May 2018 |

| |
|---|
| 1: Purpose of the Report |
| <p>i) To summarise the current year revenue budget performance for the services within the remit of the Integration Joint Board as at Period 12 (end of March 2018); and</p> <p>ii) To advise on any areas of risk and management action relating to the revenue budget performance of the Integration Joint Board (IJB) services.</p> <p>iii) To request approval of budget virements so that budgets are more closely aligned to anticipated income and expenditure (see Appendix D).</p> |

| |
|--|
| 2: Summary of Key Information |
| <p>Reported position for period to end March 2018</p> <p>2.1 An adverse position of £3,480,000 on mainstream budgets is reported for the financial year 2017/18 as shown in Appendix A. The main areas of overspend are in Primary Care Prescribing £1,616,000 and Aberdeen City Share of Hosted Services £1,156,000.</p> <p>2.2 A review has been undertaken of the spend and commitments against the Integration and Change Fund budget and the carry forward has been adjusted accordingly. As can be seen from Appendix A, the mainstream overspend of £3,480,000 can be accommodated from within this budget for 2017/18. This protects the partners from incurring any additional financial pressure on their own budgets and is in keeping with the agreed protocol for overspends within the Aberdeen City Integration scheme.</p> <p>2.3 An analysis of variances is detailed below:</p> |



INTEGRATION JOINT BOARD

Community Health Services (Year to date variance - £169,000 underspend)

Major Movements:

| | |
|------------|--------------------------|
| £242,000 | Across non pay budgets |
| £214,000 | Under recovery on income |
| (£628,000) | Staff Costs |

There is currently an overspend on the non-pay budgets, as a result of additional expenditure on business rates due to the business rates revaluation. There is also an under recovery on the Local Authority Speech and Language Therapy income budget due to a renegotiation of the contract. These overspends are offset by an underspend on staff costs mainly relating to inability to recruit Allied Health Professionals.

Hosted Services (Year to date variance £1,156,185 overspend)

The main areas of overspend are as follows:

Intermediate Care £650,000 as a result of medical locum costs due to the requirement to provide consultant cover at night within Intermediate Care and higher than anticipated expenditure on the Wheelchair Service due to an increase in demand for this service. Also, a part provision was added to this budget to cover additional costs due to Paid as if at work, where rates of pay for overtime and weekend work should have been paid at substantive rates.

Police Forensic Service £93,000 as there has been a legacy under funding issue with this budget.

Grampian Medical Emergency Department (GMED) budget is £420,000 over budget mainly due to the move to a new service model and a greater uptake of shifts across the 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 - £529,000 overspend)

Major Movements:

| | |
|-----------|---|
| £319,000 | Under-recovery customer and client receipts |
| £167,000 | Staff Costs |
| £135,000 | Commissioned services |
| (£71,000) | Underspend Self-directed support (SDS) |



INTEGRATION JOINT BOARD

The under-recovery in client and customer receipts is mainly on residential and nursing care and the reasons for the change in income patterns is being investigated. The overspend on staff costs mainly relates to support for complex care clients in both day care and support accommodation settings. The overspend on commissioned services is mainly for nursing care packages and the underspend reflects surpluses returned after direct payment audits.

Mental Health & Addictions (Year to date variance - £89,000 overspend).

£107,000 Expenditure on staff costs
(£13,000) 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 over recovery on income mainly relates to contributions from other authorities £8,000 and client contributions £4,000.

Older People & Physical and Sensory Disabilities (Year to date variance - £403,000 underspend)

Major Movements:

(£189,000) Commissioned services
(£222,000) Income Customer and Client Receipts

There is an underspend of £189,000 on commissioned services. This reflects an underspend on needs led spot purchased physical disability (PD) £428,000, SDS block funded services £50,000, PD block funded services £35,000 and other commissioned services £29,000; partially offset by additional expenditure on Kingsmead Care Home £240,000 and needs led spot purchased older people (OP) £113,000. The over-recovery of customer and client receipts is mainly on older people client contributions towards residential and nursing care.

Directorate £346,000 overspend

£273,000 Staff Costs
£70,000 Administration Costs

Reflects £260,000 vacancy savings not being achieved on the Council side of the budget as a result of the profiling of the turnover savings between health and the council systems. The overspend on Administration Costs is due expenditure incurred on legal fees and training and development.



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Primary Care Prescribing (Year to date variance – £1,616,000 overspend)

As actual information is received two months in arrears from the Information Service Division (ISD), this position is based on actual for ten months to January 2018 with an accrual for February and March. The average unit cost per item prescribed varied throughout 2016/17 and averaged £11.28 over the year. The actual average cost per item in 2017/18 has varied from the April average of £11.32 rising sharply in May which was attributed in part to increased costs of medicines on short supply which continued into June and beyond. The overall average price has fluctuated since June, gradually increasing to December £11.70. In January the average price per item fell to £11.39 mainly attributable to a fall in the use of branded drugs. Volume increases estimated to March are also slightly over budget although the fall in price has offset this. Estimates for February and March are based on the latest actual expenditure information including improved January information leading to the improved overspend position reported.

Out of Area Treatments (Year to date variance - £476,000 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.

List of Appendices:

- a) Finance Update as at end March 2018
- b) Sources of Transformational funding
- c) Progress in implementation of savings - March 2018
- d) Virements



INTEGRATION JOINT BOARD

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 and Audit & Performance Systems Committee. This report is part of that framework and has been produced to provide an overview of the current financial operating position.

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.

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. Approves the budget virements indicated in Appendix D.



INTEGRATION JOINT BOARD

| 6: Signatures | |
|---|---|
|  | Sally Shaw (Interim Chief Officer) |
|  | Alex Stephen (Chief Finance Officer) |

Appendix A: Finance Update as at end March 2018

| Accounting Period 12 | Full Year Revised Budget Budget £'000 | Year End Actual £'000 | Year End Variance £'000 | Variance Percent % | Year-End Forecast Period 9 £'000 | Actual Year End versus Forecasted Position |
|---|---|--------------------------|----------------------------|-----------------------|--|--|
| Community Health Services | 31,576 | 31,407 | (169) | (0.54%) | 31,396 | 11 |
| Aberdeen City share of Hosted Services (health) | 20,569 | 21,725 | 1,156 | 5.62% | 21,619 | 106 |
| Learning Disabilities | 30,740 | 31,270 | 529 | 1.72% | 30,900 | 370 |
| Mental Health & Addictions | 19,976 | 20,065 | 89 | 0.45% | 20,042 | 23 |
| Older People & Physical and Sensory Disabilities | 73,285 | 72,882 | (403) | (0.55%) | 72,774 | 108 |
| Directorate | (933) | (587) | 346 | 37.08% | (503) | (84) |
| Criminal Justice | 47 | (91) | (138) | (293.62%) | 47 | (138) |
| Housing | 1,861 | 1,861 | 0 | 0% | 1,861 | 0 |
| Primary Care Prescribing | 39,748 | 41,364 | 1,616 | 4.07% | 41,565 | (201) |
| Primary Care | 37,257 | 37,234 | (23) | (0.6%) | 37,379 | (145) |
| Out of Area Treatments | 1,005 | 1,480 | 476 | 47.36% | 1,585 | (105) |
| Sub Total: Mainstream position | 255,130 | 258,610 | 3,480 | 1.37% | 258,665 | (55) |
| Transformation | | | | | | |
| Integration and Change Funds | 6,381 | 5,011 | (1,370) | | 5,623 | (612) |
| Carry forward 2016/17 | | (10,417) | (10,417) | | (10,417) | 0 |
| Total position including Integration and Change Fund | 261,511 | 253,204 | (8,307) | | 253,871 | (667) |

Appendix B: 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 | 0.522 |
| Mental Health Fund | 0.138 | 0.147 | 0.285 |
| Transforming Urgent Care | 0.269 | 0.286 | 0.555 |
| Keep Well/Public Health (Tobacco, CHW) | | 0.381 | 0.381 |
| Carers Information Strategy | 0.182 | | 0.182 |
| Mental Health Access Fund | 0.129 | | 0.129 |
| Carers | 0.280 | | 0.280 |
| Mental Health Innovation Fund | 0.078 | | 0.078 |
| 6EA Unscheduled Care | 0.112 | | 0.112 |
| Winter Monies | 0.099 | | 0.099 |
| HV Nursing | 0.094 | | 0.094 |
| Winter Funding | 0.158 | | 0.158 |
| | 20.351 | 10.417 | 30.768 |
| Adjust for social care budget transfer | -8.614 | | -8.614 |
| Funding available for IJB commitment | 11.737 | 10.417 | 22.154 |

Appendix C: Progress in implementation of savings – March 2019

| Area | Agreed Target | Status | Action | Responsible Officer |
|-----------------------------------|---------------|--------|---|-----------------------|
| Vacancy Management | 1,100 | Amber | <p>Once a post becomes vacant grades and hours are reviewed before the vacancy process begins.</p> <p><i>All vacancies are authorised by Chief Finance Officer and senior management. Where possible posts are held until it is essential to be filled for the running of a service.</i></p> | Chief Officer |
| 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. | Head of Operations |
| 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. | Chief Finance Officer |

| 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 National Care Home Contract (NCHC) if applicable. | Head of Operations |
| Review and reduce commissioning in association with other Councils to reduce rates. | 575 | Amber | <p>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.</p> <p><i>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</i></p> | Head of Operations |
| 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. 80% of audits have been completed. | Head of Operations |

| Area | Agreed Target | Status | Action | Responsible Officer |
|--|---------------|--------|--|-----------------------|
| Speed up financial assessment process | 100 | Green | 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. | Chief Finance Officer |
| 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. | Chief Finance Officer |
| Self-Directed Support (SDS) | 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). | Chief Finance Officer |
| Remove historic underspends | 260 | Green | Complete. | Chief Finance Officer |
| Outreach team not filled | 280 | Green | Funding and posts are no longer required re strategic plan. | Chief Finance Officer |

| Area | Agreed Target | Status | Action | Responsible Officer |
|--|---------------|--------|---|---------------------|
| Review of the Training/Overtime & Parking | 163 | Green | Managers to consider ways to reduce overtime & training and pay travel as incurred not issuing parking passes. Ongoing | Chief Officer |
| 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. | Head of Operations |
| Total | 4,315 | | | |

Appendix D: Virements

| Period 10-12 Health | |
|-----------------------------------|-----------------|
| Budget Funding Adjustments | |
| Nursing Resource Group | £9,467 |
| Winter Fund Allocation | £157,573 |
| School Nursing Immunisations | £50,471 |
| Additional Hosted Services Budget | £174,463 |
| Additional Primary Care Budget | £39,784 |
| Total Virements | £431,758 |

| Period 10-12 Council | |
|---|------------|
| Budget Virements | |
| Directorate | £488,325 |
| Learning Disability SDS income to older people | £183,031 |
| Mental Health Customer and client receipts | (£78,066) |
| Transformation NHS funding | (£329,132) |
| Older People Vacant head of service post to directorate | (£63,911) |
| Older People SDS income | (£109,399) |
| Older People client contributions and rental income | (£90,848) |
| Transformation NHS net invoicing to Directorate | £727,959 |
| Directorate NHS net invoicing from Transformation | (£727,959) |
| Total Virements | £0 |

| | |
|--|---------------|
| Period 10-12 Budget Virement | |
| Between NHS and Council so that the resource transfer expenditure is shown against the Council | |
| NHS resource transfer funding | (£17,641,920) |
| ACC resource transfer income | £17,641,920 |
| Total Virements | £0 |



Integration Joint Board

| | |
|--|--|
| Report Title | Performance Monitoring |
| Lead Officer | Sally Shaw, Interim Chief Officer |
| Report Author (Job Title, Organisation) | Jillian Evans - Head of Health Intelligence (NHSG) Alison MacLeod – Lead Strategy and Performance Manager |
| Report Number | HSCP/18/034 |
| Date of Report | 17 th April 2018 |
| Date of Meeting | 22 nd May 2018 |

1: Purpose of the Report

- 1.1. The purpose of this report is to provide the Integration Joint Board (IJB):
- The latest data in the latest format in respect of Aberdeen City Health and Social Care Partnership's (ACHSCP's) performance against the National Core Suite of Integration Indicators;
 - Detail on progress against other high level IJB performance measures;
 - An update on discussions on these performance indicators and their relevance and value.

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 integration indicators and a set of local measures determined by the partnership as sentinel markers of performance and progress.



Integration Joint Board

Aberdeen City HSCP Performance against National Integration Indicators

2.2. Appendix 1 shows Aberdeen City HSCP's performance against the Core Suite of National Integration Indicators. The information is drawn from the most recent national published data available and shows how progress in Aberdeen City:

- Compares with the other 31 Scottish Partnerships and Scotland overall
- Has changed from the previous reporting period

It should be noted that data for indicators N10 and N21 – N23 is not yet available.

2.3. This information was previously reported to the IJB at its meeting on 31st October 2017 but in a different format. It is suggested that the revised format is easier to read, displaying all of the key information on one page, and using a Red/Amber/Green (RAG) status to provide an 'at a glance' indication of performance.

2.4. Commentary on ACHSCP's performance on those indicators, which were previously agreed as worthy of exception reporting, is noted in Appendix 2.

Progress against other key IJB measures

2.5. In maintaining oversight of performance overall, the partnership monitors a range of other indicators which have been chosen locally. These indicators fall under the headings of Safe; Effective; Caring; Responsive and Well-led care and are detailed in Appendix 3. These are considered to be sentinel markers which give insight into system performance, rather than individual operational measures of performance.

2.6. The data for these indicators is drawn from locally held management information and is more up to date in comparison with information provided nationally. There are still some gaps in this data however. A commentary on ACHSCP's performance on those indicators where there is notable change is provided in Appendix 4.

Comment

2.7. Both the high level national and local indicators used to assess performance of the partnership point to a mixed picture in relation to



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performance. Of the total of 33 measures reported, 16 have shown improvement and one has remained static.

- 2.8. Much of the data is historical however. The data for the Core Suite of National Integration Indicators N1 to N9 are drawn from the results of local population surveys. The surveys are conducted bi-annually and recipients are picked at random from GP databases. The latest survey results reported are for 2015/16. The response rates to these surveys are traditionally quite low but have reduced significantly in recent years. In 2015/16 – the latest year available at the time of writing this report – the response rate was 16% nationally. For Aberdeen City the response rate was 14% and when taken as a proportion of the population of Aberdeen overall this represents only 1.5%. Of those who responded in 2015/16, 68% did not have any limiting illness or disability. The results of the surveys undertaken in 2016/17 are due to be published on 28th April 2018.
- 2.9. Whilst we are still required to report on these national indicators, it is suggested that the value they have in terms of demonstrating the impact the partnership's activities are having on the health and wellbeing of the local population is questionable. As our transformation programme is implemented, we expect to see tangible improvements and a clear trajectory towards becoming a consistently high performing partnership. We will only be able to capture that improvement if firstly, we have a reasonable baseline of where we are now and secondly, we capture relevant performance data from those who are directly experiencing both the business as usual and the transformational activity.
- 2.10. The data used to report on performance against the local indicators can be provided in a more timely manner and is extracted from local systems. There are still a number of challenges however. Differences in data collection processes mean we cannot always extract data in a similar way from both Council and NHS systems. In relation to the number of complaints received via the NHS, we are unable at this time to easily identify those that relate solely to partnership services. Similarly with Vacant Posts – only Social Care figures can be reported easily and accurately. Targets have still to be agreed for these local indicators and we need to understand what good performance looks like. In relation to Community Payback Orders and Criminal Justice Social Work Reports to



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Court, does an increase or decrease constitute good performance?

- 2.11. There are a number of areas where data is not currently reported which the IJB may find useful. Data on hosted services for instance. Also data on services that are hosted in either Aberdeenshire or Moray but impact on the health and wellbeing of patients in Aberdeen.
- 2.12. It has been noted that benchmarking Aberdeen's performance against Scottish averages and other comparator authorities would be useful. This will be possible only where other relevant authorities capture the same data in the same way and it is reported on a national basis. There is also some discussion as to which partnerships are relevant comparators to Aberdeen. Historically there have been comparators identified within Health and within Social Care but across the country, partnerships are set up very differently. A significant amount of work will be required to identify where the best comparisons can be made. It may be that there are different comparator partnerships for different measures.
- 2.13. Since performance was last reported to the IJB in October 2017 a Performance Management and Evaluation Group (PMEG) has been established. The group is tasked with developing a clear, consistent and appropriate performance management and evaluation framework which provides a mechanism for assurance and monitoring of the management and delivery of integrated and delegated services enabling the appropriate scrutiny of performance; informing continuous improvement; and enabling the partnership to be recognised at a local and national level as high performing.
- 2.14. At the October meeting it was confirmed that the Head of Strategy and Transformation would report performance quarterly over the year; bi-annually to the IJB and bi-annually to the Audit and Performance Systems (APS) Committee. Following the first performance report submission to the APS Committee on 2nd March 2018, the Head of Strategy and Transformation and the Lead Strategy and Performance Manager met with the Chair and had a very useful discussion around the issues with the current data during which it was agreed that further development work should be undertaken and proposals for future reporting brought to the September meeting of APS. It was also agreed that the issues should be



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shared with the IJB at their May meeting in order that they had the opportunity to comment on the issues and influence the direction of the development work.

- 2.15. PMEG will progress the development work led by the Lead Strategy and Performance Manager and the Head of Health Intelligence (NHSG).

Appendices

1. City Core National Indicators December 2017
2. Commentary on City Core National Indicators Dec 2017
3. City Local Indicators Jan 2018
4. Commentary on City Local Indicators Jan 2018

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



Integration Joint Board

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:

Regular review of performance prompts analysis and mitigating action where appropriate. The provision of data, information and intelligence to support performance improvement and governance is crucial. This enables the IJB and committees to have the necessary assurance that the partnership is performing to the highest standards and fulfilling the national outcomes.

5: Recommendations

It is recommended that the Integration Joint Board:

1. Notes the performance and progress of the partnership against the national and local performance indicators currently reported;
2. Notes the planned development work on performance reporting.

6: Signatures

| | |
|---|---|
|  | <p>Sally Shaw (Interim Chief Officer)</p> |
|  | <p>Alex Stephen (Chief Finance Officer)</p> |

Appendix 1. Aberdeen City Core Suite of National Integration Indicators - Annual Performance

ISD's latest refresh of this data was December 2017, however please note that data is only updated to the end of the financial year available hence the newest data provided by ISD here is for 2016/17.

Data for the Core Suite of Integration Indicators, NI - 1 to NI - 23 are populated from national data sources and data is issued nationally. Indicators 1 to 10 are outcome indicators based on survey feedback and are updated bi-annually. Data for National Indicators 11 to 23 are derived nationally from organisational/system data and are updated more frequently. Data for indicators 10, 21, 22 and 23 are not yet available.

| Indicator | Title | Previous score 2013/14 | Current score 2015/16 | Scotland 2015/16 | RAG |
|-----------|--|---------------------------|--------------------------|---------------------|-----|
| NI - 1 | Percentage of adults able to look after their health very well or quite well | 96% | 96% | 94% | G |
| NI - 2 | Percentage of adults supported at home who agreed that they are supported to live as independently as possible | 80% | 82% | 84% | A |
| NI - 3 | Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided | 85% | 78% | 79% | R |
| NI - 4 | Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated | 83% | 77% | 75% | R |
| NI - 5 | Total % of adults receiving any care or support who rated it as excellent or good | 83% | 82% | 81% | A |
| NI - 6 | Percentage of people with positive experience of the care provided by their GP practice | 87% | 86% | 87% | A |
| NI - 7 | Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life | 83% | 80% | 84% | A |
| NI - 8 | Total combined % carers who feel supported to continue in their caring role | 44% | 42% | 41% | A |
| NI - 9 | Percentage of adults supported at home who agreed they felt safe | 79% | 83% | 84% | G |
| NI - 10 | Percentage of staff who say they would recommend their workplace as a good place to work | NA | NA | NA | |

| Indicator | Title | Previous score | Current score | Scotland | RAG |
|-----------|---|----------------------------|----------------------------|----------|-----|
| NI - 11 | Premature mortality rate per 100,000 persons (<i>European age-standardised mortality rate per 100,000 for people aged under 75</i>) | 464 ²⁰¹⁵ | 460 ²⁰¹⁶ | 440 | G |
| NI - 12 | Emergency admission rate (per 100,000 population) | 10,189 ^{2015/16} | 9,974 ^{2016/17} | 12,294 | G |
| NI - 13 | Emergency bed day rate (per 100,000 population) | 117,105 ^{2015/16} | 110,352 ^{2016/17} | 125,634 | G |
| NI - 14 | Readmission to hospital within 28 days (per 1,000 population) | 89 ^{2015/16} | 93 ^{2016/17} | 100 | A |
| NI - 15 | Proportion of last 6 months of life spent at home or in a community setting | 88% ^{2015/16} | 89% ^{2016/17} | 87% | G |
| NI - 16 | Falls rate per 1,000 population aged 65+ | 19 ^{2015/16} | 20 ^{2016/17} | 22 | A |
| NI - 17 | Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections | 79% ^{2015/16} | 86% ^{2016/17} | 84% | G |
| NI - 18 | Percentage of adults with intensive care needs receiving care at home | 53% ^{2014/15} | 55% ^{2015/16} | 62% | G |
| NI - 19 | Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population) | 1,765 ^{2015/16} | 1,156 ^{2016/17} | 842 | G |
| NI - 20 | Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency | 27% ^{2015/16} | 25% ^{2016/17} | 25% | G |
| NI - 21 | Percentage of people admitted to hospital from home during the year, who are discharged to a care home | NA | NA | NA | |
| NI - 22 | Percentage of people who are discharged from hospital within 72 hours of being ready | NA | NA | NA | |
| NI - 23 | Expenditure on end of life care, cost in last 6 months per death | NA | NA | NA | |

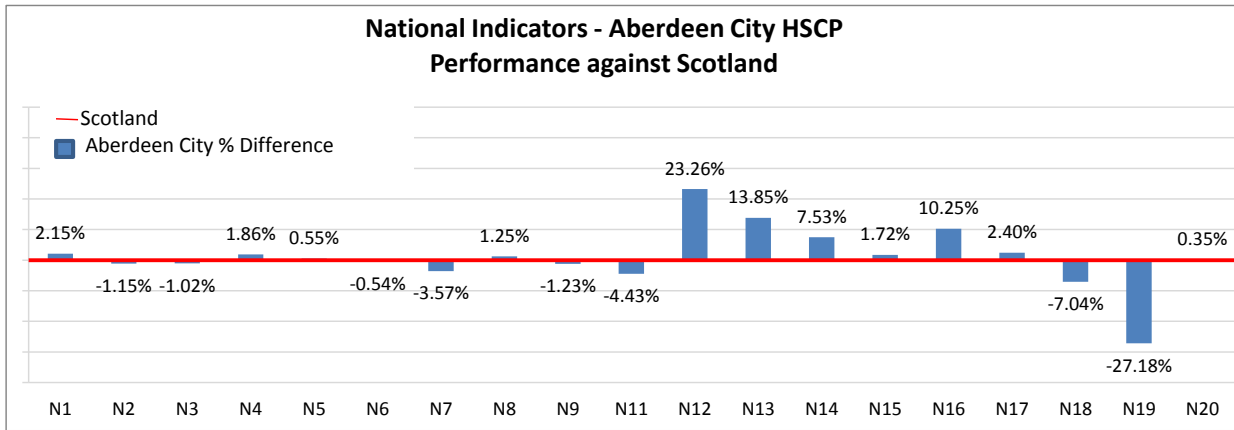
*** Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. Delays for healthcare reasons and those in non hospital locations (e.g. care homes) are no longer recorded as delayed discharges. In this indicator, no adjustment has been made to account for the definitional changes during the year 2016/17. The changes affected reporting of figures in some areas more than others therefore comparisons before and after July 2016 may not be possible at partnership level. It is estimated that, at Scotland level, the definitional changes account for a reduction of around 4% of bed days across previous months up to June 2016, and a decrease of approximately 1% in the 2016/17 bed day rate for people aged 75+.

RAG scoring based on the following criteria

- If Aberdeen City quarter has improved or stayed the same from previous, then "Green"
- If Aberdeen City quarter has worsened by 5% or less of previous quarter, then "Amber"
- If Aberdeen City quarter has worsened by more than 5% of previous quarter then "Red"

Aberdeen City Core Suite of National Integration Indicators - Headline Performance

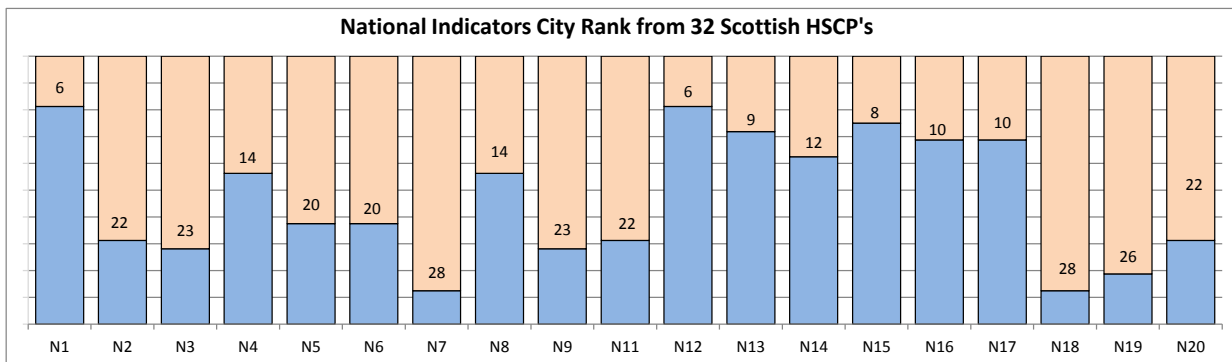
The three charts below show Aberdeen City's performance for the National HSCP Integration Indicators against the rest of Scotland and comparing Aberdeen City's performance to the previous reporting period. *Note that data for the national indicators is updated nationally and the latest reporting period differs per indicator and is documented on the previous page.*



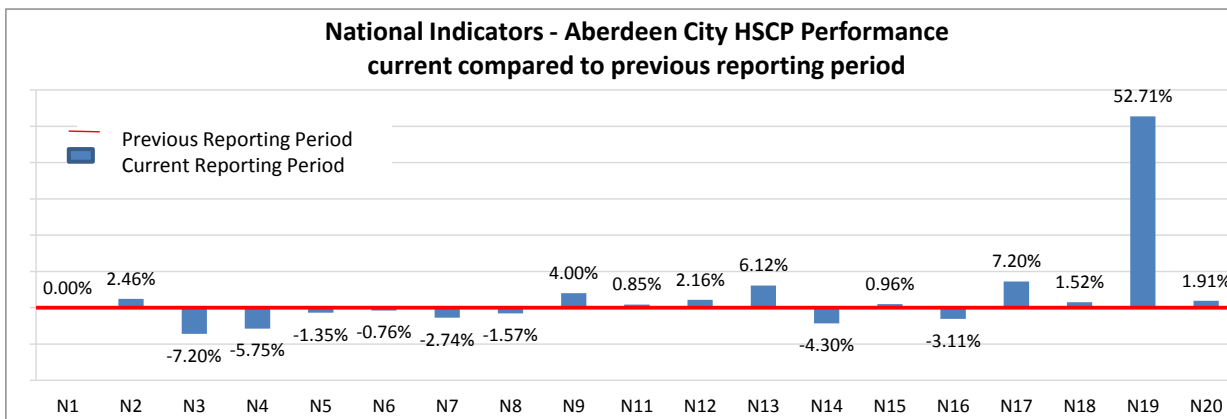
The red line shows the Scotland position and the bars show for each indicator the percentage Aberdeen City HSCP's performance differs from Scotland's performance. Positive bars show where Aberdeen City HSCP is performing better than Scotland and negative bars show where Aberdeen City HSCP performance is worse than Scotland's.

For the current reporting period Aberdeen City HSCP performed better than Scotland for 11 of the 19 national indicators, with 8 performing worse than Scotland. Note that of the 23 national indicators only 19 have data available for reporting.

Aberdeen City HSCP's performance for each indicator ranked against all 32 HSCP's in Scotland is shown below. A lower number demonstrates a better position against the rest of Scotland. Aberdeen City was in the top 50% for 9 of the 19 reported indicators for this reporting period.



The below chart shows Aberdeen City HSCP's performance for the current reporting period compared to the previous reporting period. The red line demonstrates the previous reporting period and the bars indicate the change in performance to the current reporting period. 11 of the 19 reported indicators have improved, or stayed the same, since the previous reporting period. Of the 8 indicators that performed worse than the previous period all indicators were within 5% of the previous periods performance except N3 at 7.2% and N4 at 5.75%.



Note N19 shows a 53% improvement on the previous period however it should be noted that definitional changes were made to the recording of delayed discharge information from 1 July 2016 onward and no adjustment has been made to account for the definitional changes during the year 2016/17 hence the improvement may be higher than expected. From 1st July 2016 onwards delays for healthcare reasons and those in non hospital locations (e.g. Care Home) were no longer recorded as delayed discharges. Whilst large improvements have been seen in delayed discharges the removal of these types of delays will have added to this and made improvements appear even better.

Appendix 2 - Commentary on City Core National Indicators Dec 2017

Delayed Discharge (N19)

The Partnership's performance has shown consistent improvement over the past two years. This national indicator looks specifically at delays affecting people over 75 years. Appendix 1 highlights improvement of 53% between 2015/16 and 2016/17 for bed days occupied by delays. Considerable improvements have been seen in delayed discharges however it should be noted that some of the improvements reflected in the 53% improvement could be due to definitional changes in the year 2016/17. Delays due to healthcare reasons and those in non-hospital locations (e.g. care homes) were no longer recorded as delayed discharges from June 2016 and no adjustment has been made to account for the definitional changes in the dataset.

Notwithstanding the changes in definitions, 53% 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 31 Scottish partnerships. However, as previously stated, reporting of these national indicators can be quite 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. By October 2017, management information indicates that Aberdeen City ranked 23rd out of the 31 Scottish partnerships for bed days occupied by those aged 75 years and over who are fit to be discharged from hospital.

Emergency Admissions and Readmissions (N12, N13, N14)

Emergency admissions have continued to reduce since 2015/16 in the overall population and amongst older people. In the most recent reporting period to September 2017, there has been a further improvement of over 2% in emergency admission and an even bigger improvement of 6% in use of bed days associated with emergency admissions.

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 decrease in performance saw Aberdeen City move from 12 / 31 to 13 / 31 in 2016/17, but Aberdeen City still remains 7% better than the national average and this is an area we anticipate to further improve with the roll out of transformation projects such as Integrated Neighbourhood Care Aberdeen (INCA) and Acute Care at Home.

Premature Mortality (N11)

Premature mortality has improved slightly from 464 per 100,000 population in calendar year 2015 to 460 per 100,000 population in 2016 (NB: this data is available in calendar and not financial year). This level of improvement is less than that seen across Scotland and life expectancy in Aberdeen City is comparatively lower when compared to the national average. Changes in the long term trends in life expectancy are occurring generally in the UK and a focused analysis is being conducted locally to gain greater insights behind this and what the impact might be. The outcome of this analysis will be reported in future performance reports.

Falls (N16)

Aberdeen City tends to compare well when looking at the rate of falls in the over 65 year population. It is currently 10/31 when compared with other Scottish partnerships, however there has been a 3% deterioration in performance during the quarter July to September 2017, and the reasons for this are being explored and will be reported once available.

Aberdeen City Health and Social Care Partnership: Performance at a Glance (Updated January 2018)

| KEY | |
|-----|---|
| I | Improved on previous reporting period by more than 2% |
| W | Worsened on previous reporting period by more than 2% |

| Category | ID. | Indicator Description | Source | Performance Current Reporting Period | Target | Previous Reporting Period | Performance against Last Period | Trend line | Trend Period | Current Period |
|------------|------|--|--------------|--|--------|---------------------------|---------------------------------|------------|---------------|----------------|
| Responsive | L01 | Number of Bed Days Occupied by Delayed Discharges per month (inc code 9) per 1000 18+ population | NHS - EDISON | 8.6 | - | 7.7 | W | | 5 Months | Oct-17 |
| | L02 | Number of delayed discharges inc code 9 (Monthly Census snapshot) | NHS - EDISON | ✗ 50 | - | 45 | W | | 5 Months | Oct-17 |
| | L10 | % people 65y+ with intensive care needs receiving care at home | SW | 37% | - | 35% | I | | 4 Quarters | Oct-Dec 17 |
| | L11 | Unmet need (hours) for social care | SW | 522 | - | 562 | I | | 2 Data Points | Jun-17 |
| | L12 | Uptake of self directed support (No. & % out of eligible clients) | SW | 286 (9.99%) | - | 233 (7%) | I | | 2 Data Points | Jun-17 |
| Effective | L03 | A&E Attendance rates per 100,000 population (All Ages) (Monthly Average for rolling 12 month period) | NHS | ✗ 1707 | - | 1693 | W | | 5 Months | Dec-17 |
| | L04 | Smoking cessation in 40% most deprived after 12 weeks | NHS | 135 | - | 73 | I | | 5 Quarters | Apr-Jun 17 |
| | L05 | Number of Alcohol Brief Interventions being delivered | NHS | ✓ 587 | - | 690 | W | | 5 Quarters | Jul-Sep 17 |
| Safe | L06A | Number of complaints received and % responded to within 20 working days - NHS Aberdeen City | NHS | No data available at the moment due to changes in data collection, this indicator should be available with the next update | | | | | | |
| | L06B | Number of complaints received and % responded to within 20 working days - Aberdeen City Council H&SC | SW | 19 (100%) | - | 26 (92%) | I | | 4 Quarters | Oct-Dec 17 |
| | L09 | Number of new referrals to initial investigation under adult protection | SW | 85 | - | 70 | W | | 3 Quarters | Jul-Sep 17 |
| | L13 | Adult Services % Posts Vacant | SW | 4.90% | - | 5.01% | I | | 4 Quarters | Oct-Dec 17 |
| | L14 | Number of new community payback orders | SW | 274 | - | 240 | W | | 4 Quarters | Oct-Dec 17 |
| | L15 | Number of Criminal Justice Social Work reports to court | SW | 405 | - | 323 | W | | 4 Quarters | Oct-Dec 17 |
| Well Led | L07 | NHS Sickness Absence % of Hours Lost | NHS | ✗ 4.7% | - | 4.4% | W | | 5 Quarters | Jul-Sep 17 |
| | L08 | Council Sickness Absence (% of Calendar Days Lost) | SW | No update available | | | | | | |

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Appendix 4 - Commentary on City Local Indicators Jan 2018

Safe

The number of complaints received has reduced from 26 to 19 perhaps indicating increasing satisfaction with services provided. The percentage of those complaints received responded to within 20 working days has increased from 92% to 100%. The percentage of vacant posts in Adult Services has reduced from 5.01% to 4.90%. A very slight improvement but achieved in what remains a very challenging environment for the recruitment and retention of Adult Social Care staff. Other measures in the Safe category such as the number of referrals to Adult Protection, the number of new Community Payback Orders and the number of Criminal Justice Social Work Reports submitted to Court have all increased however it could be argued that all of these increases are in fact evidence of Adult Social Care carrying out the work they are remitted to do and ultimately keeping the citizens of Aberdeen safe. Increased referrals to Adult Protection can mean that staff and others feel more confident to make referrals as a result of training or awareness-raising.

Well Led

We are identifying ways to capture and report on staff experiences using qualitative data, and some of these have been reported previously (e.g. employee engagement index). Sickness absence is a measure of staff health and well-being and we have seen a 0.3% increase in absence amongst NHS staff during the quarter July to September 2017. We are working with Aberdeen City Council to obtain similar absence data for Adult Social Care staff and it is hoped this can be included in the next version of this performance report.

Effective

Many of the indicators of effective care are covered by the national 'core suite', as set out in the previous section of this report. The increase in the smoking cessation after 12 weeks indicator is very welcome and the activity which brought this about is being examined to see if lessons can be learned and shared in other areas of work.

Responsive

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 36% reduction in the number of 'Standard' delays from October 2016 to October 2017, and a 30% reduction in the beds days lost due to these delays. The number of 'Code 9' (complex) delays increased by 10% from October 2016 to October 2017, however this was associated with a 3% reduction in the number of bed days and a 29% reduction in the average length of stay for 'Code 9' delays from October 2016 to October 2017. Despite the reduction in the number of 'Standard' delays and corresponding bed days the average length

of delay for 'Standard' delays has increased by 58% from 24 to 38 days and this is an area of focus for the Delayed Discharge Working Group.



INTEGRATION JOINT BOARD

| | |
|--|--|
| Report Title | Strategic Plan 2019-2022 |
| Lead Officer | Sally Shaw, Interim Chief Officer ACHSCP. |
| Report Author (Job Title, Organisation) | Kevin Toshney, Planning and Development Manager, ACHSC |
| Report Number | HSCP/18/027 |
| Date of Report | 17 th April 2018 |
| Date of Meeting | 22 nd May 2018 |

1: Purpose of the Report

The purpose of this report is to present a timeline for the review and refresh of our current Strategic Plan to the Integration Joint Board (IJB) for its consideration and approval.

2: Summary of Key Information

2.1.1. The requirement for the Integration Joint Board to publish its Strategic Plan showing how the delivery of the delegated functions and services will meet national and local outcomes was set out in the Public Bodies (Joint Working) (Scotland) Act 2014.¹

2.1.2. It provides a framework for the effective integration of adult health and social care services and its policy ambition is to:

“...improve the quality and consistency of services for patients, carers, service users and their families; to provide seamless, joined up quality health and social care services in order to care for people in their own homes or a homely setting where it is safe to do so; and to ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer term and often complex needs, many of whom are older.”

¹ <http://www.legislation.gov.uk/asp/2014/9/contents/enacted>



INTEGRATION JOINT BOARD

2.2. The current Strategic Plan 2016-2019² was agreed by the IJB at its meeting on 23rd March 2016 and published on 1st April 2016 (integration 'Go Live'). This marked the delegation of functions and services from Aberdeen City Council (ACC) and NHS Grampian (NHSG) to the IJB.

2.2.1. In the two years since then, the IJB has approved a number of strategic documents (Appendix One) outlining its ambitions and intentions across key delivery areas. This portfolio will be developed further with the addition of Autism and Mental Health strategies later this year.

2.3. The Review and Refresh Timeline (Appendix Two) sets out key milestones in the development of the partnership's next Strategic Plan and when they are expected to take place in relation to one another.

2.3.1. The Strategic Planning Group has a formal, statutory role overseeing the development of the partnership's Strategic Plan. A steering group has been established to support the many different timeline activities and work streams that together will produce a credible document of the required quality.

2.3.2. An Engagement and Participation Plan is being developed to maximise our engagement activity across our communities of interest and localities. This Plan is itself based on the Community Planning Partnership's (CPP) Engagement, Participation and Empowerment Strategy³ which the IJB, as a statutory partner of the CPP, has previously endorsed.

Our Engagement and Participation Plan will have a strong emphasis on reaching the individuals, and their unpaid carers who use our health and social care services across our localities. We will also be seeking to ensure that our engagement reaches out to individuals and groups who are representative of the nine 'protected equality characteristics'.⁴

We will also be seeking to engage as widely as possible with colleagues from across the health, social care, third and independent sectors.

² <https://www.aberdeencityhsc.scot/about-us/our-strategic-plan/>

³ <https://communityplanningaberdeen.org.uk/community-engagement-group/engagement-participation-empowerment-strategy/>

⁴ <https://www.legislation.gov.uk/ukpga/2010/15/section/4>



INTEGRATION JOINT BOARD

- 2.3.3. A key output of the anticipated engagement activity will be qualitative information about how well the partnership has succeeded in meeting some anticipated outcomes set out in the current plan. Additional information obtained will indicate what changes, if any should be made to the partnership's current vision, values and priorities. Our planning conversations will ask individuals 'What Matters' to them and ask for examples of recent positive and not-so-positive experiences of using our health and care services.
- 2.4. The collated information will be used alongside the other work stream outputs to inform and influence the development of a revised Strategic Plan for the period 2019-2022. This draft Plan will be presented to the SPG at its meeting in November and then to the IJB at its meeting in December. Following IJB endorsement of the draft Plan there will be a period of public consultation in early 2019.
- 2.4.1. The revised Strategic Plan 2019-2022 will be presented to the IJB at its meeting scheduled for March 2019. The approved plan will thereafter be published on the partnership's website.

3: Equalities, Financial, Workforce and Other Implications

Equalities: There are no direct Equalities implications arising from this paper. The revised Strategic Plan will have an Equalities Impact Assessment and a Health Inequalities Impact Assessment included as appendices.

Financial: There are no direct financial implications arising from this paper.

Workforce: There are no direct workforce implications arising from this paper.

Other: None.



INTEGRATION JOINT BOARD

4: Management of Risk

The Strategic Plan is the primary means by which the IJB is able to articulate its ambitions and intentions and as such will be a pivotal reference for the partnership as a whole.

The development of the plan offers a significant opportunity for the IJB to take a lead role in promoting its expectations regarding the engagement that is undertaken with our citizens, communities and staff across all services and sectors.

There will also be opportunities for colleagues who work across the health, social care, third and independent sectors and who want to provide person centred and effective services to contribute to our future ambitions and priorities.

There is however, also the possibility that a mismanaged development process may result in some of the following strategic risks becoming apparent.


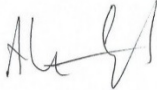
3. Failure of the IJB to function, make decisions in a timely manner etc.
7. There is a risk that the IJB and the services that it directs and has operational oversight of fail to meet performance standards or outcomes as set by regulatory bodies.
8. There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care.

It is reasonable to suggest that the likelihood and potential impact of these risks can be mitigated by a collaborative approach that adheres to the proposed timeline and produces a credible Strategic Plan of the desired quality for the IJB to approve at its meeting scheduled for March 2019.



INTEGRATION JOINT BOARD

| 5: | Recommendations |
|---|-----------------|
| <p>It is recommended that the Integration Joint Board:</p> <ol style="list-style-type: none"><li data-bbox="277 651 1342 725">1. Notes the proposed developmental timeline for the Strategic Plan 2019-2022.<li data-bbox="277 779 1362 853">2. Agree that an initial draft of the Strategic Plan should be presented to the IJB at its scheduled meeting in October 2018.<li data-bbox="277 907 1374 981">3. Agree that a 'Consultation' draft of the Strategic Plan should be presented to the IJB at its scheduled meeting in December 2018. | |

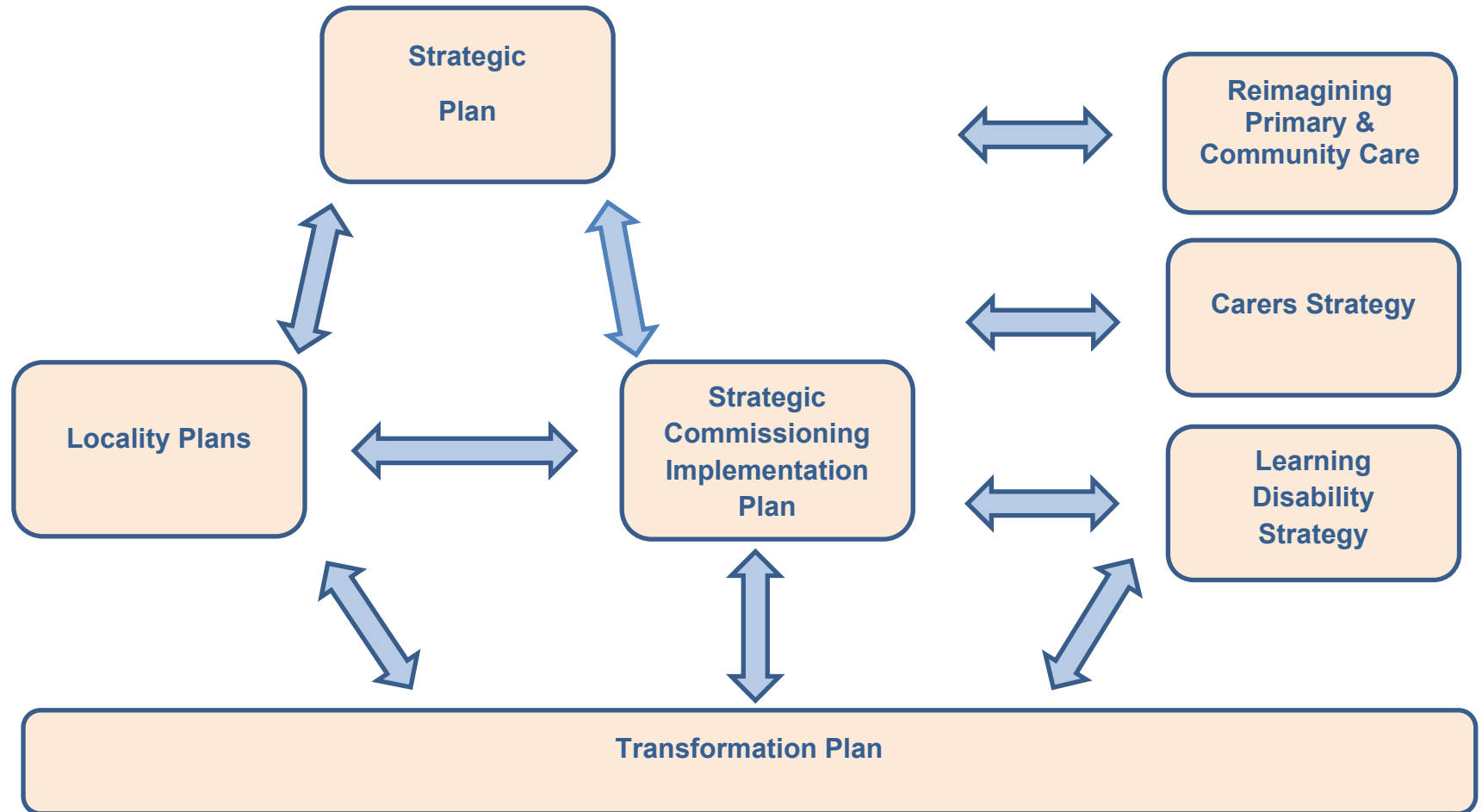
| 6: | Signatures | |
|---|---|--|
|  | Sally Shaw (Interim Chief Officer) | |
|  | Alex Stephen (Chief Finance Officer) | |



INTEGRATION JOINT BOARD



Appendix One: Where Are We Now.





Appendix Two: Review and Refresh Timeline

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Brief SPG on timeline & process. ⁵ | | | ■ | | | | | | | | | | | | |
| Establish core group. Agree ToR/methodology. | | | | ■ | | | | | | | | | | | |
| Review Plan. | | | | ■ | ■ | ■ | ■ | | | | | | | | |
| Update SPG on review findings. ⁶ | | | | | | | ■ | | | | | | | | |
| Rewrite Plan. | | | | | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| Write/implement Engagement & Participation Plan. | | | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | |
| Write & implement Comms Plan. | | | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| CO/Executive Team check-ins | | | | | | | | ■ | | | ■ | | | ■ | |
| IJB Workshop | | | | | | | | ■ | | | | | | | |
| Initial Draft to IJB. ⁷ | | | | | | | | | | ■ | | | | | |
| Present draft Plan to SPG. ⁸ | | | | | | | | | | | ■ | | | | |
| Present consultation draft Plan to IJB. ⁹ | | | | | | | | | | | | ■ | | | |
| Public consultation on draft Plan. | | | | | | | | | | | | | ■ | ■ | |
| Present revised Plan to IJB. ¹⁰ | | | | | | | | | | | | | | | ■ |

⁵ SPG 08032018

⁶ SPG 10072018

⁷ IJB 09102018 (potential for second workshop if required)

⁸ SPG 13112018

⁹ IJB 11122018

¹⁰ IJB 26032019



Integration Joint Board

| | |
|------------------------|---|
| Report Title | Carers Eligibility Criteria and Funding Allocation Process |
| Lead Officer | Sally Shaw, Interim Chief Officer |
| Report Author | Alison MacLeod, Lead Strategy and Performance Manager, ACHSCP |
| Report Number | HSCP/18/031 |
| Date of Report | 16 th April 2018 |
| Date of Meeting | 22 nd May 2018 |

1: Purpose of the Report

- 1.1 The purpose of this report is to seek the IJB's approval of the Carer's Eligibility Criteria which is attached as Appendix A and to approve the process for managing and allocating the 2018/19 funding received for the implementation of the Carers (Scotland) Act 2016.

2: Summary of Key Information

- 2.1 On 1st April 2018 the Carers (Scotland) Act 2016 (the "2016 Act") came into effect. The 2016 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 and publish a local Carers Strategy covering both adults and young carers. The IJB approved the Aberdeen City Carers Strategy – A Life Alongside Caring at its meeting on 27th March 2018. The strategy is awaiting approval in respect of Young Carers from the Operational Delivery Committee of Aberdeen City Council on 29th May 2018 before being officially launched during Carers Week 11th – 17th June 2018.
- 2.3 The 2016 Act also requires Eligibility Criteria for Carers to be published. This is in addition, and separate, to the Eligibility Criteria for a Social Care Services and relates specifically to Carers. As intimated at the IJB



Integration Joint Board

Meeting on 27th March 2018, the Health and Social Care Integration Scheme for Aberdeen City has been amended to reflect changes in legislation brought about by the 2016 Act. This includes delegating the authority to the IJB to approve the Eligibility Criteria for Carers.

- 2.4 As the Eligibility Criteria is so closely linked to the Adult Carer Support Planning Process, one document has been produced covering both aspects, however, it is only the Eligibility Criteria aspects of Appendix A that require IJB approval.
- 2.5 In advance of the 2016 Act, the National Carers Organisations (NCO) developed a Best Practice Framework for Local Eligibility Criteria for Carers and the Scottish Government produced Statutory Guidance on Local Eligibility Criteria which was informed by the NCO Framework. Aberdeen City's Eligibility Criteria for Carers was developed, using both the framework and the guidance as reference, by a sub group of the Carers Strategy Steering Group which included the IJB carer representatives and a representative from our commissioned Carers Support Service.
- 2.6 The Eligibility Criteria for Carers is set along the same lines as for those receiving a Social Care Service, that is, that only those with critical or substantial needs will receive a funded service. It should be noted, however, that measures are being put in place to improve the information and advice available to carers and to enhance existing support for carers in the community. Carers with low and moderate needs will still receive assistance and support but this will not necessarily be a funded service.
- 2.7 At the IJB meeting on 27th March 2018 it was confirmed that we have additional budget totalling £725,000 in financial year 2018/19 to fund the implementation of the Carer's Strategy for both young and adult carers.
- 2.8 It was also highlighted that new demand generated by both the 2016 Act and our Carer's Strategy was unknown and difficult to predict. This, in turn, made it difficult to estimate how the additional funding would be allocated. It was proposed that the Chief Officer brought back further detail of an allocation process to the May meeting of the IJB. This is attached at Appendix B "Managing our Carers Implementation Funding".



Integration Joint Board

2.9 Discussion has subsequently taken place between the Chief Finance Officer, the Lead Social Work Officer and the Director of Resources for Aberdeen City Council (ACC). It has been agreed that an initial amount of the additional funding (£150,000) will be ring fenced for Young Carers. The amount will be reviewed after 6 months to determine whether it is appropriate given the demand profile for these services. Any spend which benefits both young and adult carers will be split using an appropriate basis of apportionment against the two allocations. The implementation of the strategy will continue to be developed jointly by both the partnership and ECS

Appendices

- A) Aberdeen City Eligibility Criteria for Carers
- B) Managing Carer Implementation Funding

3: Equalities, Financial, Workforce and Other Implications

Financial Implications

The Eligibility Criteria for Carers is set along the same lines as for those receiving a Social Care Service, that is, that only those with critical or substantial needs will receive a funded service. It should be noted, however, that measures are being put in place to improve the information and advice available to carers and to enhance existing support for carers in the community. Carers with low and moderate needs will still receive assistance and support but this will not necessarily be a funded service.

£725,000 additional funding is being made available in financial year 2018/19. This is for both adult and young carers. It is proposed that this funding will be allocated using the process described in Appendix B.

As described in the Carers Strategy paper discussed at IJB on 27th March 2018 there remains a lack of clarity around guidance for the waiving of charges for respite care. This matter is being discussed at a national level. The Chief Officer



Integration Joint Board

was requested to develop local guidelines in relation to this and these will be brought back to a future meeting of the IJB.

Equalities Implications

An Equalities & Human Rights Impact Assessment has been completed in respect of the Carers Strategy, which incorporated the elements of the Eligibility Criteria, and this confirmed there is no adverse impact on anyone with protected characteristics.

Workforce Implications

The 2016 Act and the Aberdeen City Carers Strategy bring a number of new and different obligations for staff. The Eligibility Criteria for Carers is also a new way of working. Dedicated resource is available to ensure both the Act and the strategy are implemented. Appropriate information and training is being given to all staff along with revised tools and processes.

Legal Implications

The IJB is legally obliged under the 2016 Act to publish local Eligibility Criteria for Carers.

4: Management of Risk

Identified risk(s):

Link to risk number on strategic or operational risk register:

7. 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:

Approving the Eligibility Criteria for Carers ensures the IJB will meet their legislative duty under the 2016 Act.



Integration Joint Board

| 5: | Recommendations for Action |
|---|----------------------------|
| <p>It is recommended that the Integration Joint Board:</p> <ol style="list-style-type: none"><li data-bbox="277 734 916 770">1. Approves the Eligibility Criteria for Carers.<li data-bbox="277 819 1230 855">2. Approves the Managing Carer Implementation Funding process. | |

| 6: Signatures | |
|---|---|
|  | Sally Shaw (Interim Chief Officer) |
|  | Alex Stephen (Chief Finance Officer) |

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Aberdeen City Adult Carer Support Planning and Eligibility Criteria for Carers

April 2018

This document is also available in large print, other formats and other languages, on request.

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1. Introduction

On 1st April 2018 the Carers (Scotland) Act 2016 came 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 role of unpaid carers is highly valued. One of the priorities of Aberdeen City Health and Social Care Partnership's (ACH&SCP) 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 ACH&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.”

ACH&SCP'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 caring role on their everyday lives reduced.

The principles of equality, diversity and human rights are the underpinning rights for all carers. We aim to treat all carers fairly and consistently.

2. Duties under the Carers (Scotland) Act 2016

The Act encompasses a rights based approach – the right of every carer to have an Adult Carer Support Plan, which aims to support their health and wellbeing by identifying their need for support and their personal outcomes, and the right to access an appropriate balance of information, advice and support to meet these. The legislation requires a focus on assessing the needs of the carer separately from the needs of the cared-for individual. In terms of adult carers it is the responsibility of the partnership in the area where the cared-for person resides to complete the Adult Carers Support Plan.

Under the Carers (Scotland) Act 2016, Health and Social Care Partnerships are required to publish Eligibility Criteria for carers, detailing the specific set of circumstances and thresholds which must be met before carers can access support that is funded by the Health and Social Care Partnership. Our commitment is that all adult carers are entitled to receive support. That support will not always take the form of a funded service. In some cases the support offered may be signposting to existing support, activities or services already available in the community or from other statutory or partner organisations. Aberdeen City Health and Social Care Partnership already has a Local Eligibility Framework for Adult Social Care. This Eligibility Criteria for carers is in addition to and separate from that. It is a more appropriate set of indicators in relation to carers specifically in respect of the impact and sustainability of their caring role and their ability and willingness to continue in their caring role.

The Act also provides for a discretionary power to provide funded support even if the Eligibility Criteria is not met. This could be invoked when it is deemed that providing a funded service would be a means to prevent the impact and/or risk of the caring role becoming substantial or critical at some point in the future.

This Eligibility Criteria will be reviewed every 3 years in line with Aberdeen City Health and Social Care's Local Carers Strategy.

3. Definitions

Carer – the Act defines a carer as “an individual who provides or intends to provide care for another individual (the “cared-for person”). An “Adult Carer” is someone who is 18 years old or over and does not meet the definition of a Young Carer i.e. someone who is over 18 but still at school.

Eligible Needs - are those identified needs (i.e. needs to support the unpaid carer in their ability and willingness to continue with their caring role) that cannot be met through support to the cared-for person or through accessing services that are available generally and which meet the threshold for support set by the local Eligibility Criteria.

Adult Carer Support Plan – a plan prepared by a responsible Local Authority setting out an adult carers identified personal outcomes and identified needs (if any) and the support (if any) to be provided by the responsible Local Authority to meet those needs.

Personal Outcomes – the personal outcomes which are identified as relevant to the carer.

Personal Needs – the needs for support (if any) which are identified in order to meet the carer’s identified personal outcomes.

4. Eligibility Indicators and Thresholds

Eligibility Indicators

There are 7 indicators in Aberdeen City Health and Social Care Partnership's Eligibility Criteria: -

1. Health and Wellbeing
2. Relationships
3. Living Environment
4. Employment and Training
5. Finance
6. Life Balance
7. Future Planning (including planning for emergencies)

Health & Wellbeing –The impact could be on the carer's mental or physical health or well-being and could range from them 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.

Relationships – 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.

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 that they care for but their living environment can still be impacted upon.

Employment & Training - Caring can affect the carer's ability to work and access training opportunities. The carer's choice as to what type of employment or training they undertake, where they work and how many hours they do or where or what course they study. Carer's may be forced to delay starting work or training at all, have to give up work or a course, 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.

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 that they have had to give up work this affects the overall household income.

Life Balance – Dedicating time to caring can mean that 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.

Future Planning (including emergency 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.

Appendix A provides more detail in relation to the impact and risk of each Eligibility Indicator.

In determining a carer’s eligibility for funded services, it is important to recognise that the eligibility indicators listed above will not always exist in isolation from one another. It is appropriate and desirable that indicators should be explored in relation to one another, as there may be a ‘multiplier’ effect when two or more indicators overlap or interact. For example, it would be appropriate to discuss the impact of insufficient household income in relation to the effect financial hardship can have on the emotional health and wellbeing of a carer. Similarly, some indicators may be overarching, such as the ability to have a life alongside caring, which may be affected by the cumulative impact of the caring role in several areas of a carer’s life.

Eligibility Thresholds

The eligibility thresholds are a qualitative assessment of the severity of the **impact** of the caring role and the **risk** of that caring role becoming unsustainable as a result of that impact. Impact and risk are assessed using each of the eligibility indicators that are appropriate to the individual carer.

There are 5 thresholds of impact and risk: -

1. No impact – no risk
2. low impact – low risk
3. moderate impact – moderate risk
4. substantial impact – substantial risk
5. critical impact – critical risk

See Appendix B – Determining the impact of the caring role and associated risk.

Eligibility

Carers will only be eligible for formal funded support to be provided if an impact or risk on the carer from any of the eligibility indicators is deemed to be substantial or critical. Using the discretionary power available under the Act, Aberdeen City Health and Social Care Partnership, in certain circumstances, will consider an approach to interventions where the impact/risk is not critical or substantial but where intervention would be a means to prevent these impacts and risks becoming substantial or critical at some point in the future. See Appendix C – Illustrative Threshold for Carer Support.

Adult Carer Support Plans and Eligibility Criteria

There is a mutual dependency between Adult Carer Support Plans and Eligibility Criteria. The plan needs to be completed in order that the carer's needs and outcomes are identified and that the impact on their lives and the risks to them being able to continue their caring role assessed. Once the level of impact and risk are known they can be assessed against the Eligibility Criteria and a decision made on eligibility to access funded support.

5. Process to determine duty to provide support to an Adult Carer.

1. Identification/Request – pre planning stage.

The process begins either when a carer is identified from professional involvement with the cared for person or when a carer comes forward seeking help. This identification could be made by a variety of people working in health and social care services, whether directly employed by the NHS or the Health and Social Care Partnership, part of a commissioned service or working independently in the private or third sector. Whether a carer is identified or they come forward themselves, the first step is for a **conversation** to take place.

During this conversation the carer's rights under the Carer's (Scotland) Act 2016 will be explained and the carer will be encouraged to tell their story, describe their caring role, the support they already have in place, the impact the caring role is having on their life currently and whether they can foresee this improving or deteriorating in the future. This allows an overall general assessment to be made in relation to the level of impact or risk from the caring role on the individual and therefore the appropriate route for the next stage of the process should the individual wish to engage.

Of course, it is always possible that even if someone is identified as a carer, they do not wish to see themselves as such or to share any of the detail in relation to their caring role and any impact this is having. This could be for a variety of reasons from not seeing the caring role as being separate to the role as a relative or friend, to not wishing to have any involvement with "formal" services. Should the carer not wish to engage this will be recorded and no further action taken although, if deemed necessary, the situation could be highlighted to be kept under review. If the carer does wish to engage the next step is to refer them on for an Adult Carer's Support Plan to be completed. If the overall, general impression is that the carer's needs are low to moderate, the referral should be made to the commissioned Carers Support service. If the needs are substantial or critical the referral should be made to Adult Social Care.

2. Adult Carer Support Planning

The next stage of the process is the completion of an Adult Carer Support Plan. This contains the following information: -

- Carer Details
- Cared For Person Details
- Summary of Caring Situation
 - The nature and extent of the caring role
 - The carer's current willingness and ability to provide care
 - Any relevant information in relation to foreseeable changes to the caring role
 - Specific circumstances which may indicate fluctuating needs
 - Specific detail on future and emergency planning

- Impact and Risks
 - The impact of the caring role on the carer (using each of the eligibility indicators as a prompt to consider that impact)
 - The risks associated with the carer continuing in their caring role carer (using each of the eligibility indicators as a prompt to consider that risk)
- Eligibility
 - Whether Eligibility Criteria is met or not
 - Confirmation that carer has been advised of the eligibility decision
 - Whether the discretionary power to provide support is invoked or not (and if so who made that decision, when, and what the rationale for it was)
- Identified Outcomes and Needs
 - A carer's identified personal outcomes
 - A carer's identified personal needs (if any)
 - Specific requirements in relation to the requirement for a break from caring for the carer.
- Support Provided
 - Record of whether support is to be provided to the cared-for person
 - Record of whether carer is signposted to existing services or community/family support.
 - Reference to any existing support under a previous plan and the impact this had on outcomes
 - Details of funded support (if any) to be provided to meet the identified personal outcomes and needs.
 - Confirmation of 4 options under SDS offered or reasons why not
- Review Arrangements i.e. the circumstances in which the plan should be reviewed and the arrangements and timescale for that
- Whether a copy of the plan was requested by and provided to the carer

Approach to Adult Carer Support Planning

A **proportionate** approach will be taken to Adult Carer Support Planning. Whilst the ACSP template will be comprehensive and available for use in multiple situations, consideration will be given to each individual carer's wishes and preferences.

Equality will be considered in the planning process. Protected characteristics will be taken into account and appropriate support will be made available to assist the carer through the planning process where required.

The **timing** of the planning process will also be considered recognising that an individual who has just begun a caring role will not necessarily be in a position to engage fully with the planning process. This will be the case particularly if the caring role has come about suddenly as a result of a traumatic incident involving a loved one, or is something the carer themselves does not yet fully understand or appreciate.

Support Available or Provided?

During the planning stage consideration will be given as to whether the identified personal outcomes and needs could be met through services or assistance provided to the cared-for person (other than replacement care to provide a break from caring) or services and support that are already available and accessible in the area (i.e. by information and advice and/or various types of community/family networks and support). If so, this should be recorded on the plan and the cared-for person's care manager advised and/or the carer signposted to the relevant services or community support. The situation should be monitored so the timescale set for review should also be noted on the plan. When considering funded support, there needs to be a cross referencing between the Adult Carer Support Plan and the cared-for person's care plan. The two need to be considered in conjunction with each other to give care managers and other relevant decision makers the full picture in relation to the caring situation.

If the carers identified personal outcomes and needs are met only in part, or not at all, by services or assistance provided to the cared-for person or services that are already available and accessible in the area, then, **if the eligibility criteria is met**, consideration must be given to providing funded support and this must be detailed in the plan. When considering any type of support provision, the individual carer's own resources and strengths will be taken into account in an asset based approach.

Other Considerations

The carer is entitled to have a **copy** of their Adult Carer Support Plan and again their wishes should be recorded on the plan with confirmation of whether and when a copy of the plan was provided.

If the carer lives **out with Aberdeen City**, we will liaise with the relevant authority to ensure current information about local support is available.

3. Application of Eligibility Criteria

If any of the impacts or risks are in the substantial or critical category this engages the legal duty of Aberdeen City Health and Social Care Partnership to provide funded support. If the impacts and risks are all either none, low or moderate, the eligibility criteria is not met however there still needs to be a consideration as to whether the discretionary power to provide support should be used. This decision can only be made by the Resource Allocation Panel which considers all new and reviewed care packages where there is a financial impact on the budget (increase or decrease). Each individual situation will be considered on its own merit however one example where the discretionary power might be used is where someone is caring for a terminally ill person where the current situation is not having a major impact or posing immediate risks but where it can be foreseen that the demands on the carer will increase dramatically in a short space of time and that providing support early will help the carer prepare for and manage that future impact.

4. Support Arrangements

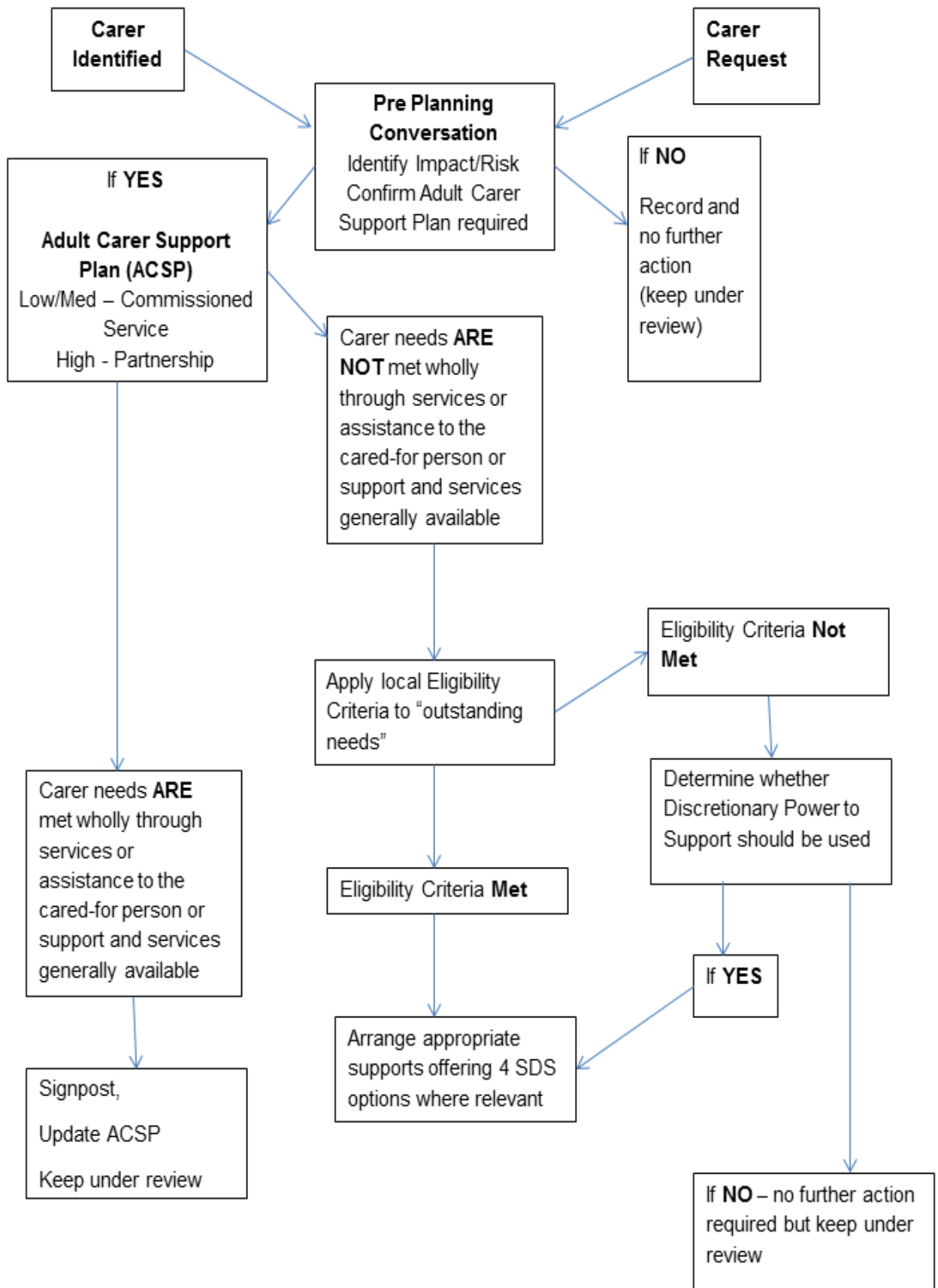
Once the decision is made to provide support the necessary arrangements should be made to put this in place. The carer must have as much involvement as they wish in relation to the provision of support or services, a collaborative approach is required. Reasonable steps must be taken to ensure that the right to dignity of the carer is respected. The carer must be given the opportunity to choose one of the 4 options provided for in the Self Directed Support (SDS) legislation unless they are deemed to be ineligible under the terms of the that legislation.

There is a duty under section 24(4)(a) of the Carers (Scotland) Act 2016 to provide or arrange Replacement Care based on the carer's needs whether or not the cared-for person has eligible social care needs in their own right.

In determining the support to be provided for both eligible and non-eligible the carer's own strengths and capabilities along with their wider support network, community, cultural and spiritual networks will be taken into account.

Carers will not be charged for any proportion of funded support provided to meet substantial and critical identified personal outcomes and needs.

Should a carer wish to appeal any decision in relation to the decision whether their needs meet the Eligibility Criteria or not they should make use of Aberdeen City Health and Social Care Partnership Complaints process.



6. Data Protection

General Data Protection Regulation (GDPR) will come into force on the 25th May 2018 and the plan is for the Data Protection Bill to have completed its parliamentary passage and be ready to take effect at the same time. Together they will replace the Data Protection Act 1998. Data Protection law sets out the principles and legal framework for protecting personal data, as well as giving rights to individuals. All processing of personal data has to be lawful, fair and transparent by law. Individuals have legal rights about the way we handle and use personal data, which include the right to ask for a copy of it, and to ask us to stop doing something with your data. We will advise individuals what we are doing with their data and how we are managing it, which is an important part of meeting our legal obligation.

In response to the Carers (Scotland) Act 2016, for those carers who wish it, we will collect information about the caring role in order to understand the impact this may have, develop an Adult Carer Support Plan, identify personal outcomes and determine eligibility. This information will be recorded in the Adult Carer Support Plan which will be held on our CareFirst system. This information will be retained for as long as a support service is required or the adult carer requests that it is removed. The information will be reviewed in line with our normal processes and updated as required. Adult Carers are entitled to a copy of their Adult Carer Support Plan and the information may be shared with relevant agencies for the purpose of understanding the support required and developing a personalised support service. Information will only be shared with the carers consent.

Appendix A: Table of Carers Eligibility Indicators

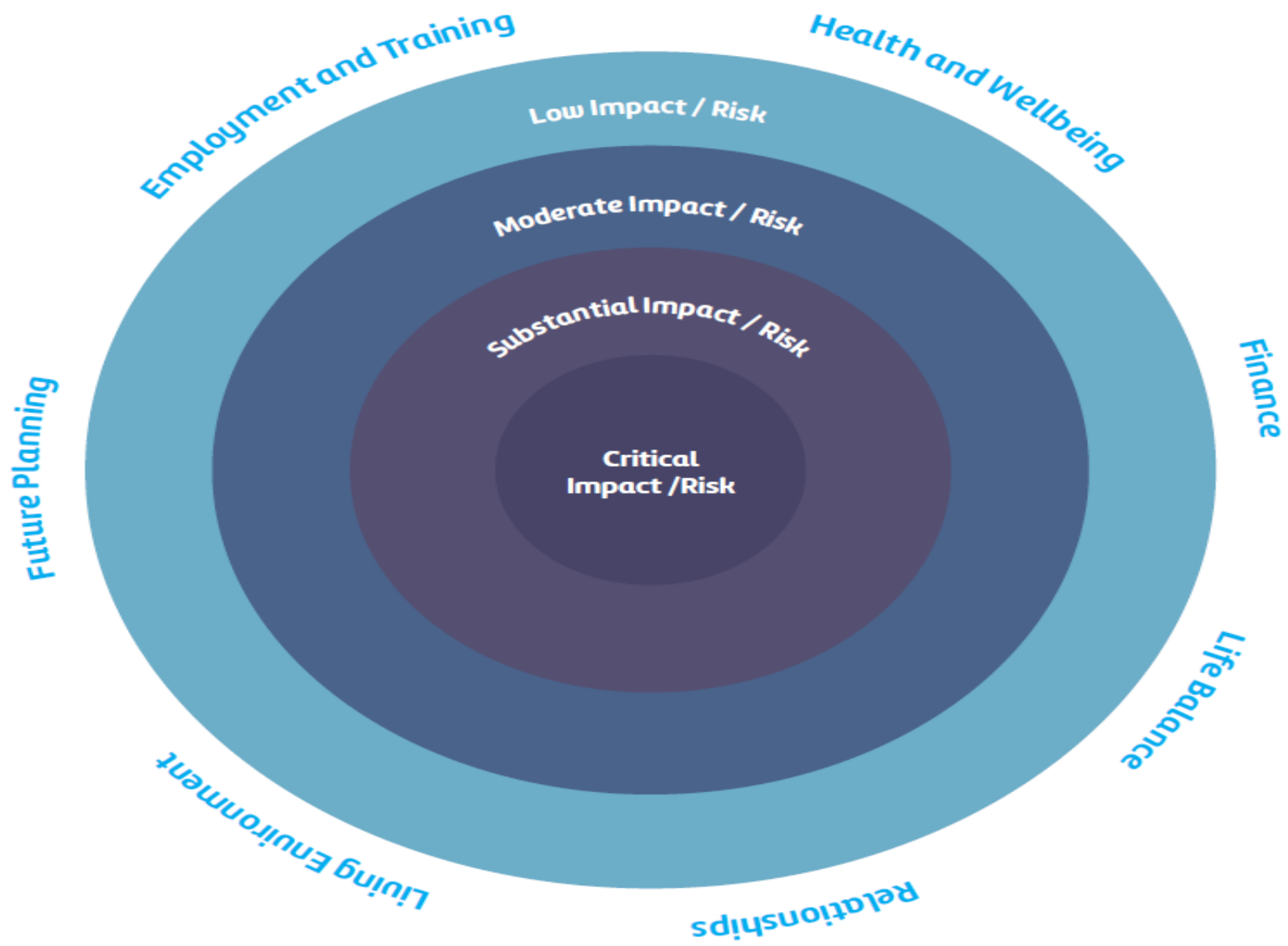
| | Caring has no impact NO RISK | Caring has low impact LOW RISK | Caring has moderate impact MODERATE RISK | Caring has substantial impact SUBSTANTIAL RISK | Caring has critical impact CRITICAL RISK |
|-------------------------------|--|--|--|--|--|
| Health & Wellbeing | Carer in good health. Carer has good emotional wellbeing. | Carer's health beginning to be affected. Caring role beginning to have an impact on emotional wellbeing. | Carer's health at risk without intervention. Some impact on carer's emotional wellbeing. | Carer has health need that requires attention. Significant impact on carer's emotional wellbeing. | Carer's health is breaking/has broken down. Carer's emotional wellbeing is breaking/has broken down. |
| Relationships | Carer has a good relationship with the person they care for and is able to maintain relationships with other key people in their life. | Carer has some concerns about their relationship with the person they care for and/or their ability to maintain relationships with other key people in their life. | Carer has identified issues with their relationship with the person they care for that need to be addressed and/or they find it difficult to maintain relationships with other key people in their life. | The carer's relationship with the person they care for is in danger of breaking down and/or they no longer are able to maintain relationships with other key people in their life. | The carer's relationship with the person they care for has broken down and their caring role is no longer sustainable and/or they have lost touch with other key people in their life. |
| Living Environment | Carer's living environment is suitable posing no risk to the physical health and safety of the carer and cared for person. | Carer's living environment is mostly suitable but could pose a risk to the health and safety of the carer and cared for person in the longer term. | Carer's living environment is unsuitable but poses no immediate risk. | Carer's living environment is unsuitable and poses an immediate risk to the health and safety of the carer and/or cared for person. | Carer's living environment is unsuitable and there are immediate and critical risks to the health and safety of the carer and/or cared for person. |

| | Caring has no impact NO RISK | Caring has low impact LOW RISK | Caring has moderate impact MODERATE RISK | Caring has substantial impact SUBSTANTIAL RISK | Caring has critical impact CRITICAL RISK |
|----------------------------------|--|--|---|--|---|
| Employment & Training | <p>Carer has no difficulty in managing caring and employment and/or education.</p> <p>Carer does not want to be in paid work or education.</p> | <p>Carer has some difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the long term.</p> <p>Carer is not in paid work or education but would like to be in the long term.</p> | <p>Carer has difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the medium term.</p> <p>Carer is not in paid work or education but would like to be in the medium term.</p> | <p>Carer has significantly difficulty managing caring and employment and there is a risk to sustaining employment and/or education in the short term.</p> <p>Carer is not in paid work or education but would like to be soon.</p> | <p>Carer has significant difficulty managing caring and employment and/or education and there is an imminent risk of giving up work or education.</p> <p>Carer is not in paid work or education but would like to be now.</p> |
| Finance | <p>Caring is not causing financial hardship e.g. carer can afford housing cost and utilities.</p> | <p>Caring is causing a risk of financial hardship e.g. some difficulty meeting housing costs and utilities.</p> | <p>Caring is causing some detrimental impact on finances e.g. difficulty meeting either housing costs OR utilities.</p> | <p>Caring is having a significant impact on finances e.g. difficulty meeting housing costs AND utilities.</p> | <p>Caring is causing severe financial hardship e.g. carer cannot afford household essential sand utilities, not meeting housing payments.</p> |

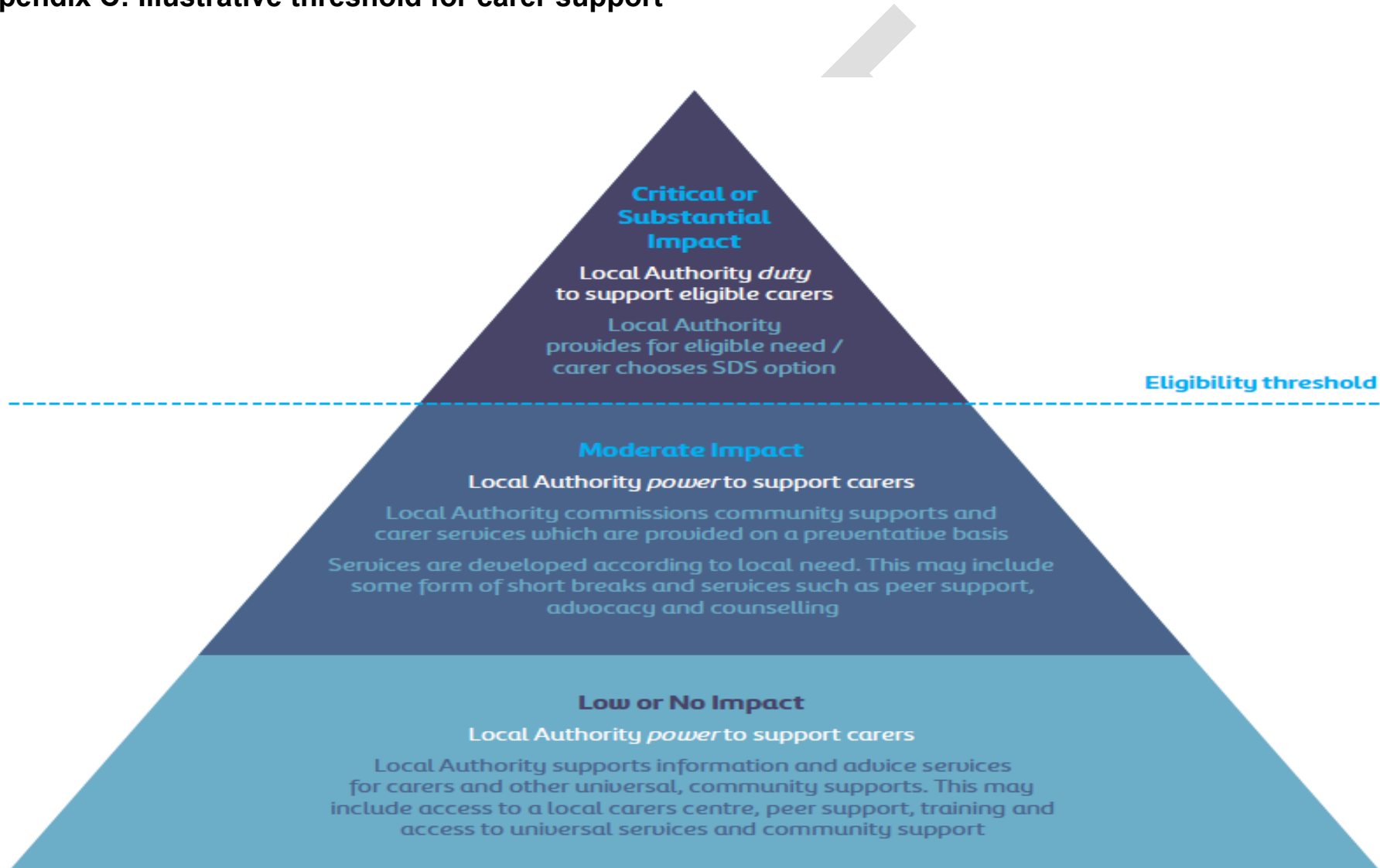
| | Caring has no impact NO RISK | Caring has low impact LOW RISK | Caring has moderate impact MODERATE RISK | Caring has substantial impact SUBSTANTIAL RISK | Caring has critical impact CRITICAL RISK |
|------------------------|--|---|--|---|--|
| Life balance | <p>Carer has regular opportunities to achieve the balance they want in their life.</p> <p>They have a broad choice of breaks and activities which promote physical, mental, emotional wellbeing.</p> | <p>Carer has some opportunities to achieve the balance they want in their life.</p> <p>They have access to a choice of breaks and activities which promote physical, mental, emotional wellbeing.</p> | <p>Due to their caring role, the carer has limited opportunities to achieve the balance they want in their life.</p> <p>They have access to a few breaks and activities which promote physical, mental, emotional wellbeing.</p> | <p>Due to their caring role, the carer has few and irregular opportunities to achieve the balance they want in their life.</p> <p>They have little access to breaks and activities which promote physical, mental, emotional wellbeing.</p> | <p>Due to their caring role, the carer has no opportunities to achieve the balance they want in their life.</p> <p>They have no access to breaks and activities which promote physical, mental, emotional wellbeing.</p> |
| Future Planning | <p>Carer is confident about planning for the future and has no concerns about managing caring.</p> | <p>Carer is largely confident about planning for the future but has minor concerns about managing caring.</p> | <p>Carer is not confident about planning for the future and has some concerns about managing caring.</p> | <p>Carer is anxious about planning for the future and has significant concerns about managing caring.</p> | <p>Carer is very anxious about planning for the future and has severe concerns about managing caring.</p> |

Appendix B: Determining the impact of the caring role and associated risk

DRAFT



Appendix C: Illustrative threshold for carer support



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Managing Carer Implementation Funding

The IJB have already approved the Programme Management Governance Framework and the process for Transformation Business Cases Approval. It is proposed that the prioritisation and approval process for the allocation of Carers Act Implementation Funding follows the same process. The steps are: -

1. Identify Need
2. Categorise Project/Service
3. Develop, Refine and Agree Outline Business Case
4. Develop, Refine and Agree Full Business Case
5. Obtain Approval for Funding
6. Project/Service Delivery

1. Identify Need

Firstly we need to identify the need – what is the problem or issue and how do we think we can solve it. In understanding how the problem or issue could be solved, an options appraisal should also be undertaken. This will assist with considering whether we can actually solve the problem from within existing resources by perhaps doing things differently or collaboratively or whether funding is required. If the preferred option is to commission a funded option then this process can also help identify the level of funding required which helps with the next stage which is categorisation.

At this stage it is also useful to consider which Programme Board (PB) portfolio the option is aligned to. The three Programme Boards within Aberdeen City Health and Social Care Partnership are Strategic Commissioning, Enabling Systems and Transforming Communities.

2. Categorisation

Categorisation of options is done on a Cost and Risk basis as per the following: -

- Category 1 = Cost >£50,000 and High Risk
- Category 2 = Cost = <£50,000 and Medium Risk
- Category 3 = Cost <£30,000 and Low Risk

The cost identification is clear however the allocation of risk is more subjective and will ultimately determine whether the approval is sought from the Executive Programme Board or the IJB. Reference should be made the Strategic and Operational Risk Registers. Anything that impacts a strategic risk should be classified as high and ultimately directed to the IJB.

3. Develop, Refine and Agree Outline Business Case

An outline business case should be developed for all categories of project or service. Templates are available for this purpose and the work already completed for the identification of the business need and the options appraisal will form part of the completed Business Case. Additional considerations which are requested in the Business Case are the Benefits, Costs, Risks, and proposed Timescales of the project or service delivery along with any dependencies or constraints. In all categories a project team is responsible for the development of the Business Case. This can be an informal group of people with the relevant knowledge and expertise to provide or obtain the required information or it could even be one person. Outline Business Cases for category 2 and 3 projects or services would be refined and agreed by an appropriate Working Group. In the case of Carers Act Implementation Funding this would be the Carers Strategy Implementation Group (CSIG) or

the Young Carers Development Group (YCDG). Category 1 Outline Business Cases would be refined and agreed by the relevant Portfolio Programme Board and the Executive Programme Board. Portfolio Programme Boards can approve Outline Business Cases for Category 2 and 3 projects and services. The IJB will approve Outline Business Cases for Category 1 projects and services.

4. Develop, Refine and Agree Full Business Case

Full Business Cases are a more developed and detailed version of the Outline Business Case. These are not required for category 3 projects and services. Again these would be developed by a project team but for category 2 projects or services they are refined and agreed by the Working Group and the Portfolio Programme Board. For Category 1 projects or services they are refined and agreed by the Working Group, the Portfolio Programme Board and the Executive Programme. Category 2 Full Business Cases are approved by the Executive Programme Board and Category 1 Full Business Cases are approved by the IJB. For some projects and services it may be decided that they are processed directly via the Full Business Case route. This is acceptable as long as they ultimately get the relevant approval for their category.

5. Obtain Approval for Funding

Approval of an Outline Business Case for Category 3 projects or services is the final approval required for their funding. The approval of the Full Business Case for category 2 projects or services by the Executive Programme Board is the approval of their funding and the approval of the Full Business Case for Category 1 projects or services by the IJB is the approval of their funding.

6. Project/Service Delivery

Once Outline or Full Business Cases, and therefore the funding, are approved as required, the project or service can then move on to the delivery stage. This may involve the recruitment of staff, the allocation of a grant, the purchase of products or equipment or the commissioning of a service from an external provider. The method of delivery and the procedures employed to achieve that delivery will have been detailed in the appropriate Business Case and any rules, regulations or procedures governing such activity e.g. Procurement Regulations, Following the Public Pound etc. will be adhered to as appropriate.

Table of Activity and Responsibility by Category

| | Category 1 | Category 2 | Category 3 |
|--|---|---------------------------|--------------|
| Develop Outline Business Case | Project Team | Project Team | Project Team |
| Refine and Agree Outline Business Case | CSIG/YCDG Portfolio PB Executive PB | CSIG/YCDG | CSIG/YCDG |
| Approval of Outline Business Case | IJB | Portfolio PB | Portfolio PB |
| Develop Full Business Case | Project Team | Project Team | N/A |
| Refine and Agree Full Business Case | CSIG/YCDG Portfolio PB Executive PB | CSIG/YCDG Portfolio PB | N/A |
| Approval of Full Business Case | IJB/operational delivery committee | Executive PB | N/A |



INTEGRATION JOINT BOARD

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|--|--|
| Report Title | Primary Care Improvement Plan |
| Lead Officer | Sally Shaw, Interim Chief Officer |
| Report Author (Job Title, Organisation) | Gail Woodcock, Lead Transformation Manager |
| Report Number | HSCP.18.040 |
| Date of Report | 8 May 2018 |
| Date of Meeting | 22 May 2018 |

1: Purpose of the Report

This report provides an update on the development of the Primary Care Improvement Plan for Aberdeen City Health and Social Care Partnership.

2: Summary of Key Information

Background

The new General Medical Services (GMS) contract comes into force from April 2018. This will entail changes in the way the contract is delivered by practices and how the contract is monitored by both NHS Grampian and the Health and Social Care Partnership (HSCP).

A timeline for implementation has been established and this sets out the anticipated phased approach to the different elements set out in the contract. This is set out in Appendix A.

Information required in Primary Care Improvement Plan (PCIP)

A standard format has been provided for Primary Care Improvement Plans (see Appendix B). The format requires information about the local context, and our aims and priorities including existing related transformation activity. There are a number of projects within our transformation programme which are well underway and will contribute to the development and delivery of the plan. These projects include Link Working Approach, West Visiting Service, and Mental Health Hubs.



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The plan also requires information on our workforce planning requirements, our planned communication and engagement process, how the available funding will be used in support of delivering the plan, and how we will know that the delivery of the plan is achieving key success indicators.

City GMS Implementation Leadership Group

A City GMS Implementation Leadership Group has been established to oversee the development and delivery of the Primary Care Improvement Plan and associated GMS contract implementation. The group is led by one of the Partnership's clinical leads, and includes representation from General Practice management, Locality Management, Organisational Development, and Transformation.

The purpose of the City GMS Implementation Leadership Group is to provide good oversight and leadership of the implementation of the new contract to:

- Support the City's practices in implementation of the new contract;
- Support good flow of information;
- Provide a single source of information and point of contact within the City; and
- Support the HSCP in delivering the transformational opportunities within the new contract and the Primary Care Improvement Plan.

The City GMS Implementation Leadership Group will also act as the steering group overseeing the development of the City's Primary Care Improvement Plan.

Timeline for development of Primary Care Improvement Plan

The Primary Care Improvement Plan is required to be submitted to the Scottish Government by July 2018 and is required to go through local governance in advance of this (GP Contract Oversight Group, GP Sub Committee, and IJB*.)

*Note: due to tight timescales, it is intended that the final plan will be shared with IJB members via email and will be reported to IJB in August 2018.

The work to develop the PCIP was kicked off at a workshop to which all city GP practices were invited on 2 May 2018.

Other key milestones in the development of the PCIP include:



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|-------------------|--|
| W/C 7 May 2018 | Establishment of GMS Implementation Group |
| W/C 16 May 2018 | Review of feedback from General Practices, and development of first draft of PCIP |
| 22/5/18 – 30/5/18 | First draft of PCIP out for consultation (Including GPs, Exec Team and IJB members) |
| 1/6/18 – 8/6/18 | Consolidation of responses from consultation and development of final high level PCIP |
| 11/6/18 | Approval of final high level PCIP (Exec Team in consultation with IJB Chair and Vice Chair.) |

Alongside the work to produce the required high level PCIP, the GMS Implementation Group will be developing a communications and engagement plan and the detailed implementation plan.

It would be intended to bring the final highlevel PCIP and an update on implementation to the August IJB meeting.

| |
|--|
| 3: Equalities, Financial, Workforce and Other Implications |
| <p>Equalities - There are no equalities implications arising as a direct result of this report. There are likely to be neutral to positive implications as a result of the implementation of the Primary Care Improvement Plan.</p> <p>Financial - Funding is available from the Scottish Government to support the delivery of the Primary Care Improvement Plan. At the time of writing this report, the specific amount allocated to Aberdeen City is not available. The plan requires to indicate how the available funding will be used to support the delivery of the plan. The majority of funding to support the delivery of the PCIP will not be entirely new to the partnership, and some of this funding is already committed to projects which will form part of the plan.</p> <p>Workforce - There will be workforce implications for the delivery of the Primary Care Improvement Plan. Information about how our workforce plans will support the delivery of the PCIP is required to be included in the plan.</p> |



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4: Management of Risk

Risks identified that relate to the Primary Care Improvement Plan will be captured and mitigations identified by the City GMS Implementation Leadership Group. These risks will be managed in the programme management processes that are established within the partnership, with the Leadership Group reporting to the Executive Programme Board.

Link to risk number on strategic or operational risk register:

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

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

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

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

This paper highlights the process that will be undertaken to develop the City's Primary Care Improvement plan, which will identify priorities for change including workforce requirements, other enablers, process for implementation and how the plan will be funded. This plan will align with the IJB's agreed vision for Primary and Community Care (Reimagining Primary and Community Care) and will be a key milestone in the delivery of this vision.

5: Recommendations


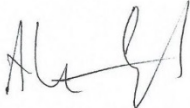
It is recommended that the Integration Joint Board:

1. Note the progress towards developing the City's Primary Care Improvement Plan.



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2. Instructs the Chief Officer to submit the complete Primary Care Improvement Plan to the Scottish Government within the required timescale, following consultation with the Chair and Vice Chair of the IJB.
3. Instructs the Chief Officer to bring back an update report to the August 2018 meeting of the IJB, including the finalised Primary Care Improvement Plan.

| 6: Signatures | |
|---|---|
|  | Sally Shaw (Interim Chief Officer) |
|  | Alex Stephen (Chief Finance Officer) |



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Appendix A

Key Dates for the implementation of the 2018 General Medical Services Contract in Scotland

| What | When |
|---|--------------------------------|
| Phase 1 | |
| GMS Contract laid out to Parliament | 19 th February 2018 |
| GMS regulations laid to parliament | 19 th February 2018 |
| Variation of contract: information to IJB/Board | 19 th February 2018 |
| New Model Contracts | 28 th February 2018 |
| National Primary Care Workforce Plan | March 2018 |
| Draft Contract for PMS | 7 th March 2018 |
| Practice Manager Road Show | 13 th March 2018 |
| Board to write to practices regarding any variation to their contract | 16 th March 2018 |
| Phase 1 – Year 1 | 1 April 2018 – 31 March 2019 |
| New Regulations in force | 1 st April 2018 |
| National Code of Practice for GP Premises (2The Code") | 1 st April 2018 |
| Revised Premises Directions | 1 st April 2018 |
| SFE Updated | April 2018 |
| General Data Protection Regulations | May 2018 |
| PC Improvement Plan presented to LMC and each IJB for approval | June 2018 |



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Appendix B: Primary Care Improvement Plan Template

| | |
|---|--|
| A | Local context |
| | Profile of primary care in the HSCP, including any specific local challenge and opportunities. |
| B | Aims and priorities |
| | To reflect the agreed aims and principles as set out in the guidance |
| C | Engagement process |
| | How the plan has been developed and who has been involved |
| D | Delivery of MOU commitments |
| | For each of the six priority areas, set out how new or extended teams will work with practices, with reference to section 6 of the guidance including - Initial developments and approach in year 1 Expected developments in years 2/3 |
| E | Existing transformation activity |
| | Future plans for any existing pilots or transformation tests of change |
| F | Additional Content |
| | Community Pharmacy, Optometry and Dentistry: linked developments and priorities Community Services: Any proposed changes to how wider community services will align to practices / clusters Interface with Acute Services Other linked local priorities (e.g. practice sustainability) |
| G | Inequalities |
| | How plans, including allocation of resource, will address locally identified need and inequalities |
| H | Enablers |
| | Workforce planning: how HSCP workforce plans will support the PCIP requirements Accommodation: how accommodation strategies will support PCIP requirements |
| I | Implementation |
| | Process for engaging with clusters and practices Leadership and change management capacity and support Multi-disciplinary team development: how practices, clusters and the wider MDT will be supported to develop new ways of working |



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| | |
|---|---|
| J | Funding profile |
| | How new earmarked funding and any residual PCTF funding will be used in support of the plan How any other additional sources of funding will be used in support of the plan Other resources or realignment of funding |
| K | Evaluation and outcomes |
| | Key success indicators over the life of the plan and how these will be assessed |



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| | |
|--|---|
| Report Title | Primary Care Premises Plan Update 2018 |
| Lead Officer | Alex Stephen, Chief Finance Officer, ACHSCP |
| Report Author (Job Title, Organisation) | Teresa Waugh, Project Manager, ACHSCP |
| Report Number | HSCP.18.032 |
| Date of Report | 9 May 2018 |
| Date of Meeting | 22 May 2018 |

1: Purpose of the Report

To present updated Aberdeen City Primary Care Priorities 2018–2019 for approval by the IJB, and align this work to the annual review of the NHS Grampian Primary Care Premises Plan 2018 – 2028.

2: Summary of Key Information

The NHS Grampian Primary Care Premises Plan sets out the strategic investment needs of each of the Health and Social Care Partnership's in line with NHS Grampians Healthfit Vision, and includes General Practice, Dental Practice, Pharmacy and Optometry. The key overall priorities and investment need is assessed by the Primary Care Premises Group who meet monthly to review progress against the plan on an ongoing basis.

The review of the NHS Grampian's Primary Care Premises Plan has been led by the Chair of the Primary Care Premises Group, which rotates between each IJB and is currently held by Moray.

The City, Shire and Moray IJB's have all contributed their relevant updates towards this annual review of information contained within the NHS Grampian Primary Care Premises Plan, which has not been updated since 2015.

NHS Grampian produces an Asset Management Plan (AMP), which is also reviewed annually of which the Primary Care Premises Plan is an appendix.



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Funding and approval of the Primary Care Premises Plan is governed by NHS Grampian's Asset Management Group (AMG), and is expected to be presented in final draft on 22 May 2018.

The Primary Care Premises Group has membership which includes expertise from the Property and Asset Development Team, who have also contributed to the annual review of the Primary Care Premises Plan.

The Primary Care Premises Group award in-year grants (Improvement Bids) for a wide range of upgrades to primary care premises, thus allowing buildings to be expanded, improved and sustained to meet the needs of expanding populations, legislative/HAI requirements and to offset the need for significant capital works.

It is necessary for the Aberdeen City Health and Social Care Partnership to take account of the functional suitability and capacity of existing premises and emerging new settlements in line with local development plans, to determine the priorities across the city by identifying the current service model, the need for change and the required service strategy and priorities moving forward in line with the Strategic Plan.

In 2015 the Aberdeen City priorities were identified as follows -

| | |
|----|---------------------|
| 1. | Bucksburn/Dyce |
| 2. | Northfield/Mastrick |
| 3. | Kincorth |
| 4. | Torry |
| 5. | Danestone |

In order to update the Aberdeen City Health & Social Care Partnership information and to agree the Primary Care priorities across the city, consultation and workshop events have been held with relevant colleagues during March/April 2018.

Priorities were scored, taking the following factors into account, Practice Sustainability, Functional Suitability and Local Development Plan Information.

For 2018 – 2019 the revised set of Primary Care Priorities are identified as follows, with key changes summarised below –

1. Kincorth - Due to the progression of an Improvement Bid to convert two former dental rooms into two consulting rooms this will provide sufficient space for safe clinical provision of care and as such would no longer consider Kincorth to be a priority.



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2. Northfield/Mastrick – Following the refreshed Initial Agreement which was approved by the Scottish Capital Investment Group in March 2018, the priorities have also been revised to Include Denburn, now referred to as the Denburn/Aurora Medical Practice Grouping/Project.
3. Reference is now made to the North Corridor Project, which was previously referred to as Bucksburn/Dyce.
4. The new settlement of Countesswells has been included, which will focus on an interim and final solution.

Aberdeen City Primary Care Priorities 2018 – 2019

| Premises | Project | Description |
|--------------------------------|--|---|
| Denburn Medical Practice | Denburn & Aurora Medical Practice Grouping/Project | Establishment of a single new integrated premises for the delivery of health and care services |
| Northfield Surgery | | |
| Mastrick Clinic | | |
| New Dyce Medical Practice | North Corridor Project | Investment in primary care infrastructure across Aberdeen City and Aberdeenshire IJB's serving the North Corridor communities of Dyce/Bucksburn within the city of Aberdeen |
| Gilbert Road Medical Practice | | |
| Torry Medical Practice | | Working with our partners to redesign and transform the delivery of services within the South Locality |
| Danestone Medical Practice | Danestone, Ellon & Banchory Project, to be confirmed | Working with Aberdeenshire IJB to deliver a solution for the communities of Danestone, Banchory and Ellon |
| Countesswells (New Settlement) | | Investing in an interim and final solution to the growing new population of Countesswells within the West Locality of the city |



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3: Equalities, Financial, Workforce and Other Implications

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

4: Management of Risk


There are no specific risks to highlight as a result of this report.

5: Recommendations

It is recommended that the Integration Joint Board:

1. Approve the updated list of Aberdeen City Primary Care Priorities 2018 – 2019.
2. Note that the priorities are in line with the Aberdeen City Health & Social Care Partnership Strategic Plan 2016 – 2019 and current service priorities identified.
3. Instruct Officers to submit the Aberdeen City Primary Care Premises Plan annual update 2018 – 2019 to NHS Grampian and the Scottish Government.

6: Signatures

| | |
|---|---|
|  | Sally Shaw (Interim Chief Officer) |
|  | Alex Stephen (Chief Finance Officer) |

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