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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board

Town House,
ABERDEEN 4 May 2019

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Rooms 4 & 5, Health Village** on **TUESDAY, 11 JUNE 2019 at 10.00 am.**

FRASER BELL
CHIEF OFFICER - GOVERNANCE

B U S I N E S S

1 Welcome from the Chair

DECLARATIONS OF INTEREST

2 Members are requested to intimate any declarations of interest

DETERMINATION OF EXEMPT BUSINESS

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

STANDING ITEMS

4 Minute of Board Meeting 12 March 2019 (Budget) (Pages 5 - 10)

4.1 Minute of Board Meeting of 26 March 2019 (Pages 11 - 22)

5 Matters Arising

- 6 Draft Minute of Clinical and Care Governance Committee - 14 May 2019 (Pages 23 - 28)
- 7 Draft Minute of Audit and Performance Systems Committee - 28 May 2019 (Pages 29 - 36)
- 8 Business Statement (Pages 37 - 42)

GOVERNANCE

- 9 No Reports

PERFORMANCE AND FINANCE

- 10 MSG Self Evaluation for the Review of progress with Integration of Health and Social Care (Pages 43 - 108)

STRATEGY

- 11 Transformation - Decisions Required (Pages 109 - 158)
- 12 Granite City Good Food Action Plan (Pages 159 - 166)
- 13 NHS Grampian Services which are hosted in Aberdeen City, Aberdeenshire and Moray Integration Joint Boards (Pages 167 - 184)

COMMISSIONING

- 14 Review of Commissioned Day Services (Pages 185 - 202)
- 15 Learning Disabilities Service Review (Pages 203 - 210)

ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE

- 16 Contract Award Report (Pages 211 - 218)
- 17 Kingswells Care Home (Pages 219 - 224)
- 18 Direct Award Report (Pages 225 - 232)

NEXT MEETINGS

INTEGRATION JOINT BOARD - 3 SEPTEMBER 2019

AUDIT AND PERFORMANCE SYSTEMS COMMITTEE - 29 OCTOBER 2019

CLINICAL AND CARE GOVERNANCE COMMITTEE - 13 AUGUST 2019

END OF BOARD MEETING

- 19 Open Space Discussion - including Chief Officer's Update
- 20 Workshop - Hosted Services

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

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

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ABERDEEN, 12 March 2019. Minute of Meeting of the INTEGRATION JOINT BOARD.

Present:- Councillor Sarah Duncan (Chairperson) and Jonathan Passmore MBE (vice Chairperson); Councillors Al-Samarai, Bell and Laing, (as substitute for Councillor Lesley Dunbar); Luan Grugeon (NHS Grampian Board member), Sandra Ross (Chief Officer, ACHSCP) and Alex Stephen (Chief Finance Officer, ACHSCP) and Claire Duncan (Lead Social Worker, ACC) for Graeme Simpson (Chief Social Worker, ACC).

Also in attendance: Martin Murchie (Chief Officer, ACC – as substitute for Frank McGee (Director, ACC), Alan Thomson and Jess Anderson (Legal, ACC),

Apologies: Councillor Lesley Dunbar, Graeme Simpson (ACC), Kim Cruttenden and Prof Steve Hays (NHS Grampian Board members), Mike Adams (NHS Staff Rep), Jim Currie (Trade Union Representative, ACC), Gill Moffat and Faith-Jason Robertson- Foy (Carer Representative),

WELCOME FROM THE CHAIR

1. The Chair welcomed all to the Budget Meeting of the Integration Joint Board and intimated the apologies.

MEMBERS ARE REQUESTED TO INTIMATE ANY DECLARATIONS OF INTEREST

2. There were no declarations of interest.

MEMBERS ARE REQUESTED TO DETERMINE THAT ANY EXEMPT BUSINESS BE CONSIDERED WITH THE PRESS AND PUBLIC EXCLUDED

3. There was no exempt business.

MEDIUM TERM FINANCIAL FRAMEWORK

4. The Board had before it the report by Alex Stephen, Chief Finance Officer.

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The report recommended that the Board:

- (i) Note the financial allocations proposed to be allocated by the partner organisations;
- (ii) Approve the Bon Accord Contract level for 2019/20 of £27,233,000 and budget assumptions noted in section 3.8;
- (iii) Formally approve the 2019/20 budget and the Aberdeen City IJB Medium Term Financial Strategy included as appendix 1 of this report;

The Board heard that the report indicated that this was an extremely tight budget forecast particularly against the backdrop of a revised funding formula by NHS Grampian by utilising the MRAC formulas.

Final Grant Settlement

The Board were reminded that this formula of funding was not the basis upon which the original funding and budget frameworks were based and that the budget had been set against a background of reduced funding from both partnerships.

The Board agreed that following the previous more positive financial contributions, the Board had been able to deliver positive outcomes against the strategy. It was disappointing that the current position would place additional pressures on the Board and its ability to deliver core services.

The Board conceded that whilst the reduction of Council funding had been predicted, the reduction from NHS Grampian against its revised formula was not. The Board were concerned that should the basis of funding in future years continue to reduce this would introduce additional risks.

Medium Term Financial Framework

The Board heard that this indicated the challenging financial position to deliver savings year on year against the reductions received. Together with additional funding requirements in several areas this clearly introduced additional risk.

The Board heard that mitigation of the risks included enhanced drive to deliver efficiencies throughout and that industry toolkits were being applied to assist that delivery which introduced a confidence on the probability of delivering savings.

The Board were reminded that the risk fund remained in a healthy position should those funds be required.

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Discussion included concerns around the Scottish Living Wage (SLW) and whilst Scottish Government funding presently assisted that delivery, removal or reduction of funds in that area would introduce an additional risk. The Board agreed that as the workforce were key to the delivery of services and efficiencies, it was important that a close watch be maintained on SLW.

The Board heard that the current reduction in prescription costs would hopefully continue and that projections had been made over the next 5/10 years.

This saving was very much linked upon the prevention and care at home strategy projects delivering their anticipated benefits and efficiencies also.

The Board heard that the revised strategy would see greater emphasis on prevention which albeit carrying an element of risk is very much the way forward. The revised strategy was intended to assist better provision of services and assist greater focus on benefit and efficiency together with digital enhancement to assist.

The Board indicated their pleasure of the volume and nature of work carried out in preparing and presenting the Budget Report and extended their appreciation to the Chief Finance Officer.

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The Board resolved to :-

- (i) Note the financial allocations from the partner organisations and that the Chair write to the respective organisations to convey the Board's concern about the change in basis for funding and potential risks to the IJB's future financial position should this basis of allocation continue in the future
- (ii) Approve the Bon Accord Contract level for 2019/20 of £27,233,000 and budget assumptions noted in section 3.8;
- (iii) Formally approve the 2019/20 budget and the Aberdeen City IJB Medium Term Financial Strategy included as appendix 1 of this report;
- (iv) Note that the IJB previously agreed to earmark £2.5 million in a risk fund and that this is included in the Medium-Term Financial Framework;
- (v) Instruct the Chief Officer to uplift the direct payments for clients with a staffing element included in their payment by 2.8% from the 1 May 2019 to cover the increase in the Scottish Living Wage;
- (vi) Instruct the Chief Officer to negotiate uplifts for those Social Care providers not covered by the National Care Home Contract; and
- (vii) Make the budget directions contained in appendix 2 of this report and instruct the Chief Officer to issue these directions to the constituent authorities.

- **COUNCILLOR SARAH DUNCAN, Convener**

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ABERDEEN, 26 March 2019.

Minute of Meeting of the INTEGRATION JOINT BOARD.

Present:- Councillor Sarah Duncan, Chair; Jonathan Passmore MBE, Vice Chair; and Cllr Gill Al-Samarai, Councillor Philip Bell, Councillor Lesley Dunbar, Luan Grugeon, Caroline Howarth, Heather MacRae and Kenneth Simpson .

Also in attendance:- Sandra Ross (Chief Officer) and Alex Stephen (Chief Finance Officer), both ACHSCP, Angela Scott (Chief Executive), Alan Thomson and Jess Anderson (Legal), both ACC.

In attendance for workshop session:-

Apologies:- Professor Steven Heys, Kim Cruttenden, Jim Currie, Graeme Simpson, Dr Howard Gemmell, Gill Moffat and Dr Malcolm Metcalfe

WELCOME FROM THE CHAIR

1. The Chair opened and welcomed everybody to the meeting. Councillors Bell and Dunbar, as new members, were introduced and welcomed to the Board.

MEMBERS ARE REQUESTED TO INTIMATE ANY DECLARATIONS OF INTEREST

2. Councillor Dunbar declared that she was a member of a group which received funding via IJB but that she did not intend to withdraw from the discussions.

The Board resolved:-

To note Councillor Dunbar's comment and intention.

MEMBERS ARE REQUESTED TO DETERMINE THAT ANY EXEMPT BUSINESS BE CONSIDERED WITH THE PRESS AND PUBLIC EXCLUDED

3. **The Board resolved:-**
to hear the Chief Officer's update in public unless any matter required to be heard in private.

MINUTE OF BOARD MEETING OF 22 JANUARY 2019

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4. **The Board resolved to:-**
approve the minute of the Board Meeting of 22 January 2019.

MINUTE OF BOARD BUDGET MEETING OF 12 MARCH 2019 - DRAFT

41. **The Board resolved to:-**
review the Draft Minute of the Budget Meeting of 12 March 2019 at the next meeting of 11 June 2019.

MATTERS ARISING

5.

DRAFT MINUTE OF CLINICAL AND CARE GOVERNANCE COMMITTEE OF 19 FEBRUARY 2019

6. **The Board resolved to:-**
approve the minute of the CCG Meeting of 19 February 2019.

DRAFT MINUTE OF AUDIT AND PERFORMANCE SYSTEMS COMMITTEE OF 12 FEBRUARY 2019

7. **The Board resolved to:-**
approve the minute of the APS Meeting of 12 February 2019.

BUSINESS STATEMENT

8. The Board had before it the Business Statement and heard that the document would be refreshed to include reporting on identified workstreams.

The Board resolved to:-
note the current Business Statement

APPOINTMENTS

9. The Board had before it the paper regarding appointments to the Board and to its committees. Following discussion, and whilst not all NHS Grampian members had

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been identified, the Board agreed that it was pragmatic to appoint members albeit perhaps only on an interim basis if required.

The Board resolved to:-

- (i) Note that NHSG has appointed Kim Cruttenden, as a voting member to the IJB, and is to shortly appoint a further two voting members;
- (ii) Note that Aberdeen City Council has appointed Councillor Lesley Dunbar and Councillor Philip Bell as voting members to the IJB;
- (iii) Appoint Luan Grugeon, an NHSG voting member, as Vice Chair to the IJB;
- (iv) Reviewed the membership for the Audit & Performance (APS) Committee and appointed Councillors Al-Samarai and Bell, and Luan Grugeon to this committee whilst awaiting appointment of a further NHSG voting member (four voting members to the committee, two from each representative organisation)
- (v) Reviewed the membership for the Clinical & Care Governance (CCG) Committee and appointed Councillors Dunbar and Duncan, and Kim Cruttenden to this committee whilst awaiting appointment of a further NHSG voting member (four voting members to the committee, two from each representative organisation)
- (vi) Appoint Luan Grugeon as Interim Chairperson of the APS Committee whilst noting that this appointment would be reviewed upon appointment of the further NHSG voting members, and appoint Councillor Dunbar as Chairperson of APS Committee, ensuring that this followed the principles of equal representation.
- (vii) Reaffirmed the IJB meeting schedule for 2019-20 attached as **Appendix A**.

STRATEGIC RISK REGISTER

10. The Board had before it the Strategic Risk Register and heard that this now included those risks previously discussed by the Board and identified the appropriate risk owner(s). During discussion it was heard that the document had improved greatly and assisted map the journey of the board. This showed the transition from transformation to business as usual.

The document allowed the Board to better focus on the risk areas particularly as they now aligned to the new strategy.

The Board resolved to:-

Approve the revised Risk Register, as shown in Appendix A.

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IMPROVEMENT OF RE-ADMISSIONS PERFORMANCE

11. The Board had before it the paper which discussed the improvement in re-admissions. The Board heard from Alison MacLeod that the paper was requested following discussions arising from the Annual Report in August 2018. There had followed an investigation into the figures which were forwarded to the Unscheduled Care Group and the Clinical care Group for baselining.

The Board discussed that a report around the KPI's could be brought to a future meeting to include some context around the figures. It was heard that the report indicated frailty as an issue to re-admission which would suggest further within locality settings to see where any issues lay.

The Board resolved to:-

- (i) Note the finding of the analysis exercise.
- (ii) Instruct the Chief Officer to investigate how the AHSCP performance compares to the Grampian wide performance by referring to the Unscheduled Care Group, and
- (iii) Refer the report to the Clinical and Care Governance Group proposing that they could potentially use some of the data – particularly that in relation to Respiratory Medicine, Cardiology and Infectious Diseases – as baseline indicators to measure the success of the Acute Care @ Home project

HEALTH IMPROVEMENT FUND

12. The Board had before it the report presented by Katie Cunningham and Anna Gale on the Health Improvement Fund. The Board heard the history of the fund which was annually recurring and administered through the ACHSCP.

Since its inception, the HIF has been subject to ongoing review and refinement which concluded the fund and the processes adopted are meeting the funding principles and contributing to an increased preventative spend.

The Board commented that the report identified use of available funding which was possible to align with the IJB strategy and the LOIP. Opportunities were identified to encourage wider sharing of the learning with council colleagues.

The Board resolved to:-

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- (i) Note the content of the report contained in appendix A, including the contribution of the Fund towards achieving the principles of the Christie Commission¹ and Community Empowerment Act
- (ii) Instruct the Chief Officer to bring an annual report relating to the Health Improvement Fund to the IJB in April 2020 and annually thereafter, and
- (iii) Instruct the Chief Officer to further develop the HIF core and Neighbourhood Health: HIF to be directed through localities with the ambition to allocate funds through Participatory Budgeting in the future.

LOCALITY MODEL

- 13.** The Board had before it a report presented by Gail Woodcock. The paper resulted from an earlier report to the Board in October 2018 and followed consultation sessions and public events. The Board heard that this had resulted in a fairly positive feedback.

The report sought to provide assurances that existing good practice and service experience would not be lost, but that these were foundations upon which future delivery could be made. The Board heard that the restructure would align with partners which would better design benefits to all. It was accepted that not all localities have the same demands or requirements and that focus was required to improve outcomes for the whole population.

Whilst discussions included concern of some challenges with the revised model and the pace of change, as the model matured it would be possible to identify learning and present this in a future report.

It was accepted that the differing descriptions and titles, both legally and locally, in use did not particularly assist easier understanding of locality work. This presented an opportunity to engage further with all interested parties to establish a common terminology.

The Board resolved to:-

- (i) Agree to recognise three localities in the city, as per Appendix A.
- (ii) Note the planned approach to strengthen and maximise benefits available through locality working through a co-production approach working with localities.
- (iii) Instruct the Chief Officer to report back to the November 2019 meeting of the IJB with a further update on the implementation of the revised localities.
- (iv) Instruct the Chief Officer to discuss opportunities for developing clear, distinct terminology for Health and Social Care Partnership localities and Community Planning Partnership localities and report back with a recommendation to the IJB.

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FINAL STRATEGIC PLAN

14. The Board had before it the report presented by Alison MacLeod who provided an overview of the report which had been amended following consultation, comment and feedback. Accepting that gaps had been identified, this plan would cover the period April 2019 to March 2022, although considerations had been given to a 5 year plan which it was felt was too long given the journey encountered in the previous 3 years.

The report would allow for greater accountability with the dashboard providing better understanding and accessibility to make sometimes tough decisions.

The Board resolved to:-

- (i) Note the process undertaken to develop the Strategic Plan 2019-22 from the consultation draft they approved in December 2018.
- (ii) Approves the final draft of the Strategic Plan 2019-22.
- (iii) Instructs the Chief Officer to publish the Strategic Plan 2019-22 on the ACHSCP website.

STRATEGIC COMMISSIONING UPDATE

15. The Board had before it the report prepared by Anne McKenzie and presented by Alison MacLeod who provided information on the work undertaken thus far.

The Board heard that this report considered the principle area of identified risk and provided a positive way forward working collaboratively in a difficult area. This had been raised at national level and a further opportunity was offered to share with Chief Executives of ScotExcel.

The Board resolved to:-

- (i) Note the content of the report

FRANKS LAW

16. The Board had before it the report presented by Alison MacLeod and heard that this was an extension of free personal care and heard of the history around 'Frank's Law'.

The attached Action Plan detailed the delivery required and additional cost was also explained. A degree of unknown demand was discussed. The Board were

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keen to ensure those requiring such care could be assisted and it was suggested that auto enrolment was worthy of exploration as was service users' awareness of potential impact on benefit payments. Assurance was provided that care managers and key workers were already engaged in such matters albeit it was the individual's responsibility.

The Board highlighted that the numbers involved were a potential issue and that unmet demand would need to be monitored.

The Board resolved to:-

- (i) Note the introduction of Free Personal Care for under 65s on 1st April 2019 and the preparations ACHSCP have made for this.
- (ii) Endorse the Action Plan developed.

GRANITE CITY GOOD FOOD

17. The Board had before it the report presented by Jenny Gordon. The Board heard that whilst there was a national approach, Aberdeen had approached matters slightly differently. The GCGF required partner participation and multi-level engagement.

The Board highlighted that this needed to tie in with Health and Wellbeing and promotion around Healthy Eating is required to assist the GCGF move forward.

The Board resolved to:-

- (i) Note the update report on 'Granite City Good Food (GCGF)
- (ii) Support the principles of GCGF and its Charter through the ACHSCP action plan (in development)
- (iii) Instruct the Chair of the Integration Joint Board to sign of the (GCGF) charter on behalf of the ACHSCP
- (iv) Instruct the Chief Officer that an annual update on ACHSCP GCGF is presented to the IJB, and
- (v) Instruct the Chief Officer that the Grampian consultation strategies for Tobacco and Diet, Activity and Healthy Weight are presented to the Board

WORKFORCE PLAN

18. The Board had before it the report presented by Susie Downie. The Board heard the plan presented the strategic intent of a single cohesive group with a 3 year timescale.

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The Board heard that the plan involved cultural change and that success was dependent upon positive partner participation. A collaborative approach would ensure joint principles and monitoring was essential for this difficult, but correct intention.

The Board resolved to:-

- (i) Approve the ACHSCP Empowered Workforce Plan (2019-21)
- (ii) To publish the ACHSCP Empowered Workforce Plan (2019-21)

TRANSFORMATION DECISIONS REQUIRED

- 19.** The Board had before it the report prepared and presented by Gail Woodcock.

The Board heard that the report was presented in the usual manner though decisions were required. Broadly, the transformation involved six large pieces of work identified into Programmes. Some of the projects were suitable for scaling up which would create further programmes.

The Board heard explanation on each of the subjects presented in the report and held discussion around each.

The Board resolved to:-

- (i) Approve the contract extension of the Link Working contract and delay a decision on the Custody Suite as set out in Appendix I, relating to the Link Working in Custody Suite and instruct the Chief Officer to submit a further updated report
- (ii) Approve the expenditure, as set out in Appendix I, relating to the Community Listening Service
- (iii) Delay a decision on the expenditure, as set out in Appendix A, for a replacement case management system for Adult Social Work whilst noting the business case in Appendix A and seek a further proposal to the June IJB that considers opportunities for a cross sectoral digital solution
- (iv) Note the progress towards developing integrated Unscheduled Care working in the City.
- (v) Approve the proposed project change relating to Community Link Working – Links Approach as set out in Appendix C, which would result in the continuation of the existing contract until 2022 and instruct the Chief Officer to submit updated reports to the IJB and APS Committee.
- (vi) Make the Directions relating to the above projects as specified in Appendices D and and F and instruct the Chief Officer to issue the Directions to NHS Grampian and Aberdeen City Council as appropriate.

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DENBURN/AURORA

20. The Board had before it the report presented by Teresa Waugh who provided an explanation around the report.

The Board heard that the intention was to make best use of available resources utilising existing, approved methods which included partner and community considerations. There had also been consideration of 3rd sector use and exploitation of time availability however limited budgets did impact possible enhancements.

The dispersal of service users from elsewhere required relocation within the community which encouraged better use of existing facilities.

The Board resolved to:-

- (i) Approve the strategic direction for the delivery of Primary and Community Care Services (PCCS) set out within the summary of the Outline Business Case for the Denburn/Aurora Project (Appendix A).
- (ii) Agree that the Outline Business Case be submitted to the NHS Grampian (NHSG) Board on 4th of April 2019, with a recommendation to approve and submit to the Scottish Government

HORIZONS

21. The Board had before it the report presented by Jason Nicol. The Board heard that IJB authority was required to transfer staff (under TUPE) from Bon Accord Care to ensure formal governance.

The Board resolved to:-

Make the Direction relating to the Horizons Rehabilitation Service from 1 April 2019, as specified in Appendix A and instruct the Chief Officer to issue the Direction to Aberdeen City Council.

UPDATE FROM THE CHIEF OFFICER

22. The Board heard from the Chief Officer, Sandra Ross who provided the updates on the following.

Bridge of Dee
Scottish Government Ministerial Self Evaluation

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Leadership Team

The Board heard the updates included action actions arising from the journey taken thus far and that this learning and understanding would be shared with Board members who may not have been sighted on all aspects.

The Board noted the update provided.

- **COUNCILLOR SARAH DUNCAN, Convener**

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CLINICAL & CARE GOVERNANCE COMMITTEE

Minute of Meeting

Tuesday 14 May 2019
Health Village, Aberdeen

Present: Cllr. Lesley Dunbar Chair
Cllr. Sarah Duncan

Also in attendance:

Kenneth Simpson	IJB Member (Third Sector Representative)
Dr Caroline Howarth	Clinical Director (GP)
Lynn Morrison	Allied Health Professions Lead
Dr Graham Gauld	Clinical Lead
Heather Macrae	Nursing Lead
Linda Leaver	Risk Management Advisor (Patient Safety)
Laura MacDonald	Health & Safety Representative
Claire Duncan	Lead Social Work Officer
Graeme Simpson	Chief Social Work Officer

For Item 3 Lorraine McKenna Primary Care Lead – Dentistry, Optometry,
Pharmacy & Psychology

Apologies:

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

WELCOME FROM THE CHAIR

0. The Chair opened the meeting and welcomed the new attendees to the meeting. Introductions were given.

The Committee resolved: -

- i) To welcome the new attendees to the Committee meeting.

MINUTE OF CCG COMMITTEE MEETING – 19 February 2019

1 The Committee had before it the Minute of the Clinical & Care Governance Committee meeting of 19 February 2019.

The Committee resolved:-

- i) To defer approving the Minute until the next meeting of the Committee as is not quorate. At present no NHS IJB member replacements confirmed.
- ii) Amendment to Item 3, Matters Arising; Page 5/6 – change wording to *“There was an extensive discussion on the representation of acute sector services for which the IJB have strategic planning for, on the agenda of both the Clinical & Care Governance Committee and Clinical & Care Governance Group, and the escalation processes for issues within acute care services”*.
- iii) Amendment to Item 8, Clinical & Care Governance Group Minutes. Amend Health Visiting item and remove sentence *“This will also be reported via Child Protection Committee”*.
- iv) The Chair suggested that the process of approving Minutes should be changed in order that Minutes are checked for accuracy and any amendments required, made prior to the meeting, therefore only to be approved at the Meeting.
- v) That Minutes of the previous Meeting be circulated to the Committee in the timescale according to the Committee Terms of Reference.

BUSINESS STATEMENT

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

It was noted that the new strategic performance reporting framework (approved by IJB) indicates that the CCG Committee should expect performance reports on specific strategic aims over the course of the year and these reports should be included in the business planner.

The Committee also discussed the roles of Lead Officers for the CCG Committee, and agreed the Clinical Director post would be the most appropriate person for this position.

The Committee resolved:-

- i) That a discussion be held with Martin Allan and Derek Jamieson (and others as felt appropriate) to determine the ongoing clerking support to the CCG Committee).
- ii) That further work on the business planner should be undertaken to develop a clearer picture of future reporting requirements. The CCG Chairperson, the IJB Chairperson and the Clinical Director should meet to discuss future use of the planner.
- iii) To confirm that the Lead Officer for the Committee should be the Clinical Director (GP), as required by the Committee's Terms of Reference and instruct officers to update the Terms of Reference accordingly.

REPORTS FOR THE COMMITTEE'S CONSIDERATION

ROSEMOUNT MEDICAL GROUP : PROJECT CLOSURE REPORT

3 The Committee had before it a Report by Lorraine McKenna which provided an update on the Rosemount Medical Group which closed on 31 January 2019. Lorraine McKenna praised the Project Team as exceptional in the work they carried out.

The Project Group had undertaken all work required for patients in order that they were allocated a new GP Practice after the closure of Rosemount. The Project Closure Report highlighted the objectives for the project, which had all been achieved; lessons learned for future projects/systems improvements; and a risks and issues log.

The Project Closure Report highlights that the current notice period of six months can be an unrealistic timescale. Whilst changes to the notice period would be difficult to implement, the Committee emphasised the importance of offering early support and advice for any GP practice which finds itself in difficulty, and of encouraging strong communication links with practices to help ensure as much notice is given as possible.

The Committee noted that it is intended to share a summary of the lessons learned with practices and suggested that this could also be shared with Primary Care colleagues within in the Scottish Government as it could potentially provide guidance to others in a similar situation.

The Chair thanked the Project Group and Lorraine McKenna for the work that was carried out in a short timescale.

The Committee Resolved:-

- i) To add recommendations to the Project Closure Report, which should include the lessons learned, and to add a further recommendation to share learning with GP practices, both locally and nationally and also the Scottish Government.
- ii) To request that once returns for the GP sustainability tool are collated and analysed, that a report is brought back to the Clinical & Care Governance Group and escalated as appropriate to the Committee.

CLINICAL & CARE GOVERNANCE COMMITTEE TERMS OF REFERENCE REVIEW

4 The Committee had before it a Report on the Clinical & Care Governance Committee Terms of Reference Review.

At the previous meeting of the Committee, suggested revisions were put forward which have now been incorporated into the Terms of Reference.

The Committee Resolved:-

- i) To agree the revised Terms of Reference

CLINICAL & CARE GOVERNANCE FRAMEWORK REVIEW

5 The Committee had before it a report on the Clinical & Care Governance Framework Review. Lynn Morrison spoke to the report and provided a further update.

- **Clinical Care Management review:** Meetings now being held regularly since the beginning of 2019. Work has been ongoing to review adverse healthcare events with old events within the system being closed off, and learning gained being shared.
- **Duty of Candour:** Work is being carried out on Duty of Candour to clarify the process within the partnership. The partnership is required to contribute to the annual reports of both NHS Grampian and Aberdeen City Council. Currently there is no designated Lead Officer in the Partnership for Duty of Candour. Acute representative is now linked into the clinical and care governance group. Claire Duncan raised concerns regarding Duty of Candour as does not feel assured that all staff have an understanding of Duty of Candour, therefore need to work with staff to explain their responsibilities. This has to be a joint process with both ACC and ACHSCP as require statutory report to the Scottish Government.
- **Business Support:** Business Support for both the group and the committee remains an ongoing gap which Martin Allan and Alison MacLeod are taking forward. At present there is no identified member of staff to gather information/analyse data for the reports which has limited progress in developing reporting for both the group and the committee

The Committee Resolved:-

- i) To note the progress on the report; and
- ii) To instruct the Lead (AHPs) to discuss a Lead for Duty of Candour for ACHSCP with the Chief Officer

CLINICAL & CARE GOVERNANCE GROUP REPORTS

Clinical & Care Governance Group Matters : Summary Report

6a The Committee had before it a Summary Report from the Clinical & Care Governance Group. Lynn Morrison spoke to the report and provided an update:

- Amendment to the cover page (Page 99) as the risks are Health Visiting; Woodend staffing around nursing at Rehabilitation Stroke Unit; Mental Health around Consultant vacancies.
- **Learning Disability Care Management:** Councillor Duncan noted an increase in risk within Learning Disability (LD) Care Management relating to staffing issues and increased demand. Claire Duncan explained that service managers are prioritising caseloads to ensure that statutory requirements are met. A review of the LD service is underway to consider how best to meet the needs of service users and increasing demand in a more integrated approach. The risks from shortages in staffing have been mitigated which includes extra staff being brought in to cover the shortages whilst solutions are found. MH&LD has own risk management and is high on their agenda and will go to the Leadership Team with their recommendations.
- **Banks O' Dee:** Claire Duncan provided an update on Banks o' Dee Care Home which will close on 20 June 2019 and indicated that all residents will have alternative placements by the closure date. It was noted that the closure has led to an increase in delayed discharges, which may have an adverse effect on sustainability. Contingencies are required as the company is in administration, however assurances have been given by the company for continuity of service. Officers are working with the Care Inspectorate to look at how ACHSCP can work with care home providers to increase stability in the market.

The Committee Resolved:-

- To note the report.
- To request that the Lead Social Work Officer brings a report to the August meeting of the Clinical & Care Governance Committee, focusing on the lessons learned and future actions following the closure of Banks O Dee.

Clinical & Care Governance Group Previous Minutes (February 2019)

6b The Committee had before it the Minute from the Clinical & Care Governance Group from February 2019.

Lynn Morrison provided an update on the Report and asked the committee whether they wished to see minutes from the group in future

The Committee Resolved:-

- To agree that the minutes of the Clinical & Care Governance Group are not required for this meeting, and to only present the Summary Report from the Group.

ACHSCP Feedback Report

6c The Committee had before it the ACHSCP Feedback Report. The document is a first iteration of an integrated report. Work is currently in progress how to pull together reports for Adverse Events/Complaints/Duty of Candour etc, and will be obtaining data over a large timescale to compare trends.

The Committee Resolved:-

- The Report was noted.

- ii) To request that further iterations of the report include trendlines.

COUNCILLOR LESLEY DUNBAR (CHAIR)

DRAFT



Audit and Performance Systems Committee

Minute of Meeting

Tuesday, 28 May 2019

10.00 am Meeting Room 4 / 5, Health Village

Present: Luan Grugeon; and John Tomlinson, Cllr Gill Al-Samarai and Councillor Philip Bell

Also in attendance; Sandra Ross (Chief Officer, ACHSCP), Alex Stephen (Chief Finance Officer, ACHSCP), Alan Thomson (Solicitor, ACC), Colin Harvey (Internal Audit), Gail Woodcock (Lead Transformation Manager, ACHSCP) and Martin Allan (Business Manager, ACHSCP)

Apologies: David Hughes (Internal Audit)

OPENING REMARKS

The Chair opened the meeting and welcomed John Tomlinson onto the Committee. The Chair commented on the volume of reports on today's agenda and reminded Members that an 'open door policy' existed in all work of the Partnership and that officers could be contacted directly at any time on any matter seeking clarity.

MEMBERS ARE REQUESTED TO INTIMATE ANY DECLARATIONS OF INTEREST

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

The Committee resolved:-

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

MEMBERS ARE REQUESTED TO DETERMINE THAT ANY EXEMPT BUSINESS BE CONSIDERED WITH THE PRESS AND PUBLIC EXCLUDED

2. 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 OF 12 FEBRUARY 2019

AUDIT AND PERFORMANCE SYSTEMS COMMITTEE
28 May 2019

3. The Committee had before it the minute of the previous meeting of 12 February 2019.

The Committee resolved:-

To approve the minutes of 12 February 2019 as a true record.

MINUTE OF PREVIOUS MEETING OF 30 APRIL 2019

4. The Committee had before it the minute of the previous meeting of 30 April 2019.

The Committee resolved:-

To approve the minutes of 30 April 2019 as a true record.

BUSINESS PLANNER - FOR DISCUSSION

5. The Committee had before it the business planner. There was discussion regarding its content and purpose and the members indicated its importance in maintaining assurance.

The Committee resolved:-

- (1) to note the current content of the business planner
- (2) to direct the Chief Officer Finance to review the business planner and consider merging with the Forward Planner whilst retaining visibility of all items to be reported to the Committee

APS DUTIES REPORT

6. The Committee had before it the APS Duties Report, which was presented by the Chief Financial Officer, Alex Stephen.

The Committee resolved:-

- (3) to note the current content of the APS Duties Report
- (4) Request that the Chief Finance Officer presents this report to the APS on an annual basis at the start of each financial year.

TRANSFORMATION PROGRAMME MONITORING

AUDIT AND PERFORMANCE SYSTEMS COMMITTEE

28 May 2019

7. The Committee had before it the Transformation Programme Monitoring report which was presented by the Lead Transformation Manager, Gail Woodcock.

The Committee were reminded that whilst this was a regular report, an opportunity was taken on each presentation to study a topic more closely, on this occasion Acute Care at Home, House of Care and INCA.

The Committee also received a presentation from Dr Calum Leask.

The Committee resolved: -

To note the information provided in this report.

EXTERNAL AUDIT ANNUAL REPORT

8. The Committee had before it the External Audit Report presented by Andy Shaw of KPMG.

The Committee heard an overview of the report and that there were no significant matters outstanding which allowed for an unqualified opinion to be issued. The Committee also heard that the Partnership Accounts had been the first to be presented in Scotland this year.

The Committee expressed their appreciation of the efforts applied by the Chief Financial Officer and his staff, and the external auditors in preparing the accounts.

The Committee resolved: -

To note the contents of the report

INTERNAL AUDIT ANNUAL REPORT 2018/2019 - INC. OUTSTANDING RECOMMENDATIONS

9. The Committee had before it the Internal Audit Annual Report prepared by the Chief Internal Auditor and presented by Internal Auditor Colin Harvey.

The Committee heard an overview of the report.

The Committee resolved: -

- (1) to note the Internal Audit Annual Report 2018/19,
- (2) to note that the Chief Internal Auditor has confirmed the organisational independence of Internal Audit,

AUDIT AND PERFORMANCE SYSTEMS COMMITTEE

28 May 2019

- (3) to note that there has been no limitation to the scope of Internal Audit work during 2018/19; and
- (4) to note the progress that management has made with implementing recommendations agreed in Internal Audit reports.

INTERNAL AUDIT PLAN 2019/2020

10. The Committee had before it the Internal Audit Plan 2019/2020 which was presented by Colin Harvey.

The Committee heard that the planned activities was based upon local and national risk and also from suggestions or results of other engagements. Whilst the plan was fairly rigid, there was scope to amend the intended work plan should risk dictate that. The Committee were reminded that the opportunity also existed for the Partnership to initially review any matter of concern in the absence of Internal Audit.

The Committee resolved: -

- (1) To approve the Internal Audit Plan for 2019/20
- (2) To note that whilst there is limited flexibility to additional requests, these would be considered on a risk basis.

ACC INTERNAL AUDIT REPORT - CRIMINAL JUSTICE

11. The Committee had before it the Internal Audit Report on Criminal Justice which was presented by Colin Harvey.

The Committee heard that whilst some minor weakness had been identified, action had already been undertaken in the form of retraining to address these issues.

The Committee resolved: -

To note the content of the report.

ACC INTERNAL AUDIT REPORT - NATIONAL CARE HOME CONTRACT

12. The Committee had before it the Internal Audit Report on the National Care Home Contract which was presented by Colin Harvey.

AUDIT AND PERFORMANCE SYSTEMS COMMITTEE

28 May 2019

The Committee heard that whilst some matters were not particularly well recorded, changes were being implemented which would be subject of a follow up.

The Committee resolved: -

To note the content of the report.

NHS INTERNAL AUDIT REPORTS

13. The Committee had before it the NHS Internal Audit Report presented by PWC.

The Committee resolved: -

- (1) To note the content of the NHSG Internal Audit Reports, as attached at Appendix A, B & C, and
- (2) To note the actions and timescales for Aberdeen City, as outlined in the action plan of the NHSG Internal Audit report attached at Appendix A and C.

AUDIT SCOTLAND - LOCAL GOVERNMENT IN SCOTLAND AND SAFE GUARDING PUBLIC MONEY

14. The Committee had before it the public reports issued by Audit Scotland.

The Committee heard from the Chief Finance Officer, Alex Stephen, that relevant Audit Scotland reports and publications would be brought to the Committee for awareness and noting. The Committee also heard that the new leadership structure within the Partnership reflected cross leadership comments which featured in the reports.

The Committee resolved: -

To note the content of both reports

AUDITED ANNUAL ACCOUNTS

15. The Committee had before it the Audited Annual Accounts presented by the Chief Finance Officer, Alex Stephen.

The Committee heard that the word 'Unaudited' should be amended to 'Audited' where appropriate.

AUDIT AND PERFORMANCE SYSTEMS COMMITTEE

28 May 2019

The Committee resolved: -

- (1) To agree the Integration Joint Board's Audited Accounts for 2018/19, as attached at appendix A,
- (2) To instruct Officers to submit the approved audited accounts to NHS Grampian and Aberdeen City Council.
- (3) Instruct the Chief Finance Officer to sign the representation letter, as attached at appendix B.

FINANCIAL MONITORING

16. The Committee had before it the Finance Update as at March 2019, which was presented by the Chief Finance Officer, Alex Stephen.

The Committee resolved: -

- (1) To note this report in relation to the IJB budget and the information on areas of risk and management action that are contained therein, and
- (2) to note the budget virements indicated in Appendix E.

EXEMPT BUSINESS

17. There was no exempt business.

CONFIRMATION OF ASSURANCE

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

The Committee resolved:-

To confirm the receipt of reasonable assurance for items on today's agenda.

Luan.Grugeon, Chair

AUDIT AND PERFORMANCE SYSTEMS COMMITTEE
28 May 2019

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**INTEGRATION JOINT BOARD
BUSINESS STATEMENT**

11 JUNE 2019

Please note that this statement contains a note of items which have been instructed for submission to, or further consideration by, the Integration Joint Board (IJB). All other actions which have been instructed are not included, as they are deemed to be operational matters after the point of decision. If a date is highlighted in **red** this means that an item is overdue.

<u>No.</u>	<u>Minute Reference</u>	<u>IJB Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Expected</u>
1.	IJB 30.01.18 Article 10 22.01.19 Article 8 26.03.19 Article	<p><u>Risk Management</u></p> <p>The Board requested that the updated strategic risk register be presented to the Board at its next meeting on 22 May 2018.</p> <p>The Strategic Risk Register and Risk Appetite Statement were endorsed by the Board on 9 October 2018. The Audit and Performance Committee will monitor risk on an ongoing basis and escalate any change in risk rating to the Board.</p> <p>It was noted that the risk register was increasingly mature and that the risk register would be reviewed in line with the new strategic plan at a future development session. During discussion it was heard that the document had improved greatly and assisted map the journey of the board. This showed the</p>	<p>The Board instructed the Chief Officer to capture risks relating to the Brexit transition process within the Risk Register.</p> <p>In December 2018, the Board requested that an update report be provided to the January 2019 meeting which could include recent information which had been presented to the NHSG Board.</p> <p>On 22 January 2019, the Board noted the paper submitted then and requested a further report be presented to the APS Committee for discussion then presented to the IJB meeting of 26.03.</p> <p>Approved the Register as presented and would see next update.</p>	Business Manager, Aberdeen City Health and Social Care Partnership	11.06.19

<u>No.</u>	<u>Minute Reference</u>	<u>IJB Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Expected</u>
		<p>transition from transformation to business as usual.</p> <p>The document allowed the Board to better focus on the risk areas particularly as they now aligned to the new strategy</p>	<p>Service Update - Recommended for approval as risk register will be reported quarterly as indicated and agreed in the Board Assurance and Escalation Framework.</p>		
2.	<p>IJB 30.01.18 Article 7</p> <p>IJB 26.03.19 Article 17</p>	<p><u>Diet, Activity and Healthy Weight</u></p> <p>The Board instructed the Chief Officer to prepare an additional paper to be presented to the IJB in early 2018 to consider the Food Charter for the SFCPA.</p> <p>The Board instructed the Chief Officer that an annual update on ACHSCP GCGF is presented to the IJB, and (v) Instruct the Chief Officer that the Grampian consultation strategies for Tobacco and Diet, Activity and Healthy Weight are presented to the Board</p>	<p>This report was deferred to the meeting of 22 January 2019, however as the implementation plan is still under development, this will now be reported in March 2019.</p> <p>Service Update - This will be added to the forward planner and the GCGF implementation plan is included on today's agenda.</p> <p>The consultation strategies referred to will be highlighted in the matters arising item of the agenda.</p>	Public Health Lead, Aberdeen City Health & Social Care Partnership	11.06.19
3.	<p>IJB 09.10.18 Article 15</p> <p>IJB</p>	<p><u>Localities</u></p> <p>The Board instructed the Chief Officer to review the locality structure and consult with relevant stakeholders and staff on the proposal to move from a four to a three-locality model and report back to the IJB on 26 March 2019 with the results of this review and consultation along with the new Strategic Plan once finalised.</p>		Lead Transformation Manager, Aberdeen City Health and Social Care Partnership	19.11.2019

<u>No.</u>	<u>Minute Reference</u>	<u>IJB Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Expected</u>
	26.03.19 Item 13	<p>The Board instructed the Chief Officer to report back to the November 2019 meeting of the IJB with a further update on the implementation of the revised localities.</p> <p>Instructed the Chief Officer to discuss opportunities for developing clear, distinct terminology for ACHSCP localities and Community Planning Partnership localities and report back with a recommendation to the IJB.</p>			
4.	<p>IJB 11.12.18 Article 12</p> <p>IJB 26.03.19</p>	<p><u>Draft Strategic Plan 2019-2022</u></p> <p>The Board instructed that the revised ACHSCP Strategic Plan be presented to the IJB at its meeting of 26 March 2019 for final agreement and noted that the IJB would be advised when the accompanying Implementation Plan would be presented to the Audit & Performance Systems Committee.</p>	<p>The Board resolved to:-</p> <p>(i) Note the process undertaken to develop the Strategic Plan 2019-22 from the consultation draft they approved in December 2018.</p> <p>(ii) Approve the final draft of the Strategic Plan 2019-22.</p> <p>(iii) Instruct the Chief Officer to publish the Strategic Plan 2019-22 on the ACHSCP website.</p> <p>Service Update – Recommended for Removal.</p>	<p>Planning and Development Manager, Aberdeen City Health and Social Care Partnership</p>	<p>26.03.19 (Complete)</p>

<u>No.</u>	<u>Minute Reference</u>	<u>IJB Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Expected</u>
5.	IJB 11.12.18 Article 20 IJB 26.03.19 Article 15	<p><u>Commissioning and Procurement Workplan</u></p> <p>The Board noted that service reviews were about to commence and that should any commissioning decisions be required as a result of the service reviews, these would be reported to the Board in March 2019.</p>	<p>The Board resolved to:-</p> <p>(i) Note the process undertaken to develop the Strategic Plan 2019-22 from the consultation draft they approved in December 2018.</p> <p>(ii) Approve the final draft of the Strategic Plan 2019-22.</p> <p>(iii) Instruct the Chief Officer to publish the Strategic Plan 2019-22 on the ACHSCP website.</p> <p>Service Update – Recommended for Removal.</p>	Lead Strategy and Performance Manager, Aberdeen City Health and Social Care Partnership	26.03.19 (Complete)
6.	IJB 11.12.18 Article 15	<p><u>Strategic Planning Framework for Delegated Services (Acute)</u></p> <p>The Board agreed to approve the approach set out in the report as a working draft proposal, and instructed that the Chief Officer report back to the IJB for formal endorsement of the approach within six months, following review of the draft process and subject to receiving</p>	Service Update – On today's agenda.	Chief Officer, Aberdeen City Health and Care Partnership	June 2019

<u>No.</u>	<u>Minute Reference</u>	<u>IJB Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Expected</u>
		clarification on the North East Partnership Steering Group and its role and remit.			
7.	IJB 11.12.18 Article 16	<u>Alcohol and Drug Partnership Investment Plan</u> The Board requested that an annual report be submitted to the IJB in respect of the Investment Plan.		Alcohol and Drug Partnership Team Lead	December 2019
8.	IJB 11.12.18 Article 13	<u>Autism Strategy and Action Plan</u> The Board noted that progress reports on the implementation of the above would be provided annually, with updates to the Clinical Care and Governance Committee in the interim.		Strategic Development Officer, Aberdeen City Health and Social Care Partnership	April 2020
9.	IJB 26.03.19 Article 9	<u>Appointments</u> To confirm membership of IJB and specific committees and roles of new members	Update – to be dealt with under matters arising.	Chair, IJB	11.06.19
10.	IJB 26.03.19 Article 12	<u>Health Improvement Fund</u> The Board instructed the Chief Officer to bring an annual report relating to the Health Improvement Fund to the IJB in April 2020 and annually thereafter.			April 2020

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INTEGRATION JOINT BOARD

Date of Meeting	11 th June 2019
Report Title	MSG Self Evaluation for the Review of progress with Integration of Health and Social Care
Report Number	HSCP.19.027
Lead Officer	Sandra Ross, Chief Officer
Report Author Details	Name: Alison MacLeod Job Title: Lead Strategy and Performance Manager Email Address: alimacleod@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	A. MSG Self Evaluation B. Action Plan

1. Purpose of the Report

1.1. The purpose of this report is to seek the IJB's endorsement of the Self Evaluation for the review of progress with integration of Health and Social Care which was submitted to the Ministerial Steering Group on 15th May 2019 and to seek approval of the associated action plan for delivering on the proposed improvement actions.

2. Recommendations

2.1. It is recommended that the IJB:

- a) Endorses the Self Evaluation for the review of progress with integration of Health and Social Care submitted to the Ministerial Steering Group on 15th May 2019.



INTEGRATION JOINT BOARD

- b) Approves the associated action plan for delivering on the proposed improvement actions.
- c) Instructs the Chief Officer to provide an update on progress on delivery of the actions in March 2020.

3. Summary of Key Information

- 3.1. The Ministerial Steering Group (MSG) is a key strategic decision taking group in relation to transformational change in health and community care in Scotland.
- 3.2. The MSG was established in 2008 to provide a forum in which leaders from health and social care could meet to discuss matters of mutual interest and to provide leadership, direction and support in working across organisational and structural boundaries. It assumed overall responsibility for policy matters that crossed the local government / NHS Scotland interface and is a key forum for taking forward COSLA and the Scottish Government's joint political leadership of health and social care integration.
- 3.3. The group is chaired by the Cabinet Secretary for Health and Sport and has a membership that includes three COSLA elected members, Health Board Chairs, the Scottish Council of Voluntary Organisations (SCVO), Scottish Care, Scottish Social Services Council (SSSC), Healthcare Improvement Scotland, Integrated Joint Boards, Social Work Scotland, and more recently, the Care Inspectorate.
- 3.4. Since Health and Social Care Integration went live in April 2016, the MSG has played a key role in reviewing progress and in February 2019 they produced a report entitled "Review of Progress with Integration of Health and Social Care". In November 2018, Audit Scotland also produced a report providing an "Update of Progress" of Health and Social Care Integration.
- 3.5. The MSG agreed with the Audit Scotland recommendations and used them as "Features Supporting Integration" within their report. There are 6 of these features and these are: -
 - Collaborative Leadership and Building Relationships
 - Integrated Finances and Financial Planning
 - Effective Strategic Planning for Improvement
 - Agreed Governance and Accountability Arrangements
 - Ability and Willingness to share information



INTEGRATION JOINT BOARD

- Meaningful and Sustained Engagement
- 3.6.** Rather than recommendations, the MSG decided to set out proposals against each of the features. In support of these proposals the MSG expect that every Health Board, Local Authority and IJB would evaluate their current position in relation to both their report and the Audit Scotland report and take action to make progress. They also made clear that they expect Health and Social Care Partnerships to make integration work, to be clear about the risks being taken, ensure mitigation of these risks and be innovative in progressing integration.
- 3.7.** On 25th March, the Chief Officer received a request to undertake a self-evaluation of the partnership against the proposals within the features. The deadline for submission to MSG was 15th May 2019. It was agreed with NHS Grampian and Aberdeen City Council that the partnership would complete one submission for Aberdeen on behalf of all three organisations. A programme of engagement with staff and partners from all organisations began to inform the completion of the template provided. During this time close liaison with partnerships in Moray and Aberdeenshire also took place to ensure the overall picture from an NHS Grampian perspective was consistent. The completed self-evaluation was supported by the Chief Executives of both NHS Grampian and Aberdeen City Council and submitted as “draft” to the MSG by their deadline. A copy of the submission is attached at Appendix A.
- 3.8.** The partnership was asked to rate itself using a 4 level system – Not Yet Established, Partly Established, Established, and Exemplary. The rating required to be backed up by evidence and/or notes and proposed improvement actions identified.
- 3.9.** There are 25 proposals in total however 3 of these were not for completion by the partnership. Our results at a glance are: -
- 10 of the 22 (45%) rated at Exemplary level
 - 9 of the 22 (41%) rated at Established level
 - 3 of the 22 (14%) rated at the Part Established level
 - None were rated at the Not Yet Established level
- 3.10.** We understand that the MSG will use the information gleaned from the self-evaluations across Scotland as a baseline benchmark for ongoing improvement activity. We also anticipate that the self-evaluation process will be repeated in future to measure progress. In preparation for that, the



INTEGRATION JOINT BOARD

proposed improvement actions for Aberdeen City have been collated into an Action Plan which is attached at Appendix B. Lead Officers and Timescales have been allocated. Delivery of the Action Plan will be monitored throughout the year and it is proposed that an update on progress will be reported to the IJB in March 2020.

4. Implications for IJB

- 4.1. Equalities – this report has no direct implications in relation to equalities.
- 4.2. Fairer Scotland Duty – this report has no direct implications in relation to the Fairer Scotland Duty.
- 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 in this report.
- 4.6. Other – none.

5. Links to ACHSCP Strategic Plan

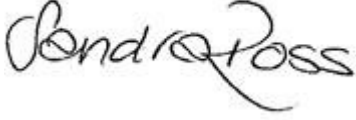

- 5.1. The improvement actions support progress on integration therefore will support the delivery of the overall Strategic Plan.

6. Management of Risk

- 6.1. **Identified risks(s):** There is a risk that if these actions are not implemented then Aberdeen City will not see the full benefits of integrating its health and social care services.
- 6.2. **Link to risks on strategic or operational risk register:** All the risks which have been identified are strategic in support of the strategic plan
- 6.3. **How might the content of this report impact or mitigate these risks:** The improvement actions noted in the action plan support progress on integration therefore will mitigate a number of Strategic Risks.



INTEGRATION JOINT BOARD

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

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Ministerial Strategic Group for Health and Community Care

Integration Review Leadership Group

Self-evaluation

For the Review of Progress with Integration of Health and Social Care

March 2019

MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE (MSG) REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE - SELF EVALUATION

There is an expectation that Health Boards, Local Authorities and Integration Joint Boards should take this important opportunity to collectively evaluate their current position in relation to the findings of the MSG review, which took full account of the Audit Scotland report on integration published in November 2018 and take action to make progress. This evaluation should involve partners in the third and independent sectors and others as appropriate to local circumstances. This template has been designed to assist with this self-evaluation.

To ensure compatibility with other self-evaluations that you may be undertaking such as the Public Services Improvement Framework (PSIF) or those underpinned by the European Foundation for Quality Management (EFQM), we have reviewed examples of local self-evaluation formats and national tools in the development of this template. The template is wholly focused on the 25 proposals made in the MSG report on progress with integration published on 4th February, although it is anticipated that evidence gathered and the self-evaluation itself may provide supporting material for other scrutiny or improvement self-evaluations you are, or will be, involved in.

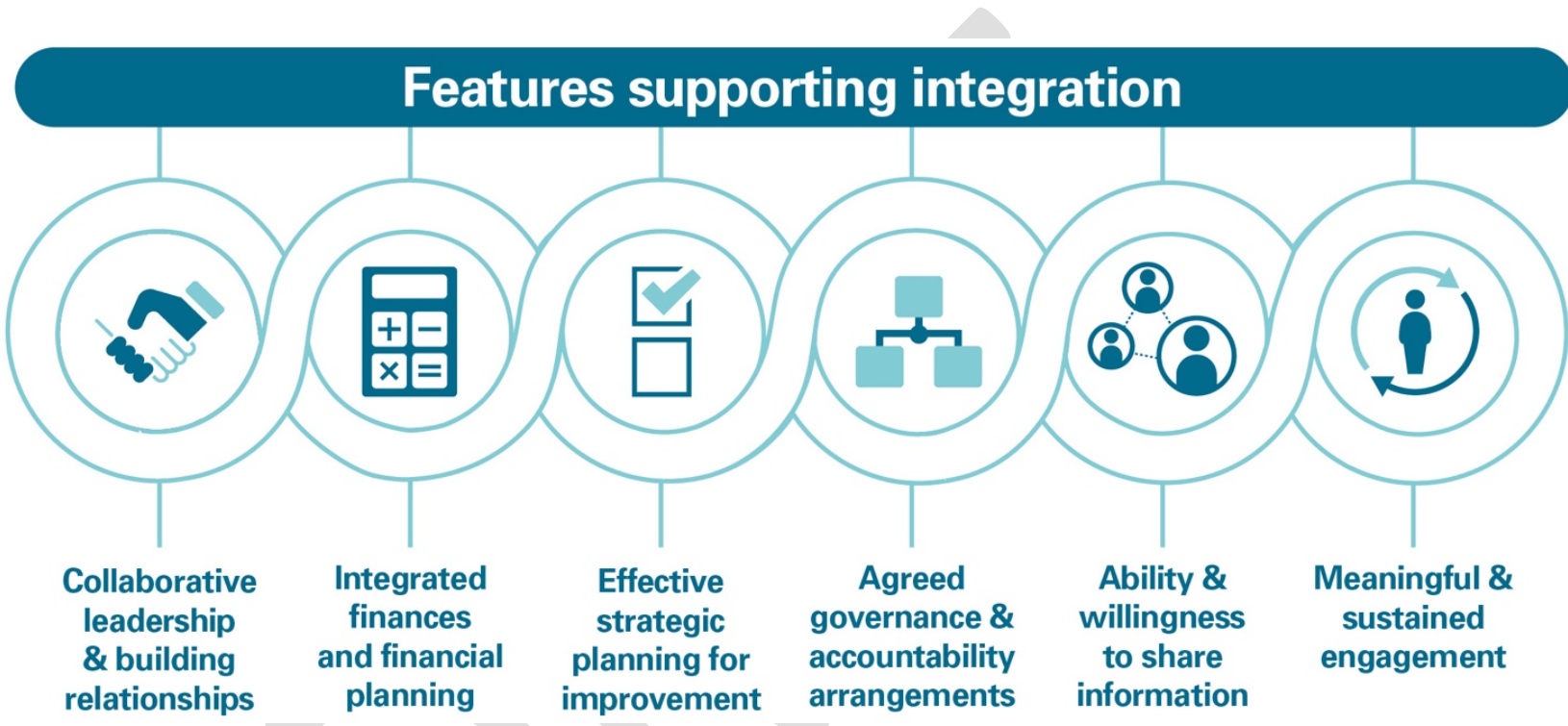
Information from local self-evaluations can support useful discussions in local systems, sharing of good practice between local systems, and enable the Integration Leadership Group, chaired by the Scottish Government and COSLA, to gain an insight into progress locally.

In completing this template please identify your rating against each of the rating descriptors for each of the 25 proposals except where it is clearly marked that that local systems should not enter a rating. Reliable self-evaluation uses a range of evidence to support conclusions, therefore please also identify the evidence or information you have considered in reaching your rating. Finally, to assist with local improvement planning please identify proposed improvement actions in respect of each proposal in the box provided. Once complete, you may consider benchmarking with comparator local systems or by undertaking some form of peer review to confirm your findings.

We greatly appreciate your assistance in ensuring completion of this self-evaluation tool on a collective basis and would emphasise the importance of partnership and joint ownership of the actions taken at a local level. **Please share your completed template with the Integration Review Leadership Group by 15th May 2019 – by sending to Kelly.Martin@gov.scot**

It is our intention to request that we repeat this process towards the end of the 12-month period set for delivery of the all of the proposals in order that we can collectively demonstrate progress across the country.

Thank you.
Integration Review Leadership Group
MARCH 2019



Name of Partnership	Aberdeen City Health and Social Care Partnership
Contact name and email address	Kevin Toshney KToshney@aberdeencity.gov.uk
Date of completion	

Key Feature 1 Collaborative leadership and building relationships				
Proposal 1.1 All leadership development will be focused on shared and collaborative practice				
Rating Descriptor	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of clear leadership and support for integration.	Leadership is developing to support integration.	Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place.	Clear collaborative leadership is in place, supported by a range of services including HR, finance, legal advice, improvement and strategic commissioning. All opportunities for shared learning across partners in and across local systems are fully taken up resulting in a clear culture of collaborative practice.
Our Rating				
Evidence / Notes	<p>ACHSCP is positively referenced in the recent Audit Scotland report (Health and Social Care Integration: Update on Progress, November 2018) for “good collaborative and whole systems leadership”. We think that this is particularly noteworthy given that the partnership had three Chief Officers in post during 2018. It suggests that since integration ‘go-live’ the partnership has developed a positive identity and a strong commitment to visible leadership, collaborations across services/agencies/sectors and delivery of outcomes.</p> <p>1) The partnership’s new Chief Officer (appointed August 2018) has set out her vision for the partnership’s leadership structure of a self-managing senior team with professional, performance, personal and coaching supports drawn from the partnership and its statutory partners as appropriate. This vision recognises that whole-system leadership and collaboration will be required to drive integration. It acknowledges that there has been significant change within the partnership, primarily within the past 12 months but also that a renewed confidence and way of working is emerging. Our desired outcomes are being realised by anchoring the structure back within the existing management arrangements within each of the public authorities</p>			

and embedding staff resources in localities.

To enhance their commitment to collaborative leadership, the Leadership Team are undertaking Systems Leadership training along with colleagues from NHS Grampian and the other IJBs. They have had their 2019-2020 objectives set following discussions with their line manager, the Chief Officer. These objectives are aligned with the newly endorsed Strategic Plan 2019-2022 and it has been emphasised that objective-fulfilment requires the active support of other Leadership Team colleagues. Objectives cannot be fulfilled by colleagues acting alone.

Also, 'Empowered Staff' is one of the key enablers set out in the Strategic Plan. One of our expressed commitments in this respect is "value and empower all staff, both our own and our partners", to work as positively and collaboratively as possible in the delivery of health and social care services". At the same time, the IJB also endorsed the 'Empowered Workforce Plan 2019-2021'. The accompanying action plan is premised on four themes: Right People, Right Skills, Right Roles and Sustainability. These plans are ensuring that leadership accountabilities are not seen as the preserve of a select few but that instead effective transformation in conjunction with continued delivery of good-quality services require everyone to accept their role and responsibility in the pursuit of improved outcomes.

- 2) The Chief Officer is part of Aberdeen City Council's Extended Corporate Management Team (ECMT) and NHS Grampian's Senior Leadership Team (SLT). More critically though, she also participates in local authority and multi-agency demand management groups. These are innovative, very possibly unique forums where collaborative leadership is driving a better understanding of current and projected cost pressures expressed through demand categories in order to deliver more effective financial planning and sustainable delivery of services. The Chief Officer and other colleagues participating in these groups accept that shared and collaborative practice is an integral part of their whole-system leadership accountabilities.
- 3) The North East Partnership Steering Forum was established in 2016 and has recently been refreshed. It is a hugely significant forum which brings together key colleagues from the three IJBs and their statutory partners to plan and deliver redesigned hospital services and discuss other matters of mutual interest. The forum's discussions are underpinned by trust, mutual respect and regular and effective interactions. It has agreed its joint strategic planning approach, and this is first being used to undertake strategic reviews for mental health and learning disability services, care for the elderly and palliative care. A key component for these reviews will be to identify all of the resources committed to the current model, the resources required to support the redesign and then identify the most effective and sustainable future service model. This is a significant undertaking underpinned by the shared understanding that current delivery arrangements are not sustainable and require significant change to meet future needs and expectations.

	<p>This agreed approach will enable sector plans to be developed which will outline the redesign process, the agreed outcomes and the required resource allocation.</p>
<p>Proposed improvement actions</p>	<p>The partnership's Chief Officer is very keen to ensure that the right leadership attributes and behaviours are evident throughout the partnership so that all colleagues, whatever their role, feel confident and capable to fulfil their job function in a wider supportive, operating environment.</p> <ul style="list-style-type: none"> • Further cohorts of partnership colleagues will participate in the Systems Leadership training. • 2019-2020 objectives for those colleagues who report to someone in the Leadership Team will be aligned with strategic plan objectives. • Fulfil short-term (within year one) actions set out in Empowered Workforce Plan 2019-2021 (reduce sickness, turnover, set individual objectives in line with strategic plan, monitor team performance against objectives, develop succession plan).

DRAFT

Proposal 1.2 Relationships and collaborative working between partners must improve				
Rating	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of trust and understanding of each other's working practices and business pressures between partners.	Statutory partners are developing trust and understanding of each other's working practices and business pressures.	Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	Partners have a clear understanding of each other's working practices and business pressures and can identify and manage differences and tensions. Partners work collaboratively towards achieving shared outcomes. There is a positive and trusting relationship between statutory partners clearly manifested in all that they do.
Our Rating				
Evidence / Notes	<p>The partnership recognises the importance of working closely and positively with our partners to ensure that there is a clear and full understanding of the operating pressures and challenges that are commonly experienced, our respective strategic ambitions and priorities, and the desired outcomes for the people who use our services or who will do so in the future.</p> <p>1) ACHSCP is a committed community planning partner and as such participates in appropriate community planning board and management meetings. One community planning outcome improvement group, 'Resilient, Included and Supported', has a strong alignment with the partnership's activities (group is chaired by the partnership's Chief Officer) and there is appropriate participation in other community planning groups, for example, Integrated Children's Services, Community Justice, Alcohol and Drugs Partnership and Community Engagement.</p> <p>The health and social care partnership collaborated in the recent refresh of the community planning partnership's Local Outcome Improvement Plan (LOIP) and has ensured that its Strategic Plan 2019-2022 was closely aligned to this and NHS Grampian's Clinical Strategy. There has been much reciprocal collaboration and engagement in respect of the development of the partnership's strategic plan. Development of the partnership's Locality Plans was done in conjunction with community planning colleagues, other partner agencies and local stakeholders to ensure best possible alignment with community planning locality priorities. There have been good and positive collaborations between integration locality groups and activities and community</p>			

planning locality groups and activities. An excellent example of the impact of these collaborations is our delayed discharge success story of collaborations across all sectors resulting in a very significant decrease in both the number of people experiencing delayed discharge and the number of days spent in hospital when they have been assessed as fit for discharge.

A holistic review of the different strands of locality working across the health and social care partnership, the council, police and fire is underway and we will concentrate on how we can better respond to the multiple behaviours being exhibited by adults and their families and we will use the review to try and support a more deliberate shift to prevention.

- 2) The partnership and its statutory partners recognise the crucial value of co-location in promoting shared ambitions and priorities and the joint working that is necessary to fulfil these. The partnership has recently moved its Leadership Team into the local authority's headquarters having occupied other premises since integration 'go-live' and now has a visible and significant presence there. This co-location has improved the Leadership Team's understanding of this partner's function and wider service delivery arrangements but has not had a detrimental impact on other partner relationships and integrated working. This physical co-location will drive further integration across agencies, functions, localities and communities. We are committed to further collaborations across all sectors to make Aberdeen safer, fairer and healthier. The imminent co-location of Police Scotland's northern division into the same premises will enable further collaborative opportunities across our sectors and services.
- 3) A significant case study in positive collaborations occurred when the Care Inspectorate contacted the partnership to say that it had significant concerns about the operation of a particular nursing home and the treatment of individuals therein. Urgent dialogue with the Care Inspectorate and the nursing home provider led to the partnership taking over the management and operation of the facility immediately until other plans could be put in place to ensure the health and wellbeing of the residents and the continuity of care offered to them. The local authority's ALEO, Bon Accord Care, was asked to consider how they could assist with this recovery and they then assumed responsibility for the establishment and the provision of care whilst a dialogue continued with the previous provider about the purchase of the business. The IJB subsequently approved the capital purchase of the facility and the plan to reshape it into a high-quality service for people with dementia.

This rescue and recovery operation would not have been possible without the strong, positive relationships and collaborations that existed across the partnership and with external partners. The facility was poorly managed and inadequately staffed and the willingness when the partnership intervened, of so many colleagues to cover the 24-hour, seven-day rota in addition to their own job responsibilities was inspiring. The Care Inspectorate was very understanding and supportive of our desire to maintain a service on an interim basis whilst other options were pursued. Bon Accord Care were responsive to the need for additional staff cover and also saw the opportunity within such difficult and challenging circumstances. The local authority was also very supportive of the partnership's desire for the capital asset to be purchased and supported the then Chief Officer and Chief Finance Officer to obtain the necessary funding governance approvals. To facilitate the purchase, the council used its own

	borrowing capability and effectively has leased the asset back to the IJB.
Proposed improvement actions	<p>We believe we have a very strong partnership which demonstrates a commitment to working together positively with our partners on a daily basis. This commitment is evidenced regularly by the collaborations between the executive teams of NHS Grampian, Aberdeen City Council and the IJB executive team. We will continue to invest in the relationships with our statutory partners across all functions, services and job roles.</p> <ul style="list-style-type: none"> • Chief Officer to discuss as part of her performance review with the Chief Executives of Aberdeen City Council and NHS Grampian ways in which the evaluation of statutory relationships can be judged exemplary.

Proposal 1.3				
Relationships and partnership working with the third and independent sectors must improve				
Rating	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of engagement with third and independent sectors.	Some engagement with the third and independent sectors.	Third and independent sectors routinely engaged in a range of activity and recognised as key partners.	Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focused on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.
Our Rating				
Evidence / Notes	<p>The partnership has sought from the outset to ensure that it is recognised as having responsibility for those delegated functions and services which are delivered across the health, social care, third, independent and housing sectors. We are particularly mindful of the significant amount of service provision that is commissioned and delivered by our non-statutory partners in the city and we recognise the desirability of having positive and productive collaborative relationships with them all.</p> <p>1) The visible presence and involvement of the third and independent sectors in the partnership's activities is important to us. We</p>			

recognise that they can offer different perspectives, additional resources and other relationship opportunities than the statutory health and social care services. These valued partners have willingly taken on the role of 'critical friends' in respect of the partnership's ambitions, priorities and intentions and have been consistent and appropriate throughout all discussions.

The third and independent sectors feel that relationships are mostly positive but that building on the partnership's wider potential has not yet been fully realised. They suggest that there is a lack of understanding about the wider funding landscape and that, historically, these funding streams have been considered in isolation which has, amongst other things, lessened their leveraging opportunity. They say that greater and more effective collaborations could unlock more resources to realise the IJB's ambitions and priorities. We are hopeful that the newly established providers and partners forum will address these matters to the satisfaction of all of our sectoral colleagues.

- 2) There has been a particularly strong and effective involvement in the many diverse planning activities that the partnership has undertaken. Third and independent sectors have participated in the Strategic Planning Group and have ensured through their contributions that the first and then the current strategic plan are credible documents which offer a greater strategic assessment of the health and wellbeing of the local population and service provision than otherwise might have been the case. The local Third Sector Interface (ACVO) and the independent sector's representative body, Scottish Care, have been very effective in ensuring that the experiences of their respective sectors were captured in the current plan's developmental phase. They have both facilitated wide-ranging interactions with other key individuals and organisations in their respective sectors to ensure that the emerging plan reflects as wide and diverse a body of opinion as possible.

The third and independent sectors have been instrumental in establishing and developing the locality leadership groups. From the outset they have been clear that the membership and scope of these groups must be wider than a narrow, statutory perspective and the outlook and conversations have been much more inclusive and ambitious as a result. The many different organisations who are participating in these groups are also keen to emphasise the additional potential they can offer through their own networks and communities. The partnership recognises the leveraging opportunities that these partners can offer and is engaging with them in respect of many different activities and initiatives.

The third and independent sectors are also key participants in the many different client group-specific planning groups that the partnership has established to develop appropriate strategies and delivery plans (for example, Learning Disability, Autism, Mental Health, Carers, Housing, etc). We have local and national providers delivering services in our city and all have important insights to offer about how best to deliver improved outcomes. Excellent and in many respects innovative care and support is being delivered by these organisations and the development of our plans provides a positive and credible platform for the wider sharing of these practices.

	<p>3) There has been previously, provider-led (sector-specific) groups providing a focal point for matters of mutual interest with appropriate representation from strategic planning, contract monitoring and senior operational management colleagues. The sectors have valued these meetings as conducive to positive relationships and transparent discussions; however, they have suggested that a greater involvement in the commissioning and co-design of services would be of even greater benefit. As a result of these and other discussions, the partnership has set up a city-wide forum (Aberdeen Care Providers and Partners Network) to discuss how best to support a diverse market provision and what services the partnership needs to commission to meet the future needs of its users.</p> <p>4) The value of the third and independent sectors to the wider partnership has been highlighted at those times when they have risen to the challenge of ensuring continuity of good-quality care to existing service users when organisations, for whatever reason have failed in their contractual obligations. Recent examples have included a local residential care home which the Care Inspectorate had serious concerns about and a national care at home provider which had significant financial challenges before ceasing to operate. Each of these had its own logistical challenges, in the case of the care home, new residential places had to be found for 48 residents; in the case of the care at home provider, new care packages had to be found at short notice for 111 clients. Despite these challenges, the conversations, the agreed collaborations and the responsiveness to client need were all heartening and have undoubtedly reinforced individual working relationships as well as wider organisational and sectoral relationships.</p>
<p>Proposed improvement actions</p>	<p>Although we think we are doing well in this respect, the partnership is mindful of the importance of reflecting regularly on these matters to ensure that there is a strong consensus with the third and independent sectors about the strength of our relationships and that this contributes to improved outcomes for our citizens and communities.</p> <ul style="list-style-type: none"> • Chief Officer to undertake an IJB membership review to consider which other key integration partners, for example, housing and independent sectors should be IJB members. • Providers and Partners Network to evaluate cross-sector relationships and impacts. • Providers and Partners Network to develop agreed actions on how best to promote and sustain good relationships across all sectors, organisations and staff roles.

Key Feature 2 Integrated finances and financial planning				
Proposal 2.1 Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of consolidated advice on the financial position of statutory partners' shared interests under integration.	Working towards providing consolidated advice on the financial position of statutory partners' shared interests under integration.	Consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.	Fully consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions. Improved longer term financial planning on a whole system basis is in place.
Our Rating				
Evidence / Notes	<p>We recognise the need for the IJB and its statutory partners to have a full and transparent understanding of their respective financial positions as they relate to the delegation of health and social care services to the IJB.</p> <p>1) There are positive and professional relationships between the IJB's Chief Finance Officer and his counterparts in the local authority and health board. The respect and mutual trust that is evident within these relationships have helped develop a shared, transparent understanding of the current financial wellbeing of the different organisations and the impact that this has on each other. Aberdeen City Council has, uniquely in Scotland, issued a £370m bond on the London Stock Exchange for its capital and infrastructure programme and the governance discipline that is required in respect of this and the local authority's credit rating has implications for the Chief Finance Officer's management of the IJB's finances.</p>			

	<p>Each year the council is subject to an independent assessment by its credit rating agency in order for it to arrive at a view on the financial sustainability of the council and its ability to repay its debt. Part of this process involves an examination of all possible contingent liabilities and the robustness of plans to mitigate such liabilities. The credit rating agency focuses on the council's group structure and the IJB is viewed as part of that structure and therefore the contingent liabilities arising from the IJB are considered and reviewed. As a result of the discipline of the credit rating assessment and the earlier year-end accounts close-down, we believe the council and the IJB have a better understanding of their respective financial positions.</p> <p>2) Information updates are shared informally on a regular basis. More formally, budget monitoring information is shared with the IJB and Aberdeen City Council/ NHS Grampian Chief Executives and other appropriate senior colleagues through the IJB/committee report consultation process. This allows for appropriate comments to be fed back to the Chief Finance Officer about the public presentation of the current budget position and associated cost pressures.</p> <p>Chief Officer performance reviews with the Aberdeen City Council/NHS Grampian Chief Executives also have appropriate representation and input from the partnership's Chief Finance Officer and statutory partner financial colleagues. This enables a discussion of the partnership's performance against its financial key performance indicators to be held and appropriate actions or interventions agreed.</p> <p>3) The Chief Finance Officer has developed a five-year Medium-Term Financial Framework (MTFF) to enable more effective long-term financial planning to take place. This MTFF has been informed by the demand-management discussions that are taking place within the local authority and a multi-agency context to better understand the current and projected financial challenges to enable long-term sustainable planning of our future provision.</p>
<p>Proposed improvement actions</p>	<p>The partnership believes that robust, professional advice is provided to the Chief Officer by the Chief Finance Officer about the financial impact of certain decisions within the context of the Medium-Term Financial Framework. We do not think any improvement actions are currently required although we will of course continue to monitor these circumstances to ensure that our high standards are maintained.</p>

Proposal 2.2 Delegated budgets for IJBs must be agreed timeously				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of clear financial planning and ability to agree budgets by end of March each year.	Medium-term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium-term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium to long-term financial and scenario planning is fully in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB as part of aligned budget setting processes. Relevant information is shared across partners throughout the year to inform key budget discussions and budget-setting processes. There is transparency in budget-setting and reporting across the IJB, Health Board and Local Authority.
Our Rating				
Evidence / Notes	<p>The IJB's budget-setting process is critical to its financial planning responsibilities and the commissioning and delivery of sustainable services. It is important that there is a strong co-ordinated alignment with the budget-setting processes put in place by the partnership's statutory partners.</p> <p>1) A budget protocol has been agreed between the IJB and its statutory partners to ensure the governance of the IJB's budget-setting process is as co-ordinated and robust as possible. Implementation of this protocol enables the Chief Finance Officer to set out a budget-setting timetable aligned to the known budget-setting processes of the partnership's statutory partners. This timetable allows for appropriate budget-setting workshops to be held with the IJB and the partnership's Leadership Team.</p> <p>The implementation of this protocol and the co-operation of the IJB's statutory partners has enabled the IJB to always agree its budget for the following year by 31 March. The IJB's budget for 2019-2020 for example, was agreed on 12 March 2019.</p> <p>A five-year Medium-Term Financial Strategy was agreed by the IJB in February 2018. This document is updated annually to</p>			

	<p>reflect any changes in its baseline assumptions.</p> <p>2) The Chief Finance Officer and Chief Officer are members of the NHS Budget Steering Group. This group comprises of senior officers from NHS Grampian and the three IJBs. This forum agrees the funding allocations for the IJBs before they are agreed by the NHS Board and allows all the officers to gain an understanding of NHS Grampian's financial position.</p>
Proposed improvement actions	<p>We do not think any improvement actions are currently required although we will of course continue to monitor these circumstances to ensure that our high standards are maintained.</p>

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Proposal 2.3 Delegated hospital budgets and set aside budget requirements must be fully implemented				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Currently have no plan to allow partners to fully implement the delegated hospital budget and set-aside budget requirements.	Working towards developing plans to allow all partners to fully implement the delegated hospital budget and set-aside budget requirements, in line with legislation and statutory guidance, to enable budget planning for 2019/20.	Set aside arrangements are in place with all partners implementing the delegated hospital budget and set-aside budget requirements. The six steps for establishing hospital budgets, as set out in statutory guidance, are fully implemented.	Fully implemented and effective arrangements for the delegated hospital budget and set-aside budget requirements, in line with legislation and statutory guidance. The set-aside budget is being fully taken into account in whole-system planning and best use of resources.
Our Rating				
Evidence / Notes	<p>Our set-aside budgets are notional budgets representing the use of acute sector services by the city's residents. We recognise that more needs to be done in respect of the budgetary requirements and whole-system planning activities. Further work also needs to be done to better understand the impact of these budgets and identify where system improvements can be implemented.</p> <p>1) The IJB receives financial information from NHS Grampian on the partnership's set-aside usage. There are planning processes in place between NHS Grampian acute sector colleagues and the three IJBs to review the set-aside budgets.</p> <p>The set-aside budget for 2017-18 (and corresponding bed days) was less than that of the preceding year. It has been suggested that this initial improvement is due to the partnership's progress in reducing delayed discharges and the increasing capacity in our communities and localities.</p> <p>NHS Grampian, in partnership with the three IJBs, have agreed to a joint strategic planning approach covering all six of the</p>			

	<p>services delegated for planning purposes to the IJBs. This approach is first being used to undertake strategic reviews for mental health and learning disability services, care for the elderly and palliative care. Reviews of the other three services will be phased over the next 12-18 months.</p> <p>The importance of these reviews cannot be understated as they bring NHS Grampian acute sector staff together with staff/colleagues from across the three IJBs to discuss what the future hospital provision in respect of these services looks like. Key strategic influences on these review discussions will include the impact of the integration of health and social care, the implementation of the three IJB strategic plans, the development of locality services and community initiatives and the strong focus on prevention.</p> <p>These reviews will identify the resources committed to the current model and the resources required to support its redesign. They will also identify the preferred future service model. These will enable plans to be developed for changing use of resources linked to redesign and agreed outcomes. It would be through this approach that agreement will be reached in terms of resource allocation.</p> <p>Regular meetings involving the Chief Executive of NHS Grampian (chair), the Chief Executives of the three local authorities, the three partnership Chief Officers and their Chief Finance Officers have been scheduled to discuss the progress of this joint planning approach and the outcomes of the individual strategic reviews.</p>
<p>Proposed improvement actions</p>	<p>The partnership accepts that further work on set-aside budgets is required in conjunction with our statutory partner, NHS Grampian and the other IJBs.</p> <ul style="list-style-type: none"> • More up-to-date information of set-aside usage is to be provided. Better analysis of this usage is to be developed, including an improved understanding of which partnership initiatives and developments have led to reduced usage and whether this is an episodic or sustainable improvement.

Proposal 2.4 Each IJB must develop a transparent and prudent reserves policy				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is no reserves policy in place for the IJB and partners are unable to identify reserves easily. Reserves are allowed to build up unnecessarily.	A reserves policy is under development to identify reserves and hold them against planned spend. Timescales for the use of reserves to be agreed.	A reserves policy is in place to identify reserves and hold them against planned spend. Clear timescales for the use of reserves are agreed and adhered to.	A clear reserves policy for the IJB is in place to identify reserves and hold them against planned spend and contingencies. Timescales for the use of reserves are agreed. Reserves are not allowed to build up unnecessarily. Reserves are used prudently and to best effect to support full implementation the IJB's strategic commissioning plan.
Our Rating				
Evidence / Notes	<p>Having a robust reserves policy with an appropriate level of funding is an invaluable resource for the IJB to call upon to enable it to mitigate unforeseen challenges or unavoidable budgetary overspends.</p> <p>1) ACHSCP Integration Scheme, which was approved in February 2016, states the partnership's intention (section 12.8.5.2) to prepare a reserves policy. Accordingly, the partnership's reserves policy was considered by the Audit and Performance Systems Committee in October 2016 and then approved by the IJB in November 2016.</p> <p>To date the IJB has managed its budget to show a positive reserves position at the end of the financial year. A risk fund of £2.5 million is available to smooth in year budget movements and other funds are ring-fenced for specific purposes such as primary care transformation and transformation of service delivery</p> <p>There has been a full and appropriate consideration of the reserves position when the IJB is agreeing its budget for the following operational year. Any allocation of reserves has been set within the context of the partnership's Medium-Term Financial Framework, the known budget pressures and the other options available to the IJB. A transparent explanation for the use of reserves within the context of the partnership's strategic ambitions and priorities is set out in the Chief Finance Officer's budget report to the IJB. This transparency has been extended to the partnership's statutory partners showing the level of</p>			

	reserves that will be committed and the outcomes that will be delivered by this allocation.
Proposed improvement actions	We do not think any improvement actions are currently required although we will of course continue to monitor these circumstances to ensure that our high standards are maintained.

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Proposal 2.5 Statutory partners must ensure appropriate support is provided to IJB S95 Officers				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	IJB S95 Officer currently unable to provide high-quality advice to the IJB due to a lack of support from staff and resources from the Health Board and Local Authority.	Developments underway to better enable IJB S95 Officer to provide good quality advice to the IJB, with support from staff and resources from the Health Board and Local Authority ensuring conflicts of interest are avoided.	IJB S95 Officer provides high-quality advice to the IJB, fully supported by staff and resources from the Health Board and Local Authority and conflicts of interest are avoided. Strategic and operational finance functions are undertaken by the IJB S95 Officer. A regular year-in-year reporting and forecasting process is in place.	IJB S95 Officer provides excellent advice to the IJB and Chief Officer. This is fully supported by staff and resources from the Health Board and Local Authority who report directly to the IJB S95 Officer on financial matters. All strategic and operational finance functions are integrated under the IJB S95 Officer. All conflicts of interest are avoided.
Our Rating				
Evidence / Notes	<p>The Chief Officer and Chief Finance Officer posts are the only ones within the partnership which are appointed by the IJB. The Chief Finance Officer was appointed from outwith the statutory partners by the IJB in May 2016.</p> <p>1) We believe that Aberdeen City was one of the first IJBs to recognise the importance of appointing a Chief Finance Officer who is directly accountable to the Chief Officer and the IJB for the financial management of delegated monies and other funding streams.</p> <p>The Chief Finance Officer provides critical strategic oversight to the allocation of financial resources, the transformation of the partnership's service provision and the realisation of anticipated benefits/outcomes. This post is dedicated specifically to the IJB and has no other duties within the partner organisations, except providing financial advice and support to the services</p>			

	<p>delegated to the IJB. All reports submitted to the IJB and its committees are jointly signed by the Chief Officer and the Chief Finance Officer.</p> <p>2) Significant professional advice and support is offered to the Chief Finance Officer by the Heads of Finance from the local authority and the health board who are both qualified accountants and who participate in their respective finance networks. In addition, both Heads of Finance report to directors who are also qualified accountants and finally the Chief Executive of Aberdeen City Council is a qualified accountant also. There is absolute clarity amongst these professionals about the Chief Finance Officer's role and responsibilities and their relationship to him.</p> <p>This support network is able to see and comment on all draft IJB reports and their considered opinions have helped the Chief Finance Officer shape his public presentation of the IJB's finances. The Chief Finance Officer meets these colleagues on an individual 1:1 basis and also has regular meetings with the respective Aberdeen City Council/ NHS Grampian finance teams. The Chief Finance Officer is satisfied that the provision of financial support from the statutory partners is of the quality he requires in order to present accurate financial information to the board throughout the year as well as being able to produce a set of unqualified accounts.</p>
Proposed Improvement actions	We do not think any improvement actions are currently required although we will of course continue to monitor these circumstances to ensure that our high standards are maintained.

Proposal 2.6 IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Total delegated resources are not defined for use by the IJB. Decisions about resources may be taken elsewhere and ratified by the IJB.	Total delegated resources have been brought together in an aligned budget but are routinely treated and used as separate health and social care budgets. The totality of the budget is not recognised nor effectively deployed.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB's Strategic Commissioning Plan and directions reflect its commitment to ensuring that the original identity of funds loses its identity to best meet the needs of its population. Whole-system planning takes account of opportunities to invest in sustainable community services.
Our Rating				
Evidence / Notes	<p>The Integration Scheme states that the IJB is fully responsible for the allocation of its resources in order to ensure the effective delivery of the delegated functions and services.</p> <ol style="list-style-type: none"> 1) The partnership appreciates that it must seek to ensure that a full understanding by the IJB of its delegated functions and associated resources is not diluted by board membership changes. It is important also that there is a strategic coherence and long-term sustainability to all of its approved changes and developments, as well an objective evaluation of their impact on the health and wellbeing of the local population. 2) The partnership's budget-monitoring process does not identify Aberdeen City Council/NHS Grampian budgets. Funds are transferred via a formal direction to each of the partners to help deliver projects which will meet the IJB's strategic ambitions and priorities. Formal directions provide an instruction to the Chief Executives of the partner bodies to change or deliver new services within a budget agreed by the IJB. These reports are all reviewed by the Chief Executives and their 			

	<p>professional colleagues before being discussed at the IJB to ensure that they can be delivered within the allocated budget and are within the legal framework.</p> <p>The integration scheme indicates that should a budget overspend occur that it would be split based on the amounts initially allocated, rather than where the overspend had actually occurred. So, for example, the council could potentially have to fund part of an overspend on prescribing and conversely the NHS could have to fund part of an overspend on social care. This shows that the IJB's and its partners' commitment to integrating service delivery across the whole system.</p>
<p>Proposed improvement actions</p>	<p>We do not think any improvement actions are currently required although we will of course continue to monitor these circumstances to ensure that our high standards are maintained.</p>

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Key Feature 3
Effective strategic planning for improvement

Proposal 3.1
Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of recognition of and support for the Chief Officer's role in providing leadership.	The Chief Officer is not fully recognised as pivotal in providing leadership. Health Board and Local Authority partners could do more to provide necessary staff and resources to support Chief Officers and their senior team.	The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners. Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities	The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners. There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.
Our Rating				
Evidence / Notes	<p>The Chief Officer is appointed by and accountable to the IJB for the effective delivery of service and fulfilling local and national outcomes. The Chief Officer was appointed by the IJB in August 2018.</p> <p>1) Aberdeen City Council and NHS Grampian have worked in close partnership to ensure that capacity has been and will continue to be made available to support the Chief Officer and her leadership team in respect of their strategic planning and service delivery responsibilities. This support has varied in form and content but has always been at the expressed wishes and preferences of the Chief Officer.</p> <p>The Chief Officer has unfettered access to the Chief Executives of the local authority and health board. Structured 1:1s are in</p>			

place as well as scheduled performance reviews. The local authority Chief Executive also regularly attends IJB meetings to provide additional support to the Chief Officer.

- 2) The partnership's Chief Officer is part of Aberdeen City Council's Extended Corporate Management Team (ECMT) and NHS Grampian's Senior Leadership Team. The Chief Officer has been supported to outline her vision for the partnership's leadership structure. There is a strong expectation that the new leadership team will be "a self-managing team which is visible, poised, service orientated, civic-focused and delivering integrating reform at pace".

Personal objectives aligned to the strategic plan's objectives have been set for all Leadership Team colleagues. Positive and productive relationships between and across the partnership and its statutory partners already exist; however, one stated objective of the new leadership structure is to 'anchor the structure back within the existing management arrangements within each of the public authorities'. Leadership Team colleagues are being provided with layers of support: professional, performance and personal from across Aberdeen City Council/NHS Grampian/ACHSCP as well as coaching from external resources.

The Chief Officer role has been fully recognised and respected within NHS Grampian and the contribution of the Chief Officers is valued through engagement on strategic planning, system leadership team and at the Board. The Chief Officer Group (including the three Chief Officers and General Manager – Acute) is valued in terms of the support it provides to planning, operational delivery and assisting in addressing system wide issues as they arise. The local authority's Scheme of Governance recognises the statutory Chief Officer and Chief Finance Officer roles.

The Chief officer is recognised as an equal member of the city's Chief Officer Group for public protection and participates fully in its work. For example, the Chief Officer and her team were heavily involved in the work to prepare for the multi-agency child protection inspection, which is still under way. We would expect the final inspection report to comment about the strength of the local public protection partnership and the contribution of the IJB to it.

- 3) The earlier case study of the failing care home also shows the extent to which the partnership's Chief Officers have been supported by the statutory partners. In other similar circumstances in other areas, these establishments have closed at short notice requiring immediate relocation for the residents but a belief that closure was not a foregone conclusion and that an exemplary service could instead be created from a crisis situation enabled positive, hopeful conversations to frame possible solutions to the many challenges that presented themselves.

**Proposed
improvement
actions**

We do not think any improvement actions are required although we will of course continue to monitor these circumstances to ensure that our high standards are maintained.

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Proposal 3.2 Improved strategic inspection of health and social care is developed to better reflect integration				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator				
Our Rating				
Evidence / Notes	<p style="color: red;">NOT FOR LOCAL COMPLETION - NATIONAL INSPECTORATE BODIES RESPONSIBLE</p>			

Proposal 3.3 National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE			

Proposal 3.4				
Improved strategic planning and commissioning arrangements must be put in place				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Integration Authority does not analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. There is a lack of support from statutory partners.	Integration Authority developing plans to analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide some support for strategic planning and commissioning.	Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide good support for strategic planning and commissioning, including staffing and resources which are managed by the Chief Officer.	Integration Authority regularly critically analyses and evaluates the effectiveness of strategic planning and commissioning arrangements. There are high quality, fully costed strategic plans in place for the full range of delegated services, which are being implemented. As a consequence, sustainable and high-quality services and supports are in place that better meet local needs. The Local Authority and Health Board provide full support for strategic planning and commissioning, including staffing and resources for the partnership, and recognise this as a key responsibility of the IJB.
Our Rating				

Evidence / Notes	<p>We recognise the importance of having effective strategic planning and commissioning arrangements in place so that we can better understand what is needed and what works and develop truly transformational, integrated health and care services for the benefit of our citizens.</p> <p>1) The partnership's new leadership structure has put in place additional capacity for its strategic planning and commissioning responsibilities by creating a Lead Commissioning role in addition to the existing Lead Strategy & Performance role. The Strategy and Performance team supports both of these portfolios in the effective planning and commissioning of services.</p> <p>'Principled commissioning' is a key enabler of the partnership's Strategic Plan 2019-2022 which was approved by the IJB in March 2019. The partnership's Strategic Commissioning Implementation Plan is being revised to reflect the ambitions and priorities of the new strategic plan. This review is timely. Aberdeen City Council's approved Target Operating Model, committed the local authority to becoming a commissioning-led organisation. Two distinct organisational capabilities are being built within the council 1) managing demand through early intervention and prevention and 2) being more focused on outcomes as a result of the shift to commissioning. The IJB is fully participating in these two programmes of change within the council and this is enabling a better alignment of the respective commissioning approaches between the IJB and Aberdeen City Council to ensure better delivery of outcomes for the people who use our services. By joining up in this way, it is also enabling the IJB to influence improvements to the procurement function - the strategic commissioning and procurement cycles need to be supportive of each other.</p> <p>2) The Strategic Commissioning Implementation Plan also included within it a Market Facilitation Plan, giving an overview of the externally commissioned provision and guiding principles for making our provision more sustainable as a whole and our providers more resilient.</p> <p>Market facilitation is an important element of the strategic commissioning approach and cycle and the IJB is taking the lead on developing this approach. The intention to produce a Market Facilitation Plan was very well received by the many different providers across all sectors that the partnership engages with. There was significant engagement undertaken to understand better different sectoral and service perspectives and mitigate the high strategic risk of market failure. The plan emphasised the valued role of the third, independent and housing sectors and this was perhaps a message that had not been said often enough or loud enough pre-integration.</p> <p>The Commissioning Lead with support from the newly established city-wide network will oversee a refresh of this plan so that all partners are clear about our commissioning intentions and how we can best align the innovative and flexible provision to the needs of the people who use our services now and will do so in the future.</p>
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	<p>3) A case study in how to harness improved planning and commissioning arrangements can be told in respect of the local authority's Arms-Length External Organisation, Bon Accord Care (BAC) whose five-year contract was due for renewal. This provider contract was, like many others, inherited by the IJB at the point of integration 'go-live' but unlike others this provider was recognised as the partnership's 'provider of last resort' when needed for different service/organisational/market reasons and its scale of own provision and budget gave it additional impact in much required areas.</p> <p>It was recognised by all parties that the impending contract expiry gave an opportunity to look at services provided by BAC and more crucially, which were actually needed. A series of themed conversations took place between partnership and BAC colleagues in an attempt to understand the pathways by which people accessed services and to determine in what ways these pathways could be refined and make the contract more outcome-focused than had previously been the case.</p> <p>These commissioning conversations directly influenced and informed the development of the revised service specification which was subsequently approved by the IJB in 2018.</p> <p>4) The membership and Terms of Reference of the Strategic Planning Group (SPG) are being refreshed within the appropriate legislative parameters. A Strategic Planning Framework is being developed to link all of the partnership's delivery and enabling plans to our strategic plan, our performance and risk frameworks and relevant statutory partner plans. This framework will show at a glance what we are doing and what wider strategic linkages can be made.</p>
<p>Proposed improvement actions</p>	<p>The partnership recognises the critical need to ensure that there is a full and complete alignment between its planning and commissioning arrangements and there is full stakeholder involvement throughout.</p> <ul style="list-style-type: none"> • The Commissioning Lead will submit a report to the IJB in August on a jointly developed commissioning approach which includes an outcome performance framework. • The Commissioning Lead will submit a report to the IJB in August on a jointly developed approach to market facilitation. • The Commissioning Lead will submit a three-year commissioning plan to the IJB in November of this year. • The CFO will reflect any of the decommissioning decisions from the commissioning plan within the 2020/21 revenue budget which will be submitted to the IJB board in March 2020.

Proposal 3.5 Improved capacity for strategic commissioning of delegated hospital services must be in place				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No plans are in place or practical action taken to ensure delegated hospital budget and set-aside arrangements form part of strategic commissioning.	Work is ongoing to ensure delegated hospital budgets and set-aside arrangements are in place according to the requirements of the statutory guidance.	Delegated hospital budget and set-aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements. Plans are developed from existing capacity and service plans, with a focus on planning delegated hospital capacity requirements with close working with acute sector and other partnership areas using the same hospitals.	Delegated hospital budget and set-aside arrangements are fully integrated into routine strategic commissioning and financial planning arrangements. There is full alignment of budgets. There is effective whole system planning in place with a high awareness of pressures, challenges and opportunities.
Our Rating				
Evidence / Notes	<p>We accept that the strategic commissioning of hospital services is an important element of the IJB's statutory responsibilities. We acknowledge that there has probably not been enough progress in this respect.</p> <p>1) The partnership, in conjunction with NHS Grampian and the other two IJBs, have agreed to a joint planning approach "one approach" covering all six of the health functions that are delegated to IJBs for planning purposes. This approach is first being used to undertake strategic reviews for mental health and learning disability, care of the elderly and palliative care. Leadership to support the acceleration of the pace of work is provided through the North East Partnership Forum.</p>			

	<p>The partnership also participates in North of Scotland regional planning activities for hospital services.</p> <p>The partnership's budget for 2019-20 includes set-aside budgets. Previous budgets have also included these but it is recognised that better analysis of and planning for these budgeted monies need to be put in place.</p>
<p>Proposed improvement actions</p>	<p>The partnership welcomes the collective motivation to improve the strategic planning of delegated hospital services.</p> <ul style="list-style-type: none"> • Completion of the initial strategic reviews and evaluation of the process to enable learning to be developed for the next phase of reviews.

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Key Feature 4 Governance and accountability arrangements				
Proposal 4.1 The understanding of accountabilities and responsibilities between statutory partners must improve				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No clear governance structure in place, lack of clarity around who is responsible for service performance, and quality of care.	Partners are working together to better understand the governance arrangements under integration to better understand the accountability and responsibilities of all partners.	Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB.	<p>Clear understanding of accountability and responsibility arrangements and arrangements are in place to ensure these are reflected in local structures. Decisions about the planning and strategic commissioning of delegated functions sit wholly with the IJB and it is making positive and sustainable decisions about changing the shape of care in its localities.</p> <p>The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities.</p>
Our Rating				
Evidence / Notes	<p>The establishment of the IJB, the delegation of functions to it by the local authority and the health board and the ongoing relationship between these statutory partners requires a clear understanding of the governance arrangements and accountabilities that are in place to support effective decision-making and outcome attainment.</p> <p>1) Whilst in the shadow period pre- “go live”, the partnership appreciated the governance complexities that it would face and as a result, appointed the Good Governance Institute to work with us, to ensure we took a systematic approach to the creation of the systems and processes required to underpin good governance. The systems of accountability, and decision-making were viewed as critical and the very early development and adoption of a method for issuing “directions” was designed to avoid any confusion over roles and responsibilities in the new arrangements.</p>			

	<p>The importance of the Integration Scheme as the primary integration agreement between Aberdeen City Council and NHS Grampian was recognised and there were significant legal resources committed by both partners to ensure that this document was not only legally competent but that it reflected their ambitions of what integrated provision should mean for local population health and wellbeing. The Integration Scheme has been reviewed and updated since first being approved by the Cabinet Secretary in February 2016. There have been no events or circumstances by which the IJB or either of its statutory partners have had cause to invoke the formal conflict resolution processes contained within the Integration Scheme.</p> <p>The IJB's standing orders were initially approved in March 2016. They have since been reviewed regularly to ensure that its governance arrangements are as appropriate and robust as possible.</p> <p>The partnership's Annual Governance Statement is presented to the Audit and Performance Systems Committee by the Chief Finance Officer. This statement recognises the support that the statutory partners have offered to ensure good governance. Aberdeen City Council for example has provided administrative/governance support for IJB meetings and the provision of informed and appropriate legal advice. The Council recognises reciprocal benefits in that the annual review of its own Scheme of Governance has been informed and influenced by the evolution and maturing of IJB arrangements.</p> <p>In terms of our approach to decision-making, the care home case study referenced in proposal 1.2 was a good example of the right decisions being taken by the right governance structures in the best interests of the people who use our services.</p>
Proposed improvement actions	<p>Developing the governance and accountability arrangements of a new statutory authority is a complex undertaking but one in which the partnership, with support from its statutory partners has done well. We do not think any improvement actions are currently required although we will of course continue to monitor these circumstances to ensure that our high standards are maintained.</p>

Indicator 4.2				
Accountability processes across statutory partners will be streamlined				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Accountability processes unclear, with different rules being applied across the system.	Accountability processes being scoped and opportunities identified for better alignment.	Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting.	Fully transparent and aligned public reporting is in place across the IJB, Health Board and Local Authority.
Our Rating				
Evidence / Notes	<p>From the outset the partnership has sought to establish clear arrangements to support better and more effective health and social care integration and related accountability processes and practices.</p> <ol style="list-style-type: none"> 1) We can demonstrate appropriate governance which enables the IJB to exercise the appropriate accountabilities over the partnership in terms of the performance, in terms of quality and cost, of all the delegated functions and services. Appropriate performance dashboards are being submitted to aid this scrutiny, although we continue to develop the dashboards as we reflect on whether they are measuring the right things. We are also very clear on the reporting arrangements for the hosted services which are being managed on a Grampian-wide basis, with each of the three IJB's receiving appropriate levels of reporting to support their accountability. We are looking to refine these reports further. 2) In terms of enabling line management accountability, the two Chief Executives from ACC and NHS Grampian, have a monthly 1:1 with the Chief Officer to enable performance to be reviewed and to discuss any barriers which the Chief Officer is experiencing. 3) It is important to acknowledge that the vast majority of the IJB's business - that is, its discussions and decisions - is conducted in the public domain. Meetings are held in public and the public agenda pack for IJB meetings and for the Audit and Performance Systems Committee are placed on the partnership's website and the local authority's website one week prior to the meeting dates. Exemptions to this are allowed by the IJB's Standing Orders where, for example, there are grounds for commercial confidentiality. Minutes of these meetings are also published on the IJB and local authority websites. Minutes are published first 			

	<p>in draft form as soon as possible after the meeting and then in full once they have been approved at the subsequent meeting.</p> <p>The Clinical and Care Governance committee meetings are not yet held in public but the minutes are made public within the subsequent IJB meeting agenda pack.</p> <p>The IJB Standing Orders were first approved by the IJB in March 2016 and have been reviewed annually since then. These are aligned with the governance arrangements of the statutory partners.</p> <p>4) The IJB is statutorily required to approve and publish its Strategic Plan and its Annual Performance Report. Once approved, the ACHSCP Strategic Plan is presented to a full meeting of Aberdeen City Council and NHS Grampian Board for noting. Similarly, the Annual Performance Report is also presented to the statutory partners after being approved by the IJB.</p> <p>5) The submission of this integration self-evaluation is a good example of the transparent public reporting that the IJB and its partners are keen to evidence on a consistent basis. This document will be submitted as a draft to the Scottish Government pending approval at the next scheduled meeting of the IJB. A public discussion at the IJB will enable those colleagues and stakeholders who contributed to the drafting process to see the self-evaluation prior to formal submission. The IJB approved version will be signed off by the IJB chair, vice-chair, Chief Officer and the Chief Executives of Aberdeen City Council and NHS Grampian.</p>
<p>Proposed improvement actions</p>	<p>We recognise that the demands of good governance are such that we need to ensure that our public reporting is as full and as transparent as possible.</p> <ul style="list-style-type: none"> • Chief Finance Officer to identify where the IJB's public reporting, particularly in relation to the local authority and health board could be improved.

Proposal 4.3				
IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	IJB lacks support and unable to make effective decisions.	IJB is supported to make effective decisions but more support is needed for the chair.	The IJB chair is well supported and has an open and inclusive approach to decision-making, in line with statutory requirements and is seeking to maximise input of key partners.	The IJB chair and all members are fully supported in their roles and have an open and inclusive approach to decision-making, going beyond statutory requirements. There are regular development sessions for the IJB on variety of topics and a good quality induction programme is in place for new members. The IJB has a clear understanding of its authority, decision-making powers and responsibilities.
Our Rating				
Evidence / Notes	<p>We strongly believe that the IJB has had a strong and visible commitment to an open and inclusive approach to decision-making and consultation with communities in terms of changes to services and planning.</p> <ol style="list-style-type: none"> 1) Membership of the IJB Board has been devolved under the Integration Scheme and that there has been a commitment to an open and inclusive approach to decision-making and consultation with communities in terms of changes to services and planning. The IJB was praised by Audit Scotland (November 2018) for the relationships it had built up across the partnership and with its statutory partners, acknowledging that differences of opinion existed but that these were met with healthy debate. 2) The development of the IJB was supported in the shadow period and first year of being live by the Good Governance Institute (GGI). There was a recognition that the IJB was bringing together non-executive's from the health board and elected members from the council, to work in a different way. It was understood that the systems of governance which both groups were familiar with, were very different and the culture of both systems was very different. The GGI was commissioned to act as a critical friend in helping the board to design its new systems of governance together as well as helping the board take ownership for the board's own development. The GGI provided a development framework and action plan for the IJB to progress. 			

	<p>3) An induction programme for new IJB members has been developed that provides a historical overview of the integration journey so far, as well as briefings on key strategic planning and commissioning, operational, financial, performance management matters. This programme aims to ensure that any changes to IJB membership, for whatever reason, do not have a detrimental impact on the positive ethos of informed discussions and transparent decision-making that has been nurtured to date.</p> <p>4) From the outset, the IJB has been mindful of the diversity and complexity of its delegated functions and services. It has acknowledged that the reports which are presented to it tend to have an immediate strategic or operational importance so other ways need to be found to maintain a broader overview of the partnership's activities. The 'business agenda' element of IJB meetings is regularly followed by workshops relating to different operational, planning or performance aspects of the IJB's delegated functions. These workshops are facilitated by appropriate colleagues and consist of a presentation followed by a round-table discussion to aid awareness and understanding. These sessions have been vital in developing the capability of the board.</p> <p>5) The importance of IJB meetings is recognised by all partners and participants. The IJB adopted the practice of the local authority in instigating formal pre-agenda meetings with the chair and vice-chair. These meetings are given due diary prominence by the Chief Officer, Chief Finance Officer and report authors so that the chair and vice-chair are appropriately briefed in respect of all agenda items.</p> <p>The chair and vice-chair also have open access to any member of the Leadership Team and are provided with all the information they feel is necessary to participate in discussions and make appropriate and effective decisions. A representative from Aberdeen City Council's legal services attends every board meeting and provides advice to the chair, as required, in terms of the board's decision-making being permitted both within the integration scheme and within the appropriate legislation.</p>
<p>Proposed improvement actions</p>	<p>We believe that good progress has been made to date in this respect. We recognise that we must continue to be proactive in our support for the chair/vice-chair of the IJB and the ongoing development of the IJB as a whole.</p> <ul style="list-style-type: none"> • IJB development programme to be implemented; partially delivered by externally commissioned support. • Chief Officer to review IJB membership with possibility of involving other key integration partners from, for example, the housing and independent sectors.

Proposal 4.4 Clear directions must be provided by IJB to Health Boards and Local Authorities				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No directions have been issued by the IJB.	Work is ongoing to improve the direction-issuing process and some are issued at the time of budget-making but these are high level, do not direct change and lack detail.	Directions are issued at the end of a decision-making process involving statutory partners. Clear directions are issued for all decisions made by the IJB, are focused on change, and take full account of financial implications.	Directions are issued regularly and at the end of a decision-making process, involving all partners. There is clarity about what is expected from Health Boards and Local Authorities in their delivery capacity, and they provide information to the IJB on performance, including any issues. Accountability and responsibilities are fully transparent and respected. Directions made to the Health Board in a multi-partnership area are planned on an integrated basis to ensure coherence and take account of the whole system.
Our Rating				
Evidence / Notes	<p>We recognise that the requirement of the IJB to issue formal directions to one or both of its statutory partners in respect of the delivery of particular functions or services in line with the stated ambitions and priorities of the partnership's strategic plan can be an unusual concept to understand and implement effectively. The IJB's first directions to its statutory partners were issued in April 2016.</p> <p>1) The partnership in conjunction with legal and governance colleagues, has developed an agreed procedure for drafting and issuing directions by the IJB to its statutory partners. The IJB also adopted the practice of the council, in terms of a formal consultation process for every report submitted to the board. This enables senior colleagues from the statutory partners to read reports and to be aware of pending directions before the reports are finalised and published.</p> <p>Directions are issued regularly by the IJB to its statutory partners following appropriate discussion of submitted reports and approval of their recommendations. These directions use a set template which sets out clearly what is expected of the partners, what delegated functions or services the directions relate to, how the directions are aligned with the strategic plan's objectives and priorities and what monies, if any are linked to the directions.</p>			

	<p>Directions issued by the IJB are discussed at the regular performance monitoring meetings between the partnership's Chief Officer and the Chief Executives of the statutory partners.</p> <p>An internal audit (Aberdeen City Council) of IJB directions has just been undertaken. A draft report is due to be circulated to appropriate colleagues soon.</p>
<p>Proposed improvement actions</p>	<p>The partnership's procedure for issuing directions to its statutory partners has been shared previously with other integration authorities to assist them with the development of their own governance arrangements. We do not think any improvement actions are currently required although we will of course continue to monitor these circumstances to ensure that our high standards are maintained.</p> <ul style="list-style-type: none"> • An internal audit is being undertaken on our directions processes and any recommendations will be implemented accordingly.

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Proposal 4.5				
Effective, coherent and joined up clinical and care governance arrangements must be in place				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	<p>There is a lack of understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision-making is not well understood.</p> <p>Necessary clinical and care governance arrangements are not well established.</p>	<p>There is partial understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision-making.</p> <p>Arrangements for clinical and care governance are not clear</p>	<p>The key role clinical and professional leadership plays in supporting safe and appropriate decision-making is fully understood. There are fully integrated arrangements in place for clinical and care governance.</p>	<p>The key role clinical and professional leadership plays in supporting safe and appropriate decision-making is fully understood. Arrangements for clinical and care governance are well established and providing excellent support to the IJB.</p> <p>Strategic commissioning is well connected to clinical and care governance and there is a robust process for sharing information about, for example, inspection reports findings and adverse events information, and continuous learning is built into the system.</p>
Our Rating				

Evidence / Our Notes	<p>The partnership was strongly aware of the robust governance arrangements that previously existed within the statutory partners and sought to develop its own arrangements that retained the confidence of our professional practitioners and partners.</p> <ol style="list-style-type: none"> 1) From the outset, the partnership has made the establishment of an effective and coherent system of clinical and care governance a priority and that there is clarity regarding the roles and responsibility for clinical governance and professional leadership. 2) The Clinical and Care Governance (CCG) Committee of the IJB has been established since May 2016. Minutes of previous CCG meetings are presented to the subsequent meeting of the IJB for appropriate discussion and noting. The CCG Group was established pre-integration 'go live' and supports CCG discussions to ensure safe and robust oversight of the partnership's professional activities. <p>A joint CCG Committee/group workshop established a Task & Finish Group to review current governance arrangements and recommendations have since been approved by the CCG Committee. This same Task & Finish Group has also reviewed clinical and care governance elements within the IJB's Board Assurance Framework.</p> <ol style="list-style-type: none"> 3) The Clinical Director (GP) and other colleagues in lead professional roles (AHP, nursing and social work) have a significant role in ensuring safe and appropriate decision-making across their delegated functions and services. These roles have an operational responsibility as well as a professional accountability to other roles/structures within Aberdeen City Council and NHS Grampian. <p>These other roles/structures include, for example the critical function of adult support and protection. The partnership's Adult Protection Unit provides appropriate advice and guidance across different agencies to provide safeguards and protection to adults at risk of harm or neglect. Accountability for adult protection has remained with the Adult Protection Committee (APC) and appropriate officers from the partnership attend this. The APC reports into the Chief Officer Group (COG) of which the Chief Officer is a member. We are seeking a greater convergence between our adult protection and child protection activities to provide even stronger public protection reassurance to the COG.</p>
Proposed improvement actions	<p>The partnership recognises the importance of clinical and care governance assurance and is committed to safe, appropriate and robust oversight of all its functions, services and activities.</p> <ul style="list-style-type: none"> • Review Terms of Reference and membership of Clinical and Care Governance Committee and Group. • Review available data that underpins clinical and care governance to ensure that safe and robust assurance is being provided to the Committee at all times.

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| | <ul style="list-style-type: none">• Review clinical and care governance risk management process to strengthen real-time oversight of risks and mitigations.• Monitor effectiveness of new clinical and care governance framework. |
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Key Feature 5 Ability and willingness to share information				
Proposal 5.1 IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on by July 2019.	Work is ongoing to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019. Some benchmarking is under way and assisting consistency and presentation of annual reports.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.
Our Rating				
Evidence / Notes	<p>The three Grampian IJB Chief Officers work closely together and there is meaningful sharing of information and best practice between them. There is a shared recognition that more meaningful work can be undertaken in respect of delegated hospital functions and services.</p> <p>1) The IJB has to-date published two Annual Performance Reports as required by the integration legislation. Our reports have shown a consistency in writing style and layout and have shown progress against national health and wellbeing indicators, local indicators and MSG priority indicators. Benchmarking of certain national indicators has been illustrated graphically with an explanatory narrative.</p>			

	<p>Soon after integration 'go-live' the IJB approved six 'big-ticket' items which included: modernising community/primary care, supporting self-management, effective strategic commissioning, Acute Care@Home, organisational development support and IT infrastructure. These formed the beginning of a significant transformation programme which has captured the partnership's hearts and minds. The IJB's annual reports have outlined the partnership's progress in respect of these and other transformation activities and initiatives.</p> <p>2) The IJB recently approved a reviewed performance framework reporting schedule, which aligns both local and national indicators against the strategic aims identified in the revised strategic plan.</p> <p>3) The annual report has also been presented to the partnership's statutory partners at their appropriate meetings (Aberdeen City Council: CMT/Full Council; NHS Grampian: Senior Leadership Team/NHS Board) and is promoted in the partnership's newsletter and placed on its website for wider public accessibility.</p>
<p>Proposed improvement actions</p>	<p>The partnership acknowledges that its annual report requires further development to ensure that it is as accessible, easy-read and informative as possible whilst giving a factual account of the partnership's performance across all of its delegated functions and services. In addition, we recognise that there needs to be more evidence on how well the strategic plan has been implemented and what the impact of this has been.</p> <ul style="list-style-type: none"> • Lead Strategy and Performance Manager to evaluate accessibility (design/language/subject matter) of report to wider population. • The partnership's annual report will be promoted at locality-specific meetings to enable a full and transparent discussion of the partnership's progress in implementing its strategic plan and delivering improved outcomes.

Proposal 5.2				
Identifying and implementing good practice will be systematically undertaken by all partnerships				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve the Integration Authority annual report to identify, share and use examples of good practice and lessons learned from things that have not worked.	Work is about to commence on development of the annual report to enable other partnerships to identify and use examples of good practice. Better use could be made of inspection findings to identify and share good practice.	The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked. Inspection findings are routinely used to identify and share good practice.	Annual reports are used by the Integration Authority to identify and implement good practice and lessons are learned from things that have not worked. The IJB's annual report is well developed to ensure other partnerships can easily identify and good practice. Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice. All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented.
Our Rating				
Evidence / Notes	<p>Our annual reports to date have focused on their statutory obligation to report the partnership's performance against the national health and wellbeing outcomes/indicators as well as our local indicators. We recognise that we have not thus far used them as well as we might as a platform for examples of good practice that we may wish to highlight to a wider audience.</p> <ol style="list-style-type: none"> 1) Chief Officers have ensured that lessons learned from inspection findings are routinely shared and appropriate learning embedded where appropriate. Our Adult Support and Protection (ASP) practices highlighted in a Joint Inspection of Older People's Services in 2016 are a good example of this. 2) Mechanisms for regularly disseminating partnership news and progress updates in a timely manner are in place, with regular easy-read briefings issued to staff and partners on a wide range of developments and milestones reached. The partnership 			

	<p>newsletter in particular is a rich source of information and has a wide circulation across all partnership staff, third and independent sector partner organisations and IJB members.</p> <ol style="list-style-type: none"> 1) There is a culture of openness which supports the sharing of data and information with stakeholders and regular communication of progress toward collective goals outlined in the partnership's strategic plan. The evaluation of transformation initiatives such as the Integrated Neighbourhood Care Aberdeen (INCA) and West Unscheduled care projects have been well received and whilst the pilot is not progressing to full implementation, the learning has proved to be invaluable in many other respects. Those colleagues who undertook the evaluations have had papers published in prestigious international journals showing how well the projects were received by the service users, the improved outcomes that were mostly delivered and the cultural and logistical challenges of setting up a multi-disciplinary team to work in this fashion. 2) The partnership's HEART Awards have proven to be a very effective and enjoyable way of sharing the good and innovative practices that are being undertaken on a day-to-day basis across the partnership. Celebrating good-quality delivery of service, high satisfaction levels and delivery of improved outcomes is something the partnership will never tire of.
<p>Proposed improvement actions</p>	<p>We recognise the challenge of ensuring that our approach to identifying and implementing good practice is as systematic as possible. We believe that professionals and colleagues across the partnership's sectors and services want to innovate and to share their experiences of this but at the same time want to be reassured that our approach is objective, systematic and sustainable.</p> <ul style="list-style-type: none"> • Ensure that the annual report includes good practice initiatives and successes and the opinion of those individuals/carers who have seen better outcomes as a result.

Proposal 5.3 A framework for community-based health and social care integrated services will be developed				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE			

Key Feature 6 Meaningful and sustained engagement				
Proposal 6.1 Effective approaches for community engagement and participation must be put in place for integration				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is a lack of engagement with local communities around integration.	Engagement is usually carried out when a service change is proposed.	Engagement is always carried out when a service change, redesign or development is proposed.	Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
Our Rating				
Evidence / Notes	<p>We have sought from the outset to place a high value on sustained and meaningful engagement with our statutory partners and other stakeholders, the people who use our services, their carers and communities the diverse workforce across the health, social care, third, independent and housing sectors and local and national media.</p> <ol style="list-style-type: none"> 1) The IJB endorsed Community Planning Aberdeen's 'Engagement, Participation and Empowerment Strategy' for its own use in November 2016. This strategy has provided the foundation for the partnership's many engagement activities across its functions and localities. 2) The partnership's initial locality model was premised on the existing primary care cluster leadership arrangements and this was very helpful in working with our primary care colleagues, particularly GPs as the integration of health and social care services became a reality. We were mindful though that soon after the implementation of the integration locality model, the community planning locality model was introduced. The civic boundaries of the two locality models were different. The integration model was city-wide whilst the community planning model was focused on priority areas of greatest need. There was however significant scope for collaborative activities to improve the health and wellbeing, in all respects, of the residents. <p>Locality Leadership Groups (LLGs) were developed in the localities with diverse professional/community membership. LLGs</p>			

have a key role in development of locality plans and framing of action plan priorities. There has been a significant amount of engagement facilitated in and with our localities. In particular, there have been significant collaborations with our community planning colleagues to maximise effective use of resources and avoid any duplication of effort.

Our strong and positive relationship with the community planning partnership and the active collaborations on the ground led to reflections on whether a better locality alignment would be more beneficial for all parties but especially for the citizens and communities in the city. A proposal to reshape the four-locality model to three localities that incorporated the community planning three-locality model was agreed for consultation by the IJB. There was significant engagement and consultation about this proposal both as a stand-alone topic and as part of the draft strategic plan's consultation. The overwhelming response was a positive endorsement for the change, helped no doubt by the visibility and impact of the many different integration and community planning activities and initiatives over the past three years.

The LLGs will have a crucial role to play in the reshaping of our locality model. We recognise that greater efforts need to be undertaken to get stronger community representation, including looking at the date/time scheduling of these meetings. Better co-ordination of those colleagues who are community-facing to ensure maximum reach and effective interventions that avoid duplication of effort and activity. The partnership must guard against the perception that its engagement activities are tokenistic and must also mitigate the risk of engagement fatigue.

- 3) Significant plan-specific engagement and consultation has been undertaken for every strategy/plan taken to IJB for approval since 'go-live'. The engagement in respect of the developing Learning Disability Strategy was given particular praise both locally and nationally in recognition of the inclusive approach that was taken from the outset by making sure that service users and carers were actively involved in the strategic discussions.
- 4) From integration 'go-live' the partnership has recognised the value of a significant digital presence as a means of communicating our ambitions and intentions. The partnership's public-facing website has recently been refreshed to give it a 'cleaner, crisper' look and to offer more opportunity through an Ideas Hub for anyone to suggest other innovative ways in which the partnership could do things. The partnership has also recently launched its own intranet, 'Connect', which carries a great deal of news for staff about partnership developments and offers opportunities for staff to engage. A Twitter account has also provided a more immediate communication of our forthcoming events and activities. Both have, in their own way, helped raise the partnership's profile across the city, region and more nationally also.
- 5) Robust and productive relationships have been maintained by the partnership with the diverse media in Aberdeen, which has resulted in a great deal of positive coverage of developments within the partnership which have a direct impact on our citizens.

Proposed improvement actions	<p>We believe that that the partnership has undertaken some very significant engagement activities over the past three years in relation to our strategic planning and commissioning ambitions; however, we recognise that greater co-ordination of these is needed to maximise their impact. We have perhaps not evaluated these activities as well as we might have to understand better what approach/activities worked/did not work and the reasons for this.</p> <ul style="list-style-type: none"> • Co-ordinate engagement activities across functions and localities.
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Proposal 6.2 Improved understanding of effective working relationships with carers, people using services and local communities is required				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	<p>Work is required to improve effective working relationships with service users, carers and communities.</p>	<p>Work is ongoing to improve effective working relationships with service users, carers and communities.</p> <p>There is some focus on improving and learning from best practice to improve engagement.</p>	<p>Meaningful and sustained engagement with service users, carers and communities is in place.</p> <p>There is a good focus on improving and learning from best practice to maximise engagement and build effective working relationships.</p>	<p>Meaningful and sustained engagement with service users, carers and communities is in place. This is given high priority by the IJB.</p> <p>There is a relentless focus on improving and implementing best practice to maximise engagement. There are well established and recognised effective working relationships that ensure excellent working relationships.</p>
Our Rating				
Evidence / Notes	<p>We recognise the necessity of working closely with the people who use our services, their carers and their communities and the value that their contributions offer to the framing of our strategic ambitions and priorities and the effective delivery of service. We have demonstrated good practice in this respect and at times some very good practice, but we recognise that overall, our approach can be more co-ordinated than it currently is.</p>			

1) As 6.3 below shows the partnership has developed very good relationships with the carer and user representatives on the IJB and they have made a positive impact on IJB discussions and decisions.

The Carers Strategy Development Group became the Carers Strategy Implementation Group once the Carers Strategy was approved by the IJB in April 2018. The local Third Sector Interface has said this group is “committed” and has “strong” leadership in place.

2) The partnership participates in the local Community Planning Partnership’s Community Engagement Group. There is regular participation at Sheltered Housing Group, Disability Access Group, Ethnic Minority Forum, Civic Forum and community councils meetings etc to deliver integration updates or initiative-specific information.

We have also worked with the Scottish Health Council, NHS Grampian Public Patient Involvement and Aberdeen City Council equalities colleagues to ensure that our engagement is as widespread and multi-dimensional as possible to ensure a bigger ‘audience-reach’.

Proposed improvement actions

As part of the jointly agreed strategic planning process we hope to strengthen the community/public, user and carer engagement and participation in better understanding existing services and how these will change to better meet needs. This will be evaluated, and actions agreed to further enhance this based on findings. We will also:

- strengthen the involvement of carers/users in strategic planning and commissioning.
- adopt a partnership-specific public engagement policy.
- establish service user/carer reference groups to support our IJB user and carer representatives.
- co-ordinate (better) the partnership’s engagement with the people who use our services, their carers and wider communities.

Proposal 6.3				
We will support carers and representatives of people using services better to enable their full involvement in integration				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve involvement of carers and representatives using services.	Work is ongoing to improve involvement of carers and representatives using services.	Carers and representatives on the IJB are supported by the partnership, enabling engagement. Information is shared to allow engagement with other carers and service users in responding to issues raised.	Carers and representatives of people using services on the IJB, strategic planning group and locality groups are fully supported by the partnership, enabling full participation in IJB and other meetings and activities. Information and papers are shared well in advance to allow engagement with other carers and service users in responding to issues raised. Carers and representatives of people using services input and involvement is fully optimised.
Our Rating				
Evidence / Notes	<p>We have been mindful from the outset that whoever was fulfilling the crucial, voluntary roles of user and carer representatives on the IJB would need different forms of support at different times so that they felt valued in their role and able to make an appropriate contribution to IJB discussions and decisions.</p> <p>1) Prior to 'integration go live' the partnership engaged in discussions with the local carers centre and other stakeholders about how to best fulfil these roles. Given the many individuals and groups that our services engaged with, it was agreed that an open recruitment process was appropriate, and an advert was placed in the local Third Sector Interface (TSI) newsletter for user/carer representatives on the soon-to-be-formed IJB.</p> <p>The response to this advert was heartening and we were able to schedule interviews undertaken by the then IJB chair, vice-chair and integration lead. We were looking for one individual to undertake each of the roles and we were able to recruit someone to the user representative role. We were however unable to decide between two particular candidates for carers representative and given that there was no guidance to the contrary we decided to offer both of them the role and they accepted.</p>			

	<p>These roles were initially envisaged for the IJB and Strategic Planning Group, but the individuals were able to participate in any groups that had an alignment with their responsibilities for example the Clinical and Care Governance committee, the Carers Strategy Steering Group/Implementation Group and Locality Leadership groups. Indeed, one of the carer representatives used her new role as a stepping stone to other involvement in a local community council and wider citizenship matters.</p> <p>We were keen from the outset to ensure that the IJB culture and operating ethos were conducive to appropriate and transparent discussions and decisions. There was no differentiation between ‘voting’ and ‘non-voting’ members and representatives received all papers (public and private) at the same time as every other IJB member. Our user/carer representatives were not excluded from any IJB discussion, no matter its significance.</p> <p>We were very mindful that our representatives were undertaking these roles on a voluntary basis and that their other commitments might have an impact on their background knowledge/understanding of impending subject matters. To offset this, regular meetings were scheduled with the integration lead one week prior to the IJB meeting, to provide background information to the newly distributed IJB papers so that a fuller contribution to the discussions could be offered.</p> <p>The representatives have now come to the end of their agreed tenure and there is a broad consensus that the individuals have made a positive contribution to the initial formation and ongoing development of the IJB. Exit interviews have been held with them to enable us all to reflect on the past three years and to inform the recruitment and support of their successors.</p>
<p>Proposed improvement actions</p>	<p>We are very satisfied with how the partnership’s first user/carer representatives fulfilled their roles but are very mindful of the additional demands that these roles placed on them. We will consider, as part of our wider reflections on how we engage with others, how best to support these individuals to provide the voice of the person who uses our services/unpaid carer to the IJB and other appropriate forums.</p> <ul style="list-style-type: none"> • Establish ‘carer’ and ‘user’ reference groups to facilitate better discussions about experiences and outcomes and to provide representatives with a mechanism for wider dissemination of IJB-related information. • Evaluate the user/carer representative role and the impact it has on the understanding of other users and carers about health and social care integration matters.

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MSG SELF-EVALUATION ACTION PLAN



Aberdeen City Health & Social Care Partnership

A caring partnership

	Proposed Improvement Action	Lead	Timescale	Progress Update
1.1	Further cohorts of partnership colleagues will participate in the Systems Leadership training.	Chief Officer	Mar 20	
1.1	2019-2020 objectives for those colleagues who report to someone in the Leadership Team will be aligned with strategic plan objectives	Leadership Team	Jun 19	
1.1	Fulfil short-term (within year one) actions set out in Empowered Workforce Plan 2019-2021 (reduce sickness, turnover, set individual objectives in line with strategic plan, monitor team performance against objectives, develop succession plan).	Leadership Team	Mar 20	
1.2	Chief Officer to discuss as part of her performance review with the Chief Executives of Aberdeen City Council and NHS Grampian ways in which the evaluation of statutory relationships can be judged exemplary	Chief Officer	Sep 19	
1.3	Chief Officer to undertake an IJB membership review to consider which other key integration partners, for example, housing and independent sectors should be IJB members	Chief Officer	Sep 19	
1.3	Providers and Partners Network to evaluate cross-sector relationships and impacts	Lead Commissioning Manager	Mar 20	
1.3	Providers and Partners Network to develop agreed actions on how best to promote and sustain good relationships across all sectors, organisations and staff roles	Lead Commissioning Manager	Mar 20	
2.3	More up-to-date information of set-aside usage is to be provided. Better analysis of this usage is to be developed, including an improved understanding of which partnership initiatives and developments have led to reduced usage and whether this is an episodic or sustainable improvement.	Chief Finance Officer/ Deputy Director Finance NHS Grampian	Mar 20	
3.4	The Commissioning Lead will submit a report to	Lead Commissioning	Aug 19	

MSG SELF-EVALUATION ACTION PLAN



Aberdeen City Health & Social Care Partnership

A caring partnership

	Proposed Improvement Action	Lead	Timescale	Progress Update
	the IJB in August on a jointly developed commissioning approach which includes an outcome performance framework	Manager		
3.4	The Commissioning Lead will submit a report to the IJB in August on a jointly developed approach to market facilitation	Lead Commissioning Manager	Aug 19	
3.4	The Commissioning Lead will submit a three-year commissioning plan to the IJB in November of this year	Lead Commissioning Manager	Nov 19	
3.4	The CFO will reflect any of the decommissioning decisions from the commissioning plan within the 2020/21 revenue budget which will be submitted to the IJB board in March 2020.	Chief Finance Officer	Mar 20	
3.5	Completion of the initial strategic reviews and evaluation of the process to enable learning to be developed for the next phase of reviews	Chief Officer	Mar 20	
4.2	Chief Finance Officer to identify where the IJB's public reporting, particularly in relation to the local authority and health board could be improved.	Chief Finance Officer	Mar 20	
4.3	IJB development programme to be implemented; partially delivered by externally commissioned support	Chief Finance Officer	Oct 19	
4.3	Chief Officer to review IJB membership with possibility of involving other key integration partners from, for example, the housing and independent sectors	Chief Officer	Sep 19	
4.4	An internal audit is being undertaken on our directions processes and any recommendations will be implemented accordingly.	Chief Finance Officer	Mar 20	
4.5	Review Terms of Reference and membership of Clinical and Care Governance Committee and Group	AHP Lead	Jun 19	
4.5	Review available data that underpins clinical and care governance to ensure that safe and robust	AHP Lead	Sep 19	

MSG SELF-EVALUATION ACTION PLAN



Aberdeen City Health & Social Care Partnership

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	Proposed Improvement Action	Lead	Timescale	Progress Update
	assurance is being provided to the Committee at all times			
4.5	Review clinical and care governance risk management process to strengthen real-time oversight of risks and mitigations	AHP Lead	Sep 19	
4.5	Monitor effectiveness of new clinical and care governance framework	AHP Lead	Mar 20	
5.1	Lead Strategy and Performance Manager to evaluate accessibility (design/language/subject matter) of report to wider population	Lead Strategy and Performance Manager	Aug 19	
5.1	The partnership's annual report will be promoted at locality-specific meetings to enable a full and transparent discussion of the partnership's progress in implementing its strategic plan and delivering improved outcomes	Lead Strategy and Performance Manager	Aug 19	
5.2	Ensure that the annual report includes good practice initiatives and successes and the opinion of those individuals/carers who have seen better outcomes as a result	Lead Strategy and Performance Manager	Aug 19	
6.1	Co-ordinate engagement activities across functions and localities	Lead Strategy and Performance Manager	Mar 20	
6.2	Strengthen the involvement of carers/users in strategic planning and commissioning.	Lead Strategy and Performance Manager	Mar 20	
6.2	Adopt a partnership-specific public engagement policy	Lead Strategy and Performance Manager	Sep 19	
6.2	Establish service user/carer reference groups to support our IJB user and carer representatives	Lead Strategy and Performance Manager	Dec 19	
6.2	Co-ordinate (better) the partnership's engagement with the people who use our services, their carers and wider communities	Lead Strategy and Performance Manager	Mar 20	
6.3	Establish 'carer' and 'user' reference groups to facilitate better discussions about experiences and outcomes and to provide representatives with	Lead Strategy and Performance Manager	Dec 19	

MSG SELF-EVALUATION ACTION PLAN



Aberdeen City Health & Social Care Partnership

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	Proposed Improvement Action	Lead	Timescale	Progress Update
	a mechanism for wider dissemination of IJB-related information			
6.3	Evaluate the user/carer representative role and the impact it has on the understanding of other users and carers about health and social care integration matters	Lead Strategy and Performance Manager	Sep 19	



INTEGRATION JOINT BOARD

Date of Meeting	11 June 2019
Report Title	Transformation – Decisions Required
Report Number	HSCP.19.026
Lead Officer	Sandra Ross, Chief Officer
Report Author Details	Gail Woodcock Lead Transformation Manager gwoodcock@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	<ul style="list-style-type: none"> a. Link Working in Custody Suite Business Case b. Link Working in Custody Suite Direction to ACC c. Link Working in Custody Suite Financial Summary (EXEMPT) d. Interim Housing Business Case e. Interim Housing Direction to ACC

1. Purpose of the Report

- 1.1. The purpose of this report is to request approval from the IJB to incur expenditure, and for the Board to make Directions to NHS Grampian and Aberdeen City Council, in relation to projects that sit within the Partnership's Transformation Programme. The report also highlights recent financial awards received in respect of TEC pathway and scaling up remote blood pressure monitoring.
- 1.2. The projects relate to strategic intentions, as set out in the overall Transformation Plan, the Primary Care Improvement Plan (PCIP) and the Action 15 Plan which have been previously approved by the IJB, as key areas of change for delivering on the Strategic Plan.

2. Recommendations



INTEGRATION JOINT BOARD

- 2.1. It is recommended that the Integration Joint Board (IJB):
- a) Approve the expenditure, as set out in Appendix C, relating to the Link Working in Custody Suite project, and make the Direction relating to this project as per Appendix B and instruct the Chief Officer to issue this direction to Aberdeen City Council.
 - b) Approve the expenditure, as set out in the Business Case at Appendix D relating to Interim Housing, and make the Direction relating to this project as per Appendix E and instruct the Chief Officer to issue this direction to Aberdeen City Council.
 - c) Note the award of funding to the city in relation to TEC Pathway and Florence Home Health Monitoring.

3. Summary of Key Information

Background

- 3.1. Good governance and delegation levels require the IJB to approve the level of expenditure on these projects and make Directions to both NHS Grampian and Aberdeen City Council that will enable funding to be released to deliver the projects. The governance structure in place has and will continue to ensure effective operational and executive oversight.
- 3.2. This report seeks authorisation from the IJB to incur expenditure in respect of items which have been considered and recommended for approval in principle by the Executive Programme Board and discussed and developed through Working Groups where appropriate.
- 3.3. In order to allow this report to be considered in a transparent manner, details relating to finances have been attached as confidential appendices.



INTEGRATION JOINT BOARD

Transformation Programme

3.4. The transformation programme has recently been prioritised in line with the refreshed strategic plan. A list of the programmes along with their links to the strategic plan, medium term financial plan and strategic risk register is set out below:

Transformation Programme of Work	Links to Strategic Aims & Enablers	Links to Strategic Risk Register*	Links to Medium Term Financial Framework	Comments
Primary Care Improvement Plan	Resilience Personalisation Communities	1, 2, 5, 7, 9	Transformation	Agreed by IJB in July 2018 Specific Funding Source.
Action 15 Plan	Prevention Resilience Personalisation Communities	2, 3, 5, 7, 9	Medicines Management Transformation	Agreed by IJB in July 2018 Specific Funding Source.
Alcohol and Drugs Partnership Plan	Prevention Resilience Personalisation Communities	2, 4, 5, 7, 9	Transformation Medicines Management	Agreed by IJB in December 2018 Part of Community Planning Aberdeen's Local Outcome Improvement Plan. Specific funding source.
Locality Development Transformation Programme	Prevention Resilience Personalisation Communities Connections	1, 2, 4, 7, 8, 9	Transformation Medicines Management Efficiency Savings Service Redesign	Will capture change actions identified in Locality plans. Will also include significant cross-cutting projects such as Unscheduled Care and Social Transport.
Digital Transformation Programme	Prevention Resilience Personalisation Communities Connections Digital Transformation Modern & Adaptable Infrastructure	1, 2, 7, 9	Efficiency Savings Transformation Medicines Management Service Redesign	Will support the delivery of the Digital Strategy.
Organisational Development Transformation Programme	Prevention Resilience Personalisation Empowered Staff	6, 7, 8, 9	Service Redesign Transformation	Will support the delivery of the Workforce Plan.
Efficient Resources Transformation Programme	Prevention Resilience Sustainable Finance	1, 2, 7, 9	Efficiency Savings Transformation Service Redesign	Utilising Lean Six Sigma methodology, working deep within teams delivering services to reduce variation and increase efficiency.



INTEGRATION JOINT BOARD

Resilient, Included and Supported Outcome Improvement Plan	Prevention Resilience Communities Connections	4, 7, 8	Medicine Management Transformation	Part of Community Planning Aberdeen's Local Outcome Improvement Plan. No specific funding source.
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Link Workers – extension to Custody Suite

- 3.1. A further opportunity for an extension to the Link Practitioner service has been identified through the Alcohol and Drugs Partnership, which has recommended that a Link Practitioner be based in the Custody Suite at Kittybrewster for an initial 2-year duration.
- 3.2. This duration would allow for the testing of the Links Approach in this specific location, working with a specific cohort of service users.
- 3.3. A request for further information was made at the last IJB (26/03/19) about previous tests of change within the custody suite at Kittybrewster.
- 3.4. Subsequently the project team have established that an initial test of change looking at an 'arrest referrals service (focusing on homelessness)' was started in February 2019 by the CPA Community Justice Group. This work was put on hold after an announcement by Police Scotland that they were looking at piloting 'co-located hubs' at the custody suites, of which Kittybrewster was one.
- 3.5. The proposal to base a Link Practitioner in the Custody Suite will both learn from the initial work completed in February 2019 and tie into the national plan to create co-located hubs.
- 3.6. The business case for this custody suite test of change is attached at Appendix A.
- 3.7. The resultant financial implications for the Custody Suite test of change is inserted in Appendix C (financial summary). The Custody Suite test of change from the Alcohol and Drugs Partnership for Government 2018-19:



INTEGRATION JOINT BOARD

additional investment in services to reduce problem drug and alcohol use funding.

Interim Housing

- 3.8. In June 2017, the IJB approved a project for Interim Step-Down Housing – a new model of service delivery designed to reduce housing related delayed discharge.
- 3.9. Over the past twelve months, the Partnership has worked jointly with Aberdeen City Council Housing, NHS Acute Occupational Therapy and Bon Accord Care to address the issue of delayed discharges where re-housing or housing adaptations are the main reason for a person remaining in hospital. A pilot project has resulted in two level access properties (one in the north and one in the south of the city) being fully adapted to meet a broad variety of disability and accessibility needs. These two properties were put at the disposal of the multidisciplinary teams responsible for discharge from both Aberdeen Royal Infirmary and Woodend Hospital, who were able to place individuals (who would otherwise be delayed in hospital) into these homely settings whilst awaiting rehousing or significant home adaptations.
- 3.10. The results of this pilot have been very positive with indicative savings of over £90,000 already, part way through the project (based on bed days saved) from a full year spending commitment of only £46,000. Given the success of the pilot to date, both the Transforming Communities and Service Delivery Programme Board and the Executive Programme Board of the Partnership have endorsed its continuation and ongoing funding. The project is therefore presented to the IJB for funding of the two properties on an ongoing basis. The financial commitment for 2019/20 will be significantly less than the pilot's initial costs as all one-off adaptations/capital works to the two properties have already been completed. Financial commitment for 2019/20 will be £25,440.07 with



INTEGRATION JOINT BOARD

future years being uplifted as per Aberdeen City Council rent and council tax budget decisions.

Digital Developments

- 3.11. We are pleased to share with the IJB, news of two successful bids to embed digital thinking into Aberdeen.
- 3.12. Florence Home Health Monitoring – Florence is a home health monitoring system that can be utilised by any patient with a standard mobile phone. It reminds patients to take their own blood pressure readings via a text message. The blood pressure reading is then sent back via text message and the system presents all of the readings in easy to reach charts, which allow clinicians to manage patients from a simple web interface. Clinicians can set Florence to alert them with an email or text when patient readings don't look correct or when they show worrying trends.
- 3.13. This system benefits patients as they aren't burdened by having to be in a particular place to take readings. They also receive personalised health tips and medication reminders based on their readings. They become more involved and take more responsibility for managing their own conditions. There are also benefits to the wider system including improvements in efficiency.
- 3.14. This system was initial tested in Aberdeenshire, however was met with lengthy delays as a result of challenges around data governance. It is now operational as a small test and funding was applied for to allow the system to be scaled up across a broader area including Aberdeen City Health and Social Care Partnership.
- 3.15. Following a rigorous assessment process, funding of £XX was confirmed from the National TEC Programme in April. Further updates on this project



INTEGRATION JOINT BOARD

will be reported through the transformation reporting to Audit and Performance Systems Committee.

- 3.16. National TEC Pathfinder – working with partners including ACVO, Aberdeen City Health and Social Care Partnership successfully submitted an application for £195,000 of funding (over two years) to achieve the following, through looking at the current recovery pathways for survivors of abuse we will have a better understanding of:
- who our key stakeholders are and what the key components of support are for this key vulnerable client group
 - how demographics and social determinants of health play or contribute to the incidence and occurrence
 - map and identify local, regional and national research and intelligence
 - what the benefits of current services and supports are to service users and
 - service providers and what is missing.
- 3.17. Work is at early define stage in this project and further information and updates will be provided to the IJB in due course.

4. Implications for IJB

4.1. Equalities

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

4.2. Fairer Scotland Duty

It is anticipated that the implementation of these plans, will have a neutral to positive impact on people affected by socio-economic disadvantage.

4.3. Financial

The recommendations in this report will result in financial expenditure from the Integration and Change budgets (which include Alcohol and Drugs Partnership, Delayed Discharge and Primary Care Improvement Fund). Full details of the financial implications in the associated business cases.



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4.4 Workforce

The anticipated benefits of the projects include the release of capacity within our General Practitioner workforce (aligning with the PCIP), as well as efficiencies in other areas of general practice.

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

Due to the anticipated magnitude on service delivery, consultation and engagement with staff and trade unions will be key throughout all aspects of transformation. The success of our ambitions will depend on our staff, and hence organisational development and staff training will be a key aspect of delivering transformation.

4.5 Legal

The changes to the Link Practitioner contract will be progressed in line with legal advice. At this time, there are no anticipated legal implications for the other projects referred to in this report.

4.6 Other - NA

5. Links to ACHSCP Strategic Plan

- 5.1. The recommendations in this report seek to deliver aspects of the Primary Care Improvement Plan, and there are clear links to the wider strategic plan including supporting and improving the health, prevention, wellbeing and quality of life of our local population, and supporting our staff to deliver high quality services that have a positive impact on personal experiences on outcomes.

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



INTEGRATION JOINT BOARD

Executive Programme Board and portfolio Programme Boards have a key role to ensure that these risks are identified and appropriately managed.

In respect of the projects included with this report, risks relate to implications for primary care if capacity is not created within General Practitioner workload to allow the new GMS contract to be implemented.

Some projects also seek to reduce ongoing operational risks.


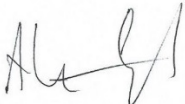
6.2. Link to risks on strategic or operational risk register: The main risk relates to not achieving the transformation that we aspire to, and the Integration Joint Board resultant risk around the delivery of our strategic plan, and therefore our ability to sustain the delivery of our statutory services 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

1.B – Risk of Market Failure (General Practice Services)

6.3. How might the content of this report impact or mitigate these risks: The report seeks approval to progress a number of projects which will directly positively contribute to mitigating these risks.

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

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	Business Case	Project Stage Define
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Project Name	Link Practitioner (Custody Suite)	Date	16.11.18
Author	Jenny McCann Community Links Development Manager	Version	V1.2

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Business Case

Project Stage
Define

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1. Business Need

Evidence tells us that those within a custody setting have poorer health and wellbeing outcomes, with people experiencing high levels of mental health problems, trauma, learning difficulties (sometimes undiagnosed) and challenges with problem alcohol and substance use.

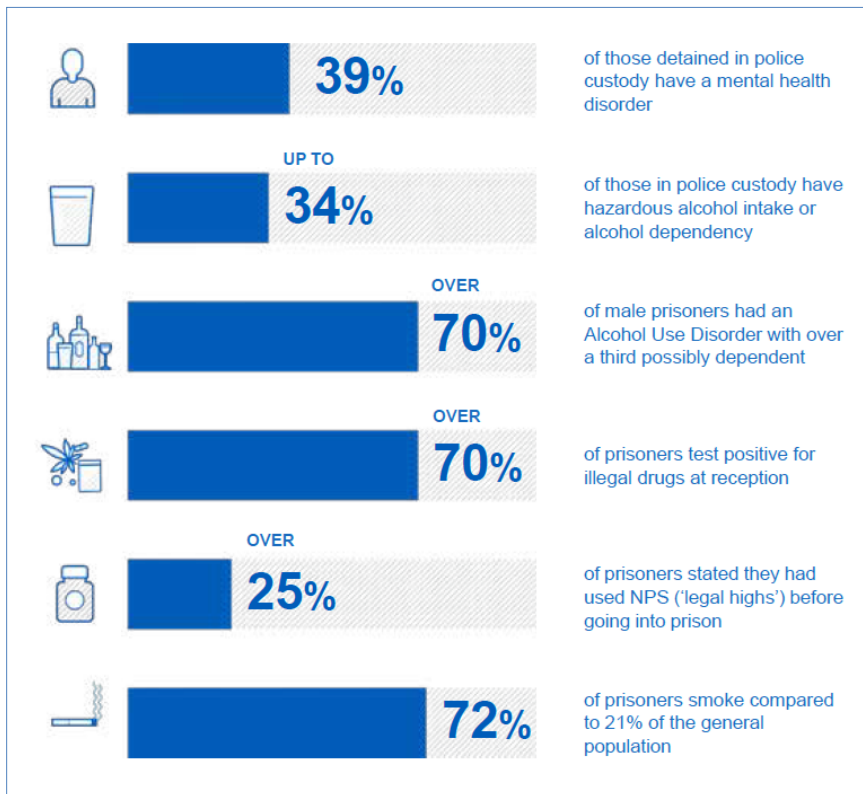


Fig 1 Recent data on the health and wellbeing of those in custody in Scotland¹

These health and wellbeing challenges will often co-exist with long term social disadvantages and are directly linked to the wider determinants of people’s health. Nationally there has been a commitment to work with others to improve health and wellbeing in justice settings, focusing on mental health and substance use and to adopt approaches with a focus of prevention and early intervention to both contribute to reducing health inequalities and improving wellbeing and life chances¹.

Reduced resources and growing demand across Health and Social Care means that there is a need to shift the focus from managing symptoms to prevention and resolving underlying causes. The development of a link working approach takes a step towards holistic management of individuals by introducing a complimentary non-medical skill set to primary care as well as supporting existing staff to adopt the links approach

¹ Justice in Scotland: Vision and Priorities (2017) <https://www.gov.scot/publications/justice-scotland-vision-priorities/>



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In Aberdeen, both the Alcohol and Drugs Partnership (ADP) and Police Scotland have identified a need to adopt new approaches and take additional steps to support the health and wellbeing of those in custody.

This project will support the following ADP workstreams:

- Workstream 2: Reducing Harm, Morbidity and Mortality
- Workstream 3: Service Quality Improvement
- Workstream 5: Intelligence Led Delivery

By ensuring that drug and alcohol strategies are responsive to the developing community justice agenda we aim to increase the uptake and retention of people in the justice system with drug and alcohol problems in specialist services over the next 2 years through improved data gathering, intelligence and joint working, specifically

- Ensure that when those in community based drug / alcohol treatment or mental health treatment enter and leave the community justice system that their treatment programme is continued
- Ensure those entering the community justice system who are not currently in community based treatment for drug / alcohol issues or primary health care are afforded opportunities to engage
- Ensure that other underlying issues relating to an individuals' health, wellbeing and offending are identified and supported, such as housing issues, benefits

This project will identify unmet needs in terms of physical health as well as mental health and contribute the Action 15 developments that are also planned for Kittybrewster Custody Suite.

The project will also contribute data and intelligence to help inform a health needs analysis being undertaken by Public Health in relation to health and wellbeing and will also inform the work of the MCN for BBVs and Sexual Health.

Outcomes from the project will contribute to discussions about a pan Grampian response to health and wellbeing and police custody.

By implementing a linking working approach within the custody suite at Kittybrewster, similar to that which is currently being rolled out across GP practices in Aberdeen City, it is anticipated that the resource, will help address socioeconomic inequalities and social determinants of health (depending on an individual's motivation and desire to engage). The programme is envisaged to reduce pressures on mainstream primary and community care services by meeting a need for joined up support across the Health and Social Care Partnership. This will be achieved by embedding a Link Practitioner into the Kittybrewster custody suite and supporting them to appropriately with link community, local GP practices and ACHSCP locality teams.

The Kittybrewster Custody Suite has a throughput/ footfall of 10,000 people a year (approximately 80% men, and 20% women). Through the provision of a link practitioner within the custody suite we will be able to support and enable change for those ready to take the next step to addressing health and wellbeing challenges within their lives. It is anticipated that by providing a service within the custody suite (as opposed to be referred to an external service) we will be able to provide a more motivating point to engage with support. This has been shown to be the case with the delivery of recovery services, and we plan to apply the same approach to a different setting.



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The partnership recognises the current (and future) challenges posed by an ageing population with long-term health conditions (both within the justice system and wider community) and the prevalence of Health inequalities combined with fiscal challenges. Whilst the 2014 health and wellbeing profile of the residents of Aberdeen City² show statistically significant scores above national average for several indicators (e.g. life expectancy (males), patients hospitalised with cerebrovascular disease and patients prescribed drugs for anxiety/depression/psychosis) there are areas where Aberdeen scores statistically significantly worse than the national average (e.g. drug related deaths, alcohol and drug related hospital admissions; patients hospitalised with coronary heart disease; people (65+) with intensive needs cared for at home).

The ACHSCP is committed to carefully considering approaches to reduce health and social inequalities and in particular, to balance provision of universal or more targeted service delivery with identified needs in and across localities. The Link Working Programme reflects this commitment and will be an important development to achieve this.

The project will provide an opportunity to scope and more deeply understand the demand locally for a link practitioner within the custody suite. It seeks to build on the initial successes and intelligence gained from the implementation of the link working approach within Aberdeen City, by utilising the community link working approach as a framework to facilitate transformational change within primary and community care. The programme will provide an opportunity to add intelligence about ways to prevent and reduce health inequalities and support an improved focus on person centre care planning and self-management.

The underpinning goal of the Link Working Programme is to assist primary care teams (and the wider health and social care system) to develop new capacities to become more effective in enabling patient self-management and supporting people to live more interconnected lives, which support their general wellbeing and sense of belonging.

The project aligns strongly with the aspirations as set out in Aberdeen City Health and Social Care Partnership's Strategic Plan and aims to support delivery of the strategic priorities.

A project team has been established to inform the development of this workstream which includes partners from Police Scotland, the Custody Health Catr Team at Kittybrewster, NHS Grampian's Public Health Team, SAMH and ACHSCP. The project team also feeds into Community Links Project Team to ensure alignment with the broader Link Working workstream.

In addition, there is representation from the project team on the Kittybrewster Partnerships Steering Group which has been established to ensure close working relationships and shared learning between services based within the custody suite at Kittybrewster and includes representation from Aberdeen and Drugs Action, Ditch Debt with Dignity, Action 15 Project Team.

2. Objectives

² ScotPHO (2014) *Health and Wellbeing Profiles 2014 (Aberdeen City)*. Available from: <https://scotpho.nhsnss.scot.nhs.uk/scotpho/profileSelectAction.do>



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List the project's objectives. Make these tangible and clear as they will influence which option is recommended and will be used to monitor project progress and success.

To test a new way of person-centred working in a new setting – the approach has been tested in GP Practices, this would see it tested in the custody suite

Promote person centred care - provide support and advice that is responsive to individual personal preferences, needs and value at a time when they most need it

Improved service effectiveness and efficiency - achieve more effective use of resources across the partnership and Police Scotland. These resources include staff, buildings, information, and technology.

Improved staff satisfaction – staff morale and cohesion will be improved

Improve health and wellbeing of community – people will have improved opportunities to access support to live well at a point when they are in.

Support transformational change to the way we deliver health and social care through a model that focuses on community resources and prevention – increase number and quality of connections between the custody suite and other sectors in the community.

3. Options Appraisal

3.1 Option 1 – Do Nothing (Status Quo)

Description	<p><i>Describe the option and show to what extent it fulfils the project's stated objectives and any other benefits.</i></p> <p>This option involves continuation of status quo</p>
Expected Costs	<p><i>Detail the estimated costs involved with implementing this option, including whole life costing where appropriate.</i></p> <p>As per current costs</p>
Risks Specific to this Option	<p><i>Describe any significant risks which are specific to this option and any mitigating action.</i></p> <p>Risks are managed as per existing arrangements</p>
Advantages & Disadvantages	<p><i>Weigh up the main pros and cons of this option.</i></p> <p>Advantages:</p> <ul style="list-style-type: none"> No change required No additional activity required. No additional costs. <p>Disadvantages:</p> <ul style="list-style-type: none"> Missed opportunity to test evidenced new way of working in a new environment

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	<p>Potential advantages may be missed. Possibility of low staff morale due to difficulty of caring for people in a holistic way. Clinical staff may end up undertaking inappropriate tasks No improvements in outcomes for citizens from existing system</p>
<p>Other Points</p>	<p>Any other relevant information.</p>

3.2 Option 2 – Appoint a Link Practitioner within the Custody Suite for one year	
<p>Description</p>	<p><i>Describe the option and show to what extent it fulfils the project's stated objectives and any other benefits.</i></p> <p>This option involves employing a link practitioner for one year to work alongside the Custody Health Care Team in the Kittybrewster Custody Suite.</p>
<p>Expected Costs</p>	<p><i>Detail the estimated costs involved with implementing this option, including whole life costing where appropriate.</i></p> <p>Costs relate to the provision of a link practitioner/ 1WTE equivalent link worker and associated training and IT requirements for one year</p>
<p>Risks Specific to this Option</p>	<p><i>Describe any significant risks which are specific to this option and any mitigating action.</i></p> <p>There is a risk that we may not be able to recruit a link practitioner for one year</p> <p>One year is insufficient time to and would be unable to demonstrate impact of programme.</p> <p>There is a risk that the NHS and Police Scotland IT systems are incompatible with those of SAMH. This is being mitigated by working closely with both stakeholders and Alcohol and Drugs Action (who already a service out of the custody suite) to understand what actions can be taken to ensure appropriate IT access.</p>
<p>Advantages & Disadvantages</p>	<p><i>Weigh up the main pros and cons of this option.</i></p> <p>Advantages:</p> <p>Limited Costs</p> <p>Small scale test over a short time period requires less resource and support;</p> <p>Opportunity to test the design of systems to manage two-way communication/feedback between local agencies/third sector and custody care team within the custody suite;</p> <p>Disadvantages:</p> <p>There is already evidence available about the impact of link practitioners.</p>

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	<p>It is suggested that it may be challenging to recruit and retain a (quality) candidate to a post for only one year.</p> <p>If recruitment was possible, such a short time period for the role would limit the potential to effectively test the impact of the project (high risk that a Link Practitioner would leave post prior to the end of the contract) or support the significant transformational shift that is desired;</p>
<p>Other Points</p>	

<p>3.3 Option 3 – Appoint a Link Practitioner within the Custody Suite for two years in line with the current contract commissioned through the Health and Social Care Partnership</p>	
<p>Description</p>	<p><i>Describe the option and show to what extent it fulfils the project's stated objectives and any other benefits.</i></p> <p>This option involves employing a link practitioner for two years to work alongside the Custody Health Care Team in the Kittybrewster Custody Suite.</p>
<p>Expected Costs</p>	<p><i>Detail the estimated costs involved with implementing this option, including whole life costing where appropriate.</i></p> <p>Costs relate to the provision of 1WTE link worker and associated training and IT requirements for two years</p>
<p>Risks Specific to this Option</p>	<p><i>Describe any significant risks which are specific to this option and any mitigating action.</i></p> <p>There is a risk that the Custody Health Care Team may not buy into this project and resist its implementation. This is being mitigated through: the cocreation of the project with relevant stakeholders within both the custody suite and the Custody Health Care Team; sharing examples of best practice and the production of clear guidelines and appropriate documentation.</p> <p>There is a risk that the NHS and Police Scotland IT systems are incompatible with those of SAMH. This is being mitigated by working closely with both stakeholders and Alcohol and Drugs Action (who already a service out of the custody suite) to understand what actions can be taken to ensure appropriate IT access.</p>
<p>Advantages & Disadvantages</p>	<p><i>Weigh up the main pros and cons of this option.</i></p> <p>Advantages:</p> <p>Supports testing of a completely new person-centred way of a working within the custody suite;</p> <p>Increased understanding and partnership working and improved</p>



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	<p>relationships across the statutory and voluntary sectors;</p> <p>Opportunity to design systems to manage two-way communication/ feedback between local agencies/third sector and the custody suite;</p> <p>Needs of individual can be assessed holistically and team has an opportunity to work out how best to meet the person's needs;</p> <p>Supports the continued shift to a more person-centred culture;</p> <p>May realise financial efficiencies;</p> <p>Possibility of improved staff and patient experiences;</p> <p>Potential to reduce flow of people through the custody suite</p> <p>(Re-)Connect some of the most vulnerable into Primary Care Services</p> <p>Disadvantages:</p> <p>Will require funding to support</p>
Other Points	<p><i>Any other relevant information.</i></p>



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3.4 Scoring of Options Against Objectives

Objectives	Options Scoring Against Objectives							
	1	2	3	4	5	6	7	8
To test a new way of person-centred working within the custody suite	0	1	3					
Promote person centred care	1	1	2					
Improved service effectiveness and efficiency	0	1	2					
Improved staff satisfaction	0	1	2					
Improve health and wellbeing of community	0	1	2					
Support transformational change to the way we deliver health and social care through a model that focuses on community resources and prevention	0	1	2					
Total	1	6	13					
Ranking	3	2	1					

Scoring

Fully Delivers = 3

Mostly Delivers = 2

Delivers to a Limited Extent = 1

Does not Deliver = 0

Will have a negative impact on objective = -1



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3.5 Recommendation

Based on the options appraisal above, it is recommended that option 3 is delivered

4. Scope

What will the project produce? What are its outputs?

Consider what business services, processes, people and environments will be delivered, affected or changed by the project.

Also define the work the project will carry out to make the transition from the project to 'business as usual'.

Project and Programme Aims:

The community link working programme aims to explore how by embedding link practitioners into primary care teams we can support people to live well in their community. This project will see the extension of the programme to include a link practitioner based within the custody suite at Kittybrewster, working alongside the Custody Health Care team

Community link working is:

- An approach (or range of approaches) for connecting people to non-medical sources of support or resources in the community which are likely to help with the health problems they are experiencing
- Used interchangeably with other terms, such as social prescribing, signposting, and community referral
- Used primarily in primary care and enables staff to draw on non-medical options to support their patients
- Used with a number of different client groups and draws on a wide range of local, city-wide and national support services
- Person-centred and tailored to the individual's needs irrespective of where it is delivered.

This project will be made up of two interrelated interventions; the provision of a custody attached link practitioner, and the development of a broader links approach within the custody suite.

The Link Practitioner – A link practitioner worker is a community orientated role, in this case attached to the custody suite at Kittybrewster, whose primary purpose is to work with individuals who find themselves in custody on a one-to-one basis to help identify and address issues that negatively impact their health. Central to the approach is identifying and supporting individuals to access suitable resources within the community that can benefit their health and increase health competence. They also network with these local community resources to support the development of their own capacity and identify any gaps in local service provision.

Key Elements of model:

- A Link Practitioner will be attached/ embedded into the custody suite as Kittybrewster as an extension to the existing Aberdeen Links Service (which is deploying/will see link practitioners (employed by Scottish Association of Mental Health [SAMH]) attached to every GP practice in



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Aberdeen City)

- The custody link practitioner will become part of the existing Aberdeen Links team and will be able to draw upon the existing skill mix within the team, depending on needs and priorities
- Link Practitioners must have the 'right' skills, including excellent listening, communicating and people skills and the ability to develop trusting relationships and have 'good' conversations.
- Initially no specific referral criteria but a focus on 'vulnerable' people
- Person centred approach using common assessment & goal setting tools / outcome focussed
- Custody Health and Police Scotland engagement and support established from the outset and with a commitment to use signposting when appropriate
- Focus on prevention and reducing health inequalities
- Clear referral pathways established to citywide and local third sector service and organisations
- Non-dependency relationship
- Identifies gaps in local / citywide service provision to refer people onto
- Custody and city-wide governance structures in place
- Sustainable funding for third sector service provision
- Community Links Development Manager to oversee and support implementation of the model
- Improvement methodology to be used to evaluate the model

Custody Suite Link Working Outputs:

Custody Suite Goals

- Reduction in the flow of people through the custody suite
- Improved and sustained engagement with most appropriate health and social care services
- Added value to Custody Suite interactions by providing staff with a range of options, including signposting when appropriate, to complement medical care using a more holistic approach
- Custody Health Care staff and referrers confident in and engaged with the link working approach (linking with community assets)
- Enhanced inter-service relationships within wider locality e.g. better communication, exchange of knowledge and ideas

Patient Goals

- Improved links into wider services (Community, Mental health and Primary Care)
- Sustained relationship with services (as appropriate) past initial engagement
- Increases in self-esteem and confidence, sense of control and empowerment
- Reduction in symptoms of anxiety and/or depression, and negative mood
- Improvements in physical health and a healthier lifestyle
- Reduction in isolation (social isolation and loneliness/ isolation from services/ isolation from communities)
- Improvements in motivation and meaning in life, provided hope and optimism about the future
- Acquisition of learning new interests and skills



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4.1 Out of Scope

List any notable exclusion, those areas that may be viewed as associated with the project or the affected business area but which are excluded from the scope of the project.

This project will link into a number of transformation projects most significantly with Aberdeen Links Service, as well as the development of Scotland's Services Directory. However, other projects are outwith the scope of this project.



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Benefits

Citizen Benefits

<u>Benefit</u>	<u>Measure</u>	<u>Source</u>	<u>Baseline</u>	<u>Expected benefit</u>	<u>Measure frequency</u>
Social connectedness	Loneliness	Outcome Questionnaire	On initial assessment	Reduced loneliness	Baseline @ 6 & 12 months
	Participation in groups	Outcome Questionnaire	On initial assessment	Increased connectedness	Baseline @ 6 & 12 months
	Social Support	Outcome Questionnaire	On initial assessment	Increased social networks	Baseline @ 6 & 12 months
Wellbeing	Resilience	Outcome Questionnaire	On initial assessment	Improved citizen resilience	Baseline @ 6 & 12 months
	Quality of life	Outcome Questionnaire	On initial assessment	Improved quality of life	Baseline @ 6 & 12 months
	Happiness	Outcome Questionnaire	On initial assessment	Increased happiness	Baseline @ 6 & 12 months
Satisfaction	Perception of Link Workers project	Service Questionnaire & Interviews	n/a	Standard and satisfaction with care is no worse than usual care	@ 6 months



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Staff Benefit

<u>Benefit</u>	<u>Measure</u>	<u>Source</u>	<u>Baseline</u>	<u>Expected benefit</u>	<u>Measure frequency</u>
Professional development (Link Practitioner)	Staff development	Staff supervision	Goal setting & job aspiration session during training & induction	New skill development and training opportunities identified & met	Baseline (1 month) @ 6, 12 & 18 months
	Job satisfaction	Service questionnaire	n/a	Staff feel they are empowered to make a difference to people's lives	@ 6 months
	Perceived multi-disciplinary working	Staff feedback	Current perceptions of multi-disciplinary working	Improved multi-disciplinary working	Baseline @ 9 months
Embracing the Link approach (Custody Team)	Understanding of the links approach	Service Questionnaire & Interviews	Current perceptions of the links approach	Improved/ increased engagement with the links approach	Baseline @ 6 months
	Knowledge of community assets	Service Questionnaire & Interviews	Current knowledge levels of community assets	Increased knowledge of and therefore engagement with community assets and services	Baseline @ 6 months
	Confidence of social prescribing	Service Questionnaire & Interviews	Current confidence in social prescribing	Increased linkages with and referrals to community assets	Baseline @ 6 months
	Satisfaction with the Links Approach	Service Questionnaire & Interviews	n/a	Staff feel satisfied with see the value of the links approach	@ 6 months

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5. Costs

5.1 Project Capital Expenditure & Income

(£'000)	2017/18	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Total
Sub-Total											

5.2 Project Revenue Expenditure

(£'000)	2018/19	2019/20	2020/21	2021/22	Total
Payroll cost for 1WTE Link Practitioner					
Supplies & Services					
Admin costs					
Sub - Total					
Total (Revenue and Capital)					

** Financials for the business case can be found in confidential HSCP.19.026 Appendix D (Financial Summary)*

6. Procurement Approach

If this project will involve the procurement of products or services, describe the approach that will be taken based upon the recommended option.

The Scottish Association of Mental Health were awarded the contract to deliver the Aberdeen Links Service in January 2018. The provision of a Custody Suite Link Worker will therefore be delivered through an amendment of the existing Aberdeen Links contract.

7. State Aid Implications

Indicate whether this project will have any state aid implications.

There are no anticipated state aid implications.



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8. Equalities Impact Assessment

What equalities impacts (including health impacts) with the project have. Indicate whether an equalities impact assessment and/or health impact assessment has or will be undertaken.

The Community Link Working Programme will actively promote the engagement of people from diverse and marginalised groups by:

- Engaging with communities through asset member and spreading approaches in community capacity building to identify and respond to small gaps in services
- Support the engagement of small, local groups from diverse backgrounds
- Encourage processes to make it easy to find, understand and use information

9. Key Risks

Description	Mitigation
<i>Fully explain any significant risks to the project, especially those which could affect the decision on whether and in what form the project goes ahead.</i>	<i>Details of any mitigating action already taken or suggested</i>
Lack of buy in from the Custody Health Care Team, who therefore resist its implementation.	Cocreation of the project with relevant stakeholders within both the custody suite and the custody health care team; sharing examples of best practice and the production of clear guidelines and appropriate documentation. Custody or ADP representative invited on to Community Link Working Project team to ensure communication and to champion project
Lack of time in programme to achieve clear outcomes	Resource identified to support evaluation and other sources of funding/models may be looked at to extend the programme past 2 years
Lack of capacity in third sector to respond to local need	ACVO Third Sector Interface sit on project team to ensure that any issues are raised and to support the third sector
Lack of information system to support signposting and link practitioner process	Link Practitioner trained to access and input into the new Scotland's Services Directory (a digital platform for health and wellbeing information)
For the proposed new model of service delivery to be effective and to maximise the benefits, full commitment and "buy in" to the new service	Communication and Engagement Strategy to be in place

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model and the project from all partners and stakeholders is essential.	
Difficulty in sharing patient information between Custody Health Care Team and link practitioner	Ongoing dialogues with information governance and data sharing teams to ensure process in place.
NHS and Police Scotland IT systems are incompatible with those of SAMH.	Ongoing close working with both stakeholders and Alcohol and Drugs Action (who already deliver a service within the custody suite) to understand what actions can be taken to ensure appropriate IT access
Project Delay	Project Plan to be in place and monitored at project team meetings

10. Time

10.1 Time Constraints & Aspirations

Detail any planned or agreed dates, any time constraints on the project or the affected business areas and any other known timescales.

This link practitioner resource will be provided by SAMH, following an amendment to the current contract. The link practitioner resource in the custody suite will commence in September 2019 and will run for an initial 2 year duration.

10.2 Key Milestones

Description	Target Date
ADP Board approval of Business Case and to incur expenditure	07.12.18
Amendment of Contract	June 2019
Recruitment of Link Practitioner	July 2019
Go live date	September 2019

11. Governance

Include any plans around the ownership and governance of the project and identify the people in the key project roles in the table below.

This project will sit within the Programme Management Structure of the Aberdeen City Health and Social Care Partnership.

A project team is in place for the Community Link Working Project, this project team reports through the Self-Management and Building Community Capacity working group to the



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Transforming Communities and Service Delivery Programme Board, and ultimately the Executive Programme Board and IJB.

The project will also report back to the Alcohol and Drugs Partnership Board through project highlight reports on a quarterly basis.

Role	Name
Project Sponsor	Gail Woodcock, Lead Transformation Manager
Project Manager	Jenny McCann – Transformation Programme Manager
Other Project Roles	ADP representative and/or Custody Suite Representative Shona Alexander – Practice Manager Dr Robert Caslake – ACHSCO Community Geriatrics Service Donna Dickson – Practice Manager Dr Raj Gupta – General Practice Clinical Lead Susan Morrison – Partnership Officer, ACVO Jane Russell – Partnership Manager, ACVO Calum Leask – Research Manager Cliff Watt – Community Business Manager, SAMH Cat Anderson – Project Implementation Manager, SAMH Graeme Henderson – Director, SAMH Jenny Wooley – Senior Primary Care Link Practitioner

12. Resources

Task	Responsible Service/Team	Start Date	End Date
Legal Advice - Contract (ACC)	Alison Watson – ACC Solicitor Lorna McColl – Central Legal Office	November 2018	ongoing
Data Sharing/ Information Governance Advice	Roohi Bains	November 2018	ongoing
ICT			

13. Environmental Management

Fully explain any impacts the project will have on the environment (this could include, for example: carbon dioxide emissions, waste, water, natural environment, air quality and adaptation). Include both positive and negative effects and how these will be managed. Include details on how this has been assessed; giving an idea of the cost implication if this exists.



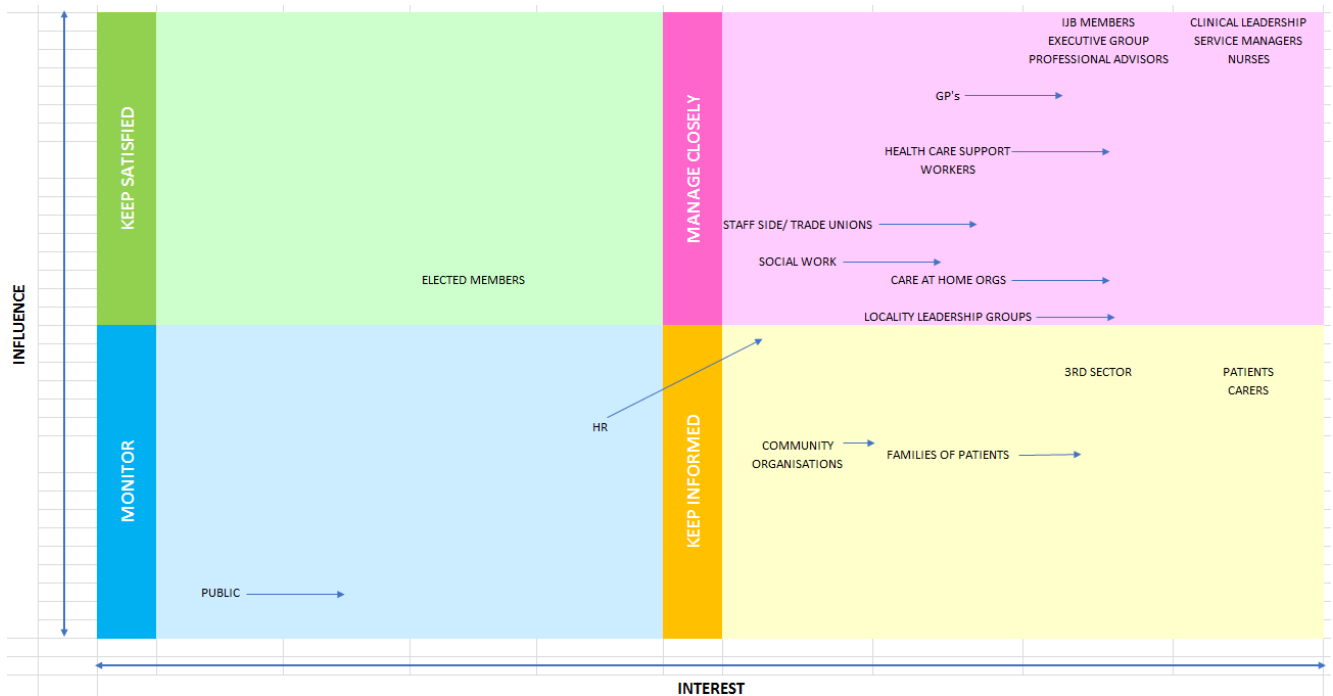
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The project should have a neutral impact on the environment as the team will be locally based.

14. Stakeholders

List the key interested individuals, teams, groups or parties that may be affected by the project or have an interest in it, including those external to the organisation. Show what their interest would be and their level of responsibility. Also discuss any plans for how they will be engaged including the use of any existing communication channels, forums or mechanisms already in place.



A stakeholder matrix has been developed by the Project Team as above. Due to the significant number of stakeholders affected by the project it is imperative that a communication strategy is developed which will consider appropriate ways to ensure communication throughout the duration of the project.

15. Assumptions

Document the high level assumptions that have been made during the development of the business case and any other unanswered questions that may be significant.

The following assumptions have been made:



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- We will be able to amend the existing Community Link Working Contract with SAMH
- That we are able to recruit an appropriate link practitioner
- People in custody will engage with the process

16. Dependencies

Document any projects, initiatives, policies, key decisions or other activities outside the control of the project that need to be taken into account or which may present a risk to the project's success.

This project is part of a wider transformational programme across Aberdeen City intended to radically change the system of health and social care. Whilst this project will have great value on its own, when it is taken together with the other elements of implementing the integration strategies and plans it will provide essential and fundamental support for service change across the city.

Whilst this project is dependent upon the partner organisations successfully dealing with the challenges in a positive and proactive way, it is also a significantly contributing action that is part of the overall approach to dealing with these issues through:

- Promoting people's shared responsibility for prevention, anticipation and self-management
- Improved integration across the ACHSCP and other public and third sector bodies
- Recognition, promotion and development of the link worker roles
- Engagement and buy in from Custody Health Suite staff and Police Scotland staff based at Kittybrewster

17. Constraints

Document any known pressures, limits or restrictions associated with the project.

Constraints are being defined and managed as the project progresses

18. ICT Hardware, Software or Network infrastructure

Description of change to Hardware, Software or Network Infrastructure	Approval Required?	Date Approval Received
Mobile device and ICT equipment to be provided by SAMH for Link Practitioner	No	

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Network infrastructure to provide ICT access for link practitioner	Ongoing – Police Scotland to lead	
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19. Support Services Consulted				
Service	Name	Sections Checked / Contributed	Their Comments	Date
Legal	Alan Thomson/ Alison Watson	Legal		
SAMH	Andy McGregor	Finance	Provided budget for business case	November 2018
Custody Health Care Team	Lindsay Ross/ Dr Jennifer Low	Relevant Sections	Information is accurate and happy with content	December 2018

20. Document Revision History			
Version	Reason	By	Date
1.1	Draft Business Case	Jenny McCann	16.11.18
1.2	Comments received from Dr Jennifer Low	Jennifer Low	05.12.18
1.3	Comments received from Simon Rayner (ADP)	Simon Rayner	06.12.18



INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

The **ABERDEEN CITY COUNCIL** is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the Board’s Strategic Plan and existing operational arrangements pending future directions from the Board.

Related Report Number:- HSCP.19.026

Approval from IJB received on:- 11th June 2019

Description of services/functions:-

1. Link Practitioner in Custody Suite:

Provision of a Link Practitioner within the Kittybrewster Custody Suite for period of two years.

Reference to the integration scheme:- Annex 1 Part 2: 12. Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978(26)

Link to strategic priorities (with reference to strategic plan and commissioning plan):-

The link working approach ties closely with all 5 strategic aims for ACHSCP: prevention; resilience; enabling; connections; and communities.

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

Timescales involved:-

Start date:- 11.05.2019

End date:- September 2021 (dependent on successful recruitment to post)

Prior to sending this direction, please attach a copy of the draft IJB minutes, original report and the completed consultation checklist.



Associated Budget:-

(£'000)	2018/19	2019/20	2020/21	2021/22	Total
Payroll cost for 1WTE Link Practitioner		£34,812	£34,812		£69,624.92
Supplies & Services		£520	£520		£1,010.44
Admin costs		£4,120	£4,120		£8,240.16
Sub - Total		£39,453	£39,453		£78,905.52
Total (Revenue and Capital)		£39,453	£39,453		£78,905.52

Details of funding source:- Alcohol & Drugs Partnership Funding

Availability:- Confirmed

Prior to sending this direction, please attach a copy of the draft IJB minutes, original report and the completed consultation checklist.

Exempt information as described in paragraph(s) 6 of Schedule 7A of the Local Government (Scotland) Act 1973.

Document is Restricted

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	Full Business Case	Project Stage Define
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Project Name	Interim Housing	Date	30.05.19
Project Reference No.		Governance Programme Board(s)/ IJB	IJB
Project Manager/ Author	Kenneth O'Brien Service Manager	Date of Programme Boards/ IJB	11.06.2019

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1. Summary of Project

This project seeks to make permanent the interim housing project, following the success of an initial test of change:

- Since May 2018, with the agreement of the Transforming Communities and Service Delivery Programme Board (and then subsequently the Executive Programme Board and Integration Joint Board) – two level access properties in Aberdeen have been utilised by the Partnership as an alternative to ongoing hospital in-patient stays.
- This was a one-year fixed term agreement to boost the Partnership's capacity to address re-housing and Occupational Therapy adaptation related delayed discharges.
- Two properties were identified as being suitable for use (and disabled adaptation) – with one located in the north of the City and the other in the south. Both properties were fully reviewed and assessed by both NHS and Bon Accord Care Occupational Therapists and subsequently adapted to allow them to be suitable for a wide variety of patients/clients with differing accessibility needs. An admissions criteria and 'pathway' for the properties was drawn up jointly between housing, Bon Accord, Partnership and NHS colleagues.
- Once 'live', a dedicated social work staff member, alongside a housing representative were allocated to support referral, admission and the flow out of the properties in question.
- It was agreed when funding was initially provided for the two properties, that an evaluation would be undertaken of its impact prior to the end of the fixed term funding.

2. Business Need

The evaluation of the test of change indicated a strong business need for continuing the interim housing project. The quantitative data can be summarised as follows for the period May 2018 through 11th December 2018:

- 321 delayed discharge bed days have been saved over the life of the project so far via 5 individuals being admitted to the properties.
- The two properties have been occupied 82% of the time they have been live.

When attempting to calculate the efficiencies achieved through the reduction in delayed discharge bed days, NHSG Management Accounting introduced a new "lowest bed day cost" in November 2017 as part of their work portfolio for "Shifting the Balance of Care". This generated a bed day figure of £279 per day per bed. Applying this 'bed day' cost figure to the volume of bed days saved, there have been indicative savings of £89,559 due to the reduction of 321 delayed bed days over the first eight months of the interim properties being in operation.

It can be expected that these indicative savings will rise during the remainder of the year's trial. Resultantly, the project has already, at eight months, saved more than its full year cost (£46,723).

	<h2>Full Business Case</h2>	<p>Project Stage Define</p>
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3. Objectives
<ol style="list-style-type: none"> 1. Maintain or increase reduction in re-housing and occupational therapy adaptation related delayed discharges
<ol style="list-style-type: none"> 2. Continue release of “bed day” savings identified during the test of change

4. Options Appraisal

Option 1 – Do Nothing / Do Minimum	
Description	The stop option: Do not fund the two existing interim properties beyond the one-year period already agreed (terminating in May 2019)
Expected Costs	No costs.
Risks Specific to this Option	<ul style="list-style-type: none"> • Reputational risk (perceived stop of service) • Performance risk (delayed discharge) • Risk to patients (care in inappropriate setting)
Advantages & Disadvantages	<p>Advantage</p> <ol style="list-style-type: none"> 1. No direct additional financial costs <p>Disadvantage</p> <ol style="list-style-type: none"> 1. Benefits demonstrated through the test of change to the Partnership’s delayed discharge position would be lost
Other Points	

Option 2: Endorse the continued funding of the 2 interim properties for a further 12 months	
Description	The Partnership could choose to fund the 2 interim properties for a further 12-month period.
Expected Costs	The costs involved would be considerably lower for the upcoming 12 months as the two properties have already been adapted, so only ‘revenue/recurring’ costs would be incurred. £25,440.07
Risks Specific to this Option	NA

	<h1>Full Business Case</h1>	<p>Project Stage Define</p>
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Advantages & Disadvantages	<p>Advantage</p> <ul style="list-style-type: none"> The option would maintain the existing complement of properties – supporting the current improvement in bed days lost to delayed discharges. The option would continue to achieve bed day savings for a further 12 months. <p>Disadvantage</p> <ul style="list-style-type: none"> No further capacity should the demand for the properties increase.
Other Points	

Option 3: Continued Funding + Expansion	
Description	<p>Endorse the continued funding of the 2 interim properties for a further 12 months AND provide expansion beyond the TWO interim properties.</p>
Expected Costs	<p>£50880.14 annually. Additional costs for the expansion would include recurring/revenue costs (as above) alongside adaptation/capital costs for the further properties.</p>
Risks Specific to this Option	
Advantages & Disadvantages	<p>Advantages</p> <ul style="list-style-type: none"> Supports the current improvement in delayed discharge bed days already established. The option would continue to achieve bed day savings. Would allow for further growth in delayed discharge bed day improvements over time as more patients were identified for the interim housing service <p>Disadvantages</p> <ul style="list-style-type: none"> Costs incurred would be more significant for the next 12 months if this option were to be chosen. This would be due to not only funding the recurring/revenue costs for more than two properties, but also due to one off adaptation/capital costs being incurred for further properties as well
Other Points	

Option 4: Endorse the continued funding of the 2 interim properties on an ongoing basis

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Description	The Partnership could choose to fund the 2 interim properties on an ongoing basis.
Expected Costs	The costs involved would be considerably lower for the upcoming 12 months as the two properties have already been adapted, so only 'revenue/recurring' costs would be incurred. £25,440.07 per annum
Risks Specific to this Option	NA
Advantages & Disadvantages	Advantage <ul style="list-style-type: none">• The option would maintain the existing complement of properties – supporting the current improvement in bed days lost to delayed discharges.• The option would continue to achieve bed day savings on an ongoing basis. Disadvantage <ul style="list-style-type: none">• No further capacity should the demand for the properties increase.
Other Points	



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4.1 Scoring of Options Against Objectives

Objectives	Options Scoring Against Objectives			
	1	2	3	4
Maintain or increase reduction in re-housing and occupational therapy adaptation related delayed discharges	0	2	3	3
Continue release of savings identified during the test of change	0	2	3	3
Total	0	4	6	6
Ranking	3 rd	2 nd	1 st	1 st

Scoring

Fully Delivers = 3

Mostly Delivers = 2

Delivers to a Limited Extent = 1

Does not Deliver = 0

Will have a negative impact on objective = -1



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4.2 Recommendation

Recommended Option: Option 4

- It was the recommendation of both the report author and the relevant housing and occupational therapy staff working with delayed discharges that, (given the clear quantitative data showing benefit arising from the interim housing project), that the 2 interim properties should be continued for a further 12-month period.
- Whilst the (equal) highest scoring option (3) above involves the expansion of the number of interim properties, it is the consensus view of social work, housing and occupational therapy colleagues that this should not be pursued at this stage. More data gathering is required in relation to unmet need for this level of interim housing provision before a clear recommendation/decision can be made. It is anticipated that this will occur over the next 3-6 months – at which point, any potential proposed expansion can be taken through governance as appropriate.
- The Executive Programme endorsed the recommended option (Option 2) at its meeting in February 2019, but on an ongoing basis (rather than just 12 months). Therefore, an additional option 4 has been identified and scored as equal with option 3. Option 4 is therefore the identified preferred option.

5. Scope

Extension of the test of change for interim housing units on a permanent basis.

5.1 Out of Scope

Expansion of the interim housing units. This should be reconsidered once adequate data is available and if a potential proposed expansion is desirable then, the project lead will bring this back through the appropriate governance routes.

5.2 Project Dependencies

Aberdeen City Council rent and council tax budget decisions.



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6. Benefits

6.1 Citizen Benefits

Benefit	Measures	Source	Baseline	Expected Benefit	Expected Date	Measure Frequency
Receive the right care, in the right place, at the right time: patients are receiving care in an appropriate place whilst waiting for housing.	Reduction in delayed discharge bed days	Health Intelligence	40 bed days per month - average	Maintain existing reduction	Ongoing	Monthly

6.2 Resources Benefits (financial) – indicate whether these benefits are cashable or non-cashable

Benefit	Measures	Source	Capital or Revenue?	Baseline (£'000)	Saving (£'000)	Expected Date	Measure Frequency
Reduction in costs associated with delayed discharges	Bed cost savings (non-cashable)	Health Intelligence	Revenue (non cashable)	£11194.86 per month - average	Maintain existing bed day cost savings	Ongoing	Monthly



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7. Costs

Funding to be agreed on a recurring basis. Illustration below over 4 years.

(£'000)	Year 1	Year 2	Year 3	Year 4	Total
Rent for 2 properties <i>(Factors in current rent policy of rent increase for 2019/20 of RPI + 1%, i.e. 4.3% uplift)</i>	£9,688.39	£9,688.39	£9,688.39	£9,688.39	recurring
Management Costs for Two Flats	£6,240.00	£6,240.00	£6,240.00	£6,240.00	
Council Tax <i>(Factors in potential increase of up to 3% for 2019/20)</i>	£3,511.68	£3,511.68	£3,511.68	£3,511.68	
Utilities ¹	£6,000.00	£6,000.00	£6,000.00	£6,000.00	

¹ For prudence, all costs have been set to ensure there is adequate monies set aside for differing patient/client groups etc. For example, utilities prices have been set assuming some increase in gas/electric prices + higher usage due to the flats accommodating individuals with mobility conditions which would necessitate higher than average heating etc.



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Total Cost (comprising total rent, utilities, council tax and housing management costs) ²	£25,440.07	£25,440.07 ³	£25,440.07	£25,440.07	recurring
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² Please note these costs remain provisional pending final policy decisions being made by Aberdeen City Council relating to council tax and rent increases.

³ Future years financial commitments will be uplifted as per Aberdeen City Council rent and council tax budget decisions



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8. Procurement Approach

This project does not involve the procurement of products or services.

9. State Aid Implications

There are no state aid implications from this project.

10. Equalities Impact Assessment

The issue of Delayed Discharge disproportionately impacts upon older adults and adults with chronic illness and/or long-term disabilities. If ongoing funding is approved for the interim properties, it is not anticipated that there will be anything other than a positive impact for both groups via the ongoing improvement in the timeliness of discharges. However, if the 'stop' option is selected, it is likely that both protected groups (older adults, adults with disabilities) would face, disproportionately, the impact of rising delays in hospital discharge.

11. Key Risks

Description	Mitigation
There is a risk that the rents or council tax increases to a rate that make continuing the interim housing units unaffordable.	Project manager working closely with colleagues from ACC Housing.
There is a risk that ACHSCP are no longer able to rent the properties from ACC, due to sale or rent increases.	Project manager working closely with colleagues from ACC Housing.

12. Time

12.1 Time Constraints & Aspirations

Project to be made 'business as usual' and funded on a recurring basis.

12.2 Key Milestones

Description	Target Date
NA – BAU	To be incorporated as business as usual.

13. Environmental Management

Agreement of funding the interim housing proposal will have minimal additional impact on the environment as the housing units have been operation for over a year.

14. Stakeholders

ACHSCP



Business Case

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Aberdeen City Council
NHS Grampian
Integration Joint Board

15. Assumptions

NA

16. Dependencies

The project costs are dependent on budget decisions made by Aberdeen City Council, relating to rent and council tax rates. The project is also dependent on the continued availability of the properties

17. Constraints

NA

18. ICT Hardware, Software or Network infrastructure

Description of change to Hardware, Software or Network Infrastructure	EA Approval Required?	Date Approval Received
None	None	None

19. Support Services Consulted

Service	Name	Sections Checked / Contributed	Their Comments	Date
Senior Management	Executive Programme Board	Previous Document (Evaluation)	Requested put to IJB to fund on a recurring basis.	27.02.2019
ACC Housing	-	Initial proposals	Supported	Feb 2019

20. Document Revision History

Version	Reason	By	Date
V1	Creation of Document	S. Gibbon	30.05.19



INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

The **ABERDEEN CITY COUNCIL** is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the Board’s Strategic Plan and existing operational arrangements pending future directions from the Board.

Previous Reports:- HSCP.17.042



6. HSCP.17.042
 -Interim Housing Pr

Previous Direction:- HSCP.17.042 (superseded by this Direction)



HSCP.17.042 - IJB
 Direction to ACC - Ir

Related Report Number:- HSCP.19.026

Approval from IJB received on:- 11th June 2019

Description of services/functions:-

Interim Step-Down Housing – a new model of service delivery designed to reduce housing related delayed discharge.

Reference to the integration scheme:-

Services: services listed in Annex 2, Part 2 of the Aberdeen City Health and Social Care Integration Scheme.

Prior to sending this direction, please attach a copy of the draft IJB minutes, original report and the completed consultation checklist.





Functions:- functions listed in Annex 2, Part 1 of the Aberdeen City Health and Social Care Integration Scheme.

Link to strategic aims (with reference to strategic plan and commissioning plan):-

- **Personalisation:** The interim housing model aims to ensure that the right care is provided in the right place at the right time when people are in need by working to reduce housing-related delayed discharge. The model reduces the number of people who are delayed in hospital whilst awaiting rehousing or significant home adaptations, by providing two level access properties which are fully adapted to meet a broad variety of disability and accessibility needs.

Timescales involved:-

Start date:- 1st December 2017

End date:- until otherwise specified

Associated Budget:- Financial commitment for 2019/20 will be £25,440.07 with future years being uplifted as per Aberdeen City Council rent and council tax budget decisions.

Details of funding source:- Delayed Discharge Budget/Funding

Availability:- CONFIRMED

Prior to sending this direction, please attach a copy of the draft IJB minutes, original report and the completed consultation checklist.

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INTEGRATION JOINT BOARD

Date of Meeting	11.06.2019
Report Title	Granite City Good Food Action Plan
Report Number	HSCP.18.023
Lead Officer	Sandra Ross, Chief Officer
Report Author Details	Name: Jenny Gordon Job Title: Public Health Dietitian Email Address: jenny.gordon1@nhs.net
Consultation Checklist Completed	Yes
Directions Required	Yes/No
Appendices	a. ACHSCP GCGF Action Plan

1. Purpose of the Report

- 1.1. To provide the Integration Joint Board with the action plan from the Aberdeen City Health and Social Care Partnership's (ACHSCP) Granite City Good Food (GCGF) Steering Group, which has been developed to outline the ACHSCP commitment to the wider GCGF movement in the city.

2. Recommendations

- 2.1. It is recommended that the IJB:
- a) Note the action plan of the ACHSCP GCGF steering group

3. Summary of Key Information

Granite City Good Food – Action Plan

- 3.1. At its meeting in March 2019, the IJB considered an initial report on ACHSCP GCGF and agreed to:
- a) Note the update report on 'Granite City Good Food (GCGF)



INTEGRATION JOINT BOARD

- b) Support the principles of GCGF and its Charter through the ACHSCP action plan (in development)
 - c) Instruct the Chair of the Integration Joint Board to sign of the (GCGF) charter on behalf of the ACHSCP
 - d) Instruct the Chief Officer that an annual update on ACHSCP GCGF is presented to the IJB
- 3.2.** Good food is vital to the quality of people lives and every person in Aberdeen should have access to healthy, tasty, affordable food. This is the goal of the Granite City Good Food (GCGF), which is a cross sector food partnership in Aberdeen. By supporting the GCGF principles contained in the GCGF action plan (Appendix A), the ACHSCP will supporting their staff and partners to be aware of local food work and opportunities, contribute to local food conversations and raise the profile of existing food projects and services across the city. The work contained in the GCGF action plan supports the principles of locality working in accordance with integration.
- 3.3.** Supporting the GCGF movement and signing the GCGF Food Charter may help establish the partnership working required to promote healthier foods and diets for the people of Aberdeen. In addition, this will support elements of the Scottish Government (2018) 'A Healthier Future – Scotland's Diet and Health Weight Delivery Plan' and NHS Grampian draft plan (2019) 'A Healthier Future and More Active Future for the North East of Scotland'.

4. Implications for IJB

- 4.1. Equalities:** the proposals outlined in this report are expected to have a positive impact on individuals who share characteristics protected by The Equality Act 2010. For example community growing opportunities are commonly intergenerational and inclusive, which can be used to promote equalities opportunities, social inclusion and community cohesion.
- 4.2. Fairer Scotland Duty:** Granite City Good Food through its work and projects seeks to reduce health inequalities experienced by socio-economic disadvantage.
- 4.3. Financial:** there are no direct financial implications arising from the recommendations of this report. However in the future with our annual



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reporting to the IJB we would identify potential projects and highlight proposed and relevant funding streams

- 4.4. **Workforce:** supporting GCGF would raise awareness and profile of local food work and opportunities with our staff and partners, living and working in Aberdeen.
- 4.5. **Legal:** implications relating to the Fairer Scotland Duty are outlined above. There are no further legal risks identified.
- 4.6. **Other:** no other implications have been identified.

5. Links to ACHSCP Strategic Plan

The principles of the GCGF in addressing positive food culture, may contribute to many of the strategic aims in the ACHSCP Strategic Plan 2019-2022 including:

- prevention
- connections
- communities

6. Management of Risk

6.1. Identified risks(s)

There are several specific risks relating to not endorsing the content of this report:

- Not engaging with the GCGF may be a missed opportunity to take a partnership approach to improving the wider food agenda in Aberdeen and support the Scottish Government's Healthier Futures Strategy. It may also risk compromising ACHSCP relationships with existing GCGF partners.
- Reduced action towards addressing the ongoing rise in chronic conditions arising from obesity and type 2 diabetes, and their impact on primary and community health care services
- Adverse environmental effects of sustained use of processed foods i.e. packaging, food miles/transport and food waste

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





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

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

The proposal outlined in this report help to mitigate the risk of demand outstripping budget, as they have a preventative focus aimed at reducing the health consequences of poor diets and improving access to affordable, healthy foods. The GCGF with its range of partners could provide a range of innovative projects and work that could support and address significant and complex health issues like obesity.

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

References

Scottish Government 2018. *A Healthier Future – Scotland's Diet and Health Weight Delivery Plan*. : Edinburgh: Scottish Government.

NHS Grampian 2019. *A Healthier Future and More Active Future for the North East of Scotland* (draft).

Aberdeen Health and Social Partnership Care Granite City Good Food (GCGF) Action Plan

Good food is vital to the quality of people lives and every person in Aberdeen should have access healthy, tasty, affordable food. Food should also be good for the environment and our local economy. (GCGF 2018).

Strategic Links:

- Our Strategic Plan (Aberdeen Health and Social Care Partnership 2019): this action plan supports the 4 strategic themes of prevention, resilience, personalisation and connection.
- A Healthier and More Active Future for the North East of Scotland (Draft NHS Grampian 2019): this action plan supports recommendations 2, 3, 5, 9, 12.
- A Healthier Future – Scotland’s Diet and Healthy Weight Delivery Plan (Scottish Government 2018): this action plan supports all 5 outcomes
- Public Health Priorities for Scotland (Scottish Government 2018) – this action plan supports priority 6
- Local Outcome Improvement Plan 2016-26 (Aberdeen City Council)
- Locality Action Plans (Aberdeen City Health and Social Care)

Aim: To support the principles of the GCGF movement within Aberdeen Health and Social Care Partnership and its partners by supporting and implementing the AH&SCP GCGF action plan.

Action plan

Activity	Lead	Actions	Indicators	Progress	Priority*
Establish a communication and engagement plan around the 6 priority areas for Aberdeen city. 1.Promote healthy and sustainable food to the public 2.Tackling food poverty, diet related ill health and access to healthy food 3.Build community food knowledge, skills, resources and projects 4. Promote a vibrant and diverse sustainable food economy 5.Transform catering and food procurement 6. Reduce waste and the ecological footprint of the food system	GCGF	-Develop a key stakeholder communication plan, with actions for communication in the 3 red priority areas -Identify relevant media outlets to share GCGF communications	-Communication plan developed -Number of communication opportunities with specific staff groups e.g. link workers, dietitians, social workers	In discussion with AHSCP Communication and Business Partner	1, 2, 3 High 4. Low 5. Low 6 Medium

Activity	Lead	Action	Indicator	Progress	Activity
Workshop to raise awareness of GCGF within AHSCP and its partners. Aims -to showcase existing food work funded by Health Improvement Fund or Food in Focus e.g. Foyer Food Growing project -inspire people around opportunities to get involved with food work and GCGF -collate information about the food needs/issues in Aberdeen	GCGF	Steering group to co-ordinate workshop	-Number of people/staff attending -Number of areas/organisations -Number of food themes/issues identified	Workshop being developed with Aberdeen City Food Network and Public Health and Wellbeing Team	High
To investigate how we better understand and promote food issues with AHSCP staff and partners, and to utilise local assets and resources effectively	GCGF	Steering group to gather information from AHSCP staff and partners utilising a food conversation tool in conjunction with member of former West Locality Leadership Group	Number of food conversation carried out with range of different groups e.g. health visitors, care managers, public health, dietitians	Investigating potential food conversation tools using quality improvement methodology and test in one locality area	High
To identify and support wider food activities in key strategic city strategies i.e. LOIP and AHSCP locality plans		Review of locality plans and LOIP to identify			High
To support the GCGF movement with partners across Aberdeen City		Partners part of steering group	Number of communications issues by partners e.g. ScottishCare Intergenerational Garden project		Medium

Priority Indicator*

High – (H) priority and immediate action - in first 3 months

Medium – (M) medium priority - within 6 months

Low – (L) low priority – within 12 months

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INTEGRATION JOINT BOARD

Date of Meeting	11 June 2019
Report Title	NHS Grampian Services which are hosted in Aberdeen City, Aberdeenshire and Moray Integration Joint Boards.
Report Number	HSCP.19.028
Lead Officer	Sandra Ross, Chief Officer
Report Author Details	Sandra Ross, Chief Officer
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	A. Report to City, Shire & Moray Integration Joint Boards

1. Purpose of the Report

1.1. The purpose of this report is the Aberdeen City Integration Joint Board's (IJB's) endorsement of a structured framework for the monitoring, performance management and strategic planning of those services delegated to IJBs from NHSG for both strategic planning, and for planning and delivery.

2. Recommendations

2.1. It is recommended that the IJB:

- a) Endorse the approach set out for the monitoring and performance management of delegated services which are hosted by one of the three IJBs on behalf of the other two IJBs
- b) Consider and make any further suggestions to the approach for the Governance arrangements of the Acute Hospital Based Services.



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- a) Consider and comment on the frequency which the North East Partnership should meet and instruct officers to prepare a draft role and remit for this meeting.

3. Summary of Key Information

- 3.1. The report, attached at appendix A, is being presented to all three Grampian Integration Joint Boards in June 2019.
- 3.2. The report makes recommendations on the approach to the planning of six, acute-sector based services which are delegated to the three IJBs for the purpose of Strategic Planning.
- 3.3. The report also suggests a mechanism of providing assurance to all three IJBs for those services which are fully delegated to the IJBs for planning and delivery, and it was decided locally that we would deliver on these services on a 'hosted' basis.

4. Implications for IJB

- 4.1. **Equalities** – this report has no direct implications in relation to equalities, however the monitoring and performance management approach will help to ensure that equalities duties are being met. Furthermore, it is expected that endorsing the strategic planning framework will have a positive impact on people who share characteristics protected by the Equality Act 2010, for example age and disability, as the strategic planning framework provides a process for strategic planning for services on a pan-Grampian basis. As each speciality area undertakes the strategic planning, equalities will be considered, through formal evaluation, at that point.
- 4.2. **Fairer Scotland Duty** – see above
- 4.3. **Financial** – There are no direct financial implications arising from the recommendations of this report, however the monitoring and performance management approach recommended will help to identify and mitigate financial risks.
- 4.4. **Workforce** – There are no direct workforce implications arising from the recommendations of this report.
- 4.5. **Legal** – Endorsing the recommendations of this report would help ensure that the Aberdeen City IJB is fully compliant in meeting its duties as set out in the Public Bodies (Joint Working) (Scotland) Act 2014.



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4.6. Other – none.

5. Links to ACHSCP Strategic Plan

5.1. The current ACHSCP Strategic Plan outlines the responsibility of the IJB in relation to strategic planning for certain acute services and for performance of its hosted services, as outlined in the appendices. If the IJBs are to be successful in shifting the balance of care from acute services to community, then a co-ordinated focus on strategic planning and performance for both acute and community services is required.

6. Management of Risk

6.1. Identified risks(s): 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.

6.2. Link to risks on strategic or operational risk register: Strategic Risk (3)


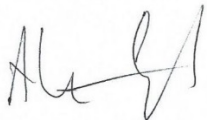
There is a risk that the outcomes expected from hosted services are not delivered and that the IJB does not identify non-performance in through its systems. This risk relates to services that Aberdeen IJB hosts on behalf of Moray and Aberdeenshire, and those hosted by those IJBs and delivered on behalf of Aberdeen City.

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

The report proposes an approach for the monitoring and performance management of delegated services which are hosted by one of the three IJBs, which will help to mitigate the risk that hosted services are not performing to appropriate levels.



INTEGRATION JOINT BOARD

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

Report to Aberdeen City, Aberdeenshire and Moray Integration Joint Boards

*NHS Grampian Services which are Hosted within Aberdeen City, Aberdeenshire
and Moray Integration Joint Boards*

Approval Dates (IJB Meetings)

Aberdeen City – Tuesday 11th June 2019

Aberdeenshire – Wednesday 19th June 2019

Moray – Thursday 27th June 2019

1 Recommendations

1. Endorse the approach set out for the monitoring and performance management of delegated services which are hosted by one of the three IJBs on behalf of the other two IJBs
2. Consider and make any further suggestions to the approach for the Governance arrangements of the Acute Hospital Based Services.
3. Consider and comment on the frequency which the North East Partnership should meet and instruct officers to prepare a draft role and remit for this meeting.

2 Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 set out that Health Boards and Councils must delegate certain services to the Integration Joint Boards. There are three types of delegated services.

2.1 Three types of delegated services.

Strategic Planning of Acute Hospital Based Services (set aside budget)	Delegated Community Services Which Are 'Hosted' By One IJB	Delegated Communitiy Services Which Are In each IJB
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2.1.1 Strategic Planning of Acute Hospital Based Services (set aside budget)

Firstly, there are six services, based within the acute sector, which are delegated to the three Grampian Integration Joint Boards for the purpose of Strategic Planning. These services are:

1. Accident and Emergency services provided within hospitals
2. Palliative care
3. Care of the elderly
4. Respiratory medicine
5. General medicine
6. Emergency Department

2.1.2 Rehabilitation Medicine

These six specialties were determined nationally and were chosen as the specialties with the highest levels of unscheduled care. The budget associated with these specialties is reported within the annual budget setting for the IJBs. This report makes recommendations on the approach to the planning of these services.

2.1.3 Delegated Community Services which are “hosted” by one IJB

The second group of delegated services are those which were fully delegated to the Integration Joint Boards for both planning and delivery. For a number of these delegated services we decided, locally at the inception of the legislation, that we would deliver the services on a “hosted” basis, where one of the IJBs would deliver all of the service on behalf of all three IJBs. These services were agreed to be “hosted” as it was felt that disaggregating them, at that point, (a fair share for each IJB) created a significant risk for the delivery of the service.

The services which are delegated (host IJB) are:

Aberdeen City	Aberdeenshire	Moray
<ul style="list-style-type: none"> • Sexual Health Services • Specialist Older Adults and Rehabilitation at Woodend 	<ul style="list-style-type: none"> • Marie Curie Nursing • Heart Failure Service • Continence Service • Diabetes Community Services • Chronic Oedema Service • HMP Grampian • Forensic and Custody Healthcare 	<ul style="list-style-type: none"> • Primary Care Contracts • GMED

Services currently described as “Acute Hospital Adult Mental Health” are in the process of being delegated to the Integration Joint Boards. This will be hosted by Aberdeen City IJB.

This report suggests a mechanism of providing assurance to all three IJBs for these services. There is also a year-end update on each of these services provided on a consistent template (Appendix 1).

2.1.4 Delegated Community Services which are in each IJB

Finally, there are delegated services from both the NHS and the Councils which are planned and run exclusively by the IJBs for their own population. This report does not make any further mention of these services.

2.1.5 Delegated responsibility to a Chief Officer but not the IJB

For completeness, it is also possible for the Chief Executive of either the Council or the NHS to delegate responsibility for a service or a piece of work to a Chief Officer as part of their line-management reporting hierarchy. Such a delegation is to the Chief Officer and does not form part of the governance arrangements of the Integration Joint Board.

One such example of this delegation is part of NHS Children's Services (health visiting & school nursing) are delegated, by the Chief Executive of NHS Grampian, to the Chief Officer in each of the three Health and Social Care Partnerships. The responsibility and accountability for these services is not, however, within the remit or delegated to the Integration Joint Board.

3 Current Position on delegated community services which are “hosted”

3.1 Performance Monitoring

To date, the three IJBs have had very little information on the performance of any of the services hosted by the other IJBs. It is essential that a mechanism for the transparent performance reporting of the services is developed. In order to give the IJB whose service is being delivered by another IJB a meaningful interaction and the host IJB a mechanism by which to share progress. There are a number of options to achieve this transparency and interaction:

1. Formal SLA
2. Commissioned Service
3. Shared annual plan

It is important for the IJBs to agree the relationship between themselves in terms of service planning, performance monitoring and performance management

3.2 Alternative options to “hosting”

It is possible for the IJBs to re-consider the merit of maintaining the services as “hosted” with the alternative of distributing the resource between the IJBs for them to run their own service within these areas.

It would be possible to undertake an option appraisal as part of developing the SLA or Commissioned Service approach.

3.3 Proportionality

The scale of the services varies considerably in terms of both money and risk. It is essential that we maintain a realistic and appropriate “proportionality” and do not treat each of the services in the same manner. To illustrate this the annual budget of each service is shown in Table 1¹.

Service	£ (M)
Woodend Assessment & Rehab Services (City)	19.9
GMED (Moray)	8.8
HMP Grampian (Shire)	2.7
Sexual Health (City)	2.0
Retinal Screening / Diabetes MCN (Shire)	0.9
Police Custody / Forensic Examiners (Shire)	0.8
Marie Curie Nursing (Shire)	0.7
Continence Service (Shire)	0.7
Primary Care Contracts (Moray)	0.6
Heart Failure Service (Shire)	0.3
Chronic Oedema Service (Shire)	0.2
TOTAL	37.5

Table 1. The annual budget for each of the hosted services (in descending order)

It is important that there is complete transparency between IJBs for these hosted services. On this basis there is a proposal to develop a simple reporting template which would be shared with the IJBs at regular intervals, to be agreed.

The IJBs need to agree how they will hold each host to account if there is significant variance from what has been agreed / commissioned and predicted. The suggestion is that the template report will have a section detailing the reasons for changes in performance alongside the mitigating action being applied to rectify the situation. This should reflect the agreements set out and signed off by the IJBs, ideally through the commissioning / SLA approach.

The suggested schedule of reporting is for the IJBs to receive a six-monthly update, detailing performance between April-September and this would be available for the December IJB meetings and then a further report detailing the October-March performance at the June IJB.

¹ *Adult Acute Mental Health is not included in Table 1, at present, as it has not been formally delegated but will be key in future arrangements.

3.4 Report on performance for the 2018/19 year

Appendix 1 contains a template which will form the basis for reports from each of the hosted services and gives an indication of the sort of report that would be possible for sharing between the three IJBs.

4 Strategic Planning for Acute Hospital Services

The NE Partnership Group met on Monday 15th April 2019 to discuss:

1. the future of the NE Partnership group
2. the mechanism for the planning and accountability of hosted services
3. the strategic planning for delegated hospital-based services.

A note of the meeting is shown at Appendix 2.

The key outcome, relating to the planning of acute services, from the NE Partnership meeting, was to form a System-wide Senior Leadership Group, comprising:

- the four Chief Executives (3 x Council & 1 x NHS);
- the 3 H&SCP COs;
- 1 x Acute Sector CO;
- the 3 H&SCP CFOs; and
- NHS – Deputy CEO & Director of Finance)

This group will support the process of redesign of the six acute services. The Terms of Reference are currently being drafted by officers.

The formal decision-making arrangements remain with the IJBs. It is hoped that the System-wide Senior Leadership Group can provide expertise, leadership and capacity to deliver the redesign and changes at a faster pace and in a collaborative mechanism which will deliver the greatest possible impact to the whole system. The System-wide Senior Leadership Group will work in a collaborative approach respecting that the implementation of any changes may vary in different parts of the system, but will all be moving in a consistent direction.

The current planning approach is being tested in Mental Health Services and Care of the Elderly. The three IJBs considered a paper describing this mechanism in 2018 and agreed, in principle, for the process to proceed; there were concerns from the IJBs with the suggested authority of the NE Partnership Group within the flow-chart describing the planning pathway (Appendix 4). This will be reviewed alongside the review of the first two planning cycles being undertaken. A paper will be brought to each of the IJBs reporting on progress of the planning approach and seeking agreement on a revised decision-making pathway.

5 North East Partnership

There is a suggestion to get the members of the three IJBs together on a regular basis (frequency to be agreed) to share good practice and to continue to build productive relationships so that issues that happen between the IJBs on hosted or acute hospital services are then undertaken amongst a cohort of people who know each other and have a pre-existing relationship.

Views from Integration Joint Board members on the role of any forum will be key to the next stages of development.

Consideration of the planning cycle (Appendix 4) needs to ensure that the IJBs are involved and engaged at critical points, especially at the inception and prior to conclusion. Scheduling of sessions of the NE Partnership will be critical to success.

Adam Coldwells, Sandra Ross, Pam Gowan, Fiona Francey

May 2019

DRAFT

Appendix 1 – reports from all of the services

**HEALTH & SOCIAL CARE PARTNERSHIP - HOSTED SERVICES
OVERVIEW TEMPLATE**

<p>NAME OF SERVICE:</p>
<p>HOST HSCP:</p>
<p>SERVICE OVERVIEW: <i>Please provide a brief overview of the service.</i></p>
<p>PERFORMANCE: <i>What were the key aims and targets for the service in the year? What was performance against these?</i></p>
<p>ACTIVITY: <i>Please provide activity numbers for the 2018/19 financial year (e.g. number of consultations, referrals etc).</i></p>
<p>FINANCE: <i>Please provide the financial position of the service for the 2018/19 financial year (actual versus budget for money and staff numbers).</i></p>
<p>SERVICE ISSUES: <i>Please provide a brief description of the key service issues facing the service (including any workforce issues).</i></p>
<p>FINANCIAL ISSUES: <i>Please provide a brief description of the key financial issues facing the service.</i></p>
<p>LONGER TERM PLANS: <i>Please provide a brief “look forward” on where the service is aiming to be in five years time</i></p>

Completed by:

North East Partnership Steering Group (NEPSG) Meeting Monday 15 th April 2019, 10,00am – 3.00pm, Curl Aberdeen		
ATTENDEES: Adam Coldwells (ACo), Alan Gray (AG), Alex Stephen (AS), Amanda Croft (AC), Angela Scott (AS), Gail Woodcock (GW), Graeme Smith (GS), Jonathan Passmore (JP), Luan Grugeon (LG), Lynda Lynch (LL), Pamela Gowans (PG), Rhona Atkinson (RA) Sandra Ross (SR), Shona Morrison (SM), Susan Webb (SW), Tara Murray (TM), Tracey Abdy (TA)		
APOLOGIES: Alan Sharp (AS), Cllr. A. Stirling (AS) Jim Savege (JS), Roddy Burns (RB), Sarah Duncan (SD)		
	AGENDA ITEM	NOTES OF DISCUSSION
1	Welcome and Apologies	LL welcomed everyone to the meeting. Apologies were noted and introductions were made.
2	Background to the development of the NEPSG	GS highlighted the paper sent to the group prior to the meeting. This was discussed and noted by the group.
3	Developing the approach to hosted service	Presentations were given by: Adam Coldwells and Alan Sharp: Governance of Hosted Services Alan Gray and Sandra Ross: Redesign of Delegated in relation to Planning and Redesign Workshop 1. The group was then split into 3 groups and asked to discuss and answer the following questions <ol style="list-style-type: none"> 1. What does a good governance process look/feel like? 2. How will we know we have a good governance process in place? 3. What are the challenges?

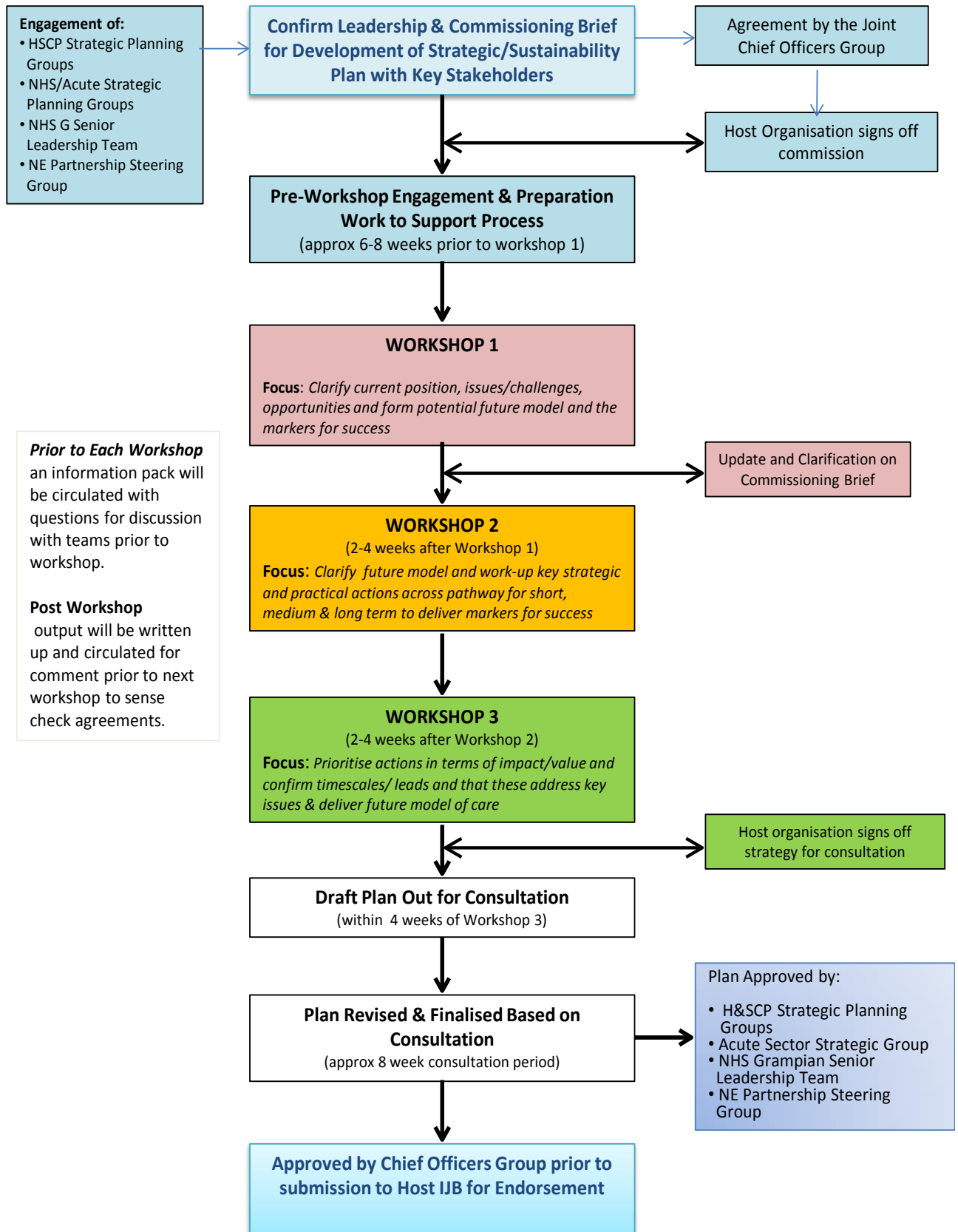
		<ol style="list-style-type: none"> 4. How may these challenges be addressed? 5. What are the opportunities? Planning & redesign? Ensure sustainability? 6. What are the key enablers to achieve these?
	<p>Workshop 1. Findings</p>	<p>Opportunities</p> <ul style="list-style-type: none"> • Clear vision of what is one system – tension with locality approach? Get boundaries out of the way. • Being proportionate in relation to risk • Expertise is placed where it's needed • Efficiency • Leverage the power of the 3 IJBs – influence and one voice • Clear strategic direction • The time is right – we have a good environment • IJBs taking on strategic commissioning role to progress • Have the right people to authorise <p>Challenges</p> <ul style="list-style-type: none"> • How do we ensure transparency? • Need to be clear about scope and parameters • How do we really become truly commissioned? • Systematic way to approach/progress – given everything else that's happening • Need to stop doing things and move resource – workforce challenges • Focussing on money can typically result in organisations pulling back • Changes and loss of institutional memory

		<ul style="list-style-type: none"> • Clear about responsibility and accountability – who? • Achieving agreement and consensus • Lack of clarity regarding children’s services • There are statutory bodies but no robust, transparent process for key roles <p>How will we know we have a good governance process in place?</p> <ul style="list-style-type: none"> • Robust, timely and clear information and reporting (assurance, efficient and communicated well) • Clear authority levels – accountability for performance, decision-making, planning, redesign and transformation. This must be 2 way. • Knowledgeable and assured IJB members • Recognising decision making and role of group i.e. no questions, scheme of decision-making, public facing e.g. (City region deal). If so, what are the parameters of this? • Confidence of involvement in strategic planning and maturity of the process • Behaviours • Risk sharing arrangements in place. Need to agree which are shared, focus on risk rather than budgets, a shared need means shared risk. • Professional assurance and governance
4	<p>Role and Remit of the North East Partnership Steering Group</p>	<p>The group was asked to consider the role of the group and governance required with the aim of creating Terms of Reference (ToR) for the group.</p> <p>Workshop 2. To devise a ToR, the group went back into their 3 groups and asked to discuss:</p> <ol style="list-style-type: none"> 1. What is the problem we’re trying to solve? 2. What else do we need to consider? 3. What is the systems leadership role for the group? 4. Can the group make decisions? 5. Can the group develop consensus/recommendations to take back to the IJB?

		<p>6. What happens if the IJ doesn't agree?</p> <p>7. Can the group develop an oversight for delegated services?</p>
	<p>Workshop 2. Findings</p>	<p>Purpose of Terms of Reference</p> <ul style="list-style-type: none"> • Manage transformation and redesign • Escalation point for IJBs – whole system basis but this group is part of the system • Exemplar – strengthen position for negotiation and resolving barriers for change • Shared strategic intent • Improve governance and oversight of hosted and delegated services but not at the expense of IJBs. Needs an efficient service and eliminate duplication. • Performance reporting assurance – single performance dashboard • Develop and maintain shared strategic intent for region • Public sector leadership – delivering the Christie report • Opportunity to agree our redesign process • Gateway points linked to strategic plans • Use of NRAC <p>Scope</p> <ul style="list-style-type: none"> • Increase the focus on strategic planning of acute services. Need to prioritise areas, not just financially but in importance • Hosted services stay in acute? Redesign hosted services – mainly tasked to 2 Chief Officers and BAU <p>Who</p> <ul style="list-style-type: none"> • 3 x Chief Executives and 4 x Chief Officers

		<ul style="list-style-type: none"> • Given/directed with specific formal authority – not required but may give greater weight • Having a unity of voice – doesn't require the whole group to be together to have that voice • Start on a particular issue, may involving bringing IJBs together • Systems leadership – need a proactive effort to achieve this <p>Success Indicators</p> <ul style="list-style-type: none"> • Single performance dashboard to be agreed by (Chief Officers and Chief Execs) • Services and/or functions
5	Ministerial Steering Group Review of Integration – Self Assessment	Group discussed the required approach and how the self-assessment results will be considered at a future meeting.
6	Next Steps Date of Next Meeting - TBA	<p>The group discussed potential 1st meeting agenda items:</p> <p>Priorities</p> <ul style="list-style-type: none"> • Agree what approach to redesign the group will take – how will group strengthen IT, what common language will they use. Communication with the public. • Identification of criteria for decision-making • Review of each hosted service – view on direction • Identify when finished/completed business • How to ensure systems leadership • Review points – testing we are doing what we need to <p>Assurance</p> <ul style="list-style-type: none"> • Issues need to be identified and how they will be addressed • Need to take process and proposal to IJBs (paper to IJB and DNHSEB)

High Level Process for Development of Strategic Plans in Grampian



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INTEGRATION JOINT BOARD

Date of Meeting	11 th June 2019
Report Title	Review of Commissioned Day Services
Report Number	HSCP.19.024
Lead Officer	Sandra Ross
Report Author Details	Name: Anne McKenzie Job Title: Lead Commissioner Email Address: anne.mckenzie@nhs.net
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	<ul style="list-style-type: none"> a. Summary report – review of commissioned day services b. Distribution of Funding c. Direction to Aberdeen City Council

1. Purpose of the Report

- 1.1. The purpose of this report is to inform the Board of the outcome of the recent review of day services commissioned by the ACHSCP, to assure the Board of the strategic commissioning approach used to conduct this review and to ask the Board to direct the ACC to maintain the current funding arrangements for day services commissioned by the ACHSCP until March 31st 2020

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board

- a) approves the recommendations made from the review of commissioned day services (section 3.6);



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- b) acknowledges the strategic commissioning approach used to conduct the review;
- c) approves the request to maintain the current funding arrangements for 2018/19;
- d) Makes the direction, as attached at Appendix C, and instructs the Chief Officer to issue the direction to Aberdeen City Council;
- e) note that a report on the strategic commissioning approach will be presented to the IJB in September 2019;
- f) note that a report on the future provision of day care services will be presented to the IJB in November 2019;

3. Summary of Key Information

3.1. The ACHSCP is currently drafting a strategic commissioning approach to be advocated for use during any review of commissioned services. The approach requires us to explore the current model of delivery, the future context, including population growth, the strategic relevance in order to commission future service specification. The partnership has undertaken a review of commissioned day care services and this has offered an opportunity to test this approach by asking the following questions:

1. What outcomes are we trying to achieve, for how many and for whom?
2. What do we know about the demand now and for the next 5 years?
3. What does the data tell us?
4. How successful have we been in meeting people's outcomes with the current model?
5. Do we need to do something differently for a better result, what does the evidence tell us?
6. How do we provide any future service within the available funds or less?
7. Could technology increase our capacity to deliver?



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8. Who do we need to work with to deliver this?

9. What is the best way of procuring this?

10. What means will we use to monitor the success of the model?

3.2. Answers to these questions form the basis of the attached report. We will consolidate our learning and finalise our recommendations for this strategic commissioning approach and will present this to the IJB in September 2019.

3.3. A further recommendation within our strategic commissioning approach is to work in collaboration with providers, partnership services and services users to review and design services for the future. This review process adhered to this recommendation and to date has involved:

- Two workshops – the first purely for providers, and the second for providers and the wider health and care teams, with a focus on opportunities for early intervention and prevention.
- A series of consultation sessions at all day care services, seeking the opinion of service users.
- Gathering data on current usage of “day care” services and the purpose of provision.
- Consideration of the evidence base
- Strategic context – AHSCP strategic plan and associated strategies, in particular the carers strategy
- Consideration of other models of provision.

3.4. Key findings:

- The review highlighted that further work is required to understand the commissioning intent of the provision of day services within the City, and for any provision to be more aligned to the HSCP strategic plan. In particular, connecting people to their communities and improving their resilience, focussing on outcomes.
- There are opportunities for current providers to collaborate – to share resources, training with the potential to reduce costs, working together to access external funding.
- There is an need to modernise some functions through the use of technology, for example the collection of fees
- The current provision is heavily dependent upon access to transport.



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- Day care provision relies upon the use of volunteers and it is acknowledged that volunteering offers people an opportunity to overcome their own personal challenges. Some facilities do not attract the same volume of volunteers as others. Providers do not have a collective sense of the distribution of volunteers.
- There is currently very limited interaction with the local community and with the wider health and care teams. Working with these teams would offer better opportunity for ensuring early intervention and prevention, promoting resilience amongst those attending day services. There is a greater opportunity for local community benefits.
- Some providers feel constrained by the buildings within which they operate.
- Most services operate within traditional working hours 9am -4.30pm. Some offer flexibility within those times, but there is little evidence that this is designed with the service user and their carers in mind, rather that providers feel constrained other issues – for example building or transport availability.
- All providers are very engaged and are fully committed to the people that they provide services for and for improving their lives. There is good evidence from some that they work imaginatively to achieve personal outcomes.
- Most providers offer a range of activities. Some providers focus on the Care Inspectorates “Care about Physical Activity” programme.

3.5. Future recommendations: The Aberdeen City HSCP is now in a more informed position about its commissioned day services. However, further work is required to define and commission future requirements, based upon the needs of the population. It may be that in order to align this delivery to the aims of the strategic plan, and to have an outcomes-based approach, the future model will be very different from the current model. Any future consideration must incorporate the following themes:

- **Prevention** – positive health outcomes. Through a range of activity, focussing on early intervention and prevention.
- **Resilience** – people overcoming health and wellbeing challenges. Focussing on personal outcomes.
- **Personalisation** – right care, right time, and right place. Simple systems for accessing day activities using self-directed support when appropriate, flexible arrangements which reflect a person and their carers individual circumstances.



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- **Connections** – meaningful community connections and relationships – better inclusion and reduce social isolation. Keeping people connected to their community (place or interest) through choice.
- **Communities** - helping people stay well and connected to their community. Seamless connection between day activities and the community in which people live.

3.6. Our strategic commissioning approach advocates that we take the time to make sure that we commission appropriately. It is clear that further time is required to finalise the design and to procure services and potentially amend current service specifications. It is also essential to preserve market stability throughout this process. It is therefore recommended that funding is made available to current providers for continued provision until March 31st 2020. The total value of this funding equates to £361,869 and the distribution of this funding can be seen in Appendix B.

3.7. It is anticipated that the findings of this work will be delivered to the provider forum in June 2019 – to inform the market of our intent. We will then work with the public and provider services in a collaborative workshop format to further define and inform our design of commissioned day services and provide a further report to the IJB towards the end of the year. This process has potential to substantially change the way in which day care services are provided in future.

4. Implications for IJB

- 4.1. **Equalities** - this contract extension will allow people to access the services in the same way as they had done previously.
- 4.2. **Fairer Scotland Duty** – there are no implications.
- 4.3. **Financial** – The extension of the funding until March 31st 2020 will come from mainstream budget.
- 4.4. **Workforce** – no implications
- 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



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- **Prevention** – positive health outcomes. Through a range of activity, focussing on early intervention and prevention.
- **Resilience** – people overcoming health and wellbeing challenges. Focussing on personal outcomes.
- **Personalisation** – right care, right time, and right place. Simple systems for accessing day activities using self-directed support when appropriate, flexible arrangements which reflect a person and their carers individual circumstances.
- **Connections** – meaningful community connections and relationships – better inclusion and reduce social isolation. Keeping people connected to their community (place or interest) through choice.
- **Communities**- helping people stay well and connected to their community. Seamless connection between day activities and the community in which people live.


6. Management of Risk

6.1. **Identified risks(s):** There are no risks associated with this report

6.2. **Link to risks on strategic or operational risk register:** Strategic Risk Register Number 1


Description of Risk: There is a risk that there is insufficient capacity in the market (or appropriate infrastructure in-house) to fulfil the IJB’s duties as outlined in the integration scheme. This includes commissioned services and general medical services.

6.3. **How might the content of this report impact or mitigate these risks:** the recommendation included within the report requests assurance for providers of funding until March 31st 2020. Our opportunity to clearly describe our requirement for commissioned services during the daytime will afford us the opportunity to inform the market and commission appropriately.

Approvals	
	Sandra Ross (Chief Officer)



INTEGRATION JOINT BOARD

	Alex Stephen (Chief Finance Officer)
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Review of “Day time activities” funded by ACHSP

Day Support in Aberdeen City – Keeping you and your carers connected to your community.

Our commitment –to work with you and your carers to realise your outcomes through the offer of choice of activity, local to your community (people or place) for you and your carers.

Background

ACHSCP currently commission a number of “day time” activities, for a mixed purpose, mixed group of people living within the City and through a variety of funding sources. Contract and grant funding arrangements for most of these services were due for review at the end of March and it was decided to request an extension to these arrangements until the end of June 2019 to allow for a review and recommendations for change. This work builds upon the previous review of day care within the City (2015). At this time, the review report made the following recommendations:

- A shift from “day care” to day opportunities
- Day opportunities which offer choice
- Building based only where appropriate
- Collaboration between providers to maximise opportunities and create a cost effective business model
- Fit for purpose accommodation – to allow for a person centred approach
- Accessibility – through transport
- Joint working between day care providers and the wider health and care teams
- A reduction in bureaucracy
- Appropriate training for staff

Aberdeen Health and Social Care strategic context:

1. Our strategic plan

- Prevention – positive health outcomes
- Resilience – people overcoming health and wellbeing challenges
- Personalisation – right care, right time, right place – simple systems
- Connections – meaningful community connections and relationships – better inclusion and reduce social isolation
- Communities- helping people stay well and connected to their community

2. Our carers strategy

3. Our dementia plan – in evolution

4. Evidence from the “life curve”

5. Demand management

Our Strategic commissioning approach:

This review of Day Care allowed us the opportunity to test our recommended approach to strategic commissioning of services – namely:

To work in partnership with all key stakeholders to coproduce and co-design services which we deliver across Aberdeen City.

A system wide approach

Taking the time required to design the right service delivery and commissioning approach; ensuring the right support, at the right time by the right person.

A facilitated workshop style approach using coproduction external support to ensure a greater confidence and equality of input. These workshops will produce the outcomes and commissioning statement for the procurement process; but will be shared and understood by service providers prior to process.

We will fully utilise community benefits, we will use a whole system approach to this, understanding how we can address wider outcomes of the LOIP.

We will:

- Focused on outcomes – ask ourselves what is it we are trying to achieve through the commissioning process
- Be collaborative in approach and design in partnership, designed with and for people – including service users and providers
- Innovation is key – the art of the possible
- Future focussed, shifting resources from the old to the new model
- Strategically aligned to our strategic plan and associated strategies
- Robust decision making process to select and prioritise investment and disinvestment decisions
- Reflect closely the needs and plans articulated at locality level.
- A shift away from contract by contract review towards a collective vision for the whole
- Digital innovation is central to design

Key questions to be asked:

1. What outcomes are we trying to achieve, for how many and for whom?
2. What do we know about the demand now and for the next 5 years?
3. What does the data tell us?

Our current position

Currently there appears to be no cohesive approach to the design of “day activities” within the City, whether this be partnership specific or across the wider system. There is little available data to suggest what the current demand is, and most of the current facilities report that they have capacity for additional activity.

The current services appear to offer a mix of opportunities. Some are only provided as whole day experiences whereas others offer more bespoke packages. Some offer opportunities based around lunch times. Some invite carer participation, others so not include carers in the activity, but do offer carer support services.

There is very limited collaboration between providers. Better collaboration would allow for greater sharing of ideas, of training, of transport.

Most providers do not work in collaboration with the wider health and care teams, and at the second session all felt that this is necessary for any future provision in doing this

The majority of services are buildings based, with only 1 provider offering a more community based support. For some providers, capacity is defined by the buildings out of which they operate rather than the actual demand which may be required. This is particularly challenging for some providers who feel that they would like to offer more places but are unable to do so.

All focus on older people (aged over 55). Some have a greater preponderance for services for people with dementia.

We know that there is an expected growth in the population of older people in the City and it seems reasonable to assume that there will be a subsequent growth in people living with long term conditions – including dementia. This growth is expected to be in the region of 30%.

We also know from our work with localities that there are other facilities or organisations who provide activities during the day for their local population, irrespective of age, or personal circumstances or disease process. These organisations do not receive a financial contribution from the partnership, but may have, in the past benefited from a contribution from the HIF fund.

All service managers working within the partnership have been asked to identify gaps within the current provision which might inform future design of day services. One gap which is consistently identified is lack of available respite for people who are caring for people with advanced dementia.

There is a different level of contract monitoring of services, depending on their contractual arrangements. For some services there are excellent examples of providers working to a specific care plan based around a person's specific goals. Providers working innovatively to make things happen with and for a service user. It is also true to suggest that this is not a consistent approach, with a more broad brush approach being taken by others to gain feedback on whether people "enjoyed" the session and responding to suggestions for change. The absence of robust strategic context for day time activities, and previous collaboration to design services based upon required strategic outcomes will explain the reason for the absence of such information.

5. Do we need to do something differently for a better result, what does the evidence tell us?

There is an absence in our strategic commissioning approach to the provision of funded day activities within the City. We need to have a shared vision and understanding of what it is we are trying to achieve through the provision of services. It is only then that we can plan according to what the evidence tells us and what we know of our future demand. During workshop 2, providers of services joined with the members of the wider health and care teams. This is a brief summary of their conclusions for future provision:

5.1 Funded "day activities" as a short break for carers and the cared for person

The City published its short break statement in December 2018. This statement is issued in response to the requirements made explicit in the carers act. Day care is mentioned in this statement as not being generally provided for short breaks, but that this should be considered as an opportunity if the provider can offer flexible arrangements, tailored to the needs of the carer and the cared for person. Any redesign of day care services for the future needs to be aligned to the recommendations made in the carers strategy and associated action plan.

5.2 Alleviation of Social Isolation

The Scottish Government published a paper – "**A CONNECTED SCOTLAND - Our strategy for tackling social isolation and loneliness and building stronger social connections**" which described its strategic approach to tackling the issue of social isolation. In the paper it describes four key priorities:

- **Empower communities and build shared ownership** – devolved decision making to local areas, Considerations about isolation and social connectivity, regarding people who are isolated as assets, explore the contribution of the private sector to combatting social isolation.
- **Promote positive attitudes and tackle stigma** – including intergenerational dialogue
- **Create opportunities for people to connect** – volunteering, Physical activity, befriending, technology enhance social connections
- **Support an infrastructure that fosters connections** – self-directed support for innovative solutions, housing solutions – including intergenerational, transport, libraries

It is not apparent at the moment that day care activities designed to address social isolation have connecting people back to their communities as a measurable outcome, nor of their interaction with local amenities to expand opportunities for people to connect outwith their time spent at day care. Any further investment in day time activities which are deemed to address social isolation must address these key deliverables.

There is good evidence to suggest that some facilities do offer the opportunity for people to volunteer – an opportunity for them to develop their own social connection to combat social isolation. On occasions, the number of volunteers almost outweighs the number of people attending the activity. A lack of collaboration amongst providers

limits the opportunity for “sharing” volunteers. Some organisations are at risk of collapse due to the lack of volunteers whilst others prosper. Collaboration is key for the future.

5.3 Connected to strategic developments

It is necessary for the future that any funded day activity must be aligned to the strategic direction of the organisation, and that providers see themselves as key contributor to the success of the partnership in improving outcomes for people living within the city. This will include working in collaboration with commissioners and the integrated team to meet the needs of the population for example, delivery of some of the 5 pillars for post diagnostic support, delivery of support for carers, improving physical activity, improving social connections and reducing social isolation

5.4 Connected to the wider community health and care teams

There are good examples where the local health and care teams work collaboratively with people attending day care facilities. This is not uniform for all services and all members of the team, and where it does work well it is because the day facility was previously aligned to the service. Workshop 2 allowed the wider Health and Social Care teams to meet with providers. The emphasis of the session was on early intervention and prevention and the opportunity that day services provide to work collaboratively with the wider teams to identify and intervene early with people at risk of losing their independence, or of working with people and their carers to alleviate situations at home at an earlier opportunity. All acknowledged that their current interaction is limited, and that there are much greater operation for working in collaboration to improve outcomes.

5.5 Active ageing

The World Health Organisation suggests that *“it is important not just to consider approaches that ameliorate the losses associated with older age, but also those that may reinforce recovery, adaptation and psychosocial growth.”* It particularly highlights the benefits of strength and balance training, and good nutrition in reversing frailty and dependency. The delivery of care in supportive environments which enable people to achieve what it is they want to achieve is key

The Life Curve research demonstrates that with the right intervention people can maintain their physical function and avoid an accelerated decline.

5.6 Identification of need – early intervention and prevention

The strategic plan describes a considered shift in our approach towards early identification and prevention. Preventative approaches related to physical decline and social isolation have been mentioned previously. Regular interaction with day activities offers the opportunity for support with other key concerns at an earlier opportunity – physical frailty and an increased risk of falls, bereavement and loss and the impact on mental health.

6. How do we provide any future service within the available funds or less?

From the limited interaction which has been facilitated, it is clear that there are opportunities for greater efficiency through collaboration. Whether this be sharing of transport costs or of training. Some suggestions for the current providers to work more efficiently include:

- A reduction in costs associated with planning and coordination of volunteers
- Clarity on the use of volunteers and associated costs
- Charges for day activity aligned between providers – some currently do not charge
- Collaboration regarding transport and use of mini buses
- Increasing accommodation size – some providers run waiting lists and could accommodate more people if their accommodation allowed
- Extending opening times
- Working with other providers to design day activities responsive to local need in current facilities for example sports, leisure and community facilities with “down time” during the day

7. Could technology increase our capacity to deliver?

One could argue that the use of technology could help with administrative functions - the collection of fees, rostering of volunteers etc and maximise the time spent with clients. The paper previously describes the opportunity that technology has to offer for connecting people with their community.

8. Who do we need to work with to deliver this?

- Current providers
- Local communities
- Other providers – care providers, care homes, community forum, sport and leisure facilities, health and social care teams
- People using day care and their carers
- The wider community

9. What is the best way of procuring this?

This review has afforded us the opportunity to define what we wish to achieve through the commissioning of services within the City. This is summarised below:

- Choice – of venue, of times (extended beyond current opening times), of activity
- Focussed on achievement of personal outcomes
- Community benefits – for example opportunities for people within their local communities to volunteer
- Using SDS as an option
- A seamless service embedded and part of local communities, and local health and care teams

9. What means will we use to monitor the success of the model?

For those services commissioned through the ACC, normal contract monitoring approaches will continue. Service specifications will be reviewed to reflect something which meets the needs of determining the outcomes required, and yet which is not cumbersome to complete.

A similar situation should be created for any grant funded projects, with clear arrangements for linkages to the partnership, and regular monitoring meetings.

Summary and Recommendation

We are now in a better position to be able to design future commissioned activities which happen in the day time which are strategically aligned and which acknowledge growth in demand.

- Prevention – positive health outcomes. Through a range of activity, focussing on early intervention and prevention.
- Resilience – people overcoming health and wellbeing challenges. Focussing on personal outcomes.
- Personalisation – right care, right time, and right place. Simple systems for accessing day activities using self-directed support when appropriate
- Connections – meaningful community connections and relationships – better inclusion and reduce social isolation. Keeping people connected to their community (place or interest) through choice
- Communities- helping people stay well and connected to their community. Seamless connection between day activities and the community in which people live.

Working collaboratively with providers, with people attending day care and with local health and care teams, and understanding the evidence base, we have a clear vision for what it is we expect to achieve through this provision.

Day Support in Aberdeen City – Keeping you and your carers connected to your community.

Our commitment –to work with you and your carers to realise your outcomes through the offer of choice of activity, local to your community (people or place) for you and your carers.

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INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

The **ABERDEEN CITY COUNCIL** is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the Board's Strategic Plan and existing operational arrangements pending future directions from the Board.

Related Report Number:- HSCP.19.024

Approval from IJB received on:- 11th June 2019

Description of services/functions:- Commissioned Day Services

Reference to the integration scheme:-

Annex 2, Part 2 – Social work services for adults and older people

Link to strategic priorities (with reference to strategic plan and commissioning plan):- This report links to Strategic Aim 3 Personalisation “Ensuring that the right care is provided in the right place and at the right time when people are in need”

Timescales involved:-

Start date:- 1.04.2019

End date:- 01.04.2020

Associated Budget:- £361,869

Details of funding source:- within existing budgets

Availability:- confirmed

Prior to sending this direction, please attach a copy of the draft IJB minutes, original report and the completed consultation checklist.



Prior to sending this direction, please attach a copy of the draft IJB minutes, original report and the completed consultation checklist.



INTEGRATION JOINT BOARD

Date of Meeting	11 June 2019
Report Title	Learning Disability Service Review
Report Number	HSCP.19.031
Lead Officer	Sandra Ross
Report Author Details	Sandra Ross Chief Officer sanross@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	A. Direction to Aberdeen City Council

1. Purpose of the Report

1.1. The purpose of this report is to seek approval from the Aberdeen City Integration Joint Board (IJB) for the implementation of a programme to support the further integration of Learning Disability Services in Aberdeen City.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) Approve the implementation of the proposed programme, including the award of a call-off contract to the preferred Service Provider under the HealthTrust Europe (HTE) "Consultancy and Advisory Services Framework Agreement" and the expenditure of £91,575, and;
- b) Make the Direction at Appendix A and instructs the Chief Officer to issue the Direction to Aberdeen City Council



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3. Summary of Key Information

- 3.1 There are significant pressures on the Learning Disability service due to increasing service demand and requirements for complex / intensive care packages. More young people with complex physical and chronic health needs are surviving into adulthood and this is increasing the number of transitional cases, which causes a recurring additional cost pressure each year. At the opposite end of the age spectrum, the number of people with learning difficulties living into older age is increasing, which means we are providing more complex and expensive services to clients.
- 3.2 Team managers and staff are facing challenges in delivering services due to the number of clients requiring support. Adult Support and Protection referral levels have increased over last 9 months (10 to 12 per week). The staff are working long hours and frequently need to reschedule their workloads due to emergency situations or urgent service requirements for clients.
- 3.3 Staff sickness levels; short term and long term, have increased over the last 2 years and this is linked to the teams workloads.
- 2017 - 281 absence days with 42% being due to psychological reasons/stress.
 - 2018 - 381 absence days with 54% being due to psychological reasons/stress.
 - 2019 - Currently 4 staff on long term sick leave.
- 3.4 This increase in demand as also impacted on the budget realisation, with an overspend on £2.6 million in financial year 2018/19. This is due to increasing complexity of packages, out of area placements where we cannot provide the appropriate services or accommodation and increasing numbers of referrals. Many of the providers are struggling to provide services as a result of the increase in clients' needs and are seeking above-inflation uplifts to compensate for the additional staffing required for complex packages. It is not uncommon for a learning disabilities package to cost anywhere between £100,000 to £250,000 per annum.
- 3.5 The service is co-located in the Len Ironside Centre and whilst work has been undertaken to integrate both the Health and Social Care teams, there



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is still much work to do in order to address some long standing cultural and systems issues. The issues highlighted in paragraphs 3.1 to 3.4 mean that capacity does not currently exists to drive the out the benefits of an integrated approach.

- 3.5 In order to respond to these long standing issues and support the integration of this team, a review was undertaken by a company that specialises in achieving significant, sustainable advances in performance whilst simultaneous achieving real savings in the health and social care sector.
- 3.6 The result of this review showed improvements could be made, by defining an Aberdeen City HSCP Learning Disability Service “Way”. This would include co-produced service standards, expectations for the service and individual roles and the development and installation of a full suite of management reports, along with a skills matrix and training needs analysis. This will help to define a capacity plan to show the required resource and capacity within the service. It is proposed the implementation of the activities will help manage and control the unpredictability’s of the services workload and create a management information system fit for the future.

It is proposed that this programme will realise benefits such as,

- capacity gained for staff to deal with clients on waiting lists,
 - capacity gained for transition service planning,
 - clear and equitable objectives, workloads and expectations for all staff,
 - CPD-accredited behavioural and training workshops with 1:1 coaching enabling culture change and,
 - ACHSCP Learning Disability Service “Way” of working developed
 - Improved working environment for staff,
 - Reduction in unplanned absence of staff.
- 3.7 The implementation programme will take a total of 12 calendar weeks to complete. This short, sharp duration will create an instant impact within the service, providing the service the opportunity to direct resource to work strategically on transition planning and future demand of the service.



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4. Implications for IJB

4.1. Equalities

It is believed that there will have a positive impact on clients with a learning disability who are supported by the Partnership.

4.2. Fairer Scotland Duty

There are no direct implications for our Fairer Scotland Duty as a result of the recommendation in this report.

4.3. Financial

The total fees payable to the Service Provider will be £79,875 plus VAT, plus expenses in line with HealthTrust Europe Framework guidelines, set at a maximum of £11,700.

The partnership had recently agreed to appoint additional staff in the Learning Disability service to support service delivery. This was to be funded by reducing the costs of some of the packages commissioned with suppliers out of area. It has not been possible to fill these posts and it is proposed to use this budget to cover the costs indicated above. The company have estimated that savings will be generated once robust structures and management information systems are in place; through reduced sickness, reallocation of resource and more efficient working. The project will release a volume of resource between 7.5 – 7.9 WTE, which has a payroll value of £345,946. If agreed that this resource will be redirected to provide additional capacity to the service to support the service.

4.4. Workforce

The purpose of this project is not to reduce headcount within the service but to invest in the service to be able to release capacity for strategic and service development. The Chief Officer has engaged with the staff and will continue to do so. The staff partnership and trade unions will be involved throughout this process.

The discussions that have already taken place with staff have indicated that they are in support for an instant change method. Staff have already



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been involved with the initial study. Although there are differences of opinion and some are more sceptical than others, overall staff are appreciative of 'something being done'.

4.5. Legal

This report is requesting the IJB to direct Aberdeen City Council to commission the service from the company. The preferred Service Provider is a Framework Supplier on the HealthTrust Europe (HTE) "Consultancy and Advisory Services Framework Agreement" which is designed to support the NHS and other Public Sector Organisations in offering a simple, compliant route for the procurement of a range of expert consultancy services. It allows for a direct call-off as is proposed here.

Call-Off Terms and Conditions which are part of the above Framework Agreement will be utilised and advice will be provided by the Council's C&PS Legal Team.

5. Links to ACHSCP Strategic Plan

- 5.1. This report links closely with our personalisation and prevention strategic aims. This programme will enable the workforce to shape a holistic service approach, giving the clients a more personalised service. Also creating the capacity to work on avoidable demand in the long term may help the prevention of urgent care provision for some of our transition services clients.

6. Management of Risk

6.1. Identified risks(s)

The service is currently managing a risk related to these issues. Maintaining safe /effective services and safe working for staff has been on Risk Register since 24th May, 2018. This is monitored and reviewed on a weekly basis.



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

We are hoping that the implementation of this programme will release capacity as soon as September to begin to progress the strategic work needed for future demand in the service. The released capacity and the development of clear and equitable objectives, workloads and expectations



INTEGRATION JOINT BOARD

for all staff will begin to impact on the staffing related issues within the service.

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



INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

The **ABERDEEN CITY COUNCIL** is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the Board's Strategic Plan and existing operational arrangements pending future directions from the Board.

Related Report Number:- HSCP.19.031

Approval from IJB received on:- 11 June 2019

Description of services/functions:-

To make the necessary arrangements with the Service Provider for the implementation of an improvement programme and integration of services within the Learning Disability Services.

Reference to the integration scheme:-

Annex 2, Part 2 – Services and support for adults with physical disabilities and learning disabilities.

Link to strategic priorities (with reference to strategic plan and commissioning plan):- This report links to Strategic Aim 3 Personalisation “Ensuring that the right care is provided in the right place and at the right time when people are in need”

Timescales involved:-

Start date:- 17.06.2019

End date:- 13.09.2019

Associated Budget:-

The total fees will be £79,875 plus VAT, plus actual expenses (where appropriate, including all rail travel, vehicle hire, flights, taxis, accommodation and subsistence) in line with HealthTrust Europe Framework guidelines, set at a maximum of £11,700.

Prior to sending this direction, please attach a copy of the draft IJB minutes, original report and the completed consultation checklist.



Details of funding source:- within existing learning disability budgets

Availability:- confirmed

Prior to sending this direction, please attach a copy of the draft IJB minutes, original report and the completed consultation checklist.

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