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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board

Town House,
ABERDEEN, 15 January 2019

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Meeting Room 5, Health Village on TUESDAY, 22 JANUARY 2019 at 10.00 am.**

FRASER BELL
CHIEF OFFICER - GOVERNANCE

B U S I N E S S

- 1 Welcome from the Chair

DECLARATIONS OF INTEREST

- 2 Members are requested to intimate any declarations of interest

DETERMINATION OF EXEMPT BUSINESS

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

STANDING ITEMS

- 4.1 Minute of Special Meeting of the Integration Joint Board of 13 November 2018 (Pages 3 - 6)
- 4.2 Minute of Board Meeting of 11 December 2018 (Pages 7 - 22)
- 5 Matters Arising

6 Business Statement (Pages 23 - 26)

GOVERNANCE

7 Strategic Risk Register (Pages 27 - 32)

PERFORMANCE

8 2019/2020 Objectives for MSG Indicators (Pages 33 - 44)

FINANCE

9 Finance Settlement Update - to follow

ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE

FINANCE

10 Skills Development, Training and Employability Services - Update (Pages 45 - 50)

11 Update from the Chief Officer

- North East Partnership
- Section 75 Progress
- BAC Contract Review

WORKSHOP

- Self-Assessment Against Integration Principles/Audit Scotland Report (requested by IJB Dec 18)

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

Should you require any further information about this agenda, please contact Derek Jamieson, tel 01224 523057 or email derjamieson@aberdeencity.gov.uk



INTERGRATION JOINT BOARD

Minute of Special Meeting

**13 November 2018
Town House, Aberdeen**

Present:- Jonathan Passmore MBE (Chairperson); Councillor Sarah Duncan (Vice Chairperson); and Councillors Cooke (as substitute for Councillor Samarai) and Laing; and Rhona Atkinson and Luan Grugeon (NHS Grampian Board members); Gill Moffat (Carer Representative); and Alex Stephen (Chief Finance Officer, ACHSCP).

Also in attendance: Councillor Bell; Martyn Orchard and Alan Thomson (Governance, ACC); Kay Dunn (Lead Planning Manager, ACHSCP); and Graham Lawther (Communications Business Partner, ACHSCP).

Apologies: Councillors Imrie and Samarai; and Mike Adams.

The agenda and reports associated with this minute can be located [here](#):-

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.

NORTHERN CORRIDOR PROJECT

1. The Board had before it a report by Ali Chapman (Project Manager, ACHSCP) which provided a summary of the Initial Agreement (IA) for the Investment in Facilities to Modernise Primary and Community Care Services (PCCS) in the North Commuter Belt, Aberdeen City North and Aberdeenshire Central.

The report recommended:-

that the Board approve the strategic direction for the delivery of PCCS set out within the summary of the IA for the North Corridor Project (Appendix A) to be submitted to the NHS Grampian Board in December 2018 and the Scottish Government Capital Investment Group for funding approval in January 2018.

Kay Dunn (Lead Planning Manager, ACHSCP) spoke to the report and answered various questions, supplemented by Alex Stephen (Chief Finance Officer, ACHSCP).

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The Board resolved:-

- (i) to approve the recommendation contained within the report; and
- (ii) to note that more detailed information was expected to be made available to the Board at Stage 2 - Outline Business Case.

- JONATHAN PASSMORE MBE, Chairperson.

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INTEGRATION JOINT BOARD

Minute of Meeting

11 December 2018

Health Village, Aberdeen

Present:-

Jonathan Passmore, MBE (Chairperson); Councillor Sarah Duncan (Vice Chairperson); Councillors John Cooke (as substitute for Councillor Samarai) and Jennifer Laing; and Rhona Atkinson, Professor Steve Heys and Luan Grugeon (NHS Grampian Board members); Mike Adams (Partnership Representative, NHS Grampian), Nicola Anderson (Lead Health Visitor), Jim Currie (Trade Union Representative, Aberdeen City Council), Howard Gemmell (Patient and Service User Representative), Heather MacRae (Professional Nursing Adviser, NHS Grampian) for articles 1 to 16 and 21, Dr Malcolm Metcalfe (Secondary Care Representative), Graeme Simpson (Chief Social Work Officer, Aberdeen City Council) to article 17, Kenneth Simpson (Third Sector Representative), Sandra Ross (Chief Officer, Aberdeen City Health and Social Care Partnership) and Alex Stephen (Chief Finance Officer, Aberdeen City Health and Social Care Partnership).

Also in attendance

Alan Thomson and Steph Dunsmuir (Governance, ACC); Alison MacLeod (Lead Strategy and Performance Manager ACHSCP for articles 11, 14 and 20); Kevin Toshney (Planning and Development Manager ACHSCP for article 12); Jenny Rae (Strategic Development Officer ACHSCP for article 13); Simon Rayner (ADP Team Lead) and Superintendent Richard Craig (Police Scotland) for article 16; Gail Woodcock (Lead Transformation Manager ACHSCP for article 19); Jean Stewart-Coxon (Social Care Contracts Manager for article 20), and Kay Dunn (Lead Planning Manager for article 21).

Apologies:

Councillor Claire Imrie; Faith-Jason Robertson-Foy; Gill Moffat and Angela Scott.

The agenda and reports associated with this minute can be located [here](#).

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WELCOME FROM THE CHAIR

1. The Chair opened the meeting and noted his thanks to Iain Robertson for the support he had provided to the Board during his time as Clerk, wishing him good luck in his new role within Aberdeen City Council. He further advised that Members should have received an emailed update from the Executive Team providing assurance in respect of Allied Healthcare.

The Board resolved:-

- (i) to thank Iain Robertson for his support and work undertaken during his time as Clerk to the Board, and to wish him luck in his new role; and
- (ii) to note that an update had been circulated by the Executive Team in respect of Allied Healthcare.

DECLARATION OF INTERESTS

2. Luan Grugeon declared an interest in item 15 (Alcohol and Drugs Partnership Investment Plan) by virtue of her role as Chair of Aberdeenshire Alcohol and Drugs Partnership and a supporter of Aberdeen in Recovery, however she did not consider that the nature of her interest required her to withdraw from the meeting during consideration of the item.

The Board resolved:-

to note the declarations of interest intimated.

DETERMINATION OF EXEMPT BUSINESS

3. The Chair proposed that agenda items 17, 18, 19 and 20 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 9 of Schedule 7(A) of the Act.

MINUTE OF BOARD MEETING OF 9 OCTOBER 2018

4. The Board had before it the minute of its meeting of 9 October 2018.

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The Board resolved:-

to approve the minute as a correct record.

MATTERS ARISING

5. The Chair advised that all matters arising were covered elsewhere in the business statement and later on the agenda.

The Board resolved:-

to concur with the Chair.

DRAFT MINUTE OF AUDIT AND PERFORMANCE SYSTEMS COMMITTEE OF 13 NOVEMBER 2018

6. The Board had before it the draft minute of the Audit and Performance Systems Committee of 13 November 2018 for information.

The Board resolved:-

to note the draft minute.

DRAFT MINUTE OF CLINICAL AND CARE GOVERNANCE COMMITTEE OF 27 NOVEMBER 2018

7. The Board had before it the draft minute of the Clinical and Care Governance Committee of 27 November 2018 for information.

The Board resolved:-

to note the draft minute.

BUSINESS STATEMENT

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

The Board resolved:-

- (i) to note that item 5 (Diet, Activity and Healthy Weight) had been deferred to the Board meeting of 22 January 2019;
- (ii) in respect of item 7 (Risk Management), to note that work was ongoing in respect of risks associated with the Brexit transition process and to agree that an update report would be provided to the Board in January which could include the recent information which had been presented to the NHS Board;

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- (iii) to remove items 3 (Transformation Decisions), 4 (Scheme of Assistance Private Sector Grants Budget 2017-18), 6 (Mental Health Commissioning), 8 (Ethical Care Charter Implementation), 9 (Medium Term Financial Strategy), 10 (GMB Contract), 12 (Bon Accord Care Contract Review) and 14 (Rosemount Medical Group -Options Appraisal); and
- (iv) to otherwise note the business statement.

IJB BUDGET MEETING - DATE CHANGE

9. The Board had before it a report by Alex Stephen, Chief Finance Officer, ACHSCP, which proposed a revision to the date of the Integration Joint Board's budget meeting from 5 March to 12 March 2019 due to a clash with Aberdeen City Council's budget meeting on 5 March.

The report recommended:-

that the Board agree to move the planned IJB budget meeting from 5 March 2019 to 12 March 2019.

At this juncture, Rhona Atkinson advised that a meeting of the NHSG Performance Governance group was in the diary for the afternoon of 12 March and the Chair proposed that the rescheduled IJB budget meeting be arranged for the morning of 12 March.

The Board resolved:-

to approve the recommendation, but to request that the meeting be rescheduled to the morning of 12 March.

CHIEF SOCIAL WORK OFFICER ANNUAL REPORT

10. The Board had before it a report by Graeme Simpson, Chief Social Work Officer, ACC, which presented the Chief Social Work Officer's Annual Report for the 2017/18 financial year. The report provided information on the role and responsibilities exercised by the Chief Social Work Officer, as well as detail on statutory decision making that had been undertaken during the period and progress on key areas of social work provision within Aberdeen.

Mr Simpson advised that the report required to be submitted to the Scottish Government on an annual basis and that he proposed to look at the format of the document for future years.

Thereafter there were questions for Mr Simpson in respect of recruitment challenges with social workers and mental health workers, and the transition from children's

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services to adult services. Mr Simpson advised that there were difficulties with recruitment but that he maintained links with Robert Gordon's University and there had been some progress with recruiting mental health workers. Training schemes were also in place and work would be undertaken to identify any evolving training requirements. In respect of the transition between children's services and adult services, Mr Simpson had regular contact with Claire Duncan of Adult Social Care to ensure that there was awareness of any issues and to enable Ms Duncan to escalate any particular concerns.

The report recommended:-

that the Board note the content of the Chief Social Work Officer Annual Report, as attached at Appendix A.

The Board resolved:-

to approve the recommendation.

PERFORMANCE MONITORING

11. The Board had before it a report by Alison MacLeod, Lead Strategy and Performance Manager, which provided an update on current developments and future proposals in relation to performance monitoring.

Ms MacLeod explained that work had been undertaken to map the performance indicators to the strategic priorities, and the recommendations set out the proposals for how reporting would be undertaken in future. It was proposed that high-level indicators would be reported to the Board, with other indicators reports to the Clinical Care and Governance and Audit and Performance Systems Committees, with the opportunity for matters to be escalated to the IJB if required. Work was also being undertaken on the role and remit for the Clinical Care and Governance Committee.

Thereafter, there followed questions and comments in respect of whether benchmarking would be useful; the likely requirement for some self-assessment; and the figures in respect of the numbers of re-admissions. It was noted that it would not be possible to benchmark against all the indicators and benchmarking would not necessarily ensure that the partnership was satisfying its statutory requirements or the delivery of the Strategic Plan. In relation to re-admissions, Ms MacLeod advised that an action plan was being prepared, and that links had been made with partnerships who had managed to reduce re-admissions. It was noted that the action plan would eventually be reported to the Clinical Care and Governance Committee.

The report recommended:-

that the Board –

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- (a) approve the proposals in relation to the performance monitoring approach and timescales as described in paragraphs 3.11 to 3.14 of the report; and
- (b) note the commentary in relation to the red indicators from the Annual Report which was reported to the IJB on 28 August 2018 in paragraph 3.14 of the report; and
- (c) instruct the Lead Strategy and Performance Manager to develop a local survey to provide robust and relevant feedback from those who use our services.

The Board resolved:-

- (i) to thank Alison MacLeod for the work which had been undertaken to move forward the discussion around performance monitoring;
- (ii) in respect of re-admissions (paragraph 3.17 in the report), to note that work was being undertaken, including discussions with partnerships who had reduced re-admissions, and to note that the resulting action plan would be reported to the Clinical Care and Governance Committee;
- (iii) to approve the recommendations, subject to amending recommendation (a) above to read “to approve the proposals in relation to the performance monitoring approach and timescales as described in paragraphs 3.6 and 3.11 to 3.14 of the report”.

DRAFT STRATEGIC PLAN 2019-2022

12. The Board had before it a report by Kevin Toshney, Planning and Development Manager ACHSCP, which presented the draft Strategic Plan 2019-2022 and sought approval for public consultation to be undertaken on the Plan.

The report recommended:-

that the Board –

- (a) note the draft Strategic Plan 2019-2022;
- (b) agree that there should be a public consultation on the plan during the period 7 January to 28 February 2019;
- (c) agree that the most current version of the Aberdeen City Health and Social Care Partnership Strategic Plan be presented to the IJB at its budget meeting; and
- (d) agree that the revised ACHSCP Strategic Plan be presented to the IJB at its meeting of 26 March 2019 for final agreement, and note that the IJB would be advised when the accompanying Implementation Plan would be presented to the Audit and Performance Systems Committee.

Mr Toshney proposed a small amendment to the wording of recommendation (b) above, as follows:-

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- (b) to instruct the Chief Officer to conduct a public consultation on the draft Strategic Plan 2019 – 2022 during the period 7 January to 28 February 2019.

Thereafter, there were questions and comments in relation to the report. Members noted that the plan was relatively high-level and therefore officers would require to ensure that it was accessible to all in terms of the consultation. In response to comments on how there would be a demonstration of measuring achievement and commitment to improvements, Mr Toshney advised that there would be reframing of the plan to ensure that there was focus on priorities and commitments.

The Board resolved:-

- (i) to note that the plan required to be accessible to all; and
(ii) to approve the recommendations, including the proposed amendment to recommendation (b) set out above.

AUTISM STRATEGY AND ACTION PLAN

13. The Board had before it a report by Jenny Rae, Strategic Development Officer ACHSCP, which sought approval of the revised Autism Strategy and Action Plan for Aberdeen City. Ms Rae explained that the review had been undertaken through collaboration between NHS Grampian and Aberdeen City Council and local stakeholders. The revised strategy took the Local Outcome Improvement Plan and Strategic Plan into account, as well as the views provided by autistic people and their families in relation to their experiences. It had been developed through full consultation with autistic people and their families and relevant professionals.

Thereafter, Members asked questions and provided comments in respect of the possible workforce implications, noting the recent announcement of funding from the Scottish Government which required to be match-funded. Ms Rae advised that the report had been written prior to the announcement of the funding and the action plan would be delivered within the current workforce arrangements. Work had already commenced to identify the match-funding and it was expected that this could be met by aligning existing resources, although Alex Stephen advised that if this was not possible, officers would take the matter back to the Board for determination.

It was suggested that appendix A could be delineated to remove some of the information in respect of process and make it clearer what the strategy would do. Kenneth Simpson suggested that there could be a role for the third sector in the action plan, and Ms Rae advised that there were three representatives from the Autism Forum on the steering group but that they were looking to increase those numbers.

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The report recommended:-

that the Board –

- (a) approve the Autism Strategy and Action Plan which would take effect from 1 April 2019;
- (b) note the Autism Strategy and Action Plan would be presented to the Aberdeen City Council Operational Delivery Committee for approval in January 2019; and
- (c) note that progress reports on implementation will be provided to the Integration Joint Board annually.

At this juncture, Graeme Simpson proposed a slight amendment to recommendation (a) as follows:-

“To approve the Autism Strategy and Action Plan, which would take effect from 1 April 2019, **subject to approval by the Aberdeen City Council Operational Delivery Committee.**”

The Board resolved:-

- (i) to approve the recommendations, with the amendment to recommendation (a) as set out above; and
- (ii) to note that outwith the annual progress report to the IJB, updates would be provided to the Clinical Care and Governance Committee in the interim.

SHORT BREAKS SERVICES STATEMENT

14. The Board had before it a report by Alison MacLeod, Lead Strategy and Performance Manager, which sought approval for the Aberdeen City Short Breaks Services Statement.

Ms MacLeod explained that it was the final requirement to be taken forward from the Carers (Scotland) Act 2016 and required to be published by 31 December 2018. She advised that the format of the statement had been prepared through work undertaken by a national working group and the statement was for use by both practitioners and carers. She explained that it was intended to build on the bank of examples included in the statement and that the link to the Local Guidelines on the Waiving of Charges for Support to Carers would be made live in the document.

The report recommended:-

that the Board approve the Aberdeen City Short Breaks Services Statement.

The Board resolved:-

to approve the recommendation.

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STRATEGIC PLANNING FRAMEWORK FOR DELEGATED SERVICES (ACUTE)

15. The Board had before it a report by the Chief Officer which presented a proposed strategic planning framework for those services delegated by NHS Grampian to integration authorities for cross-system strategic planning across Grampian.

In respect of the proposal that approval for the Commissioning Brief and the final draft of the Strategic Plan be undertaken by the North East Partnership Steering Group, Members sought clarification about the decision-making powers of that Group and when it was due to meet, noting with concern that it had not been meeting. In response to queries from Board Members around the use of an independent representative to oversee the planning process, the Chief Officer advised that there would be facilitated workshops with representation from the Acute Sector and the three IJBs. Members also sought clarification around the financial risk if there was to be an overspend and officers advised that it would be understood going into the workshops and the process that there was no additional funding available.

In relation to the recommendations contained in the report:-

that the Board accept the proposed approach to planning for delegated services, which was outlined in the report as follows:-

- (a) to endorse the recommended Framework which had been developed jointly by the Chief Officers and the Strategic Planning Groups within Aberdeenshire, Aberdeen City and Moray Health and Social Care Partnerships;
- (b) to note that the Framework required those IJBs which had host responsibility to lead on the commissioning of strategic plans, and this would be done in consultation with all IJBs; and
- (c) to note that the Framework would be initially tested and revised as appropriate in the coming months with the development of the strategic framework for the provision of care to the elderly population linked to the service hosted by Aberdeen City,

Members agreed that they would not be content with approving an untested process and agreed to amend the recommendations.

The Board resolved:-

- (i) to note that the Chair and Chief Officer would write to the Chief Executive of NHS Grampian to ascertain when the North East Partnership Steering Group would meet; and
- (ii) to approve the approach set out in the report as a working draft proposal, and to instruct the Chief Officer to report back to the IJB for formal endorsement of the approach within six months, following review of the draft process and subject to receiving clarification on the North East Partnership Steering Group and its role and remit.

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DECLARATION OF INTEREST

Luan Grugeon declared an interest in item 15 (Alcohol and Drugs Partnership Investment Plan) by virtue of her role as Chair of Aberdeenshire Alcohol and Drugs Partnership and a supporter of Aberdeen in Recovery, however she did not consider that the nature of her interest required her to withdraw from the meeting during consideration of the item.

ALCOHOL AND DRUG PARTNERSHIP INVESTMENT PLAN: PROGRAMME FOR GOVERNMENT 2018-19

16. The Board had before it a report by Simon Rayner, Alcohol and Drug Partnership Team Lead / SMS Operational and Planning Manager, which sought ratification of the ADP investment plan and direction of travel.

Members heard from Mr Rayner and Superintendent Richard Craig, Police Scotland, in respect of the report. They advised that the ADP was going through a period of restructure and that governance around financing and the work to be undertaken was key. Thereafter, Members asked questions in respect of how drinking in communities could be prevented, noting that there could be a challenge in engaging with the public in hard to reach areas. There was discussion around linking with the Community Planning Partnership as elements of the Local Outcome Improvement Plan related to education in respect of alcohol. Mr Rayner sought confirmation from the Board as to reporting around the plan and it was noted that the services being delivered would likely be reported through the Clinical Care and Governance Committee but that an annual report could be submitted to the Board.

The report recommended:-

that the Board agree the direction of travel as outlined in the Alcohol and Drug Partnership Investment Plan.

The Board resolved:-

- (i) to approve the recommendation; and
- (ii) to request that an annual report be submitted to the IJB in respect of the Investment Plan.

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AUDIT SCOTLAND: HEALTH & SOCIAL CARE INTEGRATION - AN UPDATE ON PROGRESS

17. The Board had before it a report by Alex Stephen, Chief Finance Officer, which presented the Audit Scotland report "Health and Social Care – An Update on Progress". Mr Stephen advised that Audit Scotland had offered to discuss the report and that he could organise a workshop session if Members wished. He particularly highlighted Exhibit 7 in the report (Features Supporting Integration) as being helpful in assisting to highlight where there could be potential blockages.

Members noted that it was a fair and balanced report and would be discussed in more detail at the Audit and Performance Systems Committee. They further discussed a form of self-assessment exercise being undertaken by the Board.

The report recommended:-

that the Board note the content of the Audit Scotland report as attached at Appendix A.

The Board resolved:-

- (i) to note that the report would be discussed in more detail at the Audit and Performance Systems Committee;
- (ii) to note that officers would organise a workshop session with the Board in respect of self-assessment, to look at performance against the 12 principles of the Public Bodies (Joint Working) (Scotland) Act 2014; and
- (iii) to approve the recommendation.

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

CHIEF OFFICER UPDATE

18. The Board received a verbal update from the Chief on progress with regard to Kingswells Care Home; staffing arrangements at Horizons Rehabilitation Centre; and the recent Health and Social Care Conference which had been opened by the Scottish First Minister.

The Board resolved:-

to note the verbal update from the Chief Officer.

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TRANSFORMATION DECISIONS REQUIRED

19. The Board had before it a report by Gail Woodcock, Lead Transformation Manager ACHSCP, which sought approval to incur expenditure; for the Board to make Directions to NHS Grampian, in relation to projects that sat within the Partnership's Transformation; and for approval of a financial change in respect of a project within the transformation programme.

Thereafter, Members asked questions in respect of the Oral Nutritional Supplement project and the Workflow Optimisation project. In respect of the latter, Mrs Woodcock explained that there would be an initial round of intensive training, with future training being undertaken by staff who had received the initial training.

The report recommended:-

that the Board –

- (a) agree to incur the expenditure as set out in section 4.1 of the report, relating to (a) Workflow Optimisation and (b) Maternity Vaccinations;
- (b) note the Oral Nutritional Supplement Project that sought to ensure greater efficiency in that area;
- (c) agree the proposed project change relating to Community Link Working – Links Approach as set out in Appendix D to the report; and
- (d) make the Directions relating to the above projects as specified in Appendices A, B and C of the report, and instruct the Chief Officer to issue the Directions to NHS Grampian.

The Board resolved:-

to approve the recommendations.

COMMISSIONING AND PROCUREMENT WORKPLAN

20. The Board had before it a report by Alison MacLeod, Lead Strategy and Performance Manager, which provided information in respect of commissioning for social care and support services; sought approval for the related procurement activity to be undertaken in line with Aberdeen City Council's Financial Regulations; and sought approval in relation to Following the Public Pound grant awards.

Thereafter, Members enquired if there was to be exploration of opportunities for a co-production approach with partners prior to any tender advertisement. Officers were looking at more collaborative models for delivery, and a range of procurement routes were used. Ms MacLeod advised that service reviews were about to commence, and if any commissioning decisions were required as part of that process, a report would be brought forward in March 2019.

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During the discussion on the commissioning of services, there was comment made in respect of ensuring that organisations were committed to the principles of the Ethical Care Charter. It was noted that assurance around this would be expected for commissioned services and would be monitored, likely through the Audit and Performance Systems Committee.

As a result of this discussion, the Vice Chairperson declared an interest by virtue of her role as a paid official of UNISON but did not consider that the nature of her interest required her to leave the meeting during consideration of the item.

The report recommended:-

that the Board –

- (a) to approve the Social Care Procurement Business Cases which set out the known commissioning requirements from now until March 2020;
- (b) to make the Direction, as attached at Appendix F to the report, and to instruct the Chief Officer to issue the Direction to Aberdeen City Council;
- (c) to approve the award of 3 year grant funding to the organisation detailed in section 3.6 of the report and make the Direction detailed at Appendix G, and instruct the Chief Officer to issue the Direction to Aberdeen City Council; and
- (d) to approve a further one year award to the organisation detailed in section 3.7 of the report and make the Direction detailed at Appendix H, and instruct the Chief Officer to issue the Direction to Aberdeen City Council.

The Board resolved:-

to approve the recommendations.

UPDATE ON PROGRESS OF THE COUNTESSWELLS PROJECT

21. The Board had before it a report by Ali Chapman, Project Manager (Capital and Services) ACHSCP, which provided an update on progress made to develop a future service delivery model for the interim health solution in the new community of Countesswells. Kay Dunn, Lead Planning Manager, was in attendance to speak to the report.

Members asked questions in respect of progress to date and discussions with the developer and noted that it was important to ensure communication with residents of Countesswells. It was also noted that discussion should be undertaken with Planning colleagues to ensure that there was early engagement with the IJB in respect of any Section 75 agreements for future developments.

The report recommended:-

that the Board –

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- (a) recommend to the NHSG Board that the interim health facility is not required at this time due to the reasons outlined in paragraph 3.12 of the report; and
- (b) instruct the Chief Officer to work with Aberdeen City Council, NHS Grampian and Community Planning Aberdeen partners to explore the opportunities to deliver a more integrated model of health, education and community services in the spirit of partnership working to develop the full solution of a Health Centre for the Countesswells community.

Councillor Cooke proposed that the Board did not consider the proposal in the report to enable further discussion with the developer, however as there was no support for this proposal from the other Board members, this amendment fell.

The Board resolved:-

to approve the recommendations.

VALEDICTORY

22. The Vice Chair advised the Board that this was the last meeting to be chaired by Jonathan Passmore MBE and therefore expressed her gratitude for how he had undertaken the role of Chair, noting that he led by example and worked to build good relationships and consensus, and that had influenced the operation of the Board during his time as Chair. The Chair thanked Members for their support in his time as Chair.

The Board resolved:-

to concur with the remarks of the Vice Chair.

- **JONATHAN PASSMORE MBE, Chairperson**

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11 December 2018

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**INTEGRATION JOINT BOARD
BUSINESS STATEMENT**

22 JANUARY 2019

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. If a date is highlighted in **red** this means that an item has been delivered at a previous meeting or is overdue.

<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	<u>Aberdeen City Residential Nursing Home Provision</u> The Board requested a review of the Partnership's strategic intentions towards intervention in the event of future market failure.	The Board instructed the interim Chief Officer to discuss how the proposed model could be delivered incrementally and at a lower cost with Bon Accord Care, and to report back to the IJB on 28 August 2018 with an update. The Board requested that a performance monitoring report be presented to a future Board meeting on achievement of outcomes.	Chief Officer, Aberdeen City Health and Social Care Partnership	11.12.18
2.	IJB 31.10.17 Article 14	<u>Carers Strategy</u> Approval of the draft strategy was deferred on 31 October 2017 to allow the incorporation of further detail on young carers.	The Carers Strategy was agreed at the Board meeting on 27 March 2018. Thereafter the Board requested the Chief Officer to submit the Aberdeen City Short Breaks Services Statement to the Board meeting in October 2018. Recommended for removal.	Lead Strategy and Performance Manager, Aberdeen City Health and Social Care Partnership	Received on 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>
3.	IJB 30.01.18 Article 10	<p><u>Risk Management</u></p> <p>The Board requested that the updated strategic risk register be presented to the Board at its next meeting on 22 May 2018.</p> <p>The Strategic Risk Register and Risk Appetite Statement were endorsed by the Board on 9 October 2018. The Audit and Performance Committee will monitor risk on an ongoing basis and escalate any change in risk rating to the Board.</p>	<p>The Board instructed the Chief Officer to capture risks relating to the Brexit transition process within the Risk Register.</p> <p>In December 2018, the Board requested that an update report be provided to the January 2019 meeting which could include recent information which had been presented to the NHSG Board.</p>	Business Manager, Aberdeen City Health and Social Care Partnership	22.01.19
4.	IJB 22.05.18 Article 20	<p><u>Skills Framework</u></p> <p>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.</p>	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
5.	IJB 30.01.18 Article 7	<p><u>Diet, Activity and Healthy Weight</u></p> <p>The Board instructed the Chief Officer to prepare an additional paper to be presented to the IJB in early 2018 to consider the Food Charter for the SFCPA.</p>	This report was deferred to the meeting of 22 January 2019, however as the implementation plan is still under development, this will now be reported in March 2019.	Public Health Lead, Aberdeen City Health & Social Care Partnership	26.03.19
6.	IJB 09.10.18 Article 15	<p><u>Localities</u></p> <p>The Board instructed the Chief Officer to review the locality structure and consult with relevant stakeholders and staff on the</p>		Lead Transformation Manager, Aberdeen City Health and	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>
		proposal to move from a four to a three-locality model and report back to the IJB on 26 March 2019 with the results of this review and consultation along with the new Strategic Plan once finalised.		Social Care Partnership	
7.	IJB 11.12.18 Article 12	<p><u>Draft Strategic Plan 2019-2022</u></p> <p>The Board instructed that the revised ACHSCP Strategic Plan be presented to the IJB at its meeting of 26 March 2019 for final agreement, and noted that the IJB would be advised when the accompanying Implementation Plan would be presented to the Audit & Performance Systems Committee.</p>		Planning and Development Manager, Aberdeen City Health and Social Care Partnership	26.03.19
8.	IJB 11.12.18 Article 20	<p><u>Commissioning and Procurement Workplan</u></p> <p>The Board noted that service reviews were about to commence and that should any commissioning decisions be required as a result of the service reviews, these would be reported to the Board in March 2019.</p>		Lead Strategy and Performance Manager, Aberdeen City Health and Social Care Partnership	26.03.19
9.	IJB 11.12.18 Article 15	<p><u>Strategic Planning Framework for Delegated Services (Acute)</u></p> <p>The Board agreed to approve the approach set out in the report as a working draft proposal, and instructed that the Chief Officer report back to the IJB for formal endorsement of the approach</p>		Chief Officer, Aberdeen City Health and Care Partnership	June 2019

<u>No.</u>	<u>Minute Reference</u>	<u>IJB Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Expected</u>
		within six months, following review of the draft process and subject to receiving clarification on the North East Partnership Steering Group and its role and remit.			
10.	IJB 11.12.18 Article 16	<u>Alcohol and Drug Partnership Investment Plan</u> The Board requested that an annual report be submitted to the IJB in respect of the Investment Plan.		Alcohol and Drug Partnership Team Lead	December 2019
11.	IJB 11.12.18 Article 13	<u>Autism Strategy and Action Plan</u> The Board noted that progress reports on the implementation of the above would be provided annually, with updates to the Clinical Care and Governance Committee in the interim.		Strategic Development Officer, Aberdeen City Health and Social Care Partnership	April 2020



INTEGRATION JOINT BOARD

Date of Meeting	22.01.2019
Report Title	Brexit Risk
Report Number	HSCP.18.083
Lead Officer	Sandra Ross, Chief Officer
Report Author Details	Name: Martin Allan Job Title: Business Manager Email Address: martin.allan3@nhs.net
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	a. Risk Appetite Statement b. Strategic Risk Register-extract

1. Purpose of the Report

- 1.1. To present the Integration Joint Board (IJB) with (a) risks relating to the Brexit transition process which will be contained within the Strategic Risk Register, and (b) a Policy Statement to be considered for issue on behalf of the Board.

2. Recommendations

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

- a) Note the risk associated with the Brexit transition process (as contained within the strategic risk register), as attached at appendix A; and
- b) Consider the following wording as a Policy Statement for issue:

The IJB recognises the uncertainty associated with the Brexit transition process and in the absence of that certainty, we are doing all we can to ensure we are in a position to respond appropriately as matters develop. The IJB has directed the Chief Officer to ensure the Partnership is closely aligned with all partners and their



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planning processes in order to recognise the risks associated with the Brexit transition process as detailed in the risk considered and approved by the Board this day. The IJB commits to support all Partnership staff through the Brexit process. The IJB greatly values the contribution of every member of staff, regardless of nationality, and acknowledges the vital contribution to the organisation which is made by staff from all parts of the EU, EEA, and Switzerland. The IJB will continue to work closely with Aberdeen City Council and NHS Grampian to mitigate the risks to patients, clients and staff.

3. Summary of Key Information

- 3.1. At its meeting of the 9th October 2018, the IJB requested that the Chief Officer *“captures risks relating to the Brexit transition process within the Risk Register and to report this update to the Board’s next meeting”*
- 3.2. The strategic risk register now includes a risk relating to Brexit (risk 10).
- 3.3. Work continues to be done to formally review the overall strategic risk register, including its format, and will be presented to the Audit & Performance Committee at its February meeting.
- 3.4. The outputs of this work will be presented to the IJB at its March meeting.

4. Implications for IJB

- 4.1. **Equalities** – while there are no direct implications arising directly as a result of this report, equalities implications will be taken into account when implementing certain mitigations
- 4.2. **Fairer Scotland Duty** - while there are no direct implications arising directly as a result of this report, the Fairer Scotland duty will be taken into account, where appropriate, where implementing certain mitigations
- 4.3. **Financial** - while there are no direct implications arising directly as a result of this report, financial implications will be taken into account when implementing certain mitigations
- 4.4. **Workforce** - while there are no direct implications arising directly as a result of this report, workforce implications will be taken into account when implementing certain mitigations



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4.5. Legal - while there are no direct implications arising directly as a result of this report, legal implications will be taken into account when implementing certain mitigations

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): as detailed in the Brexit risk.

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

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

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<p>Description of Risk: There is a risk that ACHSCP is not sufficiently prepared to deal with the impacts of Brexit on areas of our business, including affecting the available workforce and supply chain.</p> <p>Whilst the impact on health and social care services of leaving the EU is difficult to forecast, it is clear that a number of issues will need to be resolved. Key areas for health and social care organisations to consider include: staffing; medical supplies; accessing treatment; regulation (such as working time directive and procurement/competition law, for example); and cross border issues.</p>	
<p>Strategic Priority: Outcomes, safety and transformation</p>	<p>Executive Team Owner: Clinical Director</p>
<p>Risk Rating: high</p>	<p>Rationale for Risk Rating:</p> <ul style="list-style-type: none"> • There is still a high level of uncertainty around 'Brexit' as impacts are difficult to forecast.
<p>Risk Movement: New Risk January 2019</p>	
<p>Controls:</p> <ul style="list-style-type: none"> • NHSG have held a voluntary survey of EU nationals. ACC currently undertaking a survey of all staff to gather similar information. • NHSG - An initial operational assessment has been undertaken. A BREXIT co-ordinating group established with executive leadership. Engagement with staff who may be impacted by withdrawal of UK from the EU. Co-ordination with professional leads across Scotland and at SG - procurement, medicines, staff and resilience • ACC- A Brexit Steering Group has been established and met on 7/1/19 . The Partnership is now a member of this Group 	<p>Mitigating Actions:</p> <ul style="list-style-type: none"> • Engaged with both NHSG and ACC on working groups around Brexit (Chief Officer (NHSG) and Business Manager (ACC)). • Stable workforce • Medicines and medical devices being addressed at national level • As the Partnership does not directly employ staff, The Chief Officer will work closely with partners to ensure that as implications become clear the Partnership are able to best represent and meet the needs of all staff. • The Partnership's Business Continuity Planning process is established which will identify key services to prioritise in any contingency event
<p>Assurances:</p> <ul style="list-style-type: none"> • Scottish Government considering policy for staff to remain post Brexit • Understanding that current legislation will remain in effect for a period of time post Brexit 	<p>Gaps in assurance:</p> <ul style="list-style-type: none"> • Whilst ACC/NHSG are gathering some data, the Partnership is unable to scrutinise accurate data on status of all staff across broader partnership (and other data sets relating to people performance).

	<ul style="list-style-type: none"> • Clarify the position regarding UK / Scotland planning to supply chain and medicine. • Clarification regarding position for EU staff both current and future. • Clarification regarding the contingency plans that will be implemented at local, regional and national level
<p>Current performance:</p>	<p>Comments:</p> <ul style="list-style-type: none"> • ACHSCP colleagues will need to ensure continued engagement with ACC and NHSG working groups.



INTEGRATION JOINT BOARD

Date of Meeting	22 nd January 2019
Report Title	MSG Indicator Local Objectives 2019/20
Report Number	HSCP.18.123
Lead Officer	Sandra Ross, Chief Officer
Report Author Details	Name: Alison MacLeod Job Title: Lead Strategy and Performance Manager Email Address: alimacleod@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	A. MSG Indicator Local Objectives 2019/20

1. Purpose of the Report

- 1.1. The purpose of this report is to present to the Integration Joint Board (IJB) the up-to-date position in relation to performance against the six MSG Integration Indicators and to seek their approval for the submission of our local objectives for these for the next financial year (2019/20) to the Ministerial Strategic Group for Health and Community Care.

2. Recommendations

- 2.1. It is recommended that the IJB:
- a) Approve the local objectives for the six MSG Integration Indicators contained within Appendix A, and



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- b) Instructs the Chief Officer to submit the local objectives to the Ministerial Strategic Group for Health and Community Care by the deadline of 28th February 2019.

3. Summary of Key Information

- 3.1.** The Ministerial Strategic Group (MSG) for Health and Community Care was established at a National level and is chaired by the Cabinet Secretary for Health, Wellbeing and Sport. Membership of the Group comprises representatives from agencies and professions involved in the delivery of integration.
- 3.2.** The IJB agreed at its meeting on 28 March 2017 to participate in a national measurement of improvement using publicly available performance data to be used to support the MSG to measure performance under integration. Initially, six Integration Indicators have been identified.
- 3.3.** At the end of 2017 the MSG Group asked all partnerships to submit local objectives (targets) for each of the six Integration Indicators for financial year 2018/19. The IJB approved these for submission at its meeting of 30th January 2018 and these were subsequently submitted to the MSG Group.
- 3.4.** On 12th December 2018 the MSG again wrote to Chief Officers inviting them to share updated local objectives for the year 2019/20. They have asked that these be submitted by 28th February 2019.
- 3.5.** An analysis of the available data has been undertaken in relation to each of the six indicators and this is detailed in Appendix A. Data for the first four indicators is available up to September 2018. Data for indicators 5 and 6 is only produced on an annual (complete financial year) basis and as such only data covering 2017/18 is currently available. Projections have been made in relation to each of the six indicators using this data and local knowledge of improvement initiatives. The rationale behind each of the projections is also provided.
- 3.6.** It should be noted that we were perhaps too ambitious in setting some of our objectives for 2018/19. A number of factors relating to the integration indicators are out with our control and it is not always possible to demonstrate exactly the impact of our improvement initiatives, most of which are long term. We know that we have significantly reduced our unmet need in social care from 635 hours per week in March 2016 to 325



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hours per week in November 2018. What we cannot quantify is what impact this has had directly on reducing demand for emergency and acute services. Demand may be increasing in general despite our progress.

4. Implications for IJB

- 4.1. Equalities – this report has no negative implications for people with protected characteristics.
- 4.2. Fairer Scotland Duty – this report has no implications in relation to the Fairer Scotland duty.
- 4.3. Financial – this report has no direct implication on finance.
- 4.4. Workforce – there are no implications for the workforce arising from this report.
- 4.5. Legal – there are no legal implications arising from this report.
- 4.6. Other – none.

5. Links to ACHSCP Strategic Plan

- 5.1. The MSG indicator data aims to demonstrate, at a high level, the progress being made on integration. It therefore links directly to the achievement of our strategic priorities and the national health and wellbeing outcomes as outlined in the strategic plan.

6. Management of Risk

6.1. Identified risks(s)

If we do not publish meaningful performance data, we will be unable to demonstrate our progress in relation to integration or to identify areas of focus for improvement activity.

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

This report links to Strategic Risk 5.: -


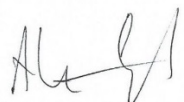
There is a risk that the IJB, and the services that it directs and has operational oversight, of fail to meet performance standards or outcomes as set by regulatory bodies



INTEGRATION JOINT BOARD

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

Publishing this data, and setting targets, enables us to assess our performance and take action where appropriate. As the same data is published for almost all partnership areas we can benchmark our performance and identify areas from where we may be able to learn good practice.

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

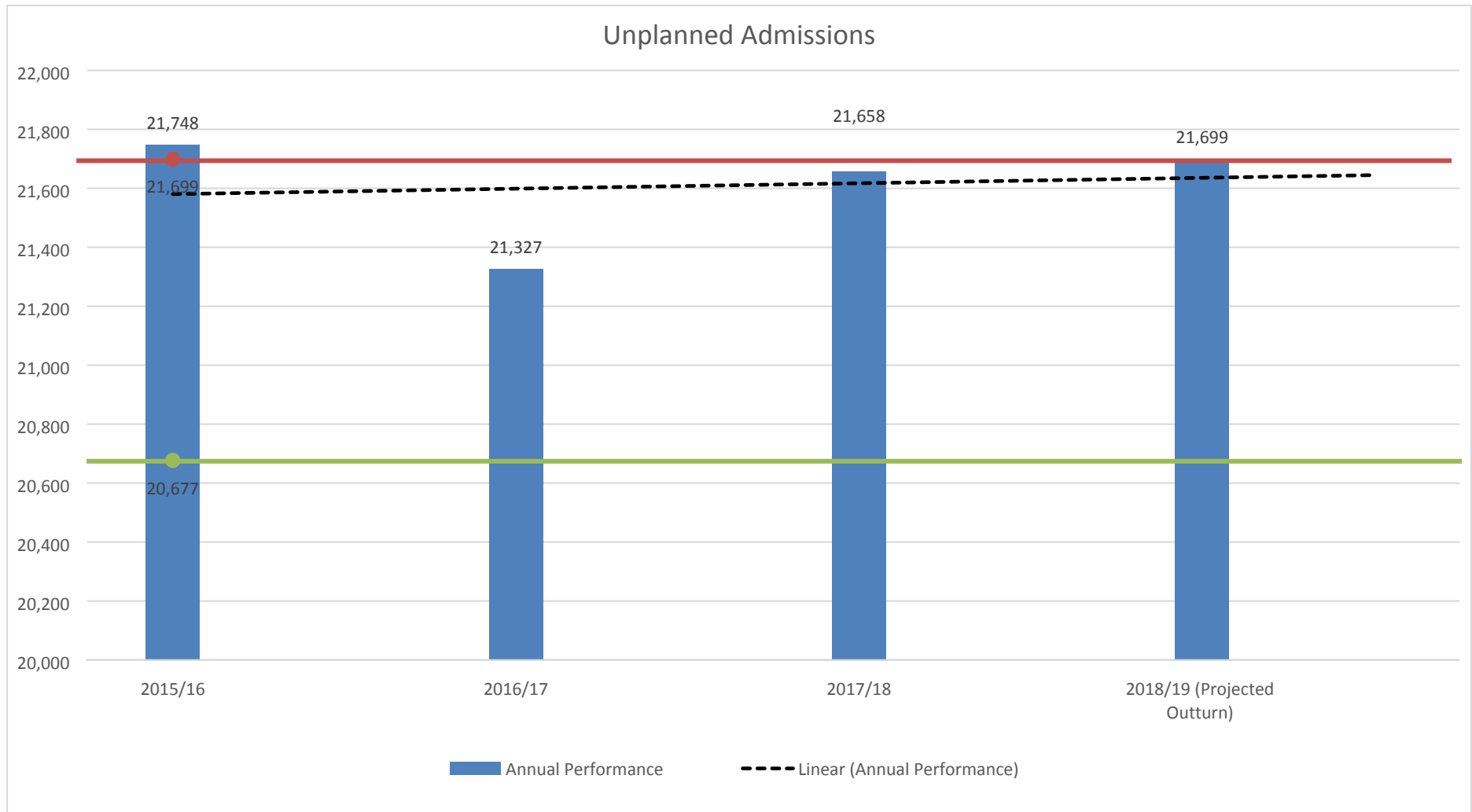
Aberdeen City Health and Social Care Partnership – MSG Integration Indicators

Aberdeen City HSCP	Unplanned Admissions	Unplanned Bed Days – Acute and Long Stay Specialities – (Mental Health & Geriatric Long Stay)	A&E Attendances & seen within 4 hours	Delayed Discharge Bed Days	Last 6 months of life spent in community	Balance of Care (resident in non-hospital setting)
Apr 15 – Sep 15	10,796	80,132 - (32,088 MH),(3,741 GLS)	23,809 (96.3%)	24,501	N/A	N/A
Oct 15 – Mar 16	10,952	78,054 -(34,490 MH) (3,784 GLS)	22,626 (94.6%)	19,893	N/A	N/A
2015/16	21,748	158,186 - (66,578 MH) (7,525 GLS)	46,435	43,944	88.1%	90.8%
Apr 16 – Sep 16	10,603	75,113 (31,693 MH) (3,856 GLS)	23,429 (92.8%)	15,512	N/A	N/A
Oct 16 – Mar 17	10,724	73,787 (32,383 MH) (3,509 GLS)	22,032 (94.5%)	11,841	N/A	N/A
2016/17	21,327	148,900 (64,076 MH) (7,365 GLS)	45,461	27,353	88.9%	91.2%
Apr 17 – Sep 17	10,626	67,506 (31,629 MH) (3,481 GLS)	23,447 (91.5%)	10,046	N/A	N/A
Oct 17 – Mar 18	11,032	76,171 (28,873 MH) (3,489 GLS)	22,825 (91.7%)	9,156	N/A	N/A
2017/18	21,658	143,677 (60,502 MH) (6,970 GLS)	46,272	19,202	88.6%	91.3%
Local Objective 2018/19	20,677	130,510 (N/A) (N/A)	44,585	16,891	90%	91.5%
Apr 18 – Sep 18	10,645	62,294 (28,413 MH)(GLS unavailable)	24,074 (92.8%)	6,637	N/A	N/A
Oct 18 – Mar 19	Not yet available	Not yet available	Not yet available	Not yet available	N/A	N/A
Projected Outturn 2018/19	21,699	132,614 (54,452 MH) (6,273 GLS)	47,515 (92.8%)	14,043	Not yet Available	Not yet Available
Local Objective 2019/20	21,699	125,042 (51,348 MH) (5,916 GLS)	47,515 (93%)	12,689	90%	91.5%

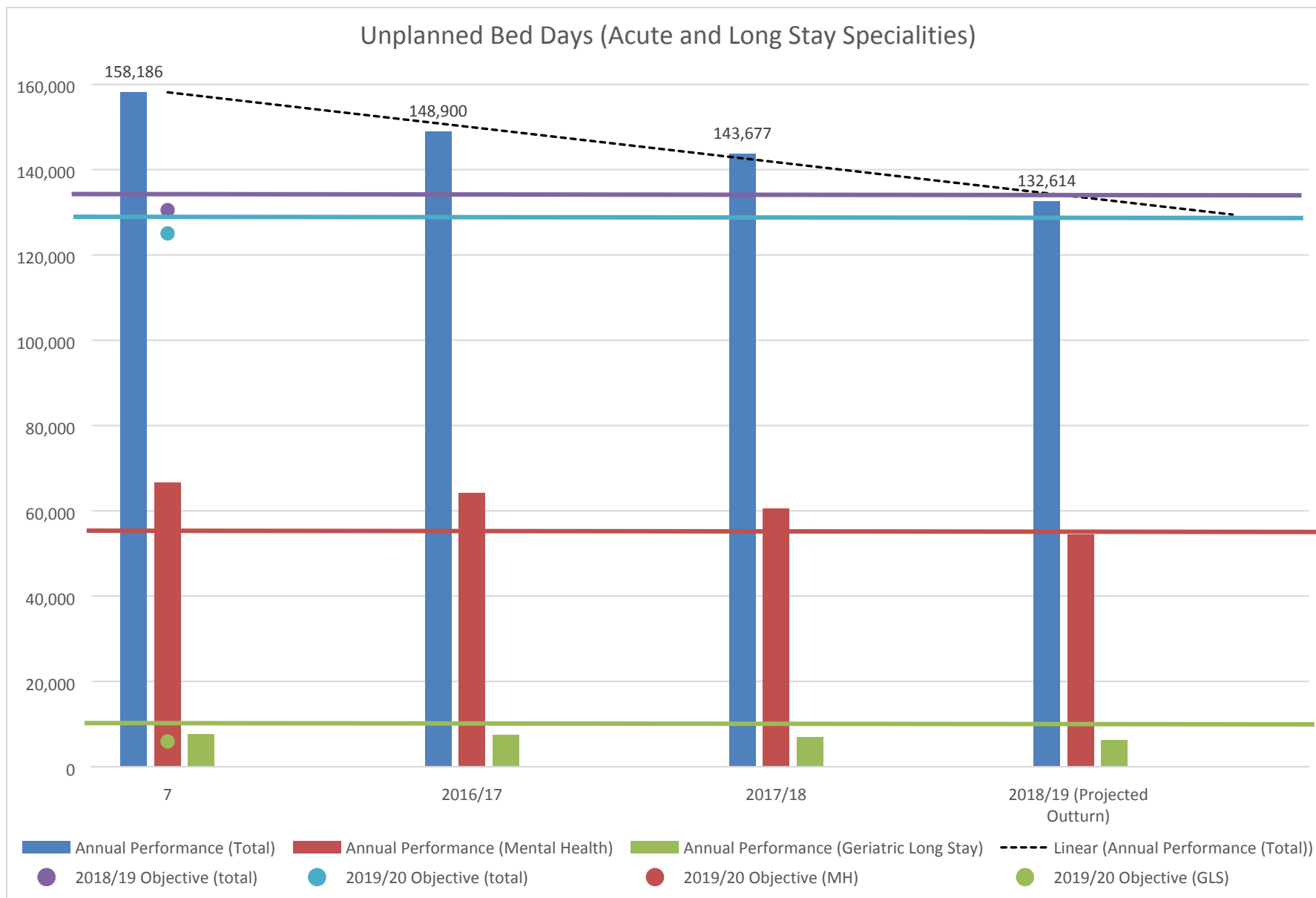
Aberdeen City Health and Social Care Partnership – MSG Integration Indicators

Rationale	
Unplanned Admissions	Admissions rose by 3% in the second half of 2017/18 which means that the outturn for that year was higher than anticipated and therefore our objective for 2018/19 was artificially low and will not be achieved. Suggest we set the objective for 2019/20 back at the same level as the projected outturn for 2018/19 i.e. 21,699 NB: this does not necessarily mean we are failing in our efforts. What we are unable to quantify is any increase in demand that we are already diverting away from hospital admission. We know that we have reduced Unmet Need by almost 50% i.e. from 635 hours per week in March 2016 to 325 hours per week in November 2018.
Unplanned Bed Days – Acute and Long Stay Specialities – (Mental Health & Geriatric Long Stay)	Although the 2018/19 target may be missed the overall trajectory of performance is downward (average 5.7% reduction over the last 3 years). Suggest we set the 19/20 objectives at 5.7% below the projected outturn for 2018/19. NB: This year is the first year we have been asked to set objectives for Long Stay Specialities – Mental Health and Geriatric Long Stay.
A&E Attendances & seen within 4 hours	Although we appeared to be on a downward trajectory from 15/16 to 16/17, increased attendances in 17/18 and in the first half of 18/19 indicate attendances are increasing. Suggest a static target for 2019/20 i.e. 47,515 for attendances however would suggest a slight increase for the ‘seen within 4 hours’ target to 93%.
Delayed Discharge Bed Days	Delayed Discharge Bed Days continue to reduce. The average reduction in the last 3 years is 31.7% however this rate of decrease is not sustainable and it is suggested a projected decrease of 9.6% is estimated for 2019/20.
Last 6 months of life spent in community	This indicator is only reported annually. We have no way of knowing yet what our 2018/19 outturn is and therefore would suggest we are cautious in setting the same target for 2019/20.
Balance of Care (resident in non-hospital setting)	This indicator is only reported annually. We have no way of knowing yet what our 2018/19 outturn is and therefore would suggest we are cautious in setting the same target for 2019/20.

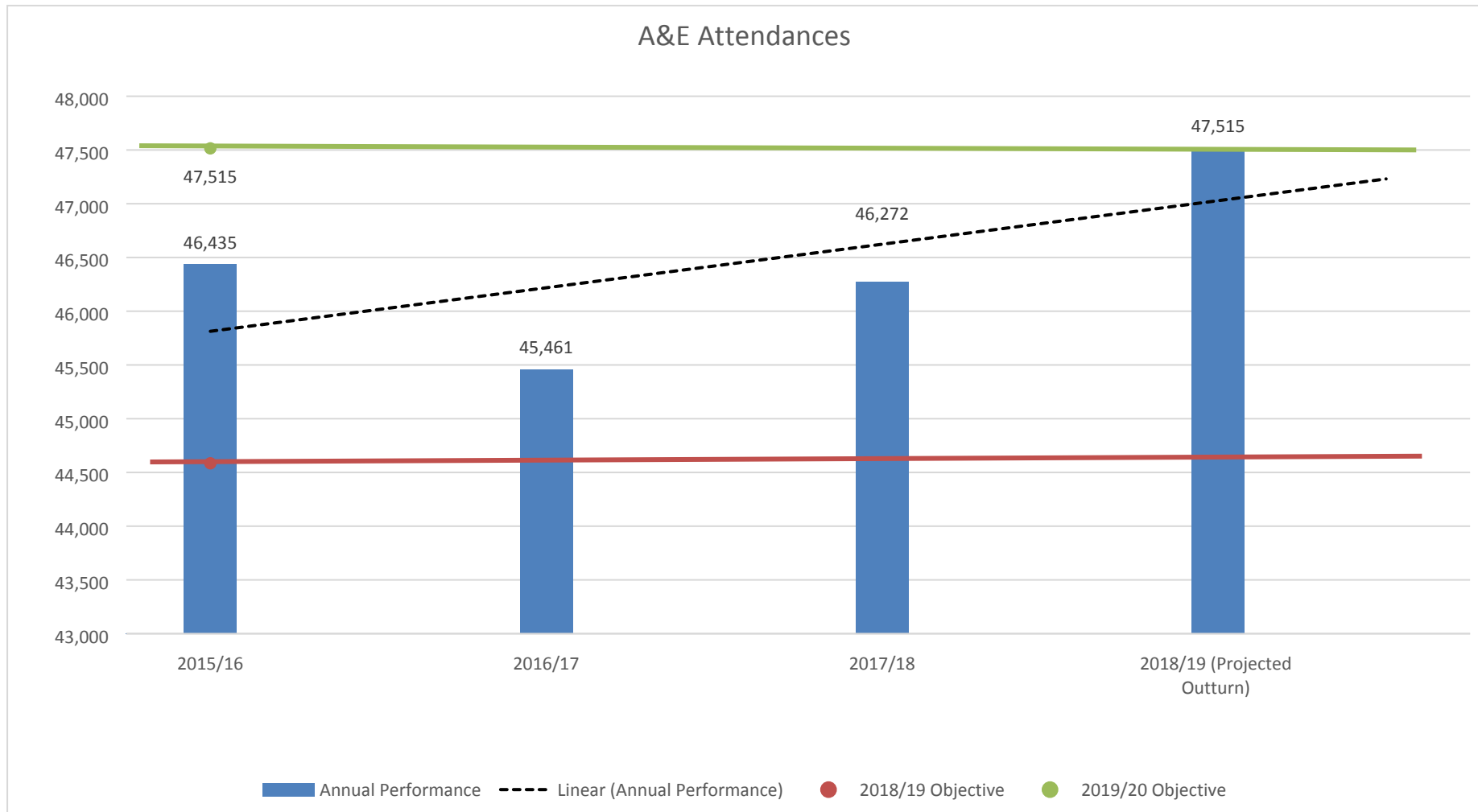
Aberdeen City Health and Social Care Partnership – MSG Integration Indicators



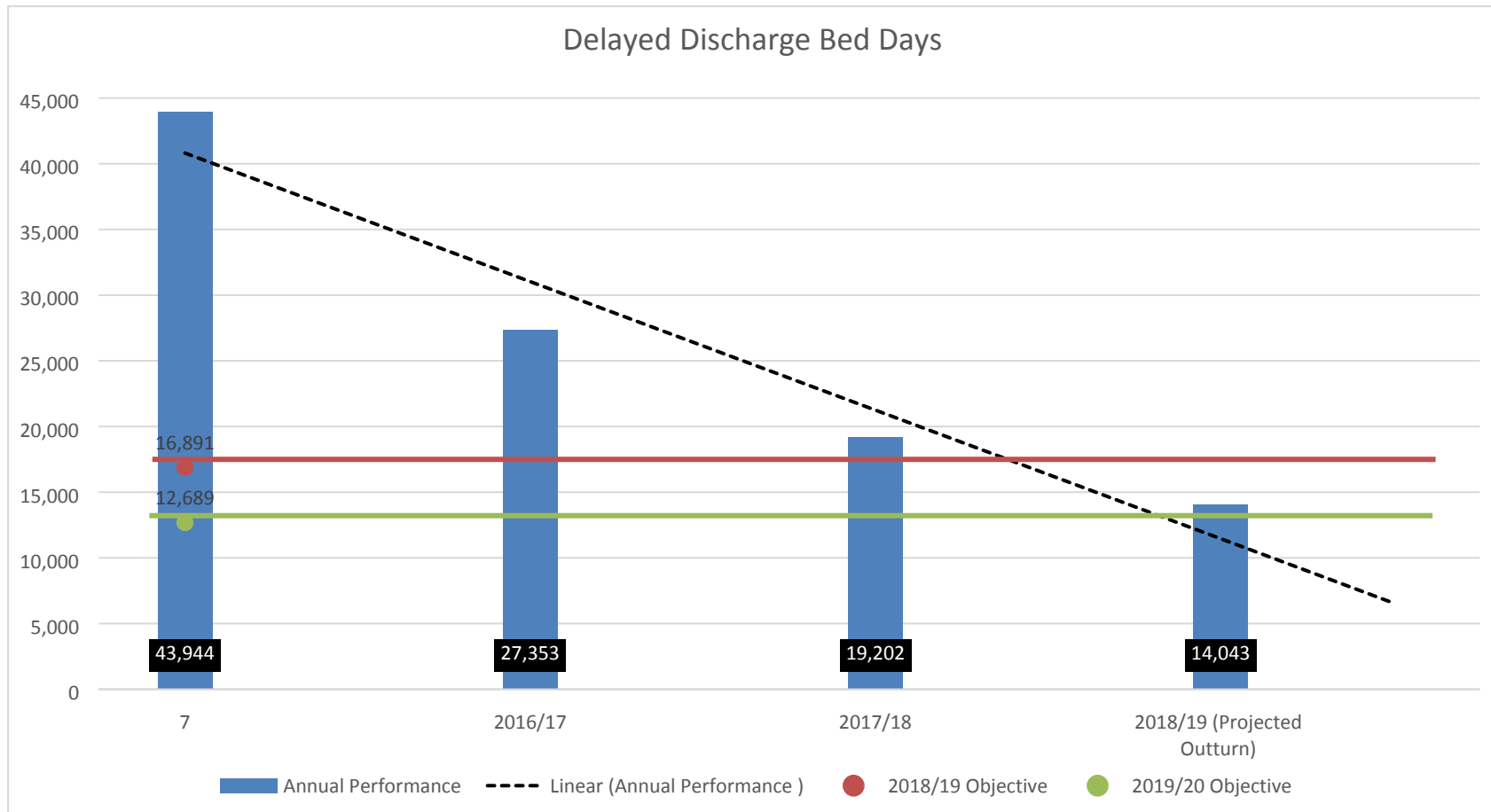
Aberdeen City Health and Social Care Partnership – MSG Integration Indicators



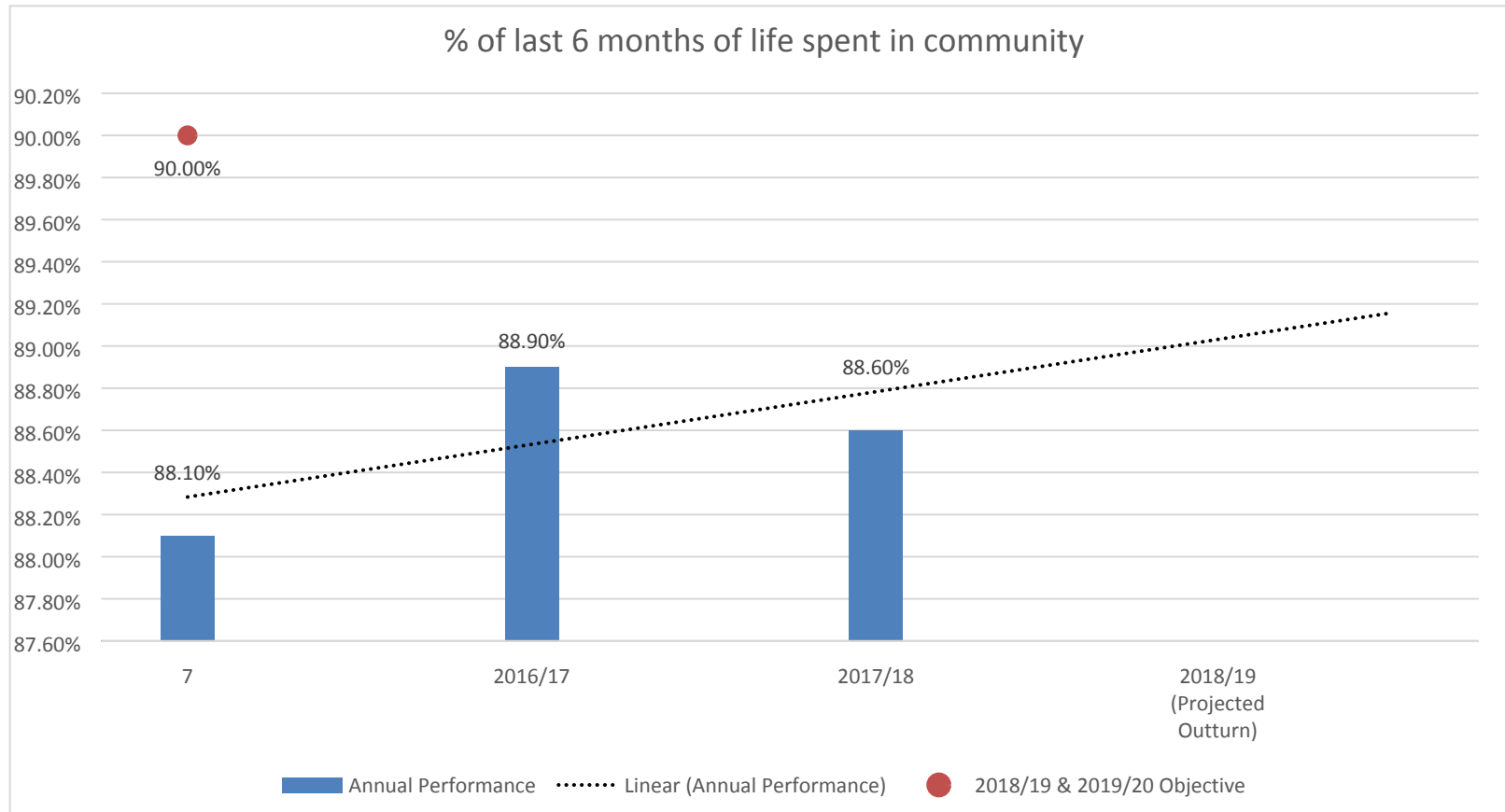
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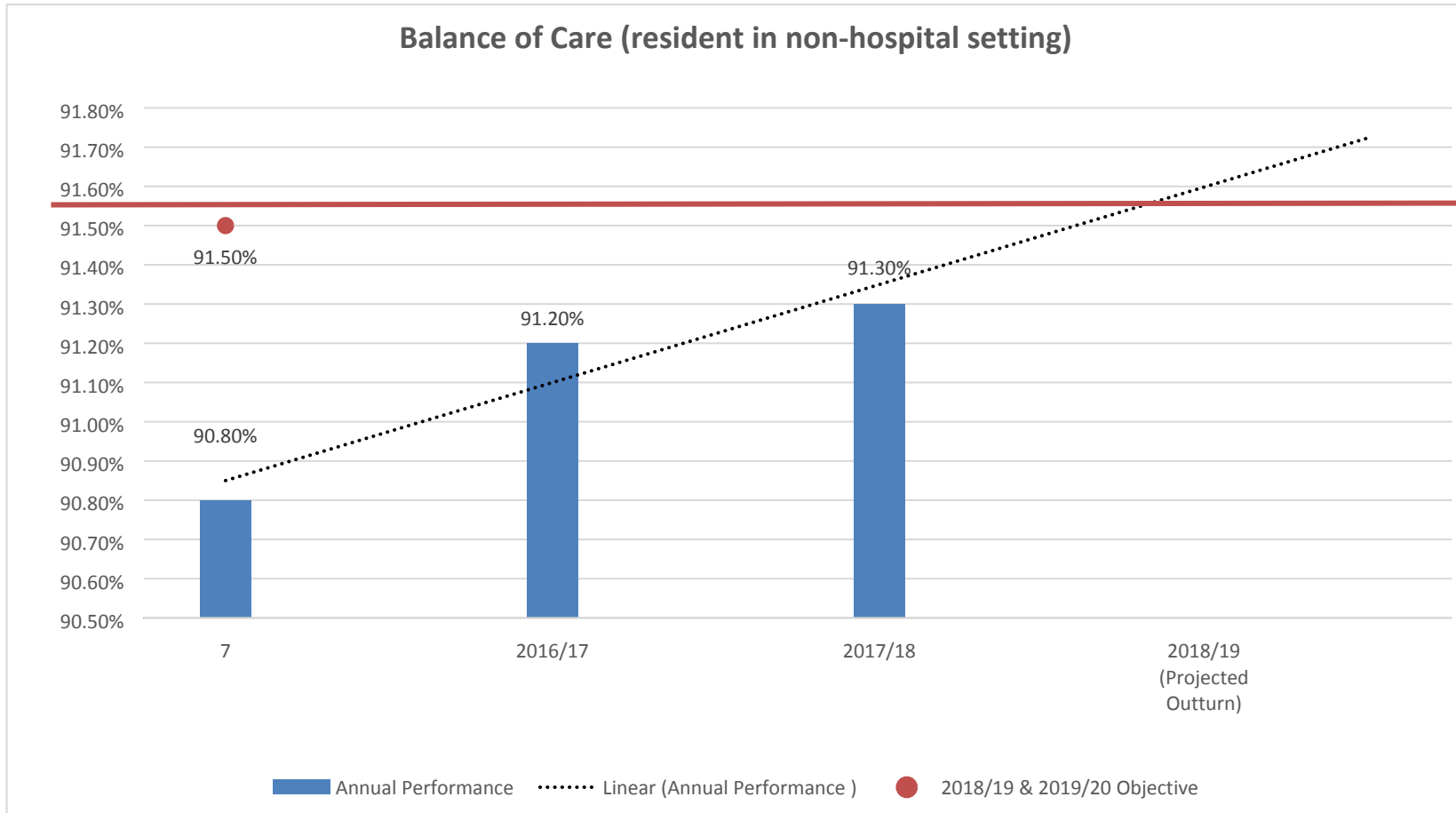
Aberdeen City Health and Social Care Partnership – MSG Integration Indicators



Aberdeen City Health and Social Care Partnership – MSG Integration Indicators



Aberdeen City Health and Social Care Partnership – MSG Integration Indicators



Exempt information as described in paragraph(s) 9 of Schedule 7A of the Local Government (Scotland) Act 1973.

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