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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Rhona Atkinson, Chairperson; and Councillors Laing and Samarai; and Jonathan Passmore MBE.

Town House,
ABERDEEN, 5 September 2018.

AUDIT AND PERFORMANCE SYSTEMS COMMITTEE

The Members of the **AUDIT AND PERFORMANCE SYSTEMS COMMITTEE** are requested to meet in **Meeting Room 5, Health Village on TUESDAY, 11 SEPTEMBER 2018 at 10.00 am**.

FRASER BELL
CHIEF OFFICER - GOVERNANCE

B U S I N E S S

TERMS OF REFERENCE

DECLARATION OF INTERESTS

1   Members are requested to intimate any declarations of interest

DETERMINATION OF EXEMPT BUSINESS

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

3   Minute of Previous Meeting - 12 June 2018 (Pages 7 - 12)

4   Forward Report Planner (Pages 13 - 16)

GOVERNANCE

AUDIT

PERFORMANCE

EXEMPT/CONFIDENTIAL BUSINESS

CONFIRMATION OF ASSURANCE

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ABERDEEN CITY INTEGRATION JOINT BOARD

AUDIT AND PERFORMANCE SYSTEMS COMMITTEE TERMS OF REFERENCE

1. **Introduction**

   (1) The Audit & Performance Systems Committee is identified as a Committee of the Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the Committee will be considered as an integral part of the Standing Orders.

   (2) The Committee will be known as the Audit & Performance Systems Committee (APS) of the IJB and will be a Standing Committee of the Board.

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

2. **Constitution**

   (1) The IJB shall appoint the Committee members. The Committee will consist of four voting members of the IJB, with two members appointed from each partner.

3. **Chairperson**

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

4. **Quorum**

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

5. **Attendance at Meetings**

   (1) The Chief Officer, Chief Finance Officer, Chief Internal Auditor and other Professional Advisors and senior officers are required as a matter of course, external audit or other persons shall attend meetings at the invitation of the Committee.

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(2)   The Chief Internal Auditor will be invited to each meeting and the external auditor will attend at least one meeting per annum.

(3)   The Committee may co-opt additional advisors as required.

6. Meeting Frequency

(1)   The Committee will meet at least four times each financial year. There should be at least one meeting a year, or part therefore, where the Committee meets the external and Chief Internal Auditor without other seniors officers present. A further two developmental sessions will be planned over the course of the year to support the development of members.

7. Authority

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

8. Duties

The Committee shall:-

(1)   Review the overall Internal Control arrangements of the Board and make recommendations to the Board regarding signing of the Governance Statement, having received assurance from all relevant Committees.

(2)   Prepare and implement the strategy for performance review and monitor the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB.

(3)   Ensure that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against the national health and wellbeing outcomes, the associated core suite of indicators and other local objectives and outcomes and for reporting this appropriately to the Committee and Board.

The performance systems scrutiny role of the Committee is underpinned by an Assurance Framework which itself is based on the Board's understanding of the nature of risk to its desired priorities and outcomes and its appetite for risk-taking.

This role will be reviewed and revised within the context of the Board and Committee reviewing these Terms of Reference and the Assurance Framework to ensure effective oversight and governance of the partnership's activities.

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

(5)   Review and approve the annual audit plan on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and reporting to the Board.

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(6) Monitor the annual work programme of Internal Audit, including ensuring IJB oversight of the clinical and care audit function and programme to ensure this is carried out strategically.

(7) Consider matters arising from Internal and External Audit reports.

(8) Review on a regular basis actions planned by management to remedy weaknesses or other criticisms made by Internal or External Audit.

(9) Support the IJB in ensuring that the strategic integrated assurance and performance framework is working effectively, and that escalation of notice and action is consistent with the risk tolerance set by the Board.

(10) Support the IJB in delivering and expecting cooperation in seeking assurance that hosted services run by partners are working effectively in order to allow Aberdeen City IJB to sign off on its accountabilities for its resident population.

(11) Review risk management arrangements, receive annual Risk Management updates and reports and annually review with the full Board the IJB's risk appetite document.

(12) Ensure the existence of and compliance with an appropriate Risk Management Strategy.

(13) Report to the IJB on the resources required to carry out Performance Reviews and related processes.

(14) Consider and approve annual financial accounts and related matters.

(15) Approve and understand the sources of assurance used in the Annual Governance Statement.

(16) Review the Annual Performance Report to assess progress toward implementation of the Strategic Plan.

(17) Be responsible for setting its own work programme which will include the right to undertake reviews following input from the IJB and any other IJB Committees.

(18) Promote the highest standards of conduct by Board Members.

(19) Monitor and keep under review the Codes of Conduct maintained by the IJB.

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

(21) Be aware of, and act on, Audit Scotland, national and UK audit findings and inspections/regulatory advice, and to confirm that all compliance has been responded to in timely fashion. (22) The Committee shall present the minute of its most recent meeting to the next meeting of the IJB for information.

9. **Review**

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

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(2)   As a matter of good practice, the Committee should expose itself to periodic review utilising best practice guidelines.

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Aberdeen City Health & Social Care Partnership
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AUDIT AND PERFORMANCE SYSTEMS COMMITTEE

Minute of Meeting

12 June 2018
Health Village, Aberdeen

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

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

DETERMINATION OF URGENT BUSINESS

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

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

DECLARATIONS OF INTEREST

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

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

DETERMINATION OF EXEMPT BUSINESS

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

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

MINUTE OF PREVIOUS MEETING – 10 APRIL 2018

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

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

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

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

VERBAL UPDATE – PROGRESS ON THE DEVELOPMENT OF A CONTRACTS REGISTER

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

The Committee resolved:-
To note the information provided.

AUDITED ANNUAL ACCOUNTS – 2017-18

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

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

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

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

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

EXTERNAL AUDIT REPORT (ISA 260)

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

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

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

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

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

INTERNAL AUDIT REPORT – CARE MANAGEMENT

8.   The Committee had before it a report by David Hughes (Chief Internal Auditor) which presented the outcome of the planned audit of Care Management that was included in the 2017/18 Internal Audit Plan for Aberdeen City Council.

The report recommended:-
That the Committee review, discuss and comment on the issues raised within this report.

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

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

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

AUDIT SCOTLAND REPORT ON ARMS LENGTH ORGANISATIONS

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

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

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

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

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

The Committee resolved:-
To note the report.

TRANSFORMATION PROGRAMME MONITORING REPORT

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

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

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

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

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

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

CONFIRMATION OF ASSURANCE

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

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

BUSINESS PLANNER

11 September 2018

Please note that this planner contains a note of items which have been instructed for submission to, or further consideration by, the Audit and Performance Systems Committee (APS). All other actions which have been instructed are not included, as they are deemed to be operational matters after the point of decision. Items which have been actioned or have exceeded their due date are shaded.

No.	Minute Reference	APS Decision	Update	Terms of Reference	Lead Officer(s)	Due
1.	IJB 28.08.18 Article 9	**Primary Care Improvement Plan** To note that a PCIP 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.		Item 8(21)	G Woodcock	13.11.18
2.	IJB 28.08.18 Article 12	**Annual Performance Report** To note that performance monitoring of the Annual Report was within the remit of the APS Committee.	The Annual Performance Report is on today's agenda.	Item 8(16)	K Toshney	11.09.18
3.	IJB 28.08.18 Article 14	**Carers: Waiving of Charges and Replacement Care** To request that progress updates on implementation of the Local Guidelines be reported to the Audit and Performance Systems Committee.		Item 8(21)	A MacLeod	26.02.19

No.	Minute Reference	APS Decision	Update	Terms of Reference	Lead Officer(s)	Due
4.	IJB 28.08.18 Article 18	**Transformation Decisions** To instruct officers to carry out *a lessons learned exercise* on the speed of the recruitment process and roll-out of the transformation programme and report these findings to the Audit and Performance Systems Committee.		Item 8(16)	G Woodcock	13.11.18
5.	APS 12.06.18 Article 5	**Contracts Register** To note that a Contracts Register would be presented to Committee at its next meeting.	The Contracts Register is on today's agenda.	Item 8(5)	A MacLeod	11.09.18
6.	APS 12.06.18 Article 7	**Audited Annual Accounts** To note added that External Audit would present a further report to Committee on 11 September 2018 which would cover the wider scope areas outlined within Audit Scotland's Code of Audit Practice and this would complete the 2017-18 annual audit process.	An external audit report is on today's agenda.	Item 8(14)	N Dyce	11.09.18
7.	APS 12.06.18 Article 8	**Internal Audit Report – Care Management** To instruct the ACHSCP Business Manager to present further assurance to the Committee's next meeting, on the how the Partnership would manage and mitigate issues and risks relating to Care First which had been	A verbal update will be provided at today's meeting.	Item 8(8)	M Allan	11.09.18

No.	Minute Reference	APS Decision	Update	Terms of Reference	Lead Officer(s)	Due
		identified by Internal Audit.				
8.	APS 12.06.18 Article 11	**Confirmation of Assurance** To prepare a Forward Report Planner and for this Planner to be attached to future agendas as a standing item.	An APS Business Planner is on today's agenda.	Item 8(17)	I Robertson	11.09.18
9.	IJB 22.05.18 Article 1	**Strategic Risk Register Review** To refer the Strategic Risk Register to the Audit and Performance Systems Committee for further review.	The Strategic Risk Register is on today's agenda.	Item 8(11)	M Allan	12.06.18
10.	APS 02.03.18 Article 6	**Performance Monitoring** To note that the Head of Strategy and Transformation would report performance quarterly over the year; bi-annually to the IJB and bi-annually to the Audit and Performance Systems Committee.	A Performance Monitoring report is on today's agenda.	Item 8(2)	A MacLeod	11.09.18
11.	APS 02.03.18 Article 8	**Internal Audit** To note that the Committee would receive an annual report from Internal Audit on any recommendations which had not been accepted or actioned by Management.		Item 8(6)	D Hughes	May 19
12.	IJB 30.01.18 Article 13	**Strategic Commissioning Plan** To request an annual update on the implementation of the Strategic Commissioning Implementation Plan		Item 8(5)	A MacLeod	26.02.19

No.	Minute Reference	APS Decision	Update	Terms of Reference	Lead Officer(s)	Due
		to both the IJB and APS Committee.				
13.	APS 20.06.17 Article 5	**IJB Complaints Handling Procedure** To request that a performance report on IJB complaint handling be presented to the Committee on a bi-annual basis.	Performance information on complaint handling is provided within the Performance Monitoring report which is on today's agenda.	Item 8(21)	A MacLeod	13.11.18
14.	IJB 06.06.17 Article 7	**Living Wage/Ethical Care Charter Implementation** To note that monitoring arrangements would be put in place which would include reporting to the Audit and Performance Systems Committee and an update on living wage implementation would be included within the Ethical Care Charter annual performance report.		Item 8(21)	A Stephen	13.11.18

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INTEGRATION JOINT BOARD

Date of Meeting	11.09.2018
Report Title	Audit & Performance Systems Committees – Review of Duties
Report Number	HSCP/18/067
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author Details	Name: Alex Stephen Job Title: Chief Finance Officer Email Address: AleStephen@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	a. Audit & Performance Systems Duties Report

1. Purpose of the Report

1.1. This report presents the Audit & Performance Systems (APS) 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.

2. Recommendations

2.1. It is recommended that the Audit & Performance Systems (APS) Committee:

a) Note the content of the APS Duties report as attached at Appendix A

b) Request that the Chief Finance Officer presents a report back to the APS 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.

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INTEGRATION JOINT BOARD

3. Summary of Key Information

3.1. The Integration Joint Board (IJB) approved a reviewed terms of reference for the APS committee at its meeting on the 22nd of May 2018.

3.2. The revised document highlights that the purpose of the APS committee is to: *"provide assurance to the IJB on the robustness of the Partnership's risk management, financial management service performance and governance arrangements".*

3.3. The terms of reference also indicate several duties which the APS committee should ensure that it meets each financial year. These are listed in Appendix A, with an indication as to when these duties will be met and an accompanying narrative.

3.4. The terms of reference will be reviewed by the APS committee in February 2019, prior to a holistic review of all 3 committee terms of reference by the IJB in March 2019, as part of a broader scheme of governance review.

3.5. The Chief Finance Officer will maintain this document as a record of the APS Committee's business and present it back to the Committee at the beginning of the financial year 2019/20, for scrutiny and review.

4. Implications for IJB

4.1. **Equalities –** there are no direct implications arising from this report.

4.2. **Fairer Scotland Duty –** there are no direct implications arising from this report.

4.3. **Financial –** there are no direct implications arising from this report.

4.4. **Workforce -** there are no direct implications arising from this report.

4.5. **Legal –** there are no direct implications arising from this report.

4.6. **Other** – NA

5. Links to ACHSCP Strategic Plan

5.1.   Ensuring that the APS Committee is functioning effectively and fulfilling its duties will help ensure that the IJB achieves the strategic priorities as set out in the strategic plan.

6. Management of Risk

6.1.   Identified risks(s)

There is a risk that the APS Committee does not fulfil all its duties, as set out in its terms of reference.

6.2.   Link to risks on 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 these risks:

This report helps to mitigate the risk of the APS Committee not fulfilling its duties by ensuring that there is a plan to meet each duty and an opportunity for the Committee to review its progress annually.

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Audit & Performance Systems – Committee Duties & Annual Plan

Review Date: December 2018 (following approval of committee dates for 2019/20)

Purpose of the Document

This document provides an overview of the duties of the Audit and Performance Systems Committee (APS) and indicates when the duty will be fulfilled for the financial year 2018/19.

Duties & When Considered

The Committee will review the overall Internal Control arrangements of the Board and make recommendations to the Board regarding signing of the Governance Statement, having received assurance from all relevant Committees.

Specifically it will be responsible for the following duties:

Duty	When considered in 2018/19 and Agenda Item No.				
	190618	110918	131118	260219	Comments
1. The preparation and implementation of the strategy for Performance Review and monitoring the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB;		X		X	Performance monitoring quarterly to APS/IJB alternatively.
	X	X	X	X	Transformation programme performance monitoring reports. Includes deep dive presentation into specific areas.
					Other Performance Reports as requested
2. Ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against the national health and wellbeing		X		X	Performance monitoring quarterly to APS/IJB alternatively.

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Duty	When considered in 2018/19 and Agenda Item No.				
	190618	110918	131118	260219	Comments
outcomes, the associated core suite of indicators and other local objectives and outcomes and for reporting this appropriately to the Committee and Board.		X			Annual review of the performance monitoring framework & reporting.
				X	Annual review of the Board Assurance & Escalation Framework.
The performance systems scrutiny role of the Committee is underpinned by an Assurance Framework which itself is based on the Board's understanding of the nature of risk to its desired priorities and outcomes and its appetite for risk taking.

This role will be reviewed and revised within the context of the Board and Committee reviewing these Terms of Reference and the Assurance Framework to ensure effective oversight and governance of the partnership's activities. | | | | X | APS ToRs have been reviewed directly by the IJB. Ensure this, and rest of scheme of governance, is considered by APS prior to IJB in the new year. |
3. Acting as a focus for value for money and service quality initiatives;	X	X	X	X	Reactive. Example of the living wage processes.
4. To review and approve the annual audit plan on behalf of the IJB,				X	Last considered and approved Apr 18.
receiving reports, overseeing and reviewing actions taken on audit recommendations and reporting to the Board;	X	X	X	X	Internal audit reports received as per the internal audit plan, from both ACC & NHSG

Duty	When considered in 2018/19 and Agenda Item No.				
	190618	110918	131118	260219	Comments
5. Monitoring the annual work programme of Internal Audit, including ensuring IJB oversight of the clinical and care audit function and programme to ensure this is carried out strategically;	X	X	X	X	Internal audit plan, annual report & reports as required.
6. To consider matters arising from Internal and External Audit reports;	X	X	X	X	Each meeting as required, as per internal/external audit plans
7. Review on a regular basis actions planned by management to remedy weaknesses or other criticisms made by Internal or External Audit.	X	X	X	X	Each meeting as required, as per internal/external audit plans
8. To support the IJB in ensuring that the strategic integrated assurance and performance framework is working effectively, and that escalation of notice and action is consistent with the risk tolerance set by the Board.		X			
9. To support the IJB in delivering and expecting cooperation in seeking assurance that hosted services run by partners are working effectively in order to allow Aberdeen City IJB to sign off on its accountabilities for its resident population.					Potential for an audit on hosted services from PWC. This needs to be confirmed. Scheme of delegation has been drafted. External input would be appreciated re. hosted services.

Duty	When considered in 2018/19 and Agenda Item No.				
	190618	110918	131118	260219	Comments
10. Review risk management arrangements, receive annual Risk Management updates and reports and annually review with the full Board the IJB's risk appetite document.		X			Reviewed risk appetite statement & strategic risk register, following workshop in April, prior to consideration by IJB in August. Update report reviewing current risk processes expected.
11. Ensure existence of and compliance with an appropriate Risk Management Strategy.		X			Connected to 10 (one fulfils other)
12. Reporting to the IJB on the resources required to carry out Performance Reviews and related processes;					Going through a process as an Exec Team to do a service review.
13. To consider and approve annual financial accounts and related matters;	X				Audited annual accounts.
14. Approve & understand the sources of assurance used in the annual governance statement				X	Review of annual governance statement
15. Review the Annual Performance Report to assess progress towards the implementation of the Strategic Plan		X			Review of annual report.

Aberdeen City Health & Social Care Partnership
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Duty	When considered in 2018/19 and Agenda Item No.				
	190618	110918	131118	260219	Comments
16. To be responsible for setting its own work programme which will include the right to undertake reviews following input from the IJB and any other IJB Committees;	X	X	X	X	As requested by the Committees & IJB, or as raised by APS Committee members. Statement of assurance included on agenda at end of every meeting.
17. The Committee may at its discretion set up short term working groups for review work. Membership of the working group will be open to anyone whom the Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Audit Committee;					At the discretion of the committee so cannot comment on when they will be established. Statement of assurance at the end of every meeting provides opportunity to raise this.
18. Promoting the highest standards of conduct by Board Members; and 19. Monitoring and keeping under review the Codes of Conduct maintained by the IJB.			X		Review of Code of Conduct
20. Will have oversight of Information Governance arrangements and staffing arrangements as part of the Performance and Audit process.					

Duty	When considered in 2018/19 and Agenda Item No.				
	190618	110918	131118	260219	Comments
22. To be aware of, and act on, Audit Scotland, national and UK audit findings and inspections/regulatory advice, and to confirm that all compliance has been responded to in timely fashion.	X	X	X	X	Horizon-scanning activity to be undertaken prior to each APS committee. Any relevant reports and recommendations will be taken to committee.
Review					
9.1 The Terms of Reference will be reviewed every year to ensure their ongoing appropriateness in dealing with the business of the IJB.				X	Additionally, included as a standing item for noting at the start of the agenda.
9.2 As a matter of good practice, the Committee should expose itself to periodic review utilising best practice guidelines.				X	Annual review session

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INTEGRATION JOINT BOARD

Date of Meeting	11.09.2018
Report Title	Strategic Risk Register Review
Report Number	HSCP.18.068
Lead Officer	Alex Stephen, Chief Finance 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

1. Purpose of the Report

1.1. To present the Audit & Performance Systems Committee (APS) 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 Audit & Performance Systems Committee:

a) Approve the revised risk appetite statement, as attached at appendix A

b) Approve the revised strategic risk register, as attached at appendix B

1

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; strategic risk register and operational risk register.

Revision of the Risk Appetite Statement

3.2. Members of the Integration Joint Board considered the risk appetite statement during a development workshop on the 24th of April 2018. They recommended several revisions, which are included in the risk appetite statement at appendix A. The revisions are highlighted in tracked changes to the document.

Revision of the Strategic Risk Register

3.3. Members of the IJB also considered the risk register during a development workshop on 24th April 2018.

3.4. Key changes to the version presented resulting from this workshop include:

- Removal of risk '*failure of the IJB to function, make decisions in a timely manner etc*' (previously risk number 3), as per decision at IJB workshop.

- The previous version of the risk register included two risks relating to partner organisations. These have been combined into one new risk, as per decision at the IJB workshop:

a) *"*There is a risk that the governance arrangements between the IJB and its partner organisations (ACC and NHSG) are not robust enough to provide necessary assurance within the current assessment framework – leading to duplication of effort and poor relationships"

b) "There is a risk that services provided by ACC and NHS corporate services on behalf of the IJB do not have the capacity, are not able to work at the pace of the IJB's ambitions, or do not perform their function as required by the IJB to enable it to fulfil its functions"

3.5. Each risk in the register was then reviewed and updated by appropriate senior managers, before being considered at the Executive Team meeting on the 22nd of August. Key changes to the strategic risk register resulting from this work include:

- Developing risk 1 (market failure) into part A (Adult Social Care) and part B (General Practice Services). This is to recognise that there is a risk of market failure in both of these areas, as they are externally delivered, however the underlying causes of the risk are different, as are the mitigations and controls as a result.

- An increase to the risk rating of risk 10 (locality working) from medium to high.

- Additional narrative explaining strategic risk concepts on page 2 and a visual summary on page 4.

Revision of the Operational Risk Register

3.6. The Business Manager has also been working with the Senior Management Team to review the operational risk registers. A workshop session has been held to set the context of the process, based on the Board's Assurance Framework and follow up sessions with specialists in Datix and wider risk management have been arranged for September and early October 2018.

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 it 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)

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

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.

4

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. These are:

1. Financial risk
2. Regulatory compliance risk
3. Risks to quality and innovation outcomes
4. Risk of harm to clients and staff
5. Reputational risk.
6. Risks relating to commissioned and hosted services

The IJB will set a level of appetite ranging from "none" up to "significant" for these different dimensions. It will have zero tolerance of instances of fraud. It will accept no or minimal risk in relation to breaches of regulatory and statutory compliance. 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. It will accept low to moderate risk in relation to financial loss and to quality and innovation outcomes which predict clearly identifiable benefits and can be managed within statutory safeguards. It will accept moderate to high risks to reputation where the decision being proposed has significant benefits for the organisation's strategic priorities. 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 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

Commented [SG1]: 1. Contextualisation & expansion of definitions of harm – potentially consider an alternative phrase to clearly communicate meaning. Requirements to contextualise the risk to services users/staff in the context of what is the risk of doing nothing, compared with the risk of intervention.

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.

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Strategic Risk Register 2018/19

Revision	Date
1.	March 2018
2.	September 2018

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	

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Level of Risk	Risk Tolerance
Low	Acceptable level of risk. No additional controls are required but any existing risk controls or contingency plans should be documented. 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.
Medium	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. 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. Relevant Chief Officers/Managers/Directors/Assurance Committees will periodically seek assurance that these continue to be effective.
High	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. 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. 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
Very High	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. 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. The IJB's will seek assurance that risks of this level are being effectively managed. 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

3

Risk Summary:

1	There is a risk of significant market failure in Aberdeen City:	
	a. Adult Social Care	**High**
	b. General Practice Services	**High**
2	There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and projects an overspend.	**High**
3	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.	**High**
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 covers the arrangements between partner organisations in areas such as governance; corporate service; and performance.	**Medium**
5	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.	**Medium**
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	**Medium**
7	Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system	**High**
8	There is a risk that the IJB does not maximise the opportunities offered by locality working	**High**
9	There is a risk of failure to recruit and that workforce planning across the Partnership is not sophisticated enough to maintain future service deliver	**High**

- 1 a -
Description of Risk: There is a risk of significant market failure in Aberdeen City – Adult Social Care Services   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.

Strategic Priority: Outcomes, safety and transformation	**Executive Team Owner:** Head of Strategy and Transformation

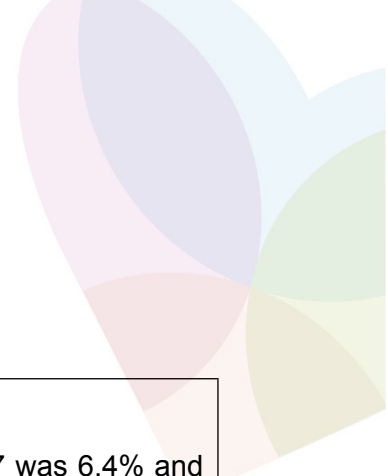| **Risk Rating:** low/medium/high/very high **HIGH**	**Rationale for Risk Rating:** • While there has previous provider failure in City (and across Scotland), this has provided valuable experience and an opportunity for learning) • Discussion with current providers and understanding of market conditions across the UK and in Aberdeen locally. • Impact of Living Wage on profitability depending on some provider models. • 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.

Risk Movement: increase/decrease/no change **NO CHANGE 24.07.2018**	**Rationale for Risk Appetite:** • As 3rd and independent sectors are key strategic partners in delivering transformation and improved care experience, we have a low tolerance of this risk
Controls: Robust market and relationship management with the 3rd and independent sector and their representative groups. Market facilitation programme and robust contract monitoring process	**Mitigating Actions:** • The IJB's commissioning model has an influence on creating capacity and capability to manage and facilitate the market • Development of provider forum and peer mentorship to support relationship and market management • Risk fund set aside with transformation funding • Additional Scottish Government funding toward the Living Wage and Fair Working Practices have been agreed and applied by the IJB • Lessons learned during a recent experience of managing a residential home should market failure occur. • Strategic Commissioning Implementation & 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.
Assurances: • Market management and facilitation • Inspection reports from the Care Inspectorate • Contract monitoring process	**Gaps in assurance:** • Market or provider failure can happen quickly despite good assurances being in place.

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Current performance:	Comments:
• The Partnership/ACC had to step in and take control of a nursing home in Kingswells on 1st 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.	• 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 2016/172017/18 and 2018/19

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Description of Risk: There is a risk of significant market failure in Aberdeen City – Primary Care Services

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.

Strategic Priority: Outcomes, safety and transformation	**Executive Team Owner:** Clinical Director

Risk Rating: low/medium/high/very high

HIGH

Risk Movement: increase/decrease/no change

NEW RISK 24.07.2018

Rationale for Risk Rating:
- 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.

Rationale for Risk Appetite:

Controls:
- Clinical & Care Governance Group
- GP Contracts and Contract Review visits
- GP Sustainability Risk Review

Mitigating Actions:
- Developing Primary Care Improvement Plan
- Implementation of the new GMS Contract

Assurances: • Outputs from GP Contract Reviews • Clinical & Care Governance Committee	**Gaps in assurance:** • 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.
Current performance: • 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. • Options appraisal relating to another GP practice in the City will be presented to the IJB in August.	**Comments:**

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Description of Risk:
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).

Strategic Priority: Outcomes and transformation	**Executive Team Owner:** Chief Finance Officer

Risk Rating: low/medium/high/very high	**Rationale for Risk Rating:**
HIGH	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.
Risk Movement: increase/decrease/no change*:*	**Rationale for Risk Appetite:**
NO CHANGE 24.07.2018	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 & its bond – an unmanaged overspend may have an impact on funding levels. 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).

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

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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** **Risk Movement:** (increase/decrease/no change): **NO CHANGE 24.07.2018**	**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. **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

Assurances:	Gaps in assurance:
• 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.	• There is a need to develop comprehensive governance framework for hosted services, including the roles of the IJB's sub-committees. • Pan-Grampian meetings between IJBs are not happening with sufficient regularity to resolve hosted services issues.
Current performance:	Comments:
• 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.	• It is noted that NHS Grampian intend to undertake an internal audit on the governance of hosted services.

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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	**Rationale for Risk Rating:**
MEDIUM	• 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*)	**Rationale for Risk Appetite:**
NO CHANGE 24.07.2018	There is a zero tolerance in relation to not meeting legal and statutory requirements.

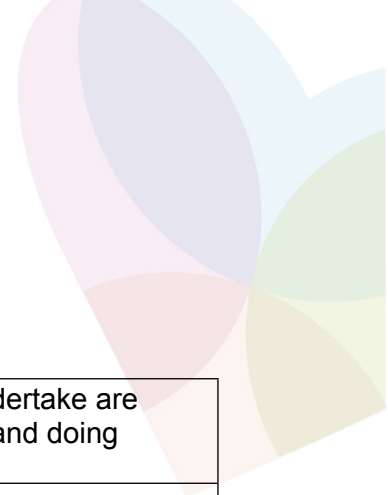| **Controls:**	**Mitigating Actions:**
• IJB Strategic Plan • IJB Integration Scheme • IJB Governance Scheme including 'Scheme of Governance: Roles & Responsibilities'. • Agreed risk appetite statement • Role and remit of the North East Strategic Partnership Group in relation to shared services • Current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

	• Additional mitigating actions which could be undertake are including this area within the audit programme and doing bench-marking activity with other IJBs.
Assurances: • Regular review of governance documents by IJB and where necessary Aberdeen City Council & NHS Grampian.	**Gaps in assurance:** • None currently significant though note consideration relating to possible future Service Level Agreements.
Current performance: • 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. • A review of the Integration Scheme has been undertaken and the revised scheme has been approved by NHSG, Aberdeen City Council & Scottish Government. • However this does not remove the risk as processes within the IJB and partner organisations will continue to evolve and improve.	**Comments:** • Nothing to update on this risk.

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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** **Risk Movement:** (*increase/decrease/no change*) **NO CHANGE 24.07.2018**	**Rationale for Risk Rating:** changes to service delivery due to workforce recruitment issues in Aberdeen may impact on service performance. **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:	**Mitigating Actions:**
• 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	• 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

Assurances:	**Gaps in assurance:**
• Joint meeting of IJB Chief Officer with two Partner Body Chief Executives. • Reports to Clinical and Care Governance Committee. • Care Inspectorate Inspection reports • Contract review meetings. • External reviews of performance. • Benchmarking with other IJBs.	• Formal performance reporting process is evolving. • Audit & Performance Systems Committee meets regularly and is establishing reporting mechanisms • Intelligent Board performance model has been agreed and is being populated
Current performance:	**Comments:**
• Performance reports submitted to IJB and Audit and Performance Systems Committee. • Performance Management and Evaluation Group meeting regularly. • Various Steering Groups for strategy implementation established and reviewing performance regularly. • Performance data discussed at team meetings.	• Clinical and Care Governance Committee and Group have been established and are meeting regularly • Establishing reporting and assurance mechanisms for hosted and commissioned services

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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	**Rationale for Risk Rating:**
Medium	• Governance processes are in place and have been tested since go live in April 2017.
Risk Movement: (*increase/decrease/no change*)	• Budget processes tested during approval of 2nd budget, which was approved.
No Change 24.07.2018	**Rationale for Risk Appetite:** Willing to risk certain reputational damage if rationale for decision is sound.

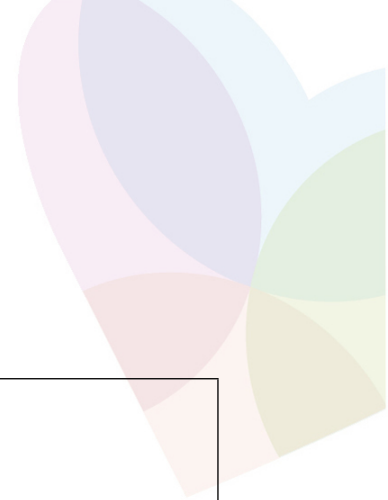| **Controls:**	**Mitigating Actions:**
• Executive Management Team • IJB and its Committees • Operational management processes and reporting • Board escalation process	• Clarity of roles • Staff and customer engagement – recent results from iMatter survey alongside a well-establish Joint Staff Forum 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.

Assurances:	Gaps in assurance:
• Role of the Chief Officer and Executive Team • Role of the Chief Finance Officer • Performance relationship with NHS and ACC Chief Executives • Communications plan / communications manager	None known at this time
Current performance:	**Comments:**
• Communications officer in place to lead reputation management	• Communications strategy and action plan in place and being led by the HSCP's Communications Manager • Communication and Engagement Group in place comprising of staff across the partnership supporting us in getting the message right and appropriate • Locality leadership groups being established to build our relationship with communities and stakeholders • 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

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Description of Risk:
Failure of the transformation to delivery sustainable systems change, which helps the IJB deliver its strategic priorities, in the face of demographic & financial pressures.

Strategic Priority: All	**Executive Team Owner:** Head of Strategy & Transformation

Risk Rating: low/medium/high/very high

HIGH

Rationale for Risk Rating:
- Recognition of the known demographic curve & financial challenges, which mean existing capacity may struggle
- 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.

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

NO CHANGE 24.07.2018

Rationale for Risk Appetite:
- The IJB has some appetite for risk relating to testing change and being innovative.
- 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.

Controls:

- Strategic Transformation and Commissioning programme management and governance
- Audit and Performance Systems Committee – quarterly reports to provide assurance of progress

Mitigating Actions:

- Programme management approach being taken in terms of the transformation programme
- Transformation team in place and all trained in Managing Successful Programmes methodology

• Programme Board structure and Executive Programme board in place • Transformation Plan	• Regular reporting to Executive Programme Board and Portfolio Programme Boards • Regular reporting to Audit and Performance Systems Committee and Integration Joint Board • Service Review process developed and being utilised in operational services to support transformation and continuous improvement on a service by service basis • Evaluation process in place to track delivery of change and efficiencies • A review of the full transformation programme and governance arrangements has taken place and improved governance arrangements are now in place. • 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.
Assurances: • Executive Management and Committee Reporting • Robust Programme Management approach supporting by an evaluation framework • IJB oversight • Board escalation process • Internal Audit has undertaken a detailed audit of our transformation programme. All recommendations from this audit have now been actioned.	**Gaps in assurance:** • 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.

Current performance:	Comments:
• 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	• Several projects are now in the deliver phase • Initial evaluation report is now available for West Visiting Service and scaling plan is being developed

Aberdeen City Health & Social Care Partnership
A caring partnership

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Description of Risk
There is a risk that the IJB does not maximise the opportunities offered by locality working

Strategic Priority: All	**Executive Team Owner:** Chief Officer

Risk Rating: low/medium/high/very high

HIGH

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

INCREASE 24.07.2018

Rationale for Risk Rating:
- All Head of Locality posts have now been recruited to and are in post.
- 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).

Rationale for Risk Appetite:
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.

Controls:
- Audit and Performance Systems Committee
- Action plans as derived from the locality plans.
- Locality Leadership Groups
- Strategic Planning Group
- Previous professional management structure maintaining safe delivery of services.

Mitigating Actions:
- Heads of Locality recruited.
- Continued broad engagement on locality working and requested development of comprehensive communication plan

Assurances:	Gaps in assurance
• Strategic Planning Group • Locality plans performance monitoring and review.	• Progress of delivering locality plans.
Current performance: • All Heads of Locality now in post • 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.	**Comments:** • Locality Leadership Groups meetings are being attended by Heads of Locality • 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. • Locality plans & profiles have been created for each of the localities, approved by the IJB & published on the website.

Aberdeen City Health & Social Care Partnership
A caring partnership

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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

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.

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

NO CHANGE 24.07.2018

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

	Agreed to establish a working group to lead on further development on workforce planning
Assurances: • Workforce plan once developed for the whole Partnership.	**Gaps in assurance** • Need more information on social care staffing • Information on social care providers would be useful to determine trends in wider sector
Current performance: • 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. • High levels of locum use and nursing vacancies in the psychiatry service	**Comments:** • 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. • Consultation responses provided to the Scottish Government relating to the Health & Care (Staffing) (Scotland) Bill.

INTEGRATION JOINT BOARD

Date of Meeting	11.09.2019
Report Title	NHSG Internal Audit Report – IJB Performance Reporting & KPIs
Report Number	HSCP/18/066
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author Details	Name: Alex Stephen Job Title: Chief Finance Officer Email Address: AleStephen@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	a. NHSG Internal Audit Report

1. Purpose of the Report

1.1. This report presents the Audit & Performance Systems (APS) Committee with a summary of a recent NHSG Internal Audit report prepared by PwC.

2. Recommendations

2.1. It is recommended that the Audit & Performance Systems Committee:

a) Note the content of the NHSG Internal Audit Report, as attached at Appendix A.

b) Note the timescales as outlined in the action plan of the NHSG Internal Audit report, as attached at Appendix A.

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INTEGRATION JOINT BOARD

3. Summary of Key Information

3.1. The internal audit report assesses performance reporting and Key Performance Indicator processes at the Aberdeenshire, Aberdeen City and Moray Health & Social Care Partnerships (HSCPs).

3.2. The scope of this review was to assess the design and operating effectiveness of key controls with the Key Performance Indicator (KPI) reporting process for performance reporting. It focused on performance indicators; data gather and performance reporting.

3.3. In general, PwC found that processes and controls to help mitigate the risks Aberdeen City HSCP faces are implemented or are in the process of being implemented.

3.4. The report highlights three low risk findings in relation to control improvement opportunities, two of which relate to Aberdeen City. These two findings are described in further detail in section 6.

4. Implications for IJB

4.1. **Equalities –** there are no direct implications arising from this report. However, the identification of owners to drive improvement and change and the gathering of more localised data will assist in ensuring the equality outcomes are achieved.

4.2. **Fairer Scotland Duty –** there are no direct implications arising from this report. However, the identification of owners to drive improvement and change and the gathering of more localised data will assist in ensuring Fairer Scotland duties are achieved.

4.3. **Financial –** there are no direct implications arising from this report.

4.4. **Workforce -** there are no direct implications arising from this report.

4.5. **Legal** – there are no direct implications arising from this report.

4.6. Other - NA

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INTEGRATION JOINT BOARD

5. Links to ACHSCP Strategic Plan

5.1. Ensuring effective performance reporting and use of Key Performance Indicators will help the IJB deliver on all strategic priorities as identified in its strategic plan.

6. Management of Risk

6.1. Identified risks(s)

The audit report produced by PwC identifies two low risks findings which are pertinent to the Aberdeen City Health and Social Care Partnership:

1. **Government Survey Data – Control Design:** The survey data used to present National indicators within Aberdeen City are based on a government survey. The population used for this survey is based on a random selection of the public. On reviewing the participants less than 1% are users of the service and therefore the results may not accurately reflect the performance of the IJB. **Low.**

2. **Roles & Responsibilities – Control Design:** Indicators within Moray & Aberdeen City IJB do not have owners to drive improvements and offer explanations for underperformance. **Low.**

6.2. Link to risks on strategic risk register: # 7

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

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

The report attached helps to mitigate the known risks as it makes several recommendations for action to counter the risks, including assigning owners within ACHSCP to drive improvement and change.

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Internal Audit Report 2017/2018
IJB Performance Reporting and KPIs

June 2018

Final

NHS Grampian

pwc

Contents

This report has been prepared by PwC in accordance with our engagement contract dated 1 August 2017.

Internal audit work was performed in accordance with PwC's Internal Audit methodology which is aligned to the Public Sector Internal Auditing Standards. As a result, our work and deliverables are not designed or intended to comply with the International Auditing and Assurance Standards Board (IAASB), International Framework for Assurance Engagements (IFAE) and International Standard on Assurance Engagements (ISAE) 3000.

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Distribution List

For action   Director of Finance

                      IJB Chief Officers

For information   Audit Committee

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1. *Executive summary*

Report classification	Trend	Total number of findings					
			Critical	High	Medium	Low	Advisory
Low Risk	N/A – No prior year reviews for comparison	Control design	-	-	-	2	-
		Operating effectiveness	-	-	-	1	-
		Total	-	-	-	**3**	-

Summary of findings

The scope of our review was to assess the design and operating effectiveness of the key controls within the Key Performance Indicator (KPI) reporting process for performance reporting by the Integration Joint Boards (IJBs). Our review focused on:

- Performance Indicators;

- Data Gathering;

- Performance Reporting.

Our view is that the current arrangements for performance reporting within the Integration Joint Boards creates a low risk for NHS Grampian (NHSG). The current processes and controls in place are well designed and operating effectively and the IJBs are meeting their reporting obligations. However it should be noted that the IJBs are relatively new and therefore, as with any new process, there are control improvement opportunities that can be identified. The IJBs are going through constant development and processes and controls will continue to develop as the IJBs mature.

In summary we have identified three 'low' risk findings in relation to control improvement opportunities and these result in this report being classified as 'low' risk.

The low findings are as follows:

- The survey data used to present National indicators are based on a government survey. The population used for this survey is based on a random selection of the public. On reviewing the participants less than 1% are users of the service and therefore the results may not accurately reflect the performance of the IJB and there are no local indicators to accurately show the experiences of users in this format.

- Indicators within Moray and Aberdeen City IJB do not have owners to drive improvements and offer explanations for underperformance.

- The format of the data presented does not accurately reflect performance and can lead to misinterpretation within Moray and Aberdeenshire.

The full details of our findings, and the agreed actions, can be found in **Section 3**.

Management comment

Moray Council

Action 3.01 - Along with the development of the Local PIs we are developing qualitative PIs across the IJB to more accurately reflect the service user experiences. These will be completed alongside the local indicators.

Action 3.02 is under development in Moray with the intention being that indicators will be fully owned by relevant individuals. The time scale for completion is 31 March 2019.

Action 3.03 has been noted. A commitment has been made to review and develop what is reported to the IJB for greater clarity. This is considered continuous improvement at this stage and will be monitored closely. This is also an area of interest for external audit. A Review of Standing Orders and Scheme of Administration report is being presented to the IJB on 28 June 2018 updating the remit of the IJB's Audit and Risk Committee to include greater scrutiny of performance renaming the committee to Audit, Performance and Risk.

Aberdeenshire Council

Aberdeenshire H&SCP welcomes the findings of the audit and is pleased to note that our approach to KPIs and the relationship with the NHS Board is broadly very positive. We note the recommendation under section 3.03 for Aberdeenshire HSCP regarding the presentation of performance against the 'Number of delayed discharges' (L11). Whilst this indicator has a specific target of 35, and the value reported was 38, it was recorded as having been met as it remained within previously agreed tolerances (whereby a score of less than 40 would be within acceptable tolerance levels). We will reassess our locally agreed targets and tolerance levels as part of our current review of our performance framework to ensure these remain valid.

Aberdeen City Council

The ACHSCP Executive Team welcome the findings of this audit and were happy with the involvement that we were able to have. We recognise that as our IJB develops so too will all our processes and controls in terms of how we collect, interpret and present our data. It is imperative that the data we are asked to collect allows us to not only tell the right narrative but also to further develop our services – this is why we highlighted some of the issues with national data from random surveys. We will continue to work with both our partner organisations to ensure we have the good clean data that maximises our ability to meet the health and social care needs of the population of Aberdeen City going forward.

2. Background and scope

Background

Through closer integration of Health and Social Care services, Scottish Ministers aim to improve people's experience of health and care services and the outcomes that the services achieve. To provide a framework for assessing performance, a series of National Health and Wellbeing Outcomes have been developed.

The National Health and Wellbeing Outcomes apply across Local Authorities, Health Boards and IJBs to ensure that all are clear about their accountability for delivery. There are nine national outcomes which focus on areas of service improvement to inform how services are planned to make a difference to the care people are receiving.

Each Integration Authority is required to publish an annual performance report setting out how the outcomes are being met. Progress against a core suite of Key Performance Indicators (KPIs), identified by the Integration Authorities in line with guidance from the Scottish Government, is reported along with narrative giving context on local performance.

Performance Indicators

The Scottish Government has set 23 national KPIs to be reported on by the IJBs. These are in place to show how well the IJBs are performing against the nine national outcomes. The data gathering processes for each of these indicators is also mandated by the Scottish Government and therefore all data captured and processed for these national indicators should be handled and presented in a consistent manner by each IJB.

Additionally, each IJB must set its own local indicators to report on how it is achieving the national outcomes and its own local outcomes. The local KPIs used by all the IJBs are under constant development and will continue to change in order to best show progress being made to achieve outcomes.

Within Aberdeenshire H&SCP each local indicator has an assigned owner. This is the person responsible for driving change and improvements in order to ensure targets are continuously being met.

Data Gathering

There are a number of systems and data sources drawn on by the IJBs in order to inform their performance reporting. These include systems and data hosted and provided local authorities, the health board or external published data such as Government surveys. Each of these systems can provide specific information that can be used by the IJB to present KPI results. As the data is either taken from published data or operational systems there is an audit trail to support the reported performance.

The data is obtained by the health intelligence team at NHS or members of the H&SP at the councils and sent on to the IJB to be prepared and presented for stakeholder review. The data presented shows how the IJB is performing and there are various methods to show how the data compares to targets, prior periods and national averages.

Data is gathered for each KPI at set frequencies ranging from quarterly to every two years. Trends are included within the reports to show how the indicator data has performed over time. The current performance of indicators has been included in appendix 4.

Performance Reporting

There are several reporting requirements of the IJB. Performance is reported a number of times throughout the year to the IJB, NHS Grampian and the respective council. On a monthly basis NHS Grampian holds a Senior Leadership Team meeting. This is an informal meeting to discuss all NHS Grampian operations and includes exception reporting review where NHS targets have not been met in the month. The exception report includes details of all indicators from the IJBs that impact NHS Grampian. All three Chief Officers of the IJBs are present at the meeting and therefore have the opportunity to discuss with the Health Board any matters concerning the IJBs.

Approximately every six weeks each individual IJB meets with NHS Grampian for a Performance Review meeting, although the frequency of these meetings can vary depending on performance and the criticality of issues. These meetings are attended by the Chief Officer of each IJB and the NHS Grampian Director of Finance. The NHS Grampian Head of Performance and a council representative also normally attends. The meeting discussion topics vary depending on the performance of the IJB at the time, and if there are any challenges or issues that have the potential to cause challenges.

There is formal reporting to the IJB on a quarterly basis from the Health and Social Care Partnership. Performance reports must be prepared for these meetings and presented to the IJB. Representatives from NHS Grampian are present at these meetings. These board meetings and reports are published on the IJB website.

Each IJB also prepares an annual report. This must be a full reflection of the performance of the IJB in the year and is published on the IJB's public facing website.

All data relied upon by the NHS Grampian reported by the IJB is taken from data obtained from NHS Grampian systems.

Scope and limitations of scope

Our approach focused on the following three areas:

1. **Performance Indicators**

2. **Data Gathering**

3. **Performance Reporting**

The scope of our review is outlined above and will be undertaken on a sample basis.

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgment in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Our agreed Terms of Reference are set out at **Appendix 2**.

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3. Detailed current year findings

3.01 *Government survey data – control design*

Finding
The IJB must use both local and national indicators to show how the health and social care partnership is performing. The national indicators and how the corresponding data is gathered is determined by the Scottish Government.

It was noted the information used to show the results of the one of the national indicators tested 'Percentage of people with positive experience of the care provided by their GP practice' was gathered using a national survey. This survey is performed every two years on a sample of the population and part of the survey seeks to understand their views on the health and social care they have received. These questions can be used to show a number of different conclusions and statistics, part of which is if people have had a positive experience with their GP. Due to the random sample, the number of surveys completed by users of Health and Social Care Partnership was extremely low. For example in Aberdeen City less than 1% of those who participated in the survey would have used the Health and Social Care Partnership. This therefore is not the most appropriate measure to show the data for this indicator.

As the national indicators may not be truly reflective of the qualitative information of the users of the service Aberdeenshire IJB has prepared its own survey to determine these measures and present them through local indicators. The sample was selected from a population of people receiving two or more Health and Social Care services. This means that although fewer overall surveys are completed, the findings from the survey are more meaningful to the IJB. Moray and Aberdeen City IJB did not have such qualitative local indicators in place although Aberdeen City IJB have expressed an interest in performing a survey of this nature in the future. |

Implications
• H&SCP may be drawing conclusions from inappropriate data.

• Stakeholders may be misled by indicator results which are not reflective of reality. |

Action plan		
Finding rating	Agreed action	Responsible person / title
Low	• Local indicators showing qualitative outcomes will be determined. • Local surveys will be used to accurately reflect the experiences of the H&SCP users.	Aberdeen City IJB Chief Officer and Moray IJB Chief Officer *Target date:* 31 December 2018 *Reference number:*

IJB Performance and Reporting KPIs 2017/18 - 01

3.02 *Roles and responsibilities – control design*

Finding
The data gathering processes are performed by a number of different individuals in each IJB, council and NHS Grampian. A selection of indicators was sampled to ensure that all data gathering processes are assigned to a responsible person. As a result of testing it was noted that with regards to data gathering processes all roles and responsibilities are clear and all relevant individuals are aware of their responsibilities. These individuals are only responsible for gathering the correct data to present the indicators, they do not have responsibility for interpreting the results or driving through improvements. It was however noted that the IJBs would benefit from each indicator having a responsible person to drive improvements for that indicator and be responsible for any added commentary which may be required by management on these indicators. For example, if the indicator had not been meeting targets. In Aberdeenshire, a formal list has been compiled, assigning a responsible individual to each indicator. It is these individuals who co-ordinate processes, drive improvements and give reasons where targets have not been met. There are no such lists in Aberdeen City or Moray, although Moray has noted an interest in developing a list of this nature.

Implications
• Targets for indicators may not be met due to lack of clearly assigned ownership for driving improvements or changes.

Action plan		
Finding rating	**Agreed action**	**Responsible person / title**
Low	• A formal list of indicator owners will be prepared and maintained within each IJB.	Aberdeen City IJB Chief Officer and Moray IJB Chief Officer *Target date:* 31 March 2019 *Reference number:* IJB Performance and Reporting KPIs 2017/18 - 02

3.03 *Presentation of performance results – operating effectiveness*

Finding
A sample of indicators was selected in order to assess if the format of reporting was appropriate. The following exceptions were noted in relation to the format of reporting; • Within Aberdeenshire a sample of five indicators were selected for testing. One of the indicators selected was the 'Number of delayed discharges', the target for this indicator was 35 for the monthly average over the quarter to September 2017. In the quarter two report, the value of this indicator was 38 and it had been noted that the target had been met. The target of 35 should have been the maximum number of delayed discharges and therefore any value greater than 35 would result in the target not being met. Therefore this was incorrectly presented due to error. • Within Moray a sample of three indicators were selected for testing (a smaller sample was selected in Moray due to the number of indicators used). The report for quarter two was reviewed and for two of the samples there was a significant variance from the previous quarter, 38% and 29%, for bed days and delayed discharges respectively. The indicator is shown with a trend line to show how the indicator has varied over time. It has been noted that despite the significant variance the trend line shows almost a horizontal line. This shows that the axis scales used in preparation of the trend graph is inappropriate to accurately visualise the variances between reporting periods. No issues were noted with the presentation of performance results in Aberdeen City.

Implications
• Results are not appropriately presented and may mislead stakeholders.

Action plan

Finding rating	Agreed action	Responsible person / title
Low	• Targets will only be recorded as 'met' when they have been reached. • Where trend lines are used an appropriate scale will be used to accurately reflect variances in trends.	Aberdeenshire IJB Chief Officer and Moray IJB Chief Officer *Target date:* 31 December 2018 *Reference number:* IJB Performance and Reporting KPI's 2017/18 - 03

Appendix 1. Basis of our classifications

Individual finding ratings

Finding rating	Assessment rationale
Critical	A finding that could have a: • **Critical** impact on operational performance; or • **Critical** monetary or financial statement impact; or • **Critical** breach in laws and regulations that could result in material fines or consequences; or • **Critical** impact on the reputation or brand of the organisation which could threaten its future viability.
High	A finding that could have a: • **Significant** impact on operational performance; or • **Significant** monetary or financial statement impact; or • **Significant** breach in laws and regulations resulting in significant fines and consequences; or • **Significant** impact on the reputation or brand of the organisation.
Medium	A finding that could have a: • **Moderate** impact on operational performance; or • **Moderate** monetary or financial statement impact; or • **Moderate** breach in laws and regulations resulting in fines and consequences; or • **Moderate** impact on the reputation or brand of the organisation.
Low	A finding that could have a: • **Minor** impact on the organisation's operational performance; or • **Minor** monetary or financial statement impact; or • **Minor** breach in laws and regulations with limited consequences; or • **Minor** impact on the reputation of the organisation.
Advisory	A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice.

Report classifications

The report classification is determined by allocating points to each of the findings included in the report

Findings rating	Points
Critical	40 points per finding
High	10 points per finding
Medium	3 points per finding
Low	1 point per finding

Report classification	Points
Low risk	6 points or less
Medium risk	7– 15 points
High risk	16– 39 points
Critical risk	40 points and over

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Appendix 2. Terms of Reference

Background and audit objectives

Through closer integration of Health and Social Care services, Scottish Ministers aim to improve people's experience of health and care services and the outcomes that the services achieve. To provide a framework for assessing performance, a series of National Health and Wellbeing Outcomes have been developed.

The National Health and Wellbeing Outcomes apply across Local Authorities, Health Boards and Integration Authorities to ensure that all are clear about their accountability for delivery. There are nine national outcomes which focus on areas of service improvement to inform how services are planned to make a difference to the care people are receiving.

Each Integration Authority is required to publish an annual performance report setting out how the outcomes are being met. Progress against a core suite of Key Performance Indicators (KPIs), identified by the Integration Authorities in line with guidance from the Scottish Government, is reported along with narrative giving context on local performance.

Scope

We will review the design and operating effectiveness of key controls in place relating to performance management outcomes during the period 1 April 2017 to 31 December 2017. The sub-processes and related control objectives included in this review are:

Sub-Process	Objectives
Performance Indicators	• Performance indicators/statistical measures to report against each of the national outcomes have been set by each of the IJBs. • Roles and responsibilities have clearly been defined to allocate responsibility for data gathering against each of the performance indicators.
Data Gathering	• Systems are in place within each IJB to support data gathering for the indicators that they are responsible for. • There is a demonstrable link between the data gathered and the national outcomes to allow transparent reporting over performance, including trends to demonstrate where improvements in service delivery are being achieved. • The frequency and format of data gathering throughout the year has been agreed.
Performance Reporting	• A timetable of reporting performance has been set and agreed by each IJB. • There is a clear audit trail to support reported performance for the indicators. • NHS Grampian's Accountable Officer is able to derive assurance from the reporting mechanisms that are in place for the IJBs. IJB Performance is considered as part of the monthly NHS Grampian system wide performance management undertaken by the Senior Leadership Team of NHS Grampian.

Limitations of scope

This review will only consider a sample of performance indicators/national outcomes which the Integration Joint Boards are required to report against.

Audit approach

Our audit approach is as follows:

- Obtain an understanding of the key controls in through discussions with key personnel, review of systems documentation and walkthrough tests;

- Identify the key risks of the process;

- Evaluate the design of the controls in place to address the key risks; and

- Test the operating effectiveness of the key controls

Appendix 3. Limitations and responsibilities

Limitations inherent to the internal auditor's work

We have undertaken the review of the medicines homecare service, subject to the limitations outlined below.

Internal control

Internal control systems, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgment in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Future periods

Our assessment of controls is for the period specified only. Historic evaluation of effectiveness is not relevant to future periods due to the risk that:

- the design of controls may become inadequate because of changes in operating environment, law, regulation or other; or
- the degree of compliance with policies and procedures may deteriorate.

Responsibilities of management and internal auditors

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We endeavour to plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we shall carry out additional work directed towards identification of consequent fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, do not guarantee that fraud will be detected.

Accordingly, our examinations as internal auditors should not be relied upon solely to disclose fraud, defalcations or other irregularities which may exist.

Appendix 4. Key Performance Indicators

Aberdeen City – National Indicators – May 2018

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

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

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

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

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

RAG scoring based on the following criteria

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

Aberdeen City – Local Indicators – May 2018

KEY

I	Improved on previous reporting period by more than 2%
⌄	Worsened on pervious reporting period by more than 2%

Category	ID.	Indicator Description	Source	Performance Current Reporting Period	Target	Previous Reporting Period	Performance against Last Period	Trend line	Trend Period	Current Period
Responsive	L01	Number of Bed Days Occupied by Delayed Discharges per month (inc code 9) per 1000 18+ population	NHS - EDISON	8.6	-	7.7	⌄		5 Months	Oct-17
	L02	Number of delayed discharges inc code 9 (Monthly Census snapshot)	NHS - EDISON	50	-	45	⌄		5 Months	Oct-17
	L10	% people 65y+ with intensive care needs receiving care at home	SW	37%	-	35%	I		4 Quarters	Oct-Dec 17
	L11	Unmet need (hours) for social care	SW	522	-	562	I		2 Data Points	Jun-17
	L12	Uptake of self directed support (No. & % out of elligible clients)	SW	286 (9.99%	-	233 (7%)	I		2 Data Points	Jun-17
Effective	L03	A&E Attendance rates per 100,000 population (All Ages) (Monthly Average for rolling 12 month period)	NHS	1707	-	1693	⌄		5 Months	Dec-17
	L04	Smoking cessation in 40% most deprived after 12 weeks	NHS	135	-	73	I		5 Quarters	Apr-Jun 17
	L05	Number of Alcohol Brief Interventions being delivered	NHS	587	-	690	⌄		5 Quarters	Jul-Sep 17
	L06A	Number of complaints received and % responded to within 20 working days - NHS Aberdeen City	NHS	data available at the moment due to changes in data collection, this indicator should be available with the next upd						

Safe	L06A	Number of complaints received and % responded to within 20 working days - NHS Aberdeen City	NHS	data available at the moment due to changes in data collection, this indicator should be available with the next upd					
	L06B	Number of complaints received and % responded to within 20 working days - Aberdeen City Council H&SC	SW	19 (100%)	-	26 (92%)	I	⌣	4 Quarters	Oct-Dec 17
	L09	Number of new referrals to initial investigation under adult protection	SW	85	-	70	V	⌣	3 Quarters	Jul-Sep 17
	L13	Adult Services % Posts Vacant	SW	4.90%	-	5.01%	I	⌣	4 Quarters	Oct-Dec 17
	L14	Number of new community payback orders	SW	274	-	240	V	⌣	4 Quarters	Oct-Dec 17
	L15	Number of Criminal Justice Social Work reports to court	SW	405	-	323	V	⌣	4 Quarters	Oct-Dec 17
Well Led	L07	NHS Sickness Absence % of Hours Lost	NHS	4.7%	-	4.4%	V	—	5 Quarters	Jul-Sep 17
	L08	Council Sickness Absence (% of Calendar Days Lost)	SW	No update available						

Aberdeenshire – National Indicators– April 2018

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

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

	Indicator	Title	Previous score 2013/14	Current score 2015/16	Scotland 2015/16	RAG
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	96%	96%	94%	G
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	83%	88%	84%	G
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	81%	80%	79%	A
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	78%	82%	75%	G
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	82%	83%	81%	G
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	84%	84%	87%	A
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	84%	89%	84%	G
	NI - 8	Total combined % carers who feel supported to continue in their caring role	42%	39%	41%	A
	NI - 9	Percentage of adults supported at home who agreed they felt safe	84%	84%	84%	G
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA	

	Indicator	Title	Previous score		Current score		Scotland	RAG	
Data indicators	NI - 11	Premature mortality rate per 100,000 persons (European age-standardised mortality rate per 100,000 for people aged under 75)	349	2015	331	2016	440	G	
	NI - 12	Emergency admission rate (per 100,000 population)	8,533	2015/16	8,432	2016/17	12,294	G	*
	NI - 13	Emergency bed day rate (per 100,000 population)	87,987	2015/16	90,166	2016/17	125,634	A	*
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	77	2015/16	79	2016/17	100	G	*
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	89%	2015/16	89%	2016/17	87%	G	
	NI - 16	Falls rate per 1,000 population aged 65+	15	2015/16	15	2016/17	22	G	
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	78%	2015/16	90%	2016/17	84%	G	
	NI - 18	Percentage of adults with intensive care needs receiving care at home	53%	2014/15	53%	2015/16	62%	A	
	NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	1037	2015/16	677	2016/17	842	G	***
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22%	2015/16	22%	2016/17	25%	G	
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA		NA		NA		
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA		NA		NA		
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA		NA		NA		

* Data updated or refreshed since last update report

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

RAG scoring based on the following criteria

If current Aberdeenshire position is better than current Scotland position

[green]	and Aberdeenshire value has improved or stayed the same then "Green"
[yellow]	and Aberdeenshire value has worsened by 5% or less of previous Aberdeenshire value then "Amber"
[red]	and Aberdeenshire value has worsened by more than 5% of previous Aberdeenshire value then "Red"

If current Aberdeenshire position is worse than current Scotland position

[yellow]	and Aberdeenshire value has improved or stayed the same then "Amber"
[yellow]	and Aberdeenshire value has worsened by 5% or less of previous Aberdeenshire value then "Amber"
[red]	and Aberdeenshire value has worsened by more than 5% of previous Aberdeenshire value then "Red"

Aberdeenshire –Local Indicators – April 2018

KEY					
Performance Against Target	✔	No concern. Meeting target	Performance Against Previous Period	I	Improved on previous reporting period by more than 2%
	!	On Review. Not meeting target but within tolerance		S	+/- 2% on previous reporting period
	✘	Of concern. Not meeting target, out-with tolerance. Included in exception report		W	Worsened on pervious reporting period by more than 2%

ID.	Indicator Description	Source	Performance		Target	Previous Period	Against Last Period	Trend line	Trend Period	Current Period
L01	Percentage of Adult Protection Cases screened within 24 hours of notification	Carefirst	✔	93.0%	85%	83.0%	I		5 Quarters	Oct-Dec 17
L02	Percentage of Adult Protection enquiries that proceed to Investigation	Carefirst	✔	41.0%	35%	51.0%	W		5 Quarters	Oct-Dec 17
L03	Rapid response service, Home Care Responders Referrals (median minutes between referral and visit)	Carefirst	No target	20	-	20	S		5 Quarters	Oct-Dec 17
L04	Percentage of all clients on SDS pathway	Carefirst	✔	90.0%	100%	88.0%	I		5 Quarters	Oct-Dec 17
L05	OT Assessments completed within timescales	Carefirst	✘	87.0%	95.0%	89.0%	W		5 Quarters	Oct-Dec 17
L06	Number of people receiving community alarm and/or telecare	Carefirst	✘	2757	3100	2736	S		5 Quarters	Oct-Dec 17
L07	Rate of emergency occupied bed days for over 65s per 1000 population	NHS	✔	2323	2360	2350	S		5 Quarters	Oct-Dec 17
L08	Emergency Admissions rate per 1000 population for over 65s	NHS - PMS	✔	188	193	189	S		5 Quarters	Oct-Dec 17
L09	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	NHS - PMS	✔	124	125	124	S		5 Quarters	Oct-Dec 17
L10	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	NHS - EDISON	No target	22.0	-	18.0	W		5 Quarters	Oct-Dec 17
L11	Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)	NHS - EDISON	✘	52	35	38	W		5 Quarters	Oct-Dec 17

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ID.	Indicator Description	Source	Performance		Target	Previous Period	Against Last Period	Trend line	Trend Period	Current Period
L12	A&E Attendance rates per 1000 population (All Ages)	NHS	✗	21.9	19.3	22.0	S		5 Quarters	Oct-Dec 17
L13	A&E Percentage of people seen within 4 hours, within community hospitals	NHS	✔	99.8% (8573)	98.0%	99.8% (9207)	S		5 Quarters	Oct-Dec 17
L14	Percentage of new dementia diagnoses who receive 1 year diagnostic support	ISD	✗	57.8%	70%	83.6%	W		3 Financial Years	Apr-Sep 16
L15	Smoking cessation in 40% most deprived after 12 weeks	NHS	No target	113	-	143	W		5 Quarters	Jul-Sep 17
L16	Percentage of clients receiving alcohol treatment within 3 weeks of referral	NHS	✗	88.2%	90%	95.5%	W		5 Quarters	Oct-Dec 17
L17	Percentage of clients receiving drug treatment within 3 weeks of referral	NHS	✗	89.0%	90%	78.8%	I		5 Quarters	Oct-Dec 17
L18	Number of Alcohol Brief Interventions being delivered	NHS	✗	217	688	225	W		5 Quarters	Oct-Dec 17
L19A	Number of complaints received and % responded to within 20 working days - NHS	NHS	✗	46.0% (24)	85%	60.% (25)	W		3 Quarters	Oct-Dec 17
L19B	Number of complaints received and % responded to within 20 working days - Council	SW	✔	100.0% (14)	85%	89.% (9)	I		5 Quarters	Oct-Dec 17
L20	NHS Sickness Absence % of Hours Lost	NHS	⚠	4.9%	4.0%	4.5%	W		5 Quarters	Oct-Dec 17
L21	Council Sickness Absence (% of Calendar Days Lost)	SW	⚠	4.6%	4.0%	5.2%	I		5 Quarters	Oct-Dec 17
L22	Percentage of unpaid carers who feel supported to continue in their caring role	IBP Survey	No target	43%	No target	39%	I	-	2 Bi-Annual	2017

ID.	Indicator Description	Source	Performance		Target	Previous Period	Against Last Period	Trend line	Trend Period	Current Period
L23	Percentage of unpaid carers who are aware of short break/respite services available locally	IBP Survey	No target	51%	No target	-	-	-	1 Bi-Annual	2017
L24	Percentage of unpaid carers who state they have PoA or other AWI Measures in place	IBP Survey	No target	59%	No target	-	-	-	1 Bi-Annual	2017
L25	Percentage of unpaid carers who have a say in the services that are provided for the person they care for	IBP Survey	No target	65%	No target	-	-	-	1 Bi-Annual	2017
L26	Percentage of unpaid carers satisfied with the quality of services provided for the person they care for	IBP Survey	No target	47%	No target	-	-	-	1 Bi-Annual	2017
L27	Percentage of unpaid carers who feel well informed about the services provided to the person they care for	IBP Survey	No target	46%	No target	-	-	-	1 Bi-Annual	2017
L28	Percentage of service users who are satisfied overall with the social care services they receive	IBP Survey	✔	85%	85.0%	84%	S	———	2 Bi-Annual	2017
L29	Percentage of service users who are satisfied overall with their involvement in the design of their care	IBP Survey	⚠	82%	85.0%	84%	W	———	2 Bi-Annual	2017
L30	Percentage of service users who are satisfied with the health services that they receive	IBP Survey	✔	86%	85.0%	85%	S	———	2 Bi-Annual	2017
L31	Percentage of service users who feel they are treated with respect	IBP Survey	✔	98%	95.0%	99%	S	———	2 Bi-Annual	2017
L32	Percentage of service users who feel that people doing the assessment listened to what you had to say	IBP Survey	⚠	91%	95.0%	94%	W	———	2 Bi-Annual	2017
L33	Percentage of service users who are satisfied with the knowledge of people doing the assessment	IBP Survey	⚠	91%	95.0%	95%	W	———	2 Bi-Annual	2017
L34	Percentage of service users who have an Anticipatory Care Plan in place	IBP Survey	No target	37%	No target	-	-	-	2 Bi-Annual	2017
L35	Percentage of service users who have an Emergency Care Plan in place	IBP Survey	No target	41%	No target	-	-	-	2 Bi-Annual	2017

ID.	Indicator Description	Source	Performance	Target	Previous Period	Against Last Period	Trend line	Trend Period	Current Period
L36	Percentage of service users who had been asked about desired personal outcomes	IBP Survey	No target 89%	No target	-	-	-	2 Bi-Annual	2017
L37	Percentage of service users who are aware that they can grant PoA	IBP Survey	No target 91%	No target	-	-	-	2 Bi-Annual	2017
L38	Percentage of service users who have a PoA in place	IBP Survey	No target 70%	No target	-	-	-	2 Bi-Annual	2017
L39	Percentage of service users who feel that people who identified my social care needs worked together as a team	IBP Survey	88%	90.0%	91%	W	——	2 Bi-Annual	2017
L40	Percentage of service users who feel health and care services are well co-ordinated	IBP Survey	No target 86%	No target	-	-	-	2 Bi-Annual	2017

Note indicators shaded in grey have not been updated this quarter, this is due to updated data not being available at time of writing.

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Moray – National Indicators – April 2018

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

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

	Indicator	Title	Previous score 2013/14	Current score 2015/16	Scotland 2015/16	RAG
	NI - 1	Percentage of adults able to look after their health very well or quite well	96%	96%	94%	G
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	81%	78%	84%	A
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	74%	72%	79%	A
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	71%	77%	75%	G
Outcome indicators	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	75%	78%	81%	G
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	85%	87%	87%	G
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	74%	86%	84%	G
	NI - 8	Total combined % carers who feel supported to continue in their caring role	44%	43%	41%	A
	NI - 9	Percentage of adults supported at home who agreed they felt safe	76%	81%	84%	G
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA	

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	Indicator	Title	Previous score		Current score		Scotland	RAG	
Data indicators	NI - 11	Premature mortality rate per 100,000 persons (European age-standardised mortality rate per 100,000 for people aged under 75)	399	2015	360	2016	440	G	
	NI - 12	Emergency admission rate (per 100,000 population)	8,673	2015/16	8,734	2016/17	12,294	A	*
	NI - 13	Emergency bed day rate (per 100,000 population)	94,533	2015/16	94,294	2016/17	125,634	G	*
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	76	2015/16	74	2016/17	99	G	
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90%	2015/16	90%	2016/17	87%	G	
	NI - 16	Falls rate per 1,000 population aged 65+	17	2015/16	16	2016/17	22	G	*
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	78%	2015/16	78%	2016/17	83%	G	*
	NI - 18	Percentage of adults with intensive care needs receiving care at home	75%	2014/15	67%	2015/16	62%	R	
	NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	764	2015/16	1,095	2016/17	842	R	***
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22%	2015/16	21%	2016/17	25%	G	
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA		NA		NA		
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA		NA		NA		
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA		NA		NA		

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

RAG scoring based on the following criteria

🟩	*If Moray performance has improved or stayed the same then "Green"*
🟨	*If Moray performance has worsened by 5% or less then "Amber"*
🟥	*If Moray performance has worsened by more than 5% then "Red"*

Moray –Local Indicators– April 2018

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RAG scoring based on the following criteria			
Performance Against Previous Period	G	*If Moray quarter has improved or stayed the same from previous, then "Green"*	
	A	*If Moray quarter has worsened by 5% or less of previous quarter, then "Amber"*	
	R	*If Moray quarter has worsened by more than 5% of previous Moray quarter then "Red"*	

ID.	Indicator Description	Performance Current Quarter	Target	Previous Quarter	Against Previous Quarter	Trend line	Trend Period	Current Quarter
L07	Rate of emergency occupied bed days for over 65s per 1000 population	2495	2360	2531	G		5 Quarters	Oct-Dec 17
L08	Emergency Admissions rate per 1000 population for over 65s	182	193	180	A		5 Quarters	Oct-Dec 17
L09	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	130	125	128	A		5 Quarters	Oct-Dec 17
L10	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	30	-	31	G		5 Quarters	Oct-Dec 17
L11	Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)	26	35	27	G		5 Quarters	Oct-Dec 17
L12	A&E Attendance rates per 1000 population (All Ages)	56.1	19.3	59.9	G		5 Quarters	Oct-Dec 17
L13	A&E Percentage of people seen within 4 hours, within community hospitals	100.0% (595)	98%	100.0% (729)	G		5 Quarters	Oct-Dec 17
L14	Percentage of new dementia diagnoses who receive 1 year diagnostic support	75.0%	70%	90.7%	R		3 Financial Years	Apr-Sep 16

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L15	Smoking cessation in 40% most deprived after 12 weeks	**44**	-	60	R		5 quarters	Apr-Jun 17
L16	Percentage of clients receiving alcohol treatment within 3 weeks of referral	**100.0%**	90%	98.6%	G		5 Quarters	Jul-Sep 17
L17	Percentage of clients receiving drug treatment within 3 weeks of referral	**100.0%**	90%	100.0%	G		5 Quarters	Jul-Sep 17
L18	Number of Alcohol Brief Interventions being delivered	**95**	257	65	G		5 Quarters	Oct-Dec 17
L19A	Number of complaints received and % responded to within 20 working days - NHS	**10.0% (10)**	-	57.0% (14)	R		3 Quarters	Oct-Dec 17
L19B	Number of complaints received and % responded to within 20 working days - Council	No data available at the moment, this indicator should be available with the next update						
L20	NHS Sickness Absence % of Hours Lost	**4.6%**	4.0%	4.0%	A		5 Quarters	Oct-Dec 17
L21	Council Sickness Absence (% of Calendar Days Lost)	No data available at the moment, this indicator should be available with the next update						
L41	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	**61.5%**	90%	100.0%	R		3 Quarters	Oct-Dec 17

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AUDIT & PERFORMANCE SYSTEMS COMMITTEE

Date of Meeting	11.09.2019
Report Title	External Audit Annual Report
Report Number	HSCP.18.073
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author Details	Alex Stephen, Chief Finance Officer AleStephen@aberdeencity.gov.uk
Consultation Checklist Completed	No
Appendices	*a. External Audit Report.*

1. Purpose of the Report

1.1.   The purpose of this report is to present the Audit & Performance Systems (APS) Committee with the external audit annual report for discussion and noting.

2. Recommendations

2.1.   It is recommended that the Audit & Performance Systems Committee:

a) Note the content of the *Annual Audit Report for the year ended 31 March 2018*, as at appendix A.

3. Summary of Key Information

3.1.   The Accounts Commission has appointed KPMG LLP as auditor of the Aberdeen City Integration Joint Board (IJB).

3.2.   The APS Committee considered the *'ISA 260: Audit report to those charged with governance and the Controller of Audit – year ended 31 March 2018'* at its meeting on the 19th of June 2018.

AUDIT & PERFORMANCE SYSTEMS COMMITTEE

3.3. This report to those charged with governance (appendix A) is designed to summarise the external auditor's opinions and conclusions on significant issues arising from the audit of the financial statements for Aberdeen City IJB for the financial period 2017/18. The report covers the wider scope areas of the audit as set out in External Audit's audit strategy.

3.4. The scope and nature of the audit was set out in the audit strategy document, which was presented to the Audit & Performance Systems committee at the outset of the audit.

3.5. There was one recommendation made during the audit for the year ended 31 March 2017. This is complete, and no issues were noted during the 2017-18 audit.

3.6. There was one new audit recommendation identified during the audit for the year ended 31 March 2018, which was agreed by management with a set implementation date of 31 March 2019:

"The IJB should progress workforce planning to identify and address potential skills gaps. "

4. Implications for IJB

4.1. Equalities – there are no direct equalities implications arising from this report.

4.2. Fairer Scotland Duty – there are no direct implications relating to the Fairer Scotland Duty arising from this report.

4.3. Financial – this report presents an external audit opinion on the IJB's financial sustainability, financial management, governance & transparency and value for money. The report confirms that the IJB is progressing well in each of these areas.

4.4. Workforce – the recommendation of the external audit report relates directly to workforce planning.

4.5. Legal – The Accounts Commission appointed KPMG LLP as auditor of Aberdeen City Integration Joint Board ("the IJB") under part VII of the Local Government (Scotland) Act 1973 ("the Act"). The period of appointment is 2016-17 to 2021-22, inclusive. KPMG issued an ISA 260: *Audit report to those charged with governance* report to the June 2018 meeting of the APS, summarising the findings and conclusions from the financial

statements audit. The ISA 260 report and this report discharge their year end reporting responsibilities under Audit Scotland's Code of Audit Practice.

4.6. Other – there are no other implications arising directly from this report.

5. Links to ACHSCP Strategic Plan

5.1. Ensuring appropriate governance and scrutiny of the IJB and its financial matters will help ensure that all strategic priorities, as outlined in the strategic plan, are achieved.

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 projects an overspend.*

6.2. **Link to risks on strategic or operational risk register:** Strategic – Risk Number 2

6.3. **How might the content of this report impact or mitigate these risks:** This report presents an external audit opinion on the IJB's financial sustainability, financial management, governance & transparency and value for money which will help to mitigate this risk.

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KPMG

Aberdeen City Integration Joint Board

Annual Audit Report for the year ended 31 March 2018. For the Audit and Performance Systems Committee and the Controller of Audit

DRAFT: 3 September 2018

DRAFT

Contents

About this report

This report has been prepared in accordance with the responsibilities set out within the Audit Scotland's *Code of Audit Practice* ("the *Code*").

This report is for the benefit of Aberdeen City Integration Joint Board ("the IJB") and is made available to Audit Scotland and the Controller of Audit (together "the Beneficiaries"). This report has not been designed to be of benefit to anyone except the Beneficiaries. In preparing this report we have not taken into account the interests, needs or circumstances of anyone apart from the Beneficiaries, even though we may have been aware that others might read this report. We have prepared this report for the benefit of the Beneficiaries alone.

Nothing in this report constitutes an opinion on a valuation or legal advice.

We have not verified the reliability or accuracy of any information obtained in the course of our work, other than in the limited circumstances set out in the introduction and responsibilities sections of this report.

This report is not suitable to be relied on by any party wishing to acquire rights against KPMG LLP (other than the Beneficiaries) for any purpose or in any context. Any party other than the Beneficiaries that obtains access to this report or a copy (under the Freedom of Information Act 2000, the Freedom of Information (Scotland) Act 2002, through a Beneficiary's Publication Scheme or otherwise) and chooses to rely on this report (or any part of it) does so at its own risk. To the fullest extent permitted by law, KPMG LLP does not assume any responsibility and will not accept any liability in respect of this report to any party other than the Beneficiaries.

Complaints

If at any time you would like to discuss with us how our services can be improved or if you have a complaint about them, you are invited to contact Andy Shaw, who is the engagement leader for our services to the Council, telephone 0131 527 6673, email: andrew.shaw@kpmg.co.uk who will try to resolve your complaint. If your problem is not resolved, you should contact Hugh Harvie, our Head of Audit in Scotland, either by writing to him at Saltire Court, 20 Castle Terrace, Edinburgh, EH1 2EG or by telephoning 0131 527 6682 or email to hugh.harvie@kpmg.co.uk. We will investigate any complaint promptly and do what we can to resolve the difficulties. After this, if you are still dissatisfied with how your complaint has been handled you can refer the matter to Fiona Kordiak, Director of Audit Services, Audit Scotland, 4th Floor, 102 West Port, Edinburgh, EH3 9DN.

Introduction
Purpose, scope and approach

Purpose of this report

The Accounts Commission appointed KPMG LLP as auditor of Aberdeen City Integration Joint Board ("the IJB") under part VII of the Local Government (Scotland) Act 1973 ("the Act"). The period of appointment is 2016-17 to 2021-22, inclusive.

This annual audit report presents our conclusions in respect of the wider scope matters of Audit Scotland's Code of Audit Practice ("the Code"). It is addressed to both those charged with governance at the IJB and the Controller of Audit. The areas of wider scope focus were set out in our audit strategy document which was presented to the Audit and Performance Systems Committee ("the APS") at the outset of our audit.

The Code sets out the wider dimensions of public sector audit which involves consideration of the following audit dimensions:

— financial sustainability

— financial management;

— governance and transparency; and

— value for money.

It is the responsibility of the IJB to ensure that it has proper arrangements across each of the audit dimensions. These arrangements should be appropriate to the nature of the Board and the services and functions that it has been created to deliver.

We issued an ISA 260: *Audit report to those charged with governance* report to the June 2018 meeting of the APS, summarising the findings and conclusions from the financial statements audit. The ISA 260 report and this report discharge our year end reporting responsibilities under the Code.

Scope and approach

We review and come to a conclusion on the audit dimensions. Our work to consider these wider scope aspects of the Code was not designed to identify all matters that may be relevant to those charged with governance. We performed a range of procedures to inform our work:

— interviews with senior officers, including the chief officer and chief financial officer;

— review of various committee papers and reports;

— attending committee meetings; and

— consideration of Audit Scotland guidance to draw conclusions on good practice.

We also considered the Accounts Commission's five Strategic Audit Priorities when considering the audit dimensions:

— the clarity of the IJB priorities and quality long-term planning to achieve these;

— the effectiveness of evaluating and implementing options for significant changes in delivering services;

— how effectively councils are ensuring that members and officers have the right knowledge, skills and time to lead and manage deliver of council priorities;

— how effectively council are involving citizens in decisions about services; and

— the quality of council public performance reporting to help citizens gauge improvements.

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Financial position

Overview

The Board is responsible for the strategic planning and delivery of health and adult social care services in Aberdeen. The Board is responsible for services as set out in the Integration Scheme, which includes 'hosted' services provided by the IJB on behalf of the other integration joint boards in Aberdeen: Aberdeenshire and Moray.

2017-18 Financial position

A deficit of £2.1 million is reported in the comprehensive income and expenditure statement ("CIES"), which was funded from the brought forward reserves balance at 1 April 2017.

Comprehensive income and expenditure statement

The IJB has a responsibility to set a breakeven budget each year. For 2017-18 this was achieved based on an agreed use of £2.2 million integration and change funds from carried forward reserves, in addition to budgeted integration and change fund spend.

Budget pressures of £7.0 million were included as part of the 2017-18 budget process. The largest of these were staff increments and pay awards (£2.2 million) and an Aberdeen City Council funding cut of £3.1 million. Pressures in hosted services, prescribing and the apprenticeship levy also contributed to the total budget pressure of £7.0 million. The IJB identified savings of £4.8 million in order to mitigate the financial impact of the budget pressures.

The budget is updated and revised throughout the year as required based on known pressures and actual results achieved. This is reported to the Board to approve the changes made.

Excluding integration and change funds, a deficit of £3.5 million was reported on the mainstream budget as shown in the table opposite. The key under and overspends are described on page five.

Expenditure	Full year revised budget (£000)	2017-18 Actual (£000)	(Under) / over spend (£000)
Community health services	31,576	31,407	(169)
Aberdeen City share of hosted health services	20,569	21,725	1,156
Learning disabilities	30,740	31,270	529
Mental health and addictions	19,976	20,065	89
Older people and physical and sensory disabilities	73,285	72,882	(403)
Head office / admin	(933)	(587)	346
Criminal justice	47	(91)	(138)
Housing	1,861	1,861	-
Primary care prescribing	39,748	41,364	1,616
Primary care	37,257	37,234	(23)
Out of area treatments	1,005	1,480	476
Total mainstream	**255,130**	**258,610**	**3,480**
Integration and change fund expenditure	6,381	5,011	1,370
Met from 2016-17 carried forward reserves	-	(10,417)	(10,417)
Total IJB	**261,511**	**253,204**	**(8,307)**

Source: Finance update as at 31 March 2018 (excludes set aside services)

Financial position (continued)

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CIES under and over spends

— Primary care prescribing: overspend £1.6 million. This is attributable to the higher than anticipated average unit cost per prescribed item in 2017-18 (increasing by up to £0.42 per item), driven by drugs on short supply. This is a national issue and one which is also forecast to affect the 2018-19 budget. The clinical director presented a report to the Board on 27 March 2018 to set out the actions being taken by the primary care prescribing group to mitigate the impact on the prescribing budget.

— Hosted services: overspend £1.2 million. The main reasons for the overspend are increased medical locum costs and higher than expected use of the wheelchair service within the intermediate care budget (£0.7 million). A further overspend of £0.4 million was reported in relation to the Grampian Medical Emergency Department.

— Learning disabilities: overspend £0.5 million. Largely due to under-recovery of customer/client receipts (£0.3 million) and staff cost increases for complex care clients (£0.2 million).

— Out of area treatments: overspend £0.5 million. As a result of the number of patients receiving care outside of the Grampian area.

Balance sheet

As the IJB does not own fixed assets, or hold bank accounts, the balance sheet is made up solely of amounts owing to and from the partner organisations and the resulting reserves.

The debtors balance at year end is made up of £5.2 million owed by NHS Grampian and £3.1 million by Aberdeen City Council. These amounts related to integration and change fund expenditure which has been committed but not yet spent.

Balance sheet	2017-18 (£000)	2016-17 (£000)
Short term debtors	8,307	10,417
Short term creditors	-	-
Net assets	**8,307**	**10,417**
Useable reserves	(8,307)	(10,417)
Total reserves	**(8,307)**	**(10,417)**

Source: Audited annual accounts for the year ended 31 March 2018

The IJB utilised £2.1 million of reserves brought forward from 2016-17. Of the closing reserves position of £8.2 million, £2.5 million has been earmarked as a risk fund. The risk fund is intended to support the health and social care services provision and protect against any budget pressures during the year.

We provide further narrative on financial sustainability and financial management on pages seven to 11.

Wider scope and Best Value

Audit dimensions introduction and conclusions

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The Code of Audit Practice sets out four audit dimensions which, alongside Best Value in the local government sector, set a common framework for all the audit work conducted for the Controller of Audit and for the Accounts Commission: financial sustainability; financial management; governance and transparency; and value for money.

It remains the responsibility of the audited body to ensure that it has proper arrangements across each of these audit dimensions. These arrangements should be appropriate to the nature of the audited body and the services and functions that it has been created to deliver. We review and come to a conclusion on these proper arrangements.

During our work on the audit dimensions we considered the work carried out by internal audit and other scrutiny bodies to ensure our work meets the proportionate and integrated principles contained within the Code of Audit Practice.

Financial sustainability

Integration and change funding is planned to be used to bridge an identified deficit in 2018-19.

Whilst there are significant budget savings included within the five year plan, the IJB has a strong transformation governance structure in place to monitor delivery of savings. The IJB is planning to deliver transformational change over the longer term in order to address some of the financial challenges.

Given that Aberdeen City Council and NHS Grampian fund the IJB in accordance with the integration scheme, together with the IJB's control over transformation, we consider that the IJB is financially sustainable.

Governance and transparency

We consider that the IJB has appropriate governance arrangements in place and they provide a framework for effective organisational decision making.

The IJB considered the governance framework at its formation, including working with the Good Governance Institute to ensure that structures and processes are appropriate.

We consider that scrutiny is robust, specifically in respect of the APS where all members demonstrate proportionate challenge.

The IJB is committed to transparency, with committee papers being publically available.

Aberdeen City IJB

Value for money

We consider that the IJB has appropriate arrangements for using resources effectively and continually improving services.

Financial management

The IJB has appropriate controls over the monitoring of expenditure against budget, with quarterly reports being presented at public board meetings and evident scrutiny of costs.

Financial capacity is appropriate, and is well supported by the executive team.

No audit adjustments were identified in the external audit and we consider that the control environment is robust. Management performed well to accelerate the annual accounts preparation and audit timetable.

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Wider scope and Best Value
Financial sustainability

Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.

Financial sustainability is inherently a risk to the IJB given the challenging environment, where funding is reducing in real terms and efficiency savings are required. In assessing financial sustainability we consider whether the IJB is able to balance budgets in the short term and whether longer term financial pressures are understood and are planned for, as evidenced by the IJB's financial strategies and plans.

Budget setting

The IJB receives budget allocations from NHS Grampian and Aberdeen City Council. The IJB budget is set one year in advance, in line with single year budget allocations from Scottish Government. Management used the confirmed funding for the 2018-19 budget to develop a five year medium term financial strategy. Projections for 2019-20 are based on historic trends and planning assumptions.

Both partners are facing financial challenges with demand exceeding resources available. Aberdeen City Council has a savings target of £125 million over the next five years and is implementing a Target Operating Model over the period to 2020-21 to support in delivery of the savings. NHS Grampian has an estimated savings target of £20 million per annum over the next five years. These financial pressures directly impact the IJB as funding from partners is the IJB's sole source of recurring funding, and the partners' savings targets are naturally reflected within the IJB budget.

Local pressures have also impacted the five year financial plan increasing the budget pressures, such as a projected 10% increase in the number of over 65s in Aberdeen City between 2017 and 2022 and difficulty recruiting to health care professions.

The IJB's budget for 2018-19 is balanced after savings of £0.9 million and by allocating £3.1 million of integration and change funding to bridge the gap. Integration and change funding was also used in 2017-18 in the same way.

This was intended to be a one-off arrangement but has been repeated for 2018-19, but has not been budgeted for 2019-20 onwards.

The IJB has assumed that the Council will pass on its share of the reduction in the Scottish Government grant settlement. This has been offset by an expected increase in NHS funding of 1.5% per annum.

From 2019-20 onwards the IJB has identified budget pressures of around £6 million per annum, and new requirements (such as Scottish living wage cost increases and the national care home contract cost increases) of around £1 million per annum. The medium term financial strategy sets out the required efficiency, transformation programme, medicine management and service redesign savings which are required to deliver a balanced budget.

Five year budgets and savings targets

	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	2022-23 £000
Budget pressures	5,849	5,732	5,903	6,081	6,263
New requirements	1,027	910	1,036	1,168	1,305
Total pressures	**6,876**	**6,642**	**6,939**	**7,249**	**7,568**
Reduction in Council funding	832	1,901	1,901	1,901	1,901
Earmarked funding	(656)	755	755	-	-
Uplift in NHS funding	(2,846)	(2,846)	(2,846)	(2,846)	(2,846)
Total funding adjustments	**(2,670)**	**(190)**	**(190)**	**(945)**	**(945)**
Savings target	**4,206**	**6,452**	**6,749**	**6,304**	**6,623**

Source: Medium term financial strategy (27 March 2018)

Wider scope and Best Value
Financial sustainability (continued)

Risk sharing

The integration scheme sets out the process to be followed should the IJB overspend against the agreed budget. The chief financial officer is expected to manage the budget to ensure that there are no overspends. Where an unexpected overspend is likely the chief financial officer should agree corrective action to mitigate the overspend. Where this does not resolve the gap, agreement must be made between the partners, in conjunction with the executive team, to agree a recovery plan to balance the budget.

Where this is unsuccessful and the IJB overspends at the year end, uncommitted reserves are applied to the overspend firstly and the remaining overspend is either met by a voluntary additional one-off payment from a partner or the partners make joint additional payments proportionate with their respective share of the IJB baseline budget.

This arrangement gives the IJB comfort that overspends will ultimately be met by the partners. We note that it does not motivate collaborative working between the three parties. For example, overspends in a council-funded area of service may be driven by increased "high outcome" activity which delivers reduced demand in an NHS-funded area of service, given the benefits of "preventative care". There is no consideration for this in the integration scheme.

Reserves strategy

The IJB approved a reserves policy in October 2016 which sets out the statutory and regulatory framework for reserves, the operation of these reserves and the role of the chief financial officer in determining the adequacy of reserves held by the IJB. The projected reserves position for 2018-19 was approved with the medium term financial strategy on 27 March 2018. The position, set out in the table opposite, includes a £2.5 million risk fund which was approved by the board in the prior year. This is a prudent approach by the IJB and is intended to create a contingency for unexpected events.

2018-19 reserves	£ million
Budgeted opening reserves	9.4
New resources	18.3
Transformation programme commitments	(6.3)
Living wage and sleepover commitments	(12.5)
Operational allocations	(3.1)
Closing reserves	**5.8**

The annual accounts as at 31 March 2018 were prepared on a going concern basis. The IJB is in its infancy and is at the start of plans to transform services, however it had reserves of £8.3 million as at 31 March 2018.

Transformation programme

The Board receives regular updates on progress towards transformation projects. Key decisions are presented to the Board for approval. The APS also receives detailed updates into transformation progress including deep dives into specific areas at request. Priority areas are:

— Acute care at home.

— Supporting management of long term conditions – building community.

— Capacity.

— Modernising primary and community care.

— Culture change / organisational change.

— Strategic commissioning and development of social care.

— Information and communication technology and technology enabled care.

Wider scope and Best Value
Financial sustainability (continued)

A strong governance structure has been put in place to ensure effective operational and executive oversight of the transformation program. It is recognised that the transformation programme will require time to deliver anticipated saving and other benefits. The programme has priority projects which are considered to have the largest potential impact and those that support the IJB's plans to shift towards a more person-centred and community-focussed health and social care service.

Efficiency savings

Wider efficiency savings have been identified as part of the five year plan, acknowledging that transformational savings will take longer to realise. These measures include:

— Service redesign: focus on delivering savings from continuous review of service provision to ensure the best service can be delivered within budget.

— Medicines management: focus on mitigating the risk of rising costs of primary care medicines, by introducing a range of measures to control prescribing volumes and reduce costs per item.

— Other efficiency savings including review of pricing policies and review of services.

Scotland's new financial powers and EU withdrawal

For the risks presented by each of these areas, the IJB's primary response is to consider the actions taken by Aberdeen City Council and NHS Grampian, being the funders and commissioned bodies. Through the established risk management framework of the IJB, risks which directly impact the body are considered and managed.

Conclusion

Whilst there are significant budget savings included within the five year plan, the IJB has a strong transformation governance structure in place to monitor delivery of savings. High level themes have been developed to achieve budget savings.

Given that Aberdeen City Council and NHS Grampian fund the IJB in accordance with the integration scheme, together with the IJB's control over transformation, we consider that the IJB is financially sustainable.

In forming this conclusion we note the views of the appointed auditors for the partner bodies, neither of which raised exceptions in respect of financial sustainability.

Document Classification: KPMG Confidential

Wider scope and Best Value
Financial management

Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

The chief finance officer is responsible for ensuring that appropriate financial services are available to the IJB and the chief officer.

Budgetary controls

The IJB's financial management comes under a reasonable degree of scrutiny, with budgets monitored at IJB, local authority and NHS level.

The IJB produces a quarterly finance update which is taken to both the Board and the APS. From our review of the minutes and attendance at meetings, it is evident that there is a sufficient level of scrutiny, and these reports have allowed the IJB to address overspends in a timely fashion.

Furthermore, a monthly finance update is provided from NHS Grampian to IJB management.

We performed controls testing over the budgeting process including the monitoring of budgets throughout the year. We found that budget reports were presented to the Board and APS on a timely basis and that overspends are appropriately discussed and challenged.

An internal review was carried out comparing the IJB's financial governance arrangements to the financial governance requirements contained in the "*Role of the Chief Financial Officer in Local Government (2016)*". This review considered points such as ensuring the provision of clear, well presented, timely, complete and accurate information and reports to budget-holders. There are some areas of future development noted in the report, however on the whole the report demonstrates good compliance with the CIPFA requirements.

Internal audit

The IJB has an internal audit function which undertake reviews at both the IJB level and the local authority level. NHS Grampian has its own internal audit function, however any reviews specific to the IJB are shared with the Board and audit and performance systems committee. Internal audit completed six internal reviews during 2017-18 (with one still in draft, and one to be complete). There were no recommendations graded as 'major', 'critical' or 'high'.

The chief internal audit auditor concluded in the annual audit report that sufficient work was completed during the year, or was sufficiently advanced to enable it to conclude that reasonable assurance can be placed upon the adequacy and effectiveness of the Board's internal control system.

At the date of issuing this opinion (2 April 2018) the chief internal auditor noted that one recommendation was overdue. This recommendation was in relation to the development of the scheme of delegation. Management noted that this recommendation could not be progressed until the Aberdeen City Council delegations had been finalised. The recommendation has now been actioned.

Financial regulations

The IJB has standing financial regulations which determine how spend can be authorised. The highest expenditure that can be approved by the Chief Officer is £50,000, with anything above that level having to go through the Board, which conducts its meetings in public.

Wider scope and Best Value
Financial management (continued)

Finance function capacity

The S95 officer is the chief finance officer, therefore has appropriate status within the IJB and access to the partner chief executive officers and Board members. The finance function consists of the chief finance officer, and other resources are used as required from Aberdeen City Council and NHS Grampian finance teams. Finance function capacity is considered to be appropriate, and is supported by a full executive team.

The Council provides induction and ongoing training for both elected members and other Board members. An induction session was held for new elected members following the May elections. This was open to all Board members and was intended to give an understanding of the IJB and also covered governance issues such as the code of conduct and the Nolan principles. There is an ongoing calendar of workshops which take place after most Board meetings to address upcoming subjects and are intended to give members the knowledge they need in order to provide appropriate scrutiny.

Annual accounts

The 2017-18 annual accounts preparation was brought forward by 4 weeks compared to 2016-17, to fit into Aberdeen City Council's accelerated timetable. Management issued unaudited annual accounts to the Board on 22 May 2018. The audit was conducted from 21 May 2018 and no audit adjustments were identified. Management performed well to accelerate the timetable whilst maintaining quality.

Conclusion

The IJB has appropriate controls over the monitoring of expenditure against budget, with quarterly reports going to public board meetings and evident scrutiny of costs.

Financial capacity is appropriate, and is well supported by the executive team.

Management performed well to accelerate the annual accounts preparation and audit timetable.

Wider scope and Best Value
Governance and transparency

Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information.

Governance framework and decision making

The Board is responsible for establishing arrangements for ensuring the proper conduct of the affairs of the IJB and for monitoring the adequacy of these arrangements. To assist in this role, the IJB developed an assurance framework in conjunction with the Good Governance Institute, which provides readers with an understanding of the governance framework and the assurances that can be obtained from it. The integration scheme between Aberdeen City Council and NHS Grampian also sets out key governance arrangements.

The Board comprises a wide range of service users and partners including elected councillors nominated by Aberdeen City Council and directors nominated by NHS Grampian. As noted in the 2016-17 annual audit report, following the local government elections in May 2017 new elected members joined the Board. An induction session was arranged for these new members, and was open to any member of the Board. This provided the members with an understanding of the IJB and its role. Training for IJB members is now provided as and when required in the form of workshops following Board meetings.

The APS reviews the overall internal control arrangements of the board and makes recommendations to the IJB regarding signing of the governance statement.

A second committee, the clinical care and governance committee, focuses on clinical assurance.

The Chief Officer provides overall strategic and operational advice to the IJB and is accountable for the delivery of services. The Chief Officer is also accountable to both the Chief Executive of Aberdeen City Council and the Chief Executive of NHS Grampian and provides regular reports to both the council and the NHS board.

The Board and APS each met on a regular basis throughout the year. We review minutes from each to assess their effectiveness. We also periodically attend meetings of the APS. From this we have concluded that the committee is effective and provides robust challenge.

The board assurance and escalation framework sets out how the board obtains the appropriate assurances on its activities. This framework includes the governance structure, systems and performance outcomes through with the Board receives assurance. It also describes the escalation process.

Risk management

The IJB has worked with the Good Governance Institute in 2016-17 to review all of its governance arrangements, which included carrying out a review of the IJB's assurance framework. This provided assurance that key risks to the achievement of integration objectives have been appropriately identified, communicated and addressed. The IJB has set out its risk appetite in its strategic plan and the risk appetite is reviewed by the Board on an annual basis. Risk registers are regularly updated and scrutinised by management and the APS.

Internal control

Aberdeen City Council and NHS Grampian are the partner bodies. All financial transactions of the Board are processed through the financial systems of the partner bodies and are subject to the same controls and scrutiny as the council and health board, including the work performed by internal audit.

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Wider scope and Best Value Governance and transparency (continued)

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Internal audit

Internal audit provides the IJB and Chief Officer with independent assurance on the IJB's overall risk management, internal control and corporate governance processes. Each partner organisation has its own internal audit service, with Chief Internal Auditor of Aberdeen City Council also holding the appointment of Chief Internal Auditor of the IJB.

The IJB's Chief Internal Auditor uses the results of the audit work carried out at Aberdeen City Council and NHS Grampian to form an opinion on the Board's systems of governance, risk and internal control. For 2017-18 the Board's Chief Internal Auditor concluded that reasonable assurance can be placed on the adequacy and effectiveness of the Board's systems of governance, risk and internal control.

We considered the activities of internal audit against the requirements of Public Sector Internal Audit Standards ("PSIAS"), focusing our review on the public sector requirements of the attribute and performance standards contained within PSIAS. We reviewed internal audit reports and conclusions, and through discussion obtained the views of internal audit of risks of fraud within the Council.

The review of internal audit reports and conclusions did not indicate additional risks and there was no impact on our audit approach.

Fraud

Arrangements are in place to ensure that suspected or alleged frauds or irregularities are investigated by one of the partner bodies internal audit sections. Since the Board does not directly employ staff, investigations will be carried out by the internal audit service of the partner body where any fraud or irregularity originates. NHS Grampian can also call on the expertise of Counter Fraud Services provided through NHS National Services Scotland.

Transparency

The public should be able to hold the IJB to account for the services it provides. Transparency means that the public has ready access to understandable, relevant and timely information about how the IJB is taking decisions and how it is using its resources.

Full details of the meetings held by the IJB and the APS committee are available through the Aberdeen City Council website. Members of the public can access committee papers and minutes of meetings, with exempt items minimised as much as possible. Reasons for papers being discussed in private are given in the meeting minutes. Members of the public are welcome to attend board meetings and APS meetings.

We have not found evidence to suggest that information is unjustifiably withheld from public scrutiny. Furthermore, members of the public can attend meetings of the IJB .

Overall we concluded that the IJB is open and transparent.

Authorisation and approvals

The Chief Officer can only approve expenditure up to £50,000, with anything larger subject to approval from the local authority or NHS board. These directions are disclosed in the IJB minutes meaning that significant items of expenditure are publicly visible.

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Response to cyber security

The Scottish Government published the Public Sector Action Plan for cyber resilience in November 2017. It aims to ensure that Scotland's public bodies work towards becoming exemplars of cyber resilience.

The EU General Data Protection Regulation ("GDPR") came into effect from 25 May 2018. In response the IJB approved the appointment of a data protection officer on 22 May 2018. The IJB has minimal data controller responsibilities as the partners retain responsibility for operational delivery of functions and services. The Council's chief officer – governance and NHS Grampian's information governance lead are, therefore, responsible for the majority of the IJB's data controller responsibilities. For the small amount of data controller responsibilities which do remain with the IJB, the Board resolved to approve the role of data protection officer and instructed the chief officer to request that NHS Grampian's information governance lead takes on this role.

Chief Officer

The IJB's chief officer, Judith Proctor, formally tendered her resignation on 14 March 2018 to take up the same role at the Edinburgh City IJB. Sally Shaw was appointed on 10 April 2018 in the interim chief officer role, providing the IJB with continued leadership whilst a permanent chief officer is appointed. We consider that this approach is sensible and enables a well considered appointment to be made.

Conclusion

We consider that the IJB has appropriate governance arrangements in place and they provide a framework for effective organisational decision making.

The IJB considered the governance framework at its formation, including working with the Good Governance Institute to ensure that structures and processes are appropriate.

We consider that scrutiny is robust and transparent.

Wider scope and Best Value (continued)
Value for money

Value for money is concerned with using resources effectively and continually improving services.

The Public Bodies (Joint Working) (Scotland) Act 2014 sets out a broad framework for creating integration authorities. This allowed boards flexibility to enable them to develop integrated services that best suited local circumstances.

The Integration Scheme specifies the range of functions delegated by the Aberdeen City Council and NHS Grampian to the IJB. The IJB is responsible for establishing effective arrangements for scrutinising performance, monitoring progress towards its strategic objectives, and holding partners to account.

Performance indicators

Integration authorities are required to contribute towards nine national health and wellbeing outcomes which are intended to focus on the needs of the individual to promote their health and wellbeing, and in particular, to enable people to live healthier lives in their community.

In order to review performance the IJB developed a performance management framework. An updated performance dashboard is presented to the Board annually (31 October 2017) and an annual performance report (22 August 2018) is also presented. These reports summarise performance to date towards the nine national health and wellbeing outcomes and the IJB's local strategic outcomes. Improvements have been made to these performance reports following feedback from the IJB members, for example a red, amber, green rating is now used to make it easier for members to identify areas requiring improvement and movement in indicators from the prior period.

Value for money in key decisions

The board considers and discusses difficult decisions throughout the year as appropriate. For example, the transformational change projects to prioritise. These are supported by options appraisals and business cases where appropriate.

Workforce planning

The IJB's workforce plan is being developed. There is a workforce plan which includes health staff, however, this is being extended to include all IJB staff. Once complete this will reflect the NHS approach to workforce planning. The executive team has approved work to date, however the workforce plan has still to be approved by the Board. There is a risk, given the demographics of the workforce, that without a workforce plan in place there could be a detrimental impact to the achievement of the IJB's strategy.

Recommendation one

End of public sector pay cap

The Scottish Government has stated its intention for the 1% public sector pay cap which has applied for seven years is being lifted. It is not clear when increases will take effect or how they will be funded.

To mitigate the uncertainty risk surrounding pay increases the IJB included in its five year plan an assumption that the pay increases announced for NHS staff will be similar to that agreed for council staff.

Conclusion

Overall, we consider that the IJB has appropriate arrangements for using resources effectively and continually improving services.

We propose one recommendation in relation to the workforce plan.

Appendix one
Action plan

The action plan summarises specific recommendations arising from our work, together with related risks and management's responses.

We present the identified findings across three audit dimensions:

— financial sustainability

— financial management

— governance and transparency

— value for money

Priority rating for recommendation

Grade one (significant) observations are those relating to business issues, high level or other important internal controls. These are significant matters relating to factors critical to the success of the organisation or systems under consideration. The weaknesses may therefore give rise to loss or error.

Grade two (material) observations are those on less important control systems, one-off items subsequently corrected, improvements to the efficiency and effectiveness of controls and items which may be significant in the future. The weakness is not necessarily great, but the risk of error would be significantly reduced if it were rectified.

Grade three (minor) observations are those recommendations to improve the efficiency and effectiveness of controls and recommendations which would assist us as auditors. The weakness does not appear to affect the availability of the control to meet their objectives in any significant way. These are less significant observations than grades one or two, but we still consider they merit attention.

Finding(s) and risk(s)	Recommendation(s)	Agreed management actions
Audit dimension: Value for money (page 15)		**Grade three**
The IJB's workforce plan is being developed. Once complete this will reflect the NHS approach to workforce planning. The executive team has approved work to date, however the workforce plan has still to be approved by the Board. There is a risk, given the demographics of the workforce, that without a workforce plan in place there could be a detrimental impact to the achievement of the IJB's strategy.	The IJB should progress workforce planning to identify and address potential skills gaps.	**Management response:** Agreed **Responsible officer:** Chief Finance Officer **Implementation date:** 31 March 2019

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Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	11th September 2018
Report Title	ACHSCP Annual Report 2017-18
Report Number	HSCP.18.069
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author Details	Kevin Toshney, Planning and Development Manager. KToshney@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Appendices	a) ACHSCP Annual Report 2017-18

1. Purpose of the Report

1.1.   The purpose of this report is to present the ACHSCP Annual Report 2017-18 to the Audit & Performance Systems 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.

2. Recommendations

2.1.   It is recommended that the Audit & Performance Systems 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.

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   c) Outline its presentational preferences for next year's annual
      performance report.

3. Summary of Key Information

3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 obliges the
integration authority (Aberdeen City Health & Social Care Partnership) to
prepare a performance report for the previous reporting year.

3.2. This Partnership's three-year Strategic Plan was published on 1st April 2016
(integration 'go live' day) and the performance report must outline a
description of the extent to which the arrangements set out in the strategic
plan have achieved, or contributed to achieving, the national health and
wellbeing outcomes.

3.3. Improved personal experiences and outcomes are pivotal to our ambition to
be recognised as a high performing partnership which is delivering good
quality, person centred services. A key element of the report shows the
partnership's progress in that respect through an assessment of its
performance in relation to the national health and wellbeing outcomes and
their associated core indicators and also the local indicators that are
aligned with the Caring, Safe, Responsive, Effective and Well-Led themes.

3.4. There is reasonable satisfaction with the progress made by the partnership
to date. There has been good performance in areas such as emergency
admissions, emergency bed days, the number of days people spend in
hospital when are ready to be discharged and the % of care services which
are graded 'good' or better.

3.5. It is noted however that the partnership's poorer than expected
performance in some areas such as readmissions to hospital within 28
days, carers' experiences of having a say and feeling supported
themselves, life expectancy and premature mortality needs further analysis
and explanation

3.6. This report includes an overview of the total amount of money spent in the reporting year and the proportion of spend broken down by the various services to which the money was allocated. This information is taken from the partnership's audited accounts for 2017-18 prepared by the Chief Finance Officer.

3.7. Neither the legislation or accompanying guidance prescribes a specific template to be used for the annual performance report. Each partnership has the opportunity to design its own format to best explain and illustrate its performance against the national outcomes and its narrative for the year. It is expected though, that as a public document the annual performance report will be placed on the partnership's website and made as accessible to as wide a readership as possible.

3.8. Given the above, there is an opportunity for the Audit & Systems Committee to outline what changes in the format of next year's annual performance report it wishes to see implemented.

3.9. The Aberdeen City Health & Social Care Partnership's annual performance report for 2017/18 is set out in Appendix A. This was approved by the IJB at its meeting on the 28th of August 2018.

3.10. The IJB has requested that any progress report submitted to the Audit & Performance Systems Committee in respect of further analysis into the poorer than expected performance in certain areas is subsequently presented to them for their consideration also.

4. Implications for IJB

4.1. Equalities.

There are no direct equalities implications arising from the recommendations of this report.

4.2. Fairer Scotland Duty

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There are no direct implications arising from the IJB's Fairer Scotland duty in respect of the recommendations of this report.

4.3. Financial

There are no direct financial implications arising from the recommendations of this report.

4.4. Workforce

There are no direct workforce implications arising from the recommendations of this report.

4.5. Legal

There are no direct legal implications arising from the recommendations of this report.

5. Links to ACHSCP Strategic Plan

5.1. The annual report outlines how well the partnership has performed in the past year in respect of the national health and wellbeing and its own strategic ambitions and priorities set out in its Strategic Plan.

6. Management of Risk

6.1. **Identified risks(s):** 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.

6.2. **Link to risks on strategic or operational risk register:** 5

6.3. **How might the content of this report impact or mitigate these risks:** The annual report contains key performance information which helps mitigate this risk.

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Aberdeen City Health & Social Care Partnership

ANNUAL REPORT 2017-18

Contents

If you require further information about any aspect of this Annual Report please contact:

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Foreword

IJB Chair Foreword

I warmly welcome the publication of this Annual Report which sets out how we have performed in our second year of operation as a Health and Social Care Partnership and how we are continuing to work towards fulfilling the ambitions and priorities outlined in our Strategic Plan.

I am delighted that we have not only continued to build on the positive foundations achieved last year but also significantly increased the ongoing transformation of our health and care services. There is, however, still much to do and my aim for the remainder of my time as IJB Chair is to continue supporting the progress achieved and to drive our ambitions of delivering even better experiences and outcomes for the people who use our services and their carers.

Our aim remains for us to be recognised as one of the top performing partnerships in Scotland across all sectors and services and one which attracts the best people to work with us. I am pleased to chair an Integration Joint Board that has so many committed and capable members and which provides the right balance of support and scrutiny to the Executive Team as we strive to make continued progress in the face of challenging demographic and financial projections.

And finally, I acknowledge the work undertaken by our former Chief Officer Judith Proctor and Head of Operations Tom Cowan who have moved on to other roles with the Edinburgh Health and Social Care Partnership, and our Head of Strategy & Transformation and Interim Chief Officer Sally Shaw who is taking up the post of Chief Officer for Orkney Health and Social Care Partnership. On balance I believe we should take it as a positive sign that our leadership is in demand elsewhere.

I wish them well and look forward to working with our new Chief Officer, Sandra Ross, when she commences in post.

Jonathan Passmore
MBE, Chair

Chief Officer Foreword

I wish to begin by saying how privileged I feel to be fulfilling the role of Interim Chief Officer for the Aberdeen City Health & Social Care Partnership. In the short time that I have been with the partnership I have recognised its strong desire to deliver person-centred health and care services that are used and appreciated by the citizens of Aberdeen and their carers. My own previous career experiences have shown me that good quality compassionate care is a fundamental expectation of the work that we do and that we are all capable, no matter what role we fulfil, of making positive, significant contributions towards this.

There is much to read and reflect upon in this report. There are many identified areas where we are doing well and some areas where we could do better. We can, for example, be pleased with our continued progress in tackling the whole-system challenges of emergency admissions and delayed discharges but recognise that there is still much to be done in reducing the number of readmissions within 28 days. Overall though, this is a good and positive summary of our work in, what is remember, only the second year of the partnership's operation.

We would not have attained such progress in the past year were it not for the hard work and dedication of all our staff and volunteers who work across the health, social care, third, independent and housing sectors. Their commitment to the wellbeing of the people who use their services is very much evident and it is only right that they are recognised and applauded for this.

There is, however, still much to do and I am confident that this next year will see our transformation activities deliver more effective and in some cases truly innovative services that offer improved experiences and outcomes for everyone.

Sally Shaw
Interim Chief Officer

A caring partnership

1 Introduction

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

This annual report outlines how effective the Aberdeen City Health & Social Care Partnership (ACHSCP) has been in 2017-18, its second year of operation. It describes our progress against a range of local and national performance indicators and reflects on the impact of the day-to-day delivery of our integrated health and social care services.

It was acknowledged last year that the smooth delegation of local health and social care functions and services on 1st April 2016 ('Go Live' day) had given the partnership a good and solid platform from which to operate. Our first annual report outlined the integrated building blocks we had put in place and the initial change activities that were beginning to emerge. This report highlights the continued progress we are making in embedding health and social care integration and the ongoing transformation of our services.

Our key ambition is to be recognised as a high-performing partnership that has a deserved reputation for its compassion, quality, innovation and effectiveness.

The Integration Joint Board (IJB) has fulfilled an effective leadership role and relationships within it are positive and supportive of good decision-making. We have continued to develop the governance of the delegated functions and services with a focus on enabling the IJB's decision-making authority in relation to its partner organisations, Aberdeen City Council and NHS Grampian.

The IJB has previously agreed the partnership's strategic ambitions and priorities and continues to emphasize its expectations about the scale and pace of our transformation programme and the delivery of its anticipated benefits. The drive for high quality of care, effective performance and improved experiences and outcomes is at the heart of everything we do to achieve and maintain good health and wellbeing.

Our Strategic Plan 2016-19 sets out our strategic ambitions and priorities for the delegated health and social care services in the face of future demographic and financial challenges.
Our current priorities are:

- 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;
- 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;
- value and support those who are unpaid carers to become equal partners in the planning and delivery of services, to look after their own health and to have a quality of life outside the caring role if so desired;
- contribute to a reduction in health inequalities and the inequalities in the wider social conditions that affect our health and wellbeing;
- strengthen existing community assets and resources that can help local people with their needs as they perceive them and make it easier for people to contribute to helping others in their communities;
- support our staff to deliver high quality services that have a positive impact on personal experiences and outcomes.

Work has commenced on reviewing and refreshing this plan and there will be many opportunities in the weeks and months ahead for our citizens and communities to shape this. A revised Strategic Plan and Housing Contribution Statement will be presented to the IJB in March 2019.

This Annual Report shows how successful we have been in working towards our ambitions and priorities and fulfilling the national health and wellbeing outcomes. We are reasonably satisfied with the progress made to date and look forward to seeing the ongoing transformation of our integrated health and care services deliver even better experiences and outcomes for the individuals who use our services and their carers.

Did You Know?

Adult Support and Protection (ASP) is a significant responsibility for all health, social care, third, independent and housing sectors agencies across the partnership.

The Adult Protection Unit (APU) ensures the support and protection of adults at risk of harm by working in partnership with a range of organisations. Its role is also to empower and enable professionals to discharge their duties under the Adult Support and Protection (Scotland) Act 2007. It is the central point for ASP reporting forms and Police Concern Reports to be logged.

A previous Joint Inspection of Older Adult Services had highlighted that there was a small number of cases that were of concern in relation to our procedures and processes that were then in place. In response to this, the Chief Officer commissioned an internal review to provide assurance of how ASP is delivered within the partnership.

That review made twelve recommendations which now form the basis of our ASP Improvement Plan. It is developing a culture of learning and improvement across the partnership, ensuring staff receive effective support, good direction and strong leadership and ultimately offer better protection to adults in our city who are at risk of harm.

Our shared vision remains:

Aberdeen City Health & Social Care Partnership is committed to ensuring an effective, responsive and inclusive approach to the support and protection of adults at risk of harm"

For further advice and guidance, the APU can be contacted on 01224 264085 or AdultProtection@aberdeencity.gcsx.gov.uk .

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2. Our Approach

The partnership is committed to a three-part, seamless approach which supports and co-ordinates the continuing quality and consistency of our day-to-day service delivery, a measured roll-out of our locality model and associated service structures and a pro-active emphasis on the opportunities to innovate and transform.

2.1 Our Localities

Pivotal to all our ambitions and priorities is having a locality model that connects us to our communities and which underpins the delivery of our integrated health and social care services.

We are taking a measured approach to the implementation of our locality model to minimise the disruption to those who, for whatever reason, depend upon our services. We have also been mindful that some individuals who need services do not fit neatly into the geography we have defined. Our commitment is that the design and development of our integrated health and care services will not be to the detriment of the continuity of care and support for anyone.

We acknowledge that we must ensure that our citizens and communities are at the heart of the design and delivery of those services which support them. Our Locality Leadership Groups (LLGs) have played a key role in informing and influencing the development of their respective Locality Plans.

We have developed profiles of each of the areas outlining the health and wellbeing of the local population. This baseline information has been shaped by contributions from members of the local communities and has been very helpful in determining locality-specific priorities in our Locality Plans for the LLGs to progress.

The IJB approved the publication of the four Locality Plans in December 2017.

We are now exploring those particular initiatives and activities which we believe will have the greatest positive impact on the health and wellbeing of our local population. We are mindful of the great work that is being done across the city on a day-to-day basis across all sectors and services. Significant engagement activity is being undertaken to establish new relationships and develop long-standing ones. We are determined to ensure that where appropriate, our locality activities will be co-produced and are developing focus groups of interested citizens, community representatives and staff to help us with this.

Did You Know?

In April 2017, Scottish Care received funding from ACHSCP to establish an engagement team in Aberdeen City with a remit to work with independent sector care homes, care at home and housing support providers.

A consultation exercise* with its members who operate care homes in the city was undertaken. 50% of care homes canvassed had some knowledge of ACHSCP; 30% regularly receive emails and 20% of managers attended partnership events.

Key challenges identified included: funding, care management, communication with health services, staff training, inspection/regulation, recruitment and community health.

Suggested opportunities include:
Scottish Care concluded that it was committed to building on the relationship between ACHSCP and the independent sector through the following:
- ensure active participation and leadership from the independent sector in developing and delivering change;
- contribute to the reshaping of market provision;
- ensure broad input from the independent sector in Aberdeen City in developing and testing new models of integrated care and support;
- develop effective partnerships across Aberdeen City.

Watch out for more Scottish Care inspired activities and developments.

*'Voices from Independent Sector Care Homes' (Scottish Care, 2017)

2.2 Our Ongoing Transformation

Our IJB expects us to deliver significant transformational change at pace, to improve the personal experiences and outcomes for individuals who use our services now and for those who will use them in the future.

Our Transformation Plan outlines the six 'big ticket' items (Figure 2.2) that the IJB wishes to see progressed. We have increased the capacity of our transformation team to drive an ambitious programme of change activity that will deliver the desired improvements and required efficiencies.
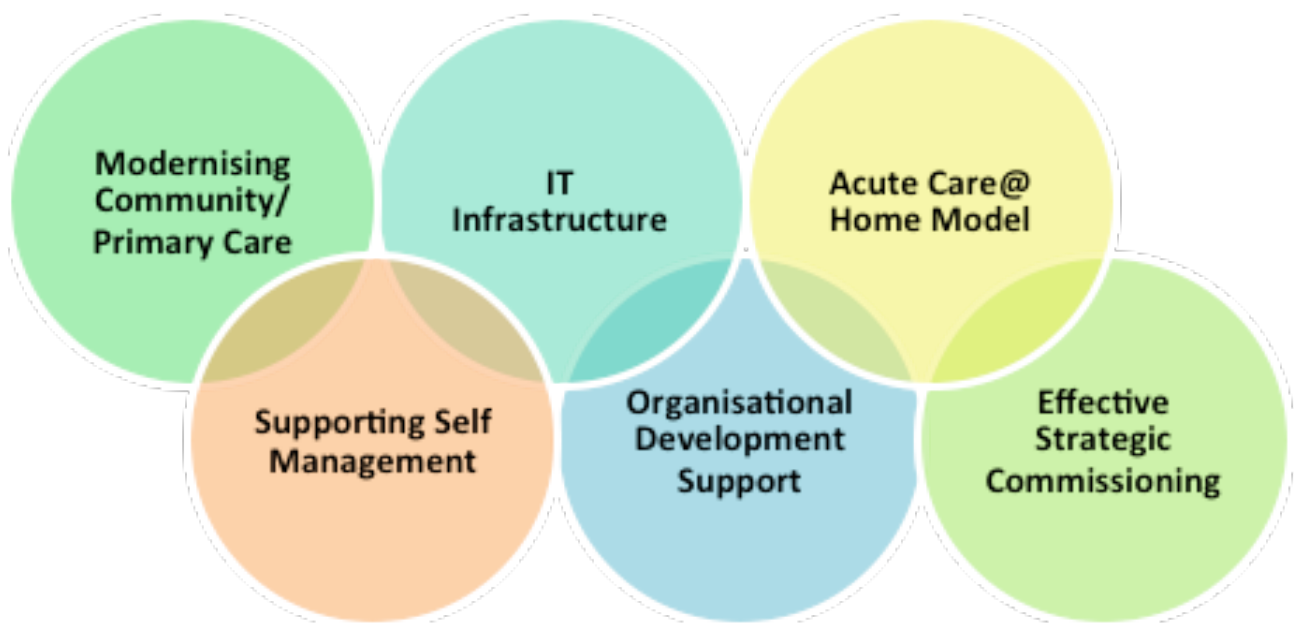
Figure 2.1 ACHSCP 'Big Ticket' Items

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2.2.1 Modernising Primary & Community Care

We are confident that collaborative working in locality hubs will help to reduce admissions to hospital and prescribing costs and provide more sustainable health and social care services.

● We have implemented an INCA (Integrated Neighbourhood Care Aberdeen) pilot by bringing together care at home and nursing staff to operate in particular areas of the city. These self-managing teams (based on Buurtzorg principles) provide flexible, responsive support without the narrow time and task focus that defines other models of care.

Initial analysis of patient experience suggests that this model of delivering integrated care is highly acceptable. For example, 88% of respondents to the service evaluation questionnaire "strongly agreed" to being satisfied with the care they received, with the same proportion also strongly agreeing that they would recommend the service to others. One such individual said:

"I could never have made the progress I have without the help and encouragement of the INCA team" (Patient 3, Peterculter)

A full report describing the first six months of implementation will be published in autumn 2018.

● We have established a new home-visiting approach (West Unscheduled Care) for all GP practices in our West Locality. In this new daytime visiting service, after an initial screening by a GP, an Advanced Nurse Practitioner (ANP) visits those individuals who, because of their health and wellbeing, have requested a GP home visit.

In the first six months, there have been 241 referrals to the service, with 239 being accepted. Practice staff have given the initial implementation an average satisfaction score of 90%, with reported benefits to include improving GP capacity, faster access to care for patients and reducing the stress on wider practice staff. The skillsets of the ANPs have been highly praised with one GP saying:

"They're incredible. So, if I was unwell, I might be looking to see an ANP rather than a GP ... they're good all-round practitioners and they're good at assessing things." (GP, Practice 5)

The full evaluation report of the first six months of implementation is available on request.

● The primary care Psychological Therapies service has now been fully recruited to and is now delivering this across all practices in the city. To date there have been 2075 referrals received and 1106 patients have been seen for assessment and/or treatment.

● An 'Alcohol Hub' test-of-change project is running with two GP practices to run weekly drop-in clinics for clients with substance misuse issues. This gives access to GPs, community mental health nurses and social workers. The project aims to work in a holistic way with individuals and work preventatively with them, encouraging the self-management of their conditions and circumstances.

2.2.2 Supporting Self-Management of Long-Term Conditions and Building Community Capacity

We are ambitious to improve the health and wellbeing of our local population and minimise health inequalities, but we recognise that pressures on mainstream primary and social care services cannot be addressed through a 'more of the same' approach. We endorse the value of each of us feeling able to take greater responsibility for our own health and wellbeing and letting innovation flourish in our localities.

- By introducing link practitioners into all practices within the city, we aim to provide a person-centred service that is responsive to the needs and interests of the practice population. Their initial focus is on alleviating demand pressures in GP practices and countering health inequalities by supporting people to live well through strengthening connections between primary care and community resources.

In January 2018 we commissioned SAMH (Scottish Association of Mental Health) to deliver this service and links practitioners will be placed in GP surgeries from August 2018.

- We worked in collaboration with the Active Aberdeen Partnership to continue to support the delivery of the Golden Games Festival to raise the profile of active ageing in the city. The festival of sport and physical activity provided an opportunity for 465 older adults to try 58 different activities at several venues based within our localities.

- We have supported the adoption of collaborative Care and Support Planning (House of Care) within three practices in the city. We have delivered training using an evidence-based approach to meeting the needs of people living with long-term conditions.

- The partnership delivered a 'Living and Ageing Well' conference in December 2017, which provided an opportunity for partners to consider the outcome of recent commissioned research. Discussion has subsequently begun in relation to the development of a Living and Ageing Well framework for the city.

- We have been working to improve mental health and wellbeing for individuals in our communities. In collaboration with others, we launched our "Choose Life" app, aimed at preventing suicides in the North East. This app has been accessed extensively and may be a contributing factor in the reduced number of suicides in Aberdeen and Grampian during 2016, in contrast with increases seen across Scotland.

- We have gone live with our Interim Housing pilot project for people with low-level support needs. These fully furnished properties will enable people to leave hospital and wait in appropriate housing until adaptations are put in place or an alternative longer-term housing solution is agreed.

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2.2.3 Acute Care @ Home

The development of such a service fits with our ambition for our initiatives and developments to have a greater preventative impact, especially since we know that prolonged length of stay for the frail elderly and those with long-term conditions can lead to a higher risk of acquired infection and other complications such as loss of confidence, function and social networks.

- This service provides, for a limited period, active clinical treatment by appropriate professionals, in the individual's home, for a condition that would otherwise require acute hospital in-patient care.

  There are two complementary elements. The alternative to admission part includes a rapid assessment element which will allow GPs to refer patients for a consultant-led assessment and treatment review in their own home.

  The early supported discharge / active recovery part of this initiative will allow patients to be discharged from hospital sooner than they would otherwise have been. The team will review and deliver the final few days of the hospital treatment plan in the patient's own home.

  Recruitment of key posts within the multi-disciplinary team has commenced and when the service goes live, its initial focus will be in the Central Locality, which has a significant proportion of unscheduled emergency admissions.

2.2.4 Strategic Commissioning

A coherent commissioning approach across all our sectors and services is essential to ensure the consistency and quality of care that will result in the improved personal experiences and outcomes that we seek to provide.

- Our Strategic Commissioning Implementation Plan outlines those key areas where we will focus our attention to reshape the services that we deliver. A Market Facilitation Statement is included in the plan, showing how we will work collaboratively with the third, independent and housing sectors to increase the capacity and sustainability of our local care provision.

  The IJB approved the Strategic Commissioning Implementation Plan in January 2018.

- The Carers (Scotland) Act 2016 extends and enhances the rights of unpaid carers, of which there are reckoned to be as many as 38,000 in Aberdeen. The Act seeks to help improve the health and wellbeing of all carers so that they can continue to care to the best of their abilities and, if they so wish, have a life alongside caring.

  The IJB approved our Carers Strategy in March 2018 in advance of the Act taking effect from 1st April 2018.

- We have developed our Learning Disability Strategy outlining a collective vision and priorities for improving the health, wellbeing and quality of lives of those individuals with a learning disability.

  This strategy was endorsed by the IJB in March 2018.

2.2.5 Organisational Development & Cultural Change

In its broadest sense, our partnership includes colleagues who work for Aberdeen City Council and NHS Grampian as well as those colleagues who work across the third, housing and independent sectors, our unpaid carers and volunteers.

We recognise that everyone has a role to play in delivering our integration and transformation ambitions. Positive engagement across all sectors and sections of our workforce is central to achieving the partnership's vision and essential to providing improved experiences and outcomes for the people who use our services.

- The HEART Awards – 'Having Exceptional Achievement Recognised Together' – was designed to celebrate the outstanding work of colleagues in ACHSCP and its partner organisations. Our second HEART Awards ceremony was held at the Beach Ballroom in February and the occasion drew some 350 colleagues for an evening of home-grown entertainment and accolades.

  More than 60 nominations for teams and individuals were gathered in the seven award categories. The seven winners, listed below, and all the finalists each received a commemorative HEART Awards plaque.

  The Communication and Inclusion Award: Balnagask Supported Living Learning Disability Service
  The Empowering People Award: North East Sensory Services Team
  The Community's Award: Alcohol and Drugs Action
  The Rising Star Award: Kenny O'Brien
  The Integrated Working Award: The Equal Partners in Care (EPIC Group)
  The Beating Heart Award: Marywell Homeless Practice
  The Staff Choice Award: Hazel McAllan and Christina Geddes

- Our Organisational Development facilitators have worked hard to ensure actions have been taken as a result of feedback received from many different sources. These include facilitating 'From the Ground Up' workshops to increase senior leadership visibility and to enable staff to participate in Q&A sessions with them and the creation of an Ideas Hub where all partners can put in improvement ideas and suggestions.

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2.2.6 IT, Infrastructure and Data Sharing

We recognise that our ambitions to innovate and transform will be hampered if there is a continued reliance on current, single-service systems.

During the past year the following initiatives have been undertaken:
- recruited additional capacity to support the delivery of our IT workstream;
- developed an IT Road Map to enable the partnership's future IT strategy to be outlined;
- supported a pan-Grampian data-sharing governance structure with an established city sub-group;
- commenced a pilot launch of Microsoft Office 365.

We launched our redesigned ACHSCP website (https://www.aberdeencityhscp.scot/) in February 2018 and already our website page views have more than doubled from the previous year. The next implementation phase will co-locate information from our partners' Aberdeen City Council and NHS Grampian public websites.

Did You Know?

The diverse range of services within the partnership also includes some housing functions that are formally delegated by Aberdeen City Council to the IJB.

This may be a surprise to some but, without doubt, the availability of appropriate good quality housing and housing services is an important contribution to improving health and wellbeing outcomes and to the success of integrated health and social care.

More specifically, it is the functions relating to aids and adaptations which is delegated, that is:

"any alteration or addition to the structure, access, layout or fixtures of accommodation, and any equipment or fittings installed or provided for use in accommodation, for the purpose of allowing a person to occupy, or to continue to occupy, the accommodation as their sole or main residence."

In practical terms this means the partnership has responsibility for the planning and delivery of a service from the point of assessment through to the provision of the required aids and adaptations in council and private sector housing. This includes the advice and assistance that is given to Registered Social Landlords (housing associations) in respect of the aids and adaptations that they provide (funded directly by the Scottish Government).

There was significant demand in 2017-18 for these resources. **349 minor and 301 major adaptations were undertaken in 462 local authority properties at a cost of £735,059.41. Bon Accord Care provided aids and minor adaptations to 500 people in private sector housing at a cost of £176,081. There were also 137 private sector grant applications which resulted in additional spend of £728,360.53.**

These delegated functions and resources are of significant importance in helping people maximise their independence and remain living safely at home for as long as is reasonably possible.

3. How Well Have We Done?

3.1   Our Performance Framework

Our overall performance governance framework has five themes (Figure 3.1) that are applicable across every part of the diverse range of services in the partnership. These themes are integral to every conversation we have about how well we are doing and give us a baseline for improving the experiences and outcomes of the people who use our services and their carers.

| 1 Ensuring our services keep people safe and protected from avoidable harm. | 2 Focusing on effective care for good outcomes and experience | 3 Caring for people with kindness, compassion, dignity and respect | 4 Organising services to be responsive to individual needs | | 5 Well led organisation enabling quality care, innovation and a positive culture |

Figure 3.1 Performance Governance Framework Themes

Within each of the themes is a range of locally agreed operationally focused measures which we use to assess how well we are doing and to identify areas where we need to act to improve matters from both an operational and a strategic perspective.

1 Ensuring our services keep people safe and protected from avoidable harm.

safe

Complaints and how quickly we respond

Referrals to initial investigation under adult protection

Community payback orders

Criminal justice social work reports to court

Proportion of adult services posts vacant

Staff vacancy levels, sickness absence, complaints and adverse events all help us to understand how well we are delivering and ensuring safe care and treatment and these are monitored regularly through our Audit and Performance Committee.

As a Community Planning Partner, we have a responsibility to keep people and communities safe from harm. We have continued our co-ordinated efforts to raise the awareness of adult support and protection amongst the general public and those agencies and organisations which have a public protection responsibility. **In 2017-18, there were 1125 referrals (2016-17, 1203 referrals) to our Adult Support Unit, 36% of which required further adult protection action (2016-17, 34%), 22% required further non-adult protection action (2016-17, 20.5%) and 42% required no further action (2016-17, 45.5%).** The slight increase in the proportion of referrals that require some form of action is being monitored by both the Adult Protection Unit and the Adult Protection Committee.

The Care Inspectorate and Healthcare Improvement Scotland have recently under-taken a joint inspection of our adult services following on from their previous inspection in 2015-16. The published report of their findings and recommendations will be referenced in next year's annual performance report.

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effective

Attendances at A&E
Smoking cessation in our most deprived communities
Alcohol brief interventions

Health outcomes can be improved by reaching and supporting people at risk of poor health. We are seeing some positive signs of health improvement in terms of prevalence of obesity, smoking and dental health, however enduring health inequalities in the city remain.

Changing trends in the use of A&E is an indication of the effectiveness and responsiveness of other services. There has been a concerted effort to provide people with information to enable them to access care or support from the most appropriate person and place. **In Grampian the use of A&E services has been on a small but steady downward trend in contrast with the rest of Scotland. In addition, the number of people in Aberdeen whose A&E attendance results in emergency admission to hospital is markedly lower than the rest of Scotland.**

Smoking is a major contributor to poor health. Working to achieve national targets to reduce smoking further, our efforts have been to provide effective care by reaching people in parts of Aberdeen where smoking is still prevalent and support them to quit. This is not easy as national figures show; we have, however, continued to reach similar numbers of people as in previous years. **The level of people accessing smoking cessation support in our most deprived areas has been fairly well sustained since 2015 and our smoking cessation services are among the most effective in Scotland.**

Alcohol Brief Intervention (ABI) is a preventative approach to support a healthier relationship with alcohol. In previous years, efforts have been focused on providing ABIs in healthcare settings and government targets are set in this way. **We have, however, been increasing ABIs delivered in community settings with more success. Additionally, a specific project on reducing alcohol-related falls is showing promising results and we are evaluating its effectiveness and impact on longer-term outcomes.**

caring

People having a say in how help and care is provided
People feeling safe and supported at home
People living as independently as possible
Experience of care in GP practices

There are, as yet, no locally agreed measures of how caring we are as a partnership. Instead, understanding how well we are achieving an ethos of being caring and compassionate is largely measured through the National Health and Care Experience Survey.

Across Scotland there has been a small decline in the level of positive feedback in relation to the 'integration' related indicators contained in the national survey when comparing 2017/18 with 2015/16. **This effect has been much less marked in Aberdeen, where our position relative to the other partnerships in Scotland has improved in all but two of the nine indicators. More so, we have shown improvement in several areas, in contrast with Scotland where of those people receiving care or support, more people said they had a say in how their help or care was provided and reported feeling safe whilst being supported at home. A greater proportion of people receiving care in Aberdeen rated it as good or excellent. Nonetheless, there are areas we wish to improve upon where the feedback shows either no change or a slight decline, including helping people to live as independently as possible, supporting carers, and improving the positive experience of care in GP practices.**

responsive

Bed days spent in hospital by patients delayed
Number of people delayed in hospital
People (65+) with intensive care needs receiving care at home
Unmet need for social care
Uptake of self directed support

Improved operational processes, effective service commissioning and the focused 'Team Aberdeen' ethos have, together, improved the experience of care for many individuals and their families.

Responding to what the local indicators tell us has helped us to act to reduce unmet needs for social care, increase the proportion of people (65+) with intensive care needs who receive care at home, and increase the uptake of self-directed support. All of these efforts help to ensure we are responsive to supporting the individual needs of people in our city.

Avoiding unnecessary emergency hospital admissions is a big focus and here Aberdeen does particularly well - reported to be the 8th best of all thirty-one partnerships in Scotland. Related to this is the number of days spent in hospital following an emergency admission, where Aberdeen at 9th best of all partnerships, continues to see a drop in hospital bed-days. Alongside this positive picture however, our readmissions to hospital after 28 days of discharge is increasing and whilst these affect a small number of people, this is something that our Unscheduled Care Programme Board and Senior Leadership Team are working to understand and improve.

Minimising the number and wider effects of and for individuals delayed in their discharge from hospital is an indication of system responsiveness. We have been working hard throughout the year using available funding to continue reducing the number of older people who are delayed in hospital when they are ready to be discharged. **We have made further improvement this year and our position relative to other partnerships has changed from being 26th in 2016 to 20th in 2017.**

well led

Sickness absence
Innovation tools and uptake
iMatter feedback and learning
Engagement events and feedback

A workforce that feels valued and supported is a crucial element of improving the experiences and outcomes of the individuals who use our services and their carers.

Promoting trust and autonomy is a key behaviour of a modern, adaptive organisation and one which will lead to improved staff morale and welfare. Our HEART Awards, the annual conference, the 'Our Ideas' tool and iMatter are all great examples of the partnership's commitment to engage, motivate and inspire staff to do their very best each and every day.

Appendix Two Shows all of these ACHSCP Local Indicators by Theme.

Did You Know?

The IJB requires a mechanism with which to action its strategic plan and this takes the form of a formal instruction, known as a Direction, from the IJB to one or both of its partner organisations NHS Grampian and Aberdeen City Council to undertake a particular task or activity.

A Direction must clearly identify which of the delegated health and social care functions they relate to and the budget associated with the required change. The exercise of each function can be described in terms of the service delivery it relates to, the outcomes desired from its implementation or by reference to the Strategic Plan.

Prospective Directions are set out in a report to the IJB who will be asked, in the report's recommendations to approve the Direction. IJB papers are available online in advance of scheduled meetings.

Once a Direction is approved by the IJB, a letter is sent by the partnership's Chief Officer to the relevant Chief Executive advising them of its particular requirements. A Direction will continue to apply unless it is time limited or superseded by a subsequent instruction from the IJB.

During 2017-18, the IJB agreed to send 22 Directions to ACC (19) and NHSG (3). Of these, two Directions have now expired and one Direction has been superseded by a revised Direction.

3.2   National Health and Wellbeing Outcomes

The nine national health and wellbeing outcomes are high-level statements of what we are trying to achieve as a partnership. A core set of indicators are aligned with the different outcomes (some indicators are aligned with more than one outcome) and help show us the progress we are making in delivering person-centred, high-quality integrated services and fulfilling the ambitions and priorities set out in our Strategic Plan.

3.2.1 Performance Comparisons

The available information enables us to compare the partnership's performance in the past year with the previous reporting year, to compare against the national performance and to show its position relative to the other partnerships in Scotland for each indicator.

The national indicators are currently:

NI - 1	Percentage of adults able to look after their health very well or quite well	NI - 13	Emergency bed-day rate (per 100,000 population).
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	Ni - 14	Readmission to hospital within 28 days (per 1,000 population)
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	Ni - 15	Proportion of last 6 months of life spent at home or in a community setting
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	NI - 16	Falls rate per 1,000 population aged 65+
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	NI - 18	Percentage of adults with intensive care needs receiving care at home
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)
NI - 8	Total combined % carers who feel supported to continue in their caring role	NI -20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency
NI - 9	Percentage of adults supported at home who agreed they felt safe	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready
NI - 11	Premature mortality rate per 100,000 persons (European age-standardised mortality rate per 100,000 for people aged under 75)	NI - 23	Expenditure on end of life care, cost in last 6 months per death
NI - 12	Emergency admission rate (per 100,000 population)		

In Figure 3.2 the red line indicates the previous reporting period and the bars demonstrate our performance change. **14 of the 19 reported indicators have improved or stayed the same. Most notable improvements are evident in the rate of emergency bed-days for adults reducing by 9% (N13) and the number of days people spend in hospital when they are ready to be discharged reducing by 27% (N19). Of the 5 indicators that had performed worse than the previous period, 4 indicators were within 3% of the previous periods performance except readmission to hospital within 28 days at 10% (N14).**

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National Indicators - Aberdeen City HSCP Performance
Current compared to previous reporting period
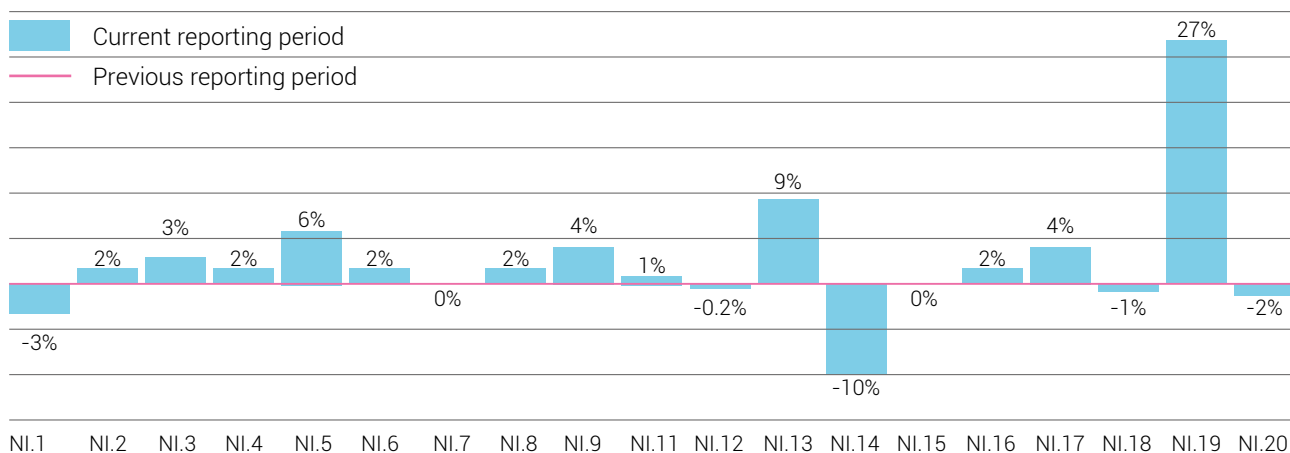
Figure 3.2 ACHSCP Performance (National Indicators) Compared to Previous Period

In Figure 3.3 below, the red horizontal line shows the national position and the bars for each indicator show the percentage by which the partnership differs from Scotland's performance for the current reporting period. Positive bars show where the partnership is performing better than Scotland and negative bars show where our performance is worse than Scotland's.

National Indicators - Aberdeen City HSCP
Performance against Scotland
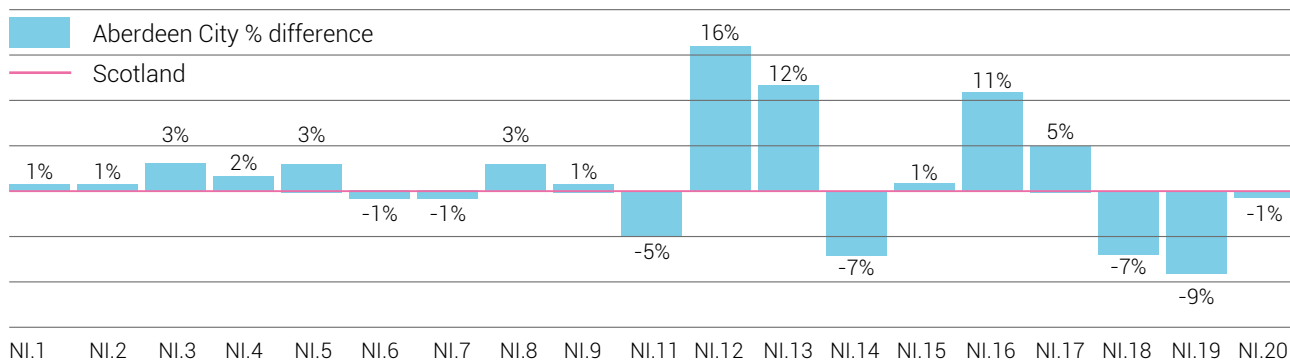
Figure 3.3 ACHSCP Performance (National indicators) Against Scotland

For the current reporting period, the partnership performed better than Scotland for 12 of the 19 indicators with particularly good comparative performance in the rate of emergency admissions at 16% better than the average (N12), the rate of emergency bed-days for adults at 12% (N13) and the falls rate per 1,000 population in over 65s at 11% (N16). We performed worse in 7 of the indicators with readmissions to hospital within 28 days of discharge worse than average by 7% (N14), the percentage of all adults with intensive needs receiving care at home worse by 7% lower (N18) and the number of days people spend in hospital when they are ready to be discharged worse by 9% (N19).

Figure 3.4 shows the partnership's performance for each indicator ranked against all the other partnerships in Scotland. A lower number demonstrates a better position against the rest of Scotland.

National Indicators - Aberdeen City Rank from 32 Scottish HSCPs

7	14	8	10	8	20	17	7	14	22	8	9	23	18	10	5	28	20	22
NI.1	NI.2	NI.3	NI.4	NI.5	NI.6	NI.7	NI.8	NI.9	NI.11	NI.12	NI.13	NI.14	NI.15	NI.16	NI.17	NI.18	NI.19	NI.20
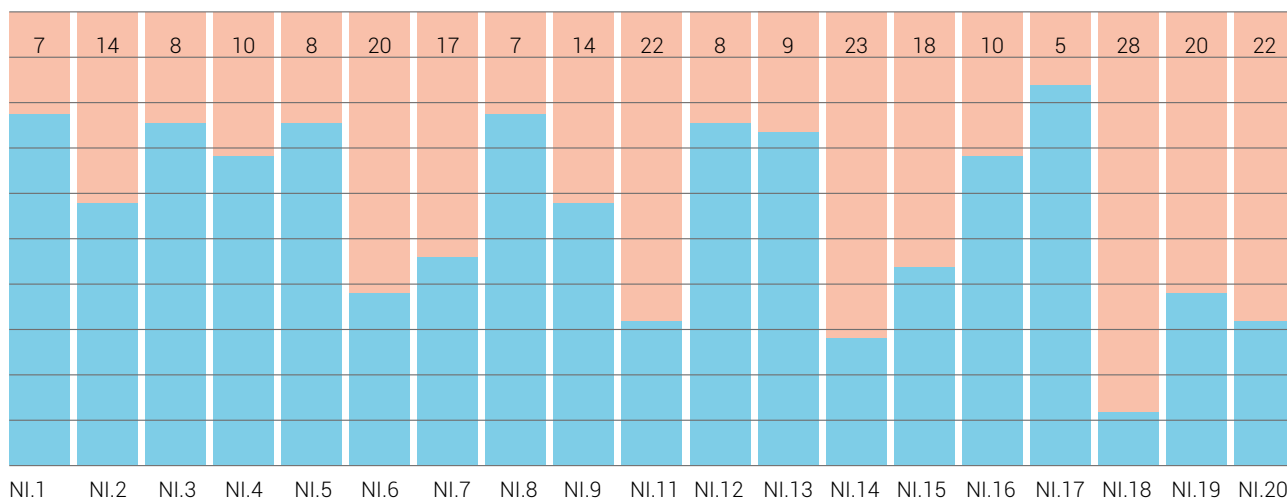
Figure 3.4 ACHSCP Performance (National Indicators) Ranked Against Other Partnerships

The partnership was in the top 50% for 11 of the 19 reported indicators for this reporting period. The most positive performance (5th) was in respect of N17 (the proportion of care services graded good (4) or better). The poorest ranking (28th) was in relation to N18 (percentage of all adults with intensive care needs receiving care at home)'..

Appendix One shows the partnership's performance in relation to the national core suite of indicators compared with the previous reporting period and also compared against the other partnerships in Scotland.

3.2.2 Outcome Attainment
How well are people in our city population looking after their own health and wellbeing?

Using a combination of data about health behaviours, use of health services and mortality, we can see that **94% of those surveyed said they could look after their own health well (2016/17: 97%). We also know that obesity amongst adults has decreased slightly in the past 4 years, the prevalence of smoking in adults has continued to decrease in the past 3 years and dental registration in adults has increased steadily in the past 4 years.**

The use of hospital services in emergencies or unplanned situations gives us a good indication of the population's health and wellbeing. **Emergency admission rates (i.e. adjusted for population size and age) had a very minimal increase in the past year but have reduced over the past 4 years and are consistently lower than the rate seen across Scotland.**

With these lifestyle improvements and decreasing emergency admission rates we would hope to see gradual positive change in longevity; however, the picture is a mixed one. **Male life expectancy in Aberdeen has been decreasing slowly since 2012 compared to a static position across Scotland. At 76 years, it is now statistically significantly lower than the Scottish average of 77. There is a difference of 9 years in life expectancy between the least and most deprived parts of the city. Female life expectancy has also reduced from 84 to 80 years, with a difference of 8 years between the least and most deprived parts of the city.**

Premature mortality is reducing at a slower rate than across Scotland. Of concern is that these avoidable deaths are occurring in middle-aged people in the most deprived parts of Aberdeen.

Our public health colleagues are leading the exploration of these trends so that we can better understand what initiatives will have the greatest positive impact on them.

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How well are vulnerable people in our city able to live independently at home or in a homely setting?

82% of people who took part in the national health and care survey said that they are supported to live as independently as possible (2016/17: 80%). Some measures give us an indication about how well people with long-term conditions, frailty or disabilities cope with independent living and their reliance on formal supports and interventions. These include:

- **a general increased trend in the proportion of adults with intensive care needs receiving care at home since 2010;**
- **a lower level of hospital admission following a fall, although this has been increasing slightly since 2015;**
- **a reduction in hospital bed-day rates following emergency admission since 2013, compared to a static picture nationally;**
- **stable readmission rates to hospital after 28 days of being discharged since 2011, although with a sharp increase in 2016;**
- **dramatic reduction in the number of days patients are delayed in hospital when they are ready to be discharged since 2014.**

Aberdeen was one of five demonstrator sites that took part in the 'Adapting for Change' programme, which concluded in 2018. Our local focus was:

- person-centred service re-design;
- reducing housing-related delayed discharge;
- housing options and housing allocations;
- promoting technology enabled care;
- better design outcomes.

We have applied our learning to provide person-centred housing solutions to those people in hospital awaiting their discharge. The volumes are not especially high but the length of delay can result in poor individual experiences and a high number of bed-days lost. A co-ordinated approach that emphasizes the contribution that interim housing options can make **has significantly reduced the number of individuals from a high point of 20-plus 5 years ago to a new improved low that sees fewer than 5 people per month experiencing delayed discharge because of their housing needs.**

How positive are the experiences of people who use health and social care services?

Improving the personal experiences of those of us who are using our integrated health and social care services is a key partnership ambition. According to the national survey, **there has been an increase in:**

- **the % of adults (79%) who say they have had a say in how their care is provided (2016/17: 76%);**
- **the % of adults (76%) who agree that their care is well co-ordinated (2016/17: 74%);**
- **the % of adults (83%) receiving any care or support who rated it as excellent or good (2016/17: 77%);**
- **the proportion of the city's care and support services (90%) that were rated good (grade 4) or better following Care Inspectorate inspections (2016/17: 86%).**

There has also been, however, a local decrease (82%) in positive GP experiences (2016/17: 84%).

Overall though, these local experiences reflect well against the national trend of reducing levels of satisfaction.

How are services centred on improving quality of life for people?

A significant proportion of the partnership's services are delivered by the third and independent sectors. Aberdeen Council for Voluntary Organisations (ACVO) and Scottish Care (the umbrella group for many of our care home and care at home provider organisations) have both played a prominent role in the constructive discussions that have taken place about how we ensure that improved personal experiences and outcomes for the many different people who use, and rely on, our services are delivered.

Services		Number of Services with Upheld/Partially Upheld Complaints (2016-17)	Number of Services with Enforcements (2016-17)	Number of Services with Requirements (2016-17)
Adult Placement Service	1	0 (0)	0 (0)	0 (0)
Care Home Service	58	9 (7)	1 (0)	6 (7)
Housing Support Service	58	3 (3)	0 (0)	6 (6)
Nurse Agency	6	0 (0)	0 (0)	0 (0)
Support Service	57	4 (1)	0 (0)	0 (0)
Total	180	16 (11)	1 (0)	12 (13)

Table 3.1: Complaints, Enforcements & Requirements (Source: Care Inspectorate)

Of all our commissioned services, it is our care homes and support services that are responsible for an increase in the number of complaints that were either upheld or partially upheld. The slight increase in enforcement action was attributable to a care home.

Quality Themes	Inspection Grades					
	1	2	3	4	5	6
Care and Support	0	3 (1.66%)	7 (3.88%)	43 (23.88%)	105 (58.33%)	22 (12.22%)
Environment	0	1 (1.38%)	5 (6.94%)	19 (26.38%)	41 (56.90%)	6 (8.33%)
Staffing	0	4 (2.22%)	8 (4.44%)	36 (20.00%)	110 (61.11%)	22 (12.22%)
Management & Leadership	0	4 (2.22%)	9 (5.00%)	54 (30.00%)	95 (52.77%)	18 (10.00%)

Table 3.2: Inspection Grades 2017-18 (Source: Care Inspectorate)

90% of care services in Aberdeen are graded good or better, an increase of 4% from last year and we are now in this respect 5th highest of all partnerships in Scotland. This comment from the husband of 'N' typifies the commitment and compassionate care that is delivered daily throughout the partnership...

"You know that I have always had the highest regard for Craig Court...and your truly wonderful team. I know that I could not have come through the past four and a half years without the dedication, professionalism and simple humanity of you all. Your support...and the tremendous care you gave 'N' particularly during the last few weeks of her life is something I shall remember and treasure for the rest of my life. We are forever in your debt."

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As heartening as that is to read, we are also sadly mindful of the successful interventions that were necessary last year when we were informed of a (different) failing care home by the Care Inspectorate. We will never be complacent about the quality of care that is delivered in our name as a commissioning partnership and will always intervene in the best interests of those individuals who are receiving poor or unsatisfactory care.

How well are we helping to reduce health inequalities?

There are enduring health inequalities in the city. The previous sections highlighted the stark differences in life expectancy and the increased likelihood of being admitted to hospital in an emergency.

Particularly worrying is:
- **higher than average premature mortality in the city;**
- **all-cause mortality for 15-44 year olds in the most deprived parts of Aberdeen which is four times greater than our affluent areas;**
- **patients living in the most deprived parts of our city are twice as likely to be admitted as an emergency than those living in affluent areas.**

To combat this, we are striving to increase access to some of the services most used by people from our most deprived areas:
- **99% of people start alcohol treatment within 3 weeks of referral;**
- **98% of people start drug treatment within 3 weeks of referral.**

Improving the accessibility of our services and understanding the impact of our interventions with these population groups will help us tackle health inequalities in our communities.

How well are carers supported?

Improving our support for unpaid carers has been a pivotal ambition of the partnership from its early days. In comparison with the extent of positive feedback from the people who use our services, carers feedback is much lower both in Aberdeen and also across Scotland as a whole.

In particular:
- **only 40% of carers feel supported to continue in their caring role;**
- **only 49% of carers feel they have a say in the services provided for the person they look after.**

We are confident that the implementation of our new Carers Strategy will result in better experiences and outcomes and an improved opinion of how their role is perceived and supported. Our Carers Strategy Implementation Group will be tasked with understanding these responses and leading on their expected improvement.

How well do we keep people safe from harm?

Many of the measures described in the earlier sections give an indication of how well we protect people from harm, including emergency admissions, readmissions, falls rate and good quality commissioned services. In addition to these, **the national survey reports an increase in the proportion of adults supported at home who agreed they felt safe from 80% (2016/17) to 84% (no change in corresponding Scotland wide figure, 83%).**

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How well do staff feel engaged and supported to improve the care they provide?

During the past year we introduced "iMatter", a feedback tool for staff which provides a measure of engagement, communication and motivation. Our plan for 2017/18 is to use the tool pro-actively to engage with staff and teams on ways to address and improve our sickness absence levels. This is a key area of improvement work affecting the partnership's emerging organisational culture and productivity.

- **75% of employees completed the imatter questionnaire.**

- **80% of teams achieved the target response rate to receive a team report.**

- **78% represents how engaged all employees who completed the questionnaire felt (calculated from Qs1-28).**

- **6.94 (out of 10) employees rated working within the ACHSCP (calculated from Q29).**

Table 3.3 shows that the partnership was ranked first (75%) in Grampian by a considerable margin (Scottish average 65%) in its questionnaire response rate, a close second in the employee engagement index (78%) and a respectable third in the 'working within my organisation' score (6.94%). All of the partnership's results were higher than the corresponding figure for Scotland as a whole.

	Response Rate	Employee Engagement Index	Working within my Org
ACHSCP	75%	78%	6.94
Aberdeenshire	65%	79%	7.25
NHS Grampian	65%	77%	6.96
Scotland	63%	76%	6.77%

Table 3.3: iMatter questionnaire results 2017-18

How well do we use our resources?

The IJB has a responsibility under the Public Bodies (Joint Working) (Scotland) Act 2014 to set a balanced budget. The funds for the IJB are delegated from Aberdeen City Council (ACC) and NHS Grampian (NHSG) with the purpose of delivering the IJB's Strategic Plan.

The level of funding delegated to the IJB at the start of the 2017/18 financial year was £302,855,462, a decrease of £7,884,785 (2.53%) from the funding given to it in 2016-17, its first year of existence.

Table 3.4 shows the respective contributions made by our partner organisations, NHS Grampian and Aberdeen City Council.

NHS Grampian £ (2016-17)	Aberdeen City Council £ (2016-17)
217,686,633 (222,584,000)	85,168,829 (88,156,247)

Table 3.4 Delegated funding to IJB

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The IJB has previously agreed a reserves strategy and during the 2017/18 budget process agreed to hold back **£2.5 million** as earmarked reserves. The accounts show a usable reserves position of **£8,306,965 (2016-17, £10,417,474)**. This is largely due to unspent transformation funds provided by the Scottish Government to the IJB via NHS Grampian.

We have an ambitious strategic plan which seeks to transform our integrated health and social care services to improve the wellbeing of the local population and improve their experiences and outcomes. There was a significant level of spend allocated towards transformation projects during 2017-18 but the realisation of expected benefits was slower than might have been anticipated due to the complexity of having to work through the governance systems of the three organisations (NHS Grampian, Aberdeen City Council and the IJB). Following the recruitment to key project management positions in the strategy and transformation team it is expected that the pace and impact of our change activity will be demonstrably improved.

The breakdown of spend across all of our activities in 2017-18 is shown in Table 3.5.

Sector	Gross Expenditure £ (2016-17)	Variance (%) against Budget
Older People, Physical and Sensory Impairments	72,882,926 (69,719,818)	(0.55)
Primary Care Prescribing	41,364,343 (40,005,916)	4.07
Set Aside Services	41,344,000 (46,732,000)	-
Primary Care	37,234,075 (36,846,589)	0.6
Community Health Services	31,406,760 (31,649,313)	(0.54)
Learning Disabilities	31,269,790 (29,264,461)	1.72
ACHSCP share of Hosted Services	21,724,509 (21,207,851)	5.62
Mental Health and Substance Misuse	20,065,177 (18,304,741)	0.45
Transformation	5,011,678 (2,856,283)	-
Criminal Justice	4,658,796 (4,413,345)	(293.62)
Housing	1,860,555 (2,197,288)	0.0
Out of Area Placements	1,480,487 (1,219,506)	47.36
Head Office/Admin	(475,319) (1,007,021)	
Cost of Services	**309,827,777 (305,424,132)**	

Table 3.5 2017-18 Expenditure breakdown by sector

The Integration Scheme defines the services that have been delegated by the health board and local authority to the IJB. For some of the delegated health services it was not practical to split the services across the three IJBs in the Grampian area. These services are still delegated, but classed as 'hosted', which means the costs and budgets are shared based on estimated usage across the three IJB areas. These services are managed and led by one lead IJB on behalf of the other two boards in the area.

Our hosted services continue to experience financial pressure as the governance and financial processes between the three Grampian IJBs were not well enough developed for the 2017/18 budget process. Workshops have been held with the three IJBs during the past year to start developing and refining the governance and financial processes.

The IJB has a notional budget representing the use of acute health services by the city's residents. It is envisaged that effective integrated service provision in our communities and localities will, over time, reduce the use of these acute health services. For the past year, **NHS Grampian has advised that the partnership's use of these services had reduced as indicated below.**

	2016-17	2017-18
Budget	£46,732,000	£41,344,000
Days Used	152,498	142,349

Table 3.6 Set Aside

This reduction can be interpreted as another indicator of our success in reducing delayed discharges and developing increased capacity in our communities and localities.

A proposed budget for 2018/19 which outlined budget pressures, budget reductions and an indicative budget position for the next five financial years was presented to a special meeting of the IJB on 27th March 2018.

The proposed balanced budget was approved.

3.3 Driving Improvement

The Ministerial Strategic Group (MSG) for Health and Community Care extended invitations to all partnerships across the country to participate in a national measurement of improvement under integration that focused on particular indicators (Table 4.7).

Indicators	2015-16	2016-17	2017-18	2018-19 Target
Number of emergency admissions (all ages)	21,745	21,289	21,628	20,677
% of emergency admissions from A&E	49%	48%	46%	
Number of unscheduled bed-days (acute)	158,187	148,558	133,879	127,185
Number of unscheduled bed-days (long-stay)				
Mental Health	65,653	62,622	57,858	
Geriatric	7,525	7,365	n/a	
Number of A&E attendances	46,435	45,459	46,272	44,525
% A&E attendances seen within 4 hours	95%	94%	92%	95%
Number of delayed discharge bed-days (all reasons)	43,944	27,353	19,202	16,891
% of delayed discharge bed-days occupied by Code 9s.	16%	14%	19%	

	2014-15	2015-16	2016-17 (prov)	2018-19 Target
% of last six months of life spent in community setting (inc care homes).	88%	88%	89%	90%
Balance of care; % of 75+ population in community settings.	98%	98%	98%	98.5%

Table 3.7 MSG Indicators

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These indicators are proxy measures for how well the partnership is doing in keeping the city's adult residents safe, well and continuing to live in a homely setting. Favourable improvements can be seen in the % of emergency admissions from A&E, unscheduled bed-days, delayed discharge bed-days and the % of the last six months of life spent in a community setting. We have also seen previous improvements in emergency admissions, A&E attendances and % of A&E attendances seen within 4 hours reversed in the past year.

More specifically, there has been an increase in the number of A&E attendances but a decrease in the % of A&E attendances that are seen within 4 hours. Despite that increase in the number of A&E attendances, there is a reducing trend in the % of emergency admissions from A&E.

There has been a slight increase in the number of emergency admissions last year compared with the year before. However, over the past two years, the number of days that patients spent in hospital following an emergency admission fell by 15%. The 24,000 bed-days saved over this time is equivalent to 33 beds per annum. Our impressive record in tackling delayed discharge continued last year and, given that reduction, it is perhaps to be expected that the proportion of delayed discharge bed-days occupied by individuals with complex needs (Code 9s) has increased.

The % of last six months of life spent in community settings increased slightly whilst the balance of care showing the % of 75+ individuals living in the community remained constant.

Our continuing focus on promoting individual health and wellbeing, locality connections and innovative service design will all help people avoid unnecessary admission to hospital, lengthy stays and poor care outcomes post-discharge. We know what our targets for these indicators for 2018-19 are. We will report our progress against them in next year's annual report.

Did You Know?

The Public Bodies (Joint Working)(Scotland) Act 2014 obliges IJBs to have as non-voting members representatives (reps) of people who are using our integrated health and social care services and unpaid carers.

ACHSCP has one service user rep and two carer reps on our IJB who all commenced in their roles before 'Integration Go Live' in April 2016 and as such have been able to chart the partnership's progress since then against the expectations of the IJB.

Reflecting on the past year, the reps have been satisfied with the IJB's team spirit. All members are encouraged to have their say and are listened to resulting in, they believe, a more rounded and better-informed discussion. The involvement of the reps in the recent recruitment process for the new Chief Officer was seen as a heartening acceptance of their role and the contributions that they make not only to the IJB but to many other steering groups, committees, events and activities also.

As you might expect, the development of the partnership's Carers and Learning Disability Strategies has been seen as a high point. The huge efforts to consult widely and to ensure that the strategies reflect the lives of individuals with a learning disability and our unpaid carers has been welcomed.

Our reps recognise that much more work needs to be done to enable other users of our services and carers to have their comments and opinions channelled through the rep role. There are many diverse groups and organisations making positive contributions in their own way to the wellbeing of the local population such as CLAN for those people (individuals or carers) who are affected by cancer, Triple A's (Autism Awareness Association) a peer support organisation for those on the autistic spectrum and Our Positive Voice (Grampian) for those people who are living with HIV.

"The partnership is still in its infancy and, whilst it has achieved much, it still has far to go. We remain at the start of a journey and one which has many exciting prospects ahead."

4 Looking Forward

4.1 Conclusion

Last year's Annual Report reflected the success we had achieved in our first year of operation in putting the integration building blocks in place and beginning many inter-related transformation projects.

There is much still to do, and the mechanics of integration and its governance are complex. However, we have a solid platform from which to shape health and social care services for the future and to support us in a sustained focus on addressing long-standing and unacceptable health inequalities in our communities.

Our overall performance this past year has been good and noteworthy. The range and complexity of transformational activities that we are progressing this year has, if anything, grown and diversified but we recognise that many of our changes are designed for the long term and so their impact will not be readily apparent to us just yet.

We expect the scale, pace and impact of our ongoing transformation to be even more evident next year.

and finally . . .

Did You Know?

Cairns Counselling is one of the smaller organisations in the partnership. It is a grant-funded, city centre-based independent charity with over 24 years of experience in supporting adults with a range of issues including anxiety, depression, loss, relationship difficulties, low self-esteem and isolation.

In the past year, 932 requests for counselling were received (mostly from the recommendation of GPs). 5012 hours of counselling were arranged with the support of 32 volunteer counsellors and 80% of these appointments were attended.

95% of respondents to a service evaluation survey said they experienced an improvement in their wellbeing because of the counselling they received and 99% of respondents would recommend the service to others.

Some of their comments included the following:

"Slowly but surely, I began to make sense of things. I understood that I wasn't a failure; that I was worthwhile in my own right; that my identity wasn't in what I did but in who I am- the real me."

"I feel the whole outlook of my life, myself and others past, present, future, has changed incredibly for the better."

"I'm much more productive at work and more positive in looking at being able to tackle problems within relationships."

The impact of counselling is not only a benefit restricted to the individual, but one that ripples out to benefit relationships, families, employers and our wider communities.

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Appendix One:

ACHSCP Performance (National Indicators) Compared Against Previous Period and Scotland

Indicator	Title	Aberdeen City		Scotland		
		Previous 2015/16	Current 2017/18	Previous 2015/16	Current 2017/18	RAG
NI - 1	Percentage of adults able to look after their health very well or quite well	97%	94%	95%	93%	A
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	80%	82%	83%	81%	G
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76%	79%	79%	76%	G
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	74%	76%	75%	74%	G
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	77%	83%	81%	80%	G
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	84%	82%	85%	83%	A
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	79%	79%	83%	80%	G
NI - 8	Total combined % carers who feel supported to continue in their caring role	38%	40%	40%	37%	G
NI - 9	Percentage of adults supported at home who agreed they felt safe	80%	84%	83%	83%	G
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA	NA	
NI - 11	Premature mortality rate per 100,000 persons (European age-standardised mortality rate per 100,000 for people aged under 75)	464 (2015/16)	460 (2016/17)	441 (2015/16)	440 (2016/17)	G
NI - 12	Emergency admission rate (per 100,000 population)	9978	9999	12297	11959	A
NI - 13	Emergency bed-day rate (per 100,000 population).	111,210	101,626	126,302	115,518	G

Indicator	Title	Aberdeen City		Scotland		
		Previous 2015/16	Current 2017/18	Previous 2015/16	Current 2017/18	RAG
Ni - 14	Readmission to hospital within 28 days (per 1,000 population)	94	103	100	97	R
Ni - 15	Proportion of last 6 months of life spent at home or in a community setting	89%	89%	87%	88%	G
NI - 16	Falls rate per 1,000 population aged 65+	20	19	21	22	G
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	86%	90%	84%	85%	G
NI - 18	Percentage of adults with intensive care needs receiving care at home	55% (2015/16)	54% (2016/17)	62% (2015/16)	61% (2016/17)	A
NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	1,156	844	842	722	G
NI -20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	25%	24%	25%	23%	G
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA	NA	
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA	NA	
NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA	NA	

*All data is for 2016/17 or 2017/18 unless otherwise stated in the table

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Appendix Two:

ACHSCP Local Indicators by Theme

Aberdeen City Health and Social Care Partnership: Performance at a Glance Quarter 4 (January - March 2018)

Theme	ID.	Indicator Description	Source	Performance Current Reporting Period	Target	Previous Reporting Period	Performance against Last Period	Trend Line	Trend Period	Current Period
Responsive	L01	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	NHS - EDISON	24.0	-	24.0	S		5 Quarters	Jan-Mar 18
	L02	Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)	NHS - EDISON	44	-	49	I		5 Quarters	Jan-Mar 18
	L10	% people 65y+ with intensive care needs receiving care at home	SW	36.0%	-	37.0%	I		5 Quarters	Jan-Mar 18
	L11	Unmet need (hours) for social care	SW	720	-	753	I		5 Data	End Mar 18
	L12	Uptake of self directed support (No. & % out of eligible	SW	Opt 1. 33% (346) Opt 2. 2% (24) Opt 3. 65% (688)	-	N/A	N/A		1 Data Points	Apr 17- Mar 18
Effective	L03	A&E Attendance rates per 1000 population (All Ages)	NHS	49.6	-	52.5	I		5 Quarters	Jan-Mar 18
	L04	Smoking cessation in 40% most deprived after 12 weeks	NHS	81	-	102	W		5 Quarters	Oct-Dec 17
	L05	Number of Alcohol Brief Interventions being delivered	NHS	572	-	677	W		5 Quarters	Jan-Mar 18
Safe	L06A	Number of complaints received and % responded to within 20 working days - NHS	NHS	60.0% (20)	-	59.0% (22)	S		4 Quarters	Jan-Mar 18
	L06B	Number of complaints received and % responded to within 20 working days - Council	SW	83% (24)	-	100% (19)	W		5 Quarters	Jan-Mar 18
	L09	Number of new referrals to initial investigation under adult protection	SW	113	-	89	W		5 Quarters	Jan-Mar 18

Key

I   Improved on previous reporting period by more than 2%   S   '+/- 2% on previous reporting period   W   Worsened on previous reporting period by more than 2%

Appendix Two:

**Aberdeen City Health and Social Care Partnership: Performance at a Glance Quarter 4
(January - March 2018)**

Theme	ID.	Indicator Description	Source	Performance Current Reporting Period	Target	Previous Reporting Period	Performance against Last Period	Trend Line	Trend Period	Current Period
Safe	L13	Adult Services % Posts Vacant	SW	4.9%	-	5.0%	I		4 Quarters	Oct -Dec 17
	L14	Number of new community payback orders	SW	285	-	274	W		5 Quarters	Jan-Mar 18
	L15	Number of Criminal Justice Social Work reports to court	SW	391	-	405	I		5 Quarters	Jan-Mar 18
Well Led	L07	NHS Sickness Absence % of Hours Lost	NHS	5.1%	-	5.1%	S		5 Quarters	Jan-Mar 18
	L08	Average number of days to sickness lost per employee in social care (rolling 12 months)	SW	13		11	S		5 Quarters	Jan-Mar 18

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Aberdeen City Health & Social Care Partnership
A caring partnership

AUDIT & PERFORMANCE SYSTEMS COMMITTEE

Date of Meeting	11th September 2018
Report Title	Strategic Performance Indicators
Report Number	HSCP.18.070
Lead Officer	*Sandra Ross, Interim Chief Officer*
Report Author Details	*Name: Alison MacLeod* *Job Title: Lead Strategy and Performance Manager* *Email Address: alimacleod@aberdeencity.gov.uk* *Phone Number: 01224 655746*
Consultation Checklist Completed	*Yes*
Directions Required	*No*
Appendices	*a. National Performance Indicators* *b. Current Local Performance Indicators* *c. Priorities, Outcomes and Indicators Map* *d. Proposed Strategic Performance Indicators*

1. Purpose of the Report

1.1. The purpose of this report is to advise the Committee of a recent review of performance indicators undertaken by the Lead Strategy and Performance Manager and to seek their approval of the proposed new set of strategic performance indicators contained in appendix d.

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AUDIT & PERFORMANCE SYSTEMS COMMITTEE

2. Recommendations

2.1. It is recommended that the Audit & Performance Systems Committee:

a) Approve the proposed new set of strategic performance indicators contained in Appendix d.

b) Approve the frequency and route of reporting these.

c) Approve that these are used as the basis of our Annual Report format for 2018/19.

3. Summary of Key Information

3.1. Quarterly reports are currently submitted to both the Audit and Performance Systems Committee and the IJB on performance. The Audit and Performance Systems Committee last received a report at their meeting in March 2018 and the IJB at their meeting in May 2018.

3.2. The performance reported is based on both national and local indicators. The national indicators are taken from national systems, historical data is available, and we have the ability to benchmark nationally. There are 23 National Indicators in total some covering the same topic but providing a slightly different slant on the data reported. National Indicators 1 to 9 are taken from a bi-annual survey using random sample patients from GP practice lists and as reported previously the response rate to these surveys is typically poor and not reflective of the population using health and social care services. Discussions are underway at a national level as to how this could be improved however it is proposed that we investigate the development of a local survey to provide robust and relevant feedback from those who use our services. The National Indicator Report is contained in appendix a.

3.3. The local indicators were agreed at an early stage in the partnership's development. There are 16 local indicators under the headings of Responsive, Effective, Safe and Well Led. The local indicator report is contained in appendix c.

3.4. Performance information is reported throughout the partnership on a regular basis and used not only for operational management and service improvement purposes but also for strategic planning. It is important

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therefore that we identify relevant performance measures and that these are reported timeously to the appropriate audience who can take the necessary action required.   Performance information reported at Committee and IJB level will naturally be high level, but should we require to drill down into what that information means to try to understand why a measure is showing a fluctuation, the operational measures can be reviewed to help provide this detail.

3.5.   The Strategic Plan sets our direction.   Although it is in the process of being reviewed, the current plan identifies 7 priorities: -

- 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.

- **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.

- **Value and support those who are unpaid carers** to become equal partners in the planning and delivery of services, to look after their own health and to have a quality of life outside the caring role if so desired.

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

- **Strengthen existing community assets and resources** that can help local people with their needs as they perceive them and make it easier for people to contribute to helping others in their communities.

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

3.6.   There are also the 9 national Health and Wellbeing Outcomes:

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

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2. People, including those with disabilities or long term conditions or who are frail are able to live as far as is reasonably practicable independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of service users.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.
9. Resources are used effectively in the provision of health and social care services, without waste.

3.7. In addition, we have commitments in the Local Outcome Improvement Plan. Our performance measures should be able to provide a degree of assurance around our progress towards delivering on these commitments.

3.8. A review of all of the performance information currently reported has been undertaken and those that were deemed to demonstrate progress under each of the priorities and outcomes identified. Appendix c attempts to map the linkage of the priorities and outcomes as well as identifying relevant performance measures to each.

3.9. From that mapping exercise a range of performance indicators have been allocated to each of the partnership's priorities and this is provided in the Strategic Performance Indicator document at appendix d. The indicators have been grouped in themes under each priority which indicate the progress they are intended to demonstrate. Also indicated is the source of the data, how often it is captured and whether there is any trend or benchmarking data available. It should be noted that not all of the performance measures are able to be reported on currently. For instance, a lot of the carer indicators are new and data collection and reporting mechanisms are still in development for these. It is proposed that the Performance Management and Evaluation Group are tasked with ensuring systems and processes are in place for the data capture and reporting of the indicators as required.

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AUDIT & PERFORMANCE SYSTEMS COMMITTEE

3.10. PWC undertook an audit of IJB Performance Reporting and KPIs on behalf of NHS Grampian in June 2018 (on today's agenda for consideration). There were 3 findings within that report, all low risk and only two that were relevant for Aberdeen City. One was in relation to the bi-annual survey used to inform National Indicators 1 to 9 not accurately reflecting the performance of the IJB and the absence of any local indicators to accurately show the experience of users in this format. The other was that indicators in Aberdeen City did not identify owners to drive improvements. It is proposed that once the final set of strategic performance indicators are agreed that owners are assigned to each.

3.11. It is proposed that this new set of performance indicators continue to be reported on a quarterly basis alternately to Audit and Performance Systems Committee and IJB.

4. Implications for IJB

4.1. Equalities – this report has no negative implications in relation to equalities.

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 although if a proposal to develop a local survey is taken forward this may have a cost implication. A business case is being developed and will be taken through the programme board governance for consideration.

4.4. Workforce – there are no implications for the workforce arising from this report. Performance data will continue to be collected and reported by existing staff as happens currently.

4.5. Legal – there are no legal implications arising from this report. The strategic performance indicators will be used to inform the production of the Annual Report which we are obliged to publish.

4.6. Other – none.

AUDIT & PERFORMANCE SYSTEMS COMMITTEE

5. Links to ACHSCP Strategic Plan

5.1. This report aims to develop a set of strategic performance indicators which will demonstrate progress on the strategic priorities and national health and wellbeing outcomes as outlined in the strategic plan.

6. Management of Risk

6.1. Identified risks(s)

If we do not agree relevant and meaningful strategic performance indicators we will be unable to demonstrate our progress on our strategic priorities, the national health and wellbeing outcomes and our commitments in the Local Outcome Improvement Plan.

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

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

By agreeing a set of relevant and meaningful strategic performance indicators and putting in place arrangements for regular reporting and review the partnership can provide assurance of progress towards achieving its strategic priorities and meeting the national health and wellbeing outcomes and commitments in the Local Outcome Improvement Plan.

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

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

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

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

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

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

RAG scoring based on the following criteria

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

Aberdeen City Core Suite of National Integration Indicators - Headline Performance

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

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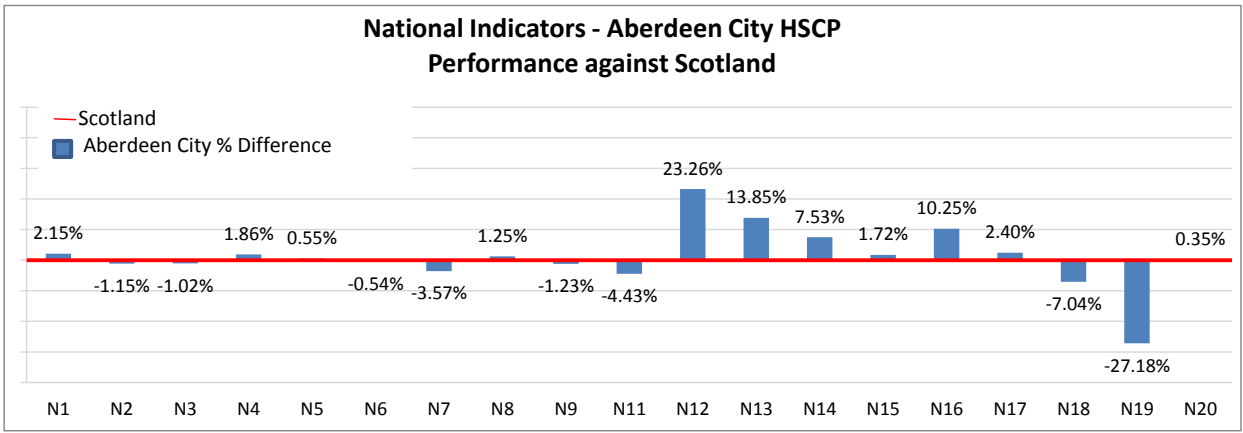
The red line shows the Scotland position and the bars show for each indicator the percentage Aberdeen City HSCP's performance differs from Scotland's performance. Positive bars show where Aberdeen City HSCP is performing better than Scotland and negative bars show where Aberdeen City HSCP performance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

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

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

National Indicators City Rank from 32 Scottish HSCP's
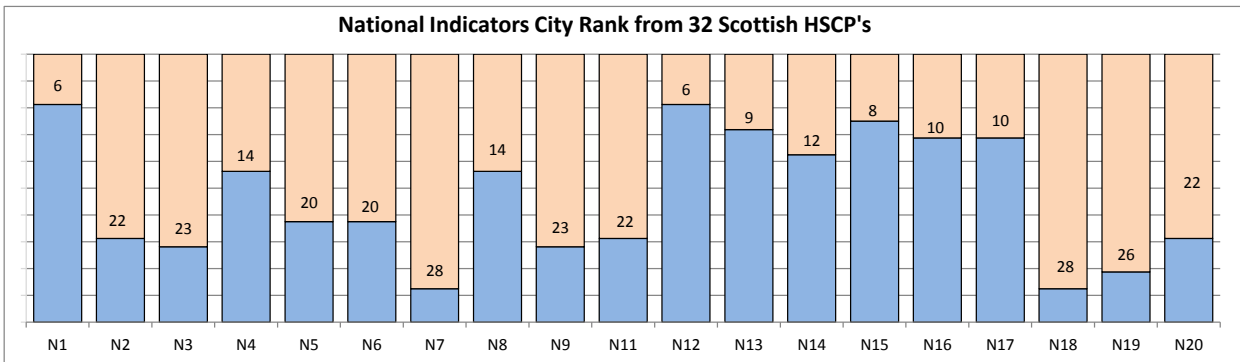
The below chart shows Aberdeen City HSCP's performance for the current reporting period compared to the previous reporting period. The red line demonstrates the previous reporting period and the bars indicate the change in performance to the current reporting period. 11 of the 19 reported indicators have improved, or stayed the same, since the previous reporting period. Of the 8 indicators that performed worse than the previous period all indicators were within 5% of the previous periods performance except N3 at 7.2% and N4 at 5.75%.

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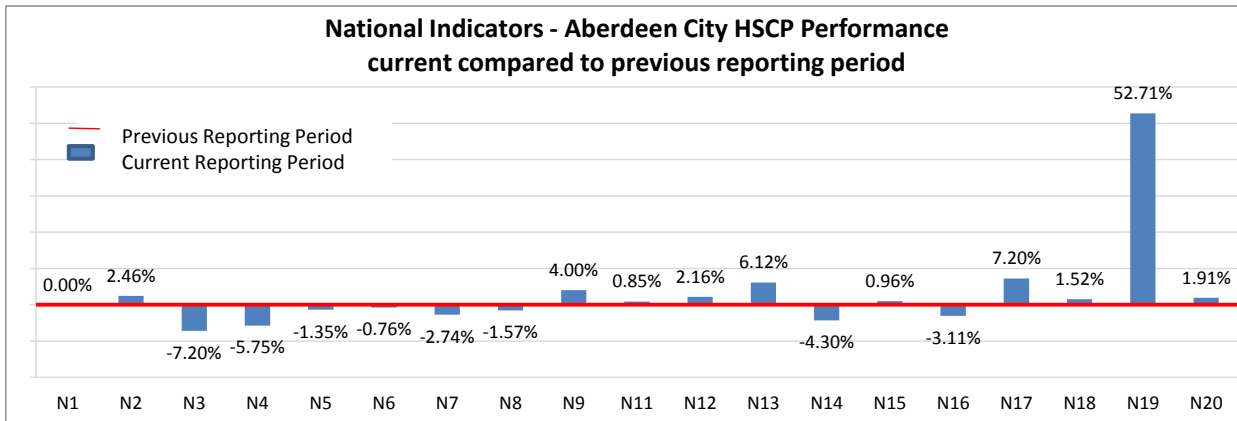
Note N19 shows a 53% improvement on the previous period however it should be noted that definitional changes were made to the recording of delayed discharge information from 1 July 2016 onward and no adjustment has been made to account for the definitional changes during the year 2016/17 hence the improvement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

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

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

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

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Priorities, Outcomes and Indicators

Priorities	Person Centred Approach	Support and Improve Health, Wellbeing and Quality of Life	Promote and Support Self Management and Independence	Value and Support Unpaid Carers	Contribute to a reduction in Health and Wellbeing Inequalities	Strengthen existing community assets and resources	Support Staff to deliver high quality services
Wellbeing Outcomes	People who use health and social care services have positive experiences of those services and have their dignity respected	Health and Social Care Services are centred on helping to maintain or improve the quality of life of service users	People are able to look after and improve their own health and wellbeing and live in good health for longer	People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing	Health and Social Care services contribute to reducing health inequalities	Resources are used effectively in the provision of health and social care services without wast.	People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do
		People who use health and social care services are safe from harm	People are able to live as far as is reasonably practicable independantly and at home or in a homely setting in their community				
Local Indicator Category	Responsive, Effective	Effective, Safe	Effective	Responsive	Effective	Well Led	Well Led
LOIP	Included	Resilient, Supported	Resilient, Supported	Resilient, Supported	Resilient, Supported, Included	Resilient	Resilient, Supported
Indicators (MSG)	Delayed Discharge Bed Days	Unplanned Admissions					
	Last 6 months of life spent in the community	Unplanned Bed Days					
	Balance of Care (resident in non-hospital setting)	A&E Attendances					
National Indicators	Proportion of last 6 months of life spent at home or in a community setting	% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	% of adults able to look after their health very well or quite well	Total combined % carers who feel supported to continue in their caring role		Proportion of care service graded 'Good' (4) or better in Care Inspectorate inspections	% of people with positive experience of the care provided by their GP Practice

	Expenditure on end of life care, cost in last 6 months per death	% of adults supported at home who agreed they felt safe	% of adults supported at home who agree that they are supported to live as independantly as possible			% of adults with intensive care needs receiving care at home	% of adults supported at home who agreed that their health and social care services seemed to be well coordinated
	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,00 population)	Premature mortality rate per 100,000 persons (under 75)	Readmission to hospital within 28 days (per 1,000 population)				Total % of adults receiving any care or support who rated it as excellent or good
	% of people admitted to hospital from home during the year who are discharged to a Care Home	Emergency Admission Rate per 100,000 population	% of health and care resource spent on hospital stays where the patient was admitted in an emergency				% of staff who say they would recommend their workplace as a good place to work
	% of people who are discharged from hospital within 72 hours of being ready	Emergency Bed Day Rate (per 100,000 population)					
		Falls rate per 1,000 population aged 65+					
LOIP Indicators	Delayed Discharges	Number of new referrals to initial investigation under Adult Protection	Emergency hospital admissions - over 65		Alcohol related hospital admissions	Clients supported by Community Links Workers	
		Warwick Edinburgh Mental Wellbeing Scale	Home Care Hours - over 65		Alcohol related mortality		
			Average age seeking help for alcohol problem				

Local Indicators / Others							
Local Indicators	Number of bed days occupied by delayed discharges per month (inc code 9) per 1,000 18+ population	Number of new referrals to initial investigation under adult support and protection	A&E attendance rates per 100,000 population		Social Care Unmet Need (hours)	% of adults with intensive care needs receiving care at home	Number of complaints received and responded to within 20 working days
	Number of delayed discharges inc code 9 (monthly census snapshot)	Number of community payback orders			Smoking cessation in 40% most deprived areas after 12 weeks		Adult Services posts vacant
	Uptake of self-directed support (% of eligible clients)	Number of Criminal Justice Social Work Reports to court			Number of Alcohol Brief Interventions delivered		Sickness Absence
Others		Life Expectancy	% of home care wher two or more members of staff are required	Number of clients receiving support from an unpaid carer	Drug related hospital admission		Total Vacant Posts
		Offender Reconviction Rate	Number of clients using Community Alarm Service	Care Duration	Drug related mortality		Staff Turnover rate
			Number of clients using Telecare	Care Hours	Average age seeking help for drug problem		% of care services in Aberdeen graded good or better on the 4 quality themes
			% of people 65+ with intensive care needs receiving care at home	Number of ACSPs completed	Level of Unmet Need in Social Care		FTE Social Care Agency Staff employed
				Number of ACSPs declined	% of clients receiving alcohol treatment within 3 weeks of referral		
				Number of Short Breaks Provided	% of clients receiving drug treatment within 3 weeks of referral		
				Total Hours of Replacement Care provided	Number of people with a Learning Disability who are in Further Education		
				Total number of new carers identified	Number of people with a Learning Disability who are in Employment		

				% of carers who report they are able to access the information they need	Number of people with a Learning Disability who attends a Day Centre or has alternative opportunities		
				% of carers who report they are supported to manage their caring role	% of Adults registered with a dentist		
				% of carers who report they are involved in planning services for themselves			
				% of carers who report they are involved in planning services for the person they care for			
				% of carers who report they are respected and listened to			
				% of carers who report they are supported to have a life alongside their caring role			

Strategic Performance Indicators

1. Person Centred Approach

	Measure	Source	Value	Comments
	Theme - Enabling people to have choice and control over their care			
1.1	% Uptake of Self-directed Support Options	SDS Team Stats	% of those eligible offered the 4 SDS options and the % uptake of each	Available monthly, can compare back to Feb 2017 and benchmark nationally. Legislative requirement and strategic intent to implement SDS. Audit Scotland requirement to have 100% uptake by 2020.
	Theme – Shifting the Balance of Care			
1.2	Percentage of population aged 75+ living in a community setting (including care home)	MSG	Percentage of population aged 75+ in community setting (including care home)	Available quarterly. Historical data available also able to benchmark nationally.
	Theme - Delivering care most appropriate for the individual			
1.3	Total Number of Delayed Discharges	Delayed Discharge Dashboard (from TrakCare)	Total number of new and recurring recorded Delayed Discharge	Available monthly. Historical data available also able to benchmark nationally.
	Theme – End of Life Care			
1.4	Proportion of last 6 months of life spent at home or in a community setting	MSG	Proportion of last 6 months of life spent at home or in a community setting	Available annually. Historical data available also able to benchmark nationally.

2. Support and Improve Health, Wellbeing, and Quality of Life

	Measure	Source	Value	Comments
	Theme – Keep people healthy with no need for emergency admission to hospital settings			
2.1	Emergency Admission Rate (per 100,000 population)	National Indicator (NI-12)	Number of admissions (per 100,000 population)	Available annually. Historical data available also able to benchmark nationally.
2.2	Number of A&E Attendances	MSG	Number of A&E Attendances	Available quarterly. Historical data available also able to benchmark nationally.
2.3	Readmission to hospital within 28 days (per 100,000 population)	National Indicator (NI-14)	Number of people readmitted to hospital within 28 days (per 100,000 population)	Available annually. Historical data available also able to benchmark nationally.
2.4	Falls Rate per 1,000 population aged 65+	National Indicator (NI-16)	Falls Rate per 1,000 population aged 65+	Available annually. Historical data available also able to benchmark nationally.
	Theme – People's perception of their health, wellbeing and quality of life			
2.5	% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	National Indicator (NI– 2)	% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	Available bi-annually NB: national survey not effective – propose local survey.
2.6	Warwick Edinburgh Mental Wellbeing Score	LOIP Indicator	Self-assessment score based on a14 item scale with 5 response categories, summed to provide a single score ranging from 14-70	Not currently recorded but it is a measure in the LOIP and would propose we investigate the possibility of implementing this.
	Theme – Indications of good health and quality of life			
2.7	Premature mortality rate per 100,000 persons for people aged under 75	National Indicator (NI-11)	Number of people under 75 recorded as dying prematurely	Available annually. Historical data available also able to benchmark nationally.
2.8	Life Expectancy	Public Health	Average age both males and females are expected to live per area	Available annually. Historical data available and able to benchmark against other areas.

	Measure	Source	Value	Comments
	Theme – Keeping people safe			
2.9	% of adults supported at home who agreed they felt safe	National Indicator (NI-9)	% of adults supported at home who agreed they felt safe	Available bi-annually NB: national survey not effective – propose local survey.
2.10	Number of new referrals to initial investigation under Adult Protection	APU Statistics	Number of new referrals to initial investigation under Adult Protection	Available monthly. Historical data available. Increase in new referrals can be a positive outcome due to better awareness and increased reporting.
2.11	Offender Re-conviction Rate	CJSW Statistics	Offender Re-conviction Rate	Available monthly. Historical data available. Lower reconviction rate indicates improved rehabilitation and safer communities.

3. Promote and Support Self-Management and Independence

	Measure	Source	Value	Comments
Theme – people's perception of their ability to look after their own health and live independently				
3.1	% of adults able to look after their health very well of quite well	National Indicator NI-1	% of adults able to look after their health very well of quite well	Available bi-annually NB: national survey not effective – propose local survey.
3.2	% of adults supported at home who agree that they are supported to live as independently as possible	National Indicator NI-2	% of adults supported at home who agree that they are supported to live as independently as possible	Available bi-annually NB: national survey not effective – propose local survey.
Theme – Enabling people to live independently				
3.3	Total Home Care Hours Delivered	Source Social Care Data Set	Total Home Care Hours Delivered	Social Care Data will be uploaded to Source from August 2018 and will be reported using Tableau.
3.4	% of Home Care where two or more members of staff are required	Source Social Care Data Set	% of Home Care where two or more members of staff are required	Social Care Data will be uploaded to Source from August 2018 and will be reported using Tableau.
3.5	% of adults with intensive care needs receiving care at home	National Indictor NI-18	% of adults with intensive care needs receiving care at home	Available annually, historical data available for comparison and able to benchmark nationally
3.6	Number of people using a Community Alarm Service	Source Social Care Data Set	Number of people using a Community Alarm Service	Social Care Data will be uploaded to Source from August 2018 and will be reported using Tableau.
3.7	Number of people using Telecare	Source Social Care Data Set	Number of people using Telecare	Social Care Data will be uploaded to Source from August 2018 and will be reported using Tableau.

4. Value and Support Unpaid Carers

	Measure	Source	Value	Comments
4.1	Number of ACSPs completed	Carers Census	Number of ACSPs completed	Census data available from 2019 onwards
4.2	Number of ACSPs declined	Carers Census	Number of ACSPs declined	Census data available from 2019 onwards
4.3	Number of Short Breaks Provided	Carers Census	Number of Short Breaks Provided	Census data available from 2019 onwards
4.4	Total Hours of Replacement Care provided	Carers Census	Total Hours of Replacement Care provided	Census data available from 2019 onwards
4.5	Total number of new carers identified	Carers Census	Total number of new carers identified	Census data available from 2019 onwards
4.6	% of carers who report they are able to access the information they need	Carers Conversation Survey	% of carers who report they are able to access the information they need	Next Carers Conversation Survey scheduled for January 2019. Results available from March 2019 and biannually thereafter.
4.7	% of carers who report they are supported to manage their caring role	Carers Conversation Survey	% of carers who report they are supported to manage their caring role	Next Carers Conversation Survey scheduled for January 2019. Results available from March 2019 and biannually thereafter.
4.8	% of carers who report they are involved in planning services for themselves	Carers Conversation Survey	% of carers who report they are involved in planning services for themselves	Next Carers Conversation Survey scheduled for January 2019. Results available from March 2019 and biannually thereafter.
4.9	% of carers who report they are involved in planning services for the person they care for	Carers Conversation Survey	% of carers who report they are involved in planning services for the person they care for	Next Carers Conversation Survey scheduled for January 2019. Results available from March 2019 and biannually thereafter.
4.10	% of carers who report they are respected and listened to	Carers Conversation Survey	% of carers who report they are respected and listened to	Next Carers Conversation Survey scheduled for January 2019. Results available from March 2019 and biannually thereafter.
4.11	% of carers who report they are supported to have a life alongside their caring role	Carers Conversation Survey	% of carers who report they are supported to have a life alongside their caring role	Next Carers Conversation Survey scheduled for January 2019. Results available from March 2019 and biannually thereafter.

5. Contribute to a reduction in Health Inequalities

	Measure	Source	Value	Comments
	Theme – Reduce substance misuse			
5.1	Alcohol related hospital admissions	LOIP	Alcohol related hospital admissions	To be developed
5.2	Number of Alcohol Brief Interventions delivered	Local Indicator	Number of Alcohol Brief Interventions delivered	
5.3	% of clients receiving alcohol treatment within 3 weeks of referral	ADP Dashboard	% of clients receiving alcohol treatment within 3 weeks of referral	
5.4	Drug related hospital admission	ADP Dashboard	Drug related hospital admission	
5.5	% of clients receiving drug treatment within 3 weeks of referral	ADP Dashboard	% of clients receiving drug treatment within 3 weeks of referral	
5.6	Smoking cessation in 40% most deprived areas after 12 weeks	Local Indicator	Smoking cessation in 40% most deprived areas after 12 weeks	
	Theme – access to services			
5.7	Social Care Unmet Need (hours)	Social Care	Number of hours or unmet need per week	Available monthly
5.8	% of adults registered with a GP		% of adults registered with a GP	To be developed
5.9	% of adults registered with a dentist		% of adults registered with a dentist	To be developed
	Theme – helping those with a disability to live as independently as possible			
5.10	Number of people with a Learning Disability who are in Further Education	LDSS Data Collection	Number of people with a Learning Disability who are in Further Education and the number of days per week they attend	Available annually, historical data available.
5.11	Number of people with a Learning Disability who are in Employment	LDSS Data Collection	Number of people with a Learning Disability who are in Employment and the type of employment.	Available annually, historical data available.
5.12	Number of people with a Learning Disability who attends a Day Centre or has alternative opportunities	LDSS Data Collection	Number of people with a Learning Disability who attends a Day Centre or has alternative opportunities and the number of hours per week.	Available annually, historical data available.

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6. Strengthen existing community assets and resources

	Measure	Source	Value	Comments
	Theme – Quality of Care Home Provision			
6.1	Proportion of care service graded 'Good' (4) or better in Care Inspectorate inspections	Care Inspectorate	Proportion of care service graded 'Good' (4) or better in Care Inspectorate inspections	Available annually, historical data available for comparison
	Theme – Community assets and resources			
6.2	% of Community Links Workers in post	Commissioned Service	% of Community Links Workers in post	Will be available for 2019 onwards
6.3	Number of clients supported by Community Links Workers	Community Link Worker data	Number of clients supported by Community Links Workers	Will be available for 2019 onwards
6.4	Number of community groups convened and meeting regularly	Locality Leadership Groups	Number of community groups convened and meeting regularly	Will be available for 2019 onwards
6.5	Number of community training sessions delivered	Engagement Development Officer	Number of community training sessions delivered	Will be available for 2019 onwards

7. Support staff to deliver high quality services

	Measure	Source	Value	Comments
	Theme – Service User Experience			
7.1	% of people with positive experience of the care provided by their GP Practice	National Indicator NI-6	% of people with positive experience of the care provided by their GP Practice	Available bi-annually NB: national survey not effective – propose local survey.
7.2	% of adults supported at home who agreed that their health and social care services seemed to be well coordinated	National Indicator NI-4	% of adults supported at home who agreed that their health and social care services seemed to be well coordinated	Available bi-annually NB: national survey not effective – propose local survey.
7.3	Total % of adults receiving any care or support who rated it as excellent or good	National Indicator NI-5	Total % of adults receiving any care or support who rated it as excellent or good	Available bi-annually NB: national survey not effective – propose local survey.
7.4	Number of complaints received and responded to within 20 working days	Local systems	Number of complaints received and responded to within 20 working days	Easily available for social care, harder to extract for partnership services from NHSG systems
	Theme – Staff Experience			
7.5	% of staff who say they would recommend their workplace as a good place to work	IMatters	% of staff who say they would recommend their workplace as a good place to work	Collected annually – can be compared with other NHSG and ACC areas
7.6	Total FTE posts vacant	HR Systems	Total FTE posts vacant broken down per service	Collection methodology to be explored
7.7	Total FTE Agency Staff employed	HR Systems	Total FTE Agency Staff employed broken down per service	
7.8	Sickness Absence Rate	HR Systems	Sickness Absence Rate	
7.9	Staff Turnover rate	HR Systems	Staff Turnover rate	

Aberdeen City Health & Social Care Partnership
A caring partnership

AUDIT & PERFORMANCE SYSTEMS COMMITTEE

Date of Meeting	11 September 2018
Report Title	Transformation Progress Report
Report Number	HSCP.18.074
Lead Officer	Sandra Ross, Chief Officer
Report Author Details	Name: Gail Woodcock Job Title: Lead Transformation Manager Email Address: gwoodcock@aberdeencity.gov.ujk Phone Number: 01224 655748
Consultation Checklist Completed	*Yes*
Directions Required	*No*
Appendices	a. Transformation Programme: Acceleration and Pace Highlight Report b. Organisational Development and Cultural Change Programme Dashboard c. Strategic Commissioning Programme Dashboard

1. Purpose of the Report

The purpose of this report is to provide an update on the progress of the Transformation Programme.

This includes a high-level overview of the full transformation programme, and a deeper dive into two of the work streams:

1. Organisational Development and Cultural Change
2. Strategic Commissioning

The report (along with an accompanying presentation provided at the committee) also provides an overview of the Service Review element of the Financial Savings Workstream.

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AUDIT & PERFORMANCE SYSTEMS COMMITTEE

2. Recommendations

2.1. It is recommended that the Audit & Performance Systems Committee:

a) Note the information provided in this report.

3. Summary of Key Information

3.1. Background

3.2. The Transformation Programme for the Aberdeen City Health and Social Care Partnership (ACHSCP), agreed by the IJB, includes the following priority areas for strategic investment:

- Acute Care at Home
- Supporting Management of Long Term Conditions and Building Community Capacity
- Modernising Primary and Community Care
- Culture Change/ Organisational Change
- Strategic Commissioning and Development of Social Care
- Information and Communication Technology, Technology Enabled Care, Infrastructure and Data Sharing

3.3. These programmes, consisting of a range of individual and linked projects, seek to support the delivery of the objectives and aspirations as set out in our Strategic Plan.

3.4. An additional workstream (Efficient Resources) setting out budget savings projects has also been developed and is being implemented.

3.5. <u>Acceleration and Pace Highlight Report</u>

The Acceleration and Pace Highlight report for the period June to September 2018 is attached at Appendix A. This report provides a high-level overview of key milestones delivered during the reporting period, along with anticipated key milestones in the next reporting period and any significant issues, risks and changes.

2

AUDIT & PERFORMANCE SYSTEMS COMMITTEE

3.6. <u>Organisational Development and Cultural Change</u>

3.7. <u>Summary</u>

Organisational Development and Cultural Change is a programme which recognises that people are key to delivering our integration and transformation ambitions. The workstream consists of a number of projects which seek to create the appropriate culture across our organisation and wider partnership, which will ensure that our people are equipped and ready to embrace new ways of working which will be essential to deliver the strategic priorities of the partnership.

These activities include training and development support for our staff as well as providing opportunities to bring our people together to share learning and experiences; and celebrate individual and collective achievements and successes. The activities also include projects which will ease workforce challenges and operate efficiently, such as the training passport project which seeks to facilitate recognition of quality training that is transferable across a range of organisations connected to the partnership.

3.8. <u>Anticipated Benefits</u>

A list of each of the projects/ grouped projects with their anticipated benefits is attached at Appendix B. A brief presentation will be provided to the committee setting out the approach taken for a number of these projects, along with initial evaluation information where available.

3.9. <u>Strategic Commissioning</u>

3.10. <u>Summary</u>

The Strategic Commissioning workstreams are a complex programme covering our approach to commissioning organisations as well as considering how we internally commission various service areas. The programme also includes projects relating to the implementation of key strategies such as the Carers strategy.

The programme also includes hosted services within its remit along with the partnerships role around the strategic commissioning of the Acute Sector.

Due to the complexity of this workstream, it has taken longer to establish than other workstreams, and has yet to fully commence its wider role.

3.11. Anticipated Benefits

A list of each of the projects/ grouped projects with their anticipated benefits is attached at Appendix C. Due to the less developed nature of this workstream, associated anticipated benefits are also less well developed, however anticipated benefits include: ensuring that contractual arrangements are fit for purpose; more appropriate care models; improved quality of experiences and outcomes for individuals, particularly in terms of being supported to remain safely at home for longer; and improved efficiency.

3.12. Efficient Resources

A number of workstreams have been established to align with our medium-term financial plan. Further information is provided in the attached highlight report and an overview will be presented to APS committee.

3.13. Service Review

A key "Efficient Resources" workstream is the Service Review workstream. A methodology has been developed to support this process, which is loosely based on EFQM methodology.

The first service selected was Learning Disability and the planning and field work have now taken place and findings and recommendations will be reported to the Service Review board which is scheduled to take place in September 2018.

4. Implications for IJB

4.1.   Equalities - Equalities implications are considered on a project by project as well as programme wide basis.

4.2.   Fairer Scotland Duty - There are no implications as a direct result of this report.

4.3.   Financial - The partnership receives around £20million per year from a range of sources to support its transformation programme. Transformation also impacts on the overall partnership budget of approx. £260million.

4.4.   Workforce - Workforce implications are considered at project, programme and overall portfolio levels.

4.5.   Legal -There are no direct legal implications arising from the recommendations of this report.

4.6. Other - NA

5. Links to ACHSCP Strategic Plan

5.1. The activities within the transformation programme seek to directly contribute to the delivery of the strategic plan. This contribution is captured through our evaluation framework process.

6. Management of Risk

6.1. Identified risks(s)

Risks relating to the Transformation Programme are managed throughout the transformation development and implementation processes. The Executive Programme Board and portfolio Programme Boards have a key role to ensure that these risks are identified and appropriately managed. High level risks to programme delivery and mitigating actions are identified within progress reports reported on a regular basis to the Audit and Performance Systems Committee.

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

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

9. Failure to deliver transformation at a pace or scale required by the

demographic and financial pressures in the system

2. There is a risk of financial failure, that demand outstrips budget and IJB

cannot deliver on priorities, statutory work, and project an overspend

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

This paper brings to the attention of the Audit and Performance Systems Committee information about our programme management governance and reporting processes and specifically detailed financial information about our transformation programme, in order to provide assurance of the scrutiny provided across our programme management governance structure in order to help mitigate against the above risks.

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Transformation Programme

Acceleration and Pace Highlight Report

Reporting Period: June - September 2018

- **Organisational Development & Cultural Change**
- **IT, Infrastructure and Data Sharing**
- **Modernising Primary & Community Care**
- **Supporting Self-Management of Long Term Conditions and Building Community Capacity**
- **Strategic Commissioning**
- **Acute Care @ Home**
- **Efficient Resources Workstream**

Highlight Report 5.0

V1.0

Overall Transformation Programme

1

The Aberdeen City Health and Social Care Partnership's Transformation Programme seeks to deliver the change that is required for the partnership to deliver its strategic priorities.

General Comments:

Activities and Projects within the programme are categorised as follows:

- **TRANSFORMATIVE** – activities that are intended to change the current operating arrangements into new, different operating arrangements

- **INNOVATIVE** – activities that will introduce a new way of working into the current operating system

- **ENABLING** – activities and infrastructure which are essential to support innovation and transformation to happen.

Overall Programme Expenditure

Our transformation programme seeks to manage increasing demand, and where appropriate release savings, through the development of leaner and smarter systems, and most of our initial work and investment seeks to create the environment which will allow this to happen.

The table below sets out the current financial plan for our transformation programme. Note that there may be some delays in receiving information about the actual spend in the current year, due to a range of reasons including invoice processing, budget transfer schedules etc.

Programme Work stream	Investment/ Spend to 31/3/18	Projected Spend 2018/19	Actual Spend (to date) 2018/19	Projected Spend 2019/20
Infrastructure, IT and Data Sharing	£1,200,987.39	£885,532.00	£3,643.09	£920,900.00
Acute Care @ Home	£36,555.86	£482,000.00	£124,228.78	£675,081.00
Supporting Management of Long Term Conditions and Building Community Capacity	£1,015,604.59	£1,203,631.50	£117,965.62	£1,147,680.00
Modernising Primary & Community Care	£1,897,415.24	£1,766,373.00	£346,259.04	£2,809,173.00
Culture and Organisational Change	£705,936.56	£112,400.00	£7,065.00	£120,400.00
Strategic Commissioning and Development of Social Care	£188,047.36	£485,685.00	£56,157.85	£512,312.00
Delayed Discharge	£1,375,616.36	£716,226.00	£141,051.09	£641,035.00
Integration and Transformation Programme Delivery	£1,314,412.25	£1,493,580.00	£285,926.85	£1,291,578.00

Abbreviations used throughout the report:

ACHSCP: Aberdeen City Health and Social Care Partnership

EPB: Executive Programme Board

MPCC: Modernising Primary & Community Care

SMCC: Supporting Self-Management of Long Term Conditions & Building Community Capacity

ODCC: Organisational Development & Cultural Change

IIDS: IT, Infrastructure and Data Sharing

SC: Strategic Commissioning

AC@H: Acute Care at Home

3

Organisational Development and Cultural Change

1.   Programme Summary and Anticipated Benefits

This **ENABLING** work stream recognises that people are key to delivering our integration and transformation ambitions. The appropriate organisational culture is an essential core building block and we will be unable to successfully embed the transformation we week without changing the culture of our organisation and the people who make it.

The work will be aligned to the strategic priorities of the partnership and will work in a coordinated manner to ensure activities in this work stream support this new "Team Aberdeen" culture to be developed and support the development of people in the right places and with the right skills and attributes to support people in communities. The work stream also recognises the anxiety many of our staff will feel as we transition into our new partnership and integrate at every point of delivery, aligning with our values of caring, person centred and enabling. To learn from both host organisations and enable and support colleagues to be able to work effectively and productively within an integrated environment. Identifying areas of good practice and sharing learning and impact.

2.   Key Milestones during reporting period

Key milestones deliverables	Planned Date	Achieved Date	Update	Comments
Anticipated milestones from previous Programme Status Report:				
Training passport outline business case to be developed and agreed.	Sept 2018	Ongoing.	Multi-partner working group set up. Draft outline business case under discussion. Likely to be October before developed further due to staff capacity.	
Completion of 2nd iMatter Survey for all health and social care staff. Results of this survey are anticipated to be available in June 2018.	Sept 2018	Achieved.	The second survey has been completed by July 2018: Questionnaire was sent out. The response rate was **65%** (10% less than previous year) and Employee Engagement Index score (EEI), which represents how engaged our employees are, was **78%.** Overall employees rated working within the ACHSCP as 6.94 out of 10. All managers will receive their team and partnership reports and will create an action plan based on their results. The action plans are to be finalised and uploaded by October 2018.	
Updates on the modern apprenticeship and succession planning actions to be identified.	Sept 2018	Complete.	Apprenticeship Lead from NHSG gave an overview and presentation of the current landscape and options around delivery. Next steps to develop workforce plan and identify areas of workforce challenges.	

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Planning for the next annual conference which will take place in early October 2018.	Sept 2018	Ongoing.	A workshop took place in July to finalise theme and format of conference. Main conference event will be held on 2nd October at Pittodrie with further activities taking place during the week at various venues across the city. Conference week theme is "Share, Discover and Grow".	
One of the Partnership's Development Facilitators are expected to be accredited as an Aston facilitator	Sept 2018	Complete.	Development Facilitator now accredited as Aston Facilitator.	
Other milestones delivered				
Systems Leadership Development	Ongoing	Aug 2018: Cohort 1 and 2 complete	Systems leadership 2-day programme for senior managers continues. Feedback has been very good. Cohort 2 is week beg. 20/08. Third is in December 2018. There will then be an open space event in February 2019 to bring all the delegates together to discuss shared learning / experiences.	
Development of Leadership and Management Training	August 2018	Complete	Course outcomes, agenda and materials have been developed and drafted. This half day session for new line managers will support development of staff in a new role and give activities to consider the type of leadership they have as an individual. An initial 'test' course will be run in the coming weeks before being opened up to NELC and its partners.	
Dignity at work survey delivered and reported	Sept 2018	Ongoing	The recommendations following the Dignity at Work results which were discussed at the last OD&CC meeting were approved by the Clinical Care and Governance Committee in June. A report is to be drafted to go to EPB in September 2018 to agree actions.	
OD and team interventions staff testimonials	July 2018	Complete.	Staff testimonials developed as part of the Aston team journey approach. This will be used to promote the OD team and tools to support staff and teams and increase effectiveness. These will be developed on an ongoing basis.	

3.   Change Control

Change	Impact	
	Budget/Resource	Schedule

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Healthy Working Lives	Reduction: £5000 to £2000 from original business case.	A revised business case will be submitted to ESPB in October to note this change and for approval of funding.

4. Issues and Opportunities   *New and Update*

There is an opportunity to link up iMatter results / reports to offer support to managers from the OD team and wider NELC developments / training. This will support the workstream to make wider use of its resources across partners for the benefit of staff.

5. Major Risks   *New and Update*

- No major risks during current reporting period

6. Outlook and Next Period

Anticipated milestones for the coming period include:

- Training passport outline business case to be developed and agreed.
- Completion of Partnership iMatter report to Executive Programme Board (EPB) by September 2018.
- Completion of Dignity at Work report to EPB by September 2018.
- Workforce Planning Workshop with a discussion on need and areas of focus.
- Delivery of annual conference
- Leadership and Management Training Course delivered and evaluated.

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IT, Infrastructure and Data Sharing

1. Programme Summary and Anticipated Benefits

This programme considers a range of enablers including Infrastructure, ICT, Technology Enabled Care and Data Sharing, which are significant complex activities that are essential for realising our integration and transformation ambitions.

There are clear links between this enabler work stream and delivery programmes including: the Modernising Primary and Community Care programme, including the provider of smart devices to support our workforce directly caring for people in our communities; the Self-Management and Building Community Capacity programme, including the provision of technology enabled care to support people in communities to effectively self manage their long term conditions.

2. Key Milestones during reporting period

Key milestones deliverables	Planned Date	Achieved Date	Update	Comments
Anticipated milestones from previous Programme Status Report:				
A City Technology Enabled Care Framework approved.	Sept 2018	July 2018	TEC framework approved by ESPB July 2018	
Business Case developed for replacement for Care First.	Sept 2018		Further discovery and investigation have raised questions over the legal implications of not going to tender. Steer meeting scheduled to agree next steps.	
Project close Edison Replacement.	Sept 2018	August 2018	Project closed	Close meeting and lesson learned to be arranged
Partnership devices advisory paper	Sept 2018		On hold. Procurement departments from ACC and NHSG need further resource to investigate prototypes. Leasing investigated and not an option.	
Technology direction to collaboration with intranet diary's and file sharing etc.	Sept 2018		Federation Partnering Agreement NHSmail for Business with NHS mail & skype possible. Currently no technical resource at ACC available to investigate which may delay implementation.	Meeting planned with new Digial lead at ACC to discuss plans and supporting resource.

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Timeline for implantation of GovRoam (a public sector wifi solution).	Sept 2018		**WIFI Options & Timings** *GOVRoam* There are three steps to activating GOVROAM for NHS at Marischal **Step 1 :** Tests complete August 2018 to make GOVROAM available in Marischal. **Step 2;**:Current investigation by NHS team to check if NHS devices can authentigation via this method GOVRoam – September 2018 **Step3:** Deploy software to NHS devices to access GOVRoam 1-2 days Step 2 is crucial to move to step 3 .	
Other milestones delivered				
GP wifi in city practices	Dec 2018	August 2018	Additional 107 wireless access point installed in GP practices across the city. Project complete earlier than expected.	

3.   Change Control

Change	Impact	
	Budget/Resource	**Schedule**
N/A		

4.   Issues and Opportunities   *News and Update*

A preferred candidate has been identified for the vacant IT Project Manager post.
Vacant Business Analyst – awaiting potential redeployment of council staff.

5.   Major Risks   *New and Update*

Staff shortage – delays in replacing IT project management and business analyst staff, are impacting on pace of delivering projects. This is being partially mitigated through the re-prioritisation of projects and ongoing discussions with partners.

Access to technical resource ACC – technical resource funding is allocated to Aberdeen City Council. Access to these resources has been limited. Meeting arranged between Programme Sponsor and ACC Digital Chief Officer.

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6. Outlook and Next Period

Anticipated milestones for the coming period include:

- Business Case developed for replacement for Care First.
- Project close GovRoam (a public sector wifi solution).
- Interim partnership intranet solution
- Partnership devices advisory paper.
- Technology direction to collaboration with intranet diary's and file sharing etc.

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Modernising Primary & Community Care Programme

1.   Programme Summary and Anticipated Benefits

This work stream includes reviewing and developing strategies for:

• Collaborative working, in locality hubs, with increased pharmacist provision, social work links and GP led beds to help to reduce admissions to hospital
• Locality hubs supported by the design of integrated health and care teams, and investigating new models such as Buurtzorg and Advanced Nurse Practitioners
• New service delivery models for primary care and modernising of infrastructure

A long-term initial blueprint and vision for reimagining primary and community care has been developed and this long-term plan was approved by IJB in January 2018. A Primary Care Improvement Plan has subsequently been developed to resource and drive delivery of changes required.

2.   Key milestones during reporting period

Key milestones deliverables	Planned Date	Achieved Date	Update	Comments
Anticipated milestones from previous Programme Status Report:				
West Visiting Evaluation Report (initial evaluation)	Sept 2018	Aug 18	Evaluation Report presented to Executive programme Board 8/8/18	Positive evaluation from all stakeholder perspectives – strong case for expansion. City Visiting service included within Primary Care Improvement Plan
Completion of caseload analysis for community nursing	Sept 2018	Sept 2018	Work ongoing to complete analysis of nursing activity. This has been made more difficult because of lack of a computerised notes system for community nursing	Will be completed on time
Other milestones delivered				
Development of Primary Care Improvement Plan (PCIP) in partnership with wide range of stakeholders	Sept 2018	Sept 2018	PCIP agreed by GP Sub Committee and LMC, and submitted to Scottish Government in July 2018, and presented for IJB approval at August meeting	
Development and progression of key project Business Cases through governance channels to support delivery of PCIP	Sept 2018	Sept 2018	Key Business Cases presented to IJB approval at August meeting: - MSK - Mental Health Hubs - Pharmacy	
Development of Action 15 Plan in partnership with a range of stakeholders	August 2018	August 208	Action 15 Plan submitted to Scottish Government in July 2018, and presented for IJB approval at August meeting	

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3.   Change Control

Change	Impact	
	Budget/Resource	Schedule
MP311 – MKS / Physios in GP Practices – new project aligned with implementation of PCIP	£1,185,000 over 4 years	Phased scale-up to full implementation over 4 years
MP314 – Community Mental Health Hubs – recruitment of additional permanent roles to support implementation of Action 15 Plan	£2,515,000	Phased scale-up to full implementation over 4 years
MP317 – Integrated Triage Ways of Working – change of name and budget. Previously called Transforming Urgent Care – GP Triage.	£408,000	Implementation planned for 2020-2022.
MP318 – Unscheduled Visiting Service – change of name and budget. Previously called West Visits. Project aligned with implementation of PCIP.	£220,000	Phased scale-up to become city-wide visiting service
MP321 – Phlebotomy – change of budget aligned with implementation of PCIP	£266,000	Phased implementation over 4 years.
MP323 – Vaccinations Transformation – new Grampian-wide project in development – indicative budget allocation for Aberdeen City. Business Cases in development.	£765,000	Phased implementation of Vaccinations transformation over 4 years

4.   Issues and Opportunities   *New and Update*

INCA Update – Risk reported in June became an Issue - see below. Teams have experienced difficulties in retaining staff. A review of the project was undertaken by the project team and a decision was taken to consolidate all remaining staff in the Peterculter area.

5.   Major Risks   *New and Update*

June 2018 - There are risks associated with the INCA / Buurtzorg project. There is a potential of being unable to recruit to vacant posts. The project team and INCA teams are regularly reviewing staffing and case load management.
Sept 2018 Update – A project review has taken place resulting in the consolidation of project staff in the Peterculter area. This review is also looking at elements of the model which have been problematic – such as the self-managing team element.

6.   Outlook and Next Period

Anticipated milestones for next reporting period include:

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- Approval of Primary Care Improvement Plan and underpinning business cases.
- Recruitment process nearing conclusion for filling roles needed to implement year 1 across a number of projects in the Primary Care Improvement Plan

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Supporting Self-Management of Long Term Conditions and Building Community Capacity

1. Programme Summary and Anticipated Benefits

This work stream recognises that pressures on mainstream primary and community care services cannot be reduced through a "more of the same" approach. The work stream seeks to shift our relationship with communities to enable a more co-productive approach and to nudge the culture towards being more empowered and responsible in relation to ourselves and each other. A number of referrals and appointments in primary care currently relate to social issues and low level anxiety/ depression, and evidence exists that this can be reduced through "non-clinical" support and link resources, embedded in the community and our locality teams.

To deliver population level impact and change we need to go beyond small tests of change and develop at scale activities.

2. Key milestones during reporting period

Key milestones deliverables	Planned Date	Achieved Date	Update	Comments
Anticipated milestones from previous Programme Status Report:				
Community Links Development Manager in post	September 2018	1st June 2018	Postholder is now in post and good progress being made with project.	
Phase one roll out of link practitioners in practices and start date agreed	September 2018	23rd July 2018	4 Senior Link Practitioners and 7 Primary Link Practitioners now in post covering 18 GP practices. 3-week induction taken place and referrals from GPs to commence in September 2018	Significant amount of work has been carried out in relation to information governance and data sharing agreements in line with GDPR Legislation
Social Transport demand responsive transport and booking office review completed with initial findings and recommendations.	September 2018		Business Case for interim solution going to IJB in August 2018.	
Draft Living and Ageing Well in Aberdeen framework developed.	September 2018		Three workshops planned for rapid development and completion of framework	
Other milestones delivered				
House of Care Project Manager Recruitment	July 2018	July 2018	Successful recruitment and preferred candidate will commence in Sept 2018 to support the 3 practices in the city (Scotstown, Gilbert Road and Kincorth/Torry)	

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Link Practitioner Phase 2 recruitment timescales agreed	August 2018	August 2018	Link Practitioner Recruitment for phase 2 implementation will commence in late October/ early November 2018.	
Community Chaplaincy Listening Service Business Case Developed	September 2018	September 2018	Business Case developed to provide capacity to support planned growth of number of volunteer listeners in the city. This project is linked to the Primary Care Improvement Plan	
National Service Directory	August 2018		Project Team established and ongoing work with NHS 24 for city content to go live in January 2019	
Community Builder	August 2018		Community Builder recruitment complete and postholder now in post. Initial audit of community started.	

3.   Change Control

Change	Impact	
	Budget/Resource	Schedule
Remove budget allocated to support GP practices to become link practices.	£300,000	No impact on schedule

4.   Issues and Opportunities   *New and Update*

N/A

5.   Major Risks   *New and Update*

No major risks identified in current period.

6.   Outlook and Next Period

Anticipated milestones for the coming period include:
- Draft Self-Management Framework in place
- Draft Living and Aging Well Framework complete
- Link practitioner's phase two recruitment commenced

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- National Service Directory 'live' in Aberdeen City
- Community Chaplaincy Listening Service project progressing
- Silver City Business Case

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Strategic Commissioning

1.   Programme Summary and Anticipated Benefits

The Partnership was required by the Public Bodies legislation to produce a Strategic Commissioning Plan/Strategic Plan and this was published on our 'Go live' date in 2016.

Aligned to this will be a Commissioning Implementation Plan which will translate the Strategic Plan's ambitions and priorities into commissioning intentions for the next six years and include a Market Facilitation Statement which will outline how the partnership can best support the local health and social care market.

The Strategic Commissioning Programme Board has now met and relevant workstreams are being formed.

Anticipated benefits include contractual arrangements that are fit for purpose; more appropriate care models; improved quality of experiences and outcomes for individuals, particularly in terms of being supported to remain safely at home for longer; and improved efficiency.

2.   Key milestones during reporting period

Key milestones deliverables	Planned Date	Achieved Date	Update	Comments
Anticipated milestones from previous Programme Status Report:				
Identification of priority workstreams	Sept 2018	Ongoing	Several areas of work have been identified as priority such as the implementation plan of the commissioning strategy (and market facilitation statement), mental health strategy development, Bon Accord Care contract review and LD action plan	Priorities are considered by the board at each meeting and actioned appropriately.

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To review BAC service delivery and 5 year contract (ALEO) by March 2019 (2019 - 2024)	March 2019	March 2019	July/Aug 2018 - half day workshops with senior team to discuss and agree overall approach To align BAC 5 year plan to our strategic plan and intention. Agreed the new plan would be outcome focused and less time/tasked focused Aug 2018 - Alison Watson from CPS to draft outline contract based on high level outcomes Sept 2018 - five workshops for all service delivery pathways between the partnership identifying clients and then setting them into BAC services- based on outline contract. High level service specification. (QA)	Report to go to IJB for approval in January 2019
Development of Market Facilitation Working Group, which will be charged to engage with and support the market to engage with and support the delivery of our Commissioning Plan and draft plan complete.	Sept 2018	Sept 2018	Refreshed Market Facilitation Group to develop TOR, agree membership and project plan/actions – meeting arranged mid-Sept	
Report to IJB on review of properties used for delivery of social care.	Sept 2018		Work is ongoing	
Care At Home contract renewal	March 2019	March 2019	Due to expire March 2019. Currently reviewing current contracts. Understanding what the requirements of the services is currently being reviewed	
Mental Health Strategy development	Sept 2018	Dec 2018	Oct 2018 - CPA Management Group meeting to consult and gain input into the strategy Dec 2018 - Final draft to go to IJB for approval	
Other milestones delivered				
Learning Disability Strategy Action Plan	Sept 2018	Sept 2018	July 2018 - Action planning workshops with colleagues, professionals, and Aberdeen citizens.	LD Strategy launched during LD week in May 2018.

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3.   Change Control

Change	Impact	
	Budget/Resource	Schedule

4.   Issues and Opportunities   *New and Update*

This is an extremely broad and complex workstream and it is taking time to form and identify priorities to progress.

5.   Major Risks   *New and Update*

The BAC care review is a high risk however the project is on track within project timelines and tolerances.

6.   Outlook and Next Period

Anticipated milestones for next reporting period include:
- Annual Review of the ASHSCP Commissioning strategy to be considered by Audit and Performance Systems Committee in November. IJB approval in the December

- Implementation of the ACHSCP Commissioning Strategy and Action Plan – to finalise the contracts register and commissioning workplan to ensure new services are in place in a timely manner. Working with commissioning and contracts team and partners to do this.
- Mental health strategy to be finalised and approved by IJB in December 2018.
- 'Contributing to you care' workstream to develop new policy, guidance, and criteria for means tested charging of services.
- Report to IJB on review of properties used for delivery of social care.

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Acute Care @ Home

1.   Programme Summary and Anticipated Benefits

Our Acute Care at Home service will provide, for a limited time period, active treatment by appropriate professionals, in the individual's home, for condition(s) that would otherwise require acute hospital in-patient care.

The development of such a service fits with our ambition for our strategic intentions to have a greater preventative impact especially since we know that prolonged length of stay for the frail elderly and those with long term conditions can lead to a higher risk of acquired infection and other complications such as loss of confidence, function and social networks.

Increasingly, given the choice, individuals and their carers show a preference for receiving care at home, when they have confidence that it will be provided by skilled practitioners working collaboratively to ensure continuity of care.

2. Key milestones during reporting period

Key milestones deliverables	Planned Date	Achieved Date	Update	Comments
Anticipated milestones from previous Programme Status Report:				
Performance monitoring report on first two months showing incremental expansion of service (June 2018)	Sept 2018	Sept 2018	PDSA cycle tests of change have been run to test the processes of ACH approach. As improvements have been made and competencies of staff have been assured an expanded but still modest caseload has been serviced.	The caseload carried has been affected by low admission rates to GAU ward in ARI throughout the reporting period – this has meant a limited number of appropriate patients. This will change with the onset of winter.
Planning begun for Phase 2 expansion (June 2018)	Sept 2018	Sept 2018	Planning at advanced stage. Expansion in hours of operation of service from 8am – 4pm to 8am – 11pm (Monday to Friday) will take effect from mid-September. Further expansion of service to 7-day service being planned and likely to take effect upon recruitment of additional nurses by year end.	
Other milestones delivered				

3.   Change Control

Change	Impact	
	Budget/Resource	Schedule
No changes in current reporting period.		

4. Issues and Opportunities   *New and Update*

Ongoing staffing challenges related to recruitment of staff and staff absence has impacted on the progress of the operational delivery of the service. From September 2018, the clinical team is fully recruited to. The team still have only 5 clinical sessions of Consultant Geriatrician time aligned which to this point has limited ability to provide the alternative to admission element of the service. The limited nursing input to the team has also limited the hours of operation which currently runs from Monday to Friday 8am-4pm.

In the last reporting period strong links have been made with the Community Links Co-ordinator team which along with project budget reprofiling will allow us to provide an expanded service covering 7 days – Monday to Friday 8am – 11pm from September onwards and Saturday and Sunday 8am – 4pm on the recruitment of two additional nurses within the Acute Care at Home team.

5. Major Risks   *New and Update*

No major risks.

6. Outlook and Next Period

Anticipated milestones for next reporting period include:

Performance monitoring report on previous quarter showing continued incremental expansion of service

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Efficient Resources Workstream

1. Programme Summary and Anticipated Benefits

In line with the Partnership's Medium-Term Financial Strategy (approved by IJB on 13 February 2018), a number of themed working groups have now been established with specific savings targets linked to each of these work streams.

These work streams would report on progress on a monthly basis through the Transformation Programme Management Governance Structure. A lead officer, responsible for reporting to the Programme Boards, has been identified for each work stream.

The anticipated benefits are cashable financial savings:

Work Stream	Savings Target				
	2018/19 £'000	2019/20 £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000
Theme 1: review of pricing/ charging policies across the partnership	0	(300)	(300)	(300)	(300)
Theme 2: Review processes and ensure that these are streamlined and efficient: Direct Payments Cards; Financial Assessment Processes	(250)	(250)	(250)	(250)	(250)
Theme 3: Review of out of hours service	(400)	(100)	(100)	(100)	(100)
Theme 4: Review out of area placements	0	0	(500)	(500)	(500)
Theme 5: Bed Base Review	0	0	tbd	tbd	tbd
Theme 7: 3rd Party Spend	(250)	(500)	(500)	(500)	(500)
Theme 8: Prescribing/ Medicine Management	(200)	(1,000)	(1,000)	(1,000)	(1,000)
Theme 9: Service Review	0	(2,692)	(2,460)	(1,985)	(2,274)

2. Key milestones during reporting period

Key milestones deliverables	Planned Date	Achieved Date	Update	Comments
Groups formed and Terms of Reference for each group in place	1/5/18	July 2018	Terms of Reference for all groups now approved	
Service Review Methodology developed	1/7/18	June 2018	Service Review methodology developed and approved by EPB. This process will be refined as required on implementation	

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Service Review of first service carried out	September 2018	ongoing	Learning Disability identified as first service for service review. Planning work and field work took place during July – August 2018. Preparation now underway for presentation to Service Review Board which will be scheduled in September 2018.	

3.   Change Control

Change	Impact	
	Budget/Resource	Schedule
No changes in current reporting period.		

4.   Issues and Opportunities   *New and Update*

Additional resource will be required to deliver against some of the workstream activities (spend to save.)

5.   Major Risks   *New and Update*

No major risks during current reporting period.

6.   Outlook and Next Period

Anticipated milestones for next reporting period include:

- First Service Review Board complete.
- Service review programme developed and approved.
- Implementation plans for all workstreams developed.

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Document Location   This document is only valid on the day it was printed and the electronic version is located with the document owner (Lead Transformation Manager)

Document Status   The current status for this document is ***Final***

Distribution   This document has been distributed as follows

Name	Responsibility	Date of issue	Version
APS consultation list	S Gibbon	24/8/18	V5.0

Purpose   The purpose of a Highlight Report is to provide the Integration Joint Board/ Audit and Performance Systems Committee/ Executive Programme Board with a summary of the stage status at intervals defined by the board. The board will use the report to monitor stage and project progress. The Lead Transformation Manager (who normally produces the report) also uses the report to advise the Project Board of any potential problems or areas where the Board could help.

Quality criteria

- Accurate reflection of checkpoint information
- Accurate summary of Risk & Issue Logs
- Accurate summary of plan status
- Highlighting any potential problem areas

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OD and Cultural Change

Aberdeen City Health & Social Care Partnership
A caring partnership

Project Title	Summary of Activity	Anticipated Benefits	Spend to 31/3/18	Projected Spend 2018/19	Actual Total Spend 2018/19	Projected Spend 2019/20	Projected Spend 2020/21
Senior Leadership Development (linking to the 'Leading In' Programme)	To provide leadership development opportunities for all leaders/managers to support them in personal and career development.	• Improved workforce retention • Workforce ready for career development • Positively influenced culture through appropriate leadership behaviour and actions	£0.00	£0.00	£0.00	£0.00	£0.00
Coaching and Mentoring Programme	Development of employees by supporting them through change and to identify creative solutions through reflective practice. To develop skills, processes and knowledge of a coaching 'bank' (with NELC) Promote NELC Coaching Skills in the Workplace focusing on targeted audiences	• Improved employee and organisational resiliency and effectiveness in change • Increased staff reflection in finding best practice and solutions in the workplace and for complex issues. • Improved staff satisfaction.	£0.00	£0.00	£0.00	£0.00	£0.00
Leadership & Management Visibility / Involvement in decisions	Range of activiteis which seek: To increase trust and staff involvement and engagement in decision making. To ensure staff are updated regularly and opportunity to ask questions. To ensure staff feel valued and increase staff morale.	• Improved staff engagement • Improved staff satisfaction and morale • Improved communications within organisation • Maximised use of staff resources	£0.00	£0.00	£0.00	£0.00	£0.00
Wider Leadership Development Support	To ensure all new and existing managers have the necessary tools in order to do their jobs at each turn of their career path. To also support succession planning.	• Workforce is fit for the future • Improved workforce retention • Improved succession planning	£68,156.00	£30,000.00	£1,285.00	£30,000.00	£30,000.00
Supporting teams to work effectively	A rolling programme of OD/ifaciltiation interventions to help teams perform to the best of their abilities. This is delviered jointly by the OD team within the Health and Social Care Partnership, ACC and NHSG resources eg. NELC. • Interventions to facilitate improvement of services • team effectiveness • organisational change • locality development • promotion of shared culture and values	Increased team effectiveness, engagement and morale Reduced sickness absence (including stress related) Increased communication Improved staff readiness for change	£0.00	£0.00	£0.00	£0.00	£0.00
Training Passport	Shared Learning and Development Framework - Development of a learning and development "passport" which will enable providers to be assured of trainig and development levels of new and existing staff.	• Greater efficiency in use of resources • Improved relationships across and between partner providers	£5,000.00	£0.00	£0.00	£0.00	£0.00
Implement and monitor staff engagement tool (iMatter)	To ascertain staff engagement levels before and after interventions in organisation	Improved staff engagement levels	£0.00	£0.00	£0.00	£0.00	£0.00
Monitoring of Dignity at Work Performance	This will be the key way in which the Partnership will measure and act upon dignity at work staff experiences which are not addressed by iMatter. This will be for all staff in the Partnership.	Improved staff engagement	£0.00	£0.00	£0.00	£0.00	£0.00
Ensure a fit and healthy workforce.	Development of a sustainable plan for Healthy Working Lives activities. Seeks to ensure that all staff are are aware of and take up opportunities to be to be fit and healthy and to be seen as role models.	• Reduction in sickness absence figures • Improved staff satisfaction	£736.70	£0.00	£0.00	£0.00	£0.00
Volunteering and supporting carers	Project to be developed.	to be developed	£0.00	£0.00	£0.00	£0.00	£0.00
Staff Awareness & Comms: Implementation of "Ideas Hub"	Delivery of an Online innovation platform to ensure and encourage all staff to participate in identifying and developing ideas for improvement.	• Maximises opportunity to identify and implement innovative ideas including efficiencies and more effective ways of working • Maximises staff engagement and recognition	£33,153.42	£21,600.00	£5,400.00	£21,600.00	£21,600.00
Develop ACHSCP Workforce Planning Model	To ensure all areas of the organisation, particularly hard to fill roles, have a plan to meet organisational needs both now and in the future (building on existing NHSG and ACC models).	• Effective use of resources • Ensure that workforce is fit for the future • Improved staff retention	£0.00	£0.00	£0.00	£0.00	£0.00
ACHSCP Graduate Programme	To scope this as a potential area for the group to action. Identifying key benefits.	To ensure a pipeline of young talent throughout the organisation. Succession planning	£0.00	£0.00	£0.00	£0.00	£0.00
ACHSCP Apprenticeship Programme	To link with ACC and NHSG partners current apprenticeship programmes to inform needs of the partnership and to ensure succession planning and pipeline of younger workforce into the organisation. (To be further refined and scoped including identifying key benefits)	To ensure a pipeline of young talent to undertake roles typically 'hard to fill' e.g. carers, social work SVQ's delivered via SSSC. - Future workforce - Succession planning Transference of skills and knowledge	£0.00	£0.00	£0.00	£0.00	£0.00
Developing the Young Workforce / Career Ready	Career Ready: Work to support the partnership's workforce plan of supporting a programme of internships. A national UK wide 2 year mentoring programme, with the centre piece being a 4 week paid internship. This organisation promotes / facilitates partnership arrangements between organisations and schools to develop pupils skills' in the workforce. The Developing the Young Workforce (DYW) programme is a Scottish Government initiative which seeks to drive the creation of a world-class vocational education system and to reduce youth unemployment by 40% by 2021.	Increased no. of school pupils into H&SC as a career path. Maximising resource through internships for projects within the partnerships. Stronger working links with eduction as part of workforce planning.	£0.00	£800.00	£0.00	£800.00	£0.00
Heart Awards	Programme and event to support and reward our staff and wider colleagues.	• Employee recognition and engagement • Increased motivation	£25,232.04	£19,000.00	£380.00	£19,000.00	£19,000.00
Annual Conference	Annual Event to bring wider partnership together around our Transformation Programme	• Improved communication and engagement • Increased visibility of ET and IJB Board members • Reaffirming the partnerships vision and aspirations	£11,126.58	£9,000.00	£0.00	£9,000.00	£9,000.00
Develop plan of annual engagement activities	Development of integrated engagement plan across partnership and linking in with partners	• Greater efficiency in use of resources • Reduced risks around consultation fatigue	£0.00	£2,000.00	£0.00	£10,000.00	£10,000.00
Other	Miscellaneous activity related to workstream		£572.75	£0.00	£0.00	£0.00	£0.00
Board Development, systems and governance testing	Development of effective IJB and committee systems, processes and operating culture.	• Robust governance • Supporting the Board to understand the complexities of H&SC landscape • Supporting effective decision making	£560,376.68	£30,000.00	£0.00	£30,000.00	£0.00
Overall email distribution list	A system to support communication with full partnership workforce	Improved efficiency	£1,582.39	£0.00	£0.00	£0.00	£0.00
			£705,936.56	£112,400.00	£7,065.00	£120,400.00	£89,600.00

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Aberdeen City Health & Social Care Partnership
A caring partnership

Strategic Commissioning & Development of Adult Social Care

Project Title	Summary of Activity	Anticipated Benefits	Investment/ Spend to 31/3/18	Projected Spend 2018/19	Actual Total Spend 2018/19	Projected Spend 19/20	Projected Spend 2020/21
Development of Commissioning Strategy	Development and implementation of commissioning strategy including supporting resources.	• All partnership activity aligned to strategic plan and commissioning strategy • Maximising better outcomes and individual experience • Improved health and wellbeing and reduced reliance on services	£35,948.10	£0.00	£0.00	£0.00	£0.00
Strategic Commissioning - Annual Review	To review the implementation of the strategic commissioning plan in relation to the strategic plan and the refresh	• All partnership activity is aligned to strategic plan and commissioning strategy • Maximising better outcomes and individual experience • Improved health and wellbeing and reduced reliance on services	£0.00	£0.00	£0.00	£0.00	£0.00
Implementation of the Strategic Commissioning Implementation Plan (SCIP)	Activities relating to delivery of the partnership's commissioning intentions from 2017 onwards	Robust framework around our arrangements Continuity of services for our clients and ensuring timely commissioning in place Most approrpriate services relevant to need/s	£0.00	£0.00	£0.00	£0.00	£0.00
The implementation of the Market facilitation statement (developed as part of the SCIP)	This is a section of Strategic Commissioning Implementation Plan.	Building and maintain relationships with providers Market readiness for commmissioning Shared best practice and learning	£0.00	£0.00	£0.00	£0.00	£0.00
Services to be specified							
BAC Contract Review	To review BAC service delivery and 5 year contract (ALEO) by March 2019 (2019 - 2024).	• Improved efficiency and effectiveness • Improved outcomes and individual experience • Improved health and wellbeing and reduced reliance on services	£0.00	£0.00	£0.00	£0.00	£0.00
Bed Based Review	This is part of the Efficient Resources programme.	Maximise efficiency of existing resources	£0.00	£0.00	£0.00	£0.00	£0.00
Respite and Day care	Will be reviewed as part of carers strategy	Maximise efficiency of existing resources	£0.00	£0.00	£0.00	£0.00	£0.00
Overnight and Response Service	Part of financial workstreams	Maximise efficiency of existing resources	£0.00	£0.00	£0.00	£0.00	£0.00
Care at home	Statement of requirements and operational model	Maximise efficiency of existing resources	£0.00	£0.00	£0.00	£0.00	£0.00
Mental Health Strategy Development	Development of Mental Health Strategy, which sets out the Aberdeen City health and Social Care Partnership's broad strategic outcomes for the development of Community Mental Health Services.	Improved efficiency and effectiveness of available resources Improved outcomes for people Improved staff satisfaction	£64,952.54	£0.00	£0.00	£0.00	£0.00
LD Strategy Action Plan	Action plan to deliver outcomes as set out in Learning Disability Strategy. This action plan will be developed for professionals and partners to deliver the strategy.	Improved efficiency and effectiveness of available resources Improved outcomes for people Improved staff satisfaction People living with a Learning Disability are more connected with those communities whilst improving or maintaining their health & wellbeing.	£0.00	£0.00	£0.00	£0.00	£0.00
Refreshed Autism Strategy (2019-2022)	Development of an Aberdeen Autism Strategy (2019-2022).	Improved efficiency and effectiveness of available resources Improved outcomes for people Improved staff satisfaction	£0.00	£0.00	£0.00	£0.00	£0.00
Dementia Strategy	Development of an Aberdeen Dementia Strategy - to be scoped	Improved efficiency and effectiveness of available resources Improved outcomes for people Improved staff satisfaction	£0.00	£0.00	£0.00	£0.00	£0.00
Carers Strategy Implementation	The Carers Strategy (£725k Year 1 for Carers Act) Additional posts x 2 to support implementation of strategy	Carers in Aberdeen city are able to continue caring for as long as possible	£0.00	£30,000.00	£0.00	£120,000.00	£120,000.00
Carers Support Service	A test of change to increase referral rate for carers to receive carer support.	• Earlier access to carers' support for unpaid carers • Improved carer satisfaction • Improved health and wellbeing of unpaid carers • Increased uptake of appropriate benefits/ income maximisation by unpaid carers • Improved staff satisfaction • Reduced acute hospital admissions and reduced delayed discharge • Faster referral process, unpaid carers given support sooner.	£87,146.72	£104,745.00	£39,485.85	£52,372.00	£0.00
Young Carers Support	Funding allocated to be managed through childrens servcies. Will be monitored through Carers Strategy Implementation Group.	Young carers in Aberdeen are supported to continue caring and achieve good personal outcomes	£0.00	£150,000.00	£0.00	£150,000.00	£150,000.00

Carers Strategy Implementation Respite Charging Review for Carers	Review current charges for carers which are no longer appropriate.	Efficient use of resources	£0.00	£156,000.00	£0.00	£156,000.00	£156,000.00
Carers Strategy Implementation - Advocacy	To retender for carers advocacy service.	Carers are supported to continue their caring role.	£0.00	£28,000.00	£0.00	£28,000.00	£28,000.00
Carers Strategy Implementation - Exercise Group	Activity to support physical activity for carers.	Improved health and wellbeing outcomes for carers	£0.00	£5,940.00	£5,940.00	£5,940.00	£5,940.00
Other	Miscellaneous activity relevant to workstream		£0.00	£11,000.00	£10,732.00	£0.00	£0.00
			£188,047.36	£485,685.00	£56,157.85	£512,312.00	£459,940.00

Exempt information as described in paragraph(s) 8 of Schedule 7A
of the Local Government (Scotland) Act 1973.

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