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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board.

Town House,
ABERDEEN, 21 August 2018.

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Meeting Room 5, Health Village on TUESDAY, 28 AUGUST 2018 at 10.00 am.**

FRASER BELL
CHIEF OFFICER - GOVERNANCE

BUSINESS

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 - 22 May 2018 (Pages 7 - 18)

4b Matters Arising

5a Minute of Chief Officer Short Leet Meeting - 22 May 2018 (Pages 19 - 20)

5b Minute of Chief Officer Appointment Panel - 1 June 2018 (Pages 21 - 22)

6 Draft Minute of Clinical and Care Governance Committee - 12 June 2018 (Pages 23 - 32)

7 Draft Minute of Audit and Performance Systems Committee - 12 June 2018 (Pages 33 - 38)

8 Business Statement (Pages 39 - 44)

STRATEGY

9a Primary Care Improvement Plan (Pages 45 - 70)

9b Action 15 Plan (Pages 71 - 90)

9c Technology Enabled Care Framework (Pages 91 - 114)

PERFORMANCE AND FINANCE

10 Annual Report - to follow

11 Finance Report (Pages 115 - 136)

OTHER

12 Carers: Waiving of Charges and Replacement Care (Pages 137 - 152)

13 Partnership Workforce Plan-Career Ready and Developing the Young Workforce (Pages 153 - 158)

ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE

14 Rosemount Medical Group - Options Appraisal (Pages 159 - 164)

15 Kingswells Care Home Update (Pages 165 - 174)

16 Transformation Decisions Required (Pages 175 - 204)

17 Payment to External Bodies (Pages 205 - 260)

18 Board Development (Pages 261 - 268)

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

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

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

OR

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

OR

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

(a) a devolved public body as defined in Schedule 3 to the Act;

(b) a public body established by enactment or in pursuance of statutory powers or by the authority of statute or a statutory scheme;

(c) a body with whom there is in force an agreement which has been made in pursuance of Section 19 of the Enterprise and New Towns (Scotland) Act 1990 by Scottish Enterprise or Highlands and Islands Enterprise for the discharge by that body of any of the functions of Scottish Enterprise or, as the case may be, Highlands and Islands Enterprise; or

(d) a body being a company:-
   i. established wholly or mainly for the purpose of providing services to the Councillor's local authority; and
   ii. which has entered into a contractual arrangement with that local authority for the supply of goods and/or services to that local authority.

OR

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

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

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INTEGRATION JOINT BOARD

Minute of Meeting

22 May 2018
Health Village, Aberdeen

Present: Jonathan Passmore MBE (Chairperson); Councillor Sarah Duncan (Vice Chairperson); and Councillors Imrie, Laing and Samarai; and Rhona Atkinson, Dr Nick Fluck and Luan Grugeon (NHS Grampian Board members); Mike Adams, Partnership Representative, NHS Grampian), Jim Currie Trade (Union Representative, Aberdeen City Council (ACC)), Faith-Jason Robertson-Foy (Carer Representative), Heather MacRae (as substitute for Caroline Hiscox, Professional Nursing Adviser, NHS Grampian), Dr Stephen Lynch (Clinical Director, Aberdeen City Health and Social Care Partnership (ACHSCP)), Sally Shaw (interim Chief Officer, ACHSCP) and Alex Stephen (Chief Finance Officer, ACHSCP).

Also in attendance: Angela Scott (Chief Executive, ACC), Iain Robertson (Governance, ACC), Alan Thomson (Governance, ACC, for agenda items 1-20 and 22), Martin Allan (Business Manager, ACHSCP, for agenda item 10), Alison MacLeod (Lead Strategy and Performance Manager, ACHSCP, for agenda items 13,15 and 19), Kevin Toshney (Planning and Development Manager, ACHSCP, for agenda item 14), Gail Woodcock (Lead Transformation Manager, ACHSCP, for agenda item 16), Kay Dunn (Capital and Planning Services, NHS Grampian, for agenda items 17 and 20), Jean Stewart-Coxon (Commercial and Procurement Service, for agenda item 18), Steven Inglis and Alison Watson (Legal Services, ACC, for agenda item 21) and Emma King (Head of Locality, ACHSCP) and Susie Downie (Transformation Programme Manager, ACHSCP, for agenda item 22).

Apologies: Howard Gemmell, Liv Cockburn, Dr Malcolm Metcalfe, Gill Moffat and Caroline Hiscox.

The agenda and reports associated with this minute can be located at the following link:-
http://committees.aberdeencity.gov.uk/ieListMeetings.aspx?CommitteeId=516

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

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WELCOME FROM THE CHAIR

1. The Chair opened the meeting and advised that today's meeting would be Dr Nick Fluck's last before being replaced by Dr Steve Heys, and thanked him for his contributions to the Board and to integration of health and social care in Aberdeen City. The Chair explained that there was no workshop session after today's meeting as a short-leet meeting had been arranged to consider prospective candidates for the Chief Officer post. He informed the Board that following the risk workshop on 24 April 2018, the Strategic Risk Register would not be reviewed at today's meeting and suggested that the register be referred to the next Audit and Performance Systems Committee for further development.

The Chair also highlighted that Aberdeen City's Learning Disability Strategy had recently been launched and expressed how humbled he had been to attend the event and see the values of the IJB on display at the launch.

The Board resolved:-
(i) to thank Dr Nick Fluck for his services to the Board and his contribution towards the integration of health and social care in Aberdeen City;
(ii) to refer the Strategic Risk Register to the next meeting of the Audit and Performance Systems Committee for further development; and
(iii) otherwise note the information provided.

DECLARATION OF INTERESTS

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

The Board resolved:-
To note that no declarations of interest were intimated by members for items on today's agenda.

DETERMINATION OF EXEMPT BUSINESS

3. The Chair proposed that items 18 (Skills Framework), 19 (Funding to a Voluntary organisation), 20 (Kingswells Care Home), 21 (Bon Accord Care Contract Review) and 22 (GMS Services to Torry Neighbourhood) 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 paragraphs 6 and 8 of Schedule 7(A) of the Act.

MINUTE OF IJB MEETING – 27 March 2018

4. The Board had before it the minute of the IJB meeting of 27 March 2018.

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

MATTERS ARISING

5. The Chair asked if there were any matters arising from the meeting of 27 March 2018.

The Board resolved:-
To note there were no matters arising.

MINUTE OF SPECIAL IJB MEETING – 10 APRIL 2018

6. The Board had before it the minute of the Special IJB meeting of 10 April 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 Special IJB meeting of 10 April 2018.

The Chair advised that the Assessment Centre for the Chief Officer post would be held on 31 May 2018 and encouraged all Board members to take part in the stakeholder panel.

The Board resolved:-
To note the information provided.

DRAFT MINUTE OF CLINICAL AND CARE GOVERNANCE COMMITTEE MEETING – 20 MARCH 2018

8. The Board had before it the draft minute of the Clinical and Care Governance Committee of 20 March 2018 for information.

The Board resolved:-
To note the draft minute.

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DRAFT MINUTE OF AUDIT AND PERFORMANCE SYSTEMS COMMITTEE MEETING – 10 APRIL 2018

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

The Board resolved:-
To note the draft minute.

BUSINESS STATEMENT

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

The Board resolved:-
(i) to agree to remove item 1 (Delegated Functions and Services) and item 4 (IJB Meetings) from the Statement;
(ii) to note that a report on item 11 (Mental Health Commissioning) outlining the challenges relating to the re-provision of care, with particular focus on the housing element would be presented to the Board on 28 August 2018; and
(iii) otherwise note the Business Statement.

REVIEW OF COMMITTEE TERMS OF REFERENCE

11. The Board had before it a report by Iain Robertson (Governance, ACC) which reviewed the terms of reference for the Audit and Performance Systems (APS) and Clinical and Care Governance Committees and asked the Board to appoint a member onto the APS Committee.

The report recommended:-
That the Board –
(a) Approve the revised Standing Orders and Committee Terms of Reference attached as **Appendices A, B and C**;
(b) Agree to review Committee Terms of Reference along with the wider IJB Scheme of Governance on an annual basis; and
(c) Appoint an Aberdeen City Council voting member onto the Audit and Performance Systems Committee.

Iain Robertson advised that a short term governance working group had reviewed the terms of reference and made a number of revisions to formatting and substantive changes which reflected how committees had been operating in practice. He recommended that the terms of reference be reviewed annually alongside the wider IJB scheme of governance to ensure that a system-wide and complementary approach could be adopted. Mr Robertson also recommended that the Board appoint a Council voting member onto the APS Committee to fill the current vacancy and uphold the representation principle set out in standing orders.

Thereafter there were questions and comments on (1) how to increase public participation in committee business; and (2) the process for determining when the Clinical and Care Governance Committee would become accessible to the public and press.

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The Chair moved, seconded by the Vice Chair that the following appointments be made to the committees:-

Audit and Performance Systems Committee – Rhona Atkinson (Chair), Jonathan Passmore, Cllr Laing and Cllr Samarai.

Clinical and Care Governance Committee - Cllr Imrie (Chair), Cllr Duncan, Luan Grugeon and Dr Nick Fluck/Dr Steve Heys.

<u>The Board resolved</u>:-
(i) to approve the revised Standing Orders and Committee Terms of Reference attached as Appendices A, B and C;
(ii) to agree to review Committee Terms of Reference along with the wider IJB Scheme of Governance on an annual basis;
(iii) to appoint Rhona Atkinson (Chair), Jonathan Passmore, Cllr Laing and Cllr Samarai onto the Audit and Performance Systems Committee; and to appoint Cllr Imrie (Chair), Cllr Duncan, Luan Grugeon and Dr Nick Fluck/Dr Steve Heys onto the Clinical and Care Governance Committee.

DATA PROTECTION OFFICER

12. The Board had before it a report by Alan Thomson (Governance, ACC) which advised of the need to appoint a Data Protection Officer for the IJB.

The report recommended:-
That the Board approve the appointment of a Data Protection Officer (DPO) for the Integration Joint Board and instruct the Chief Officer to make the necessary arrangements with the relevant Partner.

Martin Allan (Business Manager, ACHSCP) advised that NHS Grampian had offered to provide DPO services to the IJB and proposed that its Information Governance Lead be appointed as the IJB's DPO.

Thereafter there were questions and comments on (1) the provisions within the Integration Scheme which set out that both Aberdeen City Council and NHS Grampian would provide services and administrative support to the IJB, which would include DPO services; and (2) the arrangements for the DPO to report to the Board and/or Audit and Performance Systems Committee.

<u>The Board resolved</u>
To approve the appointment of NHS Grampian's Information Governance Lead (Roohi Bains) as the Data Protection Officer for the Integration Joint Board and instruct the interim Chief Officer to make the necessary arrangements with NHS Grampian.

UNAUDITED ANNUAL ACCOUNTS

13. The Board had before it a report by the Chief Finance Officer which allowed members to review and comment on the unaudited final accounts for 2017-18.

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The report recommended:-
That the Board consider and comment on the Unaudited Accounts for 2017-18.

Alex Stephen noted that publication of the accounts had been brought forward to align with the scheduling of the Council's group accounts. Mr Stephen explained that the audited annual accounts would be presented to the Audit and Performance Systems Committee for approval on 12 June 2018.

Thereafter there were questions and comments on (1) the importance of using plain English to make the accounts as accessible as possible to the public; (2) progress with regards to locality working and the wider transformation programme; and (3) the importance of outlining potential opportunities, as well as costs and risks when implementing the Carers Strategy.

The Board resolved:-
(i) to review the rationale outlined on page 82 of Appendix A for the slower than anticipated progress on delivery of the transformation work; and
(ii) otherwise note the Unaudited Accounts for 2017/18.

FINANCIAL MONITORING

14. The Board had before it a report by Gillian Parkin (Finance, NHSG) and Jimmie Dickie (Finance, ACC) which (1) summarised the current year revenue budget performance for the services within the remit of the IJB as at period 12 (end of March 2018); (2) advised on any areas of risk and management action relating to the revenue budget performance of IJB services; and (3) requested approval of budget virements so that budgets were more closely aligned to anticipated income and expenditure.

The report recommended:-
That the Board –
(a) Note the report in relation to the IJB budget and the information on areas of risk and management action that are contained herein; and
(b) Approve the budget virements indicated in Appendix D.

Alex Stephen advised that an adverse position of £3,480,000 had been recorded for mainstream budgets for 2017-18 and the usable reserves position at Year End was £8,306,965. He pointed out that reserves were no longer included within the financial monitoring report and would now be reported separately to give Board members a clearer picture on the mainstream financial position. Mr Stephen projected that prescribing and social care pressures would be the main drivers of anticipated adverse movements in the short-medium term.

Thereafter there were questions and comments on (1) the anticipated timescale for service redesign plans to be brought to the Board for decision making; (2) the cost pressures impacting on the delivery of transformation projects; and (3) the importance of developing solutions at Board level to address current overspends within out of area placements, hosted services and prescribing budgets.

The Board resolved:-

(i) to note this report in relation to the IJB budget and the information on areas of risk and management action that were contained therein;

(ii) to approve the budget virements indicated in Appendix D; and

(iii) to request that a report be presented to August's Board meeting on the delivery of mainstream services, with a focus on cost pressures, key actions for future improvement and delivery timescales. The report should pay particular attention to (1) prescribing, (2) hosted services and (3) out of area placements.

PERFORMANCE MONITORING

15. The Board had before it a report by Jillian Evans (Head of Health Intelligence, NHSG) and Alison MacLeod (Lead Strategy and Performance Manager, ACHSCP) which provided an update on Partnership performance against the National Core Suite of Integration indicators and other high level performance measures.

The report recommended:-

That the Board –

(a) Note the performance and progress of the partnership against the national and local performance indicators currently reported; and

(b) Note the planned development work on performance reporting.

Alison MacLeod advised that the Audit and Performance Systems (APS) Committee had requested a review of performance indicators at its meeting on 2 March 2018 as members felt that data was historic and unrepresentative which made it difficult to quantify the level of impact the Partnership was having on the delivery of health and social care services. She explained that new indicators would be reported to the APS Committee in September and thereafter to the Board in December. Ms MacLeod added that data from the 2017-18 bi-annual survey was being collated by Health Intelligence and would be made available later in the year.

Thereafter there were questions and comments on (1) the level of data produced by HMP Grampian as the majority of offenders return to Aberdeen City at the end of their sentences; (2) if the Partnership liaised with Community Planning Aberdeen to share local data; and (3) how the Board could gauge if the Transformation Programme was making a difference, if current indicators were neither robust or representative.

The Board resolved:-

(i) to note the performance and progress of the partnership against the national and local performance indicators currently reported;

(ii) to note the planned development work on performance reporting;

(iii) to request the interim Chief Officer to explore the possibility of sharing data that was locally produced by Community Planning Aberdeen's (CPA) Local Outcome Improvement Groups and Locality Partnerships; and

(iv) to request the interim Chief Officer to raise concern at the next meeting of the Chief Officers Group with regards to the representativeness and robustness of data derived from bi-annual surveys which were used to populate national integration indicators N1 to N9 and discuss whether an approach should be

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made to Scottish Government to propose alternative measures or methodologies.

STRATEGIC PLAN REVIEW TIMELINE

16. The Board had before it a report by Kevin Toshney (Planning and Development Manager, ACHSCP) which presented a timeline for the review and refresh of the current Strategic Plan to the IJB for its consideration and approval.

The report recommended:-
That the Board –
(a) Note the proposed developmental timeline for the Strategic Plan 2019-2022;
(b) Agree that an initial draft of the Strategic Plan should be presented to the IJB at its scheduled meeting in October 2018; and
(c) Agree that a 'Consultation' draft of the Strategic Plan should be presented to the IJB at its scheduled meeting in December 2018.

Kevin Toshney set out the proposed timeline for the development and consultation of the refreshed Strategic Plan. He advised the review would assess the achievements of the existing Plan with a view to evaluating future values, priorities and aspirations. He added that a Community Engagement Plan was being developed based on a Community Planning Aberdeen template to ensure a broad level of engagement with individuals, groups and carers that use, or chose not to use ACHSCP services.

Thereafter there were questions and comments on the consultation process, with particular discussion on engagement with Community Planning Aberdeen and Public Health.

The Board resolved:-
(i) to note the proposed developmental timeline for the Strategic Plan 2019-2022;
(ii) to request a workshop session on 28 August 2018 on strategic planning, and to invite the Community Planning Manager and other community planning partners to this session;
(iii) to request strong alignment of engagement and participation activities between ACHSCP and CPA during the review of the IJB Strategic Plan;
(iv) to agree that an initial draft of the Strategic Plan be presented to the IJB at its scheduled meeting in October 2018;
(v) to instruct the interim Chief Officer to present an initial draft of the Strategic Plan to both the CPA Management Group and CPA Board for consultation; and
(vi) to agree that a 'Consultation' draft of the Strategic Plan be presented to the IJB at its scheduled meeting in December 2018.

CARERS STRATEGY – ELIGIBILITY CRITERIA AND FUNDING ALLOCATION PROCESS

17. The Board had before it a report by Alison MacLeod which sought approval of the Carer's Eligibility Criteria which was attached as Appendix A and sought approval of the process for managing and allocating the 2018/19 funding received for the implementation of the Carers (Scotland) Act 2016.

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The report recommended:-
That the Board –
(a) Approve the Eligibility Criteria for Carers; and
(b) Approve the Managing Carer Implementation Funding process.

Alison MacLeod advised that the eligibility criteria and funding process had been based on statutory guidance and was a requirement of the Carers (Scotland) Act 2016. She also summarised the governance arrangements to oversee implementation of the eligibility and funding allocation process.

Thereafter there were questions and comments on (1) the eligibility thresholds for young and adult carers; (2) the use of eligibility funding to deliver preventative care within communities; and (3) the projected impact on the carers budget for its first three years.

The Board resolved:-
(i) to approve the Eligibility Criteria for Carers; and
(ii) to approve the Managing Carer Implementation Funding process.

PRIMARY CARE IMPROVEMENT PLAN

18. The Board had before it a report by Gail Woodcock (Lead Transformation Manager, ACHSCP) which provided an update on the development of the Primary Care Improvement Plan for the Partnership.

The report recommended:-
That the Board –
(a) Note the progress towards developing the City's Primary Care Improvement Plan;
(b) Instruct 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; and
(c) Instruct the Chief Officer to bring back an update report to the August 2018 meeting of the IJB, including the finalised Primary Care Improvement Plan.

Gail Woodcock advised that the GMS Contract had been agreed in March 2018 and Aberdeen City had set up an Implementation Leadership Group to oversee Contract delivery. She highlighted that consultation was ongoing with individual GP practices and a number of responses had already been received. Ms Woodcock explained that due to tight timescales for reporting the statutory Plan to Scottish Government, she proposed that the Plan be submitted to the Scottish Government in July, following consultation with the IJB Chair and Vice Chair. The IJB would then be given an opportunity to review the report at its next meeting on 28 August 2018.

Thereafter there were questions and comments on (1) when funding confirmation was expected from Scottish Government; (2) the short timescales for developing and approving the Plan in order to meet the statutory reporting deadline of July 2018; and (3) members discussed whether there was any scope for delaying the Plan's

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submission to Scottish Government, or if not, whether a Special IJB meeting should be arranged to ensure Board approval of a statutory document.

The Board resolved:-

(i) to note the progress towards developing the City's Primary Care Improvement Plan;

(ii) to request the Lead Transformation Manager to circulate an initial draft of the Primary Care Improvement Plan to members by email;

(iii) to instruct the interim Chief Officer to contact the Scottish Government to explore if there was any flexibility on the Plan's submission date;

(iv) in the event that there was no scope for flexibility as outlined in (iii), to arrange a Special IJB meeting on 12 June 2018 to formally approve the Plan before submission to the Scottish Government;

(v) to request the Clinical Director to explore whether the GP Sub Group could move their approval meeting for the Plan prior to 12 June 2018; and

(vi) to request the interim Chief Officer to raise concern at the next meeting of the Chief Officers Group with regards to the short timescales for consulting on, approving and submitting a statutory plan.

PRIMARY CARE PREMISES PLAN

19. The Board had before it a report by Teresa Waugh (Project Manager, ACHSCP) which presented the updated Aberdeen City Primary Care Priorities 2018-19 for approval and to align this work with the annual review of the NHSG Primary Care Premises Plan 2018-2028.

The report recommended:-

That the Board –

(a) Approve the updated list of Aberdeen City Primary Care Priorities 2018 – 2019;

(b) Note that the priorities are in line with the Aberdeen City Health & Social Care Partnership Strategic Plan 2016 – 2019 and current service priorities identified; and

(c) Instruct officers to submit the Aberdeen City Primary Care Premises Plan annual update 2018 – 2019 to NHS Grampian and the Scottish Government.

Kay Dunn (Capital and Planning Services, NHS Grampian) explained how primary care priorities were scored and the role of the Primary Care Premises Group which both assessed the priority areas and awarded in-year grants to upgrade primary care premises. Ms Dunn advised that the 2018-19 Primary Care priorities for Aberdeen City were as follows:- (1) Denburn/Northfield/Mastrick; (2) North Corridor; (3) Torry; (4) Danestone; and (5) Countesswells.

Thereafter there were questions and comments on (1) the rationale for placing the premises for the Danestone Medical Practice in the Danestone, Banchory and Ellon project; and (2) the potential impact of new housing developments in Countesswells and the North Corridor on the level of demand for health and social care services.

The Board resolved:-

(i) to approve the updated list of Aberdeen City Primary Care Priorities 2018 – 2019;
(ii) to note that the priorities are in line with the Aberdeen City Health & Social Care Partnership Strategic Plan 2016 – 2019 and current service priorities identified;
(iii) to instruct officers to submit the Aberdeen City Primary Care Premises Plan annual update 2018 – 2019 to NHS Grampian and the Scottish Government; and
(iv) to request a workshop session focussing on process and sequencing of consultation and approval by ACC, NHSG and the IJB for capital investments.

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

SKILLS FRAMEWORK

20. The Board had before it a report by Jean Stewart-Coxon (Commercial and Procurement Services) which (1) provided an update on the outcome of the tender that was undertaken for Skills Development, Training and Employability Services for Aberdeen City and Aberdeenshire Health and Social Care Partnerships; and (2) sought approval to implement the recommendations of the evaluation panel, as set out in the report attached at Appendix 1.

The Board resolved:-
(i) to approve the implementation of the recommendation of the tender evaluation panel;
(ii) to make the Direction attached at Appendix 3 and instruct the interim Chief Officer to issue the Direction to Aberdeen City Council; and
(iii) to instruct the interim Chief Officer to report back with the outcome of the local negotiations and a proposed way forward beyond the interim period to take account of the Strategic Commissioning Plan and the need to commission on the basis of outcome delivery.

FUNDING TO A VOLUNTARY ORGANISATION

21. The Board had before it a report by Alison MacLeod on grant funding to a voluntary organisation.

The Board resolved:-
(i) to make the Direction, as at Appendix A and instruct the interim Chief Officer to issue the direction to Aberdeen City Council; and
(ii) to approve the allocation of resource to explore enhanced integrated working.

KINGSWELLS CARE HOME

22. The Board had before it a report by Kay Dunn on future arrangements for residential care services at Kingswells Nursing Home.

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The Board resolved:-
To approve the revised recommendations within the exempt report.

BON ACCORD CARE CONTRACT REVIEW

23. The Board had before it a report by the interim Chief Officer on the conclusions of the Bon Accord Care contract review and on-going recommendations.

The Board resolved:-
To approve the revised recommendations within the exempt report.

Councillor Samarai informed the Board that she disagreed with its decision on this item and requested that her dissent be recorded in the minute.

GMS SERVICES TO TORRY NEIGHBOURHOOD

24. The Board had before it a report by Emma King (Head of Locality, ACHSCP) and Susie Downie (Transformation Programme Manager, ACHSCP) which presented a proposal for future delivery of General Medical Services (GMS) to the population of Torry from 1 August 2018.

The Board resolved:-
To approve the recommendations within the exempt report.
JONATHAN PASSMORE MBE, Chairperson

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APPOINTMENT PANEL

Short Leet
ABERDEEN, 22 May 2018. Minute of Meeting of the APPOINTMENT PANEL. Present:- Jonathan Passmore MBE, Chairperson; and Councillors Duncan and Laing; and Rhona Atkinson.

Also in attendance:- Angela Scott, Chief Executive, Aberdeen City Council (ACC) – via teleconference, Amanda Croft, Acting Chief Executive, NHS Grampian – via videoconference, Philip Shipman, HR, NHS Grampian, Lesley Strachan, HR, ACC and Iain Robertson, Democratic Services, ACC.

CONFIDENTIAL INFORMATION

The press and public were excluded from the meeting in terms of Section 50A 3(b) of the Local Government (Scotland) Act 1973.

APPOINTMENT OF CHAIRPERSON

1. The Panel was requested to submit nominations for the appointment of Chairperson.

The Panel resolved:
To appoint Jonathan Passmore as Chairperson.

APPLICATIONS FOR POST OF CHIEF OFFICER – ABERDEEN CITY HEALTH AND SOCIAL CARE PARTNERSHIP

2. The Panel had before it (1) a list containing the name of applicants; and (2) copies of the consultant's (Penna) assessment of each applicant.

The Panel resolved:
To agree that Candidates 1, 2, 3 and 4 be taken forward to the Assessment Centre stage to be held on 31 May 2018.
- JONATHAN PASSMORE MBE, Chairperson.

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APPOINTMENT PANEL
2 February 2018

APPOINTMENT PANEL

ABERDEEN, 1 June 2018. Minute of Meeting of the APPOINTMENT PANEL. Present:- Jonathan Passmore MBE, Chairperson; and Councillors Duncan and Laing; and Rhona Atkinson.

Also in attendance:- Angela Scott, Chief Executive, Aberdeen City Council (ACC), Amanda Croft, Acting Chief Executive, NHS Grampian, Philip Shipman, HR, NHS Grampian, Lesley Strachan, HR, ACC and Martyn Orchard, Democratic Services, ACC.

CONFIDENTIAL INFORMATION

The press and public were excluded from the meeting in terms of Section 50A 3(b) of the Local Government (Scotland) Act 1973.

POST OF CHIEF OFFICER - ABERDEEN CITY HEALTH AND SOCIAL CARE PARTNERSHIP

1. With reference to the minute of its meeting of 22 May 2018, the Appointment Panel met to interview candidates for the post of Chief Officer - Aberdeen City Health and Social Care Partnership.

The Panel interviewed the candidates that had been short-leeted for the post, following which the outcomes of the full range of assessment information relevant to the applicants was considered.

The Panel resolved:-
to offer the post of Chief Officer - Aberdeen City Health and Social Care Partnership to Sandra Ross, subject to completion of the required preferred candidate checks.
- JONATHAN PASSMORE MBE, Chairperson.

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APPOINTMENT PANEL
2 February 2018

CLINICAL & CARE GOVERNANCE COMMITTEE

Minute of Meeting

12 June 2018
Health Village, Aberdeen

Present: Councillor Claire Imrie (Chairperson), Luan Grugeon Councillor Lesley Dunbar (as substitute for Councillor Sarah Duncan).

Also in attendance: Sally Shaw (Interim Chief Officer, ACHSCP), Alex Stephen (Chief Finance Officer, ACHSCP), Heather MacRae (Professional Lead for Nursing and Quality Assurance), Ashleigh Allan (Clinical Governance Facilitator, NHS Grampian), Claire Duncan (Lead Social Work Officer, ACHSCP), Tara Murray (Organisational Development Facilitator, ACHSCP for item 5), Iain Robertson (Committee Services, ACC), Dr. Howard Gemmell (IJB Service User Representative), Dr. Malcolm Metcalfe (Secondary Care Adviser) and Sarah Gibbon, (Executive Assistant, ACHSCP).

Apologies: Councillor Sarah Duncan, Dr. Stephen Lynch, Bernadette Oxley Trevor Gillespie, Professor Steve Heys

WELCOME FROM THE CHAIR

1. The Chair opened the meeting and welcomed the attendees. She announced that Sandra Ross had been appointed Chief Officer by the Appointment Committee on 1 June 2018; and she welcomed Professor Stephen Heys onto the IJB, as Professor Nick Fluck's replacement and advised that Professor Heys had been appointed by the IJB on 22 May 2018 to this Committee.

The Chair proposed to re-order today's agenda to consider the verbal updates as the first item of business and for the Dignity at Work Report to follow agenda item 6c. The Committee agreed to this proposal.

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

(i) to welcome Prof Heys onto the Committee;
(ii) to welcome Sandra Ross as the new Chief Officer;
(iii) to re-order today's agenda to consider the verbal updates as the first item of business and for the Dignity at Work Report to follow agenda item 6c; and
(iv) otherwise note the information provided.

2. VERBAL UPDATES

Mental Health & Learning Disability Staffing

Sally Shaw explained that Jane Fletcher would be attending the Clinical & Care Governance Committee at the end of this meeting, to provide a presentation on hosted mental health & learning disability, including staffing challenges.

Torry Medical Practice

Sally Shaw gave a verbal update relating to Torry Medical Practice. A report had been received by the Integration Joint Board (IJB) at its meeting on 22nd May and noted that positive progress was being made with the practice. Key activities which had been undertaken since the IJB last met included (but were not limited to): (1) reviewing workload/workforce/; (2) identifying new ways to meet General Medical Services requirements with reduced General Practitioner Sessions utilising the primary care multi-disciplinary teams; (3) roles have been advertised with interviews planned for mid-June; (4) city-wide meetings of all GP practices have identified areas of support to Torry Medical Practice; and (5) a communication plan was now in place.

However, Ms Shaw did emphasise a potential risk (highlighted in the Clinical and Care Governance Group report at item 6.3.) in relation to GP sessions for the month of August. The practice is planned to operate in August as an emergency service due to the holidays and available locum capacity already used at other practices.

Thereafter, there were questions relating to the reporting schedule for updates regarding Torry. It is due to be reported to the IJB in March 2019, but the Committee requested an update report be brought to the Clinical & Care Governance Committee at its November meeting.

MINUTE OF CCG COMMITTEE MEETING – 20 March 2018

3. The Committee had before it the minute of the Clinical & Care Governance committee meeting of 20 March 2018.

<u>The Committee resolved</u>: -
To approve the minute as a correct record.

MATTERS ARISING

4. The Chair asked if there were any matters arising from the meeting of 20 March 2018.

<u>The Committee resolved</u>: -
To note there were no matters arising.

BUSINESS STATEMENT

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

Sally Shaw advised that item 2 was on today's agenda and recommended that items 3, 4 & 5 be removed from the Statement. She also provided a verbal update in relation to items 1 & 6 (below); and advised item 7 was due to be reported back to Committee in September.

<u>The Committee resolved</u>: -
(i) to agree to remove item 3 (Fire Safety – Landlord Action), item 4 (falls in the community & in the home) and item 5 (delayed discharge – interim beds);
(ii) to request that an update report on progress with Torry Medical Practice be presented to the Clinical & Care Governance Committee at its November meeting;
(iii) to request that an update report on the falls work be presented to the Clinical & Care Governance Committee at its September meeting and
(iv) otherwise note the Business Statement.

REVISED COMMITTEE TERMS OF REFERENCE

6. The Committee had before it a revised term of reference, which had been approved by the IJB at its meeting of the 22nd of May. The main changes to the document were: (1) the document had been revised to reflect IJB standing orders; (2) membership limited to 4 voting members, with other attendees as advisors; (3) links between CCG Committee & NHS/Council committees clearly set out; (4) the order which allows public & press access to meetings/documents will remain suspended for a period of one year prior to further review.

There were questions and comments relating to: (1) the CCG Committee's links with the Public Protection Committee and Adult Protection Committee; (2) a desire for a workshop session on adult protection as a matter of priority for the IJB; (3) a restated need for a workshop between the CCG Committee and CCG Group in order to examine

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and define the reporting requirements to ensure the Committee fulfils its duties as stated in the terms of reference; (4) and it was noted that it is helpful that the revised terms of reference include the Allied Health Professional (AHP) Lead.

The attendance of the Lead Social Work Officer at committee was discussed and it was advised that as the Chief Social Work Officer is the professional lead for an all social workers, they can delegate attendance to the Lead Social Work Officer accordingly. It was also noted that the Chief Social Work Officer had resigned from her post and that whilst recruitment processes were underway, an interim solution may be required to ensure social work advice could be provided to Committee.

There was also a request for clarification as to which Health & Safety Committee Chair should be attendance and whether the Aberdeen City Health & Social Care Partnership (ACHSCP) intends on establishing its own integrated Health & Safety Committee

The Committee resolved: -
(i) to note the revised terms of reference for the Clinical & Care Governance Committee; and
(ii) to request that clarification be circulated on health and safety representation on the CCG Committee.

ABSENCE MANAGEMENT

7. The Committee had before it a report by Claire Duncan, Lead Social Work Officer, which aimed to give an overview on the level of social work staff absence due to psychological reasons and the ongoing measure that have been put in place to reduce the instances of staff absence.

The report recommended: -
That the Committee -
(a) Notes the report & the ongoing programme of activity across social work services
(b) Requests an annual update on progress with the plan for staff absence, which will be overseen by the Social Work Health & Safety Committee.

Claire Duncan provided a summary of the report and stated that at this time last year, the Social Work absence rate was higher than the Council-wide average and that the most number of days lost were for psychological reasons. She described the improvement plans in place and advised that these were a standing item on the ACC Adult Social Work Health and Safety Committee.

Thereafter, there were questions and comment relating to: (1) caseloads within the learning disability services and the impact on absence rates; (2) whether there were any services with better absence rates which could be looked at as best practice; (3) the need to ensure that we are working towards reporting statistics from Aberdeen City Council and NHS Grampian in the same way; (4) the increasing prevalence of mental illness within society in general.

The Committee resolved
(i) To note the report and the ongoing programme of activity across social work services; and
(ii) To request bi-annual updates on progress with the plan for staff absence (which will be overseen by the Adult Social Work Health & Safety Committee.).

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CLINICAL & CARE GOVERNANCE MATTERS

CLINICAL & CARE GOVERNANCE REPORT

8. The committee had before it a report by Dr. Stephen Lynch, (Clinical Director, ACHSCP) which provided assurance to Committee on the robust mechanisms in place for reporting clinical and care governance issues.

The report recommended: -
That the Committee note the content of the report.
The report was accompanied by the following appendices: -

- **Agenda Item 6a:** Clinical and Care Governance Group – Approved Minute February 2018

- **Agenda Item 6b:** Clinical and Care Governance Group – Unapproved Minute May 2018

- **Agenda Item 6c:** Clinical and Care Governance Group - Report May 2018

Heather MacRae advised that the group had looked at its terms of reference and the detail of the briefing note should provide the necessary assurance regarding the Group's work. It was again stated that a joint workshop between the Group and Committee was needed to determine the extent of detail required to provide assurance to Committee.

Thereafter, there were comments and questions on (1) discussions within the Group on workforce issues/risks and what mitigations were in place to address these; (2) the need to establish the link between the workforce issues/risks and the transformation programmes; (3) the need to ensure that the Group was also considering safety and quality elements of clinical and care governance; and (4) the connections and considerations of staff governance issues

There was then further specific discussion around item 6.3 (the Group report) and Heather MacRae provided a more detailed overview of this appendix, highlighting the improvements in terms of unmet need, which had decreased significantly, to the extent that Granholme Care Home was no longer under large scale investigations.

Claire Duncan explained that the impact of the recruitment freeze had been felt more within the Criminal Justice service and this had been mitigated using agency staff. Ms Duncan added that the Partnership would raise funding risks would with the Scottish Government to clarify the situation.

Additionally, it was highlighted that district nursing and health visiting recruitment were national issues, which had been exacerbated by the high cost of living within Aberdeen City. These workforce issues were discussed in relation to Deep End Practices in Glasgow, the Integrated Neighbourhood Care Aberdeen (INCA) Projects and the costs relating to training for district nursing and health visiting. Relating to INCA, it was noted there have been recruitment issues and it was agreed that it is important to take an

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agile approach to transformation programmes. These issues (in relation to INCA) are considered in depth at the transformation programme boards, Audit & Performance Systems Committee and via. nursing specific groups.

The Committee resolved: -
(i) To note the content of the report and appendices; and
(ii) To arrange a workshop between the Committee & Group, for after the CCG Group on 1st August.

DIGNITY AT WORK

9. The Committee had before it a report by Tara Murray, Organisational Development Facilitator, which highlighted the findings of the ACHSCP Dignity at Work 2017 report and sought endorsement from the committee for the recommendations within the report.

The report recommended: -
That the Committee:
(a) Note the actions recommended in the Dignity at Work 2017, as stated above.
(b) Instruct officers to ensure membership of the employee engagement group (or equivalent following review) includes HR representatives from both Aberdeen City Council & NHS Grampian.

Tara Murray provided an outline to the report, which had been taken to the Committee to gain its support for the actions identified. She highlighted the findings from the survey which demonstrated that ACHSCP's rates of bullying and harassment were low in comparison with other areas, however, this was matched by low rates of reporting and improving the rates of reporting would be a focus going forward. Ms Murray provided an overview of the actions and invited any comments or questions from the Committee.

Thereafter, there were questions and comments on: (1) how this would be taken through relevant staff governance forums; (2) Members recognised that not all situations would need to be escalated to a Dignity at Work Investigation and they encouraged all parties to endeavour to resolve disputes locally where possible; and (3) there was discussion on links with the previous report on absence management in social work and the need to work collaboratively together.

The Committee resolved: -
(i) To note the actions recommended in the Dignity at Work 2017, as stated above; and
(ii) To instruct officers to ensure membership of the employee engagement group (or equivalent following review) includes Human Resource representatives from both Aberdeen City Council & NHS Grampian.

CARE GOVERNANCE DATA

SUMMARY REPORT – NHS ADVERSE EVENTS

10. The committee had before it a report from Heather MacRae and Ashleigh Allan which provided an overview of the NHS adverse event report between 1st January -31st March 2018.

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

The report was accompanied by the following appendix:

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

Heather MacRae highlighted that adverse events had decreased slightly and only two events were rated 'extreme' in severity. Actions had been undertaken to address these and significant work had been undertaken around falls at Woodend (in relation to the Health & Safety Executive inspection).

Ashleigh Allan also advised that the two extreme events have had thorough investigations completed which had resulted in the risk level being reduced to minor and assurance that all relevant actions were in place.

Thereafter there were questions and comments relating to: (1) all extreme events are recorded, (2) that these adverse events relate to only those from services which have been delegated to ACHSCP; and (3) ensuring that improvements from the learning and actions from adverse events were being reported.

The Committee resolved: -
(i) To acknowledge that the report provided some assurance required, however further information would be required to future committees to ensure full assurance.
(ii) To request officers develop the report further to include a narrative on the lessons learned and key themes in future reports.

SUMMARY REPORT – NHS FEEDBACK

11. The committee had before it a report from Heather MacRae (Professional Lead for Quality Assurance & Nursing) and Ashleigh Allan (Clinical Governance Facilitator) which provided an overview of the NHS feedback report between 1st January – 31st March 2018.

The report was accompanied by the following appendix:

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

a) **The report recommended: -**That the Committee acknowledge that the report provides the assurance required.

Heather MacRae spoke to the report and highlighted a relatively small number of complaints. She emphasised that there are inconsistencies in the recording of complaints which are resolved locally on datix.

Thereafter there were questions and comments relating to: (1) whether the outcomes (up-held, partially up-held) were terms used by NHSG Feedback or whether these were Scottish Public Services Ombudsman outcomes; (2) what processes there were for providing feedback via the ACHSCP website; and (3) ACHSCP use of social media and other channels for informal feedback.

The Committee resolved: -

(i) To request that the CCG Group look at broadening the feedback as detailed in the reports to include informal methods and to consider any broader context to the feedback (including lessons and themes) and incorporate this into future reports to Committee to provide further assurance.

SOCIAL WORK DATA REPORT

12. The Committee had before it a report from Claire Duncan (Lead Social Work Officer, ACC) which provided an overview of the social work data.

The report recommended: -
That the Clinical & Care Governance Committee note the content of the report.

The report was accompanied by two appendices

- Health & Safety Quarterly Report – Jan-Mar 2018
- Period 3 Adult Complaints Statistics

Claire Duncan emphasised that following recent visits by her to senior team meetings to encourage greater reporting of incidents, an increase in incident reporting for the Criminal Justice service had been recorded. She also outlined the number of complaints received and acknowledged there was a piece of work to do in ensuring that learning from these complaints was distributed across services.

Thereafter, there were questions and comments on (1) ensuring that the broader context was represented within these reports; (2) whether Social Work Scotland had prepared good practice guidance on feedback mechanisms; (3) the potential to harness the use of annual returns to the Care Inspectorate for providing data; and (4) Freedom of Information (FOI) returns, and the possibility of including high level detail of these in reporting.

Members stated a desire to see a joint report on the data presented in the NHS & ACC performance reports to ensure the thinking, learning and themes were brought together. It was agreed that the reports would be more beneficial if they included a narrative to provide context to the statistical information.
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The Committee resolved: -

(a) To note the contents of this report.
(b) To request that the CCG Group begins to look at FOIs and consider how these can be included within reporting to Committee going forward.

ITEMS TO ESCALATE TO THE INTEGRATION JOINT BOARD

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

The Committee resolved

To highlight that further assurance is required by the committee to discharge its responsibilities.

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14. The Committee had a final discussion summarising several points which had come up throughout today's meeting. Members reaffirmed the need for a joint process relating to Clinical & Care Governance within the partnership and the Committee stated the need to review the terms of reference to ensure the Committee meeting its duties and the information reported to Committee was providing the necessary assurance. The Committee recommended that the Clinical & Care Governance Group use the time after its meeting on the 1st August to begin to look at this work.

Additionally, noting as it was Carers Week, the Clinical & Care Governance Committee wished to state its thanks to the Voluntary Service Aberdeen (VSA) for the programme of activities for Carers in Aberdeen over the week, and to thank the Carers within the City for their hard-work, which often goes unnoticed.

The Committee resolved

(i) To request that the Clinical & Care Governance Group use the time after its meeting on the 1st August to review its terms of reference and how it could strengthen the level of assurance it provided to the Committee;

(ii) To thank all Partnership staff, VSA and all partners who had helped deliver local events during Carers Week; and

(iii) Otherwise note the information provided.

COUNCILLOR CLAIRE IMRIE, Chairperson.

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Aberdeen City Health & Social Care Partnership
A caring partnership

AUDIT AND PERFORMANCE SYSTEMS COMMITTEE

Minute of Meeting

12 June 2018
Health Village, Aberdeen

Present: Rhona Atkinson (NHS Grampian (NHSG)) Chairperson; and Councillors Laing and Samarai; and Jonathan Passmore MBE (NHSG).

Also in attendance: Alex Stephen (Chief Finance Officer, Aberdeen City Health and Social Care Partnership (ACHSCP)), (Gail Woodcock (Lead Transformation Manager, ACHSCP), Heather Tennant (Transformation Programme Manager, ACHSCP), Jo Hall (Transformation Programme Manager, ACHSCP, for agenda items 9 and 10 only), Martin Allan (Business Manager, ACHSCP), Sarah Gibbon (Executive Assistant, ACHSCP), Alan Thomson and Iain Robertson (Governance, Aberdeen City Council (ACC)), David Hughes (Internal Audit) and Natalie Dyce (External Audit).

DETERMINATION OF URGENT BUSINESS

1. The Chair advised that she had accepted items 5 (Annual Audited Accounts) and 6 (External Audit Report) onto today's agenda as urgent business.

The Committee resolved:-
To accept agenda items 5 and 6 as urgent business.

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 Committee resolved:-
To note there was no exempt business.

MINUTE OF PREVIOUS MEETING – 10 APRIL 2018

4. The Committee had before it the minute of the previous meeting of 10 April 2018.

In reference to item 4 (Minute of Previous Meeting), Martin Allan (Business Manager, ACHSCP) advised that the strategic risk register was not on today's agenda but explained that work was ongoing to address issues raised by Board members at the workshop on 24 April. He highlighted that the review would adhere to the requirements outlined in the Board Assurance and Escalation Framework and advised that the revised risk register and risk appetite statement would be presented to the Committee's next meeting on 11 September 2018; and

In reference to item 5 (Local Code of Governance), Alex Stephen (Chief Finance Officer, ACHSCP) advised that this would also be presented to the Committee's next meeting in September.

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

VERBAL UPDATE – PROGRESS ON THE DEVELOPMENT OF A CONTRACTS REGISTER

5. Alex Stephen (Chief Finance Officer, ACHSCP) advised that progress on the development of an IJB contracts register was ahead of schedule and it was his intention to present this to the Committee's next meeting. Mr Stephen explained that the register would cover both grants and commissioned services and confirmed that no contracts were due to expire between today's meeting and the Committee's next meeting on 11 September 2018.

The Committee resolved:-
To note the information provided.

AUDITED ANNUAL ACCOUNTS – 2017-18

6. The Committee had before it a report by the Alex Stephen which asked the Committee to consider and approve the audited final accounts for 2017/18.

The report recommended:-
That the Committee -
(a) Consider and agree the Integration Joint Board's Unaudited Accounts for 2017/18, as attached at appendix A;
(b) Instruct Officers to submit the approved audited accounts to NHS Grampian and Aberdeen City Council; and

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(c) Instruct the Chief Finance Officer to sign the representation letter, as attached at appendix B.

Alex Stephen advised that no changes had been made to the figures that had been set out in the unaudited accounts at the IJB on 22 May 2018. He noted that the use of terminology and language had been reviewed, and additional commentary had been inserted into the narrative section to reflect comments made by the Board, otherwise no substantive changes had been made. Mr Stephen advised that the Committee had the authority to approve the annual accounts and requested that it do so, in order for the accounts to be presented to Aberdeen City Council and NHS Grampian.

The Committee resolved:-
(i) to agree the Integration Joint Board's audited Accounts for 2017/18, as attached at appendix A;
(ii) to instruct the Chief Finance Officer to submit the approved audited accounts to NHS Grampian and Aberdeen City Council; and
(iii) to instruct the Chief Finance Officer to sign the representation letter, as attached at appendix B.

EXTERNAL AUDIT REPORT (ISA 260)

7. The Committee had before it a report by Alex Stephen which introduced the external audit report ISA 260: for discussion and noting.

The report recommended:-
That the Committee -
(a) Note the content of the ISA 260: Audit report, as at appendix A; and
(b) Note that the full external audit report will be presented to the Committee in September 2018.

Natalie Dyce (External Audit) advised that External Audit had issued an unqualified opinion of the accounts, with no audit recommendations. She explained that IJB financial reporting was in line with statutory requirements and no audit misstatements had been identified during the audit. Ms Dyce provided an overview of the materiality and risks to the IJB but noted there were no specific areas which required members' attention. As such, an audit action plan had not been prepared and External Audit was satisfied that the one outstanding recommendation from 2016-17 had been actioned and closed off. She added that External Audit would present a further report to Committee on 11 September 2018 which would cover the wider scope areas outlined within Audit Scotland's Code of Audit Practice and this would complete the 2017-18 annual audit process.

Thereafter there were questions and comments on (1) the definition of financial sustainability; (2) how to set out tolerance levels and evidence budget monitoring controls, particularly for variances to align with best practice; and (3) if External Audit could provide guidance on how the Board could effectively capture non-financial benefits achieved through transformation, as this had proven to be an area of challenge for the IJB.

The Committee resolved:-
(i) to note the content of the ISA 260: Audit report, as at appendix A; and
(ii) to note that the full external audit report would be presented to the Committee in September 2018.

INTERNAL AUDIT REPORT – CARE MANAGEMENT

8. The Committee had before it a report by David Hughes (Chief Internal Auditor) which presented the outcome of the planned audit of Care Management 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 provided an overview of the planned audit of Care Management which had been presented to Committee as per the audit sharing protocol between this Committee and the Council's Audit, Risk and Scrutiny Committee. The audit had found that written procedures and records needed to be updated; and a number of payments for care had not been processed through the Care First system. He noted that Internal Audit had made a number of recommendations to the Service to improve future practice and ensure regulatory compliance which had all been accepted by Management.

Thereafter there were questions and comments on (1) the level of risk to the IJB if payments for care were not all being processed through the Care First system; (2) the arrangements the Partnership had put in place to monitor the Care First system; (3) the remits of the Care First Working Group and Self-Directed Support Programme Board; (4) the rationale for the Partnership having a portfolio of residential property; and (5) how the Partnership would engage with staff on the care management issues identified within Internal Audit's report.

The Committee resolved:-
(i) to instruct the ACHSCP Business Manager to present further assurance to the Committee's next meeting, on the how the Partnership would manage and mitigate issues and risks relating to Care First which had been identified by Internal Audit; and
(ii) otherwise note the report.

AUDIT SCOTLAND REPORT ON ARMS LENGTH ORGANISATIONS

9. The Committee had before it a report by Alex Stephen which provided Members an opportunity to discuss and comment on the Audit Scotland Report 'Councils' use of arm's length organisations'.

The report recommended:-
That the Committee review, discuss and comment on the report attached as Appendix A.

Alex Stephen advised that Audit Scotland's report had been presented to today's meeting as it was considered good practice for relevant national reports to be

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reported to public audit committees. He explained that Bon Accord Care had been a subject of Audit Scotland's inquiry and the IJB had an interest in this as Bon Accord Care was an arms-length external organisation (ALEO) of Aberdeen City Council and was the IJB's biggest commissioning partner. Mr Stephen highlighted that the report was generally positive about the governance arrangements between Aberdeen City Council and Bon Accord Care, with no specific recommendations or specific causes for concern identified by the auditors for either the Council or Bon Accord Care. The Clerk confirmed that the Council's response to Audit Scotland's report would be presented to the Audit, Risk and Scrutiny Committee on 25 September 2018.

Thereafter members agreed that it would require ongoing assurance from Aberdeen City Council on its commissioning strategy, to determine the level of impact this may have on the IJB's Direction to Council to deliver adult social care services to ACHSCP.

The Committee resolved:-
To note the report.

TRANSFORMATION PROGRAMME MONITORING REPORT

10. The Committee had before it a report by Gail Woodcock (Lead Transformation Manager, ACHSCP) which provided an update on the progress of the Transformation Programme and included a high level overview of the full transformation programme, and a deeper dive into two of the work streams: (1) Self-Management and Building Community Capacity; and (2) Infrastructure, IT and Data Sharing.

The report recommended:-
That the Committee note the information provided in this report.

Gail Woodcock provided an overview of the transformation programme and highlighted the opportunities, costs and risks that had developed over the previous period since her last report to Committee in March and noted that formatting for the next report would be revised to focus on deliverability. Thereafter she delivered a deep-dive presentation on (1) Self-Management and Building Community Capacity; and (2) Infrastructure, IT and Data Sharing.

The Committee agreed that the report was very useful, and its formatting continued to improve each cycle. There were then discussions on (1) how more clarity could be provided within the report on overall programme expenditure, particularly in relation to variances and the rationale for over or under-spends; and (2) the IJB's charging policy and the de-medicalisation of equipment.

Thereafter there were questions and comments on (1) the reason for the change control in terms of budgeting/resource for the Health and Social Care Training Passport (formerly the Social Care Campus); (2) the use of transformation funding to deliver acute care at home, and whether this service could be integrated into the mainstream budget in future years; and (3) progress with regards to the Link Worker project, and how the Partnership could produce data that would enable the IJB to monitor the costs and benefits of the project, in terms of finance; service user wellbeing; and efficiencies made to the wider health and social care system.

The Committee resolved:-
(i) to note the report; and
(ii) to thank Gail Woodcock for her very useful report and informative deep-dive presentation.

CONFIRMATION OF ASSURANCE

11. The Chair provided Members with an opportunity to request additional sources of assurance for items on today's agenda, and thereafter asked the Committee to confirm it had received adequate assurance to fulfil its duties as outlined within the Committee's Terms of Reference.

The Committee resolved:-
(i) to instruct the Chief Finance Officer to prepare a Forward Report Planner for the next 12 months to provide assurance that the Committee was fulfilling duties as outlined within the terms of reference, and for this Forward Report Planner to be attached to future agendas as a standing item; and
(ii) to confirm the receipt of adequate assurance for items on today's agenda.

RHONA ATKINSON, Chairperson.

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BUSINESS STATEMENT

28 August 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.

No.	Minute Reference	IJB Decision	Update	Lead Officer(s)	Due
1.	IJB 30.08.16 Article 5	**Standing Orders** The Board requested that officers review standing order 23 and report back to the Board.	The revised committee terms of reference were agreed on 22 May 2018. **Recommended for removal**	Governance, ACC	22.05.18
2.	IJB 15.08.17 Article 17	**Aberdeen City Residential Nursing Home Provision** The Board requested a review of the Partnership's strategic intentions towards intervention in the event of future market failure.	The Board instructed the interim Chief Officer to discuss how the proposed model could be delivered incrementally and at a lower cost with Bon Accord Care, and to report back to the IJB on 28 August 2018 with an update. A report on Kingswells Care Home is on today's agenda.	Chief Officer, Aberdeen City Health and Social Care Partnership	28.08.18
3.	IJB 31.10.17 Article 14	**Carers Strategy** Approval of the draft strategy was deferred on 31 October 2017 to allow the incorporation of further detail on young carers.	The Carers Strategy was agreed at the Board meeting on 27 March 2018. Thereafter the Board requested:- (i) the Chief Officer to submit the Aberdeen City Short Breaks Services Statement to the IJB meeting in October 2018;	Lead Strategy and Performance Manager, Aberdeen City Health and Social Care Partnership	09.10.18

No.	Minute Reference	IJB Decision	Update	Lead Officer(s)	Due
			(ii) 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. A report on Waiving of Charges and Replacement Care is on today's agenda.		
4.	IJB 31.10.17 Article 15	**Transformation Decisions** 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
5.	IJB 31.10.17 Article 16	**Board Development Work** The Board requested a report on Board Development which would be shaped following consultation with members on their developmental priorities and needs.	A report on Board Development is on today's agenda.	Chief Officer, Aberdeen City Health and Social Care Partnership	28.08.18
6.	IJB 12.12.17 Article 11	**Scheme of Assistance Private Sector Grants Budget 2017-18** 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	This report will be presented to the Board on 9 October 2018.	Head of Strategy and Transformation , Aberdeen City Health and Social Care Partnership	27.03.18

No.	Minute Reference	IJB Decision	Update	Lead Officer(s)	Due
		ensure demand and budget are managed as efficiently and effectively as possible.			
7.	IJB 30.01.18 Article 7	**Diet, Activity and Healthy Weight** The Board instructed the Chief Officer to prepare an additional paper to be presented to the IJB in early 2018 to consider the Food Charter for the SFCPA.	A report will be presented to the Board on 11 December 2018.	Chief Officer, Aberdeen City Health and Social Care Partnership	22.05.18
8.	IJB 30.01.18 Article 14	**Primary Care** 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.	Reports on the Primary Care Improvement Plan, Action 15 Plan, and Technology Enabled Care Framework are on today's agenda.	Chief Officer, Aberdeen City Health and Social Care Partnership	22.05.18
9.	IJB 30.01.18 Article 19	**Mental Health Commissioning** 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
10.	IJB 30.01.18 Article 10	**Risk Management** 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. The IJB agreed to refer this item to the APS Committee for further development	Chief Finance Officer, Aberdeen City Health and Social Care Partnership	28.08.18

No.	Minute Reference	IJB Decision	Update	Lead Officer(s)	Due
			before being formally reviewed by the Board. The risk register is due to be reviewed by the APS Committee on 11 September 2018 and it is intended for the register to then be submitted to the Board on 9 October 2018.		
11.	IJB 27.03.18 Article 13	**Ethical Care Charter Implementation** The Board requested that reports on the Scottish Living Wage and Ethical Care Charter implementation be consolidated and reported to the Board in due course.	A report will be presented to the Board on 9 October 2018.	Chief Officer, Aberdeen City Health and Social Care Partnership	28.08.18
12.	IJB 27.03.18 Article 13	**Medium Term Financial Strategy** 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
13.	IJB 27.03.18 Article 14	**Prescribing** 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	A report will be presented to the Board on 9 October 2018.	Chief Officer, Aberdeen City Health and Social Care Partnership/ Chief Finance Officer, Aberdeen City Health and Social Care Partnership	28.08.18

No.	Minute Reference	IJB Decision	Update	Lead Officer(s)	Due
		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.			
14.	IJB 27.03.18 Article 20	**GMS Contract** The Board asked 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.	An update report on the provision of GMS services for Torry was requested by the Board on 22 May 2018. Reports on the Primary Care Improvement Plan, Action 15 Plan, and Technology Enabled Care Framework are on today's agenda.	Chief Officer, Aberdeen City Health and Social Care Partnership	26.03.19
15.	IJB 22.05.18 Article 14	**Financial Monitoring** The Board requested that a report be presented to August's meeting on the delivery of mainstream services, with a focus on cost pressures, key actions for future improvement and delivery timescales. The report should pay attention to (1) prescribing, (2) hosted services and (3) out of area placements.	A Finance report is on today's agenda. This report will now become operational practice and therefore this item is **Recommended for removal** from the Business Statement.	Chief Finance Officer, Aberdeen City Health and Social Care Partnership	28.08.18
16.	IJB 22.05.18 Article 20	**Skills Framework** The Board instructed the Chief Officer to report back with the outcome of the local		Chief Officer, Aberdeen City Health and Social Care	09.10.18

No.	Minute Reference	IJB Decision	Update	Lead Officer(s)	Due
		negotiations and a proposed way forward beyond the interim period to take account of the Strategic Commissioning Plan and the need to commission on the basis of outcome delivery.		Partnership	
17.	IJB 22.05.18 Article	**Bon Accord Care Contract Review** The Board instructed the Chief Officer to issue the Direction to Aberdeen City Council and make the necessary arrangements and then update the Board in August 2018.	A report on Bon Accord Care's contractual arrangements with Aberdeen City Council is due to be considered by the Council's Strategic Commissioning Committee on 13 September 2018.	Chief Officer, Aberdeen City Health and Social Care Partnership	28.08.18

Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	28 August 2018
Report Title	Primary Care Improvement Plan
Report Number	HSCP.18.010
Lead Officer	Sally Shaw, Interim Chief Officer
Report Author Details	*Gail Woodcock* *Lead Transformation Manager* *gwoodcock@aberdeencity.gov.uk* *01224 655748*
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	a. Primary Care Improvement Plan

1. Purpose of the Report

1.1. The purpose of this report is to bring the Primary Care Improvement Plan forward for approval by the IJB.

1.2. This document has already been submitted to the Scottish Government to meet the timeline within the process as set out by the Scottish Government and now require to be approved by IJB.

1.3. The Scottish Government have clarified that they required a “local agreement” to be in place (with the GP Sub Committee) prior to sharing with Scottish Government and that IJB sign off may come later, subject to the next available IJB meeting. Local approval by the Local Medical Committee and GP Sub Committee was achieved during July 2018.

INTEGRATION JOINT BOARD

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Approve the Primary Care Improvement Plan as attached at Appendix A.

3. Summary of Key Information

3.1. As reported to IJB in May 2018, the new General Medical Services (GMS) contract came into force from April 2018. This will mean 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).

3.2. Related to this new contract is the provision of transformation funding to help provide GPs with the capacity to undertake their roles as Expert Medical Generalist as set out in the new contract. Each IJB is required to set out our aims and priorities for releasing GP capacity within a Primary Care Improvement Plan (PCIP).

3.3. A City GMS Implementation Leadership Group has been established and has worked with and consulted colleagues across our wider primary and community care services to identify priorities for the city across six pre-identified areas. These are:

- The Vaccination Transformation Programme
- Pharmacotherapy Services
- Community Treatment and Care Services
- Urgent Care (advanced practitioners)
- Additional Professional Roles
- Community Links Practitioners

3.4. The final PCIP is attached at Appendix A and was submitted to Scottish Government at the end of July 2018 along with equivalent plans for Aberdeenshire and Moray Integration Authority areas.

3.5. The development of this plan (considered in conjunction with our Transformation Plan; the Action 15 Plan and the Technology Enabled Care Framework) provide clarity around the prioritisation of a number of tangible

activities which will contribute towards the delivery of our Reimagining Primary and Community Care Vision and Strategic Plan.

3.6. These tangible activities are currently at varying stages from implementation to business case development. In line with usual process, proposed directions will be brought to IJB for approval supported by detailed business cases, and implementation progress and benefits realised will be reported through the Audit and Performance Systems Committee to provide assurance of progress.

4. Implications for IJB

4.1. Equalities

It is anticipated that the implementation of this plan will have a neutral to positive impact on the protected characteristics as protected by the Equality Act 2010.

4.2. Fairer Scotland Duty

It is anticipated that the implementation of this plan will have a neutral to positive impact in relation to the Fairer Scotland Duty.

4.3. Financial

There is specific ringfenced funding available in respect to the implementation of the Primary Care Improvement Plan. Some of this new ringfenced funding replaces previous funding which has now ceased. A high level summary of the allocation of the available funding and how it is planned to be allocated to deliver the PCIP is as set out below:

	2018/19	2019/20	2020/21	2021/22
Vaccine Transformation Programme	£104,776	£181,447	£236,705	£242,173
Pharmocotherapy Services	£410,000	£512,083	£535,926	£555,523
Community Treatment and Care Services	£55,000	£170,400	£400,073	£412,476
Urgent Care	£88,814	£131,752	£421,752	£671,504
Additional Professional Roles	£289,162	£210,847	£401,168	£852,109
Community Links	£747,500	£795,000	£841,200	£873,648
Other/ Under development	£98,160	£64,181	£1,294,596	£2,214,114
PCIP Total	**£1,793,412**	**£2,065,710**	**£4,131,420**	**£5,821,547**

INTEGRATION JOINT BOARD

Note: These figures are projections based on the available information at the current time. These figures will be updated as business cases are developed and projects implemented and are therefore likely to change over time.

Financial summaries in relation to this plan is required to be submitted to the Scottish Government in September 2018. It is anticipated that financial reports will require to be provided to the Scottish Government at regular intervals.

4.4. Workforce

The plans will result in significant changes to our workforce, including additional staff and new ways of working.

The Scottish Government has included projections for funding for future years, and has advised that it should be assumed that the funding will be recurring and that workforce recruitment to deliver the plans can be progressed as permanent posts where appropriate.

4.5. Legal

The PCIP plan seeks to provide the capacity within General Practice to support the implementation of the new GMS Contract. Any commissioning and procurement of services is required to implement the plan will be progressed in a compliant manner.

4.6. Other

5. Links to ACHSCP Strategic Plan

5.1. These plans link to the following priorities as set out in our Strategic Plan:

- **Support and improve the health, wellbeing and quality of life of our local population.**

  The PCIP is a high-level plan, looking to modernise primary and community care in Aberdeen to support and improve the health, wellbeing and quality of life of our local population.

- **Promote and support self-management and independence for individuals for as long as reasonably possible.**

  Activities identified in the PCIP, for example Link Practitioners have self-management at their core. The PCIP states an aim to ensure patients are

better informed about to manage their long term-conditions using technology enabled care.

- **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.**

  Activities in the PCIP such as Link Workers, and support in using digital technologies will help support unpaid carers, including during periods of need.

- **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.**

  Again, activities identified in the PCIP, such as the introduction of Link Practitioners, will help strengthen and sign-post to existing community assets.

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

  Support for our workforce, both existing and new is interwoven throughout this plan. A key aim of the PCIP Is to releasing capacity for General Practitioners to allow them to focus on their Expert Medical Generalist roles.

6. Management of Risk

6.1. Identified risks(s)

Workforce: There is a risk that the workforce required to deliver the aims that are the subject of this report may not be available. This risk will be mitigated through ongoing engagement with key stakeholders and the ongoing refinement of implementation proposals to deliver the plans.

Financial: The risk of not approving the PCIP may result in the loss of funding to the partnership as set out in the financial implications of this report.

6.2. Link to risks on strategic or operational risk register:

- Workforce planning across the Partnership is not sophisticated enough to maintain future service delivery

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

6.3. How might the content of this report impact or mitigate these risks:

The PCIP sets out ACHSCP's intentions in relation to releasing capacity of General Practitioners will which help mitigate the workforce risks as outlined in the ACHSCP's strategic risk register. Furthermore, approving the PCIP will help ACHSCP may use of the additional funding to address these issues.

Approvals	
[signature]	Sally Shaw (Interim Chief Officer)
[signature]	Alex Stephen (Chief Finance Officer)

Aberdeen City Health & Social Care Partnership

Primary Care Improvement Plan

This Primary Care Improvement Plan sets out at a high level, the intentions of Aberdeen City Health and Social Care Partnership (ACHSCP) around modernising primary and community care in Aberdeen, specifically in relation to releasing capacity for General Practitioners to allow them to focus on their Expert Medical Generalist roles. When "Partnership" is referred to in this document, it refers to the Aberdeen City Health and Social Care Partnership in its widest sense including staff working for the Partnership employed by NHS Grampian and Aberdeen City Council; Independent practitioners and organisation, the third sector including community organisations and the citizens who live in communities in Aberdeen.

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A	**Local context:** *profile of primary care in the HSCP, including any specific local challenge and opportunities*

Aberdeen is a significant regional and national business centre and is a popular place for people to live, work and socialise. However, there are also significant challenges which impact on the provision of primary care in the city.

There are 29 individual General Practitioner (GP) Practices in Aberdeen, spread across four locality/ cluster areas. In addition, there are other primary care services including optometry, community pharmacy, and dentistry.

Population

There are significant health inequalities in the city. Due to a recent economic decline in the area, there has been an increase in individuals presenting with mental health conditions.

There are several new and planned housing developments in various communities in Aberdeen which will result in significant demographic change over the next few years and decades.

In line with the rest of Scotland, Aberdeen's population will include an increasing proportion of older people, living longer with multiple co-morbidities.

Workforce

A recent sustainability questionnaire sent to all city GP Practices confirmed some of the challenges around workforce, the major one being an ageing GP and nursing population. The majority of practices who completed the questionnaire stated that they had a high number of GP's and nurses approaching retirement age or choosing to retire at 55.

The ability to recruit GPs is an ongoing challenge – the numbers entering and remaining in the profession are lower than required and an increasing number of GPs are choosing not to enter partnership for a variety of reasons (workload/ prohibitive cost of taking a share in practice owned premises etc.) The nursing workforce faces similar challenges and there are concerns about the future availability of suitably trained and experienced replacements for those nurses who are retiring.

There are also challenges with filling vacant posts for pharmacists, pharmacy technicians, health visitors and other Allied Health Professionals (AHPs). This could impact on our ability to recruit to the multi-disciplinary practice teams as outlined in the new General Medical Services (GMS contract).

The impacts of these challenges, particularly in respect of GPs, have led to a number of general practices in Aberdeen struggling to recruit which is impacting on sustainability and workload and creating wider system issues. While this has been challenging, these

"crises" have also provided opportunities for new models to be developed and tested, such as New Dyce Practice which has tested a range of new and innovative ways of working.

In addition, with the introduction and development of practice pharmacy and proposals for pharmacotherapy teams, finding a suitable workforce may be challenging.

Liaison and links between primary and secondary care in the city are good. Silver City multi-disciplinary teams and the Diabetic Outreach Programme are examples of a range of current positive working relationships and it is intended to build on these through the activities within this plan.

Wider Resources

There are infrastructure and other resources challenges, and it is anticipated that the new contract will assist in reducing workload, creating capacity and resolving some of these challenges. This Primary Care Improvement Plan sets out some of the activities that will release pressure on General Practitioners providing the capacity for them to fulfil their roles as Expert Medical Generalists.

There are several new infrastructure developments which will dovetail with the development of this plan, including the development of Community Diagnostic and Treatment Centres.

General Practices, working collaboratively together (and with the wider primary care sector) will create opportunities for realising maximum value from available resources.

Our increasingly digital society is creating opportunities for people to use technology to maintain their well-being and self-manage their conditions. However this increasingly smart technology is also leading to the identification of more conditions, which as well as supporting earlier diagnosis and intervention, is also increasing demand for primary care services. Opportunities for utilising digital solutions and shifting channels for engagement and service provision will be a core consideration across all our workstreams.

B	**Aims and priorities:** *To reflect the agreed aims and principles as set out in the guidance*

Our aim is to ensure that primary care in its widest sense is safe and sustainable into the future, fostering opportunities created through collaboration within and across localities, working to allow effective integration of a wide range of multi-disciplinary professionals. This in turn will reduce pressure on general practice, by creating a system where tasks currently undertaken by GPs are realigned to more appropriate professionals with the correct skills and qualifications to undertake this work, allowing GPs to fulfil their role as Expert Medical Generalists.

Our priorities for delivering this are set out in this plan and reflect detailed input and feedback from General Practice and a wider range of stakeholders.

C	**Engagement process:** *How the plan has been developed and who has been involved*

A city GMS Implementation Leadership Group (GMS Implementation Group) has been established to oversee the development and delivery of the Primary Care Improvement Plan (PCIP) 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, Finance and Transformation. Other key stakeholders have been and will continue to be invited to participate as required and to reflect the priorities over the coming years.

The plan has been developed through an iterative process, including workshops and feedback from General Practices in the city:

- 2/5/18 Workshop to which all GPs were invited. Presentations on six priority areas, and attendees worked in locality groups to discuss their key priorities.
- 2/5/18 All General Practices invited to provide individual feedback on priorities
- 21/5/18 First draft of PCIP circulated for consultation to: GPs, Primary Care Leads, Locality Leadership Groups
- May 2018 (various dates) First draft of PCIP circulated for consultation to the four Locality Leadership Groups (LLGs) in the city and discussed at regular meetings where these were happening during the consultation period. LLGs comprise of a range of local stakeholders, including members of community, third sector, independent care sector, housing, and health and social care service providers.
- 5/6/18 Refined Draft Plan discussed at ACHSCP Transforming Communities Programme Board, which includes a range of stakeholders from primary and community care, acute sector, independent sector and third sector.
- 12/6/18 Final Draft Plan discussed with GP Contract Oversight Group for

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Grampian
- 13/6/18 Final Draft Plan discussed at PCIMG (Primary Care Integrated Management Group)
- 18/6/18 Final Draft Plan discussed with LMC and GP Sub Committee.
- Further and ongoing consultation with Patient Engagement Forums, General Practice and Patient Participation Groups is planned.

A detailed Implementation Plan and Communications and Engagement Plan is being developed and will ensure that the plan is implemented in an agile and inclusive manner.

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*

Please see Appendix 1 which sets out the expected progress against year's 1, 2 and 3.

(1) ***The Vaccination Transformation Programme (VTP)***

This will align with the Grampian Wide Vaccination Plan which will see the responsibility for delivery of vaccinations transfer away from general practices over the next three years on the establishment of safe and sustainable alternative provision.

(2) ***Pharmacotherapy Services***

All practices are currently receiving weekly pharmacist input, with allocation of resources according to practice list size. The role of the core team remains the promotion of safe, cost-effective prescribing and supporting national strategies including the implementation of the new GMS Contract. It is anticipated that as the pharmacy role develops within the GP practice team this will increase clinical capacity with patient-facing roles for both the pharmacist and/or pharmacy technician.

The PCIP will support the team to grow and develop (subject to the constraints of availability of resource and of workforce), allowing increased pharmaceutical care into:

- GP practice teams
- Care at Home (supporting patients living in their own home, who receive local authority commissioned care)
- Acute Care at Home (a short-term service supporting patients to avoid unnecessary admission to hospital or to facilitate early discharge from hospital)
- Intermediate Care (providing care for patients requiring additional support/ enablement following hospital admission or crisis in the community, with the aim of facilitating a return to independent living)

This will allow consolidation of roles and responsibilities within the team and improve continuity of care for patients. This may involve using the current health and social

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care employed pharmacists in a more patient facing role, while continuing to balance other priorities. This may also include them being more involved in acute and repeat prescribing.

The plan will support the continuation of the Pharmacy First Service which allows patients access to treatment for uncomplicated Urinary Tract Infections and Impetigo from a Community Pharmacy.

The plan could also support an increased role in the management of repeat and acute prescribing in general practice. In addition, with the introduction of "Workflow Optimisation" incoming clinical mail could be directed appropriately to pharmaceutical staff for processing. Workflow Optimisation is a training programme for practice administration staff which has been trialled and implemented across England and has proved effective in reducing the flow of mail to GPs on a daily basis by up to 80% (saving an average of 40 minutes per GP per day). Many of the clinical letters received daily in GP practices relate to medication issues, polypharmacy, medication reviews and medicine reconciliation and could, with appropriate staff training, be directed to and actioned by pharmaceutical staff leading to a significant reduction in GP workload.

(3) Community Treatment and Care Services

Self-management and Collaborative Care including the use of technology to support this, with an aim of ensuring that patients are better informed to manage their long-term conditions, have less requirement for review and hold more informed and productive consultations. Patients will benefit from quicker and more accurate clinical decision making, while having less travel to GP surgeries, therefore releasing capacity to the wider GP practice population.

Examples of such models may include – Florence and House of Care, both of which are already identified as priorities through the Technology Enabled Care (T.E.C.) framework and the Partnership's Transformation Plan.

Elective Care Project/ Locality Diagnostic Hubs – NHS Grampian are currently undertaking a review of their Elective Care work. One of the outcomes of this project has been to scope out Community Diagnostic and Treatment Centres, dovetailing with the theme of Community Treatment and Care Services.

Phlebotomy

It is recognised that there are opportunities for efficiencies and improved patient experience through new models of phlebotomy delivery and it is intended early on in this plan to develop an enhanced phlebotomy service. Opportunities exist to review existing services provided by a range of primary and community care practitioners and test alternative person-centred models, for example: potentially including exploring opportunities for self-collection kits.

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Integrated Community Health and Care Hubs – For example, Healthy Hoose - a local nurse-led community drop in health care facility has been operating in a city community for several years. A range of services are offered and many of the patients' health queries and concerns can be dealt with there – saving an unnecessary journey to the GP surgery. This type of service can be of particular benefit to communities where citizens have lower car ownership and greater health inequalities, through allowing other practitioners to work to the top of their licence, patients see the correct person at the correct time thereby freeing up GP appointments for more complex cases. These hubs may also help with current pressure points in GP practices especially in relation to chronic leg dressings and the flushing of PICC (peripherally inserted central catheter) lines which are impacting significantly on general practice nursing capacity.

(4) ***Urgent Care (advanced practitioners)***

Afternoon Visiting Service – The Afternoon Visiting Service has recently been rolled out in one locality supporting several GP Practices. This service uses an Advanced Nurse Practitioner supported by a driver, to visit patients who require home visits, and the support to patients is monitored through the patient's GP. Through this plan, this service would be rapidly scaled up.

Integrated Triage – This new way of working, involving individual GP practices working collaboratively to enable more efficient and effective triage, linking into relevant professionals including MSK (musculoskeletal), Advanced Nurse Practitioners and GPs, and utilising technology where appropriate.

(5) ***Additional Professional Roles***

There is a commitment to develop a Health and Social Care Partnership Workforce Plan in the context of provision of future health and social care and the needs identified through this plan will be taken into consideration. This will align with our developing plans in relation to the commitment to deliver 800 additional Mental Health Workers across Scotland. Amongst others these could include:

Community Mental Health - Primary Care Psychological Therapists in primary care have been tested through our transformation programme and there is emerging evidence of the benefits of this community resource.

These posts will also contribute to the implementation of Action 15 of the National Mental Health Strategy in terms of recruiting additional mental health workers.

Chaplaincy Listening Service – This service has been supported through our transformation programme and there is developing evidence of the benefits of this resource to the community. The service is provided by volunteers, with clinical supervision.

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These posts will contribute to the implementation of Action 15 in terms of recruiting additional mental health workers.

MSK – MSK services are well established across the City and are accessed through GP referral or patient self-referral via the NHS24 Musculoskeletal Advice and Triage Service (MATS). The plan will build on this work with a specific focus on developing a first contact practitioner MSK service to manage MSK demand at the front door of primary care to shift this demand away from the GP. This work will be informed by national MSK physiotherapy working group guidance and evidence from other established models across the UK.

Practice Aligned Care Management - The Health and Social Care Partnership already has a number of co-located Care Managers who deliver and support statutory social work and community care services within Primary Care settings. It is our intention to expand this joint working as resources and opportunities for colocation arise. The colocation and alignment of Care Management staff to GP Practices will yield workload dividends to primary care through easier communication, improved referral pathways, and the ability to integrate social work/social care into practice related activity (anticipatory care planning (ACP) work; palliative care management etc).

(6) ***Community Links Practitioners***

The Community Link Working initiative aims to reduce the negative impact of social and economic circumstances on health. By introducing Link Practitioners into all practices within the city we aim to provide a person-centred service that is responsive to the needs and interests of the practice population. Their initial focus is on alleviating pressures in GP practices and mitigating health inequalities by supporting people to live well through strengthening connections between the third sector, independent sector, community resources and primary care. This will be achieved by supporting people to link more closely with opportunities in their community, enabling them to improve their health, wellbeing and personal resilience. It is our intention to embed the links approach into ways of working across Health and Social Care.

This approach will reduce GP workload and appropriately address many of the social/non-medical issues facing patients in the city.

Silver City and other outreach clinics - This way of person-focused multi-disciplinary team working is already paying dividends in a number of General Practices in the city. This plan would look to develop the successful elements of these activities further, increasing benefits for GPs by reducing the need for referrals, and improving links with community geriatric nursing team.

E	**Existing transformation activity:** *Future plans for any existing pilots or transformation tests of change*

Aberdeen City Health and Social Care Partnership has a comprehensive programme of transformation, including several transformational activities which are in progress and directly relate to this PCIP. These are described in section D above.

F	**Additional Content:** *Community Pharmacy, Optometry and Dentistry: linked developments and priorities*

Community Pharmacy:

Community Pharmacy services within Aberdeen City are wide-ranging with 51 contractors delivering prescription dispensing, Minor Ailments Service, Chronic Medication Service and Pharmaceutical Public Health services including Smoking Cessation, EHC (Emergency Hormonal Contraception) and Gluten Free Foods Service. These services have already removed pressure from GP services and are still developing. In particular, collaborative working on patient lists suitable for the Serial Prescribing element of the chronic medication service (CMS) will help release GP time.

The recent implementation of Pharmacy First triage for urinary tract infection (UTI) and Impetigo and potentially for other services fitting with this model will add to the multidisciplinary team healthcare approach and will provide vital leeway within GP practices. Collaborative working within the Primary Care Healthcare teams is important in planning for future patient-centred service delivery. The effective use of '**Know Who to Turn To'** within the ACHSCP is key.

The continuation of Pharmacy First service has been included in this PCIP plan.

Access by pharmacy teams to patient information is a key requirement for the continued improvement in patient safety and should be considered in all future planning initiatives.

Optometry:

The PCIP allows for linked developments and priorities to reflect collaborative working over the next 3 years, Optometry could look to work more closely with other Primary Care contractors e.g. GPs. Optometry already operates an unscheduled care ethic where an appropriate appointment is found for a patient. However, there is no contract (local or national), for this and finding a home for out of hours patients can often be challenging. The City PCIP could be an opportunity to collaborate more fully to solve this, organising local out of hours (OOH) Optometrist/s, possibly employed by the ACHSCP.

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As Ophthalmology demand continues to grow and referral times get longer, more shared care in the community could evolve. Access to patient notes continues to act as a barrier for this initiative and so collaborating with General Practice may be a solution by using cluster Optometrists in Health Board Practices: A National Ophthalmology Electronic Patient Records (EPR) business case is being created by Scottish Government as a 'Once for Scotland Ophthalmology EPR' which could open up access for community-based optometrists to input and access notes. The new web front end system will be in place by end 2018 in Optometry Practices making shared care easier. This PCIP will take advantage of these changes to coordinate more collaboration with Optometry and Pharmacy.

Dentistry

Over the next few years, it is expected that the Public Dental Service (PDS) will reduce general dental services provision and will, in future, be complementary to the independent sector. PDS will provide a more specialised service, caring for priority group patients who may find difficulty in accessing high street services, including provision of services requiring extended skills or access to secondary care facilities.

All care homes within Aberdeen City have a linked PDS practice, to ensure residents can access dental care routinely or if required, in an emergency, and dental staff are in contact with GMS colleagues should medical expertise be required.

Whilst dental registration has steadily improved in Aberdeen City, the older age cohort registration level of 57-66% remains well below national and local targets. Health and social care integration presents an opportunity for dental teams to interface with patient-contact services to help identify barriers to dental attendance for the over 65-year age group, and to better understand how care pathways may be simplified and expedited from all referral sources.

Community Services**:**

The implementation of the PCIP will dovetail with our approach to developing locality working including new ways of working such as Integrated Neighbourhood Community Aberdeen (INCA) teams which bring together care at home workers and nurses in small community-based teams, wrapped around people and their connections and linking into other primary care supports in the community.

Our locality structures are being developed and will complement the activities within this PCIP.

Interface with Acute Services – primary care will continue to interface with Acute Services to reduce unnecessary admissions. For example, Silver City, if used successfully would reduce the number of avoidable admissions.

<u>Other linked local priorities</u> (e.g. practice sustainability)

The implementation of the PCIP will make the role of a General Practitioner as an Expert Medical Generalist more attractive, helping to reduce recruitment and retention challenges which currently impact on practice sustainability. It is acknowledged that collaboration across the GP and wider primary care community will be essential for achieving the ambitions of this plan,

G	**Inequalities:** *How plans, including allocation of resource, will address locally identified need and inequalities*

Our plans take cognisance of health and other inequalities, for example:

- Our Link Working approach will support practices across the city, however the allocation of this resource will be weighted in favour of practices with populations with greater socio economic and health inequalities.
- Developments of Integrated Community and Care Hubs and new ways of working supporting mental health will be focussed around those areas experiencing greatest need.
- Where appropriate, new ways of working will be developed in a manner that allows for the services to shift and flex dependent on need and demand as this changes over time.
- We will be cognisant that while reducing inequalities is a key aim of the plan, it is intended to achieve this by increasing health and wellbeing levels overall in the city, therefore not destabilising areas with existing good health

H	**Enablers:** *Workforce planning: how HSCP workforce plans will support the PCIP requirements* *Accommodation: how accommodation strategies will support PCIP requirements*

This plan aligns with the Partnership's Re-imagining Primary and Community Care vision which was approved by IJB in January 2018. This vision starts to articulate our future workforce requirements, which includes the development and implementation of new roles, increased multi-disciplinary and collaborative working and using technology where appropriate.

Our Primary Care Premises Plan has recently been approved across Grampian, this identifies several strategic capital priorities. Along with this, the PCIP will require accommodation strategies to support closer integrated working.

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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*

Our initial process for engaging with clusters and practices has been through workshops, targeted communications and consultation on this plan during its development process.

The detailed feedback received from individual practices has highlighted individual preferences in relation to the implementation and prioritisation of various workstreams. This will inform the detailed implementation plans that will be developed following the endorsement of this plan.

Along with this detailed implementation plan, the GMS Implementation Group has identified several key stakeholders including (not exhaustive or in any particular order):

- Operational teams (locality MDT teams and service teams)
- Professional leads
- Locality Leadership Groups
- GP clusters
- GP Practices
- ACHSCP Senior Management Team
- Corporate Stakeholders
- Integration Joint Board
- Patients and members of community
- Politicians (local and national)
- Patient Participation Groups
- Local Medical Committee (LMC)
- GP Sub Committee

These key stakeholders will be mapped on an interest/ influence matrix to assist in the development of a detailed communications and engagement plan.

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*

The costs associated with the implementation of this plan and the ACHSCP's wider primary and community care aspirations will be supported by transformation and change funding including residual Primary Care Transformation Funding, the Primary Care Improvement Fund and Action 15 Fund.

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A detailed 4-year financial profile has been developed to cover all the projects within this plan and is aligned with the confirmed and projected funding available for this purpose.

As projects progress, the financial profile will be refined and monitored, utilising the transformation governance process approved by the ACHSCP IJB and as utilised for our wider Transformation Programme.

The development of each project within the programme will be supported through a robust business case process, and changes supported through the partnerships Change Control Framework process.

Progress of the plan including monitoring of overall expenditure is reported through the partnership's Programme Board governance structure, including regular reporting to the ACHSCP's Audit and Performance Committee.

Summary of indicative overall funding available:

	2018/19	2019/20	2020/21	2021/22
Funding Source				
PCIF	**£1,793,412**	**£2,065,710**	**£4,131,420**	**£5,821,547**
Action 15	**£431,203**	**£666,404**	**£940,806**	**£1,254,408**
GP Out of Hours Fund	**£196,001**	**£196,001**	**£196,001**	**£196,001**
Total	**£2,420,616**	**£2,928,115**	**£5,268,227**	**£7,271,956**

K Evaluation and outcomes: *Key success indicators over the life of the plan and how these will be assessed*

One of the focal drivers of this plan is reducing current GP workload to allow a refocus of the GP role as Expert Medical Generalist, focusing on undifferentiated presentations, complex care, and quality and leadership. Therefore, primary success indicators will involve assessing changes in GP workload over time. At a practice-level, these indicators may be measured by ascertaining frequency and volume of GP tasks across implementation (including administrative and consultations) and comparing this to historical data. It is acknowledged that this indicator may be masked by existing unmet demand. In addition, strategies will require to be developed to identify and manage any excess capacity.

This will be supplemented by qualitative data to understand from GPs' perspective the impact that the plan has had on their daily working.

Evaluation at this high level will be composed of complementary synergies derived across the span of individual services, therefore evaluation activity will be necessary for each project to unpick these synergies. This will facilitate an understanding of which projects affect different elements of GP workload. For example, Advanced Nurse Practitioners undertaking a visiting service on behalf of GPs will save not just GP time on the consultation itself, but also on travel time to and from the visit.

The detail within each service-specific evaluation framework will be developed individually, however several elements will remain consistent across the overall framework to derive overall impact. Consideration will be given to the barriers / facilitators of implementation, in addition to understanding benefit at numerous levels, including patient/citizens, unpaid carers, staff and resources/services. These will be assessed through a combination of quantitative and qualitative methods to develop robust and pragmatic evaluation frameworks.

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Appendix 1 – Expected Progress on 6 priority areas in Years 1, 2 and 3

	Year 1	Year 2	Year 3
The Vaccination Transformation Programme (VTP)			
	Year 1 will include centralised co-ordination of travel vaccines, neonatal BCG, and pregnancy related vaccinations.	Year 2 will include centralised co-ordination of pre-school and shingles immunisations.	Year 3 will include centralised co-ordination of adult vaccinations such as flu and additional vaccinations for patients at high risk (e.g. coeliac patients, immunosuppressed, etc).
Pharmacotherapy Services			
	During year 1, scoping, planning and implementation of the following will be undertaken: - Consolidate and expand the number of pharmacists and technicians working in GP practices. - Explore and develop opportunities for pharmacists to continue to adopt a greater patient facing clinical role, and the planned "pharmacotherapy" service which will support prescribing improvement work, improve clinical outcomes and contribute to the multi-professional team approach to addressing sustainability issues within GP practices. - Expand the number of technicians working in Care Homes, Care at Home and Intermediate Care settings. This would truly support integration and multidisciplinary working equitably across primary care and social care services within the partnership,	Year 2 will involve the continued implementation and development of the pharmacotherapy teams in practices. Year 2 will also see potential changes to the existing model where more practice pharmacists & pharmacy technicians are recruited and employed through the partnership. Scoping work will be undertaken to determine the viability of geographical/locality-based service compared to pharmacotherapy teams based in individual practices.	Year 3 will see the full delivery of the new model with pharmaceutical support to every practice, where work force availability allows, and an interim model where there are workforce challenges. The new model will allow for all ACHSCP pharmacists to be able to undertake their new GMS role *(i.e. patient facing clinical role, polypharmacy reviews, supporting cost-effective prescribing, management of systems & processes relating to prescribing*). This would allow greater flexibility

	by supporting medicines management for patients/clients/service-users in their own home/homely setting and the provision of excellent person-centred care. A business case is currently being developed to support this. - Identify opportunities for better use of community pharmacy including CMS (Chronic Medication Service), Pharmacy First and Minor Ailments Service. Once the business case is approved, including allocating the appropriate resources and developing an implementation plan, work will commence on recruiting the required workforce. In addition, in Year 1, work would be undertaken to plan and commence the implementation of the Workflow Optimisation project.	In Year 2, implementation of the Workflow Optimisation project would be spread across all practices wanting to adopt this system. Work would commence to identify opportunities for shared working across practices, linked to Workflow Optimisation processes.	across the team and would support recruitment & retention across a range of roles, especially GPs and pharmacists. Benefits expected to be realised include positive impacts on the prescribing budget. It is anticipated that some city practices will be planning to work in a more integrated manner around Workflow Optimisation.
Community Treatment and Care Services			
Self-management and Collaborative Care	In Year 1, projects will continue to be scoped and planned, and full robust business cases developed. Some initiatives, such as House of Care will be implemented in a small number of practices.	In Year 2, the projects will continue to be scaled up as appropriate. Ongoing refinements and improvements will be made.	In Year 3, the projects will be fully operating as business as usual, with ongoing continuous improvement.

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Elective care project/ Locality Diagnostic hubs	Work will be undertaken to scope this out in Year 1 in addition to ongoing work with the Elective Care Project Team. Several workshops have been held and more are planned to discuss this project. Work will also be done to scope out potential locations of these centres (separate work streams ongoing).	Continue to work alongside Elective Care Project to develop business case and commence implementation where appropriate.	Implementation stage.
Phlebotomy	Scope and develop a business plan for the implementation of a smart phlebotomy service and begin to roll out new service.	Implement new service, improve service processes.	Fully operational.
Integrated Community Health and Care Hubs	During Year 1, scoping work would be undertaken to plan the roll out of this and or other appropriate service(s) to other communities in the city. Specifically, there may be opportunities in relation to new capital community developments which may be planned in the city, both of which include citizens experiencing health inequalities.	Develop business case for roll out of these hubs if other suitable communities are identified. Commence implementation where appropriate.	Implementation stage. It is anticipated that an additional hub will be in place by 2020/21.
Urgent Care (advanced practitioners)			
Unscheduled Care Visiting Service	There is currently one visiting team in place consisting of an ANP and driver. During Year 1, the impact of the new service will be evaluated, and plans developed to scale up the service. Subject to the availability of resources, the initial scale up of this service will commence during this year.	Continue initial scale up of the afternoon visiting service to cover a greater number of GP practices. Plan to scale up the service to all GP practices that feel this would be of benefit to their patient population, reduce GP workload and improve sustainability of primary care. Scale up will include consideration of service increasing to cover a greater time period.	Full scale up of Afternoon visiting service to cover all GP practices which wish the service and greater time coverage.

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Integrated Triage	During Year 1, work will be undertaken to scope out opportunities for GP practices to work together to share triage for urgent care. This will include scoping the potential use of other community resources for urgent care. Work will commence on the development of the business case.	Continue to develop the business case for implementation of this new way of integrated working, ensuring robust clinical and care governance and making appropriate use of all appropriate contractor groups.	Implement new ways of integrated working, ensuring robust clinical and care governance.
Additional Professional Roles			
Community Mental Health	During Year 1, working in conjunction with mental health services to continue existing GP aligned mental health hubs and determine the potential for scale up and sustainability of this service, alongside any other mental health services that provide early intervention and prevention and subsequently reduce GP workload. During Year 1, a plan will be submitted with regards to Action 15 of the Mental Health Strategy and aligned to this PCIP.	During Year 2 the business case will start to be delivered.	New model will be integrated into business as usual.
Chaplaincy Listening Service	The service is currently at capacity, and during Year 1, the existing service will continue, and plans will be drawn up to expand the service.	During Year 2 the plans for expanding the service will start to be delivered.	During Year 3 the plans for expanding the service will be delivered.
MSK	During Year 1, work will commence to scope out opportunities and develop the business case. This will include exploring different service delivery options and how they might be delivered e.g. practice level, across localities etc. The scoping will also include any workforce training and development requirements associated with each model e.g. non-medical prescribing, provision of Fit-notes, injection therapy, advanced clinical skills	During Year 2 the business case will start to be delivered.	During Year 3 the agreed model will be fully implemented across the city.

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	development etc.		
Practice Aligned Care Management	Develop and scope plans for implementation.	Implement Practice Aligned Care Management where appropriate.	Further roll out of Practice Aligned Care Management.
Community Links			
Link Practitioners	During Year 1, Link Workers will be recruited and aligned with General Practices on a phased basis. (20.8FTE across the 29 practices in Aberdeen.) Scoping work will be undertaken to plan how the wider GP Practice population can be supported to build the link working approach across all aspects of their practice working. This would reduce GP workload and appropriately address many of the social/non-medical issues facing patients in the city.	During Year 2, an iterative learning process will be used to improve the way that Link Practitioners work with General Practices and the local community. This will be carried out by developing strong mutually supportive relationships with local community and third sector organisations and where appropriate identifying gaps in provision. Utilisation of the National Service Directory will strengthen the links approach and aid long term self-management.	By Year 3, the link working approach and culture will be embedded into GP practices and their local communities.
Silver City	During Year 1, we will scope out and develop the business case which will agree the model to be rolled out across the city.	During Year 2 the plans to expand the model will start to be delivered	During Year 3 the agreed model will be fully implemented across the city.
Community Links Portal linked to GP website	During Year 1 we will continue to work with the Alliance and NHS24 to develop A Local Information System for Scotland (ALISS) and National Service Directory respectively. This digital platform will provide a mechanism to support signposting and be used as a tool to identify duplication and gaps in provision across the city.	During Year 2 we will continue to refine and make improvements to the quality of the information held within the system.	During Year 3 the platform should be fully developed, and we will continue to update and maintain the information.

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INTEGRATION JOINT BOARD

Date of Meeting	28 August 2018
Report Title	Action 15 Plan
Report Number	HSCP.18.065
Lead Officer	Sally Shaw, Interim Chief Officer
Report Author Details	*Gail Woodcock* *Lead Transformation Manager* *gwoodcock@aberdeencity.gov.uk* *01224 655748*
Consultation Checklist Completed	*Yes*
Directions Required	*No*
Appendices	*a. Action 15 Plan*

1. Purpose of the Report

1.1. The purpose of this report is to bring forward Action 15 Plan for approval by the IJB..

1.2. This document has already been submitted to the Scottish Government to meet the timeline within the funding process as set out by the Scottish Government and now requires to be approved by IJB.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Approve the Action 15 Plan as attached at Appendix A.

INTEGRATION JOINT BOARD

3. Summary of Key Information

Action 15 Plan

3.1. The National Mental Health Strategy 2017 - 2027 was published by the Scottish Government in March 2017 and sets out a 10-year vision for mental health in Scotland.

3.2. The strategy contains a number of actions, with Action 15 stating:

"Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings"

3.3. Towards the end of May 2018, Chief Officers of Integration Authorities received a letter from the Scottish Government setting out details of funding that will be available to support the delivery of Action 15. Through this letter, Integration Authorities were asked to develop a plan (to be submitted to the Scottish Government by 31 July 2018), setting out our goals for improving capacity in the settings identified below.

3.4. A range of stakeholders, including colleagues from Aberdeenshire and Moray Health and Social Care Partnerships and Acute Sector (recognising that some of the settings form part of hosted services), worked together develop the City's Action 15 Plan and this is included at Appendix A.

3.5. The Action 15 Plan sets out, at a high level, the intentions of Aberdeen City Health and Social Care Partnership (ACHSCP) to contribute to the national commitment to support he employment of 800 additional mental health workers across Scotland, over the next five years, in order to improve access in the following key settings:

- Accident and Emergency departments
- GP Practices
- Police Station Custody Suites
- Prisons

3.6. The Action 15 Plan was submitted to the Scottish Government at the end of July 2018.

INTEGRATION JOINT BOARD

Summary

3.7. The development of this plan (considered in conjunction with our Transformation Plan, Primary Care Improvement Plan (PCIP) and Technology Enabled Care Framework) provides clarity around the prioritisation of a number of tangible activities which will contribute towards the delivery of our Reimagining Primary and Community Care Vision and Strategic Plan.

3.8. These tangible activities are currently at varying stages from implementation to business case development. In line with usual process, proposed Directions will be brought to IJB for approval supported by detailed business cases, and implementation progress and benefits realised will be reported through the Audit and Performance Systems Committee to provide assurance of progress.

4. Implications for IJB

4.1. Equalities

It is anticipated that the implementation of these plans will have a neutral to positive impact on the protected characteristics as protected by the Equality Act 2010.

4.2. Fairer Scotland Duty

It is anticipated that the implementation of these plans will have a neutral to positive impact in regard to the Fairer Scotland Duty.

4.3. Financial

Specific ringfenced funding is available for the implementation of the Action 15 Plan. Some of this new ringfenced funding replaces previous funding which has now ceased. Primary Care Improvement Fund activities will also contribute to the Action 15 goal of increased Mental Health Workers in Aberdeen, and the Action 15 Plan should be read in conjunction with the Primary Care Improvement Plan.

A high-level summary of the allocation of the available funding and how it is planned to be allocated to deliver the Action 15 Plan is as set out below:

	2018/19	2019/20	2020/21	2021/22
Primary Care Psychological Therapy Service	£379,663	£555,485	£523,377	£732,734
Chaplaincy Listening Service	£22,700	£48,100	£54,114	£59,013
Mental Health Assessment Community Mental Health Hubs including A&E Out of Hours Triage Service	£0		£51,932	£106,979
Borderline Personality MDT Approach			£174,155	£168,778
HMP Grampian			£43,875	£45,191
Mental Health IT System		£33,114	£18,000	£18,000
Digital Supports	£28,840	£29,705	£30,596	£31,514
Supporting People in Distress/ Crisis			£44,757	£92,199
Action 15 Total	**£431,203**	**£666,404**	**£940,806**	**£1,254,408**

Note: These figures are projections based on the available information at the current time. These figures will be updated as business cases are developed and projects implemented and are therefore likely to change over time.

A financial summary for this plan needs to be submitted to the Scottish Government in September 2018. It is anticipated that financial reports will require to be provided to the Scottish Government at regular intervals.

4.4. Workforce

The plans will result in significant changes to our workforce, including additional staff and new ways of working.

The Scottish Government has included projections for funding for future years, and has advised that it should be assumed that the funding will be recurring and that workforce recruitment to deliver the plans can be progressed as permanent posts where appropriate.

4.5. Legal

Where commissioning and procurement of services is required to implement the plans and framework, these will be progressed in a compliant manner.

4.6. Other

5. Links to ACHSCP Strategic Plan

5.1. The Action 15 Plan links to the following priorities as set out in our Strategic Plan:

- **Support and improve the health, wellbeing and quality of life of our local population.**

  This strategic outcome is at the heart of the action 15 plan, particularly in relation to mental health.

- **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 Action 15 plan supports the implementation of a range of tiered interventions to support people experiencing distress and crisis. It is anticipated that these interventions, along with other activities in the PCIP such as Link Workers, and support in using digital technologies will help support unpaid carers, including during periods of need.

- **Contribute to a reduction in health inequalities and the inequalities in the wider social conditions that affect our health and wellbeing.**

  Of the activities outlined within the Action 15 Plan, there are a high proportion of clients supported through the criminal Justice Hub and A&E who experience greater health inequalities.

- **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.**

  The Action 15 Plan highlights opportunities for the Criminal Justice Hub to be developed in its role as a key community asset.

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

  Support for our workforce, both existing and new is interwoven throughout this plan.

6. Management of Risk

6.1. Identified risks(s)

Workforce: There is a risk that the workforce required to deliver the aims that are the subject of this report may not be available. This risk will be mitigated through ongoing engagement with key stakeholders and the ongoing refinement of implementation proposals to deliver the plans.

6.2. Link to risks on strategic or operational risk register:

- Workforce planning across the Partnership is not sophisticated enough to maintain future service delivery

6.3. How might the content of this report impact or mitigate these risks:

The Action 15 Plan outlines activities which contribute to a national commitment to support the employment of an additional 800 mental health workers across Scotland. This will help to mitigate the risk relating to workforce as it identifies opportunities to bolster the existing mental health workforce to help cope with the increasing demand on the service.

Approvals	
[signature]	Sally Shaw (Interim Chief Officer)
[signature]	Alex Stephen (Chief Finance Officer)

Aberdeen City Health & Social Care Partnership

Delivery Plan for Action 15 of National Mental Health Strategy

This delivery plan sets out, at a high level, the intentions of Aberdeen City Health and Social Care Partnership (ACHSCP) which will contribute towards the national commitment to support the employment of 800 additional mental health workers across Scotland over the next five years to improve access in key settings. The plan aligns with the ACHSCP's developing Mental Health Strategy and with the ACHSCP Primary Care Improvement Plan (PCIP) and should be read in conjunction with both documents.

When "Partnership" is referred to in this document, it refers to the Aberdeen City Health and Social Care Partnership in its widest sense including: staff working for the Partnership employed by NHS Grampian and Aberdeen City Council; independent practitioners and organisations; the third sector including community organisations; and the citizens who live in communities in Aberdeen.

A	BACKGROUND

Action 15 of the National Mental Health Strategy states:

"Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings"

The Health and Justice Collaboration and Improvement Board considered how this commitment might best be delivered and adopted four broad principles that it believes are likely to inform credible local improvements. This plan sets out to contribute to these broad principles which are:

1. the application of additional resources should result in additional services commensurate with the commitment in the Mental Health Strategy to provide 800 additional mental health workers by 2021-22;
2. the nature of the additional capacity will be very broad ranging – including roles such as peer and support workers;
3. prospective improvements may include the provision of services through digital platforms or telephone support;
4. improvement may include development for staff who are not currently working in the field of mental health.

Integration Authorities were asked by the Head of Mental Health and Protection of Rights Division of the Population Health Directorate of the Scottish Government to develop a plan by 31st July 2018 that sets out goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy. The plan is required to include information on:

- How it contributes to the broad principles
- How it takes account of the views of local justice and other Health partners in the area about what improvements should be introduced.
- How it fits with other local plans currently in development
- Initial scoping of potential staffing changes over the next 4 years as a result of the additional funding towards the committed 800.

B	Goals for Improving Capacity in settings outlined in Action 15 of Mental Health Strategy

Our goals for the four settings identified in Action 15 are as follows:

Accident and Emergency (A&Es)

Our overall goal for A&E is to ensure the provision of optimum outcomes for patients and to reduce waiting times.

A need has been identified (particularly out of hours), for a triage service, so individuals can have their mental health assessed and subsequently be referred for the level of support that meets their needs in a timely manner. There is a requirement to provide access to Registered Mental Health Nurses especially at peak times (which tends to be Friday and Saturday evenings). Although A&E require access to such a service, it is not thought that this needs to be physically located within the A&E setting. With appropriate referral routes and utilising a peripatetic model, this service could be based off-site, most likely in the Community Mental Health and Wellbeing Hub (the Hub-referenced below under Police Station Custody Suites).

During the first phase of this project, the service aims will be scoped and a business case developed to support the implementation of a test of change. The model will be developed, scaled and embedded, depending on the impact and outcomes of the test. This model assumes the availability of appropriate follow up services for referral and this assumption will be tested as part of the scoping and test.

As the A&E client base covers both authority areas, it is intended that the service would be developed and implemented jointly with Aberdeenshire HSCP.

General Practitioner (GP) Practices

Our overall goal for GP Practices is that our work around Action 15 aligns itself with our strategic ambitions for primary care improvement as detailed in our Primary Care Improvement Plan (PCIP).

Primary Care Psychological Therapist Service

As set out in our PCIP, it is intended to contribute to Action 15 through the continuation and scaling up of the Primary Care Psychological Therapy Service. This project has been tested during the last 12 months and initial evaluation shows that positive clinical outcomes are being experienced by those being supported There are now waiting lists for up to 6 months for some practices, highlighting an opportunity for the scaling of this service. The service

enables a tiered approach to address mild-moderate (Tier 2) mental health problems which present at a level below that which would be appropriate for specialist secondary care (Tier 3 and 4) mental health treatment. The project is supported by the NHS Education for Scotland (NES) MSc in Primary Care Interventions training which is fundamental in ensuring a high standard of clinical governance.

Currently there are 5 Psychological Therapists employed on a fixed term basis through this test of change (supplementing an existing permanent resource of 3FTE.). In additional there are 2 Clinical/Counselling Psychologists based in Primary Care, providing additional Tier 3 resources for patients with more complex needs who can appropriately be seen in a primary care environment. It is our intention that this service is made permanent, scaled up, and developed further over the next 3 – 4 years.

Development of this existing test of change could include additional workforce to provide fast access, short term interventions in the form of Cognitive Behavioural Therapy (CBT) based guided self-help, either face to face or via telephone, and large group work for topics such as stress management, emotional self-management (Decider Skills) and low mood. This may include coaching to reduce dropout rates and increase effectiveness of online CBT packages. The additional workforce could include people who do not require specific formal mental health qualifications and experience, as training can be provided, and the clinical work is largely protocol driven, thus bringing a much-needed new pool of candidates into the workforce.

Referral to this service would be via General Practitioner and self-referral, and the developed service would seek to enhance the transition process for patients between the tiers, in an appropriate manner, without necessarily requiring to return to the GP for referral to a separate service.

This service will work closely with the Link Practitioners (as referenced in the PCIP) and a wider third sector tiered support for people in distress, to provide an effective interface between physical health and mental health services.

Community Chaplaincy Listening Service

The Community Chaplaincy Listening Service has been in place in Aberdeen for a couple of years. There are currently 12 volunteers supported through formal clinical supervision. For Action 15, our goal is to provide dedicated coordinator support which will allow the volunteer provision to grow to an estimated 48 volunteers over a 3–4 year period.

Borderline Personality Disorder

Borderline Personality Disorder (BPD) is common and costly both in terms of its impact on peoples' lives, and in terms of the health and wider social costs of functional impairment. Service users accessing services across, Primary Care, Criminal Justice, 3rd Sector, Further

Education, A&E and Homeless services have common causal factors and they frequently access one or more of these services when in crisis.

We intend to implement a multidisciplinary approach, providing a service at point of access (or as close as possible) which is accessible and relevant to the needs of service users.

The key aims of the service would focus on building personal skills and recovery capital, by working with the individual and relevant others in the construction of social, physical human and cultural investment.

This service would develop a new approach to BPD, moving from what can be a stigmatising medical model, to work with a wider range of symptom severity.

It is proposed that the service would be commissioned from the 3rd sector, with referrals coming from GPs, A&E, Primary Care, Police, Criminal Justice, Social Work, Homelessness Services, Universities and Colleges, and third sector agencies.

The team would comprise initially of several life-skills coaches, working on an individual and group setting basis with service users and relevant others (identified by the service user).

The life-skills coaches would receive initial specialist training and routine ‘model specific’ supervision to maintain individual support and integrity to evidence-based practice.

The service would have an administrative centre allowing for centralised referral and triage of service users, determining the need for individual, carer services, building skills around the crisis presentation and working towards group work when appropriate.

Police Station Custody Suites

Our overall goal for police station custody suites is that our holistic approach to early intervention and prevention improves outcomes for citizens with mental health problems, their families and their communities.

Community Mental Health and Wellbeing Hub

Police Scotland are currently establishing Community Mental Health & Wellbeing Hubs throughout the country. While the hubs will streamline Police Custody, records processing and productions under one roof, the intention is also to transform a custody suite from a place of detention and security to providing an opportunity for delivering interventions to support healthcare and wellbeing, in collaboration with NHS colleagues, partner agencies and third sector organisations.

Currently an NHS Custody Healthcare Team is embedded in the custody suite at Kittybrewster in Aberdeen, working alongside support workers from Alcohol and Drugs Action (a third sector organisation).

The aim of the Community Mental Health & Wellbeing Hubs is to:

- Provide places of Safety, Wellbeing and Support
- Address reoffending by tackling the underlying causes
  - Health and Wellbeing
  - Welfare
  - Housing
  - Employability
- Provide Evidence Based Interventions to prevent and reduce the risk of reoffending
- Provide informed opportunities for diversion which meet needs
- Ensure pathways to ongoing support are accessible
- Deliver Police Custody in Partnership

The breadth of mental health presentations at custody suites and elsewhere is huge. Not all mental health presentations require a specialist nurse or physician. We recognise that it will be beneficial to adopt a collaborative and multi-agency approach which has early intervention and prevention as its core principles and which allows the mentally unwell to be seen by the right person at the right time.

The creation of a Community Mental Health and Wellbeing Hub at Kittybrewster could bring together a range of resources including the existing Custody Healthcare Team, Criminal Justice Social Work, Community Safety and third sector providers, together with a new resource of Registered Mental Health Nurses.

It would be intended that the new resource of Mental Health Nurses would have a key function of assessing and undertaking triage – to support A&E (as detailed above), to support the Woman's Centre, and Multi Agency Public Protection Arrangements (MAPPA).

- **Woman's Centre:** Many, if not most, of the women seen in the Connections Women's Centre have mental health issues, including personality disorders and mental illness. Criminal Justice Social Work staff would work Community Psychiatric Nurse (CPN) to assess women and to advise staff on mental health management issues.

- **MAPPA** and other assigned patients recently released from prison who we know are a risk of violent or threatening behaviour still need to be registered with a GP and have access to social and primary care services. To manage the risk to practice and community-based health and social care professionals, it would be intended to use the Hub in the early stages following release as a purpose-designed safe environment for consultations which could be face to face or virtual depending on the service required and the proximity and availability of the professional.

It is felt that integrating this new additional resource with existing related service will maximise impact of the available resource in a key location which has/ could have:

- facilities for multi-agency office space,
- a waiting area,
- safe consultation rooms
- and a 24/7 multi-agency team
- a base for a range of community services such as Street Pastors.

Although Kittybrewster will be the base, it would be intended that the teams will operate on a peripatetic basis reaching out to support mentally unwell people in the community wherever that support is needed. It is envisaged that the Hub would not only deal with patients coming from the custody suites but also be a focal point for support for the wider community, particularly those with Borderline Personality Disorder who do not meet the criteria for other services. Services provided could include counselling, signposting, peer to peer support using lived experience, and community groups providing “Decider Skills” particularly to young people to help minimise impulsive behaviour.

The range of people helped by the Hub could include offenders after their release from custody, those who have had no involvement with the criminal justice system but who are a risk of doing so due to low level mental health needs and the family or friends of the mentally unwell who need help to support their loved ones. The aim would be to de-criminalise mental health.

With the correct infrastructure it is felt the Hub model can be a very positive development for the population of Aberdeen and beyond and can offer alternatives to individuals "in distress" for whom specialist services often have little to offer other than assessment. The Hub would need to have clearly agreed pathways for assessment and moving on.

It is recognised that there will be challenges in implementing this new integrated model (such as data sharing), and the project will seek to develop solutions for these challenges during its initial stages.

As the custody suites are hosted by Aberdeenshire and used by offenders throughout Grampian it is intended to work collaborative with Aberdeenshire HSCP. The project will be implemented in a phased approach including scoping and development of business case and then managed implementation.

Supporting People in Distress/ Crisis

The Aberdeen Distress Brief Interventions (DBI) pilot commenced in October 2017 and to date has received 217 referrals, 129 from Primary Care and 88 from Police Scotland. DBI Level 1 training has been delivered to a third of the GP practices in the city. Evidence shows that demand for this service is rapidly increasing and it is also clear that DBI could

work effectively with other key stakeholders such as Social Work, GMED, NHS24 and Custody staff.

It is proposed that this pilot is developed as a tiered approach, commissioning third sector organisations, working in partnership with statutory providers to support people in distress/ crisis.

Prisons

Our overall goal for prisons is to effectively manage and support people involved in the Adult Criminal Justice System in the community to reduce the likelihood of their reoffending and improve outcomes for these individuals, their families and communities.

Her Majesty's Prison & Young Offenders' Institution (HMP and YOI) Grampian

Aberdeen City Health and Social Care Partnership will work with Aberdeenshire Health and Social Care Partnership to support Mental health training to be provided to upskill prison service staff and provide low level psychological interventions at tiers 1 and 2.

Scottish Prison Service (SPS) staff who provide the residential management and support of prisoners and those who are allocated personal officer responsibilities are in a key position to deliver such interventions.

Within the setting of prison, many individuals may not refer through the health centre pathway for assistance with tier 1 and 2 mental health and wellbeing issues. Indeed, the recognition of such issues is sometimes not revealed due to the presentation of other behaviours. The potential to access psychological support within the life space of residential units or within personal officer contact would be significant in positively contributing to the assessment of lower level mental health issues. Onwards treatment and intervention pathways if required through the prison based psychological service can then take place. Such recognition of the need for psychological support also informs the throughcare pathway as prisoners are released from custody. Referral into the primary care provision can then take place as part of the throughcare support plan. Existing throughcare support to access primary care provision can take place through existing services in criminal justice social work, SPS throughcare support officers and public social partnership third sector organisations.

This will also hope to address inequality in access to primary care services for people who have been involved in the justice system. This has therefore wider positive benefits in terms of engagement around other primary care needs.

Within the prison setting, access to the mental health services which will exist within community based primary care should be accessible to the prison patient population. Additional resource around mental health professionals to provide assessment and tier 1 and tier 2 interventions will be developed.

C	Contribution towards delivery of Broad Principles

This plan contributes to the Health and Justice Collaboration Improvement Board's broad principles in the following way:

- It is anticipated that approximately 74 additional Mental Health workers will be in place by 2021. These include posts working across Aberdeen City and Aberdeenshire, as well as wholly within the city.
- The nature of the additional capacity will be very broad ranging, from roles such as volunteer listeners and mental health trained linking practitioners through to mental health nurses and senior psychologists.
- The delivery of the plan will support or link to (as appropriate) the development and use of appropriate digital supports such as Beating the Blues, Breathing Space, Silver Line, Time for Talking Service and online CBT therapy as well as identifying and developing enabling systems such us an electronic directory of services and relevant governance arrangements to allow partners to share information.
- The plan will also support the implementation of a digital mental health system which will improve the efficiency of staff delivering mental health services, allowing more time to be spent supporting patients rather than carrying out administrative requirements. For example, such systems include the capability for patients to self-refer to parts of the service (e.g. to groups) and symptom questionnaires can be completed by the patient at home and uploaded online so that they do not use face to face clinical time to do this. In addition to clinical time there are savings in administration time since this is fully integrated into the clinical system, removing the need to move from one system to another to upload or download information. Improvements in both data input and output reduce the time taken to collect data, the quality of that data and also the ability to report on the data.
- The plan will link to our Technology Enabled Care (TEC) Framework which includes a priority around the upskilling of staff providing care to "think digital", and increased marketing and communication of apps and online support that can help maintain wellbeing and provide support when people experience poor health.
- The plan will link to services delivering support to children and to people with Autism and Adult attention deficit and hyperactivity disorder (ADHD) – recognising that diagnosis can be an issue in the latter two areas. Consideration will be given to the co-location of staff groups where it is felt this will enhance the service available.
- The plan identifies a number of key staff and other groups where there could be a need to deliver training and these include: our third sector partners, police, procurator fiscal and custody suite staff, paramedics, GPs, Dentists, Opticians, health and social care colleagues (not already working in the area of mental health), local authority school, housing and benefits staff, community learning and development, sport, libraries, arts and culture staff, further education staff, fire service personnel, customer facing staff in the community (such as shop workers, hairdressers etc), volunteers and carers.

D	**Engagement process:** *How the plan takes account of the views of local Justice and other Heath partners in the area about what improvements should be introduced*

There are a number of activities that have been ongoing over the last few months, which have involved significant engagement and participation, the outputs of which have informed the development of this plan. These include:

- Development of City Mental Health Strategy
  - Following the publication of the national Mental Health Strategy, a range of local consultation workshops took place to identify local priorities and actions.
  - A small working group was set up to develop a draft Aberdeen City Mental Health Strategy and this will go out for wider consultation following approval by the IJB in August 2018. The strategy has 5 aims around supporting people with poor mental health and aligns with this Action 15 Plan.
  - Following consultation, the final strategy and Action Plan will be submitted to the IJB in December 2018 and published early 2019.

- Development of the PCIP
  - The development of the PCIP involved a range of engagement activities including: a workshop to which all GP practices were invited and provided initial feedback on priorities including for mental health; a range of consultation iterations of drafts of the PCIP which received a high level of engagement and feedback from General Practice.
  - Individual discussions are now taking place with GP Practices to provide a briefing on the PCIP and receive feedback from individual GPs on their preferences for implementation timescales of the various initiatives into their practices. These discussions are including the relevant activities within this Action 15 Plan.

In addition, the following engagement activities have been undertaken specific to the development of the Action 15 Plan:

- 29/6/18: Workshop with number of diverse stakeholders including third sector organisations, health and social care colleagues, and the Police. The purpose of the workshop was to provide the opportunity for a wide range of stakeholders to identify potential opportunities for improving outcomes for people experiencing mental health challenges, in line with the aspirations of Action 15.
- 5/7/18: Notes from workshop shared with wide stakeholder group, and specific stakeholder groups including Aberdeen Community Planning Partnership's Community Justice Outcome Improvement Group
- 13/7/18: Meeting of sub group to take output from workshop and develop plan
- 16/7/18: First draft of plan circulated for consultation

- 20/7/18: Second meeting of sub group for refinement of plan following comments
- 23/7/18: Revised draft of plan circulated for consultation
- 25/7/18: Plan considered by Extended Executive Team

There have also been other engagement activities which have helped to shape this plan. These include:

- 21/6/18 Custody Healthcare and Interventions Workshop
- 26/6/18 Cross Grampian meeting with Aberdeen City, Aberdeenshire and Moray Health and Social Care Partnerships and Acute Sector to discuss opportunities for joint working around unscheduled and urgent care.

E Alignment with other local plans currently in development

This Action 15 plan has been cross referenced and aligned with priorities in the following plans already in existence or in development.

- Aberdeen City Health and Social Care Partnership Strategic Plan:

  Support and improve the health, wellbeing and quality of life of our local population.

- Aberdeen City Health and Social Care Partnership Locality Plans:

  Mental health noted as an area of challenge in all four locality plans
  Interventions needed locally for people with mental health problems (Central)
  Focus to improve mental health and wellbeing (all)
  Opportunities for all ages in health/wellbeing activities, education, housing and mental health (South)
  Access to Psychological Services to sustain unmet need and sustain longer term improvements in mental health (South)

- Aberdeen City Mental Health Strategy:

  Ensure people in Aberdeen enjoy the best possible mental health & wellbeing; Ensure people who begin to experience poor mental health are supported in their communities;
  Ensure people who experience mental illness are supported throughout their recovery

- Aberdeen City Primary Care Improvement Plan:

Will involve the implementation of a number of new initiatives/ establishment and scale of up existing tests of change. Some of which directly contribute to Action 15 and others which will have positive relationships. These include:

- *Community Treatment and Care Services*
- *Additional Professional roles*
- *Community Links Practitioners*
- *Community Mental Health Service*
- *Community Chaplaincy Listening Service*

- Aberdeen City Reimagining Primary and Community Care:

  We will begin to deliver mental health workers in primary care
  Increased range of extended practice roles in wider team including Mental Health Worker

- Aberdeen City Autism Strategy:

  A multi-agency care pathway for assessment, diagnosis and intervention to improve the support for people with ASD and remove barriers.

- Aberdeen City Carers Strategy:

  Carers are supported to manage their caring role

- Aberdeen City Drug Strategy:

  Reduce chaotic or risky behaviour
  More drug users assisted to move on from drug use and develop skills to avoid relapse.

- Aberdeen City Alcohol Strategy:

  Recognising the relationship between alcohol and mental health

- Community Planning Aberdeen Local Outcome Improvement Plan

  We will seek to reduce the risk of harm by increasing individual and community resilience to vulnerability
  We will effectively manage and support people involved in the adult Criminal Justice System in the community to reduce the likelihood of their reoffending and improve outcomes for these individuals, their families and communities
  We will promote health and wellbeing in all policies by Community Planning Partners to maximise contribution toward prevention of ill health and reduction in health inequalities.

F	Initial scoping of potential staffing changes over next 4 years

This plan identifies he following projected staffing changes over the next four years (note: implementation will be staged, and the staffing numbers state the projected position at year 4.)

Primary Care Psychological Therapy Service
- Psychologists (2FTE)
- Psychological Therapists (9FTE)
- Mental Health Workers (4 FTE)

Chaplaincy Listening Service
- Listening Volunteers (48)

Community Mental Health Hub including A&E Triage
- Registered Mental Health Nurses (2.4 FTE)

Borderline Personality MDT Approach
- BDI Life Skills Coaches (4 FTE)

HMP Grampian
- Psychological Therapist (1FTE)
- Mental Health Enabler (1FTE)

Supporting People in Distress/ Crisis
- Distress Brief Intervention Recovery Practitioners (3FTE)

To support the above Mental Health Workers the plan also provides for a range of administrative staff members.

Actual staff numbers may vary as business cases are developed and tested.

G	Governance:

The development of this plan has been led by a small subgroup including representation from Mental Health Services, Alcohol and Drugs Partnership, Community Nursing, and Strategy and Transformation.

Following completion and approval of this plan by IJB in August 2018, a detailed implementation plan will be developed, and its delivery will be supported through Aberdeen City Health and Social Care Partnership's existing programme management governance structure, including programme boards and ultimately reporting on performance to the IJB and Audit and Performance Systems Committee.

H	Funding profile

A detailed 4-year financial profile has been developed to cover all the projects within this plan and the Primary Care Improvement Plan and is aligned with the confirmed and projected funding available for this purpose.

As projects progress, the financial profile will be refined and monitored, utilising the transformation governance process approved by the ACHSCP IJB and as utilised for our wider Transformation Programme.

The development of each project within the programme will be supported through a robust business case process, and changes supported through the partnerships Change Control Framework process.

Progress of the plan including monitoring of overall expenditure is reported through the partnership's Programme Board governance structure, including regular reporting to the ACHSCP's Audit and Performance Committee.

I	**Evaluation and outcomes:** *Key success indicators over the life of the plan and how these will be assessed*

Evaluation will be required at two levels in order to derive the impact of this action plan: 1) at a localised, project level and 2) an overarching, strategic level. For example, whilst indicators such as number of mental health workers will be tracked, this will not demonstrate the impact that these additional roles have.

The degree of evaluation activity occurring across separate projects will be determined on a case-by-case basis and informed by time and resource availability. The specific content of each may vary, however they will all align to similar key principles. These include assessing patient outcomes (eg. Improving wellbeing); staff outcomes (eg. Satisfaction and professional development) and resource outcomes (eg. Improving efficiencies), in addition to understanding the mechanisms through which these outcomes were achieved (i.e. process evaluation).

Data collected from these localised project-specific evaluations may then be synthesised to derive overall impact, in addition to understanding how these new roles have contributed at a strategic level, for example achieving the 9 national health and wellbeing outcomes. Other high-level outcomes, such as the MSG indicators, can be monitored over time and compared to projected figures to help determine overall impact.

Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	28 August 2018
Report Title	Technology Enabled Care Framework
Report Number	HSCP.18.064
Lead Officer	Sally Shaw, Interim Chief Officer
Report Author Details	*Gail Woodcock* *Lead Transformation Manager* *gwoodcock@aberdeencity.gov.uk* *01224 655748*
Consultation Checklist Completed	*Yes*
Directions Required	*No*
Appendices	*a. TEC Framework*

1. Purpose of the Report

1.1. The purpose of this report is to bring the Technology Enabled Care (TEC) framework to the IJB.

2. Recommendations

2.1. It is recommended that the Integration Joint Board (IJB):

a) Note the Technology Enabled Care Framework as attached at Appendix A.

3. Summary of Key Information

3.1. The Aberdeen City Health and Social Care Partnership's Strategic Plan sets out to improve the health and wellbeing of our citizens. It recognises the challenges faced by our services including increasing demand for our services and challenges in relation to available financial resources and

workforce. It highlights that to manage these challenges we will need to do things differently, including seeking to change patterns of behaviour, planning and delivery across health and social care, to deliver more joined up, community-based models.

3.2. These new models will include the use of technology and digital solutions to help people remain healthy and well, and to assist in the delivery of care when people need support.

3.3. Technology Enabled Care (TEC) can be defined as:

"Where outcomes for individuals in home or community settings are improved through the application of technology as an integral part of quality cost-effective care and support."

National policy and strategy

3.4. A Digital Strategy for Scotland "Realising Scotland's full potential in a digital world" was published in March 2017. This document describes plans for ensuring that digital is at the heart of everything we do - in the way in which we deliver inclusive economic growth; reform our public services; prepare our children for the workplace of the future; and tackle inequalities and empower our communities.

3.5. In April 2018 "Scotland's Digital Health and Care Strategy" was published. This strategy sets out how we will work collaboratively to maximise the potential of technology to reshape and improve services, support person-centred care, and improve outcomes. The new Strategy sets out the key priorities in achieving that ambition, and our intended collaborative work in delivering those objectives.

3.6. To assist in the planning and prioritisation of the use and implementation of technology enabled care, a TEC Framework has been developed.

3.7. This framework identifies a tiered framework approach to cater for the fact that different types of need will require different types of intervention. The framework goes on to identify priorities for what needs to be done to move from what is currently in place, to our desired future state.

3.8. The TEC Framework is attached at Appendix A and will be used to guide our implementation of digital technologies and support bids for funding which may be available through a range of sources.

3.9. This framework, considered in conjunction with our Transformation Plan, Action 15 Plan and Primary Care Improvement Plan provide clarity around the prioritisation of a number of tangible activities which will contribute towards the delivery of our Reimagining Primary and Community Care Vision and Strategic Plan.

3.10. These tangible activities are currently at varying stages from implementation to business case development. In line with usual process, proposed Directions will be brought to IJB for approval supported by detailed business cases, and implementation progress and benefits realised will be reported through the Audit and Performance Systems Committee to provide assurance of progress.

4. Implications for IJB

4.1. Equalities

It is anticipated that the implementation of this framework will have a neutral to positive impact on the protected characteristics as protected by the Equality Act 2010. Technology enabled care will have a particularly positive impact for those with physical disabilities.

4.2. Fairer Scotland Duty

It is anticipated that the implementation of this framework will have a neutral to positive impact in regard to the Fairer Scotland Duty.

4.3. Financial

The delivery of the TEC framework will be supported through existing budgets, integration and change funding and applications to specific TEC grant funds as and when these become available.

4.4. Workforce

The framework will result in some changes to our workforce, including additional staff and new ways of working.

4.5. Legal

Where commissioning and procurement of services is required to implement the plans and framework, these will be progressed in a compliant manner.

4.6. Other

5. Links to ACHSCP Strategic Plan

5.1. These plans link to the following priorities as set out in our Strategic Plan:

- **Develop a consistent person centred approach that promotes and protects the human rights of every individual and which enable our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local community.**

  The TEC framework advocates supporting practitioners to thing digital in a person centred manner, utilising technology already familiar to the client where available.

- **Support and improve the health, wellbeing and quality of life of our local population.**

  The Technology Enabled Care framework has supporting health, wellbeing and quality of live at its core.

- **Promote and support self-management and independence for individuals for as long as reasonably possible.**

  The use of digital technologies can help people manage their conditions and stay independent for as long as 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.**

  Support in using digital technologies will help support unpaid carers, including during periods of need.

- **Contribute to a reduction in health inequalities and the inequalities in the wider social conditions that affect our health and wellbeing.**

  The marketing approach highlighted in the TEC framework (while recognising that not all community members will have or want access

to digital solutions), will be helpful and help to reduce inequalities that exist within the city.

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

  Support for our workforce, both existing and new is interwoven throughout this plan.

6. Management of Risk

6.1. Identified risks(s)

The risk of not having a TEC Framework in place may result in missed opportunities to attract investment in the city and potentially utilising existing available resources in a less efficient manner.

6.2. Link to risks on strategic or operational risk register:

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

6.3. How might the content of this report impact or mitigate these risks:

Ensuring that a TEC framework is in place could help attract investment in the city and ensure that services are delivered in an efficient manner.

Approvals	
[signature]	Sally Shaw (Interim Chief Officer)
[signature]	Alex Stephen (Chief Finance Officer)

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TEC in Aberdeen City

A framework to support technology and digital systems to be used to help people to keep well, to be independent and ensure they receive the right support at the right time when in need.

2018 - 2021

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Introduction

Aberdeen City Health and Social Care Partnership (ACHSCP) has been set up in response to the Public Bodies (Joint Working) (Scotland) Act 2014 and seeks to change patterns of behaviour, planning, and delivery across health and social care, in order to deliver more joined up, community based models.

These new models will include the use of technology to help people remain healthy and well, and to assist in the delivery of care when people who need support. Digital technology is key to transforming health and social care services so that care can become more person-centred[1]. The use of technology within our health and care systems is part of our modernising approach to working with people, communities and the professionals within our organisation, as described within the ACHSCP Transformation and Change Plan[2].

The partnership's vision for Primary and Community Care[3] presents a developing blueprint which identifies a changing relationship between people and health and social care systems. This vision includes widening the first point of access; effective triage; and transforming the way that people access information: in summary, improved, accessible support where needed.

This Technology Enabled Care Framework is for both the citizens of Aberdeen (including unpaid carers), and for our workforce and partners. It provides a supporting structure for how technology will be used for delivery of our transformation plan including implementing the vision for primary and community care.

The framework recognises that technology is a fast-moving field. **The framework does not seek to restrict what may be possible, but to create the environment for technology to be identified and used**, to:

- Help people maintain their own health and wellbeing, and help support their friends and families to live in a community setting for as long as possible
- Support professionals to carry out their roles effectively and efficiently
- Provide greater levels of support than would be possible through traditional means
- Manage challenges that present as a result of changes in our workforce
- Improve links between individuals and their communities and across communities with common areas of interest

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[1] Scotland's Digital Health and Care Strategy March 2018 http://www.gov.scot/Resource/0053/00534657.pdf

[2] The Aberdeen City Health and Social Care Partnership Transformation and Change Plan was considered by IJB on 30 January 2018: https://committees.aberdeencity.gov.uk/documents/s78853/5.1.%20Transformation_and_Change_Plan.pdf

[3] "Reimagining Primary and Community Care – a vision for Aberdeen" was considered by IJB on 30 January 2018: https://committees.aberdeencity.gov.uk/documents/s78859/8.1%20Primary%20Care%20Paper%20Final%20Draft%201.pdf

What is Technology Enabled Care (TEC)?

Technology Enabled Care, often shortened to TEC, can be defined as: *"where outcomes for individuals in home or community settings are improved through the application of technology as an integral part of quality cost-effective care and support."*[4]

Examples of TEC include:

- The internet and on-line apps for information, communication and learning
- Sensors fitted into homes to alert for danger
- Home health monitoring to support self-managing of conditions
- Equipment and adaptations which help people with disabilities to see, hear, move around and live independently.
- Video conferencing to allow professionals and people receiving care to converse remotely.

Why do we need TEC?

- To provide local, responsive information or support
- To help prevent illness and injury
- To help services and support become more flexible, responsive and effective
- To help us monitor how well services are working
- To help us design and introduce changes
- To help to ensure that services are efficient and affordable

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[4] Ref: Joint Improvement Team: Technology Enabled Care Programme

National Context:

Overarching policy and strategy

"Realising Scotland's full potential in a digital world": A Digital Strategy for Scotland[5] describes plans for ensuring that digital is at the heart of everything we do - in the way in which we deliver inclusive economic growth; reform our public services; prepare our children for the workplace of the future; and tackle inequalities and empower our communities.

The related: "Scotland's Digital Health and Care Strategy[6]" is due to be published in Spring 2018. Other relevant national documents include "A Connected Scotland: Tackling social isolation and loneliness and building stronger social connections[7]", and "TEC Supporting Citizens Connections Report 2016-17[8]"

Programmes

Work around TEC is underpinned through the National TEC Programme[9] – the overall aim of the TEC Programme is about significantly up-scaling tried and tested approaches across the following interlinked workstreams:

- Extending the use of home health monitoring
- Expanding use of video conferencing across all health and social care sectors, as well as growing its use for clinical/practitioner consultations
- Building on the emerging national digital platforms to enable direct access to advice and assistance
- Expanding the take up of Telecare with focus on prevention, points of transitions in care and dementia
- Exploring the scope and benefits of switching from analogue to digital

The Scottish Centre for Telehealth and Telecare[10] supports the development and expansion of technology enabled health and care services in Scotland. This involves working with industry, academia, local authorities, NHS Boards, health and social care partnerships, and third and independent sectors to develop recognised models for redesigning health and care services.

Joint National Delivery Plan[11]: A joint National Delivery Plan from the Scottish Government, CoSLA and NHS Scotland, this sets out the vision and direction for a Scotland in which the use of technology, playing an increasing role in our everyday lives, will be integrated into service development and delivery, transforming access to and availability of services in our homes and communities and more acute settings.

[5] http://www.gov.scot/Publications/2017/03/7843
[6] https://www.ideas.gov.scot/the-future-of-health-and-social-care-in-scotland/?sort_order=rated
[7] http://www.gov.scot/Publications/2018/01/2761
[8] http://www.ehealth.nhs.scot/wp-content/uploads/sites/7/2017/11/2017-11-22-TEC-Annual-Report.pdf
[9] http://www.jitscotland.org.uk/action-areas/telehealth-and-telecare/technology-enabled-care-programme/
[10] https://sctt.org.uk/
[11] http://www.gov.scot/Publications/2012/12/7791

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Local Context:

The Aberdeen City Health and Social Care Partnership Strategic Plan[12] sets out our vision as:

"We are a caring partnership, working together with our communities to enable people to achieve fulfilling, healthier lives and wellbeing"

To deliver this vision, we are developing locality planning and management structures to support a person-centred approach, recognising that our citizens are part of social systems and interconnected communities.

All of this is being done in the context of challenges around workforce and resources which are finite.

We have developed a transformation programme that sets key priorities and building blocks which will start to deliver our transformation plan.

IT, Infrastructure, Data Sharing, including TEC is one of the six "big tickets" within our transformation programme, as well as TEC being integral to delivering on many of our specific priority transformation projects, such as "Acute Care at Home".

Our capital programme (working with ACC and NHSG) provides further opportunities to deliver the TEC Framework across a number of buildings projects including linking into wider workstreams including the Elective Care Programme which will provide treatment and diagnostics in community hub settings.

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[12] https://www.aberdeencityhscp.scot/about-us/our-strategic-plan/

A Tiered Framework Approach

To support our TEC framework, a tiered approach has been developed, to illustrate the fact that different types of need will require different levels of intervention. Our TEC tiered framework consists of five levels:

- **Acute Care in the Community -** using technology to support the provision of acute care that otherwise would require to be provided in a hospital setting
- **Telecare and Smarter Homes** – using technology to enable people to remain at home independently
- **Enablement** – using technology to support people through the use of assistive technology[13] so that they are able to support themselves within their home environment, preventing further dependency on health and social care services.
- **Self Care and Self Management** – targeting citizens who have long term conditions, supporting a culture where people have a key role in choosing appropriate treatments and managing long term conditions
- **Wellbeing and prediction** – targeting the generally well community, supporting a culture where people recognise their own accountability and responsibility in protecting and maintaining their own health, and the health of their family members and friends.

Acute Care in the Community
Telecare and smarter homes
Enablement
Self Care & Self Management
Wellbeing & Prediction

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[13] Assistive technology is technology used by individuals with disabilities in order to perform functions that might otherwise be difficult or impossible. It includes mobility devices such as walkers and wheelchairs, as well as hardware, software, and peripherals that assist with accessing computers and other information technologies.

Examples of types of technology related to each TEC Framework tier:

Tier	Examples
Acute Care in the Community	•Dialysis •Robotics assisting clinicians •Digital diagnostics •Devices and systems to support remote clinical connectivity
Telecare & Smarter Homes	•Telecare home monitoring – movement sensors, gas monitors etc •Community Alarm •Falls, moisture & breathing mats
Enablement	•Medication Dispenser • GPS Tracking (Buddy System) •Simplified Devices / assistive technology
Self Care & Self Management	•Videos and information •Florence (a simple medication reminder service where an SMS text is sent to the patient according to schedule) •Digital Postcards
Wellbeing and Prediction	•Apps (Couch 2 5k etc.) •Internet •Wearable TEC (such as wrist based fitness monitor, BP monitor etc.)

Moving from Current to Future State

It is important to recognise that there are many examples of good work already in place in Aberdeen. Some of these are listed in the table below along with a description of how things may look in the future and three priority activities for each of the framework tiers.

	What are we currently doing	What will we do	Top 3 Priority Activities (for each framework tier)	Resource Requirements	Timescale
Wellbeing & Prediction	**Processes** Healthy Working Lives	**Processes** Processes for engaging with community wellbeing groups Work with schools, universities etc to pass on information and training	WP1: Improving access to free WIFI in areas of deprivation across the city	ACC digital city project	tbc
	Organisation	**Organisation** Support communities to support themselves through joined up cross partner working	WP2: Adoption and promotion of the new National Service Directory including Mapping exercise of opportunities in localities to improve signposting. NHS Grampian is one of 4 pilot sites	Project managed by NHS 24 £10k year 1 for initial input of data	Autumn 2018
	Technology Lifestyle monitoring	**Technology** Develop community links and other targeted apps to promote and encourage wellbeing and prediction. Consider providing a wellbeing technology rental service.			
	Information	**Information** Promote existing wellbeing opportunities such as park runs, boot camps, local jog scotland groups etc. Promote wellbeing apps and online information Signpost to digital wellbeing equipment	WP3: Develop plan for promotion of activities that can keep you well through social media and on-line	Digital Marketing & Development Officer	Year 1

	What are we currently doing	What will we do	Top 3 Priority Activities (for each framework tier)	Resource Requirements	Timescale
		Training/ education for citizens and workforce on TEC for wellbeing and prediction			
Self Care & Self Management	**Processes** Telecare assessment Signposting Educating and enabling	**Processes** Education and enablement mainstreamed	SCSM1:Patient/ staff information videos to be increased and made more accessible/ visable SCSM2:Florence projects, increase uptake form GP's SCSM3:TEC section on ACHSCP website/ social media	Video support est: £40,000. PM with operational input for BC (ex. Resources) Est. £5000 per year Digital Marketing &Development Officer/ BA	Year 2 Year 1 Year 2
	Organisation Highly trained service delivery staff	**Organisation** Streamlined sharing of information All staff trained to be aware of opportunities as they arise and empowered to make appropriate decisions			
	Technology Mainstream devices Self help websites and apps Wearable technology eHealth equipment My diabetes my way	**Technology** Integrated systems Analogue to digital Digital consultations Citizens able to manage their symptoms electronically			
	Information Information leaflets Information on-line Digital postcards Accurate information on referrals	**Information** Citizens able to access their record digitally Citizens able to access information digitally Information sources are verified.			
Enablement	**Processes** Enablement training programme	**Processes** Enablement approach becomes something that is business as usual	E1: Increase available information about telecare and telehealth. Improve on existing provision and promotion	Digital Marketing & Development Officer £40k per year (spend to save)	Year 1
	Organisation Response services Staff training	**Organisation** Cross sector training in using technology for enablement.			

	What are we currently doing	What will we do	Top 3 Priority Activities (for each framework tier)	Resource Requirements	Timescale
	Client training	TEC champions identified who have knowledge of TEC opportunities and how these may enhance service delivery Workforce (cross sector) has access to and uses digital technology in an integral manner to their business as usual operations	E2: Rolling education / training programme for staff (TEC champions). Link Workers as champions? So that staff work with patients own technology to support ongoing interventions.	BAC/ OD Facilitators, Digital M&D Officer	Year 1
	Technology Medication dispensers Falls detectors Buddi system – GPS monitoring Just Checking – lifestyle monitoring Digital postcards SMS Texting	**Technology** In home video monitoring Wearable and implanted devices Digital rental store Care home patient/ family interface monitoring	E3: Utilise existing GP data to identify patients with conditions that would benefit from technology.	Business Analyst (within existing resources)	Year 2
	Information Signposting to… Self help digital information	**Information** Online videos for occupational and physical therapy – for generic and personalised advice cascade/ equipment usage	E4: Implement in City practices and other appropriate settings improved digital infrastructure, and systems for promoting virtual consultation	Delivered in practices through Primary Care Digital Fund – being delivered cross Grampian.	Year 1
Telecare & Smarter Homes	**Processes** Clear processes for referrals Links with Regional Communication Centre established Battery testing regime and fault management in house	**Processes** Fully integrated processes including housing providers	TCSH1: "Think TEC" campaign TCSH2: Investigation and scoping of widely available technology such as Alexa and other domestic smart technologies. (Including	Digital Marketing & Development Officer, TEC Champions Business Analyst (existing resource)	Year 2 Year 2
	Organisation	**Organisation**			

	What are we currently doing	What will we do	Top 3 Priority Activities (for each framework tier)	Resource Requirements	Timescale
	Appropriate information is shared Good partnership working links are in place	All staff are engaged and feel ownership. Staff are aware of opportunities that exist. Staff think TEC and use TEC as a first option when considering how to support and care for clients.	scoping systems that technologies could fit into.) TCSH3: Develop plan to ensure our systems match the national road map and timeline for analogue to digital, and in line with available and developing infrastructure (influencing where required)	Business Analyst / Programme Manager (existing resource)/ Telecare Team	Year 2
	Technology Ongoing research and updating of new technology Analogue to digital testing is underway Support in specialist housing (lifestyle monitoring etc.)	**Technology** Move from analogue to digital Wifi is affordable and widely available Smart technology in all care homes Telecare sensors Maximise opportunities presented by domestic smart technologies in the home such as smart televisions, alexa type devices etc.			
	Information Leaflets Website (which website?) Demo area at Hillylands Presentations to partners on opportunities Posters	**Information** Communication via social media on opportunities Digital postcards Improved information sharing			
Acute Care in the Community	**Processes**	**Processes** Community/ home diagnostics testing prior to hospital appointments (i.e. bloods) Community investigations hub to support local testing and diagnostics	ACH1: NEWS Scoring roll out (Community nursing teams – Kit already bought) (Sepsis testing) Including scoping how this links into systems.	OD support for training. Additional kit for post-test roll out (kit for test of change has already been purchased.)	Year 1 – test Year 2 – roll out
	Organisation	**Organisation** Clinician as technology enablers Trained staff across all professions			

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	What are we currently doing	What will we do	Top 3 Priority Activities (for each framework tier)	Resource Requirements	Timescale
		Staff trained to undertake more investigations and diagnostics at home. Incorporate TEC education into undergraduate medical and NMHAP curricula.	ACH2: Expedited discharge (or avoiding admission) – using technology as part of discharge bundle. (Remote monitoring, video chat, technology as an adjunct to care provision, etc.)	Potential kit purchase, including devices and video connection technology	Year 2
	Technology Telemedicine – Attend Anywhere	**Technology** Diagnostics at home 24/7 Portable diagnostic and monitoring devices/ equipment Ability to transmit live (or near live) diagnostic results and vital signs monitoring. Mobile devices (phones, laptops, tablets)	ACH3: Digitising referral processes (e.g. GP referrals to Social Services)	Business Analyst (existing resource), Care Management/ OD training support.	Year 3
	Information	**Information** Information sharing systems in place Access to TrakCare hospital EPR and vital signs software. Information for service users and their families about what to expect Collection of data			

Note: In relation to existing resources required, it would be intended to source resources for delivery of these activities through relevant TEC funding streams available for bidding against nationally, where possible.

Cross Cutting Enabling Plan

There are a number of activities that have been identified that will be important for enabling the delivery of our priorities attached to each of our Framework tiers. These are set out in the table below:

Activity	Resource Requirements	Timescale Short: commence within 12 months Medium: commence within 3 years Long: commence within 5 years	Framework Tier Links
Communications and Engagement			
1. Develop range of instructional videos and active signposting for services such as occupational and physio therapy/ virtual falls classes etc. and make available through partnership website and social media.	New: use of studio and video editing capacity. Existing: existing website development capacity.	Short	Wellbeing and Prediction Enablement
2. Develop and implement annual programme of media broadcasts via local community radio and television, and social media, covering all aspects of TEC framework.	Staff time to develop plan, participate in media broadcasts, and deliver social media communications	Short	Telecare and Smarter homes
3. Develop and implement targeted annual engagement plan to promote and listen to ideas for TEC opportunities.	Staff time: to plan and undertake targeted engagements.	Medium	
4. Develop instructional videos and other media to promote devices and apps that are designed to help people keep themselves well and prevent poor health.	Staff time to research, and design and produce media.		
5. Extend and maximise opportunities for communication using existing technology such as Microsoft Teams and Attend	Staff time to implement and training. There should be efficiency savings due to more efficient use of time.	Medium	

Activity	Resource Requirements	Timescale Short: commence within 12 months Medium: commence within 3 years Long: commence within 5 years	Framework Tier Links
Anywhere to increase opportunities for effective and efficient communications		Medium	
Workforce 6. Identify TEC Champions across all sectors of the organisation.	Staff time: to identify champions and backfill for these champions to spread new ways of working across their peers.	Short	Self Care and Self Management Enablement
7. Integrated training to support wider partnership workforce to think TEC and use TEC as a first option when considering how to support and care for clients, and in guiding citizens and their communities to maintain their own wellbeing.	Staff time: to develop integrated training opportunities, and to participate in training/ induction programmes.	Medium	Telecare and Smarter Homes Acute Care @ Home
Personalisation 8. Service practitioners to utilise video to provide personalised instruction reminder videos for clients (such as physio/ OT)	Devices for practitioners (link to IT transformation workstream)	Medium	Self Care and Self Management Enablement
9. Citizens able to access and input into own medical records.	National once for Scotland project	Medium	
Technology 10. Develop targeted apps/ online information tools to help people remain well: • Link App/ National Service Directory • Choose Life App	Staff time to develop brief for resource/ input local requirements into wider projects. Resource to commission bespoke solutions.	Short Medium	Wellbeing and Prediction Self Care and Self Management

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Activity	Resource Requirements	Timescale Short: commence within 12 months Medium: commence within 3 years Long: commence within 5 years	Framework Tier Links
• Adult Support and Protection App	Staff time to scope and evaluate options.		Enablement
11. Scope potential for wellbeing technology rental provision	Resources requirements relate to purchase of devices, staff and client training.	Medium	Telecare and Smarter Homes
12. Continuous improvement and embedding of existing technology: move existing technology provision from analogue to digital; publicly available wifi etc	Staff training, resource for equipment.	Medium	Acute Care @ Home
13. Implement in an agile way new technology that supports people to remain at home or in a community setting. Including: video consultations	Resource for equipment, planning time and communication and engagement	Medium	
14. Technology available in local communities to support citizens to monitor their own wellbeing and receive advice.	Resource for equipment.	Medium	
15. Mobile diagnostic technology available for use by healthcare professionals to prevent requirement for citizens to attend acute sector premises.	Resource for equipment	Medium	
16. Mobile devices for staff.	Resource for equipment	Medium	
Planning/ Processes			Wellbeing and Prediction
17. Integrated cross partner planning in the development of new homes, communities, amenities etc.	Staff time to communicate and plan with range of relevant partners.	Medium	

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Activity	Resource Requirements	Timescale Short: commence within 12 months Medium: commence within 3 years Long: commence within 5 years	Framework Tier Links
18. Effective information sharing systems in place	Links to national once for Scotland programmes. Resource required to digitise existing non-digital information.	Medium	Self Care and Self Management Enablement Telecare and Smarter Homes Acute Care @ Home
<u>Digital Inclusion</u> 19. Work with range of partners to support digital inclusion (1 in 5 people lack basic digital skills, 1 in 12 have never been online) including: • Building the capacity of all citizens to be able to access information digitally • Social prescribing to digital skills training • Improving access to devices and digital skills training# • Free public wifi	Greater use of digital will reduce costs involved in providing services and information. It can also help ensure better adherence to medicines and treatments which may reduce longer term resource requirements. Resources required – range of partners including libraries, CLD, independent, third sector, commercial organisations, specialist digital inclusion partners		Wellbeing and Prediction Self Care and Self Management Enablement Telecare and Smarter Homes

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How will we know if this TEC framework is effective?

Evaluation of the TEC framework will take a multi-phased approach. First, individual activities from the implementation plan will be mapped against the corresponding tier within the framework to structure the reporting of progress. Second, implementation activities will be iteratively refined to ensure that quantifiable metrics can be derived to demonstrate the extent of delivery. Third, activities will be assigned a code to determine the complexity of analysis necessary to determine impact. The below table highlights the multiple levels of complexity that could potentially be utilised:

Implementation activity	Base-level evaluation (binary)	Step-up evaluation (descriptive)	Complex evaluation (impact)
"Citizens able to access and input into own medical records"	-Yes -No	-No. of citizens accessing records -Information citizens are accessing -Information citizens are inputting	-Improved knowledge of health -Perceived health self-management

Less complex **Complexity** *More complex*

Low impact **Impact**

Low capacity **Required capacity** *High capacity*

Due to the complexity of the workstreams within this framework, the evaluation is likely to utilise a combination of the above to demonstrate impact. Within each tier of the framework, detailed case studies will be identified from which to illustrate the impact of specific projects, whilst a blend of descriptive-level and binary-level evaluation activities will compliment these to provide an overall understanding of implementation across tiers. The degree of evaluation conducted across each implementation activity will be determined by whether the activity predominantly provides proximal or distal impacts in relation to supporting and maintaining wellbeing and independence of individuals. Once established by the project team, the appropriate monitoring mechanisms will be developed to ensure accountability and the appropriate collating and reporting of activities to determine progress.

To reference:

Digital Health and Care in Scotland –Report of the Expert Panel

http://www.gov.scot/Resource/0053/00534667.pdf

Digital Participation Charter

https://digitalparticipation.scot/sign-up

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Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	28.08.2018
Report Title	Finance Update as at end June 2018
Report Number	HSCP.18.044.
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author Details	Gillian Parkin (Finance Manager) Jimmie Dickie (Finance Business Partner)
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	a) Finance Update as at end June 2018 b) Summary of risks and mitigating action c) Sources of Transformational Funding d) Progress in implementation of savings - June 2018 e) Virements

1. Purpose of the Report

i) To summarise the current year revenue budget performance for the services within the remit of the Integration Joint Board as at Period 3 (end of June 2018);

ii) To advise on any areas of risk and management action relating to the revenue budget performance of the Integration Joint Board (IJB) services.

iii) To request approval of budget virements so that budgets are more closely aligned to anticipated income and expenditure (see Appendix E).

INTEGRATION JOINT BOARD

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

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

b) Approves the budget virements indicated in Appendix E.

3. Summary of Key Information

Reported position for period to end June 2018

3.1. An adverse position of £323,000 is reported for the three month period to the end of June 2018 as shown in Appendix A. A forecasted year-end position has been prepared based on month 3 results. This has resulted in a projected overspend of £884,000 on mainstream budgets. The main areas of overspend are Learning disabilities, Mental Health and Addiction, Aberdeen City share of hosted services (health) and Older People.

3.2. The extended IJB Executive Team have been working hard to bring this budget back into balance after early indications that there would be an overspend forecast for this first three months of the financial year. In order to achieve this several assumptions have been made in the forecast and the following activity has been undertaken to reduce the month 3 projections:

INTEGRATION JOINT BOARD

A review of base budgets against last years outturn position	£260,000
An audit of CareFirst to determine the accuracy of the information contained for residential clients	£410,000
A review of expenditure on the transformation dashboard to determine whether it was achievable and whether alternative funding sources could be used	£335,000
An estimation on additional income likely to be received during the financial year	£200,000
The funding of primary care expenditure from the primary care reserve held by the IJB	£406,000
Further vacancy management savings due to vacancies at the executive team and other management posts	£300,000
	£1,911,000

Please note some of these adjustments identified above are one-offs and whilst they still help to manage the financial position in the short term, work is required to determine what the impact of these adjustments will be on the 2019/20 budget position.

3.3. At the start of the financial year the Integration Joint Board had £8,306,965 held in the IJB Reserves

	£	£
	31 March 2018	1 April 2018
Risk Fund	£2,250,000	£2,500,000
Primary Care Reserve (Previous unspent primary care funding)	£2,639,806	£1,990,000
Integration and Change Funding	£3,417,159	£3,816,965
	£8,306,965	£8,306,965

INTEGRATION JOINT BOARD

The 31 March 2018 figures reflect what was reported in the final accounts. The 1 April 2018 figures reflect the adjustments required to the reserves to align with the Medium Term Financial Strategy. The primary care reserve holds the transformation monies received during 2017/18 and following a review of these funds it is recommended that the IJB reduce the amount earmarked by £649,000. This reserve does not include the funding to be used for the primary care improvement fund which is currently being accounted for in the Integration and Change Fund line on the budget monitoring as being full spent in 2018/19. Any funding not spent on the Primary Care Improvement Plan (PCIP) will need to be carry forward and ring fenced in a separate earmarked reserve.

3.4. Assuming the IJB agrees to make the transfer of the reserves as noted in paragraph 3.3 and taking account of the financial position to the end of June, then the forecast reserve position at the end of financial year is as follows:

	£	£
	01 April 2018	30 June 2018
Risk Fund	£2,500,000	£2,500,000
Primary Care Reserve (Previous unspent primary care funding)	£1,990,000	£1,584,000
Integration and Change Funding	£3,816,965	£1,163,965
	£8,306,965	£5,247,965

The position highlighted above closely aligns with the Medium Term Financial Strategy, where it was intended the level of reserves would be reduced in 2018/19 to fund the transformation programme.

3.5. An analysis of variances is detailed below:

Community Health Services (Year to date variance - £39,000 underspend)

Major Movements:

£94,000	Across non-pay budgets
£23,000	Under recovery on income
(£156,000)	Staff Costs

Within this expenditure category there is an underspend on staff costs mainly relating to inability to recruit within dental services. This is currently being offset with an overspend on administration non-pay costs and an under recovery of income on the Local Authority Speech and Language Therapy Service Level Agreement due to vacancies.

Hosted Services (Year to date variance £114,000 overspend)

The main areas of overspend are as follows:

Intermediate Care £49,000 relates to 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.

Police Forensic Service £41,000 as there has been a legacy under funding issue with this budget, although the forecast for the financial year assumes additional funding from NHS Grampian to offset this pressure.

Grampian Medical Emergency Department (GMED) £34,000 relates mainly to pay costs and the move to provide a safer more reliable service which has been a greater uptake of shifts across the service. Non-pay overspend due to repair costs not covered by insurance, a budget undervalue on software and hardware support costs, increased usage of medical surgical supplies and an increase in drug costs. Additional funding has been received from the Scottish Government for out of hours and this has been provisionally allocated against this budget.

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.

INTEGRATION JOINT BOARD

Learning Disabilities (Year to date variance - £156,000 overspend)

Major Movements:

£103,000	Expenditure on needs led care services
£78,000	Under-recovery customer and client receipts

Expenditure on needs led care services will be closely monitored and adjusted for any changes from service reviews. The under-recovery in client and customer receipts is mainly on residential and nursing care. Income levels will be investigated as part of a service review which is starting early in August.

Mental Health & Addictions (Year to date variance - £46,000 overspend).

Major Movements:

£108,000	Expenditure on commissioned services
(£46,000)	Income Customer and Client Receipts

The overspend on commissioned services is mainly due to increased expenditure on residential services partly offset by increased client contribution.

Older People & Physical and Sensory Disabilities (Year to date variance - £127,000 overspend)

Major Movements:

£68,000	Staffing
£53,000	Under-recovery client contributions

The overspend on staffing is on care management and hospital teams and reflects retention of staff which means vacancy savings are not anticipated to be achieved. A review of the financial assessment process is being undertaken to produce efficiencies and maximise income. Spend on commissioned services is being closely monitored too. At present the forecast level of spend will be close to budget at the year end, however it will be closely monitored as the number of referrals to

the free nursing care panel has increased and the market may be able to deliver more home care than at present.

Directorate £155,000 under-spend

(£108,000)	Under-spend commissioned services
(£33,000)	Underspend on staff costs

The underspend on commissioned services is on funds set aside for the implementation of the Carers Strategy.

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

As actual information is received two months in arrears from the Information Services Division this position is based on actuals for April 2018 with an estimation of spend for May and June. At present it appears the budgeted level of spend will be close to the forecast at the end of the financial year, however, as has been shown previously spend on this budget line can move by material amounts between the months based on factors largely out with the control of the IJB.

Primary Care Services (Year to date variance - £29,000 overspend)

The position within Primary Care Services represents the impact of the revision of the Global Sum (based on practice registered patient numbers) payments for 2018/19 including protected element now being paid assumed to be offset by revised allocation yet to be received from Scottish Government as part of the new GMS contract.

The premises position continues with an overspend which will include any rental increases impacting on 2018/19 confirmed as a result of rent reviews. The forecast to the end of the financial year is breakeven as it should be possible to reduce this overspend over the next few months.

Out of Area Treatments (Year to date variance - £16,000 overspend)

The reported overspend reflects that the number of patients receiving care outside of the Grampian area continues to be higher than budgeted with a projected overspend for year-end of £58,000 on known patients to date. A review is being undertaken to determine how best to manage this budget and financial pressure in future.

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4. Implications for IJB

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.

Key underlying assumptions and risks concerning the forecast outturn figures are set out within Appendix B. Appendix D monitors the savings agreed by the IJB.

4.1. Equalities – none identified.

4.2. Fairer Scotland Duty – none identified.

4.3. Financial – contained throughout the report.

4.4. Workforce – none identified.

4.5. Legal – none identified.

4.6. Other.

5. Links to ACHSCP Strategic Plan

5.1. A balanced budget and the medium financial strategy are a key component of delivery of the strategic plan and the ambitions included in this document.

6. Management of Risk

6.1. Identified risks(s)

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

6.2. Link to risks on strategic or operational risk register: Strategic Risk #2

6.3. How might the content of this report impact or mitigate these risks:

INTEGRATION JOINT BOARD

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.

Approvals	
[signature]	Sally Shaw (Interim Chief Officer)
[signature]	Alex Stephen (Chief Finance Officer)

Appendix A: Finance Update as at end June 2018

Accounting Period 3	Full Year Revised Budget £'000	Period Budget £'000	Period Actual £'000	Period Variance £'000	Variance Percent %	Year end Forecast at Month 3 £'000
Community Health Services	32,399	7,457	7,419	(39)	-0.52%	(614)
Aberdeen City share of Hosted Services (health)	20,952	5,222	5,336	114	2.18%	296
Learning Disabilities	31,790	7,948	8,103	156	1.96%	750
Mental Health and Addictions	20,670	5,135	5,180	46	0.89%	402
Older People & Physical and Sensory Disabilities	73,195	18,299	18,426	127	0.70%	244
Directorate	7	2	(153)	(155)	-7750%	(227)
Criminal Justice	93	19	5	(14)	-73.68%	(25)
Housing	1,861	465	509	44	9.46%	0
Primary Care Prescribing	41,565	10,436	10,434	(1)	-0.01%	0
Primary Care	37,128	9,245	9,274	29	0.32%	0
Out of Area Treatments	1,517	379	395	16	4.1%	58
Set Aside Budget	40,509	10,127	10,127	0	0%	0
Integration and Change (Transformation)	3,885	1,325	1,325	0	0%	2,175
Approved transfers from reserves						(3,059)
Sub total: Mainstream position	**305,571**	**76,057**	**76,379**	**323**		**(0)**

Appendix B: Summary of risks and mitigating action

	Risks	Mitigating Actions
Community Health Services	Balanced financial position is dependent on vacancy levels.	• Monitor levels of staffing in post compared to full budget establishment. • A vacancy management process has been created which will highlight recurring staffing issues to senior staff.
Hosted Services	There is the potential of increased activity in the activity-led Forensic Service. There is the risk of high levels of use of expensive locums for intermediate care, which can put pressure on hosted service budgets.	• Work is being undertaken at a senior level to consider future service provision and how the costs of this can be minimised. • Substantive posts have recently been advertised which might reduce some of this additional spend.

	Risks	Mitigating Actions
Learning Disabilities	There is a risk of fluctuations in the learning disabilities budget as a result of: • expensive support packages may be implemented. • Any increase in provider rates for specialist services. • Any change in vacancy levels (as the current underspend is dependent on these).	• Review packages to consider whether they are still meeting the needs of the clients. • All learning disability packages are going for peer review at the weekly resource allocation panel
Mental Health and Addictions	Increase in activity in needs led service. Potential complex needs packages being discharged from hospital. Increase in consultant vacancies resulting in inability to recruit which would increase the locum usage. Average consultant costs £12,000 per month average locum £30,000 per month.	• Work has been undertaken to review levels through using Carefirst. • Review potential delayed discharge complex needs and develop tailored services. • A review of locum spend has highlighted issues with process and been addressed, which has resulted in a much improved projected outturn.
Older people services incl. physical disability	There is a risk that staffing levels change which would have an impact on the balanced financial position.	• Monitor levels of staffing in post compared to full budget establishment. • A vacancy management process has been created which will highlight recurring staffing issues to senior staff.

	Risks	Mitigating Actions
	There is the risk of an increase in activity in needs led service, which would also impact the financial position.	• Review packages to consider whether they are still meeting the needs of the clients. • An audit of Carefirst residential packages established that £500k of packages should be closed. These findings were combined with a review of previous years accruals to determine how much the residential care spend should be reduced which also resulted in a favourable reduction in projected spend
Prescribing	There is a risk of increased prescribing costs as this budget is impacted by volume and price factors, such as the increase in drug prices due to short supply. As both of which are forecast on basis of available date and evidence at start of each year by the Grampian Medicines Management Group	• Monitoring of price and volume variances from forecast. • Review of prescribing patterns across General Practices and follow up on outliers. • Implementation of support tools – Scriptswitch, Scottish Therapeutic Utility. • Poly pharmacy and repeat prescription reviews to reduce wastage and monitor patient outcomes.
Out of Area Treatments	There is a risk of an increase in number of Aberdeen City patients requiring complex care from providers located outwith the Grampian Area, which would impact this budget.	• Review process for approving this spend.

Appendix C: Sources of Transformational funding

	2018/19 £m	2017/18 c/fwd £m	Total
Integrated Care Fund	3.75	1.59	5.34
Delayed Discharge Fund	1.13	1.10	2.22
Mental Health Access		0.18	0.18
Mental Health Fund		0.28	0.28
Primary Care Pharmacy	0.30	0.39	0.69
Social Care Transformation Funding	13.36	3.13	16.49
Primary Care Transformation		0.30	0.30
Primary Care Improvement Fund	1.05		1.05
Action 15 Mental Health Strategy	0.30		0.30
OOH GMED funding	0.20		0.20
Transforming Urgent Care		0.54	0.54
Keep Well/Public Health		0.16	0.16
Carers Information Strategy		0.16	0.16
Mental Health Innovation		0.02	0.02
6EA Unscheduled Care		0.11	0.11
Winter funding		0.26	0.26
Health Visiting funding	0.09	0.09	0.19
	20.17	8.31	28.48
Adjust for social care budget transfer	(12.66)		(12.66)
Adjust for Health Care Budget Transfer	(4.21)		(4.21)
Adjust for GMED OOH Funding	(0.20)		(0.20)
Adjust for additional Scottish Government Funding	0.78		0.78
Funding available for IJB commitment	3.88	8.31	12.19

NHS
Grampian

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Appendix D: Progress in implementation of savings – June 2018

Area	Agreed Target	Status	Action	Responsible Officer
Review processes and ensure these are streamlined and efficient	(250)		Financial Processes • Continuing to investigate the use of portal allowing the upload of required documents electronically (by staff or supported individuals) – decisions around the future of Care First (or upgrade to Eclipse) or move to another supplier will impact on this. Pre-paid Card • Small working group adapted the paperwork Aberdeenshire used when running their own mini-competition to appoint a pre-paid care provider. Meeting held on 4/5/18 to agree main document which identified additional work required. Three additional appendices have been worked up to complete procurement pack. This work is due to be reviewed at a meeting on 1/8/18 with a view to being finalised by mid-August. • The review of specification will allow a final decision on whether we should progress procurement through mini-competition or direct award under existing frameworks.	M. Allan

Area	Agreed Target	Status	Action	Responsible Officer
			• Meeting scheduled for mid-August to review and sign off all process and documentation. • Communications for staff and service users has been drafted based on similar work in other LA areas, depends on procurement process being finalised – will be signed off at mid-July meeting also. Awaiting agreement of competition dates to commence recruitment of Finance Officer role to support implementation of cards. Asked to consider individuals placed on ACC redeployment register in first instance (which may shorten recruitment timelines) – HR currently advise this will now be available early August.	
Review of out of hours services	(400)		At an initial meeting of the Shortlife Working Group it was agreed to split the work into two areas. The first was to review Sleepovers. Once this was completed we would have a clearer understanding of the requirements for the Responder Service and work on that could then begin. The review would need to begin asap. A saving target of £400,000 has been allocated for financial year 2018/19 and whilst some alternative arrangements have already been identified as part of the transfer of service provision at Donald Dewar Court further work needs to be undertaken as soon as possible.	A. Macleod

Area	Agreed Target	Status	Action	Responsible Officer
Review of Out of Area Commissioning	(250)		**Workstream 1 - Streamlining of Processes and procedures for OOA Placements** *(updating of forms/guidance/flowcharts of processes*). The group have now met on 4 occasions with guidance flowcharts in final form. The group now have a clear spreadsheet of all out of area placements and associated costs. Review positions are now being sought for all Health Out of Area placements on a quarterly basis. **Workstream 2 - Learning Disabilities Cohort** – (*To check current information is correct; to benchmark with other models/areas; and review current placements and merging and existing local complex care packages with consideration of potential local alternatives)*. Identified and profiled all existing out of area placements and current /emerging locally delivered complex/intensive care packages. Aberdeenshire colleagues have undertaken same exercise. Now preparing case pen pictures with a view to determining potential cohorts of clients/needs. Joint meeting currently being organised to take place in late August with Aberdeenshire Colleagues. **Workstream 3 – Alcohol, Detox & Chronic/Long Term Alcoholism** – *to check current information is correct, to benchmark with other models/areas; and consider potential local alternatives*. This workstream group met in early June to review information around in-patient detox services. Group to undertake a case review of the last 10 admissions to identify whether their needs could be	A. Stephen

Area	Agreed Target	Status	Action	Responsible Officer
			met elsewhere. Group reviewing Service Agreement arrangement and reporting outcomes. Group to meet at the end of August to look at further options for alternative service provision.	
Medicines Management	(200)		• Community Pharmacy operationalising (Grampian Primary Care Prescribing Group) GPCPG report recommendations. • Work commenced on tracking and reporting on impact of GPCPG recommendations. • Development of an Oral Nutrition Supplements Business Case, which is projected to deliver savings and constrain future demand.	S. Lynch

Appendix D: Budget Reconciliation

	£	£
ACC per full council:		86,855,213
NHS per letter from Director of Finance:		
Budget NHS per letter	215,579,519	
Agenda for Change Still to be Received	804,000	216,383,519
		303,238,732
New Monies Received:		
Scottish Government	1,524,383	
NHS Adjustments	832,722	2,357,105
Reserves:		
Carry Forward Brought Down NHS	1,099,882	
Carry Forward still to be brought down NHS	4,077,083	
Carry Forward brought down ACC	3,130,000	8,306,965
		313,902,802
Funding Assumptions:		
Less: Reserves		(8,306,965)
Still to be received - Agenda for Change		(804,000)
New Funding PCIP\Action 15 = 30%		779,000
		305,570,837

NHS Grampian

Appendix E: Virements

Health 1-3	
Nursing Immunisation (Scottish Government Allocation)	158,525
Nursing Resource Group (Health Visitors)	6,514
Waiting Times provision (Scottish Government Allocation)	5,843
ECCF (Early Clinical Careers Fellowship – NES Funded)	2,841
Shingles Primary Care Allocation £ for £ Scottish Government Allocation	1,475
OOH funding (New Scottish Government Allocation	196,001
NHSG core uplift (Contribution from NHSG)	2,042,000
Action 15 (New Scottish Government Allocation)	301,842
PCIF funding (New Scottish Government Allocation)	1,045,000
Pharmacy funding (New Scottish Government Allocation)	299,941
Rotavirus (Primary Care Allocation £ for £ Scottish Government Allocation)	5,700
Men B (Primary Care Allocation £ for £ Scottish Government Allocation)	14,176
Des Antic Alloc (Primary Care) (Scottish Government Allocation (Non Recurring) for Extended Hours and Palliative Care)	610,082
Total Virements	4,689,940

Social Care 1-3	
Directorate (Separation of Net Invoice income from other NHS Income)	(782,702)
Transformation (Separation of Net Invoice income from other NHS Income)	782,702
Older People (Delayed discharge NHS funding to transformation)	441,532
Transformation (Delayed discharge funding now grouped with other income transfers)	(441,532)
Transformation (Separation of Resource Transfer from other NHS income)	17,641,920
Resource Transfer (Separation of Resource Transfer from other NHS income)	(17,641,920)
Transformation (Separation of Transformation cashflow from other NHS income streams)	13,364,000
Transformation cashflow (Separation of Transformation cashflow from other NHS income streams)	(13,364,000)
Transformation (Separation of Transformation Dashboard from other income streams)	(695,596)
Transformation dashboard (Separation of Transformation Dashboard from other income streams)	695,596
Directorate (Growth & Price Inflation contingency for commissioned services redistribution)	(1,058,085)
Learning Disability (Growth & Price Inflation contingency for commissioned services redistribution)	439,633
Mental Health (Growth & Price Inflation contingency for commissioned services redistribution)	59,091
Older People (Growth & Price Inflation contingency for commissioned services redistribution)	559,361
Learning Disability (Transfer payments virement from OP)	158,000
Older People (Transfer payments virement from OP to LD)	(424,000)
Learning Disability (Virement from OP to Staffing for complex care packages)	166,000
Learning Disability (Commissioned services virement from OP)	462,000
Older People (Commissioned services)	(362,000)
Total Virements	0

Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	28th August 2018
Report Title	Local Guidelines on the Waiving of Charges for Services to Carers
Report Number	HSCP.18.054
Lead Officer	Sally Shaw, Interim Chief Officer
Report Author Details	*Name:* Alison MacLeod *Job Title:* Lead Strategy and Performance Manager *Email Address:* alimacleod@aberdeencity.gov.uk *Phone Number:* 01224 655746
Consultation Checklist Completed	*Yes*
Directions Required	*No*
Appendices	*a.* Local Guidelines on the Waiving of Charges for Services to Carers

1. Purpose of the Report

1.1. The purpose of this report is to seek the IJB's approval of the Local Guidelines on the Waiving of Charges for Services to Carers. Following IJB approval, the guidelines will be published for the information of carers and for use by staff.

2. Recommendations

2.1. It is recommended that the Integration Joint Board approve the Local Guidelines on the Waiving of Charges for Services to Carers.

3. Summary of Key Information

3.1. 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.

3.2. On 27th March 2018 the IJB approved the Aberdeen City Carers Strategy and on 22nd May 2018 the IJB approved the Adult Carer Support Planning and Eligibility Criteria for Carers, both of which are a requirement of the 2016 Act.

3.3. The Carers (Waiving of Charges for Support) (Scotland) Amendment Regulations 2018 came into effect on 1st April 2018 as a result of the 2016 Act. Regulation 2 of these requires Aberdeen City Health and Social Care Partnership to waive charges for services provided to carers under section 24 of the 2016 Act. Section 24 of the 2016 Act applies where a carer has identified personal needs/outcomes, which cannot be met by services or assistance provided to the cared-for person or by those services that are already provided generally.

3.4. In preparation for the 2016 Act and the subsequent Regulations, Statutory Guidance was provided in December 2017. Part 3, Chapter 3 of this guidance covers the Waiving of Charges and Replacement Care.

3.5. At its meeting on 27th March 2018 the IJB were advised that, although the statutory guidance was clear, there were concerns across Scotland as to the how this would be implemented locally particularly in relation to existing arrangements where respite, or replacement care was already being provided. The concern was so great that a national group had been set up to consider the implications and report its findings to the wider Carers Leads Network.

3.6. It is important that as an IJB and a partnership we get Waiving of Charges for Carers right, in order that we not only fulfil our legal obligations but also that we consider the needs of carers consistently and equitably.

3.7. As a result of the discussion at the March meeting, the IJB requested 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.

3.8. The draft Local Guidelines on the Waiving of Charges for Services to Carers for approval are attached as an appendix to this report.

3.9. These guidelines were developed with cognisance to the 2016 Act, the 2018 Regulations, the Statutory Guidance and the guidance provided by the national group. To date, guidance from the national group has been limited as they are continuing to meet and consider new case studies as they arise.

3.10. Consultation has also been undertaken with the national Carers Leads Network, Aberdeen City Legal Services, and the Carers Strategy Steering Group including the IJB Carers representatives and the local Carers Support commissioned service.

4. Implications for IJB

4.1. **Equalities -** the waiving of charges is a requirement of the 2016 Act. Charges are waived for all carers regardless of their equality status. An Equality and Human Rights Impact Assessment (EHRIA) was completed for the Carers Strategy which showed no negative impact. It is considered that an EHRIA is not required for this local guidance.

4.2. **Fairer Scotland –** the recommendations in this report have no direct implications on the Fairer Scotland Duty. All carers are treated equally dependant on need and eligibility and the waiving of charges is intended to reduce the financial burden on unpaid carers undertaking their caring role.

4.3. **Financial -** currently a nominal charge of £10 per night is made for Respite. This currently brings in an annual income of around £156,000. If all of this respite is deemed to be replacement care to meet the identified personal and eligible needs/outcomes of carers then there is the potential for this income stream to reduce to nil. In addition, if there is increased demand either for replacement care or for other services for carers for which no charge can be made, there could be an increased financial burden on the IJB budget although, as yet, this is unquantifiable. Total funding of £725,000 was received for 2018/19 for the implementation of the Carers Act. £150,000 was allocated to Aberdeen City Council Integrated Children's Services for supporting Young Carers leaving a balance of £575,00o for use in supporting Adult Carers. It is proposed that £156,000 is ring-fenced held this funding to offset the impact of this potential lost income and any additional costs resulting from the waiving of charges for services to carers.

4.4. **Workforce -** the local guidance will assist the workforce in their decision making and bring consistency and equity to the decisions made around waiving of charges for services provided to carers.

4.5. **Legal -** were we not to implement the waiving of charges for services provided to carers we are at risk of not meeting our legal obligations under the 2016 Act which would disadvantage carers and cared for people.

4.6. **Other –** none.

5. Links to ACHSCP Strategic Plan

5.1 This report links to strategic priority 4 in the Strategic Plan i.e. “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.”

6. Management of Risk

6.1. Identified risks(s)

There is a risk that if we do not have local guidelines for the waiving of charges, there is the opportunity that the IJB could be in breach of the 2016 Act, that waiving of charges could be implemented inconsistently and that carers and cared for people could be disadvantaged.

6.2. Link to risks on strategic or operational risk register:

These local guidelines are linked to Risk 5 on the Strategic Risk Register *“There is a risk that the IJB, and the services that it directs and has operational oversight, of fail to meet performance standards or outcomes as set by regulatory bodies.”*

6.3. How might the content of this report impact or mitigate these risks:

Approval of the Local Guidelines on the Waiving of Charges for Services to Carers will ensure that the workforce have guidance on which to base their decision making. This should ensure a compliant, consistent and informed approach to the waiving of charges to carers.

INTEGRATION JOINT BOARD

Approvals	
[signature]	Sally Shaw (Interim Chief Officer)
[signature]	Alex Stephen (Chief Finance Officer)

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Aberdeen City Health & Social Care Partnership

Local Guidelines on the Waiving of Charges for Services to Carers

August 2018

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

Please contact the Aberdeen City Health & Social Care Partnership on 01224 625729

For help with language / interpreting and other formats of communication support, please contact 01224 522856/522047

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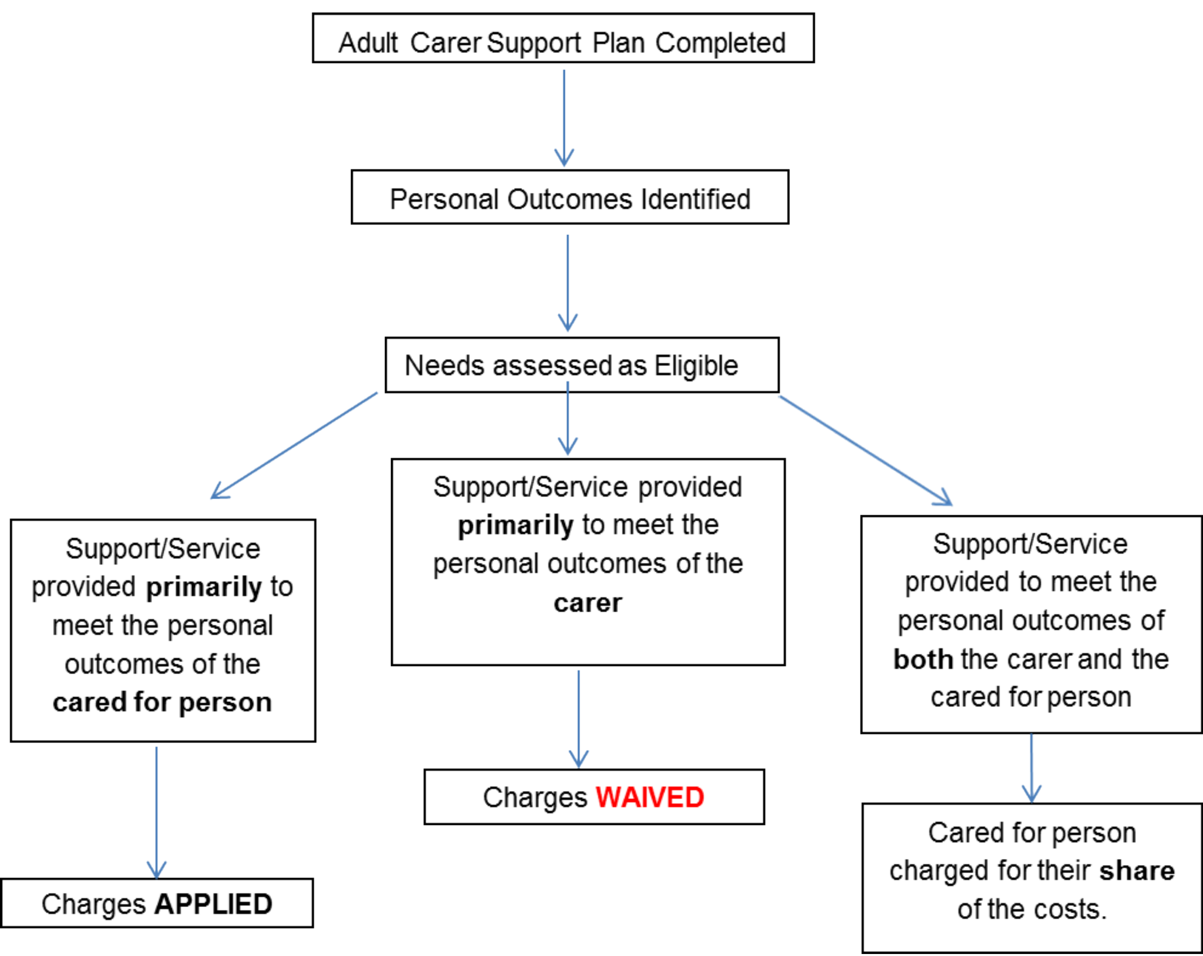
Introduction

Charges for support to carers must be waived whereas support to cared-for people may be charged for. It is therefore necessary to establish whether support is being provided to the carer or the cared-for person in order to establish whether it may be chargeable. This is particularly relevant in relation to providing replacement care.

The following guidance is designed to assist a consistent approach to decision making when it comes to determining whether charges can be applied to support provided. The guidance covers the legislative basis for waiving of charges; when charges should be waived and when they should be applied; the particular considerations around replacement care; and what happens with current care arrangements. A glossary of terms used in the guidance is provided at the end.

Before a decision can be made as to whether charges can be waived or not, a carer must first have their personal outcomes identified and their needs assessed using the Eligibility Criteria. Personal Outcomes can only be identified by completing an Adult Carer Support Plan (ACSP). Aberdeen City Health and Social Care Partnership (ACHSCP) published Adult Carers Support Planning and Eligibility Criteria for Carers in May 2018 and this is available on the partnerships website using the following link:- https://www.aberdeencityhscp.scot/globalassets/eligibility-criteria-for-carers-achscp-april-2018.pdf This should be read in conjunction with these guidelines.

Process Flowchart for Waiving of Charges



Legislative Background

The Carers (Waiving of Charges for Support) (Scotland) Amendment Regulations 2018 came into effect on 1st April 2018 as a result of the introduction of the Carers (Scotland) Act 2016 (the 2016 Act) on the same date.

Regulation 2 of these Regulations requires Aberdeen City Health and Social Care Partnership to waive charges for services provided to carers under section 24 of the 2016 Act. Section 24 of the 2016 Act applies where a carer has identified personal needs/outcomes, which cannot be met by services or assistance provided to the cared-for person or by those services that are already provided generally.

ACHSCP must also determine whether any of the carers needs are eligible needs. A carer's eligible needs are the carer's identified needs which meet the local eligibility criteria. Aberdeen City Health and Social Care Partnership (ACHSCP) published Adult Carers Support Planning and Eligibility Criteria for Carers in May 2018 and this is available on the partnerships website using the following link:- https://www.aberdeencityhscp.scot/globalassets/eligibility-criteria-for-carers-achscp-april-2018.pdf This should be read in conjunction with these guidelines.

Charging or Waiving

Support to cared-for people may be charged for. At present this is determined by our Charging Policy.

It is necessary to establish whether support is being provided to meet the identified needs/personal outcomes of the carer or the identified needs/personal outcomes of the cared-for person in order to establish whether the charge for that support may be waived or whether a charge may be made. The identified needs/personal outcomes of the carer will be detailed in the Adult Carer Support Plan. The identified needs/personal outcomes of the cared for person will be detailed in the cared for person's Support Plan developed following an assessment by their Social Worker, Care Manager or Community Care Co-Ordinator.

Support provided to a carer will often be closely linked to the provision of support to the person they care for. The close links between support to carers and support to the people they care for are recognised in, and built into, the 2016 Act as a key element when preparing the Adult Carer's Support Plan, assessing whether a carer has eligible needs and considering how to meet the carer's eligible and other identified needs/outcomes including any break from caring. Other identified needs are those needs that either do not meet the eligibility criteria and/or those that can be provided by existing services already generally and freely available e.g. advice on Benefits or Housing.

There may be cases where the support provided is of equal benefit to the carer and the cared-for person e.g. a holiday or short break away from home/normal routine. In these circumstances, it will be necessary to implement a partial charging arrangement whereby the costs associated with the carer are waived but the costs associated with the cared for person are charged.

Self-directed Support (SDS)

The Self-directed Support (Direct Payments) (Scotland) Amendment Regulations 2018 prevent the Health and Social Care Partnership means testing or requiring a contribution from a carer where the carer's support is being delivered by way of a Direct Payment. This means that charges cannot be made for support provided to carers either directly by partnerships or commissioned through other statutory, independent and third sector bodies.

Replacement Care

Charges must be waived for all types of services or support if that service or support is to meet an individual carer's needs or personal outcomes as set out in their ACSP. Such support might include, but is not limited, to advocacy, counselling, training, translation and interpretation services, transport or replacement care.

Replacement care is a shorthand term coined to describe the care provided to the cared-for person, which replaces care normally given by the carer and which is provided as a form of support to the carer so that they can have a break from caring. Replacement care could be provided by family, friends or existing community support or, depending on need, it may be day or overnight attendance at a specialist care establishment. It is not necessary for the care provided to the cared-for person to be a like for-like replacement for the care usually provided by the unpaid carer. There will be circumstances where the unpaid care usually provided by the carer cannot be exactly replicated by paid care.

Aberdeen City Health and Social Care Partnership commissions and provides care known as Respite which currently, mainly takes the form of residential stays in care homes or similar establishments typically for a number of weeks sometimes in blocks, and sometimes spread out over the course of the year. The definition of Respite is "a short period of rest or relief". It is thought that much of the Respite Care being commissioned or provided is, in fact, replacement care. This, however, cannot be definitively determined without a carer having their needs and personal outcomes identified through the adult carer support planning process and subsequently having those needs assessed as eligible.

Even during the support planning process, it will not always be straightforward to determine whether care provided to a cared for person is primarily to benefit them or primarily to benefit the carer. It will be necessary to exercise professional judgment and take the circumstances of each individual case into account in order to determine whether such care falls into the category of replacement care (i.e. support to the carer); or support for the cared-for person.

Below are a number of prompts which may assist in the determination of whether care is provided for the primary benefit of the care and therefore whether the charges should be waived. NB: the assumption is that the care meets the identified personal outcomes of the carer and that those needs are eligible under the criteria.

1. *Is the care to be provided to the cared-for person?*
2. *Is the care provided to enable the carer to have a break?*
3. *Is the care replacing care previously given by the carer?*
4. *Is the purpose of the care primarily in order for the carer to have a break?*
5. *Aside from the need for a break, is the carer willing and able to resume their caring role after their break?*

In order to help determine whether care is chargeable, or the charges should be waived it is necessary to fully understand the nature and extent of the caring role and the identified needs and personal outcomes of the carer. These will be described in the ACSP and therefore this is a prerequisite for the charging decision.

Care to the cared-for person can only be considered to be enabling the carer to have a break if it is replacing care that the carer is otherwise willing and able to provide. In other words, where care to the cared-for person is needed because the carer is unable or unwilling to provide care then the care is not being provided to allow the carer to have a break. Examples of when a carer may not be able to provide care include: -

- the carer is ill, in hospital or recovering at home and alternative care therefore needs to be provided for the cared-for person;
- the carer wishes to work full or part-time and will stop or reduce the care they provide when they are in employment. Entering employment is not a form of break. Care provided in these circumstances would be purely to meet the cared-for person's needs, rather than the carer's needs;
- the carer is no longer able or willing to provide the same level or type of care for health or other reasons, even with support.

Example Scenarios

1. If a carer lives next door to the cared-for person and usually provides a range of regular care (e.g. shopping, emotional support, and checking in regularly with the person during the evenings or at night), it may not be possible to replicate this kind of care while the unpaid carer had a break. Instead the 'replacement care' might take another form, such as a short-term home care package. The crucial factor is whether the care is provided to facilitate a break for the carer as a form of support provided under section 24 of the Carers Act, if it is then the charges must be waived.

2. Support for the cared-for person is provided primarily in order to meet that person's needs. This may include care to enable their independence and promote life skills and socialisation. This support may often deliver ancillary benefits of providing a break for unpaid carers, but such support would not constitute 'replacement care' and would be chargeable. If, ASHSCP decides that, to meet the carer's identified and eligible needs, support will be provided to enable the carer to enjoy activities to make the most of this time off e.g. a gym membership or training course, this would be support under section 24 of the Act and therefore charges would be waived.

3. The personal outcome agreed in respect of a particular carer might be that she should feel less isolated and more resilient. The carer will achieve this personal outcome by attending a weekly carer's peer support group on a Saturday afternoon. This form of peer support will enable the carer to continue to provide care for her 20-year-old daughter (the cared-for person). The daughter's needs are such that she requires the constant presence of another person, and the carer usually provides that care except for when the daughter attends a day care centre, which she does from 10am to 4pm every weekday. The daughter's day care placement has been arranged under her social care needs assessment. It provides the ancillary benefit of giving the carer a break but is not provided for that purpose so does not constitute replacement care and is charged. If the carer needs a paid care worker to look after her daughter for a few hours every Saturday in order that she can attend the peer support group, that would be replacement care constituting support which meets the carer's identified needs and so is provided under section 24 and the charge would be waived.

4. If, in example 3, the peer support group met at lunchtime on a Wednesday, there would be no requirement for replacement care in order for the carer to attend. The daughter's placement at the day care on a Wednesday would not become replacement care just because the carer is now attending the peer support group at that time. The total cost of the 5 day provision of the day care placement service would be chargeable.

5. Where the carer and cared-for person have a break together with extra support for the cared-for person, this would normally be to enable both the carer and the cared-for person to have a break which meets both the cared-for person's assessed needs

and the carer's identified needs (subject to eligibility criteria). In such cases, charges for the cost of the break for the carer will be waived; but charges for the cost of the break for the cared-for person and the cost of the additional support will be charged. In these circumstances it is expected that these costs of the additional support could be part of the cared-for person's assessed needs and subsequent support package.

Current Replacement Care Arrangements

In relation to Respite currently being provided, the decision on waiving of charges can only be made if the carers personal outcomes have been identified and a determination can take place as to whether the support provided is primarily to meet these. This can only happen when an Adult Carers Support Plan has been completed. In addition, a carer must be eligible for funded support and again this can only be confirmed following their needs being identified via the ACSP and assessed against the Eligibility Criteria. The ACSP is therefore the crucial starting point for the decision as to whether or not charges should be waived.

A carer, whose cared for person is currently receiving replacement care would have to go through the support planning process, have their needs and personal outcomes identified, and be assessed as eligible before the decision could be made as to the primary purpose for the replacement care and whether charges should be waived or not.

The statutory guidance allows for any carer with a current carers assessment to undertake the support planning process either at their request, or when the assessment is due for review. In either case this must take place for all carers within three years of the 2016 Act going live i.e. by 31st March 2021.

Definitions

Word or Phrase	Definition
2016 Act	The Carers (Scotland) Act 2016
Adult Carer Support Plan	As defined by the 2016 Act "A plan prepared by a responsible Local Authority setting out an adult carer's 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."
Break from Caring	A break from caring is any situation or event which enables the carer to have periods away from their caring routines or responsibilities. This can take any number of forms in order to achieve the carer's desired outcomes. The purpose is for carers to have a life outside or alongside their caring role and support their health and wellbeing. This can also benefit the cared-for person and others (e.g. family members) and may sustain the caring relationship.
Carer	The 2016 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.
Cared for Person	The person a carer cares for.
Charging	The process of collecting money in return for a service provided.
Charging Policy	This document sets out the parameters of who will be charged and in what circumstances and also how much will be charged either as a proportion of the overall cost or as a standing amount.
Direct Payment	This is a self-directed support mechanism that offers an individual more choice, control and responsibility over their care. It is a cash payment paid directly to the individual (or to a third party) following an assessment. The individual can use this payment to choose and control their support, rather than have others do this for them.
Eligible Needs	Are those identified needs which meet the threshold for support set by the local Eligibility Criteria (both carer and cared for person).
Identified Needs	The needs for support (if any) which are identified, in either the Adult Carer Support Plan or the cared for person's Support Plan, in order to meet the carer's or the cared for person's identified personal outcomes.
Personal Outcomes	The personal outcomes which are identified, in either the Adult Carer Support Plan or the cared for person's Support Plan, as relevant to the carer or cared for person respectively.
Replacement Care	The care provided to the cared-for person, which replaces care normally given by the carer and which is provided as a form of support to the carer so that they can have a break from caring
Respite Care	The definition of Respite is "a short period of rest or relief". Respite currently, mainly takes the form of residential stays in care homes or similar establishments typically for a number of

Word or Phrase	Definition
	weeks sometimes in blocks, and sometimes spread out over the course of the year. The provision of Respite will be reviewed when we publish our Short Breaks Services Statement in December 2018.
Self-directed Support	Self-directed Support allows people, their carers and their families to make informed choices on what their support looks like and how it is delivered, making it possible to meet agreed personal outcomes. The Scottish Government introduced The Social Care (Self-directed Support) (Scotland) Act 2013 to enable everyone to be in control of their life. The Act came into force on April 1, 2014 and places a duty on social work departments to offer people who are eligible for social care a range of choices over how they receive their support. There are 4 options under self directed support. Option 1 is a Direct Payment, Option 2 is an Individual Service Fund, Option 3 is a Commissioned Service and option 4 is a combination of any of the other 3.
Short Break	A break from caring is any situation or event which enables the carer to have periods away from their caring routines or responsibilities. This can take any number of forms in order to achieve the carer's desired outcomes. The purpose is for carers to have a life outside or alongside their caring role and support their health and wellbeing. This can also benefit the cared-for person and others (e.g. family members) and may sustain the caring relationship.
Waiving of Charges	This literally means refraining from insisting or demanding payment.

Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	28th August 2018
Report Title	Partnership Workforce Plan-Career Ready and Developing the Young Workforce
Report Number	HSCP/18/051
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author Details	*Name:* Martin Allan *Job Title:* Business Manager *Email Address:* martin.allan3@nhs.net *Phone Number: 07870998345*
Consultation Checklist Completed	Yes
Directions Required	*No*
Appendices	

1. Purpose of the Report

1.1. To outline the work of Career Ready and Developing the Young Workforce and the links these organisations have in the Partnership's Workforce Plan.

1.2. To get approval from the Board to the funding of internships relating to Career Ready and to further develop the work between the DYW, the Partnership (across a variety of service areas) and Hazlehead and Harlaw Academies, as well as exploring links and projects undertaken by other public sector bodies to further enhance the Partnership's Workforce Plan.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Endorse the continuation of collaboration with both Career Ready and Developing the Young Workforce (DYW) as part of the Partnership's overall Workforce Plan.

b) Agree to the funding of 2 mentoring arrangements through Career Ready in the Partnership for 2018/2020 at a cost of £800 per arrangement.

c) Agree to further develop the work that DYW are doing with the Partnership and Harlaw Academy and Hazlehead Academy as detailed in the report.

3. Summary of Key Information

3.1. The IJB's Executive Programme Board structure includes an Organisational Development (OD) and Cultural Change Workstream. This workstream reports to the Enabling Systems Programme Board. Contained in the workstream are various outcomes, including "Succession Planning to establish and nurture a structured approach to secure a future talent pipeline" which is crucial in the development of the Partnership's Workforce Plan. Both Career Ready and Developing the Young Workforce form part of a number of initiatives to achieve the Outcome. More details about both organisations are outlined below.

3.2. Career Ready-The 2 year programme matches students to a mentor and includes a high-quality paid internship within the mentor's organisation. There are six masterclasses which provide insight and learning around the skills for career success and workplace visits to other employers to open eyes to the range of jobs and careers that exist. Evidence from students that have completed their mentoring arrangement indicates how a paid internship for four weeks gives a strong, cohesive boost to their work-readiness, leading to a growing number of the students choosing an apprenticeship and other work-based learning options on leaving school. 91% of students said that their internship was invaluable.

3.3. Students take part in the structured programme during their fifth (S5) and sixth (S6) years at school. The programme consists of four essential pillars of activity: masterclasses, workplace visits, mentoring and a four week

internship, all of which support students to develop the Skills for Career Success Learning Outcomes.

3.4. The Career Ready internship takes place for four weeks at the end of the summer term between S5 and S6. Students get the chance to experience the working week in a real business environment, doing a job that benefits the employer and putting into practice what they've learnt on the programme so far.

3.5. In July 2018 a S6 pupil from Harlaw Academy undertook their internship in the Partnership. During her 4 weeks the pupil visited and worked with the following teams: Business Management; Governance Team (ACC); Wellbeing Team; Teams at the Len Ironside Centre and a visit to a GP Practice. The pupil also attended the ACC Corporate Induction session.

3.6. After the internship the pupil was asked to submit some thoughts on the 4 weeks "My views on The internship: it was pretty decent, I had fun and it gave me a good chance to see careers I had considered in practice and think if I still wanted to do that . What I've learned: that meetings are way too long 😂; the health village does a lot more than I thought it did; it's not actually that bad getting up early during summer but also now I have a better understanding of the roles I would like to work in. Challenges I faced: not many, just the mock interview which was super awkward and challenging; constantly meeting new people and remembering their names is difficult and people don't always seem accepting of students being there. Year 2:I hope I develop my skills a little bit more and continue to grow in confidence." At the end of the 4 weeks, the pupil was encouraged to apply for the post of relief Care Worker at the Len Ironside Centre. This demonstrates the link between investing time with young people to the future workforce of the Partnership

3.7. The Developing the Young Workforce (DYW) programme is a Scottish Government initiative which seeks to drive the creation of a world-class vocational education system and to reduce youth unemployment by 40% by 2021. It challenges employers to become a co-investor in Scotland's future workforce by engaging with education through the creation of school-employer partnerships and by growing apprenticeship opportunities.

3.8. A major part of the programme was the creation of regional, industry-led Developing the Young Workforce groups to facilitate more meaningful relationships between employers and education. The DYW group for the North East is based at the Aberdeen & Grampian Chamber of Commerce and is working closely with employers and secondary schools in Aberdeen

to establish opportunities which promote the region's key growth sectors (which includes health and social care) to the workforce of the future.

3.9. DYW North East can help the health and social care partnership to develop the following opportunities: Work inspiration – attending careers events and supporting school mentoring programmes; Work practice – establishing curricular links with school subject departments; Third party initiatives – sign posting to "wider achievement" programmes aligned to the organisations goals; and Vocational learning – support to develop apprenticeship opportunities and promoting these opportunities to schools and young people.

3.10. In addition, DYW North East can provide practical support and guidance as the Partnership looks to implement a workforce development plan which includes the recruitment of young people. They can provide advice on recruitment practices and the best times of year to recruit young people.

3.11. DYW North East are working with all academies across the City and Shire, including Hazlehead and Harlaw Academies, and are working with contacts in these schools as well as with staff members of the Partnership.

3.12. Hazlehead Academy is close to the Woodend Hospital site and DYW North East are happy to further enhance the community links that are in existence between the hospital, the Academy and neighbouring businesses. DYW North East have highlighted opportunities for the Woodend team to engage with Hazlehead Academy, such as through their S6 mentoring programme and have proposed attending future meetings between the school, Woodend team and other local businesses to develop a structured engagement plan which could include participating in the school eco-club, volunteering opportunities for pupils at the hospital and work experience placements.

3.13. Harlaw Academy's ASG area includes Hanover Street Primary and the Health Village and Marischal College are within this catchment area. Initial meetings have identified areas that the Academy see as being where the Partnership could work with them, they include: work experience placements; presentations about the Partnership and careers in health and social care at planned curriculum/career nights; workshops for kids on specialist areas (eg optometry, community nursing, social care etc); information on

apprenticeship opportunities; and pathways to (hard to fill) posts in health and social care. It is planned that these themes be developed and progressed with support of DYW North East. A review of the themes to be undertaken and the outcomes of the review can be shared with the IJB.

4. Implications for IJB

4.1. **Equalities –**The continued work with Career Ready and Developing the Young Workforce will have a positive impact on all areas within the Equality Act 2010.

4.2. **Fairer Scotland Duty –** the continued work with Career Ready and Developing the Young Workforce will have a positive impact in regard to the Fairer Scotland Duty.

4.3. **Financial-** The cost of two internships equates to £1,600 to be funded from the OD and Cultural Change workstream. There are in kind costs associated with mentoring, however the development of the mentors' skills is invaluable and will help the wider Partnership. There is also in kind costs in arranging the community initiatives being developed by Hazlehead Academy as well as with the themes being explored at Harlaw Academy.

4.4. **Workforce-** in the OD and Cultural Change Workstream, which reports through the Enabling Systems Programme Board of the overall Transformation Portfolio, there is a project on Succession Planning - To establish and nurture a structured approach to secure a future talent pipeline. The initiatives outlined in this report link into the Partnership's overall workforce plan.

4.5. **Legal-** None directly arising from this report.

5. Links to ACHSCP Strategic Plan

5.1. Contained in the Partnership's Strategic Plan in relation to workforce planning is the following: "The growth in the younger population will bring opportunities in terms of our potential future workforce but it also poses a risk in that if we do not change our lifestyle behaviours or transform our services, then it is difficult to see how our integrated services could cope with the anticipated demand for them that would arise. Our staff groups across the health, social care, third, independent and housing sectors will be pivotal to the success of our integration endeavours. We know that our health and care workforce is getting older putting additional pressures on our recruitment and retention activities and costs across all sectors. It is a

legitimate question to ask of ourselves 'What do we have to do to recruit our future generations of social workers, GPs, nurses, care managers and other professionals?" The further development of links with organisations such as Career Ready and the DYW will help the Partnership to promote itself as a potential future employer for young people.

6. Management of Risk

6.1. Contained in the IJB's revised Strategic Risk Register is the following risk

Workforce planning across the Partnership is not sophisticated enough to maintain future service delivery.

Contained within Operational Risk Registers is the identification of more specific staffing recruitment risks, eg health visiting service, nursing, stroke rehabilitation unit etc. The content of this report will help mitigate these risks by engaging with schools at the correct stage in pupils' future career discussions, encouraging young people to consider a career in health and social care, as outlined in the Partnership's workforce plan.

Approvals	
[signature]	Sally Shaw (Interim Chief Officer)
[signature]	Alex Stephen (Chief Finance Officer)

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