

# Public Document Pack



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

To: Members of the Integration Joint Board.

Town House,  
ABERDEEN, 3 October 2018.

## INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Meeting Room 5, Health Village on TUESDAY, 9 OCTOBER 2018 at 10.00 am.**

FRASER BELL  
CHIEF OFFICER - GOVERNANCE

### B U S I N E S S

- 1 Welcome from the Chair

### DECLARATION OF INTERESTS

- 2 Members are requested to intimate any declarations of interest (Pages 3 - 4)

### 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 - 28 August 2018 (Pages 5 - 16)
- 4b Matters Arising
- 5 Draft Minute of Clinical and Care Governance Committee - 4 September 2018 (Pages 17 - 22)

6 Draft Minute of Audit and Performance Systems Committee - 11 September 2018  
(Pages 23 - 30)

7 Business Statement (Pages 31 - 36)

### **GOVERNANCE**

8 IJB Meeting Dates 2019-20 (Pages 37 - 40)

9 Strategic Risk Register Review (Pages 41 - 72)

### **PERFORMANCE AND FINANCE**

10 Medium Term Financial Strategy Narrative Review (Pages 73 - 80)

### **STRATEGY**

11 Winter Plan Sign Off (Pages 81 - 102)

12 Disabled Adaptations (Pages 103 - 122)

13 Strategic Plan Review (Pages 123 - 158)

14 Localities Update - to follow

15 Rosemount Medical Group Update - to follow

16 Mental Health Commissioning (Pages 159 - 170)

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

17 Bon Accord Care Review - Verbal Update

Website Address: <https://www.aberdeencityhscp.scot/>

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

# Agenda Item 2

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

I declare an interest in item (x) for the following reasons .....

*For example, I know the applicant / I am a member of the Board of X / I am employed by...*  
and I will therefore withdraw from the meeting room during any discussion and voting on that item.

**OR**

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

**OR**

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

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

**OR**

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

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

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

### **Minute of Meeting**

**28 August 2018**  
**Health Village, Aberdeen**

Present: Jonathan Passmore MBE (Chairperson); Councillor Sarah Duncan (Vice Chairperson); and Councillors Laing, Avril MacKenzie (as substitute for Cllr Imrie) and Samarai; and Amy Anderson (as substitute for Rhona Atkinson), Professor Steve Heys and Dr Helen Moffat (as substitute for Luan Grugeon) (NHS Grampian Board members); Mike Adams, Partnership Representative, NHS Grampian), Jim Currie (Trade Union Representative, Aberdeen City Council (ACC)), Kenneth Simpson (Third Sector Representative, for agenda items 6-18), Howard Gemmell (Patient and Service User Representative), Faith-Jason Robertson-Foy and Gill Moffat (Carer Representatives), Heather MacRae, (Professional Nursing Adviser, NHS Grampian), Dr Caroline Howarth (as substitute for Dr Stephen Lynch, Clinical Director, Aberdeen City Health and Social Care Partnership (ACHSCP), for agenda items 1-14)), Dr Malcolm Metcalfe (Secondary Care Adviser, NHS Grampian), Claire Duncan (as substitute for Graeme Simpson, Chief Social Work Officer, for agenda items 14-18) and Alex Stephen (Chief Finance Officer, ACHSCP).

Also in attendance: Angela Scott (Chief Executive, ACC, for agenda items 3-18), Iain Robertson and Jess Anderson (Governance, ACC), Gail Woodcock (Lead Transformation Manager, ACHSCP, for agenda items 9a-c and 17), Kevin Toshney (Planning and Development Manager, ACHSCP, for agenda item 10), Alison MacLeod (Lead Strategy and Performance Manager, ACHSCP, for agenda items 12 and 17), Martin Allan (Business Manager, ACHSCP, for agenda item 13) and Lorraine McKenna (Head of Central Locality, ACHSCP, for agenda item 14).

Apologies: Councillor Imrie, Rhona Atkinson, Luan Grugeon and Dr Stephen Lynch.

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

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

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

## **WELCOME FROM THE CHAIR**

1. The Chair opened the meeting and welcomed Professor Steve Heys and Kenneth Simpson onto the Board and thanked departing members, Dr Stephen Lynch and Olivia Cockburn for their contributions to the integration of health and social care in Aberdeen City. He also advised that Sandra Ross would take up post as the new Chief Officer of the Aberdeen City Health and Social Care Partnership next week and thanked Sally Shaw for her leadership during her spells as both interim Chief Officer and Head of Strategy and Transformation.

The Chair informed the Board that Audit Scotland's next report on health and social care integration was expected in November and encouraged all members to attend the IJB Developmental Workshop session on 18 September which would focus on the development of the new three-year Strategic Plan. He also highlighted the Partnership's continued improvement in reducing the volume of delayed discharges and advised that for the first time ever, ACHSCP was amongst the top 25% performing partnerships in terms of delayed discharge performance.

The Chair also announced that Cllr Imrie had recently given birth to a baby girl and on behalf of the Board he sent congratulations and best wishes to her and her family.

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

- (i) to welcome Prof Steve Heys and Kenneth Simpson onto the Board;
- (ii) to thank Dr Stephen Lynch and Olivia Cockburn for their contributions to the integration of health and social care in Aberdeen City;
- (iii) to welcome Sandra Ross as the Partnership's new Chief Officer;
- (iv) to thank Sally Shaw for her leadership as interim Chief Officer and Head of Strategy and Transformation;
- (v) to commend Kenny O'Brien and his team on the continued improvement in delayed discharge performance; and
- (vi) to congratulate Cllr Imrie on the birth of her daughter and to send the Board's best wishes to her and her family.

## **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 agenda items 14-18 be considered with the press and public excluded.

**The Board resolved:-**

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

**MINUTE OF IJB MEETING – 22 May 2018**

4. The Board had before it the minute of the IJB meeting of 22 May 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 22 May 2018.

**The Board resolved:-**

There were no matters arising.

**MINUTE OF CHIEF OFFICER SHORT LEET MEETING – 22 MAY 2018**

6. The Board had before it the minute of the Chief Officer Short Leet Meeting of 22 May 2018.

**The Board resolved:-**

To note the minute.

**MINUTE OF CHIEF OFFICER APPOINTMENT PANEL – 1 JUNE 2018**

7. The Board had before it the minute of the Chief Officer Appointment Panel of 1 June 2018.

**The Board resolved:-**

To approve the minute as a correct record.

**DRAFT MINUTE OF CLINICAL AND CARE GOVERNANCE COMMITTEE MEETING – 12 JUNE 2018**

8. The Board had before it the draft minute of the Clinical and Care Governance Committee of 12 June 2018 for information.

**The Board resolved:-**

- (i) to request the Chief Finance Officer to provide an update to IJB members on fire safety compliance; and
- (ii) otherwise note the draft minute.

## **DRAFT MINUTE OF AUDIT AND PERFORMANCE SYSTEMS COMMITTEE MEETING – 12 JUNE 2018**

9. The Board had before it the draft minute of the Audit and Performance Systems Committee of 12 June 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 Chair advised that a number of items on the Business Statement had been delayed in recognition of a new Chief Officer taking up post. He added that an update on reporting timescales would be provided to the Board at its next meeting.

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

- (i) to agree to remove item 1 (Standing Orders) and item 15 (Financial Monitoring) from the Statement; and
- (ii) otherwise note the Business Statement.

## **PRIMARY CARE IMPROVEMENT PLAN**

11. The Board had before it a report by Gail Woodcock (Lead Transformation Manager, ACHSCP) which presented the Primary Care Improvement Plan (PCIP) for approval.

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

That the Board approve the Primary Care Improvement Plan.

Gail Woodcock advised that following the new General Medical Services (GMS) Contract coming into effect in April 2018, each IJB was required to produce a PCIP to outline aims and priorities for releasing GP capacity. She highlighted that a city-wide GMS Implementation Leadership Group had been established to lead on the consultation and engagement process and had identified the following priorities (1) The Vaccination Transformation Programme; (2) Pharmacotherapy Services; (3) Community Treatment and Care Services; (4) Urgent Care (advanced practitioners); (5) Additional Professional Roles; and (6) Community Links Practitioners. Ms Woodcock explained that the PCIP was a high level, working document which would be revised on an ongoing basis. She also confirmed that business cases were being developed and the implementation plan would be monitored by the Audit and Performance Systems Committee.

Thereafter there were questions and comments on (1) the level of public consultation undertaken by the Partnership, with particular focus on engagement with the Aberdeen Civic Forum and community councils; (2) the possible impact of the new GMS Contract on the provision of primary care services, with particular focus on community pharmacists and the introduction of multi-disciplinary teams; (3) the



delivery of the PCIP implementation plan which would include performance measures to monitor the achievement of outcomes; and (4) the Chief Finance Officer confirmed that the Partnership had budgeted for the receipt of recurring funding from the Scottish Government.

**The Board resolved:-**

- (i) to approve the Primary Care Improvement Plan; and
- (ii) to note that an implementation plan would be developed which would be configured around the practice of improvement and that performance would be monitored by the Audit and Performance Systems Committee.

**ACTION 15 PLAN**

12. The Board had before it a report by Gail Woodcock which presented the Action 15 Plan for approval.

**The report recommended:-**

That the Board approve the Action 15 Plan.

Gail Woodcock advised that the National Mental Health Strategy outlined a number of actions for public authorities to undertake, including Action 15 which covered access to mental health services in four key settings (1) Accident and Emergency Departments; (2) GP Practices; (3) Police Stations; and (4) Prisons. She then summarised the Partnership's communication and engagement activities and confirmed that an implementation plan was being developed and its delivery would be monitored by the Audit and Performance Systems Committee.

Thereafter the Board recommended that the Partnership engage with the Community Planning Aberdeen Community Justice Group and participate in its upcoming workshop session.

**The Board resolved**

- (i) to request that officers from the Partnership participate in the forthcoming Community Planning Aberdeen Community Justice Group workshop session to ensure that the Action 15 Plan forms part of broader discussions on improving mental health care; and
- (ii) otherwise approve the Action 15 Plan.

**TECHNOLOGY ENABLED CARE FRAMEWORK**

13. The Board had before it a report by Gail Woodcock which presented the Technology Enabled Care Framework for information.

**The report recommended:-**

That the Board note the Technology Enabled Care Framework.

Gail Woodcock advised that the Technology Enabled Care Framework was linked to the Primary Care Improvement Plan and Action 15 Plan through its use of technology and digital solutions to reduce health inequalities. She explained that the Framework had been developed to assist in the planning, prioritisation and implementation of technology enabled care and that a tiered framework had been developed to reflect

that different types of need required different types of intervention. Ms Woodcock also advised that a marketing approach would be adopted to increase public awareness of the availability and benefits of using technology to manage health and wellbeing.

Thereafter there were questions and comments on (1) possible equality implications for service users who didn't have the capacity or dexterity to operate emerging technology; (2) the impact of the General Data Protection Regulation and the constraints it placed on the Partnership in terms of data sharing; (3) the importance of prioritising emerging technologies at a national level to mitigate against workforce recruitment challenges; (4) the need for a Charging policy to set out which health and social care equipment would be free of charge and which would incur a cost; and (5) there was discussion on broadband and connectivity challenges within Aberdeen City, with particular focus on the City Council's rollout of its City Fibre programme and its work with Scotland Excel.

**The Board resolved:-**

- (i) to note the Technology Enabled Care Framework;
- (ii) to request a workshop session on technology enabled care which would inform the development of an implementation plan; and
- (iii) to request officers to develop proposals on how the Partnership's digital programme would align with Aberdeen City Council and NHS Grampian's digital agendas and present this to a future meeting of the Board.

**ANNUAL REPORT**

**14.** The Board had before it a report by Kevin Toshney (Planning and Development Manager, ACHSCP) which presented the Partnership's annual report for approval.

**The report recommended:-**

That the Board –

- (a) Approve the ACHSCP Annual Report 2017-18;
- (b) Agree that this annual report should be published on the Partnership's website; and
- (c) Instruct the Chief Officer to present the approved annual report to Aberdeen City Council and NHS Grampian.

Kevin Toshney explained that the Partnership was statutorily required to publish an annual report and advised that the Partnership had delivered a reasonable standard of performance with areas of strength including (1) reductions in the number of delayed discharges; (2) reductions in the number of emergency admissions to hospital; and (3) an increase the number of commissioned services rated as good or better. However, he outlined a number of areas where improvement was needed including (1) the number of hospital readmissions after 28 days; (2) the percentage of carers feeling supported; and (3) the overall life expectancy for people living in Aberdeen was lower than the Scottish average. Mr Toshney informed the Board that an action plan would be developed by the Performance Management Group to

address areas which required improvement and confirmed that performance would be monitored by the Audit and Performance Systems Committee.

Thereafter there were questions and comments on (1) the consultation process undertaken for the annual report, with particular reference to the level of engagement with community councils; (2) the robustness of carers data within the report as it was relatively historic; (3) how the Partnership intended to evidence improvement and monitor the achievement of outcomes; and (4) whether the Partnership was in a position to report the findings of the Care Inspectorate's inspection of adult social care services and its proposed response within the final version of the annual report. Mr Toshney advised that a brief update would be added to this year's Annual Plan, with a more detailed response to be included in next year's Annual Plan to capture the findings of the recently completed follow up inspection.

**The Board resolved:-**

- (i) to approve the ACHSCP Annual Report 2017-18;
- (ii) to agree that the Annual Report should be published on the Partnership's website;
- (iii) to instruct the Chief Officer to present the approved annual report to Aberdeen City Council and NHS Grampian;
- (iv) to request that an update on the Care Inspectorate's inspection of adult social care services be inserted into the Annual Report, with a note explaining that an action plan was being developed;
- (v) to note that performance monitoring was within the remit of the APS Committee, and following submissions to the Committee, a progress update on performance would be circulated to IJB members for assurance purposes;
- (vi) to request that the Annual Report be circulated to all Aberdeen City community councils for information; and
- (vii) to thank all Partnership staff for their work over the previous year.

**FINANCE REPORT**

**15.** 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 3 (end of June 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 E.

Alex Stephen advised that an adverse position of £323,000 had been reported as at the end of June 2018 which was in line with forecasts set out in the Medium-Term Financial Strategy. He also highlighted the steps the Partnership had been taking to

manage budget pressure including a review of base budgets against last year's outturn position and an audit of Care First to determine the accuracy of information on residential clients.

Thereafter there was a discussion on the Partnership's engagement with other Grampian Health and Social Care Partnerships and Chief Executives of NHS Grampian and regional councils on controlling the costs of hosted services.

**The Board resolved:-**

- (i) to note the report in relation to the IJB budget and the information on areas of risk and management action that were contained therein; and
- (ii) to approve the budget virements indicated in Appendix E.

**CARERS: WAIVING OF CHARGES AND REPLACEMENT CARE**

**16.** The Board had before it a report by Alison MacLeod (Lead Strategy and Performance Manager, ACHSCP) which presented the Local Guidelines on the Waiving of Charges for Services for approval.

**The report recommended:-**

That the Board approve the Local Guidelines on the Waiving of Charges for Services to Carers.

Alison MacLeod explained that in response to the Carers (waiving of charges for support) (Scotland) Amendment Regulations 2018, the Board requested information on how the regulations would be applied locally and advised that the guidelines were a first step in addressing this issue. She added that a national group had been established to analyse case studies and develop best practice on waiving charges for carers and the group would pay cognisance to the 2018 regulations; primary legislation and statutory guidance. Ms MacLeod also provided an overview of the consultation process followed by the Partnership when developing the local guidelines and she particularly highlighted the positive engagement with local and national carer groups.

Thereafter there were questions and comments on (1) the consultation process, with particular reference to engagement with carers; (2) whether an easy-read version of the guidelines should be produced to increase understanding and accessibility; (3) the shared responsibility between the Partnership and Voluntary Service Aberdeen (VSA) for signposting carers to help them access support services; and (4) members agreed that despite the lack of available data, the production of local guidelines was a credible first step.

**The Board resolved:-**

- (i) to note that formatting issues within the draft guidelines had been identified and would be resolved prior to formal publication;
- (ii) to approve the Local Guidelines on the Waiving of Charges for Services to Carers;
- (iii) to instruct the Lead Strategy and Performance Manager to prepare an easy-read version of the local guidelines; and

- (iv) to instruct the Lead Strategy and Performance Manager to prepare progress updates on implementation and for these to be reported to the Audit and Performance Systems Committee.

## **PARTNERSHIP WORKFORCE PLAN – CAREER READY AND DEVELOPING THE YOUNG WORKFORCE**

17. The Board had before it a report by Martin Allan (Business Manager, ACHSCP) which (1) outlined the work of the Career Ready and Developing the Young Workforce and the links these organisations have in the Partnership's Workforce Plan; and (2) to get approval from the Board to fund 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.

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

That the 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 two mentoring arrangements through Career Ready in the Partnership for 2018/2020 at a cost of £800 per arrangement; and
- (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.

Martin Allan advised that the purpose of the report was to endorse the Partnership's collaboration with Career Ready and Developing the Young Workforce and request Board approval to fund two mentoring programmes within the Partnership for 2018-20.

Thereafter there were questions and comments on (1) how the Partnership was securing best value from its participation in these programmes; and (2) how the Partnership's Workforce Plan tied in with the priorities of local education providers and aligned with the Primary Care Improvement Plan.

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

- (i) to endorse the continuation of collaboration with both Career Ready and Developing the Young Workforce (DYW) as part of the Partnership's overall Workforce Plan;
- (ii) to agree to the funding of two mentoring arrangements through Career Ready in the Partnership for 2018/2020 at a cost of £800 per arrangement; and
- (iii) to agree to further develop the work that DYW are doing with the Partnership and Harlaw Academy and Hazlehead Academy as detailed in the report.

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

## **ROSEMOUNT MEDICAL GROUP – OPTIONS APPRAISAL**

18. The Board had before it a report by Lorraine McKenna (Head of Central Locality, ACHSCP) which informed the Board of the decision of the Rosemount Medical Group to stop delivering General Medical Services from 31 January 2019 and to provide the Board with options on its next steps.

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

To approve the recommendations within the exempt report, along with two additional resolutions

## **KINGSWELLS CARE HOME UPDATE**

19. The Board had before it a report by Alex Stephen (Chief Finance Officer, ACHSCP) which sought the Board's agreement to proceed with a service level agreement with Bon Accord Care to secure ongoing provision of residential care services at Kingswells Care Home for older people with significant physical dependency and frailty who present with complex dementia.

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

To approve the recommendations within the exempt report, along with two additional resolutions.

## **TRANSFORMATION DECISIONS REQUIRED**

20. The Board had before it a report by Gail Woodcock which sought approval from the Board to incur expenditure, and to make Directions to NHS Grampian and Aberdeen City Council in relation to projects that sit within the Partnership's Transformation Programme.

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

To approve the recommendations within the exempt report, along with one additional resolution.

## **PAYMENT TO EXTERNAL BODIES**

21. The Board had before it a report by Alison MacLeod which advised the Board of the three main approaches to allocating the commissioning budget and sought approval of these approaches and various specific funding decisions.

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

To approve the recommendation within the exempt report.

## **BOARD DEVELOPMENT**

22. The Board had before it a report by Alex Stephen which requested permission from the Board to tender for support to help in the continued development of the Board.

**The Board resolved:-**

- (i) to agree in principle to commission external governance support, and if proposed expenditure is above £50k, to submit a Direction to a future meeting of the IJB, otherwise note that authority to agree contracts below the value of £50k is delegated to the Chief Officer; and
- (ii) to agree to quarterly development sessions out-with committee meeting dates and instruct the Committee Clerk to identify suitable dates.

**JONATHAN PASSMORE MBE, Chairperson.**

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Aberdeen City Health & Social Care Partnership  
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## **CLINICAL & CARE GOVERNANCE COMMITTEE**

### **Minute of Meeting**

**4<sup>th</sup> of September 2018 – 10am  
Health Village, Aberdeen**

Present: Councillor Sarah Duncan (Chairperson); Professor Steven Heys; and Luan Grugeon.

Also in attendance: Dr Stephen Lynch (Chair of Clinical & Care Governance Group); Lynn Morrison (Allied Health Profession representative); Heather Macrae (Professional Lead for Nursing & Quality Assurance); Alex Stephen (Chief Finance Officer); Claire Duncan (Lead Social Work Officer); Trevor Gillespie (Team Manager, Performance); Graeme Simpson (Chief Social Work Officer); Malcolm Metcalfe (Secondary Care Advisor); Jonathan Passmore (Chair of the Integration Joint Board); Sarah Gibbon (Executive Assistance); Ashleigh Allan (Clinical & Care Governance Facilitator)

Apologies: Councillor Claire Imrie; Howard Gemmell; Kenneth Simpson

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

## **WELCOME FROM THE CHAIR**

1. The Chair opened the meeting and welcomed the new attendees to the meeting.

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

To welcome the new attendees to the committee.

## **2. VERBAL UPDATES**

### **ACHSCP Falls Work**

Heather MacRae provided a verbal update on the Falls Work on behalf of Rosie Cooper. She highlighted the progress being made against the Aberdeen HSCP Falls Action Plan, including work developing a data dashboard; joint working with Bon Accord Care Responders and the establishment of a third locality based AHP Falls Triage Clinic. She also informed the Committee that the NHSG Community Falls Policy would be published in September 2018 and discussed ongoing improvement activity for falls prevention is ongoing at Woodend.

Thereafter, there were questions and comments relating to: (1) how data relating to falls in the community is captured; (2) how information from Bon Accord Care could be included within the dashboard; (3) the need to review the local framework next year in light of a planned national action plan and (4) tracking the progress and impact of prevention and early intervention work relating to falls and whether this has an impact on adverse event incidents.

## **MINUTE OF CCG COMMITTEE MEETING – 12 June 2018**

3. The Committee had before it the minute of the Clinical & Care Governance committee meeting of 12 June 2018.

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

To approve the minute as a correct record, noting a change to the wording outlined below:

- PG 7 – last paragraph – nursing recruitment exacerbated – rephrase to include “the perception”

## **MATTERS ARISING**

4. The Chair asked if there were any matters arising from the meeting of 12 June 2018.

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

To note there were no matters arising.

## **BUSINESS STATEMENT**

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

The Chief Finance Officer provided a brief update on mental health and learning disability services and highlighted the recent ward closures. He also provided a brief update on the work with Rosemount Medical Group.

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

- (i) To agree to remove item 2 (Social Work Sickness Absence due to 'psychological reasons').
- (ii) To request that an update report on Rosemount is presented to the Committee at its meeting in November.
- (iii) To request an update on the mental health and learning disability services, in light of the recent ward closures at Cornhill and the impact on the day services hospital is presented to the Committee at its meeting in November.
- (iv) To otherwise note the Business Statement.

## **CLINICAL & CARE GOVERNANCE MATTERS**

### **CLINICAL & CARE GOVERNANCE REPORT**

6. 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 3a:** Clinical and Care Governance Group - Report June 2018

Dr Lynch spoke to the report and highlighted that the main theme relates to the high-level of risk around workforce in a number of areas, emphasising that this is a national issue. He also indicated a new item on the report relating to the consultant geriatrician team. The Clinical & Care Governance Group discussed each risk to ensure that action plans are in plan. He assured the Committee that all services which fall under the ACHSCP are represented in the Clinical & Care Governance Group.

The Committee felt that the planned workshop on the 24<sup>th</sup> of October to look at the two-way flow of clinical and care governance. This workshop should also look at joint reporting and ensuring the relevant assurance are provided for adult social work.

Thereafter there were questions and comments relating to: (1) whether a redesign was being considered to mitigate the new risk around geriatrics; (2) how the Committee can be assured that any transferable lessons are being shared across services

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

To note the content of the report and appendices.

## **CARE GOVERNANCE DATA**

### **SUMMARY REPORT – NHS ADVERSE EVENTS**

7. The committee had before it a report from Heather MacRae and Ashleigh Allan which provided an overview of the NHS adverse event report.

**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 4a – Incident Report (NHS)**

Heather MacRae spoke to the report and emphasised a reduction in adverse events. Ashleigh Allan gave some additional assurance relating to the 'extreme' adverse events and outlined work ongoing to ensure events are categorised in a consistent and appropriate way, looking at both the outcome of the event and the input from ACHSCP.

Thereafter there were questions and comments relating to: (1) the need to undertake additional statistical analysis on any reduction or increase in events to establish whether the change is within normal variance; (2) the need for comparative data to establish context, for example a mean of the previous year's data; (3) links with reporting in relation to Duty of Candor; (4) to desire to receive a summary report of lessons learned over the year from adverse events reporting; and (5) how we can include adverse event reporting from both GP practices and the third and independent sectors.

**The Committee resolved: -**

- (i) To acknowledge that this report provides the assurance required, however that further improvements could be made.
- (ii) To request that the Clinical Governance Facilitator examines options for including comparative data and an analysis of variance in future adverse event reports.
- (iii) To instruct the Lead Social Work Officer to undertake some scoping work ahead of the CCG Workshop on the 24<sup>th</sup> of October, looking at the categorisation of social work incidents and whether they could be aligned with the categorisation in this report.

### **SUMMARY REPORT – NHS FEEDBACK**

8. 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.

The report was accompanied by the following appendix:

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

**The report recommended: -**

That the Committee acknowledge that the report provides the assurance required.

Heather MacRae spoke to the report and provided an overview of its content. She highlighted that early resolution is having a positive impact. She then invited any questions from the Committee.

The Committee discussed the low number of complaints, in line with the feedback that many patients do not know how to provide feedback. Heather MacRae highlighted care assurance tools which are currently used in Woodend and the potential for a similar tool to be adapted for use in the community.

**The Committee resolved: -**

To acknowledge that this report provides the assurance required, however that further improvements could be made.

## **SOCIAL WORK DATA REPORT**

9. 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
- Period 1 Adult Complaints Statistics

Claire Duncan provided an overview of the report. She highlighted the number of incidents, due to medication errors, which have now been identified as a staff training issue and has been appropriately mitigated. She agreed with the previous discussion relating to providing contextual information in order to further provide assurance and agreed to discuss further with Martin Allan and Trevor Gillespie to progress.

**The Committee resolved: -**

- (i) to note the contents of this report; and
- (ii) to request that the Lead Social Worker looks at opportunities to develop the report further, in line with request for contextual information (item 7).

## **ITEMS TO ESCALATE TO THE INTEGRATION JOINT BOARD**

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

**The Committee resolved: -**

To note there were no escalations to the IJB.

**COUNCILLOR Sarah Duncan, Chairperson.**

DRAFT



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

## **AUDIT AND PERFORMANCE SYSTEMS COMMITTEE**

### **Minute of Meeting**

**11 September 2018**  
**Health Village, Aberdeen**

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

Also in attendance: Alex Stephen (Chief Finance Officer, Aberdeen City Health and Social Care Partnership (ACHSCP)), Alison MacLeod (Lead Strategy and Performance Manager, ACHSCP), Gail Woodcock (Lead Transformation Manager, ACHSCP), Martin Allan (Business Manager, ACHSCP), Susie Downie (Transformation Programme Manager, ACHSCP), Kundai Sinclair and Iain Robertson (Governance, Aberdeen City Council (ACC)), Colin Harvey (Internal Audit) and Natalie Dyce (External Audit -via teleconference for agenda item 8 only).

Apologies: Councillor Laing.

### **DECLARATIONS OF INTEREST**

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

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

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

### **DETERMINATION OF EXEMPT BUSINESS**

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

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

To agree to consider agenda item 12 (Contracts Register) with the press and public excluded.

### **MINUTE OF PREVIOUS MEETING – 12 JUNE 2018**

3. The Committee had before it the minute of the previous meeting of 12 June 2018.

In reference to item 8(i), Martin Allan (Business Manager, ACHSCP) provided an update on the Care First System in response to Internal Audit's recommendation, he advised that (1) written procedures were updated regularly and communicated to operational staff through the Council's intranet site; (2) data validation reports were regularly run and scrutinised by Service Managers to ensure the system remained up to date; (3) complex care package rate changes would be addressed through contract management processes; (4) system upgrades were taking place to comply with new legislation; (5) the Council's Strategic Commissioning Committee approved the extension of Care First's contract up to March 2020 whilst work on a replacement system was being progressed; and (6) he provided an overview of the Self Directed Support Board's terms of reference, membership and oversight provided by the Strategic Commissioning Programme Board.

**The Committee resolved:-**

- (i) to approve the minute as a correct record; and
- (ii) to note the information provided.

**FORWARD REPORT PLANNER**

4. The Committee had before it the Forward Report Planner which tracked Committee requests for further assurance, as well as items of business that were within the Committee's terms of reference which had been referred to Committee by the IJB or Clinical and Care Governance Committee.

Iain Robertson (Governance, ACC) advised that the Planner was intended to be used as a tool to track assurance requested by the Committee or items which had been referred to the Committee by the IJB or Clinical and Care Governance Committee. He explained that the Planner would link in with the standing Confirmation of Assurance item, so that if members requested additional assurance from officers, this request would be added to the Planner and progress could be monitored at subsequent meetings.

**The Committee resolved:-**

To note the Planner.

**AUDIT AND PERFORMANCE SYSTEMS DUTIES REPORT**

5. The Committee had before it a report by Alex Stephen (Chief Finance Officer, ACHSCP) which presented the Committee with an intended schedule of reporting to ensure that the Committee is fulfilling all the duties as set out in its terms of reference.

**The report recommended:-**

That the Committee -

- (a) Note the content of the APS Duties report as attached at Appendix A; and
- (b) Requests that the Chief Finance Officer present a report back to Committee at the end of the financial year confirming that these duties were met and



outlining the anticipated schedule for meeting these duties in the financial year 2019-20.

Alex Stephen advised that the report outlined the timescales for reports which would be presented to Committee in order to provide assurance that the Committee was meeting duties under its terms of reference.

Thereafter there were questions and comments on items 9 (Hosted Services) and 12 (Performance Reviews) which did not have target reporting dates listed within the report. With regards to Hosted Services, Mr Stephen explained that developing solutions to address this risk was within the remit of the North East Partnership but confirmed that progress was at an early stage. And with regards to Performance Reviews, he advised that a Learning Disabilities Service performance review was ongoing and findings would be circulated to IJB members in due course.

**The Committee resolved**

- (i) to note the content of the APS Duties report as attached at Appendix A; and
- (ii) to request that the Chief Finance Officer present a report back to Committee at the end of the financial year confirming that these duties were met and outlining the anticipated schedule for meeting these duties in the financial year 2019-20.

**STRATEGIC RISK REGISTER AND RISK APPETITE REVIEW**

6. The Committee had before it a report by Martin Allan (Business Manager, ACHSCP) which presented the Committee with a revised version of the Aberdeen City Health & Social Care Partnership's strategic risk register and risk appetite statement.

**The report recommended:-**

That the Committee -

- (a) Approve the revised risk appetite statement, as attached at appendix A; and
- (b) Approve the revised strategic risk register, as attached at appendix B.

Martin Allan advised that the risk appetite statement and strategic risk register had been reviewed following the IJB's risk management workshop on 24 April 2018. He highlighted the key changes which had been made and noted that the Executive Team would continue to monitor the register on an ongoing basis. He also recommended that it would be good practice for the Committee to focus on three risks per meeting and provide strategic oversight of the register up until its next formal review by the IJB.

Thereafter there was discussion on the need to further embed risk management within strategic and operational reporting to ensure that performance management, risk management and the Strategic Plan provided the IJB with a framework to take difficult decisions when required.

**The Committee resolved:-**

- (i) to approve the revised risk appetite statement, as attached at appendix A;
- (ii) to approve the revised strategic risk register, as attached at appendix B; and

- (iii) to agree to monitor three risks within the strategic risk register at each Committee meeting up until the next review period, and to treat the register as a living document.

## **INTERNAL AUDIT REPORT**

7. The Committee had before it a report by Alex Stephen which presented the Committee with a summary of a recent NHSG Internal Audit report prepared by PwC.

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

That the Committee –

- (a) Note the content of the NHSG Internal Audit Report, as attached at Appendix A; and
- (b) Note the timescales as outlined in the action plan of the NHSG Internal Audit report, as attached at Appendix A.

Colin Harvey (IJB Internal Audit) advised that the recommendations by NHSG's internal auditor and the Partnership's proposed response both seemed reasonable.

Thereafter there was discussion on whether divergence amongst Grampian Partnerships in terms of performance reporting was due to locality planning and whether this was a positive development. Alison MacLeod advised that divergence would be limited as all Partnerships were required to demonstrate achievement against the nine national health and wellbeing outcomes.

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

- (i) to note the content of the NHSG Internal Audit Report, as attached at Appendix A; and
- (ii) to note the timescales as outlined in the action plan of the NHSG Internal Audit report, as attached at Appendix A.

## **EXTERNAL AUDIT ANNUAL REPORT**

8. The Committee had before it a report by Alex Stephen which presented the Committee with the external audit annual report for discussion and noting.

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

That the Committee note the content of the Annual Audit Report for the year ended 31 March 2018, as at appendix A.

Natalie Dyce (IJB External Audit) advised that today's report would complete the 2017-18 annual audit process and she provided an overview of the Partnership's mainstream budget deficits, and its balance and reserves position. Ms Dyce then drew Members attention to External Audit's conclusions and highlighted its findings in terms of four audit dimensions:-

With regards to (1) Financial Sustainability, the auditors took the view that strong transformation and governance arrangements were in place to close the budget gap and they endorsed the development of a Medium-Term Financial Strategy as good practice;

With regards to (2) Governance and Transparency, the auditors found that effective decision making processes were in place following work with the Good Governance Institute and they were satisfied with the level of challenge at Board meetings. The auditors also welcomed that IJB and APS Committee meetings were open to the public and press and papers were accessible to the public online.

With regards to (3) Financial Management, the auditors were content with the quality and frequency of financial reporting to the IJB and were satisfied that the Partnership had appropriate financial capacity in place. They also noted that no audit adjustments had been reported which demonstrated that the Partnership's financial arrangements were robust; and

With regards to (4) Value for Money, the auditors had been provided with evidence which demonstrated the Partnership's efforts to deliver services differently through its Transformation Programme and they noted that an audit recommendation on Workforce Planning had been agreed by the Partnership with a target date for completion of 31 March 2019.

Thereafter there were questions and comments on (1) External Audit's assessment of the Partnership's financial sustainability; and (2) how the Partnership could effectively demonstrate the achievement of value for money.

**The Committee resolved:-**

To note the content of the Annual Audit Report for the year ended 31 March 2018, as at appendix A.

**At this juncture, the Chair informed the Committee that she would take the following two items (Aberdeen Health and Social Care Partnership Annual Report and Performance Monitoring) together as their content and recommendations overlapped.**

**ABERDEEN HEALTH AND SOCIAL CARE PARTNERSHIP ANNUAL REPORT**

9. The Committee had before it a report by Kevin Toshney (Planning and Development Manager, ACHSCP) which presented the ACHSCP Annual Report 2017-18 to Committee to enable it to assess the partnership's progress in achieving the national health and wellbeing outcomes and to consider the desired style and substance of next year's annual performance report.

**The report recommended:-**

That the Committee –

- (a) Consider the approved ACHSCP Annual Report 2017-18 and agree that further analysis of those outcomes and indicators where the partnership's performance was not as good as expected is required;
- (b) Request that a progress report on the analysis of the partnership's poorer than expected performance in certain areas is presented to a future Audit & Performance Systems Committee meeting; and
- (c) Outline its presentational preferences for next year's annual performance report.

Alison MacLeod explained that the Partnership was statutorily required to publish an annual report and noted that the report had been approved by the IJB at its meeting on 28 August 2018. She advised that the Annual Report was before the Committee today to outline reporting arrangements for the new strategic performance indicators and to seek Committee endorsement to adopt a more creative approach during the development of next year's Annual Report.

Thereafter there were questions and comments on (1) the importance of developing easy-read versions of its key strategic documents to increase accessibility; and (2) whether the Partnership could expand its engagement approach to capture views from service users and hard to reach groups which typically did not respond to consultations.

**The Committee resolved:-**

- (i) to approve the Annual Report 2017-18 and agree that further analysis of those outcomes and indicators where the Partnership's performance was not as good as expected, along with solutions to improve performance is reported as part of the regular quarterly performance reporting to Committee and the IJB; and
- (ii) to agree to adopt a more creative approach during the development of next year's Annual Report, and to instruct the Lead Strategy and Performance Manager to present options for consideration at the Committee's next meeting on 13 November 2018.

**PERFORMANCE MONITORING**

10. The Committee had before it a report by Alison MacLeod (Lead Strategy and Performance Manager, ACHSCP) which advised the Committee of a recent review of performance indicators undertaken by the Lead Strategy and Performance Manager and sought approval of the proposed new set of strategic performance indicators contained in Appendix D.

**The report recommended:-**

That the Committee –

- (a) Approve the proposed new set of strategic performance indicators contained in Appendix D;
- (b) Approve the frequency and route of reporting these; and
- (c) Approve that these are used as the basis of our Annual Report format for 2018/19.

Alison MacLeod proposed that a streamlined set of both local and national strategic performance indicators be reported to Committee and the IJB on a quarterly basis. She recommended that performance be reported by exception, with a focus on indicators which demonstrated both good and under-performance; as well as areas where significant improvement or deterioration in performance had been recorded. Ms MacLeod explained that a new set of strategic performance indicators may be developed following the ongoing review of the Strategic Plan.

Thereafter there were questions and comments on (1) the format of reports when reporting by exception; and (2) Members agreed that it would be a worthwhile exercise to test the new strategic performance indicators.

**The Committee resolved:-**

- (i) to approve the proposed new set of strategic performance indicators contained in Appendix D;
- (ii) to agree to report these strategic performance indicators to Committee and the IJB on a quarterly basis and to request that exception reports be prepared to focus on (1) indicators where good performance had been recorded; (2) indicators where an improvement in performance was required; and (3) indicators where significant improvement or deterioration in performance had been recorded, regardless of performance against target;
- (iii) to note that these strategic performance indicators would continue to be reviewed during the wider review of the three year Strategic Plan; and
- (iv) to note that following the review of the Strategic Plan, it was the Partnership's intention to use the strategic performance indicators as the basis of next year's Annual Report.

**TRANSFORMATION PROGRAMME MONITORING**

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

**The report recommended:-**

That the Committee note the information provided in this report.

Gail Woodcock provided an overview of the actions and progress of the Transformation Programme and then delivered a deep dive presentation with Alison MacLeod and Susie Downie (Transformation Programme Manager, ACHSCP) on (1) Organisational Development; and Cultural Change (2) Strategic Commissioning; and (3) Efficient Resources.

Thereafter there were questions and comments on (1) capturing the level of satisfaction for commissioned services staff through contract management processes; (2) the importance of conducting consultations that could capture views from operational staff, with particular focus on in-house carers; (3) the need to develop metrics which would demonstrate if the feedback received from staff and service users reflected a delivery of strategic outcomes; (4) the importance of managing expectations during the implementation of the Transformation Programme, with particular reference to the agreed person centred approach; (5) the level of joint working between the Partnership and the Council to support young carers; (6) the difficulty for young people and care professionals to manage the transition process between children's and adult social care; and (7) the growing need to identify services areas which were not delivering strategic outcomes or securing value for money and explore the option of service re-provision to strengthen the Partnership's financial sustainability.

**The Committee resolved:-**

- (i) to note the information provided in this report;
- (ii) to request the Chief Finance Officer to identify service areas which were not delivering strategic outcomes or securing value for money, and present options on possible re-provision of services to the IJB's workshop session on 18 September 2018; and

- (iii) to thank Gail Woodcock, Alison MacLeod and Susie Downie for the informative presentation.

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

## **CONTRACTS REGISTER**

**12.** The Committee had before it a report by Alison MacLeod which provided the Committee with a copy of the Contract Register for Adult Social Care Commissioned Services.

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

That the Committee note the Contract Register for Adult Social Care Commissioned Services contained in appendix a. and the proposals for using this register going forward as detailed in paragraph 3.7.

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

To note the Contract Register for Adult Social Care Commissioned Services contained in appendix a. and the proposals for using this register going forward as detailed in paragraph 3.7.

## **CONFIRMATION OF ASSURANCE**

**13.** 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 reasonable assurance to fulfil its duties as outlined within its Terms of Reference.

The Chair requested additional assurance on (1) Locality Planning and progress to date, in terms of meeting strategic outcomes and (2) Future Financial Planning, which would focus on the financial sustainability of core budgets, how the Partnership planned to reduce overspends and possible areas for disinvestment ahead of the IJB budget setting process.

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

- (i) to request the Chief Finance Officer to prepare progress reports on (1) Locality Planning and (2) IJB Future Financial Planning and present these reports to the Committee's next meeting on 13 November 2018; and
- (ii) otherwise confirm the receipt of reasonable assurance for items on today's agenda.

**RHONA ATKINSON, Chairperson.**

## BUSINESS STATEMENT

9 October 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.

<u>No.</u>	<u>Minute Reference</u>	<u>IJB Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Expected</u>
1.	IJB 15.08.17 Article 17	<p><b><u>Aberdeen City Residential Nursing Home Provision</u></b></p> <p>The Board requested a review of the Partnership's strategic intentions towards intervention in the event of future market failure.</p>	<p>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.</p> <p>The Board requested that an update report on Kingswells Care Home be presented to its December meeting.</p> <p>The Board further requested that a performance monitoring report be presented to a future Board meeting on achievement of outcomes.</p>	Chief Officer, Aberdeen City Health and Social Care Partnership	11.12.18
2.	IJB 31.10.17 Article 14	<p><b><u>Carers Strategy</u></b></p> <p>Approval of the draft strategy was deferred on 31 October 2017 to allow the incorporation of further detail on young carers.</p>	<p>The Carers Strategy was agreed at the Board meeting on 27 March 2018.</p> <p>Thereafter the Board requested the Chief Officer to submit the Aberdeen City Short Breaks Services Statement to the Board meeting in October 2018.</p> <p>This report has been deferred to December due to the recent publication</p>	Lead Strategy and Performance Manager, Aberdeen City Health and Social Care Partnership	11.12.18

<u>No.</u>	<u>Minute Reference</u>	<u>IJB Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Expected</u>
			of the template and guidance from the Scottish Government.		
3.	IJB 31.10.17 Article 15	<b><u>Transformation Decisions</u></b>  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.	This report will be presented to the Board on 11 December 2018.	Head of Strategy and Transformation , Aberdeen City Health and Social Care Partnership	11.12.18
4.	IJB 31.10.17 Article 16	<b><u>Board Development Work</u></b>  The Board requested a report on Board Development which would be shaped following consultation with members on their developmental priorities and needs.	The Board agreed at its meeting to procure external governance support.  <b>Recommended for removal</b>	Chief Officer, Aberdeen City Health and Social Care Partnership	Approved on 28.08.18
5.	IJB 12.12.17 Article 11	<b><u>Scheme of Assistance Private Sector Grants Budget 2017-18</u></b>  The Board instructed the Head of Strategy and Transformation to form a short-life working group, including representatives from Bon Accord Care, Aberdeen City Council and the ACHSCP, to undertake a review of the Scheme of Assistance policy and full working practices in order to ensure demand and budget are managed as efficiently and effectively as possible.	The Disabled Adaptations report is on today's agenda.	Head of Strategy and Transformation , Aberdeen City Health and Social Care Partnership	09.10.18
6.	IJB 30.01.18 Article 7	<b><u>Diet, Activity and Healthy Weight</u></b>  The Board instructed the Chief Officer to	A report will be presented to the Board on 11 December 2018.	Chief Officer, Aberdeen City Health and	11.12.18



<u>No.</u>	<u>Minute Reference</u>	<u>IJB Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Expected</u>
		prepare an additional paper to be presented to the IJB in early 2018 to consider the Food Charter for the SFCPA.		Social Care Partnership	
7.	IJB 30.01.18 Article 14	<b><u>Primary Care</u></b>  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 were presented to the Board on 28 August 2018.  <b>Recommended for removal</b>	Chief Officer, Aberdeen City Health and Social Care Partnership	Approved on 28.08.18
8.	IJB 30.01.18 Article 19	<b><u>Mental Health Commissioning</u></b>  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.	A report is on today's agenda.	Head of Strategy and Transformation , Aberdeen City Health and Social Care Partnership	09.10.18
9.	IJB 30.01.18 Article 10	<b><u>Risk Management</u></b>  The Board requested that the updated strategic risk register be presented to the Board at its next meeting on 22 May 2018	The Strategic Risk Register is on today's agenda.	Business Manager, Aberdeen City Health and Social Care Partnership	09.10.18
10.	IJB 27.03.18 Article 13	<b><u>Ethical Care Charter Implementation</u></b>  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.	An update on the implementation of the Ethical Care Charter will be presented to the next meeting of the Audit and Performance Systems Committee on 13 November 2018.	Chief Finance Officer, Aberdeen City Health and Social Care Partnership	11.12.18

<u>No.</u>	<u>Minute Reference</u>	<u>IJB Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Expected</u>
11.	IJB 27.03.18 Article 13	<b><u>Medium Term Financial Strategy</u></b>  The Board agreed to review the narrative of the Medium Term Financial Strategy at its meeting on 9 October 2018.	A report on the Medium-Term Financial Strategy is on today's agenda.	Chief Finance Officer, Aberdeen City Health and Social Care Partnership	09.10.18
12.	IJB 27.03.18 Article 14	<b><u>Prescribing</u></b>  The Board requested:-  (i) the Chief Officer to prepare a report detailing other drugs being prescribed with limited clinical value and recommending the process to be followed to de-prescribe these drugs;  (ii) the Chief Officer to prepare a report on prescribing indicating how a regional approach to prescribing could operate; and  (iii) the Chief Finance Officer to draft a communication strategy on budgetary and financial pressures, and present this to a future meeting of the Board for consideration.	Information on prescribing was incorporated within the Financial report which was presented to the Board on 28 August 2018.  <b>Recommended for removal</b>	Chief Officer, Aberdeen City Health and Social Care Partnership/  Chief Finance Officer, Aberdeen City Health and Social Care Partnership	Approved on 28.08.18
13.	IJB 27.03.18 Article 20	<b><u>GMS Contract</u></b>  The Board asked the Chief Officer to bring a final Primary Care Improvement Plan to	An update report on the provision of GMS services for Torry was requested by the Board on 22 May 2018.	Lead Transformation Manager, Aberdeen City	26.03.19

<u>No.</u>	<u>Minute Reference</u>	<u>IJB Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Expected</u>
		the IJB for agreement prior to its submission to Scottish Government in July 2018.		Health and Social Care Partnership	
14.	IJB 22.05.18 Article 20	<b><u>Skills Framework</u></b>  The Board instructed the 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.	Significant progress in relation to local negotiations have been made and officers expect these to be finalised within the next month. Once that work is completed, a full picture report will be presented to the IJB. An indicative date of 22 January 2019 has been set.	Lead Strategy and Performance Manager, Aberdeen City Health and Social Care Partnership	22.01.19
15.	IJB 22.05.18 Article 23	<b><u>Bon Accord Care Contract Review</u></b>  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.	An update will be provided at today's meeting.	Chief Officer, Aberdeen City Health and Social Care Partnership	09.10.18
16.	IJB 28.08.18 Article 11	<b><u>Technology Enabled Care Framework</u></b>  The Board requested officers to develop proposals on how the Partnership's digital programme would align with Aberdeen City Council and NHS Grampian's digital agendas and present this to a future meeting of the Board.		Lead Transformation Manager, Aberdeen City Health and Social Care Partnership	22.01.19
17.	IJB 28.08.18 Article 16	<b><u>Rosemount Medical Group – Options Appraisal</u></b>  The Board requested that a follow up to	A report is on today's agenda.	Chief Officer, Aberdeen City Health and Social Care	09.10.18

<u>No.</u>	<u>Minute Reference</u>	<u>IJB Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Expected</u>
		August's report be presented to the Board's next meeting on 9 October 2018.		Partnership	



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	9 October 2018
<b>Report Title</b>	IJB Meeting Dates 2019-20
<b>Report Number</b>	HSCP/18/081
<b>Lead Officer</b>	Sandra Ross, Chief Officer
<b>Report Author Details</b>	Name: Iain Robertson Job Title: Committee Services Officer Email Address: <a href="mailto:iairobertson@aberdeencity.gov.uk">iairobertson@aberdeencity.gov.uk</a>
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	None

### 1. Purpose of the Report

- 1.1. To propose Integration Joint Board (IJB) meeting and developmental workshop session schedules for 2019-20.

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:
- a) Review and approve the IJB meeting schedule for 2019-20 as set out in para 3.7;
  - b) Review and approve the stand-alone developmental workshop schedule for 2019-20 as set out in para 3.9; and
  - c) Instruct the Chief Officer to publish the IJB meeting schedule on the Partnership's website.



## INTEGRATION JOINT BOARD

### 3. Summary of Key Information

- 3.1. As per standing order 9(5) the Board is required to approve an annual meeting schedule prior to 1 April of the new meeting year.
- 3.2. At its meeting on 27 March 2018, the Board agreed to review its meeting arrangements when the next annual schedule of meetings was presented to the Board and Members are invited to do so at today's meeting.
- 3.3. It is proposed that the IJB continue to meet on Tuesday mornings, in the Health Village on a 6-8-week cycle. No meetings have been scheduled during public holidays or the Council's summer recess period. No meetings currently clash with Aberdeen City Council or NHS Grampian Board meetings.
- 3.4. As per the decision of the Board on 27 March 2018, all meetings of the IJB are scheduled to run between 10:00am and 3:30pm and may incorporate developmental workshop sessions following the business meeting.
- 3.5. A proposed meeting has been scheduled for 11 June 2019 which would allow the Board to approve the Partnership's Annual Report within four months of Year-End as required by the Scottish Government.
- 3.6. As per the IJB Budget Protocol agreed by the Board at its meeting on 7 March 2017, a dedicated budget meeting has been scheduled for early February 2020 to allow the Board to agree a budget before Aberdeen City Council and the NHS Grampian Board set their annual budgets. A provisional budget meeting has been included within the schedule in the event that the Board has to take further budgetary decisions following the annual budget meetings of its two partners.
- 3.7. The Board is requested to review and approve the following meeting schedule:-  
  
10:00am, 11 June 2019 - Health Village;  
10:00am, 3 September 2019 - Health Village;  
10:00am, 19 November 2019 - Health Village;



## INTEGRATION JOINT BOARD

10:00am, 21 January 2020 - Health Village;  
10:00am, 11 February 2020 (Budget Meeting) - Health Village;  
10:00am, 10 March 2020 (**Provisional 2nd Budget Meeting**) - Health Village; and  
10:00am, 24 March 2020 - Health Village.

**3.8.** As per the decision of the Board on 28 August 2018, four stand-alone developmental workshop sessions have been scheduled to facilitate the delivery of external governance support.

**3.9.** The Board is requested to review and approve the following stand-alone developmental workshop schedule:-

10:00am, 16 April 2019 - Foresterhill Health Centre  
10:00am, 13 August 2019 - Seminar Room, Woodend Hospital  
10:00am, 8 October 2019 - 4 – W – 01 Marischal College  
10:00am, 3 December 2019 - Lewis Room, Royal Cornhill Hospital

### 4. Implications for IJB

**4.1. Equalities** – It is proposed that IJB meetings continue to be held in the Health Village which is a modern building and more accessible to equalities groups.

**4.2. Fairer Scotland Duty** – None directly arising from this report.

**4.3. Financial-** None directly arising from this report.

**4.4. Workforce-** It is anticipated that a meeting schedule which is publicly available on the Partnership's website would be beneficial for Aberdeen City Council, NHS Grampian and Partnership workforces. By scheduling IJB meeting dates up to March 2020, Board members, officers, auditors and stakeholders would be able to plan ahead and effectively prepare for Board meetings.

**4.5. Legal-** Approval of a meeting schedule would help to ensure that the IJB was able to carry out its statutory duties and functions.





## INTEGRATION JOINT BOARD

### 5. Links to ACHSCP Strategic Plan

- 5.1. Governance documents such as the Integration Scheme; the Board's standing orders and an annual meeting schedule underpin the Board's governance arrangements and help ensure that outcomes within the Partnership's Strategic Plan can be effectively and legally delivered.

### 6. Management of Risk

- 6.1 **Identified risk(s):** The Board would be unable to take timely and informed decisions without an agreed meeting schedule; this would undermine the effectiveness of the Board's governance arrangements.
- 6.2 **Link to risk number on strategic or operational risk register:** Strategic Risk Register (3) Failure of the IJB to function, make decisions in a timely manner etc
- 6.3 **How might the content of this report impact or mitigate the known risks:** By agreeing a meeting schedule the Partnership would be able to ensure reports captured the views of key stakeholders during the consultation process. The Board would then be in a position to take informed and timely decisions to support the functions and strategic objectives of the Partnership.

Approvals	
	Sandra Ross (Chief Officer)
	Alex Stephen (Chief Finance Officer)





## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	09.10.2018
<b>Report Title</b>	Strategic Risk Register Review
<b>Report Number</b>	HSCP.18.083
<b>Lead Officer</b>	Alex Stephen, Chief Finance Officer
<b>Report Author Details</b>	Name: Martin Allan Job Title: Business Manager Email Address: <a href="mailto:martin.allan3@nhs.net">martin.allan3@nhs.net</a>
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	a. Risk Appetite Statement b. Strategic Risk Register

### 1. Purpose of the Report

- 1.1. To present the Integration Joint Board (IJB) with a revised version of the Aberdeen City Health & Social Care Partnership's (ACHSCP's) strategic risk register and risk appetite statement.

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:
- a) Note the revised risk appetite statement, as attached at appendix A
  - b) Note the revised strategic risk register, as attached at appendix B



## INTEGRATION JOINT BOARD

### 3. Summary of Key Information

- 3.1. This report presents a review of several elements of the IJB's risk management process including the risk appetite statement and strategic risk register.
- 3.2. These were considered and approved by the Audit & Performance Systems (APS) Committee at its meeting on the 11<sup>th</sup> of September.
- 3.3. The APS Committee additionally resolved to focus on three risks per meeting for robust review at each Committee meeting.

### Revision of the Risk Appetite Statement

- 3.4. Members of the Integration Joint Board considered the risk appetite statement during a development workshop on the 24<sup>th</sup> of April 2018. They recommended several revisions, which are included in the risk appetite statement at appendix A.

### Revision of the Strategic Risk Register

- 3.5. Members of the IJB also considered the risk register during a development workshop on 24<sup>th</sup> April 2018. Several changes were made as a result of this workshop including: removal of risk '*failure of the IJB to function, make decisions in a timely manner etc*'; combining two risks which related to partner organisations (governance arrangements and corporate services) into one risk.
- 3.6. Each risk in the register was then reviewed and updated by appropriate senior managers, before being considered at the Executive Team meeting on the 22<sup>nd</sup> of August (the Register is considered monthly by the Executive Team at their Business Meetings). Key changes to the strategic risk register resulting from this work included: developing risk 1 (market failure) into part A (Adult Social Care) and part B (General Practice Services) and increasing the risk rating of risk 10 (locality working) from medium to high.



## INTEGRATION JOINT BOARD

### 4. Implications for IJB

- 4.1. Equalities – there are no direct implications arising directly as a result of this report.
- 4.2. Fairer Scotland Duty - there are no direct implications arising directly as a result of this report.
- 4.3. Financial - there are no direct implications arising directly as a result of this report.
- 4.4. Workforce - there are no direct implications arising directly as a result of this report.
- 4.5. Legal - there are no direct implications arising directly as a result of this report.
- 4.6. Other - there are no direct implications arising directly as a result of this report.

### 5. Links to ACHSCP Strategic Plan



- 5.1. Ensuring a robust and effective risk management process will help the ACHSCP achieve the strategic priorities as outlined in its strategic plan, as it will monitor, control and mitigate the potential risks to achieving these.

### 6. Management of Risk

- 6.1. **Identified risks(s):** all known risks
- 6.2. **Link to risks on strategic or operational risk register:** all risks as captured on the strategic risk register.
- 6.3. **How might the content of this report impact or mitigate these risks:** Ensuring a robust and effective risk management process will help to mitigate all risks.



## INTEGRATION JOINT BOARD

Approvals	
	Sandra Ross (Chief Officer)
	Alex Stephen (Chief Finance Officer)

## Risk Appetite Statement

Aberdeen City Health and Social Care Integration Joint Board (the IJB) recognises that it is both operating in, and directly shaping, a collaborative health and social care economy where safety, quality and sustainability of services are of mutual benefit to local citizens, to stakeholders and to organisational stakeholders. It also recognises that its appetite for risk will change over time, reflecting a longer-term aspiration to develop innovation in local service provision based on evidence of benefits and on a culture of continuing, planned engagement with the public and other stakeholders, including those involved in service delivery. As a result the IJB is working towards a mature risk appetite over time.

It recognises that achievement of its priorities will involve balancing different types of risk and that there will be a complex relationship between different risks and opportunities. The risk appetite approach is intended to be helpful to the board in decision-making and to enable members to consider the risks to organisational goals of *not* taking decisions as well as of taking them.

The board has identified several broad dimensions of risk which will affect the achievement of its strategic priorities. The IJB will set a level of appetite ranging from “none” up to “significant” for these different dimensions. Higher levels of all risk types may be accepted if specific and effective controls are demonstrably in place and there are clear advantages for integration objectives. The dimensions of risk and corresponding risk appetite are:

Dimension of Risk	Corresponding Risk Appetite
Financial risk	Low to moderate. It will have zero tolerance of instances of fraud.
Regulatory compliance risk	It will accept no or minimal risk in relation to breaches of regulatory and statutory compliance.
Risks to quality and innovation outcomes	Low to moderate (quality and innovation outcomes which predict clearly identifiable benefits and can be managed within statutory safeguards)
Risk of harm to clients and staff	Similarly, it will accept no or minimal risks of harm to service users or to staff. By minimal risks, the IJB means it will only accept minimal risk to services users or staff when the comparative risk of doing nothing is higher than the risk of intervention
Reputational risk	It will accept moderate to high risks to reputation where the decision being proposed has significant benefits for the organisation's strategic priorities
Risks relating to commissioned and hosted services	



The IJB has an appetite to take decisions which may expose the organisation to additional scrutiny and interest where there is evidence of confidence by key stakeholders, especially the public, that difficult decisions are being made for the right reasons. This is most likely to be evident in relation to innovation where there is a perceived need to challenge relationships, standards and working practices and/or where the IJB considers there are identifiable, longer-term benefits of greater integration of systems and technology.

This risk appetite statement will be reviewed regularly, at least as often as the IJB's strategic plan is reviewed and more often when required.



## Strategic Risk Register 2018/19

Revision	Date
1.	March 2018
2.	September 2018



# Aberdeen City Health & Social Care Partnership

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## Introduction & Background

This document is made publicly available on our website, in order to help stakeholders (including members of the public) understand the challenges currently facing health and social care in Aberdeen.

This is the strategic risk register for the Aberdeen City Integration Joint Board, which lays the foundation for the development of work to prevent, mitigate respond to and recover from the recorded risks against the delivery of its strategic plan.

Just because a risk is included in the Strategic Risk Register does not mean that it will happen, or that the impact would necessarily be as serious as the description provided.

More information can be found in the Board Assurance and Escalation Framework and the Risk Appetite Statement.

Risk Rating	Low	Medium	High	Very High
Risk Movement	Decrease	No Change	Increase	





# Aberdeen City Health & Social Care Partnership

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Level of Risk	Risk Tolerance
<p style="text-align: center;"><b>Low</b></p>	<p>Acceptable level of risk. No additional controls are required but any existing risk controls or contingency plans should be documented.</p> <p>Chief Officers/Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p>
<p style="text-align: center;"><b>Medium</b></p>	<p>Acceptable level of risk exposure subject to regular active monitoring measures by Managers/Risk Owners. Where appropriate further action shall be taken to reduce the risk but the cost of control will probably be modest. Managers/Risk Owners shall document that the risk controls or contingency plans are effective.</p> <p>Chief Officers/Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p> <p>Relevant Chief Officers/Managers/Directors/Assurance Committees will periodically seek assurance that these continue to be effective.</p>
<p style="text-align: center;"><b>High</b></p>	<p>Further action should be taken to mitigate/reduce/control the risk, possibly urgently and possibly requiring significant resources. Chief Officers/Managers/Risk Owners must document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p> <p>Relevant Chief Officers/Managers/Directors/Executive and Assurance Committees will periodically seek assurance that these continue to be effective and confirm that it is not reasonably practicable to do more. The IJB's may wish to seek assurance that risks of this level are being effectively managed.</p> <p>However the IJB's may wish to accept high risks that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public</p>
<p style="text-align: center;"><b>Very High</b></p>	<p>Unacceptable level of risk exposure that requires urgent and potentially immediate corrective action to be taken. Relevant Chief Officer/Managers/Directors/Executive and Assurance Committees should be informed explicitly by the relevant Managers/Risk Owners.</p> <p>Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p> <p>The IJB's will seek assurance that risks of this level are being effectively managed.</p> <p>However the IJB's may wish to accept opportunities that have an inherent very high risk that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public</p>



# Aberdeen City Health & Social Care Partnership

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## Risk Summary:

<b>1</b>	There is a risk of significant market failure in Aberdeen City: a. Adult Social Care b. General Practice Services	<b>High</b>
		<b>High</b>
<b>2</b>	There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and projects an overspend.	<b>High</b>
<b>3</b>	There is a risk that the outcomes expected from hosted services are not delivered and that the IJB does not identify non-performance in through its systems. This risk relates to services that Aberdeen IJB hosts on behalf of Moray and Aberdeenshire, and those hosted by those IJBs and delivered on behalf of Aberdeen City.	<b>High</b>
<b>4</b>	There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed to maximise the full potentials of integrated & collaborative working. This risk covers the arrangements between partner organisations in areas such as governance; corporate service; and performance.	<b>Medium</b>
<b>5</b>	There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally-determined performance standards as set by the board itself. This may result in harm or risk of harm to people.	<b>Medium</b>
<b>6</b>	There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care	<b>Medium</b>
<b>7</b>	Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system	<b>High</b>
<b>8</b>	There is a risk that the IJB does not maximise the opportunities offered by locality working	<b>High</b>
<b>9</b>	There is a risk of failure to recruit and that workforce planning across the Partnership is not sophisticated enough to maintain future service deliver	<b>High</b>



# Aberdeen City Health & Social Care Partnership

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- 1 a -	
<p><b>Description of Risk:</b> There is a risk of significant market failure in Aberdeen City – Adult Social Care Services</p> <p>The delivery of adult social care services in Aberdeen is almost 100% outsourced to third party providers operating in either the third or private/independent sector. The social care market is a difficult one to operate in. The business is demand led, the overheads are getting higher, and the main source of funding (i.e. the Partnership) is suffering reduced budgets yet constantly looking for providers to be innovative and to do more with less, or at least the same. For those providing residential services, property costs are high and every year there are more and more demands in relation to Care Inspectorate registration. For all providers, recruitment and retention of staff is an issue and this isn't just about pay. The introduction of the Scottish Living Wage has helped to some extent but delivering social care is not necessarily seen as a profession or vocation in the same way as health care and there are additional complications such as training and insurance requirements that seem to put more barriers up. Providers need staff to deliver the services, but they also need a degree of certainty over the business available to them in order to recruit and train the staff they need. All of this makes for, at best, a challenging environment, at worst, an uncertain commercial viability. This reliance on external provision combined with the difficult operating environment means there is a risk to the partnership should these fragile arrangements break down and result in significant market failure in Aberdeen. If we do not have sufficient capacity in the market or the appropriate infrastructure in-house then there is a risk that we fail to deliver on our statutory duty to provide adult social care services.</p>	
<p><b>Strategic Priority:</b> Outcomes, safety and transformation</p>	<p><b>Executive Team Owner:</b> Head of Strategy and Transformation</p>
<p><b>Risk Rating:</b> low/medium/high/very high</p> <div style="background-color: yellow; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">HIGH</div>	<p><b>Rationale for Risk Rating:</b></p> <ul style="list-style-type: none"> <li>While there has previous provider failure in City (and across Scotland), this has provided valuable experience and an opportunity for learning)</li> <li>Discussion with current providers and understanding of market conditions across the UK and in Aberdeen locally.</li> <li>Impact of Living Wage on profitability depending on some provider models.</li> <li>There is a risk that providers may have to backdate the payment for hourly rates for sleepovers. This is currently being considered through the legal system.</li> </ul>



# Aberdeen City Health & Social Care Partnership

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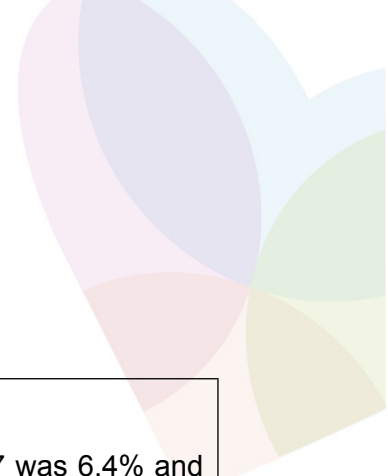


<p><b>Risk Movement:</b> increase/decrease/no change</p> <p style="text-align: center;"><b>NO CHANGE 24.07.2018</b></p>	<p><b>Rationale for Risk Appetite:</b></p> <ul style="list-style-type: none"> <li>As 3<sup>rd</sup> and independent sectors are key strategic partners in delivering transformation and improved care experience, we have a low tolerance of this risk</li> </ul>
<p><b>Controls:</b></p> <p>Robust market and relationship management with the 3<sup>rd</sup> and independent sector and their representative groups. Market facilitation programme and robust contract monitoring process</p>	<p><b>Mitigating Actions:</b></p> <ul style="list-style-type: none"> <li>The IJB's commissioning model has an influence on creating capacity and capability to manage and facilitate the market</li> <li>Development of provider forum and peer mentorship to support relationship and market management</li> <li>Risk fund set aside with transformation funding</li> <li>Additional Scottish Government funding toward the Living Wage and Fair Working Practices have been agreed and applied by the IJB</li> <li>Lessons learned during a recent experience of managing a residential home should market failure occur.</li> <li>Strategic Commissioning Implementation &amp; Market Facilitation Plan was approved by the IJB in January 2018. Progress will be monitored and reported back to the IJB on an annual basis.</li> </ul>
<p><b>Assurances:</b></p> <ul style="list-style-type: none"> <li>Market management and facilitation</li> <li>Inspection reports from the Care Inspectorate</li> <li>Contract monitoring process</li> </ul>	<p><b>Gaps in assurance:</b></p> <ul style="list-style-type: none"> <li>Market or provider failure can happen quickly despite good assurances being in place.</li> </ul>



# Aberdeen City Health & Social Care Partnership

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## Current performance:

- The Partnership/ACC had to step in and take control of a nursing home in Kingswells on 1<sup>st</sup> of April 2017. This has provided the Partnership with experience of how to take control and run a residential home should a provider fail. However, capacity only exists to deal with one residential home at a time and if two homes failed at the same time the resources would be stretched.
- We now have the policy decision that staff providing overnight care (sleepovers) should be paid at the Scottish Living Wage rate and we are currently investigating whether we can safely reduce the number of sleepovers required. Although any increased rate will be funded, this represents a further change for care providers and could result in them losing experienced staff. There is a risk of this needing to be back-dated for six years.
- We were recently made aware of the potential of a national care provider closing services due to financial pressures. The root of these pressures were south of the borders and although the closures did not materialise this is only as a result of a temporary re-financing arrangement and this situation further confirms the likelihood of market failure.

## Comments:

- National Care Home Contract uplift for 2016/17 was 6.4% and 2.8% 2017/18. Negotiations with individual providers are currently taking place for uplifts specific to their needs of up to 3.8%.
- IJB agreed payment of living wage to Care at Home providers for 2016/17 2017/18 and 2018/19



- 1 b -	
<p><b>Description of Risk:</b> There is a risk of significant market failure in Aberdeen City – Primary Care Services</p> <p>Most General Practice (GP) Services are delivered via private contractors in the city via a General Medical Services (GMS) Contract. There are increasing challenges in attracting and retaining the GP workforce, and many GP practices are operating under a traditional GP heavy model. This is evidenced over recent years by contracts being handed back at relatively short notice. While there are mitigations in place and being developed, for example the new GMS Contract and developing Primary Care Improvement Plan, there is still a high risk of market failure in this area. Where independent practices close, this has implications for safe continuity of care for the practice population, as well as taking up significant partnership resources and there are significant reputational risks to the partnership.</p>	
<p><b>Strategic Priority:</b> Outcomes, safety and transformation</p>	<p><b>Executive Team Owner:</b> Clinical Director</p>
<p><b>Risk Rating:</b> low/medium/high/very high</p> <div style="background-color: yellow; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">HIGH</div>	<p><b>Rationale for Risk Rating:</b></p> <ul style="list-style-type: none"> <li>Considered a high risk due as several GP practices have required support from ACHSCP over the past 2 years, most recently Torry Medical Practice and Rosemount Medical Group.</li> </ul> <p><b>Rationale for Risk Appetite:</b></p>
<p><b>Risk Movement:</b> increase/decrease/no change</p> <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">NEW RISK 24.07.2018</div>	
<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>Clinical &amp; Care Governance Group</li> <li>GP Contracts and Contract Review visits</li> <li>GP Sustainability Risk Review</li> </ul>	<p><b>Mitigating Actions:</b></p> <ul style="list-style-type: none"> <li>Developing Primary Care Improvement Plan</li> <li>Implementation of the new GMS Contract</li> </ul>



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<b>Assurances:</b> <ul style="list-style-type: none"><li>• Outputs from GP Contract Reviews</li><li>• Clinical &amp; Care Governance Committee</li></ul>	<b>Gaps in assurance:</b> <ul style="list-style-type: none"><li>• Even with the best monitoring system, the closure of a practice can happen very quickly, with (in some cases) one partner retiring or becoming ill being the catalyst.</li></ul>
<b>Current performance:</b> <ul style="list-style-type: none"><li>• Ongoing support to a GP Practice in the city to ensure continuation of GMS Services in the area after the practice hands back its contract in August.</li><li>• Options appraisal relating to another GP practice in the City will be presented to the IJB in August.</li></ul>	<b>Comments:</b>



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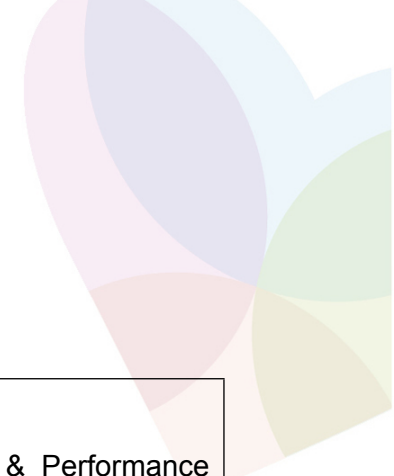
-2-	
<p><b>Description of Risk:</b> There is a risk of IJB financial failure and projecting an overspend, due to demand outstripping available budget, which would impact on the IJB's ability to deliver on its strategic plan (including statutory work).</p>	
<p><b>Strategic Priority:</b> Outcomes and transformation</p>	<p><b>Executive Team Owner:</b> Chief Finance Officer</p>
<p><b>Risk Rating:</b> low/medium/high/very high</p> <div style="background-color: yellow; text-align: center; padding: 5px;"><b>HIGH</b></div>	<p><b>Rationale for Risk Rating:</b> If the partnership fails financially then decisions will be required to stop services. In a health and social care environment this is difficult to do given the reliance service users place on these services. It could also impact on the delivery of the strategy plan as officer's time would be diverted from transformational activities to balance the budget.</p> <p><b>Rationale for Risk Appetite:</b> The IJB has a low-moderate risk appetite to financial loss and understands its requirement to achieve a balanced budget. The IJB recognises the impacts of failing to achieve a balanced budget on Aberdeen City Council &amp; its bond – an unmanaged overspend may have an impact on funding levels.</p> <p>However the IJB also recognises the significant range of statutory services it is required to meet within that finite budget and has a lower appetite for risk of harm to people (low or minimal).</p>
<p><b>Risk Movement:</b> increase/decrease/no change:</p> <div style="background-color: yellow; text-align: center; padding: 5px;"><b>NO CHANGE 24.07.2018</b></div>	





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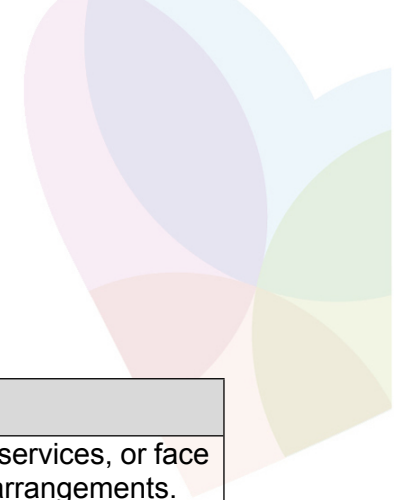


<p><b>Controls:</b> Budgets delegated to cost centre level and being managed by budget holders.</p>	<p><b>Mitigating Actions:</b></p> <ul style="list-style-type: none"> <li>• Financial information is reported regularly to the Audit &amp; Performance Systems Committee, the Integration Joint Board and the Executive Team.</li> <li>• Reserves strategy, including risk fund</li> <li>• Robust financial monitoring and budget setting procedures including regular budget monitoring &amp; budget meeting with budget holders</li> <li>• Development of a Medium-Term Financial Strategy (approved by the IJB at its meeting on the 27<sup>th</sup> March 2018)</li> <li>• Audit &amp; Performance Systems receives regular updates on transformation programme &amp; spend.</li> </ul>
<p><b>Assurances:</b></p> <ul style="list-style-type: none"> <li>• Audit and Performance Systems Committee oversight and scrutiny of budget under the Chief Finance Officer.</li> <li>• Board Assurance and Escalation Framework.</li> <li>• Quarterly budget monitoring reports.</li> <li>• Regular budget monitoring meetings between finance and budget holders.</li> </ul>	<p><b>Gaps in assurance:</b></p> <ul style="list-style-type: none"> <li>• None known – noting that the financial environment is challenging and requires regular monitoring.</li> <li>• Financial failure of hosted services may impact on ability to deliver strategic ambitions.</li> </ul>
<p><b>Current performance:</b></p> <ul style="list-style-type: none"> <li>• Year-end position for 2017/18</li> <li>• Forecasted year end position 2018/19 (when available)</li> <li>• Projected overspend/underspend on mainstream budgets (when available) and whether can be accommodated from within total budget</li> </ul>	<p><b>Comments:</b></p> <ul style="list-style-type: none"> <li>• Regular and ongoing budget reporting and tight management control in place.</li> <li>• Budget monitoring procedure now well established.</li> <li>• Budget holders understand their responsibility in relation to financial management.</li> </ul>



# Aberdeen City Health & Social Care Partnership

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**Description of Risk:** There is a risk that hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure and that the IJB fails to identify such non-performance through its own systems and pan-Grampian governance arrangements.

This risk relates to services that Aberdeen IJB hosts on behalf of Moray and Aberdeenshire, and those hosted by those IJBs and delivered on behalf of Aberdeen City.

**Strategic Priority:** Outcomes and transformation

**Executive Team Owner:** Chief Officer

**Risk Rating:** low/medium/high/very high

**HIGH**

**Rationale for Risk Rating:**

- Considered high risk due to the projected overspend in hosted services
- Hosted services are a risk of the set-up of Integration Joint Boards.

**Risk Movement:** (increase/decrease/no change):

**NO CHANGE 24.07.2018**

**Rationale for Risk Appetite:**

- The IJB has some tolerance of risk in relation to testing change.

**Controls:**

- Integration scheme agreement on cross-reporting
- North East Strategic Partnership Group
- Operational risk register

**Mitigating Actions:**

- This is discussed regularly by the three North East Chief Officers
- Regular discussion regarding budget with relevant finance colleagues



# Aberdeen City Health & Social Care Partnership

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<p><b>Assurances:</b></p> <ul style="list-style-type: none"><li>• These largely come from the systems, process and procedures put in place by NHS Grampian, which are still being operated, along with any new processes which are put in place by the lead IJB.</li></ul>	<p><b>Gaps in assurance:</b></p> <ul style="list-style-type: none"><li>• There is a need to develop comprehensive governance framework for hosted services, including the roles of the IJB's sub-committees.</li><li>• Pan-Grampian meetings between IJBs are not happening with sufficient regularity to resolve hosted services issues.</li></ul>
<p><b>Current performance:</b></p> <ul style="list-style-type: none"><li>• The projected overspend on hosted services is a factor in the IJB's overspend position. This may in future impact on the outcomes expected by the hosted services.</li></ul>	<p><b>Comments:</b></p> <ul style="list-style-type: none"><li>• It is noted that NHS Grampian intend to undertake an internal audit on the governance of hosted services.</li></ul>



# Aberdeen City Health & Social Care Partnership

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- 4 -

**Description of Risk:** There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed in order to maximise the full potential of integrated & collaborative working to deliver the strategic plan. This risk covers the arrangements between partner organisations in areas such as governance arrangements, human resources; and performance.

**Strategic Priority:** Outcomes and service transformation

**Executive Team Owner:** Chief Officer

**Risk Rating:** low/medium/high/very high

**MEDIUM**

**Rationale for Risk Rating:**

- Considered medium given the experience of two years' operations since 'go-live' in April 2016.
- However, given the wide range and variety of services that support the IJB from NHS Grampian and Aberdeen City Council there is a possibility of services not performing to the required level.

**Risk Movement:** (increase/decrease/no change)

**NO CHANGE 24.07.2018**

**Rationale for Risk Appetite:**

There is a zero tolerance in relation to not meeting legal and statutory requirements.

**Controls:**

- IJB Strategic Plan
- IJB Integration Scheme
- IJB Governance Scheme including 'Scheme of Governance: Roles & Responsibilities'
- Agreed risk appetite statement
- Role and remit of the North East Strategic Partnership Group in relation to shared services
- Current governance committees within IJB & NHS.

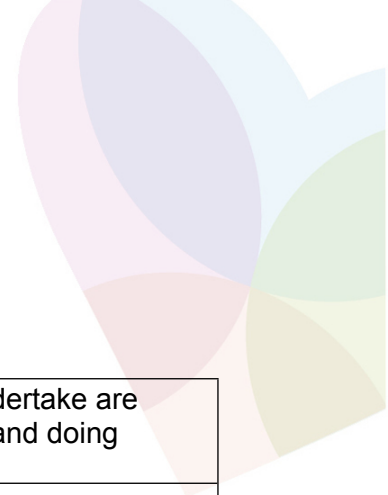
**Mitigating Actions:**

- Regular consultation & engagement between bodies.
- Regular and ongoing Chief Officer membership of Aberdeen City Council's Corporate Management Team and NHS Grampian's Senior Leadership Team
- Regular performance meetings between ACHSCP Chief Officer, Aberdeen City Council and NHS Grampian Chief Executives.

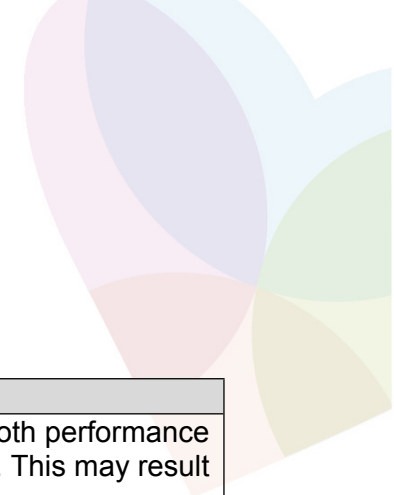


# Aberdeen City Health & Social Care Partnership

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	<ul style="list-style-type: none"> <li>Additional mitigating actions which could be undertaken are including this area within the audit programme and doing bench-marking activity with other IJBs.</li> </ul>
<p><b>Assurances:</b></p> <ul style="list-style-type: none"> <li>Regular review of governance documents by IJB and where necessary Aberdeen City Council &amp; NHS Grampian.</li> </ul>	<p><b>Gaps in assurance:</b></p> <ul style="list-style-type: none"> <li>None currently significant though note consideration relating to possible future Service Level Agreements.</li> </ul>
<p><b>Current performance:</b></p> <ul style="list-style-type: none"> <li>Most of the major processes and arrangements between the partner organisations have been tested for over two years of operation and no major issues have been identified.</li> <li>A review of the Integration Scheme has been undertaken and the revised scheme has been approved by NHSG, Aberdeen City Council &amp; Scottish Government.</li> <li>However this does not remove the risk as processes within the IJB and partner organisations will continue to evolve and improve.</li> </ul>	<p><b>Comments:</b></p> <ul style="list-style-type: none"> <li>Nothing to update on this risk.</li> </ul>



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**Description of Risk:** There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally-determined performance standards as set by the board itself. This may result in harm or risk of harm to people.

**Strategic Priority:** Outcomes, safety, transformation of services

**Executive Team Owner:** Head of Strategy & Transformation (Lead Strategy & Performance Manager)

**Risk Rating:** low/medium/high/very high

**MEDIUM**

**Rationale for Risk Rating:** changes to service delivery due to workforce recruitment issues in Aberdeen may impact on service performance.

**Risk Movement:** *(increase/decrease/no change)*

**NO CHANGE 24.07.2018**

**Rationale for Risk Appetite:**

The IJB has no to minimal tolerance of harm happening to people as a result of its actions, recognising that in some cases there may be a balance between the risk of doing nothing and the risk of action or intervention.

**Controls:**

- Clinical and Care Governance Committee and Group
- Audit and Performance Systems Committee
- Performance Management and Evaluation Group
- Performance Framework
- Risk-assessed plans with actions and performance measures
- Linkage with ACC and NHSG performance reporting
- Annual Report
- Chief Social Work Officer's Report
- Internal Audit Reports
- Complaints

**Mitigating Actions:**

- Fundamental review of key performance indicators reported
- Review of systems used to record, extract and report data
- Review of and where and how often performance information is reported on how learning is fed back into processes and procedures.
- On-going work developing a culture of performance management and evaluation throughout the transformation programme



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<p><b>Assurances:</b></p> <ul style="list-style-type: none"><li>• Joint meeting of IJB Chief Officer with two Partner Body Chief Executives.</li><li>• Reports to Clinical and Care Governance Committee.</li><li>• Care Inspectorate Inspection reports</li><li>• Contract review meetings.</li><li>• External reviews of performance.</li><li>• Benchmarking with other IJBs.</li></ul>	<p><b>Gaps in assurance:</b></p> <ul style="list-style-type: none"><li>• Formal performance reporting process is evolving.</li><li>• Audit &amp; Performance Systems Committee meets regularly and is establishing reporting mechanisms</li><li>• Intelligent Board performance model has been agreed and is being populated</li></ul>
<p><b>Current performance:</b></p> <ul style="list-style-type: none"><li>• Performance reports submitted to IJB and Audit and Performance Systems Committee.</li><li>• Performance Management and Evaluation Group meeting regularly.</li><li>• Various Steering Groups for strategy implementation established and reviewing performance regularly.</li><li>• Performance data discussed at team meetings.</li></ul>	<p><b>Comments:</b></p> <ul style="list-style-type: none"><li>• Clinical and Care Governance Committee and Group have been established and are meeting regularly</li><li>• Establishing reporting and assurance mechanisms for hosted and commissioned services</li></ul>



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**Description of Risk:** There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, decision making, delegation and delivery of services across health and social care.

**Strategic Priority:** All

**Executive Team Owner:** Chief Officer

**Risk Rating:** low/medium/high/very high

**Medium**

**Rationale for Risk Rating:**

- Governance processes are in place and have been tested since go live in April 2017.
- Budget processes tested during approval of 2<sup>nd</sup> budget, which was approved.

**Risk Movement:** *(increase/decrease/no change)*

**No Change 24.07.2018**

**Rationale for Risk Appetite:**

Willing to risk certain reputational damage if rationale for decision is sound.

**Controls:**

- Executive Management Team
- IJB and its Committees
- Operational management processes and reporting
- Board escalation process

**Mitigating Actions:**

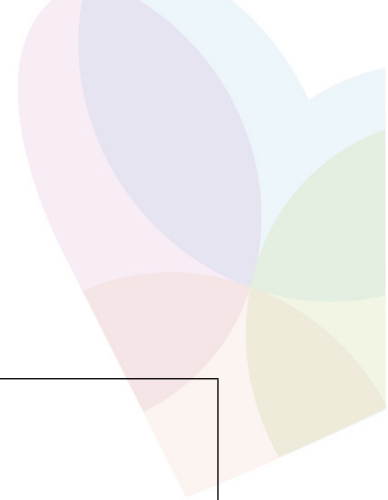
- Clarity of roles
- Staff and customer engagement – recent results from iMatter survey alongside a well-established Joint Staff Forum indicate high levels of staff engagement.
- Effective performance and risk management
- To ensure that ACHSCP have a clear communication & engagement strategy, and a clear policy for social media use, in order to mitigate the risk of reputational damage.





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<p><b>Assurances:</b></p> <ul style="list-style-type: none"> <li>• Role of the Chief Officer and Executive Team</li> <li>• Role of the Chief Finance Officer</li> <li>• Performance relationship with NHS and ACC Chief Executives</li> <li>• Communications plan / communications manager</li> </ul>	<p><b>Gaps in assurance:</b> None known at this time</p>
<p><b>Current performance:</b></p> <ul style="list-style-type: none"> <li>• Communications officer in place to lead reputation management</li> </ul>	<p><b>Comments:</b></p> <ul style="list-style-type: none"> <li>• Communications strategy and action plan in place and being led by the HSCP's Communications Manager</li> <li>• Communication and Engagement Group in place comprising of staff across the partnership supporting us in getting the message right and appropriate</li> <li>• Locality leadership groups being established to build our relationship with communities and stakeholders</li> <li>• Regular Chief Officer (CO) and Chief Executives (CEs) meeting supports good communication flow across partners as does CO's membership of the Corporate Management Teams of both ACC and NHSG</li> </ul>



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<b>Description of Risk:</b> Failure of the transformation to delivery sustainable systems change, which helps the IJB deliver its strategic priorities, in the face of demographic & financial pressures.	
<b>Strategic Priority:</b> All	<b>Executive Team Owner:</b> Head of Strategy & Transformation
<b>Risk Rating:</b> low/medium/high/very high <div style="background-color: yellow; text-align: center; padding: 5px;"><b>HIGH</b></div>	<b>Rationale for Risk Rating:</b> <ul style="list-style-type: none"> <li>• Recognition of the known demographic curve &amp; financial challenges, which mean existing capacity may struggle</li> <li>• This is the overall risk – each of our transformation programme work streams will also be risk assessed with some programmes being a higher risk than others.</li> </ul>
<b>Risk Movement:</b> <i>(increase/decrease/no change)</i> <div style="background-color: yellow; text-align: center; padding: 5px;"><b>NO CHANGE 24.07.2018</b></div>	
<b>Rationale for Risk Appetite:</b> <ul style="list-style-type: none"> <li>• The IJB has some appetite for risk relating to testing change and being innovative.</li> <li>• The IJB has no to minimal appetite for harm happening to people – however this is balanced with a recognition of the risk of harm happening to people in the future if no action or transformation is taken.</li> </ul>	
<b>Controls:</b> <ul style="list-style-type: none"> <li>• Strategic Transformation and Commissioning programme management and governance</li> <li>• Audit and Performance Systems Committee – quarterly reports to provide assurance of progress</li> </ul>	<b>Mitigating Actions:</b> <ul style="list-style-type: none"> <li>• Programme management approach being taken in terms of the transformation programme</li> <li>• Transformation team in place and all trained in Managing Successful Programmes methodology</li> </ul>



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<ul style="list-style-type: none"> <li>• Programme Board structure and Executive Programme board in place</li> <li>• Transformation Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Regular reporting to Executive Programme Board and Portfolio Programme Boards</li> <li>• Regular reporting to Audit and Performance Systems Committee and Integration Joint Board</li> <li>• Service Review process developed and being utilised in operational services to support transformation and continuous improvement on a service by service basis</li> <li>• Evaluation process in place to track delivery of change and efficiencies</li> <li>• A review of the full transformation programme and governance arrangements has taken place and improved governance arrangements are now in place.</li> <li>• A number of plans and frameworks have been developed to underpin our transformation activity across our wider system including: Reimagining Primary and Community Care Vision, Transformation Plan, Primary Care Improvement Plan, Action 15 Plan.</li> </ul>
<p><b>Assurances:</b></p> <ul style="list-style-type: none"> <li>• Executive Management and Committee Reporting</li> <li>• Robust Programme Management approach supporting by an evaluation framework</li> <li>• IJB oversight</li> <li>• Board escalation process</li> <li>• Internal Audit has undertaken a detailed audit of our transformation programme. All recommendations from this audit have now been actioned.</li> </ul>	<p><b>Gaps in assurance:</b></p> <ul style="list-style-type: none"> <li>• There is a gap in terms of the impact of transformation on our budgets. Many of the benefits of our project relate to early intervention and reducing hospital admissions, neither of which provide earlier cashable savings. A range of financial workstreams have been established to deliver tangible cashable savings, however these are at an early stage and have yet to deliver, and there is therefore a gap in assurance in this area.</li> </ul>



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**Current performance:**

- Demographic financial pressure is starting to materialise in some of the IJB budgets.
- The Strategy and Transformation Team is now established and reviewing/supporting the transformation projects

**Comments:**

- Several projects are now in the deliver phase
- Initial evaluation report is now available for West Visiting Service and scaling plan is being developed



<b>Description of Risk</b> There is a risk that the IJB does not maximise the opportunities offered by locality working	
<b>Strategic Priority:</b> All	<b>Executive Team Owner:</b> Chief Officer
<b>Risk Rating:</b> low/medium/high/very high  <b>HIGH</b>	<b>Rationale for Risk Rating:</b> <ul style="list-style-type: none"> <li>All Head of Locality posts have now been recruited to and are in post.</li> <li>Localities are in an early, developmental stage and currently require strategic oversight so are included in this risk register. Once they are operational, they will be removed from the strategic risk register as a stand-alone item and will be included in the wider risk relating to transformation (risk 7).</li> </ul> <b>Rationale for Risk Appetite:</b> The IJB has some appetite to risk in relation to testing innovation and change. There is zero risk of financial failure or working out with statutory requirements of a public body.
<b>Risk Movement:</b> <i>(increase/decrease/no change)</i>  <b>INCREASE 24.07.2018</b>	
<b>Controls:</b> <ul style="list-style-type: none"> <li>Audit and Performance Systems Committee</li> <li>Action plans as derived from the locality plans.</li> <li>Locality Leadership Groups</li> <li>Strategic Planning Group</li> <li>Previous professional management structure maintaining safe delivery of services.</li> </ul>	<b>Mitigating Actions:</b> <ul style="list-style-type: none"> <li>Heads of Locality recruited.</li> <li>Continued broad engagement on locality working and requested development of comprehensive communication plan</li> </ul>



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<b>Assurances:</b> <ul style="list-style-type: none"><li>• Strategic Planning Group</li><li>• Locality plans performance monitoring and review.</li></ul>	<b>Gaps in assurance</b> <ul style="list-style-type: none"><li>• Progress of delivering locality plans.</li></ul>
<b>Current performance:</b> <ul style="list-style-type: none"><li>• All Heads of Locality now in post</li><li>• Recruitment to further posts has been paused until the arrival of the new Chief Officer. As such, recruitment to the Locality Teams has been delayed.</li></ul>	<b>Comments:</b> <ul style="list-style-type: none"><li>• Locality Leadership Groups meetings are being attended by Heads of Locality</li><li>• It was previously reported that the next level of the locality structure was due to 'go live' in April 2018. However, there are no longer clear timelines agreed.</li><li>• Locality plans &amp; profiles have been created for each of the localities, approved by the IJB &amp; published on the website.</li></ul>



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**Description of Risk:**

There is a risk of failing to recruit and that workforce planning across the Partnership is not sophisticated enough to maintain future service delivery.

**Strategic Priority: All**

**Executive Team Owner:** Chief Officer

**Risk Rating:** low/medium/high/very high

**HIGH**

**Risk Movement:** *(increase/decrease/no change)*

**NO CHANGE 24.07.2018**

**Rationale for Risk Rating:**

- The current staffing complement profile changes on an incremental basis over time.
- However the number of over 50s employed within the partnership (by NHSG and ACC) is increasing.
- Current vacancy levels and delays in recruitment across ACHSCP services.

**Rationale for Risk Appetite:**

- Risk should be able to be managed with the adoption of workforce planning structures and processes

**Controls:**

- Clinical & Care Governance committee reviews operational risk around staffing numbers

**Mitigating Actions:**

- Requested reference to regional approaches
- Consideration of engaging with schools/college/universities
- Use commissioning to encourage training of staff
- Development of a workforce plan



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	<ul style="list-style-type: none"> <li>Agreed to establish a working group to lead on further development on workforce planning</li> </ul>
<p><b>Assurances:</b></p> <ul style="list-style-type: none"> <li>Workforce plan once developed for the whole Partnership.</li> </ul>	<p><b>Gaps in assurance</b></p> <ul style="list-style-type: none"> <li>Need more information on social care staffing</li> <li>Information on social care providers would be useful to determine trends in wider sector</li> </ul>
<p><b>Current performance:</b></p> <ul style="list-style-type: none"> <li>Workforce planned developed, but only covers health staff and not the social care staff. Information expected from Scottish Government during over the next few months which should help improve workforce planning across all partnerships.</li> <li>High levels of locum use and nursing vacancies in the psychiatry service</li> </ul>	<p><b>Comments:</b></p> <ul style="list-style-type: none"> <li>The Executive Team has considered several work-force initiatives including 'Career Ready' and 'Developing the Young Workforce' initiatives. The business manager will be developing these further before bringing a proposal to the IJB for approval.</li> <li>Consultation responses provided to the Scottish Government relating to the Health &amp; Care (Staffing) (Scotland) Bill.</li> </ul>





## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	09.10.2018
<b>Report Title</b>	Medium Term Financial Strategy Update
<b>Report Number</b>	HSCP.18.082
<b>Lead Officer</b>	Alex Stephen, Chief Finance Officer
<b>Report Author Details</b>	Alex Stephen, Chief Finance Officer
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	A – Review of Services

### 1. Purpose of the Report

- 1.1 To update the narrative and figures contained in the Medium Term Financial Strategy (MTFS) approved by the Integration Joint Board 27 March 2018.

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:

- a) Notes the updated elements of the MTFS; and
- b) Notes that a further report on the MTFS will be brought back to the IJB in February 2019.

### 3. Summary of Key Information

- 3.1. On the 27 March 2018 the IJB approved a Medium-Term Financial Strategy which set out the financial challenges likely to be faced by the IJB over the next five financial years. The Chief Finance Officer was asked to report



## INTEGRATION JOINT BOARD

back with a review of the narrative contained in the Medium Term Financial Strategy to the IJB meeting on 9 October.

- 3.2.** To summarise the MTFFS identified that the IJB would face budget pressures of approximately £11 million each year based on the best information available at the time of writing the strategy. This £11 million was reduced to £6.5 million when assumptions were added for additional funding in relation to pay awards and the Scottish Living Wage. Included in the £11 million is an assumption that the level of funding provided by Aberdeen City Council will reduce and the IJBs will be required to find savings to cover its share of this reduction.
- 3.3.** The IJB agreed several workstreams should be progressed to help identify savings to close the funding gap of £6.5 million. These include looking for service efficiencies through reviewing fees & charges, contracts and commissioning and managing demographic change and prescribing financial pressures through our transformation programme. The final workstream which has been created was to undertake service reviews to drive out efficiencies.
- 3.4.** Since March most of the assumed financial pressures are still anticipated to be valid. The one financial pressure which is moving is in relation to pay awards for staff. At the time of writing the strategy it was anticipated that staff paid over £36,500 and less than £80,000 would receive a pay award of 2%. Since then the NHS pay award has been agreed at 3% for this group of staff and while COSLA is still negotiating for Council staff, the latest offer from the employer side matches that agreed for NHS staff. It would therefore be prudent to update the financial strategy to reflect the fact that pay awards are now beginning to increase. The movement highlighted above will create an estimated additional budget pressure of £280,000 each financial year. There may also be financial pressure on the NHS staff budgets going forward as the grading system is changing to reduce the number of years required to reach the top of a grade for some groups of staff.
- 3.5.** The pay award movement may also impact on some of the level of increases anticipated for the commissioned services. At present these are forecast to increase by 3.3% for the national care home contract and 3.5%



## INTEGRATION JOINT BOARD

for contracts not covered by the national care home contract. Providers may use the increase in Council/NHS wages to look for additional increases in the values of their contracts. At this stage it is not proposed to move these percentages given they are already budgeted at above 3%, however, these budgets pressures will need to be watched closely.

- 3.6. The prescribing budget has been the source of many conversations at the IJB over the last two years. At present a budget pressure has been added of £1 million each year, this has been reduced to zero by adding a corresponding saving. There is a great deal of work ongoing to reduce the prescribing spend and this is being taken forward on a Grampian wide basis. At this point in time the prescribing budget is forecast to underspend by £200,000. However, this has not been added into the IJB forecast financial position due to volatility of the spend and the fact it is only based on two months of data. It is therefore, not planned to change the assumption around the prescribing budget at this point in time.
- 3.7. In terms of the financial savings workstreams work is progressing, a recent service review has been undertaken of the learning disability service and officers are in the process of preparing a report to take through the governance process designed to support these reviews. A copy of the process which will be gone through for service reviews is contained in Appendix A. In term of the fees and charges work is progressing to come up with proposals that will generate additional income for the IJB and maximise the income that can be collected from clients. A report on charging will be presented to the IJB meeting in December.

### 4. Implications for 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.



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4.6. Other – none identified.

### 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:**

Good quality financial monitoring and planning will help budget holders manage their budgets. By having timely and reliable financial information any issues are identified quickly, allowing mitigating actions to be implemented where possible.

Approvals	
	Sandra Ross (Chief Officer)
	Alex Stephen (Chief Finance Officer)

## **Appendix A - Service Review**

### **Purpose**

To enable a service and function review across the breadth of the Aberdeen City Health & Social Care Partnership, to ensure that what is delivered remains relevant and that processes involved are efficient. To ensure that resources are used to deliver maximum benefits, focussing on service models, service efficiencies and financial sustainability. To explore potential opportunities for change, linking in to transformation change and aligning with the IJB Risk Appetite Statement, and supporting quality improvement, governance and safety.

### **Process**

The process will commence with a data gathering exercise of a number of metrics including:

- Name and description of service and function
  - Legal status of service (statutory/ discretionary and which parts of the service)
- Staffing structures including vacancies
- Budgets and resources associated with the service
  - WTE by post type
  - Budget breakdowns
  - Bases and equipment
  - General costs and resources
- Relevant performance indicators including statutory performance targets, and outcomes
  - Service user feedback
  - Any case studies showing impact
- Challenges/ Opportunities
  - Pressures
  - Transformation opportunities
  - Review and savings opportunities
- Any current or previous services plan(s)

Staff involved in delivering the service along with support staff such as Finance, will be involved in pulling together the data identified above.

A small service review team will review this information and will embed themselves in the service over a number of days (estimated to be around a week). In advance of the intensive time spent in and with the service, the service review team will have an

introductory meeting with staff involved in delivering the services. At this meeting, the service review team will discuss the development of a programme of activity for the review period. Staff involved in delivering the service will set up focus groups and make arrangements for the service review team to visit, observe and meet colleagues involved in the service to be reviewed. At the conclusion of the review week and/or following the Service Review Board meeting, the service review team will present their initial findings at a meeting that is open to all interested members of the service.

The review team will look at:

- Purpose of the service
- Impact of the service
- Resources currently used and/or required to deliver the service (including staff, consumables and assets)
- Processes involved in delivering the service

The process will involve the service review team reviewing the data, speaking to service delivery staff about their ideas for improving processes/ changing the scope of service delivery/improving quality, and observing service delivery and processes involved in delivering the service, including speaking to people receiving the service.

The service review team will identify:

- Potential opportunities for streamlining processes/ systems to deliver efficiencies (efficiencies could be service or organisation wide)
- Potential options for changing scope of service along with likely resultant implications for performance indicators
- Alignment of performance indicators/ service outcomes with strategic plan
- Themes – identify key cross cutting themes that the service relates to/ contributes to

A final output of the work will be a service improvement/ transformation plan for each service.

### Service Review Team

The Service Review Team will consist of a small (around 6) cross section of staff members involved in the service being reviewed, the Lead Transformation Manager, Transformation Programme Manager, Public Health Coordinator, and a Head of Locality or senior operational manager.

The cross section of staff members involved in the service will include staff from different levels and in different teams within the service. Backfill funding will be considered for staff at Band 6/ G13 and below who are involved in the service review team.

The initial team will develop a detailed process during the first service review that can be replicated in future service reviews (and improved where required.) The process will be based on the EFQM (European Foundation for Quality Management) Excellence Model.

The team will work closely with those delivering the service, providing a safe space for staff to share ideas and potential opportunities.

### Service Review Board

The Service Review Team will report to the Service Review Board, chaired by the Chief Officer. The Service review board will report to the Executive Programme Board, with escalation to IJB as/ when required. There will be links to Transformation Portfolio Programme Boards, and to the Executive Team and Senior Operational Management Team.

Membership of the Service Review Board will be:

- Chief Officer, Chair
- Chief Finance Officer, Vice Chair
- Head of Strategy and Transformation
- GP Clinical Lead x 1
- Operational & Professional Leadership x 3 or 4 depending on topic\agenda
- Support from accountants, Exec Assistant and Performance
- Staff Side/ TU representation

Reporting to the Service Review Board will be the Service Review Team including the small cross sector from colleagues representing the service (and any others as deemed appropriate by the Service Review Team.

The Service Review Team will present an overview of the service and an in depth consideration of their findings, including options for change with potential implications.

The Service Review Board will provide constructive challenge and identify (in a collaborative manner) preferred options to progress, including concrete actions and

timelines. Preferred options will be prioritised based on maximum impact by investment of resources.

These options and progress to deliver these options will then be reported through the programme board structure, with a further Service Review Board convened for the Service being reviewed after a period of time (anticipated to be between 9 months and 1 year later.)

Timeline (estimates)

- Week 1: Service Review Team identified, Data Gathering
- Week 3: Review of data
- Week 4: Pre meeting with service
- Week 7: Review week, Initial Feedback to service
- Week 9: Presentation to Service Review Board, identification of concrete options and timelines
- Week 11: Development of Service Improvement/ Transformation Plan, Further Feedback and Engagement with Service, Implementation groups established
- Week 15 – 45 Updates to Programme Boards
- Week 45 Final feedback to Service Review Board





## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	9 <sup>th</sup> October 2018
<b>Report Title</b>	Aberdeen City Health & Social Care Partnership Winter Plan 2018/19
<b>Report Number</b>	HSCP.18.086
<b>Lead Officer</b>	Sandra Ross (Chief Officer)
<b>Report Author Details</b>	Kenneth O'Brien Service Manager <a href="mailto:kobrien@aberdeencity.gov.uk">kobrien@aberdeencity.gov.uk</a> 01224 556 201
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	One – Partnership Draft Winter Plan

### 1. Purpose of the Report

- 1.1 The Aberdeen City Health and Social Care Partnership is required to develop a “Winter Plan” each year to reflect arrangements to support activity over the winter period. The draft Winter Plan before the IJB is contained in Appendix One.
- 1.2 This report to the IJB:
- Gives a brief description of the context and process behind the creation of the current Winter Plan for the Partnership;
  - Documents the testing arrangements put in place regarding the 2018/19 Winter Plan;
  - Sets out the monitoring arrangements for the Winter Plan.



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### 2. Recommendations

2.1. It is recommended that the IJB:

1. Review and approve the 2018/19 Winter Plan for the Aberdeen City H&SCP (Appendix One) and instruct the Chief Officer to send the Plan to NHS Grampian for inclusion in the Grampian wide Winter Plan; and
2. Endorse the review arrangements for the Aberdeen City H&SCP Winter Plan for over the 2018/19 winter period (as set out in section 3).

### 3. Summary of Key Information

#### Context & Process

- 3.1. The winter period can be challenging for health and social care services. Demand for services can be very high and the ability and capacity of teams and resources to respond is often tested. To address such challenges the Scottish Government has directed Health Boards to undertake robust Winter Planning that is shared and coordinated with partners in Health and Social Care Partnerships.
- 3.2. As part of its contribution towards this process, the Aberdeen City H&SCP is required, (under Scottish Government DL (2017)19 guidance on Preparing for Winter 2017/18), to create its own Partnership specific Winter Plan. The plan needs to set out how the Partnership is prepared for this winter to minimise any potential disruption to its services, patients/clients and informal carers. The plan also must ensure safe and effective care for patients/clients and that there are effective levels of capacity and funding in place to support service delivery and expected activity levels.
- 3.3. Resultantly, a draft Winter Plan has been created (see appendix one) which documents various actions and activities to ensure the continuity of the Partnership's own services and its links with the wider health and social care system.
- 3.4. The entirety of the City Partnership's Senior Operational Management Team (reflecting all services within the scope of the Partnership), has



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contributed to and approved the current draft of the Winter Plan before the IJB. This was through both a 'debrief and learning' session looking at winter 2017/18 and subsequent 'workshop' style drafting session for the current Winter Plan.

- 3.5.** In addition, a draft version of the Winter Plan was also provided to NHS Grampian, as a body, for their consideration on 31<sup>st</sup> July 2018.
- 3.6.** If approved by the IJB, the City H&SCP Winter Plan will be sent onwards to NHS Grampian, in time for them to submit their full Grampian wide document to Scottish Government by their deadline of 31<sup>st</sup> October 2018. The finalised Grampian wide document will then be presented to the Aberdeen City IJB for their information and review when it meets on 11<sup>th</sup> December 2018.

### Winter Plan Testing

- 3.7.** A City Partnership specific test, was held on 31<sup>st</sup> August 2018. This exercise focussed purely on the City Partnership's Winter Plan – any learning from this test has been incorporated into the current draft of the Winter Plan before the IJB.
- 3.8.** A test of the full Grampian wide Winter Plan – based on drafts of Winter Plans from the Acute sector and City, Shire and Moray Partnerships was conducted on 28<sup>th</sup> September 2018. The City Partnership participated fully in this test.

### Ongoing Monitoring and Review

- 3.9.** It is brought to the IJB's attention that the Aberdeen City H&SCP Winter Plan will be a standing item at the City Partnership's monthly Senior Operational Management Team meeting. This will ensure that the Winter Plan is being implemented and is appropriately managing seasonal demands.



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- 3.10.** Specific elements of the Winter Plan (such as delayed discharges, patient flow, vacancy/sickness reporting etc), will be monitored more frequently – as documented in the detail of the plan itself.

### **4. Implications for IJB**

- 4.1.** Equalities: The patients/clients of the services of the City H&SCP are disproportionately older adults and adults with chronic illness and/or long-term disabilities. Whilst 'age' and 'disability' are protected equality characteristics, it is not anticipated that there will be anything other than a positive impact for both groups via improved preparedness over the winter period.
- 4.2.** Financial: There are no unfunded financial implications within this paper and appendix. Any Winter Planning arrangements are either already funded via previously agreed budgets or have specific funding and governance already attached to them (e.g. 6 Essential Actions monies, delayed discharge funds etc)
- 4.3.** Workforce: There only potential workforce implication relating to this paper and its appendix is the intention for the Partnership to review its need regarding public holiday working over the winter period. Any proposed changes that arise from such a review would follow normal protocols and HR guidance.
- 4.4.** Legal: There are no legal implications related to this paper and its appendix.
- 4.5.** Other: None

### **5. Links to ACHSCP Strategic Plan**

- 5.1.** The Partnership's Strategic Plan set a very clear intention to shift the balance of care to community-based models. The Winter Plan's focus on ensuring flow out into the community from hospital, alongside sustaining individuals at home during winter is congruent with this goal.



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- 5.2. Additionally, given the strategic plan's focus on supporting staff to deliver high quality services, the Winter Plan's focus on ensuring continuity of provision despite seasonal challenges is very relevant.

### 6. Management of Risk

#### 6.1. Identified risks(s)

There are significant risks, both operational and reputational, for the Partnership if it does not have an accurate, comprehensive, and realistic Winter Plan. This includes:

- Delay/failure of service provision and inability to meet organisational and statutory responsibilities.
- Increased costs due to last minute spending to ameliorate system failures and capacity issues.

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

From the Partnership's strategic risk register:



"5. 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:

If the Partnership has an appropriate Winter Plan, it offers the opportunity to mitigate and manage predictable risk in a considered manner. This would therefore improve service delivery in difficult periods and minimise unexpected and/or unplanned costs.



## INTEGRATION JOINT BOARD

Approvals	
	Sandra Ross (Chief Officer)
	Alex Stephen (Chief Finance Officer)



## Surge, Capacity Planning and Festive Preparedness Aberdeen City Health & Social Care Partnership 2018/19

Last Updated: September 2018

Action	Outcomes	Deadline	Update	Lead
<b>RESILIANCE</b>				
<b>Initial Response for surge planning/resilience will be Senior Manager on Call with escalation to Head of Operations and/or Chief Officer (as appropriate)</b>	One point of contact with clear line of escalation to ensure decision making accountability.  Clear and understood links between Senior Manager on call and existing out of hours support arrangements.	31 October 2018	<b>Confirmed and agreed at SOMT 13 July 2018.</b>	All Senior Managers on Call (actual 'on call' response')
<b>Ensure everyone aware of on call arrangements and rota</b>	Senior Managers in the Partnership aware of on call arrangements and which senior staff are providing cover during Christmas and New Year.	31 October 2018	<b>On call arrangements already agreed up until January 2019.</b>	Senior Operational Leads

	<p>This will include any 'deputising' arrangements for those managers who are on leave.</p> <p>Key contacts for all professions will be made available.</p>			
<p><b>Senior Manager On call folder is up-to-date, and contains accurate and relevant information for any immediate or emergency response required across the Partnership</b></p>	<p>Appropriate information is up to date in the Senior Manager On Call folder – allowing for timely and appropriate emergency response across Partnership services.</p> <p>This will include appropriate action cards etc.</p>	31 October 2018	<p><b>Physical Folders for SMOC currently being updated and standardised for all on rota</b></p>	<p>Buildings and Administration Team (for physical updating of material/folder)</p> <p>Senior Operational Leads (will determine material requiring updating)</p>
<p><b>Overall H&amp;SCP business continuity plan reviewed annually</b></p>	<p>Business Continuity Plans (BCP): Services will undertake Business Impact Analyses including Surge Planning which will feed in to overall Community Health and Adult Social Care BCPs. This will ensure that BCP's are responsive to current circumstances and fit for purpose over winter 2018/19</p>	31 October 2018	<p><b>Plans in place to ensure that all BCP's are reviewed/checked prior to commencement of winter 2018/19</b></p>	<p>Martin Allan (Partnership Wide)</p> <p>NHSG BCP Lead (NHSG)</p> <p>ACC BCP Lead (Social Care)</p>
<p><b>Each service to have festive staffing</b></p>	<p>Each service is clear regarding its staffing requirements over the</p>	Staffing requirements	<p><b>Agreed at SOMT, 13 July 2018.</b></p>	Senior Operational



<b>requirements established by end of October 2018</b>	<p>winter period and has identified appropriate staff to ensure service continuity. Information shared appropriately across the H&amp;SC Partnership.</p> <p>Leave arrangements are coordinated appropriately across the partnership to ensure staffing levels can accommodate not only planned leave, but any contingencies (sickness etc).</p>	<p>available for scrutiny by Operations Group by 31 October 2018</p>		<p>Leads (as chair of Operations Group where staffing will be tabled for scrutiny)</p>
<b>All staff (across the Partnership) are fully briefed on adverse weather policies</b>	<p>Ensures access to work maximised in poor weather for all relevant staff.</p> <p>Ensures consistent message relating to adverse weather is communicated to partnership staff.</p>	<p>In place.</p>	<p><b>Procedures/process already in place.</b></p>	<p>Via NHS Grampian and Aberdeen City Council established process for adverse weather communication.</p>
<b>Winter Planning to be a standing item on key groups within the Health and Social Care Partnership</b>	<p>Risks monitored regularly and managed effectively via weekly operations meeting and as a standing item at the monthly Senior Operational Management Team meeting.</p>	<p>In place from October 2018 [Weekly for ops meeting; Monthly for SOMT]</p>	<p><b>Confirmed via SOMT on 13-07-2018 [that winter plan will be a standing item at these forums]</b></p>	<p>Senior Operational Leads</p>
<b>Partnership actively participating in 'Care for People' group which reports to the</b>	<p>Partnership fully integrated into any emergency planning and response arrangements.</p>	<p>In place. [6 monthly update to Chief Officer]</p>	<p><b>Partnership representatives now sitting on group</b></p>	<p>Sandy Reid – Senior Support Manager</p>

<b>Local Resilience Partnership.</b>				
<b>Partnership will review number and type of staff deployed to work on Public Holidays over the winter 2018/19 period.</b>	Maximise staff available for immediate response + attempt to minimise the noted surge in demand that occurs post public holidays.	31 October 2018	<b>Relevant individual service areas currently reviewing.</b>	Operations Group members
<b>Partnership will systematically review its operational risk register prior to winter 2018/19 to highlight areas of difficulty/weakness.</b>	Significant areas of risk that may impact on service delivery over winter 2018/19 will be identified and escalated to Senior Management for action prior to winter commencing.	31 October 2018	<b>Plans in place for reviews to be undertaken prior to commencement of winter 2018/19</b>	Martin Allan – Business Manager
<b>Partnership will review all GP practices using established RAG (Red Amber Green) risk assessment tool prior to winter 2018/19 to highlight areas of concern.</b>	Any significant GP Practice vulnerabilities that may impact on service delivery over winter 2018/19 will be identified and escalated to Senior Management for action prior to winter commencing.	31 <sup>st</sup> October 2018	<b>Dr Lynch has confirmed this action will be undertaken again prior to winter 2018/19</b>	Dr Stephen Lynch – Clinical Director
<b>Partnership will timetable its workload and activities so that operational work is prioritised during winter surge period.</b>	Non-operational workload for staff and managers will be reduced in times of peak demand – meaning resources are full deployed to meet pressures and demand.	Throughout winter/surge period 2018/19 [primarily December 2018 / January 2019]	<b>Agreed at SOMT, 13 July 2018.</b>	Partnership's Executive Team

Action	Outcomes	Deadline	Update	Lead
<b>COMMUNITY HEALTH</b>				
<b>Ongoing Participation in the Grampian Whole System Huddle</b>	All stakeholders are clear about the state of play across the system and able to be proactive in the management of surges in activity. Escalate if necessary.	In place. [Daily weekday meeting]	<b>Partnership representation at huddle in place and ongoing.</b>	Jason Nicol – Head of Service
<b>Aberdeen City Delayed Discharge Group meeting fortnightly.</b>	Fortnightly checks of flow performance by multiagency/multisector group. Ability to increase frequency in times of surge and act to address delays.	DD meeting already established and operating (monthly). Switch to fortnightly by December 2018.	<b>Meeting established and in operation. Switch to fortnightly, as opposed to monthly already agreed by DD group members for winter period.</b>	Kenneth O'Brien – Service Manager
<b>Older Persons Assessment and Liaison (OPAL) Team may be directed to areas of pressure in times of surge.</b>	Good practice in relation to right place, right time, right person.  Will support decision making about admissions and transfers.  Will optimise synergies with 'Acute Care at Home' now that it is operational.	In place. [Weekly review]	<b>Regular joint meetings of Partnership staff and Acute Unit Operational Manager with responsibilities for OPAL established for priority setting.</b>	Jason Nicol – Head of Service
<b>Participation in robust discharge/flow planning as part of the NHSG Acute Unscheduled Care (6</b>	Reduction of failed discharges + quick resolution of structural matters.	In place. [Monthly meeting]	<b>Partnership representation established at NHSG Unscheduled Care Group.</b>	Kenneth O'Brien – Service Manager

Essential Actions) Group.				
<b>Partnership employed Pharmacy staff have an up-to-date and live "Prioritisation of services during pre-surge, surge and recovery" protocol.</b>	Clear arrangements are in place to prioritise key areas of service delivery for pharmacy staff in times of surge.	In place.	<b>Agreed with Alison Davie, Lead Pharmacist that in place and live ready for winter 2018/19</b>	Pharmacy Leads
<b>GP Practices set up to flex and offer additional "on the day" appointments based on actual demand fluctuations/surge.</b>	Partnership will support GP practices to adjust proportion/volume of appointments to reflect the 'live' demand pressures during surge.	Ready to implement by 1 <sup>st</sup> December 2018. [Weekly review during winter]	<b>Dr Lynch has confirmed that practices will deliver this on a practice by practice basis based on presenting demand.</b>	Dr Stephen Lynch – Clinical Director

Action	Outcomes	Deadline	Update	Lead
<b>SOCIAL CARE</b>				
<b>Provide interim bed capacity for hospital discharges during winter pressures.</b>	Care Home Bed capacity (27 social care beds) reserved specifically to support discharges and improve flow out of hospital.	1 <sup>st</sup> December 2018	<b>Sufficient bed capacity identified in care home sector for interim beds going forward from December 2018 onwards. Currently finalising letters of agreement + primary care medical cover.</b>	Kenneth O'Brien – Service Manager
<b>Vary allocation of interim social care beds to support cross system pressures.</b>	Interim beds (which are dedicated to supporting discharge) can have their priority criteria varied to reflect cross system demand.	1 <sup>st</sup> December 2018 [Daily review]	<b>Procedures governing allocation of interim beds will be updated again to confirm cross-system response to pressures.</b>	Jason Nicol – Head of Service  Kenneth O'Brien – Service Manager
<b>Care Home Business Continuity Plan Check/Review</b>	A check that all care homes have in place appropriate Business Continuity Plans as per their contract, prior to any winter/seasonal pressures.	1 <sup>st</sup> December 2018	<b>Letter drafted to all care homes.</b>  <b>Circulation to all care homes imminent with deadline for response pre-December 2018.</b>	Martin Allan – Partnership Business Manager (in conjunction with Aberdeen City Council Commissioning, Procurement and Contracts Team)
<b>Prioritisation and Triage of all homecare</b>	Ensures that those in greatest need (including hospital-based	In place [Daily review]	<b>Arrangements now in place for staff to</b>	Emma Ross – Service Manager

<b>provision for patients/clients.</b>	delays) have any care at home capacity directed to them on a priority basis.		<b>consistently triage and update client care requirements – ready for winter.</b>	Carol Simmers – Service Manager
<b>Provide 'step up' bed capacity within the care home sector to divert inappropriate prospective hospital admissions</b>	Additional care home bed capacity reserved to support diversion from hospital – preventing inappropriate admissions at times of surge.	1 <sup>st</sup> December 2018.	<b>Currently being progressed with care home providers and primary care.</b>	Emma Ross – Service Manager  Carol Simmers – Service Manager
<b>Embed social work personnel within Emergency Department (ED)</b>	Social Work staff in place and available within ED – diversion of inappropriate admissions + access to expertise on community-based resources.	1 <sup>st</sup> December 2018	<b>Currently progressing fixed term recruitment to role.</b>	Kenneth O'Brien – Service Manager

Action	Outcomes	Deadline	Update	Lead
<b>SEASONAL FLU, STAFF PROTECTION, AND OUTBREAK RESOURCING</b>				
<b>All Partnership staff have easy and convenient access to the seasonal flu vaccine – including access across work settings/employer – and are encouraged to avail themselves of it.</b>	Reduction of staff absence due to flu.	As vaccine available.	<b>Link now established with Flu Advisory Group</b>	All Partnership Managers  Occupational Health Service  Flu Advisory Group
<b>Encourage targeted patient groups to access the flu vaccination.</b>	Spread of the virus will be contained and influenza related demand will be reduced	As vaccine available.		NHSG Public Health and Primary Care
<b>HSCP has an up-to-date 'Major Infectious Diseases Plan' which outlines HSCP actions / response in the event of a pandemic being declared.</b>	Management of outbreak arrangements are responsive to current circumstances and fit for purpose over winter 2018/19	In place	<b>Plan out for consultation with Consultant in Public Health Medicine – awaiting feedback</b>	Martin Allan – Business Manager
<b>HSCP has an up-to-date Mass Prophylaxis Centre (MPC) / Antiviral Collection Point (ACP) Operational Plan</b>	Management of Prophylaxis and Antivirals is appropriate and responsive to any circumstances over winter 2018/19.	In place	<b>Minor amendments still to be made r.e. personnel changes + wider review to be done.</b>	Martin Allan – Business Manager
<b>Social Care voluntary and independent providers fully</b>	To ensure that all social care employers in the city are fully briefed and aware that their staff	In place.	<b>Link established with Flu Advisory Group to</b>	Kenneth O'Brien – Service Manager

<b>integrated into staff vaccination campaign</b>	can access for free flu vaccinations via multiple routes (pharmacy etc)		<b>support social work/care contact.</b>	
<b>Appropriate Communications out to all Partnership Staff – r.e. not spreading infection etc</b>	Ensures that the appropriate infection control messages go out to all partnership staff consistently (social care and health).	In place.	<b>Link established with Infection Control contacts to ensure that publicity messages go to all relevant staff.</b>	Kenneth O'Brien – Service Manager

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Action	Outcomes	Deadline	Update	Lead
<b>MANAGEMENT INFORMATION</b>				
<b>Daily management data collated for in-patient beds and intermediate care within the City Partnership to enable a real time 'handle' on flow; to facilitate escalation as appropriate.</b>	Tracking of flow, unmet demand and an agreed threshold for formal escalation to Head of Operations	In place. [Daily weekday updates]	<b>In operation as of now.</b>	Jason Nicol – Head of Service
<b>Regular identification of vacant care home capacity within the City + ability to increase checks on capacity when needed.</b>	Weekly report on where, if any, there are places available in care/nursing homes to prevent hospital admissions and promote interim discharge arrangements. [Frequency of checks can be increased in times of surge]	In place. [Weekly updates as standard, but can vary based on demand/pressures]	<b>In operation as of now.</b>	Emma Ross – Service Manager  Kenneth O'Brien – Service Manager
<b>Weekly management data provided on volume of patients who are admitted/delayed in hospital + reason for delay.</b>	Quick identification of flow issues relating to discharge delays + admission demand across the hospital estate. Escalation and reaction can occur quickly.	In place. [Weekly updates]	<b>In operation as of now.</b>	Kenneth O'Brien – Service Manager and Health Intelligence Staff
<b>Regular review of H&amp;SCP staffing status</b>	Identification of staffing issues at an early point + immediate forum to look at resolution of concerns.	In place.	<b>Agreed at SOMT – 13 July 2018.</b>	Service Leads

<p><b>– vacancies/sickness etc – via SOMT.</b></p>	<p>Sit reps for areas of concerns will be implemented if SOMT feels needed – to be fed to weekly operations meeting.</p>			
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Action	Outcomes	Deadline	Update	Lead
<b>SIGN OFF AND GOVERNANCE</b>				
<b>Appropriate sign off of finalised Winter Plan – via Chief Officer and the Aberdeen City IJB.</b>	Winter Plan is given independent scrutiny and analysis	9 <sup>th</sup> October 2018	<b>To be considered by IJB on 9<sup>th</sup> October 2018</b>	Sandra Ross - Chief Officer  Kenneth O'Brien – Service Manager
<b>Review of the Winter Plan and its implementation will be via the Partnership's Senior Operational Management Team (standing item)</b>	Assurance is sought (and remediated if not available) that winter plan is appropriate to circumstances and is being implemented fully.	Commences October 2018 onwards	<b>Standing item in place as of October's SOMT.</b>	Senior Operational Leads

Key Roles / Services Integrated into Planning Process		RAG	Further Action/Comments
Senior Operational Management Team (Partnership)	<input checked="" type="checkbox"/>	<b>G</b>	Consulted via SOMT on 04-07-2018 [Document confirmed and ratified at SOMT on 05-09-2018]
Strategic Planning Group (Partnership)	<input checked="" type="checkbox"/>	<b>G</b>	Consulted on 13-08-2018
Nursing Leads / Medical Leads (Partnership)	<input checked="" type="checkbox"/>	<b>G</b>	Consulted via SOMT on 04-07-2018 [Document confirmed and ratified at SOMT on 05-09-2018]
AHP Lead (Partnership)	<input checked="" type="checkbox"/>	<b>G</b>	Consulted via SOMT on 04-07-2018 [Document confirmed and ratified at SOMT on 05-09-2018]
Pharmacy Lead (Partnership)	<input checked="" type="checkbox"/>	<b>G</b>	Via Lead Pharmacists on 15-05-2018
Mental Health Leads	<input checked="" type="checkbox"/>	<b>G</b>	Consulted via SOMT on 04-07-2018 [Document confirmed and ratified at SOMT on 05-09-2018]
Lead Social Worker	<input checked="" type="checkbox"/>	<b>G</b>	Consulted via SOMT on 04-07-2018 [Document confirmed and ratified at SOMT on 05-09-2018]
Chief Officer (Partnership)	<input checked="" type="checkbox"/>	<b>G</b>	First draft passed to Aberdeen City Chief Officer on 04-07-2018. Also signed off as part of submission to IJB.
NHS Grampian	<input checked="" type="checkbox"/>	<b>G</b>	First draft passed back to NHSG for consideration as part of their overall winter plan on 31-07-2018. Revised draft sent on for consideration as part

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			of draft Grampian winter plan. Final approved version to be sent on 09-10-2018 provided IJB approval given.
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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	9 <sup>th</sup> October 2018
<b>Report Title</b>	Disabled Adaptations
<b>Report Number</b>	HSCP.18.084
<b>Lead Officer</b>	Sandra Ross, Chief Officer
<b>Report Author Details</b>	Name: Alison MacLeod Job Title: Lead Strategy and Performance Manager Email Address: alimacleod@aberdeencity.gov.uk
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	<ul style="list-style-type: none"> <li>a. <i>Terms of Reference Disabled Adaptations Group</i></li> <li>b. <i>Disabled Adaptations Policy</i></li> </ul>

### 1. Purpose of the Report

- 1.1. The purpose of this paper is to advise the IJB of the various arrangements that currently exist in relation to Disabled Adaptations and to seek approval for the development of new arrangements going forward which will provide the IJB with greater assurance in relation to their role in managing this delegated function.

### 2. Recommendations

- 2.1. It is recommended that the IJB note the current situation with regards to managing Disabled Adaptations in the various tenures and their responsibilities for this delegated function; and



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- 2.2. It is further recommended that a Task and Finish Group is established to negotiate new arrangements that provide the IJB with greater assurance in relation to the management of Disabled Adaptations enabling these to continue to be delivered utilising the necessary expertise and meeting desired outcomes. The Task and Finish Group will also oversee the transition from the current arrangements to the new ones, reviewing processes and procedures and identifying options for efficiencies.

### 3. Summary of Key Information

- 3.1. Undertaking adaptations to properties enables vulnerable people to live independently in their own homes, improving their health and wellbeing outcomes and reducing the demand for core services. Adaptations carried out vary from minor ones of low monetary value, for example, hand or grab rails, to major ones such as the installation of level access showers, ramped accesses, stairlifts and extension to properties. There is variation in the budget available, the process to be followed, the staff undertaking the processes and what work is done depending on the type of property where the disabled adaptation is undertaken. The funding mechanism for adaptations is dependent on tenure.
- 3.2. Under the Public Bodies (Joint Working) (Scotland) Act 2014 disabled adaptations are a delegated function of the Integration Joint Board. As such, the IJB is responsible for the planning of these and for their performance and must ensure appropriate resources are available. The IJB should also take decisions in relation to these and obtain assurance of the monitoring, management and delivery.
- 3.3. Regardless of the type of tenure, Aberdeen City Health and Social Care Partnership have a statutory duty to assess the needs of individuals in relation to disabled adaptations. These assessments are undertaken by Occupational Therapy Services (OTS) of Bon Accord Care (BAC).
- 3.4. Disabled adaptations can be undertaken in 3 types of properties: -
- Housing Revenue Account Funded (Council) Owned Properties
  - Registered Social Landlord Owned Properties
  - Privately Owned Properties

#### **Adaptations in Housing Revenue Account Funded Properties**

- 3.5. Council owned properties account for 22% of the total housing stock in Aberdeen City and the spend in this type of property accounts for 56.5% of





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the total budget allocation. This disproportionate balance is understandable as the majority of the most vulnerable client group tend to live in council housing and they are in most need of the full cost support that is provided for council house tenants.

- 3.6.** Currently there is an annual budget of £1 million to fund both major and minor adaptations in council houses. This budget has been static for a number of years and the actual spend over the last 3 years is as follows: -

2015/16 £967K,  
2016/17 £1.1m,  
2017/18 £1.09m

Any overspend on this budget in the past has been managed by the Capital Board who manage the ACC Housing Capital Budget as a whole.

- 3.7.** The Housing Revenue Account funds adaptations in council housing stock. This means that Council House Tenants pay for these via their rent and as such, the money is ring-fenced for the benefit of council house tenants only. Such adaptations are an investment which could benefit future council house tenants. When a tenant presents with an adaptation need, before the decision to undertake the adaptations is taken, BAC OTS staff normally consider the option of re-housing the tenant to a more suitable property that either does not require the adaptation or is already adapted to suit their need. The decision to go ahead with the adaptation is made purely and simply on whether the individual has an assessed need and is a council tenant or not.
- 3.8.** Work in council housing is undertaken by a dedicated contractor. As with all housing capital funded projects ACC Building Services have first refusal on all projects. Both minor and major adaptations are undertaken and extensions to properties may be considered if appropriate. All adaptations are undertaken by a designated team within Building Services. Building Services carry out a customer satisfaction survey on the work undertaken and ACC Housing Asset staff issue an Adaptation Questionnaire which quality assures the application process and whether the adaptation has enabled the desired outcome. There is a statutory obligation to report on disabled adaptations to the Housing Regulator and the Scottish Government. Housing staff currently undertake this reporting via their own systems.
- 3.9.** The Housing Assets Team have the responsibility for council housing stock and until now have had the responsibility of managing both the budget and the day to day process. With the responsibilities being delegated to the IJB as of April 2016, however, they have indicated that the arrangement of them



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continuing to fulfil this role cannot continue indefinitely and they no longer have the capacity to do this. They are seeking alternative arrangements to be put in place by the Partnership.

- 3.10.** BAC are the delivery arm for older people's services including Occupational Therapy. The IJB therefore already places a trust in the decisions made by this service. We are currently in the process of negotiating a revised Service Level Agreement with BAC for their contract beyond April 2019. One option could be that we delegate the responsibility for the management of this function to BAC OTS. This would link assessment to implementation and expenditure.
- 3.11.** The IJB still require assurance that the work is being carried out and that the budget is being managed. The Housing Asset Team would still retain an interest in Disabled Adaptation work as they have a responsibility for maintaining the housing asset. They would require information on any adaptation undertaken in order that they can update their database and allocate a "remaining life" indicator. Their focus is on the property whereas the IJB's focus is on the individual need and how best to meet these. Assurance is normally provided by the contractor so this should not be impacted by the proposals in this report.
- 3.12.** It is proposed that a Disabled Adaptations Group (DAG) be created. The Disabled Adaptations Group would consist of relevant stakeholders from the Partnership (representing the IJB), from BAC OTS, from Housing Assets and from Finance and their role would be to monitor the various adaptation approvals and the budget expenditure and report back to the IJB via the normal budget monitoring process, giving them the assurance, they require in respect of their delegated function. Please see Appendix a for the terms of reference for this group which includes membership and frequency of meetings.

### **Adaptations in Registered Social Landlord Owned Properties**

- 3.13.** Registered Social Landlord (RSL) owned properties account for 7% of the total housing stock in Aberdeen City and the spend in this type of property accounts for 4% of the total budget spend although this is probably due to the restricted budget, which is around £70,000 per RSL per annum. This funding is allocated to RSLs directly from Scottish Government. The IJB has no control over the allocation of funds or of the work undertaken.
- 3.14.** The allocation of funds to the RSL sector has consistently fallen below the cost of works required to meet assessed needs. There remains a statutory



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duty to provide an adaptation based on an assessed need which means that an RSL tenant could apply to the IJB to fund this if funding is not available from the RSL budget.

- 3.15.** It is proposed that the RSLs are invited to attend the Disabled Adaptations Group to advise of the level of need, number of adaptations and funding commitments and pressures. This would enable the DAG to have the whole picture and adopt a partnership approach to addressing any shortfall in need due to the restricted funding and ensure that adaptations are being awarded consistently relative to need and regardless of tenure.

### Adaptations in Privately Owned Properties

- 3.16.** Privately owned properties including those in the private rented sector account for 71% of the total housing stock in Aberdeen City and spend on this type of property accounts for 39.5% of the total budget available. The IJB received a report on this type of funded adaptations in October 2017. The annual budget for adaptations in privately owned properties is currently £770,000. Whilst the budget needs to be available in the first place in order for grants to be approved, the actual expenditure of it is reliant on owners of properties instructing and completing the work. As reported in October 2017, there were overspends in 2015/16 and 2016/17 and a further overspend was projected for 2017/18. An additional £250,000 was approved to accommodate this projection and enable grants to continue to be approved. The total value of grants approved in 2017/18 was £985,768.
- 3.17.** Major adaptations in privately owned properties are undertaken through a grant scheme. The Housing (Scotland) Act 2006 legislation requires local authorities to publish a Statement of Services, referred to as 'Scheme of Assistance' which details the assistance that the local authorities will provide to homeowners living within their boundaries. All applicants for a Disabled Adaptation Grant qualify for 80% of eligible costs, and those applicants who are in receipt of certain defined benefits qualify for 100% of eligible costs. Certain adaptations are mandatory, whilst other adaptations are at the discretion of the local authority.
- 3.18.** Aberdeen City Council originally drafted and published a Scheme of Assistance Policy in 2006 which is based on the relevant sections of the Housing (Scotland) Act 2006 and underpins and supports this process. The grant awarded is a contribution towards total the cost of the adaptation. The Scheme of Assistance Policy originally contained two parts, one concerning disabled adaptations and one concerning the repair and



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maintenance of private housing. It is proposed that this document is now split and that the section concerning Disabled Adaptations becomes an Aberdeen City Health and Social Care Partnership Policy. This is attached at Appendix b.

- 3.19.** No upper or lower limit on the grant funding for each adaptation is imposed. If the cost of meeting the assessed need is in excess of £500, and grant funding is available, the homeowner applies to the Council for a Disabled Adaptation Grant and thereafter organises the adaptation works to be carried out. The grant must be paid within one year of it being awarded, and whilst homeowners are usually keen to have the adaptation work carried out as soon as possible, the availability of contractors will dictate when the works are actually carried out. This means that grants awarded towards the end of a financial year are usually paid during the next financial year. The monitoring role of the DAG will ensure that spend is monitored on an ongoing basis and should additional funding be required in-year, this can be escalated via normal internal procedures.
- 3.20.** Colleagues in the Private Sector Housing Unit of ACC administer the processing of Disabled Adaptations Grant applications and have confirmed that they are happy to continue doing so. It is proposed that this process is also monitored via the Disabled Adaptations Group.
- 3.21.** Minor adaptation works in private properties (up to the value of £500) are instructed by BAC OTS based on assessment of need. Currently, private home owners are asked to contribute 50% towards the cost of the adaptation (subject to financial assessment). The full cost of the works is met by Bon Accord Care at the point of order. When the work is completed, Bon Accord Care instruct Aberdeen City Council to raise an invoice to the private tenant for their contribution. The balance of the cost is reclaimed from ACC to the total value of £70,000 per year.

### 4. Implications for IJB

- 4.1. Equalities** – none. This report seeks to bring as much equality as possible to the various tenures within the legislative and governance parameters.
- 4.2. Fairer Scotland** – none
- 4.3. Financial** – overspends in the HRA and Private Property budgets will have to be managed within normal financial management arrangements.



## INTEGRATION JOINT BOARD

- 4.4. Workforce** – There may be workforce implications depending on the discussions with ACC colleagues in relation to the transfer of duties. This may involve a rewording of the SLA with BAC which can be achieved within the timescale for the completion of that. Existing staff will need to commit to DAG meetings.
- 4.5. Legal** – we have a statutory obligation to assess need, provide aids and adaptations, and provide information in the form of Annual Returns to the Scottish Government and the Housing Regulator.
- 4.6. Other** – none

### 5. Links to ACHSCP Strategic Plan

**5.1** This report links directly to the delivery of the following strategic priorities: -

- 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.

### 6. Management of Risk

#### 6.1. Identified risks(s)

There is a risk that the IJB does not fulfil its role in relation to decision making in respect of Disabled Adaptations.

There is also a risk that the IJB fails to meet its statutory obligations in relation to assessing and meeting need for Disabled Adaptations.

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

This report links directly to the following three risks from the Strategic Risk Register: -

Risk 4 -There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed to maximise the full potentials of integrated & collaborative working. This risk



## INTEGRATION JOINT BOARD


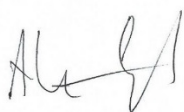
covers the arrangements between partner organisations in areas such as governance; corporate service; and performance.

Risk 5 - 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.

Risk 6 - There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care.

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

The creation of a Disabled Adaptations Group and the monitoring of the budget via normal financial management processes will enable the IJB to have an awareness of what is being managed on their behalf in relation to Disabled Adaptations and be able to take decisions in relation to these.

Approvals	
	Sandra Ross (Chief Officer)
	Alex Stephen (Chief Finance Officer)

## **APPENDIX 1**

### **ADAPTATION OF HOMES FOR PEOPLE WITH DISABILITIES**

Local authorities have a statutory duty under the Housing (Scotland) 2006 Act to provide a minimum of 80% grant funding for adaptations to provide an occupant with a disability with the Standard Amenities suitable for their purpose. This statutory duty extends to tenants within the private rental sector. The aim is to assist homeowners or private tenants to remain independent and living within their own homes and within the community in which they are familiar and supported. This grant is referred to as a 'Mandatory' grant and is restricted by the type and amount of work required to meet the needs of the occupant being assessed.

While striving to assist owners in maintaining their independence, Aberdeen City Council (ACC) and Aberdeen City Health and Social Care Partnership (ACHSCP) are mindful of the Scottish Government's belief that owners have a personal responsibility for their own housing. We have therefore attempted to reflect this within our package of assistance whilst, at the same time, trying to ease the additional financial burden that disability can bring. We have also addressed the issue of assistance, where it is required, for those living with disability through mental ill health as well as physical disability. For this reason, the package of assistance will be tailored to suit the individual needs of each applicant and a range of additional discretionary grants, budget permitting, may be offered.

ACC and ACHSCP acknowledge that there are insufficient homes that are accessible to those individuals with a disability living in the city. With this in mind, neither ACC or ACHSCP will be encouraging any adapted properties to be reinstated once no longer required by the current occupant. Grant aid to do so will only be provided to do this in exceptional circumstances. In the private rental market, the first option will be to try and match suitable tenants to vacant adapted properties.

#### **Assessment of Circumstances**

- ACC and ACHSCP view adaptations to property of those individuals with a disability as only one element of an overall support package. To fulfil this view, all applications for assistance to provide adaptations to private sector housing will be based on an assessment of need which will be carried out by a member of staff from Occupational Therapy Services, Bon Accord Care.
- Where appropriate, the Occupational Therapy staff will transfer their responsibility to carry out an assessment to another appropriate professional body and/or seek a reference from an appropriate professional.
- The Occupational Therapy staff will apply the following qualifying criteria for access to equipment and adaptations:

(i) The person for whom the equipment/adaptation is being considered must be a disabled person. Disability is defined in legislation as:

"A person has a disability if:

\*The person has a physical or mental impairment, and

\* The impairment has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities." (Equality Act 2010)

Circumstances may occasionally occur where provision of equipment/adaptation is necessary to overcome temporary disability.

Where appropriate, the disabled person will receive rehabilitation or training in alternative techniques to carry out daily living activities, rather than to rely on equipment/adaptations.

The purpose of providing equipment or undertaking an adaptation is to increase or maintain the independence of a person with substantial or long-term disabilities. The form of provision will be dependent on the individual's needs in relation to the disability and the technical feasibility of the site.

1. Account will be taken of preferences expressed by the applicant. The occupational therapist should seek agreement about the type of provision with them, their carer(s) and, if relevant, other members of the household or other agencies e.g. the GP or District Nurse.
2. Equipment and adaptations are provided in the most cost-effective way. Where an individual wishes a more expensive solution they, or a third party, would be expected to fund the difference.
3. Equipment and adaptations fall within the scope of Self-directed Support. Eligible individuals may therefore choose to receive a cash payment towards the purchase of equipment/adaptations, in lieu of their provision. For further details please refer to later section, 'Relevant Legislation', <http://www.selfdirectedsupportscotland.org.uk/>, or contact the ACHSCP's Self Directed Support Team on tel.01224 523837 or e-mail [SDSHelpline@aberdeencity.gov.uk](mailto:SDSHelpline@aberdeencity.gov.uk)
4. Payment will only be processed, however, following the provision of a valid receipt and evidence that the alternative provision meets the identified need.
5. The needs of a carer will also be considered when providing any equipment or planning the adaptation.
6. Equal opportunities: ethnic and cultural aspects of the household will be considered. As part of the assessment, the usual practices of the family will be established. It may be necessary to consult with appropriate cultural groups, (e.g. Grampian Regional Equality Council, Aberdeen City Council Equalities Team or Aberdeen City Council Ethnic Minority Forum).



## Requesting an Assessment

To request an assessment for assistance to adapt your home you can contact the Occupational Therapy Service, or, you can ask your GP, District Nurse, Health Visitor or other health or social care professional to contact the service on your behalf via: -

Triage Occupational Therapy Point  
Hillylands Independent Living Centre  
2 Croft Road  
ABERDEEN  
AB16 6RB

Telephone: 01224 666360

E-Mail: [OTDuty@bonaccordcare.org](mailto:OTDuty@bonaccordcare.org)

Opening Times: Monday – Friday 9.00am –5.00pm

The information received by the service will be recorded and prioritised in line with eligibility criteria. You will be advised as to the approximate waiting time for an assessment. Should your circumstances change in the interim period, you should report this to the Occupational Therapy Service so that your case can be re-evaluated. The time frame for carrying out initial occupational therapy assessment is as follows: -

**PRIORITY 1 – Critical Risk – first contact within 48 hours** Indicates that there are major risks to an individual's independent living or health and well-being and likely to call for the immediate or imminent provision of social care services.

**PRIORITY 2 – Substantial Risk (High) – first contact within 6 weeks** Indicates that there are significant risks to an individual's independence or health and wellbeing and likely to call for immediate or imminent provision of social care services.

**PRIORITY 3 – Moderate Risk (Medium) – first contact within 6 months** Indicates that there are some risks to an individual's independence or health and wellbeing. These may call for the provision of some social care services managed and prioritised on an on-going basis or they may simply be manageable for the foreseeable future without service provision, with appropriate arrangements for review.

**PRIORITY 4 – Low Risk (Low) – referral passed to Hillylands Independent Living Centre for advice and any preventative interventions.** Indicates that there may be some quality of life issues, but low risk to an individual's independence or health and wellbeing, with very limited, if any, requirement for the provision of social care services. There may be some need for alternative support or advice and appropriate arrangement for review over the foreseeable future or longer term.

## Appeal Process

On completion of your assessment you will be advised by the Occupational Therapist of what assistance can be provided. If you are dissatisfied with the offer of assistance made to you by the Occupational Therapist who carried out your assessment, you can ask for a second opinion. In this event, a Senior Occupational Therapist will arrange to carry out a second assessment.

Should you still be dissatisfied with this result, you may make a formal complaint. The Occupational Therapist will give you full details on how to do this either in writing or in person.

### **Scottish Public Services Ombudsman(PSO)**

The PSO is the final stage for complaints about organisations providing public services in Scotland. You should only utilise this service once you have exhausted the Council's own complaints procedure. [www.pso.org.uk](http://www.pso.org.uk)

Tel 0800 377 7330

Text 0790 049 4372

Fax 0800 377 7331

[Email ask@pso.org.uk](mailto:ask@pso.org.uk)

### **Type of Assistance**

The assessment aims to identify needs, decide what level of priority applies and agree how best to meet that need. The support available through the SoA is concerned with the home of the individual and may be in the form of;

- advice on alternative accommodation
- equipment for use in the home
- adaptations to the existing home
- referral on to other appropriate agencies

If the applicant is assessed as meeting the criteria for grant assistance to carry out adaptation work to their home, The use of the following grants will be considered: -

#### **Mandatory Grant**

A mandatory grant will fund a minimum of 80% of the full cost of work or in some cases cover the cost in full. The grant is only to be used to fund adaptations that provide the assessed occupant with standard amenities (see below), or adaptations to the structure of their home, which are assessed as suitable to their particular needs

All applicants assessed as meeting the criteria will qualify for the minimum 80% grant.

Only those applicants who are in receipt of the following Scottish Government prescribed passport benefits will qualify for the maximum 100% grant:

- Income Support
- Pension Credit (guarantee element)
- Income Based Job Seekers Allowance
- Employment Support Allowance (income related)
- Universal Credit

Provision, or adaptation of standard amenities covers the following areas;

- WC
- wash hand basin
- level access shower
- height adjustable bath/showering table
- Clos-O-Mat installations
- Combined shower/toilet installations
- Towards the cost of providing a bathroom external to the main structure of the home, e.g. within a new extension but not including any living accommodation
- Adaptations to kitchen sink (not units), to make accessible to an individual using a wheelchair.
- Alteration to widen door openings, or convert to sliding doors, within the home for the purpose of providing an individual using a wheelchair appropriate access. *(this will not be subject to grant assistance for reinstatement works to landlords)*
- Provision/construction of external ramps and handrails to entrance of home *(this will not be subject to grant assistance for reinstatement works to landlords)*.

Where a property is extended solely to create space for a standard amenity such as a bathroom, the cost will be covered by mandatory grant. Where an extension is used to provide standard amenities and living accommodation, only the element containing the standard amenities will receive mandatory grant.

### **Discretionary Grant / Assistance**

The following equipment and adaptations, subject to available budget could be covered by discretionary grant assistance. Examples of such are;

- provision of internal stair lift to access amenities such as a bathroom, a bedroom or kitchen not on the same floor as the main living accommodation.
- adaptation of kitchen units to make them accessible for an individual using a wheelchair in their home.
- provision of through floor lifts.
- provision of over bath showers.
- provision of ceiling track hoists.
- installation/adaptation of door opening and/or phone entry systems.
- raising or lowering of power points and switches.
- provision of permanent external step lifts to provide access to one of the entrances to the home, and/or including alterations to widen existing paths and steps, *(this will not necessarily be the front door)*.

The following assistance will be subject to availability of funding: -

- Provide 80%, or, 100% if passported, grant funding to carry out adaptations within the home.
- Provide practical assistance to find additional funding from suitable charitable sources for works beyond the grant aided works.

- Assist private landlords by matching potential tenants with specific needs to their adapted property in order to maximise the benefit of the adapted property through the Disabled Persons Housing Service, (DPHS).
- Where a new tenant cannot be matched to the property that was adapted through use of the SoA, then, grant assistance of 80% of the cost of works, to the private landlord in order to reinstate the property to the position prior to the adaptations **MAY** be considered.
- Where reinstatement of a property is deemed appropriate, proof of previous condition prior to execution of adaptation works will be required.
- In all cases advice on scope of works required to reinstate a property that has been adapted for the needs of an individual with a disability, relevant statutory approvals required, and advice on selection of a suitable contractor to execute the works, will be given. No financial assistance will be offered.
- Applicants to the scheme will be referred to the Occupational Therapy Service and given assistance to plan how they wish to progress with any adaptation work. This may be by assisting to directly appoint an Agent or by referring on to the Care & Repair service for further support and assistance. Discretionary grants may be provided for tenants in private rented accommodation on the basis that the tenancy is a secured tenancy with an unlimited period of tenure and provided that the landlord has no liability under the lease to undertake the required adaptations.

Adaptations are provided to meet the of an individual with disabilities and adaptation grants will not normally be repeated within a 10-year period, unless due to a change in of the severity of the disability and its impact on the individual being able to remain living as independently as possible in their own home.

### **An Overview Of The Disabled Adaptation Grant Process**

On completion of the assessment undertaken by the Occupational Therapist, the Private Sector Housing Unit will issue a grant application form to the applicant for completion. If the works require the appointment of a Technical Agent, the Occupational Therapist will advise of this. It is the applicant's responsibility to appoint a Technical Agent. The Agent will usually arrange to prepare and collate the required supporting information which may include technical plans, estimates of cost, specifications, structural engineering reports etc. The Agent's fees for this work will be included in the grant application. If no Agent is involved, the client will submit the grant application form together with the required supporting information. In every case, a copy of the homeowners Title Deeds must be submitted with the grant application form. As soon as all supporting information and documents have been received, the level of grant to be awarded will be determined and written confirmation to the applicant confirming the grant awarded will be issued.

When considering the grant application, the 'approved cost' of the works necessary to provide the adaptation will be determined. Then the application of either an 80% grant or a 100% grant will be approved in respect of this 'approved cost'. The applicant may wish to carry out additional works, which is perfectly acceptable, however no grant will be awarded on these additional works.

It is the applicant's responsibility to complete the works to the current building standard requirements. However prior to any grant payment being made, the Council will visit and inspect the works undertaken for grant purposes only and if they are deemed satisfactory, the grant payment will be issued directly to the applicant, or to a third party if the applicant has signed a grant payment mandate instruction. It is the applicant's (or the third-party) responsibility to, in turn, make payment to the contractor.

The payment of a grant is subject to the deduction of the fee charged to the City Council by the Registers of Scotland to meet the cost of registering the grant payment against the owner's Title Deeds, and applying the following 4 conditions:

1. *The house must be used as a private dwelling-house (although part may be used for business purposes).*
2. *If the owner or a member of the owner's family occupy the house, it must be their only or main residence*
3. *The house must be kept in good repair.*
4. *The owner, if required to do so, must certify that conditions 1-3 are being observed.*

The grant will be paid subject to the above conditions which will apply to the house for 10 years from the date on which in the Council's opinion the house becomes fit for occupation after the completion of the work. Breach of any of these conditions may result in the grant having to be repaid with interest.

The Private Sector Housing Unit is currently responsible for processing Disabled Adaptation Grant applications and awarding Grants on behalf of ACHSCP. Any query regarding the grant process, grant award, adaptation works, etc. please contact;

Private Sector Housing Unit  
Communities, Housing and Infrastructure  
Business Hub 1, Lower Ground Floor West,  
Marischal College,  
Broad Street,  
Aberdeen.  
AB10 1AB

Tel.01224 522299

E-mail: [HMOUnit@aberdeencity.gov.uk](mailto:HMOUnit@aberdeencity.gov.uk)

### **Additional Assistance For Elderly & Disabled Homeowners**

Aberdeen City Council fund a Care and Repair Service to provide advice and assistance to older people, people with disabilities and or long-term health problems. The service offers assistance in the form of:

- Advice and Assistance with identifying necessary repairs, maintenance, improvements and adaptations to the home. Assistance with prioritising necessary action, preparing a schedule of work, obtaining quotations from appropriate contractors and overseeing the work
- Small Repairs/Handyperson Services – The service employs qualified tradesmen to carry out essential repairs, minor adaptations and maintenance work to the home.

Costs are set on an annual basis, with a reduced rate offered to those on qualifying benefits

- Affordable Warmth - This service is available to all households in fuel poverty in the private sector to help with repairs to, and installation of energy efficient heating systems and provides assistance with works to reduce energy consumption.  
Access to Affordable Warmth loan scheme
- Advice and Assistance (Financial) – assistance to obtain appropriate benefits, accessing any statutory grants, charitable funding (where appropriate)
- Care and Repair (Group) - manages a registered charity which can provide additional safety and security equipment for vulnerable householders

Through Aberdeen Care and Repair there are additional services that can be offered such as the Dementia Enablement Project. Further information can be obtained at [www.aberdeencareandrepair.co.uk](http://www.aberdeencareandrepair.co.uk)

### **Community organisations.**

For a list of voluntary organisations, charities and community groups within Aberdeen City that may be able to offer additional advice and or assistance, visit Aberdeen City Council web page: - [http://www.aberdeencity.gov.uk/xcc\\_CommunityDirectory.asp](http://www.aberdeencity.gov.uk/xcc_CommunityDirectory.asp)



## DISABLED ADAPTATIONS GROUP

### 1. Accountabilities

The Disabled Adaptations Group (DAG) will manage and monitor the various processes that enable the provision of Disabled Adaptations in properties across all tenures in Aberdeen City including Council Housing and privately owned or rented properties. The DAG will also manage and monitor the budget expenditure ensuring best value for money is obtained and that resources are targeted where it is needed most.

### 2. Role

The Disabled Adaptations Group will

- Consider adaptation activity and budget spend.
- Review processes and procedures for adaptations across all tenures and agree improvements where necessary.
- Be the point of escalation for any decisions required on complex or high cost adaptation packages if required
- Encourage partnership working and a consistent approach to adaptations work
- Ensure the focus for adaptation activity remains on improved outcomes for those with disabilities enabling them to live safely in their own home.
- Monitor the adaptations budgets and report on performance to the chief Finance Officer
- Consider activity reports, ensure statutory reporting requirements are met, and provide an annual report to the IJB.

The above to be in the context of the Aberdeen City Health and Social Care Partnership Strategic Plan

### 3. Responsibilities

The SC Programme Board will play a significant role in ensuring the delivery of the nine national health and wellbeing outcomes, and the associated short term and intermediary outcomes (once these are developed):

**Outcome 1:** People are able to look after and improve their own health and wellbeing and live in good health for longer

**Outcome 2:** People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

**Outcome 3.** People who use health and social care services have positive experiences of those services, and have their dignity respected

**Outcome 4.** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

**Outcome 5.** Health and social care services contribute to reducing health inequalities

**Outcome 6.** People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

**Outcome 7.** People using health and social care services are safe from harm

**Outcome 8.** People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

**Outcome 9.** Resources are used effectively and efficiently in the provision of health and social care services

#### **4. Delegated Authority**

The Disabled Adaptations Group has delegated authority to improve processes and procedures, make decisions on complex or high cost adaptations, and approve statutory reports. The DAG will liaise with the Chief Finance Officer in relation to the budget.

#### **5. Reporting**

The Disabled Adaptations Group will report to the Aberdeen City Health and Social Care Executive Team on a bi-annual basis and the IJB on an annual basis.

#### **6. Membership**

- Alison MacLeod, Lead Strategy and Performance Manager (Chair)
- Jenny Laing, Manager, Occupational Therapy Fieldwork (Vice Chair)
- Jimmie Dickie, Accountant, Aberdeen City Council
- Kenny Paterson, Housing Assets Team, Aberdeen City Council
- Ally Thain, Private Sector Housing Manager, Aberdeen City Council
- Scott Masson, Private Sector Housing Officer, Aberdeen City Council
- Representative from Registered Social Landlord 1
- Representative from Registered Social Landlord 2
- Representative from Registered Social Landlord 3
- Representative from Registered Social Landlord 4

#### **7. Frequency of Meetings**

Monthly

#### **8. Governance**

The Disabled Adaptations Group is formed to provide the IJB with the necessary assurance in relation to their responsibilities for the delegated function of disabled adaptations.

#### **9. Resourcing**

Resourcing will come from existing budgets and staff.



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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	9 <sup>th</sup> October 2018
<b>Report Title</b>	ACHSCP Strategic Plan 2019-2022
<b>Report Number</b>	HSCP.18.088
<b>Lead Officer</b>	Sandra Ross, Chief Officer.
<b>Report Author Details</b>	Kevin Toshney, Planning and Development Manager. KToshney@aberdeencity.gov.uk
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	a) Strategic Plan development timeline b) ACHSCP Draft Strategic Plan 2019- 2022

### 1. Purpose of the Report

- 1.1. The purpose of this report is to present an initial working draft of the partnership's Strategic Plan 2019-2022 to the IJB for their consideration.

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:

- (a) Note the draft Strategic Plan 2019-2022; and
- (b) Agree that a draft consultation version of the Strategic Plan 2019-2022 should be presented to the next IJB meeting.



## INTEGRATION JOINT BOARD

### 3. Summary of Key Information

3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 provides a framework for the effective integration of adult health and social care services. Its policy ambition is to:

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

3.2. Integration authorities are required by the legislation to produce a Strategic Plan for the delegated functions and budgets that they have a responsibility for. The strategic plan

- (a) sets out the arrangements for the carrying out of the integration functions for the area of the local authority over the period of the plan,
- (b) sets out how those arrangements are intended to achieve, or contribute to achieving, the national health and wellbeing outcomes, and
- (c) includes such other material as the integration authority thinks fit.

The strategic plan is required to be reviewed and, if required, replaced every three years

3.3. In addition:

- the integration authority must take into account the integration principles and the national outcomes when preparing a plan



## INTEGRATION JOINT BOARD

- Integration authorities to have at least 2 localities whose views must be taken into account and the arrangements for each locality must be set out separately
  - Stakeholders must be fully engaged in the preparation, publication and review of the strategic commissioning plan.
  - A Housing Contribution Statement should be incorporated to provide a bridge between the Strategic Plan and Local Housing Strategy
- 3.4.** This draft plan reflects comment and opinion from our initial engagement activity including an IJB workshop held on 18<sup>th</sup> September. Engagement with our stakeholders in respect of this plan will continue up to its final revision in March 2019. A statement showing the extent of our engagement activity will be provided along with the revised Strategic Plan at the IJB meeting scheduled for 26<sup>th</sup> March 2019.
- 3.5.** The timeline for the development of this Strategic Plan is set out in Appendix A
- 3.6.** The draft Strategic Plan 2019-2022 is set out in Appendix B.

### 4. Implications for IJB

#### 4.1. Equalities.

There are no direct equalities implications arising from the recommendations of this report. However, the draft Strategic Plan takes cognisance of the equality outcomes expected of the IJB.

#### 4.2. Fairer Scotland Duty

There are no direct implications arising from the IJB's Fairer Scotland duty in respect of the recommendations of this report. However, the draft Strategic Plan takes cognisance of the IJB's Fairer Scotland duty.

#### 4.3. Financial



## INTEGRATION JOINT BOARD

There are no direct financial implications arising from the recommendations of this report. However, the draft Strategic Plan articulates the financial implications of the implementing the proposed strategy.

### 4.4. Workforce

There are no direct workforce implications arising from the recommendations of this report. However, the draft Strategic Plan articulates the workforce implications of implementing the proposed strategy.

### 4.5. Legal

Non-publication of a strategic plan would be contrary to the Public Bodies (Joint Working)(Scotland) Act 2014.

## 5. Links to ACHSCP Strategic Plan

5.1. This is a revised and refreshed version of the partnership's Strategic Plan.

## 6. Management of Risk

### 6.1. Identified risks(s)

The identified risks in the partnership's Strategic Risk Register are explicitly linked to the ambitions and priorities outlined in the Strategic Plan and the arrangements that are put in place to meet these and fulfil the desired national outcomes.

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

- There is a risk of significant market failure in Aberdeen City:
  - a. Adult Social Care High
  - b. General Practice Services
- There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and projects an overspend.
- There is a risk that the outcomes expected from hosted services are not delivered and that the IJB does not identify non-performance in through its systems. This risk relates to services that Aberdeen IJB hosts on behalf of Moray and Aberdeenshire, and those hosted by those IJBs and delivered on behalf of Aberdeen City.


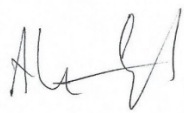


## INTEGRATION JOINT BOARD

- There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed to maximise the full potentials of integrated & collaborative working. This risk covers the arrangements between partner organisations in areas such as governance; corporate service; and performance.
- There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally-determined performance standards as set by the board itself. This may result in harm or risk of harm to people.
- There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care Medium 7 Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system
- There is a risk that the IJB does not maximise the opportunities offered by locality working
- There is a risk of failure to recruit and that workforce planning across the Partnership is not sophisticated enough to maintain future service deliver

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

This draft Strategic Plan proposes high level strategic objectives in order to address known challenges in the health and wellbeing of the local population and the capacity and capability of the partner agencies to deliver the desired integrated services.

Approvals	
	Sandra Ross (Chief Officer)
	Alex Stephen (Chief Finance Officer)

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**Appendix A.**

<b>When</b>	<b>Where</b>	<b>What</b>	<b>Why</b>
09/10/218	IJB	Draft Strategic Plan	For noting and comment
29/10/2018	CPA Management Group	Draft Strategic Plan	For noting and comment
13/11/2018	Strategic Planning Group	Draft Strategic Plan	For noting and comment
03/12/2018	CPA Board	Draft Strategic Plan	For noting and comment
11/12/2018	IJB	Draft Consultation Strategic Plan	For approval
17/12/2018	Aberdeen City Council	Draft Consultation Strategic Plan	For noting and comment
tbc	NHS Grampian Board	Draft Consultation Strategic Plan	For noting and comment
tbc	Strategic Planning Group	Revised Strategic Plan 2019-2022	For noting and comment
26/03/2019	IJB	Revised Strategic Plan 2019-2022	For approval
tbc	Aberdeen City Council	Approved Strategic Plan 2019-2022	For endorsing
tbc	NHS Grampian Board	Approved Strategic Plan 2019-2022	For endorsing

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# **Aberdeen City Health & Social Care Partnership**

## **Strategic Plan 2019-2022**



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## Integration Principles.

The partnership is required to take into account the national integration principles when preparing the Strategic Plan.

These principles, stated below, clearly state that the main purpose of integrated services is to improve the wellbeing of our citizens and these services should be provided in a way in which, so far as possible:

- Is integrated from the point of view of recipients
- Takes account of the particular needs of different recipients
- Takes account of the particular needs of recipients from different parts of the area in which the service is being provided
- Takes account of the particular characteristics and circumstances of different service users
- Respects the rights of service users
- Takes account of the dignity of service users
- Takes account of the participation by service users in the community in which service users live
- Protects and improves the safety of service users
- Improves the quality of the service
- Is planned and led locally in a way which is engaged with the community (including in particular service users, those who look after service users and those who are involved in the provision of health or social care)
- Best anticipates needs and prevents them arising
- Makes the best use of the available facilities, people and other resources

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## 3. Our strategic connections

## 4. Our approach

## 5. Achieving fulfilling, healthier lives

### Appendices.

1. Delegated Functions
2. Housing Contribution Statement
3. Equality Impact Assessment

**If you require further information about any aspect of this document, please contact:**

Aberdeen City Health & Social Care Partnership

Community Health and Care Village

50 Frederick Street

Aberdeen

AB24 5HY

Email: [ACHSCPEnquiries@aberdeencity.gov.uk](mailto:ACHSCPEnquiries@aberdeencity.gov.uk)

Website: <https://aberdeencityhscp.scot>

Twitter: <https://twitter.com/HSCAberdeen>

**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

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## **IJB Chair Foreword**

To be inserted...

## **Chief Officer Foreword**

To be inserted...

**DRAFT**



## 1. Introduction

1.1 This Strategic Plan outlines our continuing ambitions for those adult health and social care functions and services which are delegated by Aberdeen City Council (ACC) and NHS Grampian (NHSG) to the Aberdeen City Health & Social Care Partnership (ACHSCP).

It reflects the many conversations we have had with the people of Aberdeen and our professional colleagues across the health, social care, third, independent and housing sectors about the health and wellbeing of the local population across all adult age groups and what the partnership should be doing to promote and support this.

There are fundamental themes throughout this strategic plan that can be read as the Integration Joint Board's statement of intent and which are applicable to all our current activities and our future intentions. They include:

Our focus will always be on improving, where possible, the health and wellbeing of our citizens, their experiences of using our services and the outcomes that result from this.

We will develop integrated, multi-disciplinary, community-based services that will have an increased focus on early, preventative interventions. We want the formation of these teams to result in fewer avoidable hospital admissions, A&E attendances and care home admissions, and for them to be focused on the best interests and outcomes of individuals.

We recognise the value of positive, enduring connections and relationships in addressing the hidden scourge of loneliness and isolation in our communities. which is the root cause of much of the increasing demand for our services.

We will seek to reduce the health inequalities that exist in our city and we will focus on delivering the right care, support or treatment in the right place and at the right time for you.

Improving the quality of all our services will underpin everything we do. We are committed to improving the personal experiences of everyone who uses our services and improving their personal outcomes.

We are determined to be recognised as a partnership that works closely with our staff, unpaid carers and our partner agencies in the third, independent and housing sectors to fulfil the vision and ambitions of this strategic plan. We remain ambitious to be seen as an employer of choice and one of the leading and innovative health and social care partnerships in Scotland.

This plan provides an overview of adult health and social care in Aberdeen and seeks to establish a shared understanding of our challenges and priorities. It provides a strategic framework of how we intend to deliver integrated health and social care services so that increasing complexity of needs and demands can be met more effectively within available resources. We will show how we hope to develop our community connections and activities to complement the care and support that is offered to enable people to live at home, or in a homely environment, for as long as is reasonably possible.

**1.2** Our strategic vision and values underpin all of our activities, initiatives and suggested developments. We have revised these given comments made during our engagement activities but their essence remains the same.

**Vision:** “We are a caring partnership working in and with our communities to enable people to achieve fulfilling, healthier lives”.

**Values:** Caring, Person centred, Enabling

This vision and these values are relevant and applicable across the diversity and complexity of all the delegated functions across the health, social care, third, independent and housing sectors.

**1.3** Our overall health profile is better than the Scottish national average however we know that within the city, there are significant differences in health and wellbeing, with some communities reporting greater levels of health problems than others.

We want to deliver locally based services that have a positive impact on the health and wellbeing of all individuals, families, and communities. We want everyone to have seamless and positive experiences of using our services, no matter where and what these are.

Efficient and effective resource allocation to the right place at the right time will provide the means to address our future challenges and achieve our desired outcomes.

Our proposed strategic priorities for the next three years are:



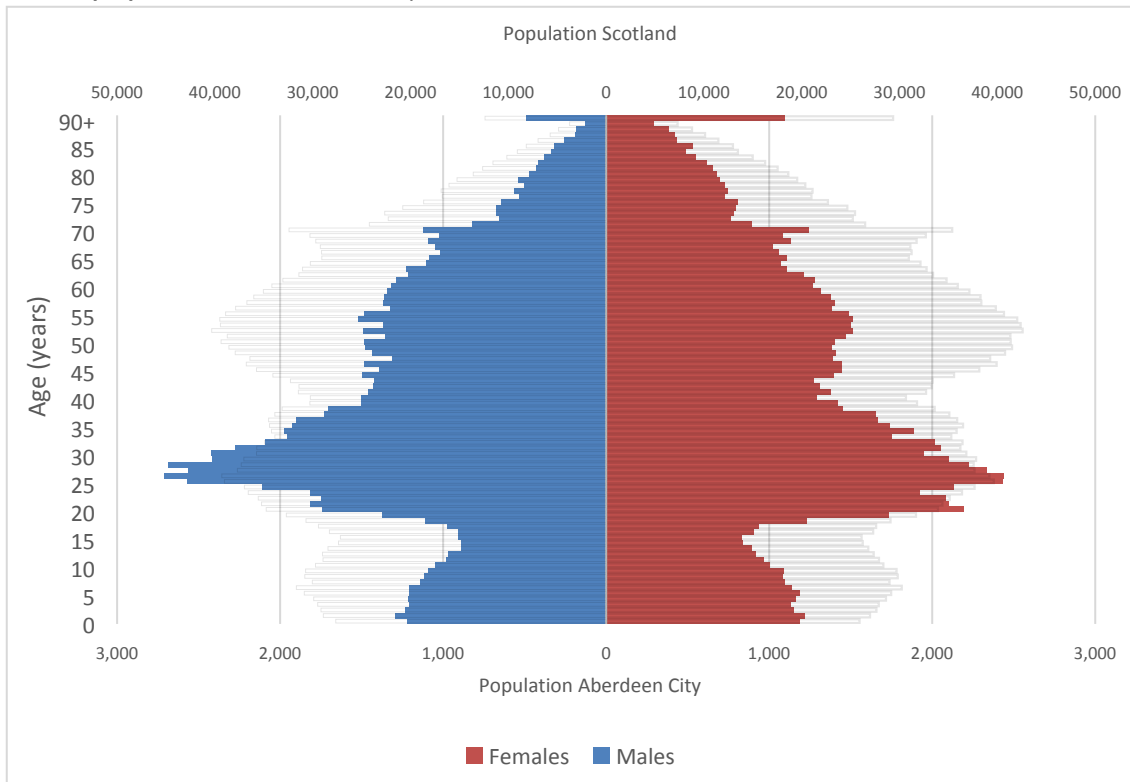
Figure 1.1 ACHSCP Strategic Objectives

Our emphasis will always be on the health and wellbeing of the individual, the resilience and capacity of our communities to engage with and support its residents, investment in our carers and working collaboratively with all our partner organisations to develop flexible, high quality services that achieve positive outcomes.

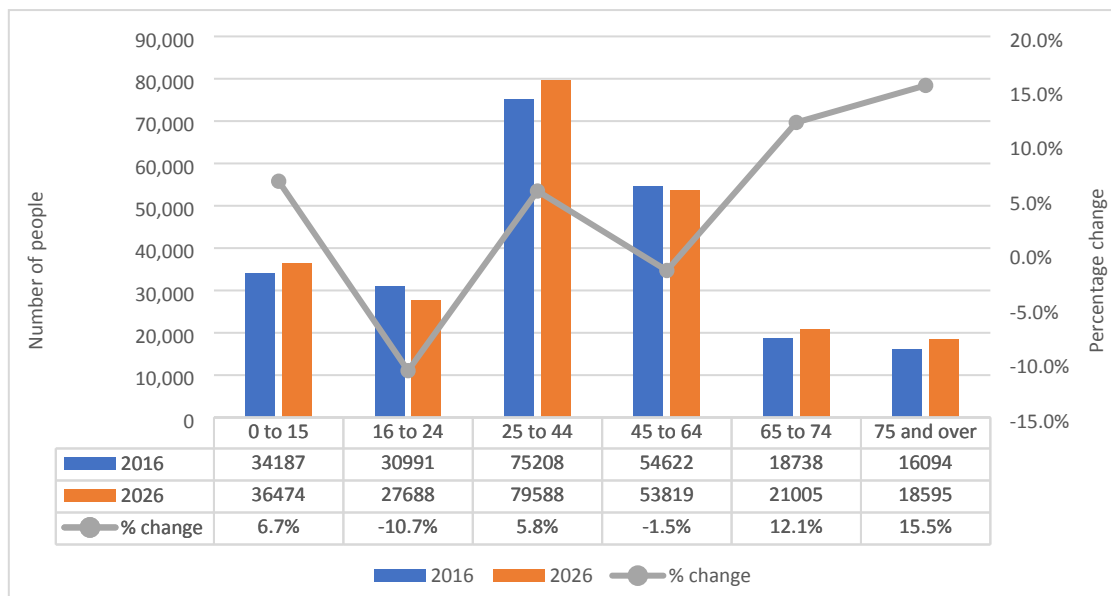
Objective	What is this?	Priorities	Aligned National Outcomes
<b>Right Care, Right Place, Right Time</b>	Ensuring a personalised response to individual needs and circumstances that can adapt to complexity and occasional or enduring use.	Deliver high quality services that have a positive impact on personal experiences and outcomes.	<b>People</b> are able to look after and improve their own health and wellbeing and live in good health for longer. <b>People</b> , including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
<b>Communities</b>	We will work in and with our communities, recognising the valuable role that people have in supporting themselves to stay well and support each other when care is required.	Strengthen existing community assets and resources that can help local people with their health and wellbeing	<b>People</b> who use health and social care services have positive experiences of those services and have their dignity respected
<b>Resilience</b>	Supporting people so that they are able to cope with and where possible overcome the adverse health and wellbeing challenges that they might face.	Promote and support self-management and independence for individuals.	<b>Health</b> and social care services are centred on helping to maintain or improve the quality of live of people who use those services <b>Health</b> and social care services contribute to reducing health inequalities
<b>Prevention</b>	We will work with our partners to achieve positive individual outcomes and lessen the need for further, possibly greater supports.	Contribute to a reduction in health inequalities.  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.	<b>People</b> who provide unpaid care are supported to look after their own health and wellbeing including to reduce any negative impact of their caring role on their own health and wellbeing <b>People</b> using health and social care services are safe from harm <b>People</b> who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support care and treatment they provide
<b>Connections</b>	Promote meaningful connections and relationships to counter isolation and loneliness	Develop a person-centred approach which enables our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local community.	<b>Resources</b> are used effectively and efficiently in the provision of health and social care services
<b>EMPOWERED WORKFORCE INTEGRATED SERVICES DIGITAL TRANSFORMATION SUSTAINABLE FINANCE</b>			

## 2. Our profile

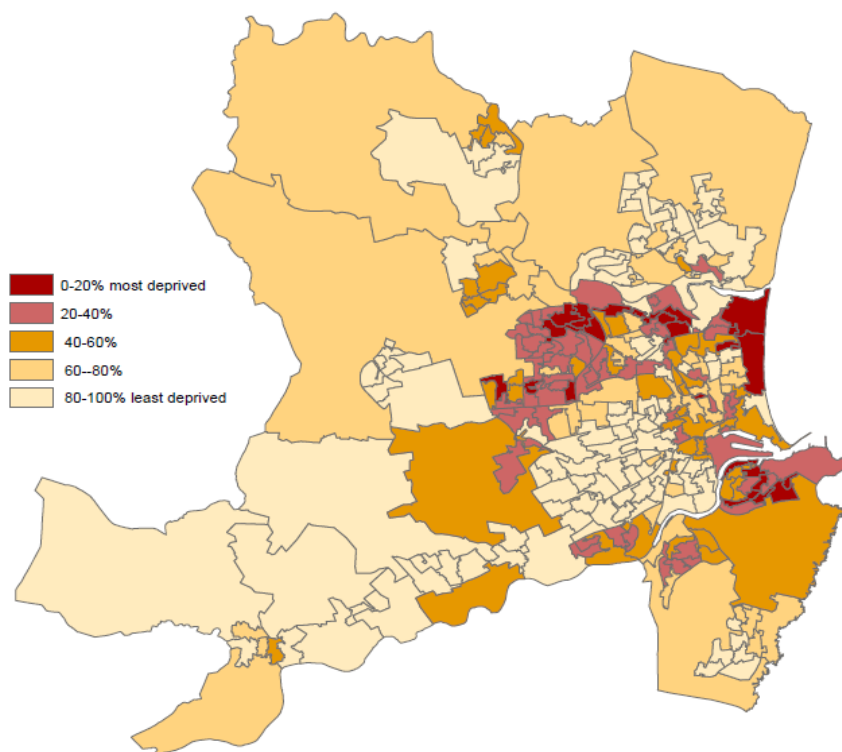
The population of Aberdeen on 30<sup>th</sup> June 2017 was estimated to be **228,800** (4.2% of the total population of Scotland).



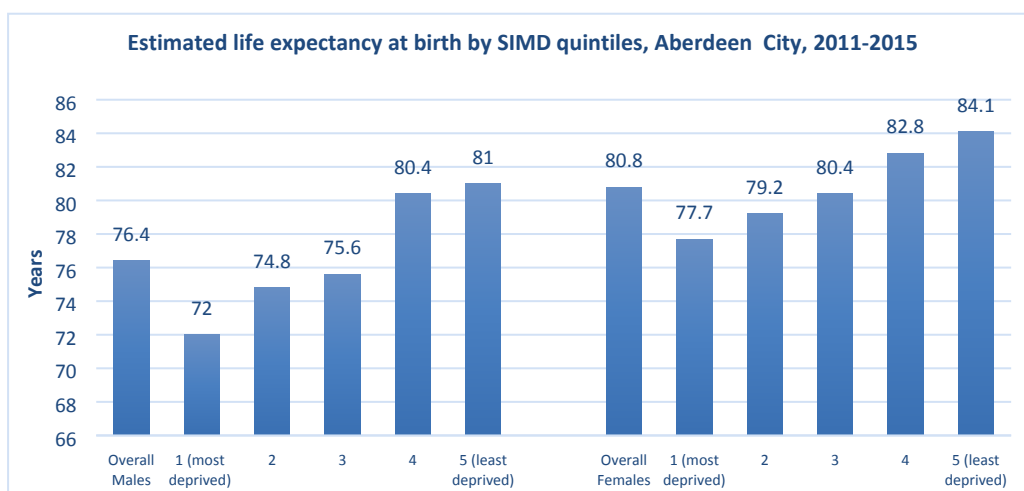
**Figure 2.1 Population Pyramid, Aberdeen City and Scotland, 2017** (Source: National Records of Scotland, Mid-2017 Population Estimates, Scotland).



**Figure 2.2: Projected population change by age group, Aberdeen City, 2016-2026** (Source: National Records of Scotland, Population projections for Scottish Areas (2016-based)).

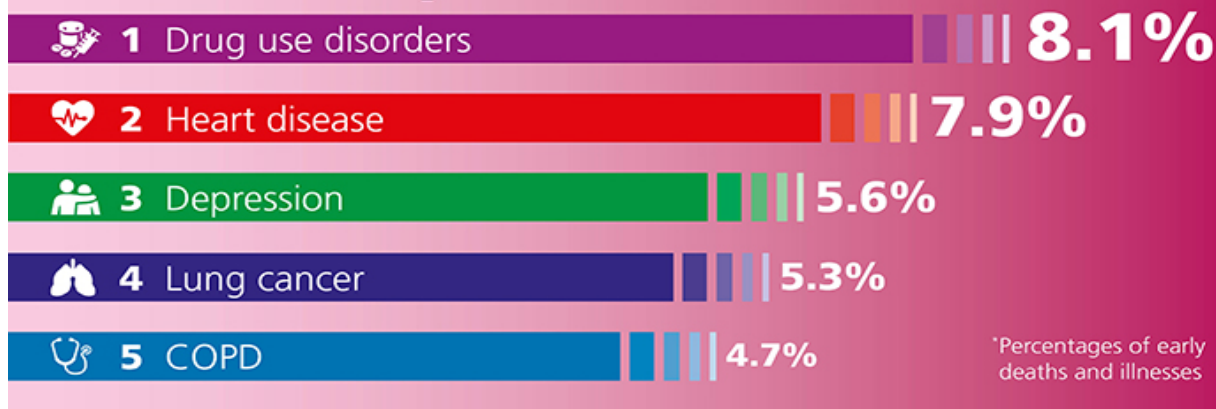


**Figure 2.3 Level of deprivation by data zone, Aberdeen City, Scottish Index of Deprivation (SIMD) 2016 quintiles**



**Figure 2.4 Estimated Life Expectancy at Birth by SIMD quintiles**, Source: National Records of Scotland, Life Expectancy for Administrative areas within Scotland, 2014-2016

## Leading causes of ill health or early death in our poorest areas\*



## Leading causes of ill health or early death in our wealthiest areas\*

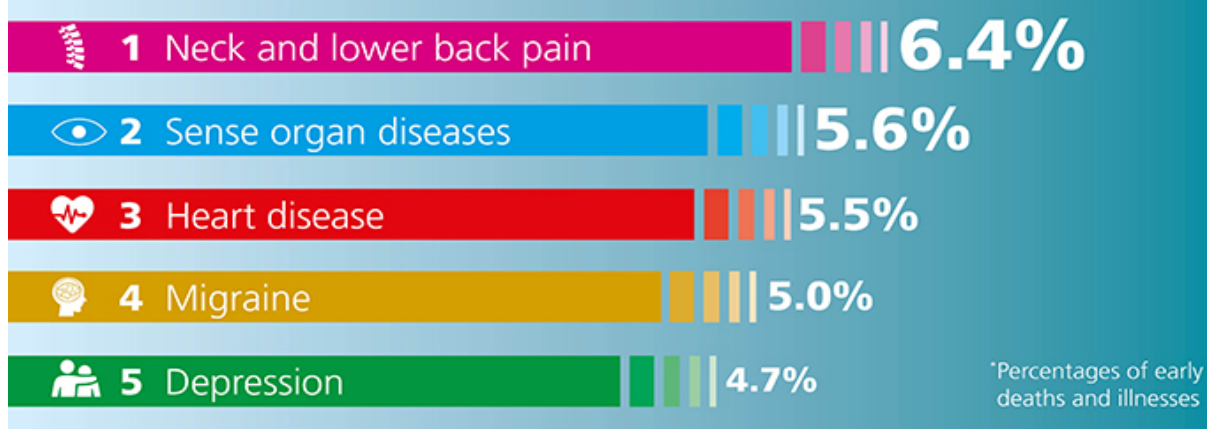


Figure 2.5 Leading Causes of Early Death in **Scotland's Poorest and Wealthiest Areas**. Source: SCOPHO

Aberdeen City	
Cause of Death	%
Cardiovascular Diseases	27.97
Cancer	27.03
Neurological Disorders	14.26
Chronic Respiratory Diseases	7.62
Diarrhoea...& other Infectious Diseases	5.21
Diabetes, blood & endocrine diseases	5.16
Digestive Diseases	2.98
Substance Use Disorders	2.14
Unintentional Injuries	1.98
Cirrhosis & other Liver Diseases	1.96

Table 2.5 Cause of Death (all ages) in Aberdeen. Source Scottish Public Health Observatory

### 3. Our strategic connections

The scope of our partnership's activities has been formally outlined in our Integration Scheme<sup>1</sup> and consists of services from the health, social care, third, independent and housing sectors which are all committed to providing high-quality integrated services to our citizens.

The ambitions and priorities of this plan are relevant across all of these sectors. The challenge that we accept is to make this plan a credible and meaningful document for many different people in different situations and circumstances across the city: the young adult living with autism; the person receiving palliative and end-of-life care; the frail, elderly person; the middle-aged man trying to cope with a number of physical and mental illnesses and health conditions; the woman living with mental illness; the man on his substance misuse recovery journey; the person with a sensory impairment; the woman with complex physical and learning disabilities and the unpaid carer.

A coherent and co-ordinated strategy will play a part in ensuring that people's experiences when they use our services match their expectations of compassionate, responsive and effective care, support or treatment.

**3.1** A critical factor in the success of our ambitions and priorities will be the positive, supportive relationships that we continue to develop with our partner agencies, Aberdeen City Council and NHS Grampian.

Effective community planning arrangements will support us to deliver better services and achieve better outcomes for our citizens and communities. The [Local Outcome Improvement Plan \(LOIP\)](#) sets out a coherent, multi-agency vision to make Aberdeen a better place to live and work in. The actions set out in this Strategic Plan will make a significant contribution towards fulfilling the LOIP's '**Place**' and '**People**' objectives.

Similarly, a close alignment with the ambitions set out in NHS Grampian's Clinical Strategy (2016-2021) will ensure the delivery of improved experiences and outcomes to the people who use our services and their carers.

We recognise that working collaboratively with all of our community planning partners is a good and positive thing to do and we will be actively seeking to align our activities as best we can.

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<sup>1</sup>

<http://www.aberdeencityhscp.scot/contentassets/47a823b8be3c4f26830d11200cb644a1/aberdeen-city--integration-scheme.pdf>



**3.2** There have been many strategic developments over the past few years to ensure that we have a consistent and coherent viewpoint of the health and wellbeing of our local population and the needs of the different client groups.

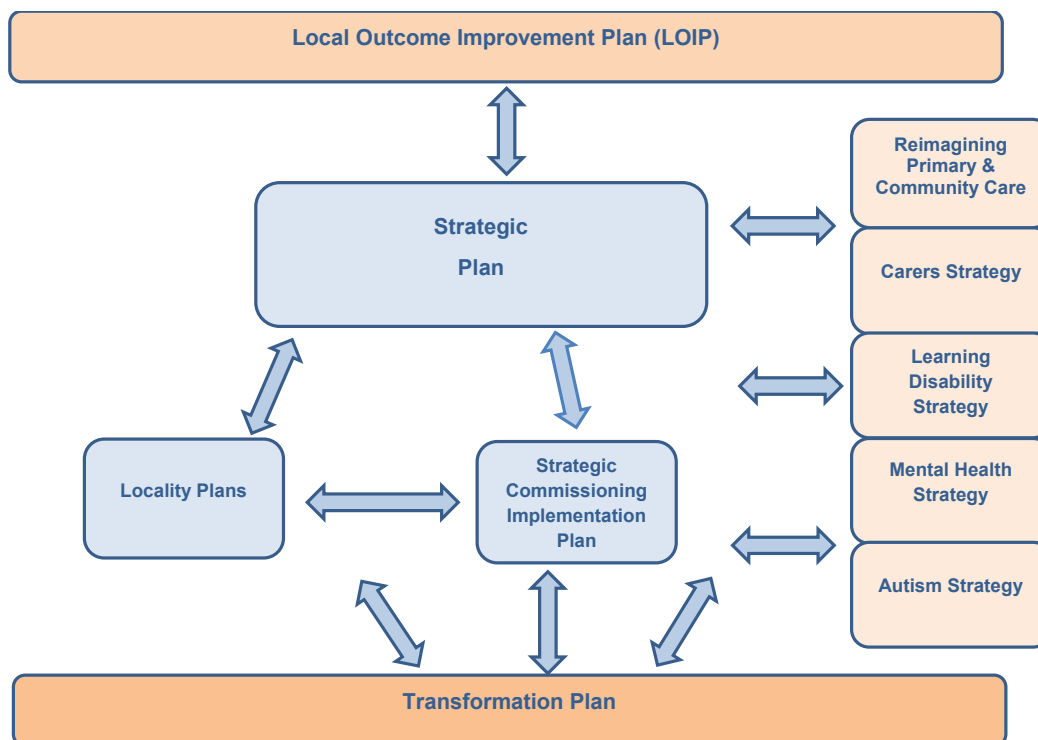


Figure 2.1 ACHSCP Strategic Portfolio

We have developed a significant strategic portfolio since integration ‘Go Live’ in 2016. Following the publication of this revised Strategic Plan we will take the opportunity to refresh each of these individual delivery plans to ensure there is a coherent alignment with the ambitions and priorities set out in this overarching plan.

The partnership’s [Strategic Commissioning Implementation Plan](#) provides the required clarification and detail about some of our future commissioning intentions. Our proposals have focused on particular service areas which have the potential for significant, positive impacts on improving outcomes for the individuals who use our services and their families.

We will refresh our Implementation Plan in 2019 showing the key actions and activities that we will undertake or initiate to fulfil the ambitions and priorities set out in this plan.

**3.3** Our approach to commissioning is one which views it as collaborative decision-making about how to achieve defined, agreed and jointly owned outcomes, generating a broader and more innovative range of options.

To achieve our vision of effective strategic commissioning, we will work towards embedding the following principles into our practice:

- Commissioning is undertaken for outcomes (rather than for services)
- Commissioning decisions are based on evidence and insight and consider sustainability from the outset
- Commissioning adopts a whole systems approach
- Commissioning actively promotes solutions that enable prevention and early intervention
- Commissioning activities balance innovation and risk
- Commissioning decisions are based on a sound methodology and appraisal of options
- Commissioning practice includes solutions co-designed and co-produced with partners and communities
- Commissioning is evaluated on outcomes and social and economic return on investment

We are very aware that an individual's needs may and will vary over the course of time and so we will not adopt a uniform, one-size-fits-all commissioning approach but instead strive to be sensitive to age, wellbeing and complexity of need.

The commissioning of services will be one of the most important functions undertaken by the partnership as it seeks to ensure that all services enhance the quality of life for the individuals and their carers now and in the future. We recognise that it will be most effective if it is done in partnership with citizens, families, communities and other agencies that have an interest in the continued wellbeing of our local population.

**3.4** In addition to the fully delegated functions and services, the IJB also has a strategic planning responsibility for the city-specific hosted services and certain acute sector services (Table 2.1).

Hosted	Acute
<ul style="list-style-type: none"> <li>• Intermediate Care of the Elderly and Specialist Rehabilitation</li> <li>• Sexual Health</li> <li>• Acute Mental Health and Learning Disability (to be considered)</li> </ul>	<ul style="list-style-type: none"> <li>• Accident and Emergency</li> <li>• Inpatient hospital Services <ul style="list-style-type: none"> <li>▪ General medicine</li> <li>▪ Geriatric medicine</li> <li>▪ Rehabilitation medicine</li> <li>▪ Respiratory medicine</li> <li>▪ Palliative Care</li> <li>▪ Mental Health</li> <li>▪ Learning Disability</li> </ul> </li> </ul>

Table 3.1 ACHSCP Strategic Planning Service Responsibilities

Hosted services are those services which have a wider Grampian provision but are assigned to particular 'lead' IJBs for strategic planning and operational management purposes. This Strategic Plan applies to the hosted services above as we need to ensure that their model of care contributes towards our city-specific objectives and priorities. We are mindful though that the other Grampian IJBs also need that reassurance and so some joined up thinking is required to ensure clarity of understanding and transparent alignment of service activity with all applicable strategic objectives.

Similarly, strategic planning at an IJB level of those acute sector services is desirable because of the significant proportion of unscheduled care that these areas experience and the positive difference that partnerships can make towards this.

We will lead or support, as appropriate, the development of service delivery plans in these key areas.

**3.5** Children's services are not formally within the scope of this Strategic Plan as they are not delegated by the local authority and health board to the Integration Joint Board. We are mindful however that there are many adults in poor physical and mental health, who may have housing difficulties, substance misuse challenges and impacted family relationships who can trace a line from their current experiences back to the adverse events they experienced as a child.

We are especially mindful that it is the first few years of pre-school life which is critical to a child's later development. We do not accept that there is an inevitability of life changes being negatively impacted and are open to collaborating with other partner agencies to address enduring, inter-generational family challenges.

Transition from childhood through adolescence to becoming an adult can be unsettling for many individuals and their families. Our approach to supporting transitions gives us the opportunity to demonstrate our partnership values in our professional practice and to show our commitment to preventative and anticipatory models of care. We recognise that early, positive and consistent collaborations with young adults, their families and existing supports and services will ease any transition anxieties that may be apparent and reduce the likelihood of harmful consequences to health and wellbeing.

The IJB has no ambition to oversee the delivery of integrated children's social care services but it recognises that better outcomes for the children and young people of this city will be achieved by the partnership working more collaboratively with Integrated Children's services and aligning our respective activities where possible, more fully.

**3.6** The provision of good quality housing to support a range of needs will play a key role in achieving outcomes in relation to supporting people to be able to live, as far as is reasonably practicable, independently and at home:

- Increase housing supply to meet housing need and demand.
- Improve housing conditions in both the public and private sector.
- Ensure continued supply and access to affordable housing.
- Continue to provide information and advice to improve housing conditions in the private housing sector.
- Ensure there is a supply of particular needs housing of the right type to meet future requirements.
- Improve energy efficiency in both the public and private housing sectors and alleviate fuel poverty.

The Housing Contribution Statement (see Appendix Two) sets out the role of social housing providers in Aberdeen City to achieve outcomes for health and social care.

**3.7** The alignment of our own ambitions and priorities with all of these other strategic points of reference will be a crucial factor in ensuring that the effectiveness of our proposed actions and initiatives in fulfilling personal, organisational and national outcomes.

## 4. Our approach

In 2030 Aberdeen will be one of the healthiest places to live in Europe because.....



We recognise that if we want to be successful in the delivery of integrated health and social care services to improve the health and wellbeing of our local population we must actively identify and overcome any barriers to change that we come across.

Some of these barriers may include our own capacity to make the desired changes and a weariness or change fatigue on the part of some of our key stakeholders. We strongly believe that compassionate and collaborative leadership will be the key to breaking down engrained attitudes and entrenched working practices and unlocking our significant potential.

We believe that we are working from a good starting place given our successful integration 'Go Live' transition and the solid progress we have made since then. We recognise that we need to shift the change emphasis from top down to bottom up; engage routinely with our citizens about the integration of health and social care and their lived experiences and have a relentless focus on improved outcomes.

## 4.1 Right Care in the Right Place at the Right Time

**Priorities:** Deliver high quality services that have a positive impact on personal experiences and outcomes.

We recognise the value of an asset-based approach to developing effective and sustainable models of care that focus on the health and wellbeing of our local population and communities.

This approach means services are tailored to the requirements of the individual rather than a 'one size fits all' approach so that people have access to the right care, support or treatment when they need them, in ways which are personalised, empowering and effective.

We want to move away from traditional 'Deficit' models that focus on identified problems which require professional interventions to resolve them, and which do not support the active involvement of local residents and communities. We recognise though, that moving away from these models will be a challenge as they are commonly used as the basis of our statutory interventions, but this will be necessary if we are to be successful in empowering and promoting independence, rather than continuing to reinforce dependence.

A key element of our personalised approach is the promotion and availability of 'self-directed support'. Self-directed support enables people to have more informed choice and flexibility over their care and support and provides the opportunity for more people to commission and control their own care through the use of individual budgets or direct payments.

The individuals who use our services and their carers will require consistent and accurate information that clearly, without the use of jargon, explains the options and opportunities that are available to them.

## 4.2 Investing in our Communities

**Priorities:** Strengthen existing community assets and resources that can help local people with their health and wellbeing

We want to promote and develop the resilience of our communities by increasing opportunities for the people who live in these communities to shape their own lives and take part in local decision making. This means that we:

- Start with the assets and resources in our communities and identify opportunities and strengths.
- See people as having something valuable to contribute and support them to develop their potential in adding social value to their communities.
- Focus on communities encouraging and adding social value at every opportunity

We cannot underestimate the significance of the role of localities in our partnership model. They are intended to be the engine room of integration, bringing together individuals, carers and professionals from the health, social care, third, independent and housing sectors to plan and help redesign services.

We have developed locality profiles that illustrate our understanding of the local communities including the health and wellbeing of the local population. These profiles map the available assets and resources and also highlight particular challenges.

We have used these profiles to inform the development of our Locality Plans. These plans recognise the variations in the health and wellbeing of the local population and propose tailored activities and initiatives to address these.

The decision to implement a four-locality model was taken in the pre-integration shadow year and was reflective of the significant considerations that were taken into account at that time. There is an opportunity for us to reflect on whether this model maximises the collaborations that are necessary across wider community planning arrangements including Integrated Children’s services.

We will review our locality model and implement that one which best meets the needs of our citizens and communities.

### 4.3 Developing our Resilience

**Priorities:** Promote and support self-management and independence for individuals.

As citizens, we must all take greater responsibility for our own health and wellbeing and in doing so be a part of the new solutions that we seek to develop. We will develop a stronger preventative emphasis to our activities and interventions to minimise the cumulative impact of an increasing population living with a number of long-term conditions.

Self-management means moving away from a model where individuals are passive recipients of care and treatment to a more collaborative relationship where they are active partners. To achieve this, it will be very beneficial for individuals to develop their knowledge, skills and confidence to make informed decisions and adapt their health-related behaviours. They need to have access to the necessary expertise to support them in making informed decisions, achieving their goals and overcoming barriers.

We need to spend less on some of the things we currently do and find different, and more efficient and effective ways of delivering services in the future. Many people with long term conditions make decisions, take actions and manage a broad range of factors that contribute to their health on a day-to-day basis. It makes sense that practitioners should support people to manage their health as effectively as possible.

A significant proportion of our services are delivered by our partners in the third, independent and housing sectors. We recognise the positive relationships that many organisations in these sectors have with the people who use their services and their carers, and the wider connections that they have with our local communities.

The depth and resilience of the relationships that we have with these many different organisations is important to us. Market fragility can cause uncertainty and unexpected change to the detriment of the organisations who are delivering services, their staff members and those people who use services and, in some cases, depend on them.

We strongly believe that a well-resourced and well-supported market will be better placed to make a significant contribution towards the development of enhanced models of care and a more stable health and care environment. Our Market Facilitation Statement shows how we will seek to develop the sustainability of our local market.

#### 4.4 Supporting Early Intervention and Prevention

**Priorities:** Contribute to a reduction in health inequalities.

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 majority of people remain healthy and active without the need for services. Although health problems generally increase with age, ill health and disability should not be an inevitable consequence of growing older in Aberdeen City. We want to focus on the promotion of health and wellbeing and strengthen early intervention and prevention.

It is a good thing to recognise and support the vital role that “unpaid” carers fulfil: they are, in many respects the experts. One test of a caring society is the readiness with which we agree to be an unpaid carer should the circumstances of our relative, friend or neighbour require this. It may be that we need to reposition our attitudes to the unpaid caring role.

Given that our health and care services could not function as well as they do were it not for the contribution of our unpaid carers, we will ensure that the support offered to all carers is targeted at their specific and individual outcomes, as well as the specific and individual outcomes of those being cared for. We recognise that there are a variety of outcomes which are unique to carers such as the need for time to themselves and for relief from challenging circumstances. We are also very aware that carers typically may not be aware of what is available to them. We need to rectify this and at the same time, promote across all our sectors and services, with high expectations regarding carer engagement.

#### 4.5 Enabling Better Connections

**Priorities:** Develop a person-centred approach which enables our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local community.

We strongly believe that those living, working and volunteering locally are best placed to assess identified need in terms of issues relating to health and social care; to suggest how these needs might be addressed; to prioritise the needs on the basis of what is most important to the local community; and reflect all of these within an agreed action plan for the community. It is important to recognise again that some individuals may, at any given time, be isolated or unconnected within a community. This does not mean that they are not part of that community, but that there remains an opportunity to create and develop rich connections.

If we are serious about the people who use our services having an improved, seamless experience then we need better communication and improved co-ordination within the health service itself (primary care, secondary care and the acute

sector) as well as with and between the social care, third, independent and housing sectors.

We also need real time information and good decision support provided to our front line practitioners so that other appropriate options can be sourced for individuals to reduce our 'social admissions' (admissions which are not clinically necessary but are the most practicable at that time due to the absence of other options i.e. social care).

Most adults under 65 are independent with little or no contact with our health and social care services. We mostly expect to live longer and healthier lives and to have more choice and control over the support we might need to maintain our independence as we age. For that to happen, we must plan now for new ways of providing services that deliver the outcomes for health and wellbeing that people will need and expect. However, we know that there is going to be an increasing demand for our services, and our resources are unlikely to grow at the same rate, if at all.

#### **4.6 Our Enabling Resources**

Our staff groups across the health, social care, third, independent and housing sectors are pivotal to our aspirations to deliver high-quality effective services.

We accept that there is a strong relationship between people's experiences of using our health and social care services and the morale of staff who deliver those services. We are mindful though that organisational cultures can be a barrier to change and are keen to reconcile these so that different professions and staff groups understand each other's roles, responsibilities and perspectives more fully.

We will promote a culture of compassionate leadership that seeks to encourage staff to flourish in their job role and to empower them to do the right thing from a person-centred perspective.

New roles and new working practices will be needed as we move towards more anticipatory and preventative approaches. We have opportunities to work collaboratively with our local schools, colleges and universities to be truly innovative in how we recruit, develop and retain our staff across all sectors and job roles.

We recognise that we have many partner agencies who are very effective in training and developing their workforce. We will consider how best to support those activities and give some thought to how we can apply the learning outcomes to other sectors and care settings. We accept that positive engagement with professional and regulatory bodies and trade union representatives will be of value to our workforce ambitions.

We will develop a Workforce Plan which will address our local challenges and outline how we will shape our workforce of the future.

**4.7.1** In the next few years we will have to address the very real and significant challenge of health and social care budgets most likely reducing in real terms while the demand for services increases. To achieve our objective of optimising the health, wellbeing and independence of people to live at home for as long as is reasonably practicable, we need to look at how we manage our resources to deliver the best value for the individuals who use our services, their carers and their communities.

A medium-term financial strategy (MTFS) has been developed to pull together into one document all the known factors affecting the financial sustainability of the partnership over the medium term. This financial strategy will establish the estimated level of resources required by the partnership to operate its services over the next five financial years given the possible demand pressures and funding constraints that we are likely to experience.

The MTFS sets out the forecasted income and expenditure over the next five years based on historic trends and certain planning assumptions. It includes as a baseline the 2018-2019 budget which was approved by the IJB in March 2018.

Implementing this financial strategy will assist in delivering the ambitions and priorities of the Strategic Plan, maximise the use of our available resources and improve our strategic financial planning across the medium term. An overview of the five-year financial plan is set out below:

	<b>2018-19 £'000</b>	<b>2019-20 £'000</b>	<b>2020-21 £'000</b>	<b>2021-22 £'000</b>	<b>2022-23 £'000</b>
<b>Budget Pressures</b>	4,206	6,452	6,749	6,304	6,623
<b>Efficiency Savings</b>	(900)	(1,150)	(1,650)	(1,650)	(1,650)
<b>Transformation</b>	0	(1,458)	(1,487)	(1,517)	(1,547)
<b>Medicines Management</b>	(200)	(1,000)	(1,000)	(1,000)	(1,000)
<b>Service Redesign</b>	0	(2,844)	(2,612)	(2,137)	(2,426)
<b>Funding</b>	(3,106)	0	0	0	0
<b>Shortfall</b>	0	0	0	0	0

We are committed to making the best use of our resources to deliver best value in improving outcomes for people. Careful consideration is given to the allocation of financial resources to our local authority and health board partners and also to our many partner agencies who deliver commissioned services.

We will always seek to invest in those functions and services which can demonstrate a positive impact on the health and wellbeing of the individuals who use their services and an alignment with the ambitions and priorities of our Strategic Plan. There will be times however when disinvestment options will be considered because of not-so-good impact, weak alignment and also poor value for money. Our investment/disinvestment decisions whatever they are, will always be rooted in the sustainability of our local market and the delivery of our Strategic Plan. We hope that any changes can be as a result of planned service reviews or known commissioning cycles but we accept that there will be times when circumstances arise that present us with an opportunity to reconsider the appropriate allocation of resources.

Our focus on transformation will continue. We recognise the very real challenge of asking our staff to contribute to the transformation of our services whilst at the same time asking them to ensure an ongoing consistency of the day-to-day operation. We recognise that there is a national and a local desire to see the evidence of the impact of our innovative activities and services. Our evaluation framework provides that assurance.

**4.9** Digital technology is key to transforming our health and social care services across the partnership so that we can be truly person-centred, enabling and effective.

We appreciate that it is easy to get frustrated at what appears to be a lack of progress in introducing digital solutions especially when technology plays such a central and important part of our lives in so many other ways.

There are significant opportunities to introduce digital solutions across all sectors and services. We look forward to that future date when digital services are an integral part of everything we do and have become not only the first point of contact with health and care services for many people but also how they will choose to engage with us on an ongoing basis.

We will work closely with our digital partners in the local authority, health board and Scottish Government as well as with our many other partners across the partnership to ensure a seamless, co-ordinated approach to this digital transformation of how we deliver our services.

## 5. Achieving Healthier and Fulfilling Lives

The [National Performance Framework](#) provides broad measures of national wellbeing covering a range of economic, health, social and environmental indicators and targets.

Our plan contributes to the following national outcomes:

- we live longer, healthier lives.
- we have tackled the significant inequalities in Scottish society.
- we live in well-designed, sustainable places where we are able to access the amenities and services we need.
- we have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others
- our public services are high quality, continually improving, efficient and responsive to local people's needs respectively.
- our people are able to maintain their independence as they get older and are able to access appropriate support when they need it.

We will seek to build on our existing assets and strengths and strive to ensure that our citizens and communities are fully involved in the design and delivery of services. We will be focused on prevention and will show the advantages of investing in early interventions.

Valuing our staff and empowering them all to work as positively and collaboratively as possible will be crucial to our desire to deliver community-based integrated health and social care services.

Our emphasis will always be on fulfilling individual outcomes, that is, what actually needs to happen from the individual's point of view. We recognise though that ensuring that personal, organisational and national outcomes are linked in a coherent manner will be central to the successful implementation of a partnership-wide outcomes-focused approach.

We remain committed to improving the

- the health and wellbeing of our local population across all localities
- the experiences and outcomes of the individuals who use our services
- the quality and effectiveness of our services.

and as such, recognised as one of the highest performing partnerships in Scotland for our commitment to the people who use our services and their carers

and our performance across all sectors and services.



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<b>Date of Meeting</b>	9 October 2018
<b>Report Title</b>	Challenges Related to the Re-provision of Care in Mental Health and Substance Misuse, Focusing on the Accommodation/Housing Element
<b>Report Number</b>	HSCP.18.087
<b>Lead Officer</b>	Karen Gunn, Head of Mental Health and Learning Disability
<b>Report Author Details</b>	Name: Claire Wilkie Job Title: Service Manager, Mental Health and Substance Misuse Email Address: cwilkie@aberdeencity.gov.uk Telephone Number: 01224 523946
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	A. Hospital/Support Pathway



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### 1. Purpose of the Report

- 1.1 The purpose of the report is to outline challenges related to the re-provision of care, with particular focus on the housing element, and to provide options for the IJB's approval.

### 2. Recommendations

- 2.1 It is recommended that the Integration Joint Board:
- a) Approve re-provisioning the balance of accommodation for people with mental health and substance misuse issues from residential care to supported living services; and
  - b) Approve the ongoing exploration of all identified options in 3.4.

### 3. Summary of Key Information

#### 3.1 Introduction/Background

- 3.1.1 The IJB approved the commissioning plans for Mental Health Services and one Substance Misuse residential service on 30 January 2018. There was an additional request to *"instruct 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"*.
- 3.1.2 The support required for people with mental health problems can be complex in nature as services cater for people with a diverse range of needs (See Appendix A for the Pathway). Most individuals using current services have significant and enduring mental illness such as Schizophrenia and Bipolar Affective Disorder. Some individuals have committed crimes and fall into the category of Mentally Disordered Offenders; some of these individuals require careful monitoring in the community. Over the past 20 years the shift from hospital to community care has been successful and different models of care and support have been developed. When individuals leave the hospital after acute spells of mental illness or longer-term illness they are supported in either residential or supported living services. Individuals may be subject to orders under the Mental Health





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(Care and Treatment) (Scotland) Act 2003 (MHA), Criminal Proceedings legislation and/or may be subject to Guardianship Orders under the Adults with Incapacity (Scotland) Act 2000.

Section 25 of the MHA places a duty on the Local Authority to ensure the provision of care and support services, this includes residential and support services. Historically, residential services have been developed following ward closures in the local psychiatric hospitals and resource transfer funding has been passed from NHS Grampian to Aberdeen City Council for the purchase of these services.

### 3.2 Supported Living/Residential Care, Block Funding/Spot Purchase

- 3.2.1 Supported Living is where an individual has a tenancy agreement and receives support within their own home. It does not necessarily mean they live on their own. They could live in a house of multiple occupation. Tenants are usually given Short Scottish Secure tenancies and the tenancy is linked to the support they require including that of housing support. Where an individual has a tenancy they have, in effect a legal agreement to live in that property as their own home. The tenancy can only be dissolved if one or either party defaults on the terms or if both parties agree. The amount of housing support provided will depend on the needs of the individuals living in the service. Some people require short term supported accommodation and others require longer term accommodation, some require supported accommodation in a crisis.
- 3.2.2 Residential care homes provide care and support to people of all ages in a communal living environment which can vary in size. Residents will have their own rooms. Residential Care Homes for people with mental health problems tend to be smaller in size and generally are not required to provide personal care but provide support for people to manage their mental health and support with daily living tasks to enable them to live independently.
- 3.2.3 Currently, the majority of mental health and substance misuse services are block funded, although some are spot purchased placements. There are advantages and disadvantages to both methods of purchase. Block funding is when a cost for the whole service is agreed e.g. all placements are purchased. This provides stability for providers and allows them to employ staff on a permanent basis and give their staff groups stability. This also provides stability and consistency to the client group. Costs for periods where the tenancy/accommodation is void are covered by the IJB, but these are rare. Block funding gives the IJB more control over admissions and gives Aberdeen City residents priority. Other authority areas can place clients in these services but only with our permission and the costs for these are recouped from the placing authority. Spot purchase is when individual



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placements are purchased on behalf of the person. This type of funding provides less stability for the providers and whereas it does mean that we are only paying for the places we need (although most providers will build in an element of void costs into the spot purchase rate) we would not be guaranteed the use of placements in that service and would have to compete with other authority areas.

### 3.3 Current Provision in Aberdeen and Challenges

- 3.3.1 In Mental Health and Substance Misuse Services all residential services and the care and the support elements in supported living services are presently commissioned from the voluntary sector. The present providers are all widely recognised and have significant experience in the provision of a recovery focused approach that is person centred in delivery. There are 5 main providers of these services in Aberdeen. These organisations provide a mix of residential and supported living services. The supported living services are all provided in blocks of tenancies rather than being dispersed tenancies. There are no houses of multiple occupation. Approximately 128 people are supported. The majority (92) are living in Care Home provision. Those with their own tenancy and receiving support are much fewer (36). The current capacity just keeps up with the demand. There are very small numbers of people waiting for these services.
- 3.3.2 The buildings where these residential and supported living services are accommodated vary in standard and accessibility as does the ownership. Some buildings where service is currently provided do not meet current requirements for Care Inspectorate registration. In some cases, providers own the properties they operate from, in other cases they rent the property from a landlord.
- 3.3.3 Individuals are either placed in residential care or they have their own tenancy. In the case of residential care, care is normally provided by the same provider as owns or leases the building. In the case of supported living, care is normally provided by the provider who owns or leases the building, but individuals can choose to have their care provided by another provider.
- 3.3.4 The combination of building ownership, tenancy and care arrangements can complicate any re-commissioning activity. Where a provider owns the property, the service is block funded, and individuals have tenancies it is very difficult to re-commission this from another provider as there would have to be an agreement from the building owner to allow another provider to operate from it or another provider would have to provide another building, vacant and equipped to provide the same service which residents would have to be



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moved to. If agreement was reached for another provider to operate the service from the existing property, the building owner would have full control over the cost of renting out their property to a third party and these may not be as favourable as current costs and may make the service unaffordable for the commissioner and the business not economically viable for the provider.

### 3.4 Options for Future Provision

Demand for both care home and supported living remains constant and the number of people waiting is between 5-10 people at any given time. Some people are awaiting more bespoke packages of support. Demand may increase due to specialist inpatient services locally and nationally being under pressure.

#### Move towards more Supported Living

- 3.4.1 The models of support remain appropriate – it is important to keep a mixed model of support e.g. some Care Homes and some Supported Living services. Care Homes provide a safe environment for people with mental illness and give individuals, that are not ready to manage a tenancy, a more secure environment and in some instances a home for life or for as long as is required. Some individuals have never had this security but require this level of support. The downside for individuals is that they have less disposable income and no security of tenure. If the provider feels they can no longer meet the needs of the individual, the person can be given notice to leave. Many of the Care Homes have shared bathroom facilities and therefore do not always provide ideal levels of privacy.
- 3.4.2 With the Care Home model, people can be supported to move on when they are ready to do so. This provides the necessary throughput for other individuals in need/awaiting discharge from hospital to access the service.
- 3.4.3 Going forward the balance between Care Home provision and Supported Living models requires to be more weighted towards the Supported Living model because as many individuals as possible should be afforded the opportunity of having their own tenancy if they are able to so.
- 3.4.4 Most of the Supported Living services give individuals the opportunity to have their own tenancy. This allows them to access Housing Benefit to cover the cost of their rent and generally gives them much more disposable income. This can be both positive and negative for individuals. Some are not ready to manage their income, budgeting etc and often require a lot of support to do this. Once individuals have a tenancy particularly in supported living block, it is often difficult to move them on when they no longer require the



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level of support that is provided on site. This then blocks a placement for another individual requiring the service.

- 3.4.5 There are challenges of changing from a model of Residential Care Home to one of a Supported Living service. Options for one service have been considered over a number of years: Work has been ongoing with colleagues in Housing Strategy and Registered Social Landlords to identify potential sites for redevelopment. This work, however, is currently stalled due to the availability of land, affordability and suitable sites. Registered Social Landlords (RSLs) are more than willing to work with the IJB to provide housing to people with special needs but the process can be very challenging and lengthy. Once successful, the Council's Housing Strategy Team can then access grants from the Scottish Government for adaptations to meet needs which includes telecare.

### Collaborative Working with Providers for New or Redesigned Provision

- 3.4.6 The following are examples of what is being worked on, but options can be considered from any provider who has the will and the opportunity to offer solutions.
- 3.4.7 One provider is presently seeking to re-provision services on a new site in the City. Planning permission for a new build site has been acquired and fund raising has begun. The service will provide a Supported Living service and support will be available to tenants 24 hours per day. The Provider is looking for reassurance that ACHSCP will continue to commission services from them in the future. It is envisaged that people residing at the current will be supported to move into their own tenancy and supported by the new supported living service in the future.
- 3.4.8 Some providers also have land at their established properties and they would be interested in providing purpose-built accommodation and support to a few Aberdeen City residents who are presently in NHS facilities outwith Aberdeen City who are waiting for placements in the community. It is recommended that these options are explored.
- 3.4.9 In other areas in the City providers are looking at their business models for services such as very sheltered housing and considering changing their registration to provide these services to under 65s. There have been long term vacancies in some of these services. This means that some people with mental health problems could access tenancies in these services. Considering a mixed client group e.g. Mental Health, Learning Disability, Older People model in the future is an option for future consideration.



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### Use of Sheltered Housing as a Model

3.4.10 The very sheltered housing model suits many people with mental health problems and with long term alcohol misuse and is the type of service we are trying to develop to replace some of our current services. This gives the individuals the opportunity to have their own tenancy and all the benefits that this brings but where there is support on site 24/7. It also allows for meals to be provided on site which is so important for some people in this client group who in some instances would be unable to manage this themselves even with support in their own tenancies.

### IJB led Initiatives

3.4.11 The IJB could consider investing in commissioning property/land or ask one of the partners to do this on their behalf and become the provider of accommodation for such services. Aberdeen City Council and NHS Grampian may have sites for development of new build accommodation or buildings that could be adapted. Work with our colleagues in ACC Asset Management and Strategic Place Planning and NHSG Infrastructure could be undertaken to identify options and develop proposals.

3.4.12 In 2014, the Council published a Request for Information (RFI) on the Public Contracts Scotland website seeking housing providers who may be able to provide suitable accommodation from which to run Supported Living/Care Homes services in Aberdeen City. The purpose of the RFI was to establish whether there was an existing or soon to be completed property that a Landlord would be willing to rent for the Council's purposes or if a developer would be willing to build a new or convert an existing property for this purpose as well as establishing potential costs. No interest was registered in providing such a property. This is an option that could be tried again in the future.

## **4. Implications for IJB**

### **4.1 Equalities**

The report is for the Board's consideration only and the recommendations in this report should have no implications for service users with protected characteristics, protected by The Equality Act 2010. It has not been deemed necessary to carry out an EHRIA.



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### 4.2 Fairer Scotland Duty

If the Board were to agree that the balance of provision should move from a Care Home model to more supported living model of provision, then this would reduce inequalities of outcome which result from socio-economic disadvantage.

### 4.3 Financial

There are no direct financial implications arising from the recommendations of this report at this stage. If the IJB were to support changing the balance to a supported living model, the change is likely to be very gradual and each service would be costed out as they were re-provisioned. Past experience has demonstrated that changing the model of support does not necessarily result in any budget savings and the ideal is to strive to provide services within the same budget however this cannot be guaranteed and depends on the acquisition of suitable accommodation, the amount of benefits the client can claim e.g. housing benefit and the charges that can be levied on the client for the provision of care.

If the Board were to explore options of funding the purchase of land and property in the future this would clearly have major financial implications.

### 4.4 Legal

There are no legal implications directly related to the options to be explored in 3.4 but any commissioning approach should comply with the Scottish Procurement legislation and Aberdeen City Council's Procurement Regulations.

## 5. Links to ACHSCP Strategic Plan

- 5.1 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
- 5.2 Support and improve the health, wellbeing and quality of life of our local population.



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

### 6. Management of Risk

#### 6.1 Identified risks and links to operational risk register

6.1.1 **Market Failure:** If one of the large Providers were to withdraw this would significantly impact on the Partnerships' ability to provide services.

6.1.2 **Finance Failure:** There is financial uncertainty for all public services going forward in terms of future financial settlements and therefore the sustainability of the services presently provided. Demand is outstripping the available budget.

6.1.3 **Reputational Damage:** If the Partnership do not progress with ensuring that people can access good quality care and accommodation that meets individual's needs, this may lead to market failure and be in breach of statutory duties.

6.1.4 **Failure to meet Performance Standards:** If accommodation is not fit for purpose this will impact on the quality of life of the individuals requiring care and support and will eventually not meet the Care Inspectorate's requirements for registration.

The likelihood of this occurring is low as work is ongoing however it is difficult to control and time the acquisition of suitable development sites.

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

6.2.1 Market Failure and Current Providers: Creation of capacity and capability to manage and facilitate the market by communication about the requirements of the client group and working with Providers to invest in assets and models of support that will benefit the client group. **Risk rating: Medium**



6.2.2 Continue to work with Housing providers and other areas of the Council to invest in accommodation to meet the needs of the client group. The timing of this is difficult to control. **Risk rating: Medium**

6.2.3 Financial Failure: Consider all models of support and changes in the way services are provided to optimise efficiency so demand can still be met. **Risk rating: Medium**



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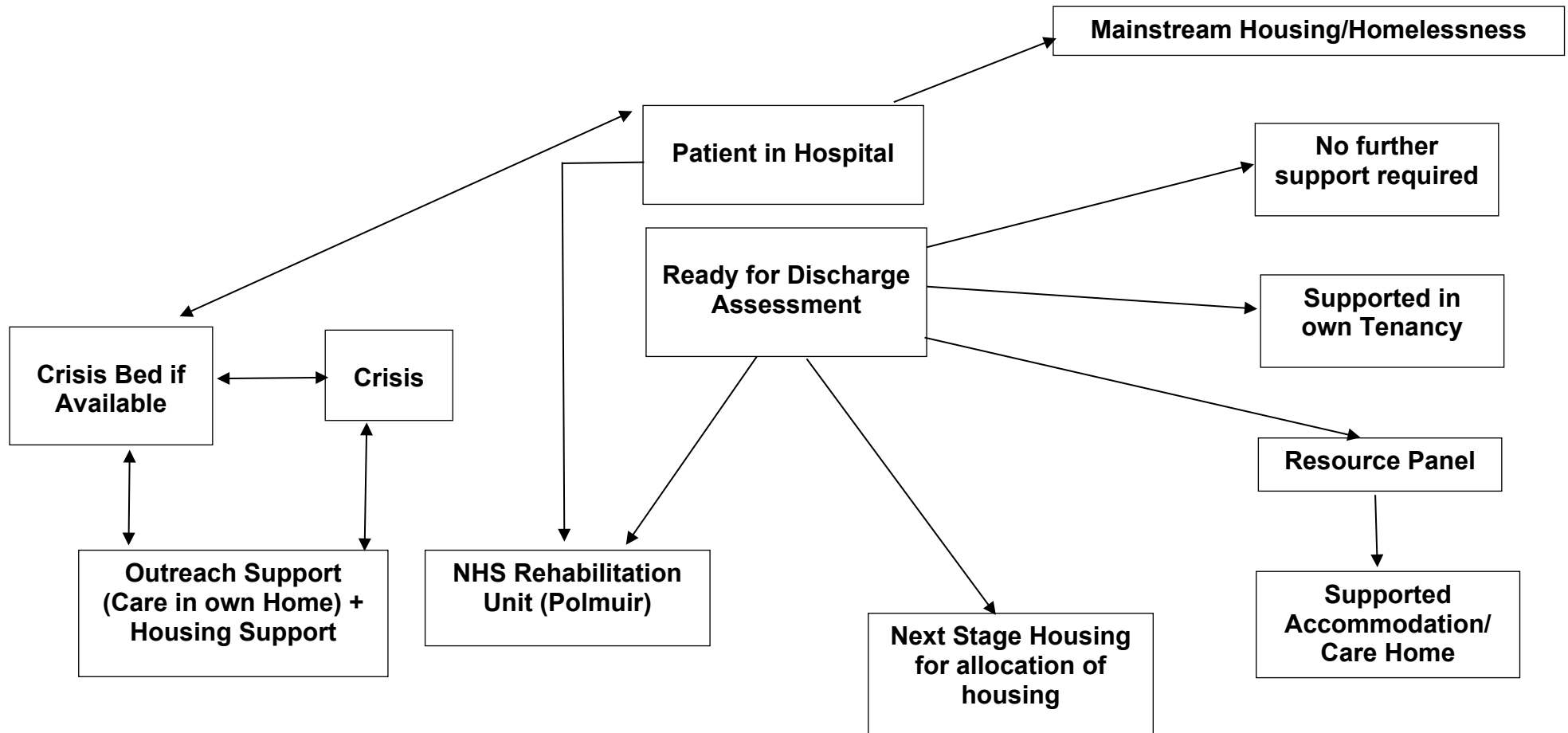
6.2.4 Performance Standards: Ensure that the re-provisioning of services allows for services to be provided in good quality accommodation which does not compromise individual's recovery and meets the requirement of the Inspectorate and the IJB. **Risk rating: Medium**

Approvals	
	Sandra Ross (Chief Officer)
	Alex Stephen (Chief Finance Officer)



# APPENDIX A – MENTAL HEALTH HOSPITAL SUPPORT/PATHWAY

## MENTAL HEALTH HOSPITAL/SUPPORT PATHWAY



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