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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board

Town House,
ABERDEEN 12 November 2019

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Room 5 - Health Village on TUESDAY, 19 NOVEMBER 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 (Pages 5 - 6)

DETERMINATION OF EXEMPT BUSINESS

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

Items 16 to 20 are included for such consideration

STANDING ITEMS

4 Minute of Board Meeting of 3 September 2019 (Pages 7 - 20)

5 Minute of Audit and Performance Systems Committee of 20 August 2019 (Pages 21 - 28)

6 Draft Minute of Audit and Performance Systems Committee of 29 October 2019 (Pages 29 - 36)

7 Draft Minute of Clinical and Care Governance Committee of 13 August 2019 (Pages 37 - 42)

8 Business Planner (Pages 43 - 46)

9 Chief Officer's Update (Pages 47 - 56)

GOVERNANCE

10 IJB Scheme of Governance - Annual Review (Pages 57 - 98)

11 2020/2021 Proposed Meeting Dates (Pages 99 - 104)

12 Local Survey (Pages 105 - 156)

TRANSFORMATION

13 Localities (Pages 157 - 166)

PERFORMANCE AND FINANCE

14 Finance Update as at end August 2019 (Pages 167 - 186)

15 Performance Dashboard (Pages 187 - 198)

ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE

16 Aberdeen City Health and Social Care Partnership (ACHSCP) Strategic Commissioning Activity Plan 2019 – 2020 (Pages 199 - 204)

17 Review of commissioned Day Care Services - an update (Pages 205 - 220)

18 Supplementary Procurement Work Plan (2019/20) (Pages 221 - 242)

19 2020/21 Annual Procurement Work Plan (Pages 243 - 290)

20 Grant to Voluntary Organisation (Pages 291 - 298)

WORKSHOP SESSION

There will be a Workshop session on Finance after today's meeting.

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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DECLARATIONS OF INTEREST

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

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

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

OR

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

OR

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

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

OR

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

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

Aberdeen City Health & Social Care Partnership
A caring partnership

ABERDEEN, 3 September 2019. Minute of Meeting of the INTEGRATION JOINT BOARD.

Present:-	Councillor Sarah Duncan, Chair; Luan Grugeon, Vice Chair; and Cllr Gill Al-Samarai, Councillor Philip Bell, Kim Cruttenden, Councillor Lesley Dunbar, Alan Gray, John Tomlinson, Mike Adams, Caroline Howarth, Heather MacRae, Graeme Simpson, Kenneth Simpson, Sandra Ross and Alex Stephen.
Also in attendance:-	Angela Scott (Chief Executive), Jess Anderson (Team Leader, Legal), Alan Thomson (Solicitor) and Kundai Sinclair (Solicitor) and Derek Jamieson (Clerk)
Apologies:-	Jim Currie, Dr Howard Gemmell, Dr Malcolm Metcalfe, Gill Moffat and Faith-Jason Robertson-Foy

Welcome and Introduction

The Chair welcomed all to the meeting and delivered 'Breaking News' that the day previous, following a Motion to Council, Aberdeen City Council agreed to sign up to Fast Track Cities which is a global partnership and initiative, focusing on developing a network of cities pledged to achieve the commitments in the Paris Declaration on HIV prevention, diagnosis and treatment.

This will be taken forward by the Chief Officer, ACHSCP who will report to both the IJB and Council on the framework to be developed.

The Chair also introduced Martha Simpson of Harvey MacMillan who had been engaged by the Board to scope and deliver Leadership Team and Board training.

The Board heard a short summary of the company's work, its accreditation and the intended delivery model which would see a considerable volume of consultation and engagement with all involved.

INTEGRATION JOINT BOARD
3 September 2019

DECLARATIONS OF INTEREST

1. The Chair requested that members intimate any declarations of interest.

(i) John Tomlinson declared an interest in Item 17 (Procurement and Contracts Update) by virtue of being a provider of consultancy and coaching support and considered that the nature of his interest required him to withdraw from the meeting during consideration of the item

(ii) Councillor Al-Samarai declared an interest in Item 12 (Alcohol Drug Partnership Update) by virtue of being a member of the Alcohol and Drug Partnership, however she did not consider that the nature of her interest required her to withdraw from the meeting during consideration of the item;

(iii) Luan Grugeon declared an interest in Item 12 (Alcohol Drug Partnership Update) by virtue of being a trustee of AiR, and considered that the nature of her interest required her to withdraw from the meeting during consideration of the item;

(iv) Councillor Dunbar declared an interest in Item 12 (Alcohol Drug Partnership Update) by virtue of being a member of the Alcohol and Drug Partnership, however she did not consider that the nature of her interest required her to withdraw from the meeting during consideration of the item;

(v) Kenneth Simpson declared an interest in Item 17 (Procurement and Contracts Update) by virtue that ACVO provide one of the services however he did not consider that the nature of his interest required him to withdraw from the meeting during consideration of the item; and

The Board resolved:-
to note the declarations of interest intimated

DETERMINATION OF EXEMPT BUSINESS

2. The Chair proposed that Item 17 (Procurement and Contracts Update) be considered with the press and public excluded.

The Board resolved:-
in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973, to exclude the press and public from the meeting during consideration of the aforementioned item of business so as to avoid disclosure of exempt information of the classes described in paragraphs 6 and 9 of Part 1 of Schedule 7(A) of the Act.

INTEGRATION JOINT BOARD
3 September 2019

MINUTE OF PREVIOUS BOARD MEETING - 1ST JULY 2019

3. The Board had before it the minute of the meeting of 1 July 2019.

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

DRAFT MINUTE OF AUDIT AND PERFORMANCE SYSTEMS COMMITTEE - 20TH AUGUST 2019

4. The draft minute of the Audit and Performance System Committee meeting of 20 August 2019 was not available for this meeting.

The Chair of this committee provided a brief overview of the meeting to the Board.

The Board resolved:-
to review this minute at its next meeting on 19 November 2019.

DRAFT MINUTE OF CLINICAL AND CARE GOVERNANCE COMMITTEE - 13TH AUGUST 2019

5. The draft minute of the Clinical and Care Governance Committee meeting of 13 August 2019 was not available for this meeting.

The Chair of this committee provided a brief overview of the meeting to the Board.

The Board resolved:-
To review this minute at its next meeting on 19 November 2019

BUSINESS PLANNER

6. The Board had before it the Board Business Planner as presented by the Chief Finance Officer.

The Board heard that following its earlier direction, this planner had been developed to ensure a good understanding of business reporting expected and that developing business together with Board directions would be recorded for transparency and understanding of members and officers. The planner would apply across the Board and its committees.

It is intended that the planner will assist early preparation of reports which will be shared in the agreed timelines.

The Board resolved:-
to note the content of the Business Planner.

CHIEF OFFICER UPDATE

7. The Board had before it a report by the Chief Officer which provided an update on the current integration progress, and to consider the future focus of the Chief Officer and Aberdeen City Health & Social Care Partnership (ACHSCP) in terms of accelerating the pace and scale of integration.

The report recommended:-
that the Board –
a) note the progress and approve the increased pace and scale of change as set out in appendix 1.
b) instruct the Chief Officer to liaise with ACC and NHS Grampian regarding resourcing for the Programme of Transformation.

The Board heard that real progress had been made building on strong foundations and the changes to the Leadership Team and Strategic Plan were highlights of positive change. These changes combined with collaboration with staff and citizens would assist strong leadership to develop a robust platform to assist reform and the transformation programme.

The Board heard favourable comment from members including public satisfaction on service delivery and inclusion. It was noted that the journey was still continuing and that the Board were happy to adopt a radical approach to change as long as all were participants to those decisions.

The Board resolved:-
to approve the recommendations.

STRATEGIC COMMISSIONING

8. The Board had before it a report by the Chief Officer, which outlined the activities that have been taken to embed a strategic commissioning approach across the Aberdeen City Health and Social Partnership (ACHSCP) in order to enhance integrated service provision and deliver the ACHSCP's commissioning intentions. It also described the joint commissioning approach to be taken by both the IJB and Aberdeen City Council (ACC).

INTEGRATION JOINT BOARD
3 September 2019

The report recommended:-
that the Board -

a) Approve the joint commissioning approach described in Appendix 1, noting that the approach has been submitted for approval by Aberdeen City Council's Strategic Commissioning Committee,

b) Note the progress in the development and implementation of the strategic approach as described in Appendix 2 to date and approve the establishment of a Strategic Commissioning Board and framework for decision making,

c) Instruct the Chief Officer to create a market position statement and to provide a progress report on the document to the Board in December 2019,

d) Approve the application of the strategic commissioning approach for discharging the IJB's responsibilities for the planning of acute-based services,

e) Notes the key milestones to be achieved within strategic commissioning over the next year, and approximate timescales, described in Appendix 2, including the delivery of a report against a three-year strategic commissioning plan to the IJB in November 2019,

f) Instruct the Chief Officer to deliver a progress report to the IJB against these key milestones in March 2020.

The Board heard a summary of the report which outlined the future business and continued, strategic partnership working with Aberdeen City Council.

The Board resolved:-

(i) to approve the joint commissioning approach described in Appendix 1, noting that the approach had been approved by Aberdeen City Council's Strategic Commissioning Committee,

(ii) to note the progress in the development and implementation of the strategic approach as described in Appendix 2 to date and approve the establishment of a Strategic Commissioning Board and framework for decision making,

(iii) to Instruct the Chief Officer to create a market position statement and to provide a progress report on the document to the Board in December 2019,

(iv) to approve the application of the strategic commissioning approach for discharging the IJB's responsibilities for the planning of acute-based services,

(v) to note the key milestones to be achieved within strategic commissioning over the next year, and approximate timescales, described in Appendix 2, including the delivery of a report against a three-year strategic commissioning plan to the IJB in November 2019,

(vi) to Instruct the Chief Officer to deliver a progress report to the IJB against these key milestones in March 2020;

(vii) to instruct the Chief Officer to ensure that Community Benefit information is incorporated with the Locality Report to be presented to the Board in November 2019; and

(viii) to instruct the Chief Officer to engage with NHS Grampian to agree how best to develop consistent and shared approaches to commissioning, building on the Partnership approaches to locality, engagement, inclusion and reporting.

At this juncture, Kenneth Simpson declared an interest in Item 9 (Transformation Report) by virtue that ACVO provide one of the services however he did not consider that the nature of his interest required him to withdraw from the meeting during consideration of the item.

The Board resolved : -
to note this declaration.

TRANSFORMATION REPORT

9. The Board had before it a report by the Chief Officer which provided information on Transformation Projects which support the delivery of the Strategic Plan.

The report recommended:-
that the Board –

a) Approve the expenditure, as set out in Appendix A, relating to the Interim Very Sheltered Housing project.
b) Instruct the Chief Officer to make the Direction to relating to the Interim Very Sheltered Housing project as per Appendix B to Aberdeen City Council.
c) Approve the preferred option as set out in the Business Case in Appendix C in relation to Health Visitor Digitisation and note that discussions will continue with NHS Grampian to identify the funding for this option, with the aim of it becoming operational by November 2019. Note that the Health Visiting Digitisation Business Case will also be reported to the Asset Management Group of NHS Grampian.

The Board heard a summary of each report.

Interim Very Sheltered Housing Provision

The Board heard this report had followed the agreed governance journey and captured feedback of both users and those who decline to participate in the feedback, to ensure capture of unknown demands. It was re-emphasied that this was not a long term housing solution and service user/carer/family environment were made fully aware of the interim nature of such accommodation.

INTEGRATION JOINT BOARD
3 September 2019

Health Visitor Digitalisation

The Board heard that this was the first attempt to adopt a digitised approach to Health Visiting. Whilst full integration with all interdependent systems in a complex data world, would not be achieved, this is the first step in reduction of primarily paper based processes and/or duplicated data in some systems.

User requirements had been gathered and from that understanding the existing products in use throughout Scotland had been considered. From this exercise the preferred option had been identified.

It was highlighted that staff are feeling very positive about this intended introduction and that benefits are anticipated from its deployment. These will be measured. Introduction of digital product would also assist with the forthcoming staffing legislation.

The Board resolved:-

(i) to approve the expenditure, as set out in Appendix A, relating to the Interim Very Sheltered Housing project.
(ii) to make the Direction relating to the Interim Very Sheltered Housing project as per Appendix B and to instruct the Chief Officer to issue the Direction to Aberdeen City Council.
(iii) to approve the preferred option as set out in the Business Case in Appendix C in relation to Health Visitor Digitisation and note that discussions will continue with NHS Grampian to identify the funding for this option, with the aim of it becoming operational by November 2019; and
(iv) to note that the Health Visiting Digitisation Business Case had also been reported to the Asset Management Group of NHS Grampian.

PRIMARY CARE IMPROVEMENT PLAN

10. The Board had before it a report by the Chief Officer which outlined how the Partnership intends to transform general practice services, to release capacity of General Practitioners to allow them to undertake their role as Expert Medical Generalists as set out in the new General Medical Services Contract.

The report recommended:-

that the Board –

a) Approve the revised Primary Care Improvement Plan as attached at Appendix A.
b) Note the identified risk around workforce and the mitigating actions that are being developed,
c) Instruct the Chief Officer to invite the Director of Workforce from NHS

Grampian to provide an overview of the workforce planning they are undertaking and how this may impact on the delivery of the PCIP in Aberdeen.

The Board heard that the proposals required local agreement and that significant workforce changes as outlined in Appendix A would be required. This would also mitigate against risks already recorded.

The scope of change required would also require appropriate staff and public consultation to ensure those impacted fully understand and participate in the changes. As the project would be developed and delivered in a phased manner, inclusion would occur at appropriate development points.

The Board resolved:-

(i) to approve the revised Primary Care Improvement Plan as attached at Appendix A.

(ii) to note the identified risk around workforce and the mitigating actions that are being developed, and

(iii) to instruct the Chief Officer to invite the Director of Workforce from NHS Grampian to provide an overview of the workforce planning they are undertaking and how this may impact on the delivery of the PCIP in Aberdeen.

ACTION 15

11. The Board had before it a report by the Chief Officer which outlined a number of projects which support the delivery of the ACHSCP Strategic Plan and which required expenditure.

The report recommended:-

that the Board –

a) Approve the expenditure, as set out in Appendix A, relating to the Primary Care Psychological Wellbeing project.

b) Instruct the Chief Officer to issue the Direction to NHS Grampian relating to the Primary Care Psychological Wellbeing project as per Appendix B.

c) Approve the expenditure, as set out in the Business Case at Appendix C relating to the Mental Wellbeing Out of Hours project.

d) Instruct the Chief Officer to issue the direction relating to the Mental Wellbeing Out of Hours project as per Appendix D to Aberdeen City Council and NHS Grampian.

The Board heard an overview of each report.

INTEGRATION JOINT BOARD
3 September 2019

Primary Care Psychological Wellbeing Practitioners

The Board heard that this report provided information on the success of a treatment model which now sought expansion and augmentation with four posts. The preferred option had been selected following an engagement event which involved joint working.

Mental Wellbeing Out-Of-Hours Hub (Accident and Emergency Department and Kittybrewster Custody Suite)

The Board heard that the report provided information on a compassionate approach to to the topic and involved telephone services, co-production, stakeholder engagement including Police Scotland, Royal Cornhill Hospital and Social Work. The service provided intervention and not treatment. It is intended that this solution would offer an alternative to the use of Police custody suites.

The Board resolved:-

(i) to approve the expenditure, as set out in Appendix A, relating to the Primary Care Psychological Wellbeing project.
(ii) to make the Direction relating to the Primary Care Psychological Wellbeing project as per Appendix B;
(iii) to instruct the Chief Officer to issue to the Direction to NHS Grampian relating to the Primary Care Psychological Wellbeing project as per Appendix B.
(iv) to approve the expenditure, as set out in the Business Case at Appendix C relating to the Mental Wellbeing Out of Hours project.
(v) to make the Direction relating to the Mental Wellbeing Out of Hours project as per Appendix D; and
(vi) to instruct the Chief Officer to issue the direction relating to the Mental Wellbeing Out of Hours project as per Appendix D to Aberdeen City Council and NHS Grampian.

As indicated at Article 2 of this minute, the following declarations were made in respect of the aftermentioned report -

(vi) Councillor Al-Samarai declared an interest in Item 12 (Alcohol Drug Partnership Update) by virtue of being a member of the Alcohol and Drug Partnership, however she did not consider that the nature of her interest required her to withdraw from the meeting during consideration of the item;
(vii) Luan Grugeon declared an interest in Item 12 (Alcohol Drug Partnership Update) by virtue of being a trustee of AiR, and considered that the nature of her interest required her to withdraw from the meeting during consideration of the item;

INTEGRATION JOINT BOARD
3 September 2019

(viii) Councillor Dunbar declared an interest in Item 12 (Alcohol Drug Partnership Update) by virtue of being a member of the Alcohol and Drug Partnership, however she did not consider that the nature of her interest required her to withdraw from the meeting during consideration of the item;

ALCOHOL DRUG PARTNERSHIP UPDATE

12. The Board had before it a report by the Chief Officer which informed the Board that the Scottish Government had provided Alcohol and Drug Partnerships (ADPs) across Scotland additional recurring funding. For Aberdeen City this equates to £666,404 per year. The funding is allocated to locally deliver the national strategy: Rights, Respect, Recovery.

The report recommended:-
that the Board -
a) Approve the expenditure as set out in paragraph 4.3; and
b) Make the Directions as set out in Appendix 2 relating to the five workstreams set out in Appendix 1 and instructs the Chief Officer to issue the Directions to the Aberdeen City Council and NHS Grampian.

The Board heard a summary of each of the workstreams which it was intended to fund.

The Board resolved:-
(i) to approve the expenditure as set out in paragraph 4.3;
(ii) to make the Directions as set out in Appendix 2 relating to the five workstreams set out in Appendix 1; and
(iii) to instruct the Chief Officer to issue the Directions to the Aberdeen City Council and NHS Grampian.

MEETING DATES 2020 2021

13. The Board had before it a report by the Chief Officer Finance which outlined the intended meeting schedule for the Board and its Committees for 2020 until the first cycle of 2021.

The report recommended:-
that the Board
a) Review and approve the IJB, Audit & Performance Systems Committee (APS) and Clinical Care Governance Committee (CCG) schedule for 2020-21;

b) Note that the stand-alone developmental workshop schedule for 2020-21 will be reported later; and
c) Agree for the meeting schedule to be published on the Partnership's website.

The Board heard that the report had been shared with Chairs and Vice Chairs of the Board and Committees and that no negative observations had been received. That said, concern was expressed that some meeting dates appeared to be around the dates of school holidays.

The Board resolved:-
to instruct the Chief Officer to reconsider the proposed dates and submit an updated report to the November meeting.

STANDARDS OFFICER REPORT

14. The Board had before it a report by the Chief Officer which informed the IJB of the requirement to nominate a replacement Standards Officer to the Standards Commission, following the retirement of the previous incumbent.

The report recommended:-
that the Board nominate the Interim Democracy Manager as a replacement Standards Officer to the Standards Commission, as detailed in the report.

The Committee resolved:-
to approve the recommendation.

WINTER PLAN

15. The Board had before it a report by the Chief Officer which provided a brief description of the context and process behind the creation of the current Winter Plan for the Partnership.

The report recommended:-
that the Board –
a) Review and approve the 2019/20 Winter Plan for the Aberdeen City Health &Social Care Partnership (Appendix One) and instruct the Chief Officer to send the Plan to NHS Grampian for inclusion in the Grampian wide Winter Plan.
b) Endorse the review arrangements for the Aberdeen City Health &Social Care Partnership for over the 2019/20 winter period (as set out in section 3).

c) Authorises the Chief Officer to commit any money received from the Scottish Government for the winter plan 2019/20, should such monies be received.

The Board heard that the Partnership was required to develop "Winter Plan" each year to reflect arrangements to support activity over the winter period and that this report had been submitted to the Operational and Leadership Teams of ACHSCP, together with NHS Grampian, which included Acute Services, Woodend Hospital and Royal Cornhill Hospital.

The report included new additions around formalised links with ACC, consideration of Acute Care@Home, Interim Very Sheltered Housing and ACC Sheltered Housing options, increased capacity of West Visiting and the Flu Vaccination Programme. Data gathering and analysis had also been adapted from previous reports.

The Board resolved:-
(i) to review and approve the 2019/20 Winter Plan for the Aberdeen City Health and Social Care Partnership (ACHSCP) (Appendix One) and instruct the Chief Officer to send the Plan to NHS Grampian for inclusion in the Grampian wide Winter Plan;
(ii) to endorse the review arrangements for the ACHSCP Winter Plan for over the 2019/20 winter period (as set out in section 3); and
(iii) to authorise the Chief Officer to commit any money received from the Scottish Government for the winter plan 2019/20, should such monies be received.

ANNUAL REPORT

16. The Board had before it a report by the Chief Officer which presented the 2018/2019 Aberdeen City Health and Social Care Partnership (ACHSCP) Annual Report.

The report recommended:-
that the Board -
a) Approve the Annual Report 2018-19.
b) Agree that the Annual Report 2018-19 should be published on the partnership's website.
c) Instruct the Chief Officer to present the approved annual report to both Aberdeen City Council and NHS Grampian, and
d) Instruct the Chief Officer to investigate the three areas for improvement i.e. the falls rate per 1,000 population aged 65+, the percentage of adults with intensive care needs receiving care at home, and the number of A&E attendances, and provide the Clinical and Care Governance Committee with an Action Plan for improvement of these indicators.

The Board heard that the report highlighted the improvements the Partnership had achieved and also indicated those areas where concerns still remained.

The Report presented a good understanding of the Partnership's business.

The Board resolved:-
to approve the recommendations.

As indicated at Article 2 of this minute, the Board resolved in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973, to exclude the press and public from the meeting during consideration of the aftermentioned item of business so as to avoid disclosure of exempt information of the classes described in paragraphs 6 and 9 of Part 1 of Schedule 7(A) of the Act.

PROCUREMENT AND CONTRACTS UPDATE

17. The Board had before it a report by the Chief Officer which presented a supplementary work plan for expenditure on social care services, together with associated procurement business cases.

The report recommended:-
that the Board –

a) Approves the expenditure for social care services as set out in the supplementary work plan at Appendix A;
b) Approves the continuation of services as set out in the procurement business cases HSCP016 to HSPC021, at Appendix B;
c) Approves the delivery of services as detailed in procurement business case HSCP022, at Appendix B; and
d) Makes the Direction, as attached at Appendix C, and instructs the Chief Officer to issue the Direction to Aberdeen City Council

The Board resolved:-
to approve the recommendations.

INTEGRATION JOINT BOARD
3 September 2019

Aberdeen City Health & Social Care Partnership
A caring partnership

Audit and Performance Systems Committee

Minute of Meeting

Tuesday, 20 August 2019
10.00 am Meeting Room 4 / 5, Health Village

Present: John Tomlinson; and Luan Grugeon, Councillor Philip Bell and Councillor John Cooke (as substitute for Councillor Cllr Gill Al-Samarai)

Also in attendance; Alex Stephen (Chief Finance Officer, ACHSCP), Alison MacLeod (Lead Strategy and Performance Manager, ACHSCP), Kenneth O'Brien (Service Manager, ACHSCP), Martin Allan (Business Manager, ACHSCP), Graham Lawther, (Communications Manager, ACHSCP), Alan Thomson, Kundai Sinclair and Derek Jamieson (Governance, Aberdeen City Council (ACC)), and Colin Harvey (Internal Audit)

Apologies: Cllr Al-Samarai

The agenda and reports associated with this minute can be found here. Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.

DECLARATIONS OF INTEREST

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

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

DETERMINATION OF EXEMPT BUSINESS

2. The Committee determined that there was no exempt business to be considered with the press and public excluded.

MINUTE OF PREVIOUS MEETING OF 28 MAY 2019

3. The Committee had before it the minute of the meeting of 28 May 2019.

The Committee resolved:-
(i) to amend the mis-spelling of Tomlison to Tomlinson on page 9, and
(ii) to otherwise approve the minute as a true record.

AUDIT AND PERFORMANCE SYSTEMS COMMITTEE
20 August 2019

BUSINESS PLANNER

4. The Committee had before it the Business Planner as presented by the Chief Officer Finance.

The Committee heard that the new planner would give a picture of current and future business reporting across this Committee but would also capture the business of the Integration Joint Board and the Clinical Care Governance Committee to minimise double reporting.

The Committee resolved:-
to note the updated business planner.

ANNUAL REPORT

5. The Committee had before it a report by the Chief Officer which provided information on the Aberdeen City Health & Social Care Partnership Annual Report 2018-19.

The report recommended : -
that the Committee -
a) review the ACHSCP Annual Report 2018-19, and
b) provide feedback and comment to the Lead Strategy and Performance Manager for inclusion in the finalised report.

The Committee heard a summary of the report and the variety of measures taken during its composition together with an explanation of consultation carried out during the various topics discussed in the report.

The Committee provided comment to the report author to assist completion of the report.

The Committee resolved :-
(i) to note the ACHSCP Annual Report 2018-19.
(ii) to provide feedback to the Lead Strategy and Performance Manager for inclusion in the finalised report.

STRATEGIC RISK REGISTER

6. The Committee had before it a report by the Chief Officer Finance which accompanied the ACHSCP Risk Register.

AUDIT AND PERFORMANCE SYSTEMS COMMITTEE
20 August 2019

The report recommended: -
that the Committee –
a) Approve and provide comment on the revised risk register, as detailed in the Appendix to the report; and
b) Undertake an in-depth review of risks 4, 5, 6 and 10, within the strategic risk register.

The Committee heard a full review on each of the selected risks.

Risk 4 – Description of Risk: There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed in order to maximise the full potential of integrated & collaborative working to deliver the strategic plan. This risk covers the arrangements between partner organisations in areas such as governance arrangements, human resources; and performance.

The Committee heard that this was a critical requirement across all areas of the Partnership functions. Examples of good relationships at senior, leadership and operational levels were presented and that lessons learned were adopted within both continuing and developing relationships.

Feedback suggested that the IJB was working well.

Risk 5 – Description of Risk: There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by national and regulatory bodies and those locally-determined performance standards as set by the board itself. This may result in harm or risk of harm to people.

The Committee heard that whilst focus on this risk had previously been more strategic, focus was now more towards the operational challenges of the risk and that mapping exercises, self evaluation learning and data analysis all featured within a developing Action Plan at the regular Leadership meetings which would be presented to a future IJB (March 2020).

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

The Committee heard that this risk applied across all areas of the Partnership's activities and that any failures involving partners and providers would by default impact on the Partnership. The Committee heard that a proactive approach including environmental scanning and awareness together with intelligence gathering would ensure a strong position to be able to manage and mitigate developing issues.

A strategy was being developed and this would be reported to a future IJB meeting.

AUDIT AND PERFORMANCE SYSTEMS COMMITTEE
20 August 2019

The Committee heard that as change was happening and would continue to happen, it was important that this risk was managed and mitigated fully.

Risk 10 - Description of Risk: There is a risk that ACHSCP is not sufficiently prepared to deal with the impacts of Brexit on areas of our business, including affecting the available workforce and supply chain. Whilst the impact on health and social care services of leaving the EU is impossible to forecast, it is clear that a number of issues will need to be resolved. Key areas for health and social care organisations to consider include: staffing; medical supplies; accessing treatment; regulation (such as working time directive and procurement/competition law, for example); and cross border issues.

The Committee heard that the Partnership continues to engage together with partners and participate on local and national EU Brexit discussions following Scottish Government guidance. Contingency planning had been developed and was subject to monitor and review with the Leadership Team. Considerations included, but not restricted to, impacts on staff, buildings, facilities, medications, services, financial impact and general disruption.

The Committee heard that a previous workshop session on the Strategic Risk Register was beneficial and that this would be repeated.

The Committee resolved:-

(i) to provide comment on the revised risk register, as detailed in the Appendix to the report;
(ii) to review risks 4, 5, 6 and 10, within the strategic risk register, and
(iii) to direct that updates be made to the Risk Register as detailed during the review.

FINANCE MONITORING REPORT

7. The Committee had before it a report by the Chief Officer Finance, which provided a summary of the current year revenue budget performance for the services within the remit of the Integration Joint Board (IJB) as at Period 3 and of on any areas of risk and management action relating to the revenue budget performance of the IJB services. The report also included details on the budget virements required.

The report recommended: -
that the Committee -

a) notes this report in relation to the IJB budget and the information on areas of risk and management action that are contained herein, and
b) notes the budget virements indicated in Appendix E.

The Committee heard that providing the Partnership services involved a budget of over £300 million, not all of which was under direct control. If there was any overspend, the principle partners of Aberdeen City Council and NHS Grampian would be required to provide additional funding.

Previously, the availability of reserves had eased budget demands however an amended fund allocation model and a shift in transformation work to business-as-usual had indicated likely overspend forecast which was to be the subject of a report to the Leadership Team. It was hoped that the remedial action suggested would resolve the forecasted overspend.

The Chief Finance Officer informed the Committee that an overspend of £607,000 was currently forecast on mainstream services and that the senior leadership team have reviewed this position and identified potential savings to bring the budget back in on target by the end of the financial year.

The Committee resolved:-
to approve the recommendations.

WINTER DEBRIEF REPORT AUGUST 2019

8. The Committee had before it a report by the Chief Officer which provided the Winter Planning Debrief for 2018/2019.

The report recommended: -
that the Committee note the information contained in this report relating to winter 2018/19 and the learning that is being incorporated into winter planning for period 2019/20.

The Committee heard that the report was one part of the wider overall winter plan which the Leadership Team were involved with and would be presented to the IJB in September 2019. The report built upon events and learning to develop the plan, together with the anticipated EU Exit.

The Committee resolved:-
to approve the recommendation.

CONFIRMATION OF ASSURANCE

10. 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 that they had received sufficient assurance from the reports presented.
- **JOHN TOMLINSON, Chairperson**

AUDIT AND PERFORMANCE SYSTEMS COMMITTEE
20 August 2019

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Aberdeen City Health & Social Care Partnership
A caring partnership

Audit and Performance Systems Committee

Minute of Meeting

Tuesday, 29 October 2019
10.00 am Meeting Room 4 / 5, Health Village

Present: John Tomlinson, Chairperson; and Luan Grugeon, Councillor Philip Bell and Councillor John Cooke (as substitute for Councillor Cllr Gill Al-Samarai)

Also in attendance; Sandra Ross (Chief Officer), Alex Stephen (Chief Finance Officer), Susie Downie, (Transformation Programme Manager), Calum Leask (Transformation Programme Manager), Alison MacLeod (Lead Strategy and Performance Manager), Jennifer McCann (Community Links Development Manager), Grace Milne (Personal Assistant) and Sandy Reid (Lead, People and Organisation), all of Aberdeen City Health and Social Care Partnership (ACHSCP), Liane Cardno (Health Intelligence, NHS Grampian), John Forsyth and Derek Jamieson (both Aberdeen City Council (ACC) and David Hughes, (Internal Audit, Aberdeenshire Council)

Apologies: Councillor Al-Samarai

The agenda and reports associated with this minute can be found here. Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.

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.

EXEMPT BUSINESS

2. The Chair intimated that there were no items of exempt business

The Committee resolved:-
to note that that there were no items of exempt business.

AUDIT AND PERFORMANCE SYSTEMS COMMITTEE
29 October 2019

MINUTE OF PREVIOUS MEETING OF 20 AUGUST 2019

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

The Committee resolved:-
to approve the minute as a correct record.

BUSINESS PLANNER

4. The Committee had before it the Business Planner as prepared by the Chief Finance Officer.

The Committee heard that with reference to Item 6 (Review of relevant Audit Scotland Reports), the NHS Scotland Audit Report would be presented to the next committee meeting. It was also advised that Digital Infrastructure would be presented to the Integration Joint Board along with the Transformation Report.

The Committee resolved:-
(1) to transfer Item 5 (Review of Terms of Reference) to the Integration Joint Board,
(2) to delay Item 7 (Board Assurance & Escalation Framework) and Item 10 (PCIP Evaluation Framework) to the February 2020 meeting of the Committee, and
(3) to otherwise note the content of the Business Planner.

GROWING THE PRIMARY CARE WORKFORCE - HSCP.19.058

5. The Committee had before it a report presented by the Chief Officer. The report followed from the NHS Scotland publication, "NHS workforce planning – part 2 - The clinical workforce in general practice", as attached, and highlighted the significant challenges to increasing the number of people working in primary care and Aberdeen City Health and Social Care Partnership's (ACHSCP) response to these.

The report recommended:
that the Committee:-
a) note the significant challenges to increasing the primary care workforce, and
b) instruct the Chief Officer to bring back a fuller report on the mitigating actions in light of the work being undertaken to reconsider the Primary Care Improvement Plan (PCIP) and implement the Workforce Plan.

The Committee were presented a summary of the report which highlighted that the report was not exclusive to General Practitioners and that amended tax rules together with transformation had introduced challenges to maintaining existing staff.

The Committee heard of various measures being taken within the partnership to transform service delivery and maximise workforce availability. These included skill transfer and modernisation together with a recruitment and retention campaign for staff together with re-advertising the 'Know Who To Turn To' public information.

The Committee resolved:-
To approve the recommendations.

INTERNAL AUDIT REPORT AC1908 - NON-RESIDENTIAL CARE CHARGING POLICY - HSCP.19.055

6. The Committee had before it the report presented by the Chief Internal Auditor which provided the outcome of the audit of the Non-Residential Charging Policy as directed in the 2018/2019 Audit Plan for Aberdeen City Council.

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

The Committee were presented with a summary of the findings which were intended to provide assurance.

The Committee heard that whilst there had been some historical minor price increases, these latest increases had been the first in a number of years. The effect on demand for services had been minimal.

The Committee were advised that it was intended to provide further assurance on the subject with an Audit Plan Report during 2021.

The Committee resolved:-
(1) to approve the recommendation, and
(2) to note that a further Internal Audit Report would be presented in 2020, within a 12 month period.

AUDIT AND PERFORMANCE SYSTEMS COMMITTEE
29 October 2019

INTERNAL AUDIT REPORT AC1924 - INTEGRATION JOINT BOARD DIRECTIONS - HSCP.19.056

7. The Committee had before it a report presented by the Chief Internal Auditor which provided the outcome of the audit of Integration Joint Board (IJB) Directions as included in the 2018/19 IJB Internal Audit Plan.

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

The Committee heard that this report would also be presented to the Aberdeen City Council Audit, Risk and Scrutiny Committee. A summary presentation indicated that whilst some Directions were clear, others lacked clarity and that there had been positive response to the audit recommendations.

The Committee were advised that the Directions process was still relatively new and that the audit had been most helpful to enhance already developing processes including creation of a Directions Planner.

The Committee resolved:-
(1) to approve the recommendation, and
(2) to note the creation of a Directions Planner and instruct the Chief Officer to present this to the Committee on 25 February 2020.

REVIEW OF FINANCIAL REGULATIONS - HSCP.19.054

8. The Committee had before it a report presented by the Chief Finance Officer which included amendments to the Integration Joint Board's (IJB) Financial Regulations.

The report recommended:-
that the Committee approve the revised Financial Regulations, as at Appendix A.

The Committee were presented with a summary of the revisions and any impact in consequence.

The Committee resolved:-
to approve the recommendation.

PERFORMANCE DASHBOARD - HSCP.19.057

AUDIT AND PERFORMANCE SYSTEMS COMMITTEE
29 October 2019

9. The Committee had before it a report presented by the Chief Officer which included the latest draft of the Performance Dashboard linked to the Integration Joint Board (IJB) Strategic Plan.

The report recommended:
that the Committee
a) Review the draft Performance Dashboard,
b) Provide verbal feedback and comment to the Lead Strategy and Performance Manager to inform further development of the Dashboard, and
c) Instruct the Lead Strategy and Performance Manager on the format and frequency of the committee's future performance reporting requirements and how this might align to performance information reported to the Clinical and Care Governance Committee.

The Committee were presented with a summary of the report and received a full demonstration of the Performance Dashboard in its current format.

The Committee heard that the Landing page and Spine Charts could be presented in print format however further exploration would require digital use only and accordingly members would be granted access to the Performance Dashboard to enable delivery of their assurance role.

The Committee resolved:-
(1) to approve the recommendations,
(2) that officers provide the Committee with full access to the Performance Dashboard,
(3) to provide positive appreciation of the work undertaken to develop the Performance Dashboard, and
(4) to instruct officers to present the Landing Page and Spine Charts of the Performance Dashboard as a Standing Item on the Committee agenda

TRANSFORMATION PROGRESS REPORT - HSCP.19.059

10. The Committee had before it a report presented by the Chief Officer which included a high-level overview of the full transformation programme, a detailed evaluation of the Link Working Service in Aberdeen, and brought to the attention of the committee the first formal published report produced by the partnership, "Patient's Perspectives of the INCA Service".

The report recommended:
that the Committee note the information provided in the report.

The Committee were presented with an overview of the report and were reminded that the Integration Joint Board (IJB) had included 5 new programmes to the Transformation Programme.

The Committee heard that the report provided a very helpful review with a lot of information which included real challenges and causes for concern which were considered under risks.

The Committee received a presentation on the Aberdeen Links Service which indicated that a review had been undertaken of the service which had been operating for 2 years and had received funding for a further 2 years.

The Committee were interested to learn of this service's wider impact within the Community Planning environment and that whilst this had been identified and approved as a 'scale-up project', were keen that partners' contributions and opinions be explored.

The Committee resolved:-
(i) to approve the recommendation, and
(ii) to instruct the Chief Officer to obtain an understanding from Community Planning partners on their contributions to ensure a collective approach is maintained.

CONFIRMATION OF ASSURANCE

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

The Committee resolved:-
to confirm that they had received sufficient assurance from the reports presented.
- **JOHN TOMLINSON, Chairperson**

AUDIT AND PERFORMANCE SYSTEMS COMMITTEE
29 October 2019

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Aberdeen City Health & Social Care Partnership
A caring partnership

CLINICAL AND CARE GOVERNANCE COMMITTEE

ABERDEEN, 13 August 2019. Minute of Meeting of the CLINICAL AND CARE GOVERNANCE COMMITTEE. Present:- Councillor Lesley Dunbar Chairperson; and Councillor Sarah Duncan.

In attendance: Graeme Simpson (Chief Officer - Integrated Children's and Family Services).

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.

The Chair opened the meeting and advised that in terms of Article 13(1) of the IJB Standing Orders, the meeting was not quorate. Accordingly no decisions would be taken at this meeting, other than agreement in principle.

The Committee heard that Grace Milne, ACHSCP was now in place to provide business support and that ACC Committee Services would now be providing the Clerk to these meetings.

The Committee resolved:-
To note that in terms of Article 13(1) of the IJB Standing Orders, the meeting was not quorate and could not make decisions.

MINUTE OF PREVIOUS MEETING - 19 MAY 2019

1. The Committee had before it the minute of the meeting of 19 May 2019. The Chair intimated that this meeting had also not been quorate.

The Committee reviewed the minute.

The Committee was not quorate in terms of Article 13(1) of IJB Standing Orders and could make no resolve.

BUSINESS STATEMENT - FOR DISCUSSION

2. There was no Business Statement presented to the Committee.

The Clerk advised that following direction from the IJB a new Business Planner was under construction. The planner would be created for the Board and both its Committees. The Planner will be circulated once the necessary details have been gathered and populated.

The Committee agreed creation and maintenance of the planner would allow better understanding on business.

The Committee was not quorate in terms of Article 13(1) of IJB Standing Orders and could make no resolve.

CLOSURE OF BANKS O' DEE CARE HOME

3. The Committee had before it the report, which was presented by Claire Duncan, Lead Social Worker.

The report recommended : -
That the Committee note the content of the report

The Committee heard an overview of the report which had been directed from the IJB. The report highlighted Lessons Learned and indicated that earlier, more robust responses would now be taken in the event of a repeat situation.

This included greater multi agency collaboration and closer involvement with the Care Inspectorate. The report found that risks continue in this environment and as such further work was continuing to ensure new arrangements would be in place to better mitigate identified risks and manage developing situations.

The Committee heard that an opportunity had been taken to participate nationally in similar reviews where six other establishments had also been closed.

The Committee indicated they felt assured that the combination of existing procedures and the adoption of lessons learned placed the partnership in a much stronger position to better manage and future situation of a similar nature.

The Committee was not quorate in terms of Article 13(1) of IJB Standing Orders and could make no resolve.

LEARNING DISABILITY STRATEGY UPDATE

4. The Committee had before it the report presented by Jenny Rae, Strategic Development Officer.

The report recommended : -

That the Committee note the progress made in implementing the Learning Disability Strategy

The Committee heard that this was a 6 monthly update as requested in March 2019.

The report provided an overall narrative of works undertaken and that future updates would include updates on action status, planning and include key milestones. The Committee were advised that the Action Plan sits with the Implementation Group which is operationally managed and has links to the Leadership Team.

The Committee heard that a further report would be presented in March 2020.

The Committee was not quorate in terms of Article 13(1) of IJB Standing Orders and could make no resolve.

AUTISM STRATEGY UPDATE

5. The Committee had before it the report presented by Jenny Rae, Strategic Development Officer.

The report recommended : -

That the Committee note the progress made in implementing the Aberdeen City Autism Strategy.

The Committee heard that ths report was linked to the previous report on Learning Disability Strategy. Whilst this group were not usually identified as a separate group, it was felt that they needed inclusion especially due to transition from child to adult groups including criminal justice. This is a very early joint project involving the Partnership. This is being tracked via Action Plans which will be reported back to this Committee.

The Committee heard that whilst autism is neither a metal health or learning disability issue, the topic did require governance.

The Committee heard that a further report would be presented in March 2020.

The Committee was not quorate in terms of Article 13(1) of IJB Standing Orders and could make no resolve.

SUMMARY REPORT

6. The Committee heard a verbal update from the Clinical Care Governance Group.

The Committee heard that recent changes to the format of the Group and its reporting were still being developed.

CLINICAL AND CARE GOVERNANCE COMMITTEE
13 August 2019

The Committee heard that it was acknowledged that this Group required to refocus on its functions and reporting and that benefit would be gained from a Joint Development Session. This would include meeting dates to align with the CCG Committee.

The Committee was not quorate in terms of Article 13(1) of IJB Standing Orders and could make no resolve.

ESCALATIONS

7. There were no escalations reported.

- COUNCILLOR LESLEY DUNBAR, Chairperson.

CLINICAL AND CARE GOVERNANCE COMMITTEE
13 August 2019

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	A	B	C	D	E	F	G	H	I	J
1	**INTEGRATION JOINT BOARD BUSINESS PLANNER** The Business Planner details the reports which have been instructed by the Committee as well as reports which the Functions expect to be submitting for the calendar year.									
2	**Date Created**	**Report Title**	**Minute Reference/Committee Decision or Purpose of Report**	**Report Number**	**Report Author**	**Lead Officer / Business Area**	**ORGANISATION ACHSCP/ACC/NHSG**	**Update/ Status (RAG)**	**Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T**	**Explanation if delayed, removed or transferred**
3	**19 November 2019**									
4	26.03.2019	Localities	IJB 26.03.19 Item 13 - Localities 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. 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. On 03.09.2019, to instruct the Chief Officer to ensure that Community Benefit information is incorporated with the Locality Report to be presented to the Board in November 2019	HSCP.19.060	Gail Woodcock	Lead Transformation Manager	ACHSCP			
5	04.09.2019	IJB Meeting Dates	Council issued meeting dates for 2020, there is a requirement to align IJB, ASP and CCG Committee dates. At IJB on 03.09.2019, the Board instructed the Chief Officer to reconsider the proposed dates for the CCG and submit an updated report to the November meeting.	HSCP.19.061	Derek Jamieson	Chief Officer - Governance	ACC			
6	Standing Item	Annual procurement work plan 2020/21		**HSCP.19.062**	Jean Stewart Coxon	Procurement Lead	ACHSCP			
7	Standing Item	Final supplementary procurement work plan 2019/20		**HSCP.19.072**	Jean Stewart Coxon	Procurement Lead	ACC			
8	Standing Item	Financial Monitoring Report	Financial Monitoring Report	**HSCP.19.063**	Alex Stephen	Chief Finance Officer	ACHSCP			
9	03.09.2019	3 year Strategic Commissioning Plan		**HSCP.19.065**	Anne McKenzie	Commissioning Lead	ACHSCP			
10	11.06.2019	Review of Commissioned Day Services	IJB 11.06.2019 - (6)Noted that a report on the future provision of day care services will be presented to the IJB in November 2019	**HSCP.19.066**	Anne McKenzie	Commissioning Lead	ACHSCP			
11	Standing Item	Local Survey		**HSCP.19.068**	Alison MacLeod	Performance Lead	ACHSCP			
12	06.11.2019	Performance Dashboard		**HSCP.19.069**	Alison MacLeod	Performance Lead	ACHSCP			
13	Standing Item	IJB Scheme of Governance - Annual Review	IJB Scheme of Governance - Annual Review including Terms of References for Sub Cttee's and IJB	**HSCP.19.070**	Kundai Sinclair	Chief Officer - Governance	ACC			
14	06.11.2019	Grant to Voluntary Organisation		**HSCP.19.073**	Anne McKenzie	Commissioning	ACHSCP			
15	Standing Item	Chief Officer Report	A regular update from the Chief Officer	**HSCP.19.075**	Sandra Ross	Chief Officer	ACHSCP			
16	Standing Item	Chief Scial Worker Officer's Report			Graeme Simpson	Chief Officer - Integrated Children's and Familys Services	ACC		D	Delayed presentation at Chief Officer Group, will be presented in January 2020
17	11.06.2019	NHS Grampian Services which are hosted in Aberdeen City, Aberdeenshire and Moray Integration Joint Boards	IJB 11.06.2019 - Instructed the Chief Officer (ACHSCP) to prepare a draft role and remit for this meeting in consultation with the Chief Officers for the Aberdeenshire and Moray Health and Social Care Partnerships.		Sandra Ross	Chief Officer	ACHSCP		D	Will be delivered to January Meeting
18	11.06.2019	Consultation Protocol with Trade Unions	A consultation protocol was requested with the Trade Unions		Sandy Reid	People & Development	ACHSCP		D	Deferred to January Committee

	A	B	C	D	E	F	G	H	I	J
2	**Date Created**	**Report Title**	**Minute Reference/Committee Decision or Purpose of Report**	**Report Number**	**Report Author**	**Lead Officer / Business Area**	**ORGANISATION ACHSCP/ACC/NHSG**	**Update/ Status (RAG)**	**Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T**	**Explanation if delayed, removed or transferred**
19	02.09.2019	Fast Track Cities Initiative	At Council on 02.09.2019, Council notes that Fast Track Cities is a global partnership and initiative, focusing on developing a network of cities pledged to achieve the commitments in the Paris Declaration on HIV prevention, diagnosis and treatment; that Glasgow City Council signed up to be a fast track city at the end of 2018 and the aim is to have all 7 Scottish cities signed up, making Scotland the first country in the world to have all cities signed up to the Fast Track Cities initiative by signing the Paris Declaration. Council therefore recommends that the Lord Provost signs the Paris Declaration on behalf of the Council and instructs the Chief Officer of the Aberdeen City Health & Social Care Partnership to work with Community Planning partners to produce an action plan which will improve performance on the 90-90-90 targets and make progress towards the 2030 goals and report back to Community Planning Aberdeen and the Integration Joint Board on implementation of the Action Plan and work done as part of the Fast Track	Also discussed at IJB on 03.09.2019	Sandra Ross	Chief Officer	ACHSCP		D	A paper will be ready for January committee.
20	19.09.2019	Countesswells	Interim arrangements - authorisation project point.		Kay Dunn/ Sarah Gibbon	Capital	ACHSCP		D	Timescales have changed and will now go to January Cttee
21	19.09.2019	Carden Medical Practice			Caroline Howarth / Emma King	Carden GP	Carden GP		R	Part of the Chief Officer Report
22	Standing Item	Transformation Decisions Required	At IJB on 03.09.2019, reference to the impact on the staffing bill and update to be provided.		Gail Woodcock	Transformation Lead	ACHSCP		D	Will be reported on 24.03.202 by Heather Macrae as Lead
23	**21 January 2020**									
24	Standing Item	Annual Update Autism & Learning Disabilities			Kevin Dawson	Learning Disabilities Lead	ACHSCP			
25	Standing Item	Annual Report on Alcohol and Drug Partnership			Karen Gunn	Mental Health Lead	ACHSCP			
26	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			
27	04.09.2019	Immunisations	Following comment at IJB on 03.09.2019, future reporting requested		Gail Woodcock	Transformation Lead	ACHSCP		D	Will be reported to the February 2020 meeting
28	**11 February 2020**									
29	04.09.2019	Safe Staffing Bill			Heather Macrae	Nurse Lead	ACHSCP			
30	04.09.2019	Audit Scotland Workforce Audit Report	Referred from CCG		Sandy Reid	Resources Lead	ACHSCP			
31	26.03.2019	Update Paper - Medium Term Financial Framework			Alex Stephen	Chief Finance Officer	ACHSCP			
32	04.09.2019	Market Facilitation Update			Anne McKenzie	Commissioning Lead	ACHSCP		D	This will be reported to the 24.03.20 Business meeting
33	**10/03/2020 - Budget Meeting**									
34	Standing Item	Annual Budget Papers			Alex Stephen	Chief Finance Officer	ACHSCP			
35	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Sandra Ross	Chief Officer	ACHSCP			
36	Standing Item	Review of Scheme of Integration	Annual review		Jess Anderson	Chief Officer - Governance	ACC		D	This will be reported to the 24.03.20 Business meeting
37	11.06.2019	MSG Self Evaluation for the Review of progress with Integration of Health and Social Care	IJB 11.06.2019 - Instructed the Chief Officer to provide an update on progress on delivery of the actions in March 2020.		Alison MacLeod	Performance Lead	ACHSCP		D	This will be reported to the 24.03.20 Business meeting
38	30.09.2019	Social Care – Self-directed support: Transformational Funding 2019-21 and Reporting on Impact and Learning			Alison MacLeod	Performance Lead	ACHSCP		D	This will be reported to the 24.03.20 Business meeting

	A	B	C	D	E	F	G	H	I	J
2	**Date Created**	**Report Title**	**Minute Reference/Committee Decision or Purpose of Report**	**Report Number**	**Report Author**	**Lead Officer / Business Area**	**ORGANISATION ACHSCP/ACC/NHSG**	**Update/ Status (RAG)**	**Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T**	**Explanation if delayed, removed or transferred**
39	26.03.2019	Health Improvement Fund	IJB 26.03.19 Article 12 - 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.		Gail Woodcock	Transformation Lead	ACHSCP		D	This will be reported to the 24.03.20 Business meeting
40	**24 March 2020**									
41	11.12.2018	Autism Strategy and Action Plan	IJB 11.12.18 Article 13 - 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. Suggested April 2020.		Kevin Dawson	Learning Disabilities Lead	ACHSCP			
42	26.03.2019	Diet, Activity and Healthy Weight	IJB 26.03.19 Article 17 - 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		Gail Woodcock	Transformation Lead	ACHSCP			
43		Mental Health Strategic Statement			Karen Gunn	Mental Health Lead	ACHSCP			
44	11.11.2019	Grampian Mental Health Strategy			Sandra Ross	Chief Officer	ACHSCP			
45	30.09.2019	Social Care – Self-directed support: Transformational Funding 2019-21 and Reporting on Impact and Learning			Alison MacLeod	Performance Lead	ACHSCP			
46	11.11.2019	Livingwell with Dementia			Alison MacLeod	Performance Lead	ACHSCP			
47	11.06.2019	MSG Self Evaluation for the Review of progress with Integration of Health and Social Care	IJB 11.06.2019 - Instructed the Chief Officer to provide an update on progress on delivery of the actions in March 2020.		Alison MacLeod	Performance Lead	ACHSCP			
48	Standing Item	Chief Oficer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			
49	**23 June 2020**									
50	Standing Item	Strategic Risk RegisterMartin Allan	Bi-Annual - January and June		Martin Allan	Business Lead	ACHSCP			
51	Standing Item	Chief Oficer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			

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Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	19 November 2019
Report Title	Chief Officer's Report
Report Number	HSCP.19.075
Lead Officer	*Sandra Ross*
Report Author Details	*Sandra Ross* *Chief Officer* *sanross@aberdeencity.gov.uk*
Consultation Checklist Completed	*Yes*
Directions Required	*No*
Appendices	A: Health Visiting Digitisation Timeline B: Health and Transport Action Plan Steering Group Letter

1. Purpose of the Report

1.1. The purpose of the report is to provide the IJB with an update from the Chief Officer

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Agree to invite representatives of the Health and Transport Action Plan (HTAP) Steering Group to a future meeting of the IJB when the outcomes of the Day Care Review are available as well as receiving the Group's Annual Report for consideration, as detailed in the report and Appendix B to the report; and

b) Otherwise note the content of the report.

INTEGRATION JOINT BOARD

3. Summary of Key Information

Local Updates

3.1. Carden:

The tender application closing date was Thursday 24th October. The advert was open European wide, and an application was received. It is currently being assessed through due process. There has been no surge of complaints or of patients wanting to move practice to date and no staff have left due to the proposed changes. Carden has not yet given notice and we continue to work closely with them to ensure the continued provision of services, mindful of future options.

3.2 Scottish Health Award: Young Achiever Award.

Dr Calum Leask is one of the three finalists for this award. This award is for an individual aged 30 years or younger on 1 November 2019 who has demonstrated outstanding achievement as part of their working life. A student, apprentice, trainee or employee from any clinical or non-clinical discipline, who has shown initiative, drive and excellent judgement in their work to achieve exceptional results. Nominated by his line manager, we are delighted for him. The award ceremony takes place on Thursday 14th November 2019.

3.3 Digital Lead Post Update

The post is currently going through evaluation processes in both NHS Grampian and Aberdeen City Council. Some queries have been raised and we are working to respond to these and push this through. We are confident this will be finalised by the end of the year and given seasonal implications we will aim to start the recruitment process in January.

3.4 Health Visiting Digitisation

As reported to the IJB at its last meeting in September, a test of change is proposed within Health Visiting in which we support frontline staff to be

engaged and own the opportunities presented through digitalisation. This team has been on the operational risk register for some time due to major recruitment challenges within the city. This redesign will see the implementation of an automated scheduling and caseload system, facilitated by mobile technology. It will reduce workload, which will have a positive impact on staff wellbeing and retention and the delivery of services. Attached at Appendix A to this report is the Project timeline which outlines that the scheduling of service users will be live by the end of November 2019.

Regional Updates

4.1 Commission for the Delivery of a Strategic Review and Plan for Respiratory Care in Grampian

The three Integration Joint Boards (IJB) (Aberdeen City, Aberdeenshire and Moray) in the North East of Scotland received a paper in June 2019 considering hosted services and "large hospital-based services". Much of the discussion, at each of the Integration Joint Boards, confirmed the desire to have much greater ownership for the outcomes of the whole system planning for the large hospital-based services. An important step to achieve this is for the three IJBs to provide comments and direction on the commissioning brief for each of the pathways of care.

This commission aims to set out the shared intent (scope, output, principles and process) by the three IJBs/HSCPs, Acute Sector and NHS Grampian System Leadership Team in relation to the strategic planning for respiratory care within Grampian. The strategic review and plan will focus on the whole pathway of care for respiratory conditions for all population groups across Grampian.

The commission aims to deliver the following outputs:

Comprehensive strategic review of respiratory care provision ensuring robust involvement of key stakeholders. This will also incorporate available data/information and evidence based practice;

A robust, co-produced and cross-system strategic plan which sets out the vision and optimal model for equitable, sustainable, outcome focussed respiratory care in Grampian; and

Agreed finance framework which underpins the agreed strategic plan.

2 Workshops with key stakeholders are planned (the first was held on the 5th of November), following which a draft plan will be consulted upon during December 2019 to mid-February 2020, with the final plan being approved by the end of April 2020.

4.2 Health and Transport Action Plan Steering Group

Attached as Appendix B to this report is a letter from the Health and Transport Action Plan Steering Group. The letter outlines the work of the Steering Group and its links to the IJB and Aberdeen City Health and Social Care Partnership. The Steering Group includes representatives of NHS Grampian, Nestrans, Aberdeen City Council, Aberdeenshire Council, the Moray Council and Health and Social Care Partnerships. The purpose of the Steering Group is to exert influence strategically and at a local level within and between partners across the themes of "Transport and Public Health" and Access to Health and Social Care". The letter suggests that the IJB consider the Steering Group's Annual Report.

It is proposed that the IJB receive the Steering Group's Annual report as well as invite representatives of the Group to a future meeting of the IJB when the outcomes of the Day Care Review are available.

National Update

5.1 Digital Telecare-Scottish Local Government

The Partnership were delighted to host a meeting last month with David Brown. David recently took up post within the Digital Office for Scottish Government as Business Relationship Manager. David has a remit for Digital telecare. Along with colleagues from Aberdeen City Council and Bon Accord Care we had an opportunity to hear about and further discuss the national direction for the analogue to digital switch over. We look forward to working closely in the future with Brian and his colleagues. We are currently planning a workshop that will provide an overview and introduction of this national workstream and developments. Colleagues across the partnership will be invited to attend.

INTEGRATION JOINT BOARD

6 Implications for IJB

6.1 Equalities – there are no implications in relation to our duty under the Equalities Act 2010

6.2 Fairer Scotland Duty - there are no implications in relation to the Fairer Scotland Duty

6.3 Financial – there are no immediate financial implications arising from this report.

6.4 Workforce – there are no immediate workforce implications arising from this report. Relevant Workforce implications will be highlighted in any future report on action required in relation to Carden Medical Practice.

6.5 Legal – there are no immediate legal implications arising from this report

6.6 Other- there are no other immediate implications arising from this report.

7 Links to ACHSCP Strategic Plan

7.1 The Chief Officers update is linked to current areas of note relevant to the overall delivery of the Strategic Plan.

8 Management of Risk

8.1 Identified risks

The issues at Carden Medical Practice and the delay in recruiting to the Digital Lead role could potentially impact on our ability to deliver services in these areas.

8.2 Link to risks on strategic or operational risk register:

The main issues in this report directly link to the following Risks on the Strategic Risk Register:

1-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.

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.

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

7- Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system.

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

This report details the mitigating action being taken to manage these risks. The Chief Officer will monitor progress towards mitigating the areas of risk closely and will provide further detail to the IJB should she deem this necessary

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

Health Visiting Digitization Project

We are currently in the process of digitizing our paper-based health visiting records. The project is split into three key deliverables.

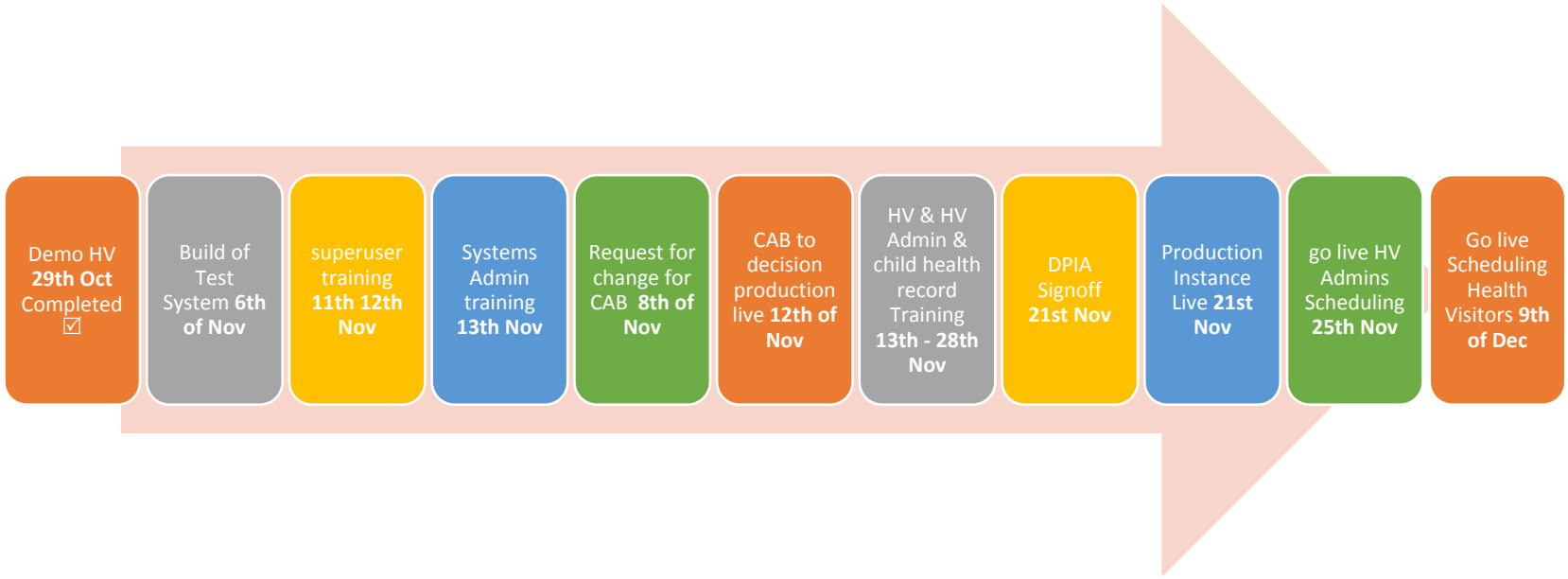
- Scheduling – **30-11-2019**
- Child Health Record Digitisation & Management **31-01-2020**
- Reporting **31-03-2020**

The high-level milestones completed to date

- Business Case Evaluation - Investigation and selection of Health Visiting digital system.
- Approval Business case
- Procurement of Solution and associated hardware and device assets

Currently we are in design and implement and aim to be live with scheduling service users by the end of November.

Timeline



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Finance Directorate

Property & Asset Development
Summerfield House
2 Eday Road
Aberdeen
AB15 6RE

NHS Grampian

Date 9 October 2019
Your Ref
Our Ref GD/CA/0057

Sandra Ross
Chief Officer
Aberdeen Community Health & Care Village
50 Frederick Street
Aberdeen
AB24 5HY

Enquiries to Gerry Donald
Extension 58699
Direct Line 01224 558699
Fax
Email gerry.donald@nhs.net

Dear Sandra,

Firstly, I hope that this finds you well. I write to you in my capacity as Chair of the Health & Transport Action Plan (HTAP) Steering Group. The Steering Group includes NHS Grampian, Nestrans, Aberdeen City Council, Aberdeenshire Council, Moray Council, Scottish Ambulance Service, TSI representation, Health & Social Care Partnership representation and a Public Representative.

The HTAP purpose is to exert influence strategically and at a local level within and between partners across the themes of "Transport & Public Health" and "Access to Health & Social Care."

The vision for transport and public health is:

- For people in Grampian to choose to travel by active modes such as walking and cycling whenever appropriate and to have the ability to do so conveniently and safely, in order to improve activity levels and public health;
- For everyone in the region to live without unacceptable risk to their health caused by the transport network or its use.

The vision for access to health and social care is:

- For everyone in the region to be able to access the health and social care they need and if transport is required for this to be appropriate, convenient and affordable;
- For the environmental impacts of journeys to be minimised.

For the past three years the HTAP Annual Report has been submitted to each Community Planning Partnership Board and a new Annual Report for the financial year 2018-2019 will soon be produced.

As a Steering Group we believe the Health & Transport Action Plan is of strategic importance given the many overlapping interdependent ways the health and transport issues often converge.

With that in mind I also feel that this work is of significance to your partnership and the Integrated Joint Board, and consequently would welcome your thoughts on the HTAP Annual Report being reported to the IJB.

Continued

I'd be very happy to discuss HTAP with you in more detail and hope that you can assist in our efforts to encourage cross-boundary and cross-agency working on the two important themes encompassed by our partnership.

Yours sincerely

Gerry Donald
Head of Property & Asset Development

bcc Andrew Stewart

Aberdeen City Health & Social Care Partnership
A caring partnership

ABERDEEN CITY INTEGRATION JOINT BOARD

Date of Meeting	19 November 2019
Report Title	IJB Scheme of Governance - Annual Review
Report Number	HSCP.19.070
Lead Officer	Sandra Ross, Chief Officer
Report Author Details	Kundai Sinclair Solicitor kusinclair@aberdeencity.gov.uk 01224 523283
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	a. Revised Audit and Performance Committee Terms of Reference b. Revised Clinical and Care Governance Committee Terms of Reference c. Revised Roles and Responsibilities Protocol d. Revised Standing Orders

1. Purpose of the Report

1.1. To note and approve the revised Aberdeen City Health and Social Care Integration Scheme of Governance documents, which have been amended as part of the annual review.

2. Recommendations

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

a) Approve the name change of the Audit and Performance Systems Committee to Risk, Audit and Performance Committee.

b) Approve the revised Audit and Performance Committee Terms of Reference, as outlined in Appendix A.

c) Approve the revised Clinical and Care Governance Committee Terms of Reference, as outlined in Appendix B.

d) Approve the revised Roles and Responsibilities Protocol, as outlined in Appendix C.

e) Approve the revised Standing Orders, as outlined in Appendix D.

f) Note that Aberdeen City Council is currently reviewing its Scheme of Governance. A report on this will be submitted to Council in March 2020. Council Officers will evaluate these changes and inform the IJB of any changes that will impact the business of the ACHSCP or the IJB and its sub-committees. This update will be brought to the IJB meeting immediately following the March 2020 Council meeting.

3. Summary of Key Information

3.1. The IJB's Scheme of Governance has been reviewed as part of the annual review of the governance documents of the IJB. The Scheme of Governance documents were last reviewed in 2018.

3.2. To support this year's review, short term Governance Working Groups were formed consisting of the IJB Chief Officer, IJB Chief Finance Officer, along with people from the Aberdeen City Health and Social Care Partnership (ACHSCP), Aberdeen City Council (ACC) and NHS Grampian (NHSG) as well as the Chair and Vice Chairs of the IJB and its sub-committees. The Governance Working Group carried out an initial review and made a number of formatting, clarification and substantive changes to the Scheme of Governance documents. Council and NHS Grampian as well as the Chair and Vice Chairs of the IJB and its sub-committees. The Governance Working Group carried out an initial review and made a number of formatting, clarification and substantive changes to the Scheme of Governance documents.

3.3. **Roles and Responsibilities Protocol:** The Roles and Responsibilities Protocol set out in Appendix C outlines the delegations reserved to the IJB and sets out the delegations to the IJB and clarifies the remit and responsibilities of the Chief Officer, Chief Finance Officer and Clinical

Director. The major change to this document is the addition of the Clinical Director to the Section 4 of the Protocol.

3.4. **Terms of Reference:** The Audit and Performance Systems (APS) Committee and the Clinical and Care Governance (CCG) Committee have been operating for three years. The proposed changes to the terms of reference documents outlined in Appendix A and B have been made to ensure that the Committees remain robust and reflect how they operate in practice. The major changes to the terms of reference are as follows:

3.4.1. APS Committee

a) The name of the Committee is to be changed to the Risk, Audit and Performance (RAP) Committee;
b) The IJB Chief Finance Officer shall be the operational lead for the Committee.
c) Guidance has been developed for reports by officers and the attendance at meetings by advisers.

3.4.2. CCG Committee

a) The Clinical Director shall be the operational lead of the Committee.

3.5. **Standing Orders:** The IJB's Standing Orders set out how the IJB operates and how decisions are made. The proposed changes to the Standing Orders are outlined in Appendix C. The major change to this document can be found in Section 27 and is the introduction of deputations by members of the public.

3.6. It should be noted that Aberdeen City Council is currently reviewing its Scheme of Governance. A report on this will be submitted to Council in March 2020. Council Officers will evaluate these changes and inform the IJB of any changes that will impact the business of the ACHSCP or the IJB and its sub-committees. This update will be brought to the IJB meeting immediately following the March 2020 Council meeting.

4. Implications for IJB

4.1. Equalities

There are no direct implications arising from this report.

4.2. Fairer Scotland Duty

There are no direct implications arising from this report.

4.3. Financial

There are no direct implications arising from this report.

4.4. Workforce

There are no direct implications arising from this report.

4.5. Legal

There are no direct implications arising from this report.

5. Links to ACHSCP Strategic Plan

5.1. Ensuring that the Committee Members are fully equipped to undertake their duties and that the Committees are functioning effectively and fulfilling their duties will help ensure that the IJB achieves the strategic priorities as set out in the strategic plan.

6. Management of Risk

6.1. Identified risks(s)

Good governance and ensuring that the IJB's Committees are delivering on their duties is fundamental to the delivery of the strategic plan and therefore applicable to most of the risks within the strategic risk register.

6.2 Link to risks on strategic or operational risk register:

Risk numbers 1-10 of the strategic risk register.

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

The regular review aims to maintain the integrity of the IJB's governance system and as such will help to mitigate these risks.

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

ABERDEEN CITY INTEGRATION JOINT BOARD

Appendix A: Risk, AUDIT AND PERFORMANCE ~~SYSTEMS~~ COMMITTEE TERMS OF REFERENCE

1. Introduction

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

(2) The Committee will be known as the Risk, Audit & Performance ~~Systems~~ Committee (RAP~~S~~) of the IJB and will be a Standing Committee of the Board.

(3) The purpose of the Committee is to provide assurance to the IJB on the robustness of the Partnership's risk management, financial management, service performance and governance arrangements, including for the avoidance of doubt, Services hosted by Aberdeen City's IJB on behalf of other integration authorities.

(4) The Chief Finance Officer shall be the operational lead for the RAP Committee.

2. Constitution

(1) The IJB shall appoint four members to the RAP Committee all of whom shall have voting rights. These members shall be nominated by each partner. Each partner shall nominate two members.

(2) The IJB may appoint such additional members to the RAP Committee as it sees fit. These may consist of one Patient Representative and one Carer's Representative, neither of whom shall have voting rights.

(3) A voting member who is unable to attend a meeting must arrange insofar as possible for a suitably experienced substitute, who is a member of the appropriate constituent authority, to attend in their place. This substitute shall have voting rights.

(4) A non-voting member who is unable to attend a meeting may arrange for a suitable substitute to attend the meeting in their place.

~~the Committee members. The Committee will consist of four voting members of the IJB, with two members appointed from each partner.~~

3. Chairperson

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

(2) Where the Chair is unable to attend a meeting, any substitute attending in their place shall not preside over the meeting.

(3) The Chair shall be appointed by the IJB for a period not exceeding two years.

4. Quorum

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

5. Attendance at Meetings

(1) The principal advisers to the Committee who shall be required to attend as a matter of course shall be:
- (a) Chief Officer;
- (b) Chief Finance Officer; and
- (c) Chief Internal Auditor.

(2) Other professional advisors and senior officers are required as a matter of course and shall attend meetings at the invitation of the Committee. These persons may include, but are not limited to:
- (a) External Audit;
- (b) IJB Lead Strategy and Performance Manager;
- (c) IJB Lead Transformation Manager;
- (d) IJB Business Manager; and
- (e) IJB Commissioning Lead.

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

(4) The IJB Chief Finance Officer shall be the Lead Officer for the RAP Committee. Their role is to ensure that committee reports are submitted in a timely manner and monitored prior to the committee date.

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

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

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

6. Meeting Frequency

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

(2) Except where required by statute, no item of business shall be considered at a meeting unless a copy of the agenda including the item of business and any associated report has been issued and open to members of the public seven days before the Committee date or, by reason of special circumstances which shall be recorded in the minute, the Chair is of the opinion that the item should be considered as a matter of urgency and at such stage of the meeting as the Chairperson shall determine.

(3) In the event that an item of business has to be considered on an urgent basis, a meeting may be called at 48 hours' notice by the Chair following consultation with the Chief Finance Officer. The Urgent Business meeting shall retain all the AP's functions and powers.

7. Authority

(1) The Committee is authorised to instruct further investigation on any matters which fall within its Terms of Reference. It shall report its findings to the IJB when it has done this.

8. Reports by Officers

(1) Reports must be produced in draft to the following officers for consultation in accordance with the published timetable prior to being accepted onto the RAP Committee final agenda:-

a) Chair of the RAP Committee
b) IJB Chief Officer
c) IJB Chief Finance Officer
d) Chief Officer – Finance, ACC
e) Director of Finance, NHSG
f) Chief Officer – Governance, ACC
g) Clerk to the RAP Committee

(2) Aberdeen City Council's Leader(s) and Convener of the City Growth and Resources Committee shall be consulted on draft reports relating to the IJB Budget in line with the requirements of the IJB Budget Protocol.

9~~8~~. Duties

The Committee shall:-

Audit

(1) Review and approve the annual audit plans (internal and external) ~~on~~ behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and ~~,~~ escalating to the IJB as appropriate~~reporting to the Board~~.

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

(3) Be aware of, and act on, Audit Scotland, national and UK audit findings and inspections/regulatory advice, and to confirm that all compliance has been responded to in timely fashion.

~~(3)~~(4) ~~(22)~~ The Committee shall present the minute of its most recent meeting to the next meeting of the IJB for information only.

Performance

~~(4)~~(5) Review and monitor ~~Prepare and implement~~ the strategy for performance ~~review and monitor~~ the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB. This includes ensuring ~~Ensure~~ that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against the national health and wellbeing outcomes, the associated core suite of indicators and other local objectives and outcomes and for reporting this appropriately to the Committee and Board.

~~(5)~~(6) Review transformation and service quality initiatives. Monitor the transformation programme considering main streaming, where appropriate.

~~(6)~~(7) Support the IJB in ensuring that the ~~strategic integrated assurance and~~Board performance framework is working effectively, and that escalation of notice and action is consistent with the risk tolerance set by the Board.

~~(7)~~(8) Review the Annual Performance Report to assess progress toward implementation of the Strategic Plan.~~Report to the IJB on the resources required to carry out Performance Reviews and related processes.~~

~~(8)~~(9) Instruct Performance Reviews and related processes.~~Act as a focus for value for money and service quality initiatives.~~

~~(9)~~(10)Support the IJB in delivering and expecting cooperation in seeking assurance that hosted services run by partners are working ~~effectively in order to allow Aberdeen City IJB to sign off on its accountabilities for its resident population~~.

Risk & Governance

~~(10)~~(11) The risk tolerance ~~performance systems scrutiny role~~ of the Committee is established by the~~underpinned by an~~ Board Assurance Framework which itself is based on the Board's understanding of the nature of risk to its desired priorities and outcomes and its appetite for risk-taking. This role will be reviewed and revised within the context of

the Board and Committee reviewing these Terms of Reference and the Assurance Framework to ensure effective oversight and governance of the partnership's activities.

~~(11)~~(12) Ensure the existence of and compliance with an appropriate risk management strategy including: Reviewing risk management arrangements; receiving biannual Strategic Risk Management updates and undertaking in-depth review of a set of risks and annually review the IJB's risk appetite document with the full Board~~Review risk management arrangements, receive annual Risk Management updates and reports and annually review with the full Board the IJB's risk appetite document~~.

~~(12)~~(13) Approve ~~and understand~~ the sources of assurance used in the Annual Governance Statement.

~~(13)~~(14) Review the overall Internal Control arrangements of the Board and make recommendations to the Board regarding signing of the Governance Statement, having received assurance from all relevant Committees.

Financial

~~(14)~~(15) Consider and approve annual financial accounts and related matters

~~(15)~~(16) Receive regular financial monitoring reports

~~(16)~~(17) Act as a focus for value for money.

~~(17)~~(18) Approve budget virements.

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

~~9~~10. Review

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

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

Aberdeen City Health & Social Care Partnership
A caring partnership

ABERDEEN CITY INTEGRATION JOINT BOARD

Appendix B: CLINICAL AND CARE GOVERNANCE COMMITTEE TERMS OF REFERENCE

1. Introduction

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

(2) The Committee will be known as the Clinical & Care Governance Committee (CCG) of the IJB and will be a Standing Committee of the Board.

~~(1)~~(3) ~~The Clinical and Care Governance Committee will provide~~The purpose of the Committee is to scrutinise reports in order to:

a) Provide assurance to the Integrationed Joint Board (IJB) on the systems for delivery of safe, effective, person-centred care in line with the IJB's statutory duty for the quality of health and care services.

b) ~~To~~ Pprovide assurance to the IJB that clinical and care governance is being discharged within the Partnership in relation to the statutory duty for quality of care and that this is being led professionally and clinically with the oversight of the IJB.

c) ~~To p~~Provide the strategic direction for development of clinical and care governance within the Partnership and to ensure its implementation.Escalate any risks that require executive action or that pose significant threat to patient care, service provision or the reputation of the Partnership to the IJB.

(4) The Clinical Director shall be the operational lead for the CCG Committee.

2. Constitution

(1) The IJB shall appoint four members to the CCG Committee all of whom shall have voting rights. These members shall be nominated by each partner. Each partner shall nominate two members.

(2) The IJB may appoint such additional members to the CCG Committee as it sees fit. These may consist of one Public Representative, one Patient Representative and one Carer's Representative, neither of whom shall have voting rights.

(3) A voting member who is unable to attend a meeting shall arrange insofar as possible for a suitably experienced substitute, who is a member of the appropriate constituent authority, to attend in their place. This substitute shall have voting rights.

(4) A non-voting member who is unable to attend a meeting may arrange for a suitable substitute to attend the meeting in their place.

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

3. Chairperson

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

(2) Where the Chair is unable to attend a meeting, any substitute attending in their place shall not preside over the meeting.

(3) The Chair shall be appointed by the IJB for a period not exceeding two years.

4. Quorum

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

5. Attendance at meetings

(1) The principal advisers to the Committee are required to attend the Committee as a matter of course and shall be:-

(a) Chief Officer;

(b) Chief Social Work Officer;

(c) Chair of the Clinical and Care Governance Group;

(dd) ~~Chair of the Health and Safety Committee;~~

~~(e) Chair of the Joint Staff Forum;~~

~~(f)~~ Clinical Director; and

(ge) Professional Nursing Lead~~;~~.

~~(h) Social Work Lead~~

~~(i) Allied Health Professional Lead; and~~

~~(j) IJB Public Representatives.~~

(2) Other professional advisors and senior officers are required as a matter of course and shall attend meetings at the invitation of the Committee. These persons may include, but are not limited to:

(a) Chair of the Health and Safety Committee;

(b) Chair of the Joint Staff Forum;

(c) Social Work Lead; and

(d) Allied Health Professional Lead.

(3) The Committee may wish to co-opt additional advisers as required. This may include advisers from NHS Board Professional Committees, Managed Care Networks and Adult and Child Protection Committees.

(4) Where a member is unable to attend a ~~particular meeting~~meeting, a named representative ~~may~~should attend in their place.

~~All other Partnership officers and other persons shall attend where appropriate at the invitation of the Committee.~~

(5) The Clinical Director shall be the operational lead for the CCG Committee. Their role is to ensure that committee reports are submitted in a timely manner and monitored prior to the committee date.

(6) The Chief Social Work Officer will provide appropriate professional advice to the Clinical and Care Governance Committee in relation to statutory social work duties in terms of the Social Work (Scotland) Act 1968. In their operational management role, the Chief Officer will work with and be supported by the Chief Social Work Officer with respect to quality of integrated services within the Partnership in order to then provide assurance to the IJB.

(7) The Professional Leads nominated by NHS Grampian will be supported by NHS Grampian's Medical Director and Director of Nursing and Allied Health Professions through formal network arrangements. In their operational management role, the Chief Officer will work with and be supported by these Professional Leads with respect to quality of integrated services within the Partnership in order to then provide assurance to the IJB.

(8)

(9) The Chief Officer has delegated responsibilities from both Chief Executives, for the professional standards of staff working in integrated services. The Chief Officer, relevant Lead Professionals and the Chief Social Worker will work together to ensure appropriate professional standards and leadership particularly during times of transition.

~~(2) The Committee may wish to co-opt additional advisers as required given the matter under consideration. This may include advisers from NHS Board Professional Committees, Managed Care Networks and Adult and Child Protection Committees.~~

~~(3)~~(1) ~~Where a member is unable to attend a particular meeting, a named representative may attend in their place.~~

6. Frequency of Meetings

(1) The Committee shall meet ~~at least~~ four times ~~a year~~each financial year.

(2) The Chair may, at any time, convene additional meetings of the Committee.

(3) Except where required by statute, no item of business shall be considered at a meeting unless a copy of the agenda including the item of business and any associated report has been issued and open to members seven days before the Committee date or, by reason of special circumstances which shall be recorded in the minute, the Chair is of the opinion that the item should be considered as a matter of urgency and at such stage of the meeting as the Chairperson shall determine.

(4) In the event that an item of business has to be considered on an urgent basis, a meeting may be called at 48 hours' notice by the Chair following consultation with the Chief Finance Officer. The Urgent Business meeting shall retain all the AP's functions and powers.

(5) Two development workshops/activities will be held each year. One of these will be a joint review session with the Clinical and Care governance group.

~~(1) Two development workshops/activities will be held each year. One of these will be a joint review session with the Clinical and Care governance group.~~

7. Conduct of Meetings

(1) A calendar of Committee meetings, for each year, shall be agreed by the members and distributed to members by the clerk.

(2) The agenda and supporting papers shall be sent to members at least seven days before the date of the meeting by the clerk.

(3) ~~Administrative~~ Clerking support shall be provided by ~~the Health and Social Care Partnership~~Aberdeen City Council.

8. Authority

(1) The Committee is authorised ~~on behalf of the IJB~~ to investigate any matter that falls within its Terms of Reference and obtain professional advice as required. It shall report its findings to the IJB when it has done this.

Appendix B: CLINICAL AND CARE GOVERNANCE COMMITTEE TERMS OF REFERENCE

8. Duties

The Committee shall be responsible for the oversight of clinical and care governance within Aberdeen City Health and Social Care Partnership. Specifically it will:

(1) Agree the Partnership's clinical and care governance priorities and give direction to clinical and care governance activities.

(2) Oversee the work of the Clinical and Care Governance Group and Staff Governance Groups – receiving a quarterly report ~~and meeting minutes~~ for consideration and assurance as necessary.

(3) Review unresolved risks that require executive action or that pose significant threat to patient care, service provision or the reputation of the Partnership.

~~(3)~~(4) ~~Monitor~~ Contribute to the regular review of the Partnership's Risk Register from a clinical and care governance/staff governance perspective and escalate any risks to the IJB, NHS Grampian or Aberdeen City Council, as appropriate~~, any unresolved risks that require executive action or that pose significant threat to patient care, service provision or the reputation of the Partnership.~~.

~~(4) Oversee and direct the processes within the Partnership to ensure appropriate action is taken in response to adverse events, scrutiny reports/action plans, safety action notices, complaints and litigation. Also ensures that examples of good practice and lessons learned are disseminated within the Partnership and beyond if appropriate, and provide assurance of progress being made around strategic performance.~~

~~(5) The Chief Social Work Officer will provide appropriate professional advice to the Clinical and Care Governance Committee in relation to statutory social work duties in terms of the Social Work (Scotland) Act 1968. In their operational management role the Chief Officer will work with and be supported by the Chief Social Work Officer with respect to quality of integrated services within the Partnership in order to then provide assurance to the IJB.~~

~~(6) The Professional Leads nominated by NHS Grampian will be supported by NHS Grampian's Medical Director and Director of Nursing and Allied Health Professions through formal network arrangements. In their operational management role, the Chief~~

~~Officer will work with and be supported by these Professional Leads with respect to quality of integrated services within the Partnership in order to then provide assurance to the IJB.~~

~~(7) The Chief Officer has delegated responsibilities from both Chief Executives, for the professional standards of staff working in integrated services. The Chief Officer, relevant Lead Professionals and the Chief Social Worker will work together to ensure appropriate professional standards and leadership particularly during times of transition.~~

~~(8) Through the Clinical and Care Governance Committee, the Chief Officer will ensure that clear strategic objectives for clinical and care governance are agreed, delivered and reported through an annual clinical and care governance action plan. This will include actions to ensure the quality of service delivery including that delivered through services procured from the third and independent sector.~~

~~(9) Ensure effective IJB oversight of the scrutiny of Serious Incidents in health and social care, including monitoring and reporting systems, timely action, training and improvement activities.~~ ~~This includes a role in monitoring variation in outcomes in relation to Fairer Scotland and health inequalities, ensuring appropriate action is being taken to manage unwarranted variation.~~

9. Reporting Arrangements

(1) The Clinical and Care Governance Committee will formally provide a copy of its minutes to the IJB for inclusion on the agenda of subsequent IJB meetings. These minutes will be made ~~publically~~publicly available.

(2) The Committee shall provide the IJB and any other relevant bodies or individuals with a written report on any matters which are agreed as requiring escalation. The Clerk will make the necessary arrangements.

(3) The Chief Officer will provide assurance to the IJB on the development and completion of the Annual Clinical and Care Governance Workplanner.

(4) The Committee will provide assurance to the IJB and inform the NHS Clinical Governance Committee ~~on the operation of clinical and care~~

~~governance within the Partnership. The committee will provide an annual report to the NHS Grampian Clinical Governance Committee.~~

(5) The Committee will have close links with the Aberdeen City Council Public Protection Committee to explore shared risks and responses to adverse events, the preparation of action plans and the sharing of best practice and learning.

~~(6) (7) The Clinical and Care Governance Group will report to the Clinical and Care Governance Committee.~~

~~(7)~~(6) The provisions of standing order 10(4), relating to the access of public and press to meetings and papers shall not apply to this Committee but shall be subject to annual review.

10. Review

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

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

(3) The Committee will conduct a review of its role and function on an annual basis.

Aberdeen City Health & Social Care Partnership
A caring partnership

ABERDEEN CITY INTEGRATION JOINT BOARD

Appendix C- ~~Scheme of Governance~~ Roles and Responsibilities Protocol

1 INTRODUCTION AND INTERPRETATION

1.1 The Roles and Responsibilities (hereinafter referred to as the "Protocol") was approved by Aberdeen City Integration Joint Board (hereinafter referred to as the "IJB") on [**27th March 2018**]. The Protocol sets out the powers conferred on the Integration Authority (the Aberdeen City Integration Joint Board) by the Public Bodies (Joint Working) (Scotland) Act 2014 ("the Act") and what is delegated to the IJB from the Partners. It also clarifies the remit and responsibilities of the Chief Officer, the Chief Financial Officer and Clinical Director in respect of the operational management and deliverability of the integrated services as set out in the Scheme.

1.2 The Interpretation Act 1978 shall apply to the interpretation of this Protocol as it applies to the interpretation of an Act of Parliament.

2 CORE PRINCIPLES

2.1 Aberdeen City Council and NHS Grampian (hereinafter referred to as "the Partners") delegated various functions to the IJB on 1st April 2016 under the Aberdeen City Integration Scheme. The Partners retain overall statutory responsibility for their respective functions delegated to the IJB, as the IJB are responsible for the strategic planning and resources provision for the functions set out in the Scheme.

2.2 The matters reserved to the IJB or its committees are mainly the strategic policy, the making of Directions and financial or regulatory issues requiring to be decided by the IJB, while the day to day operational matters are assigned to officers. The remit of officers of the IJB detailed at Section 4 is not exhaustive.

2.3 The Chief Officer will have delegated responsibility from the Partners for all matters in respect of the operation, development and implementation of policy unless specifically reserved to the IJB or other Committees, together with such statutory duties as may have been specifically and personally assigned to the Chief Officer. Such delegations are at all times to be exercised in accordance with the relevant law, and any Partner Financial Regulations, approved Schemes of Delegation and Standing Orders.

2.4 The Partners will be required to delegate to officers from both organisations specific delegated powers under Partners approved Schemes of Delegation (Delegated Powers), duties or responsibilities to enable them to discharge the operational elements of health and social care to deliver the IJB's Strategic Plan. Any officer using delegated powers will be fully accountable to the Chief Officer

for their own actions and or decisions, who in turn shall be accountable to the Chief Executives of the Health Board and Council respectively.

3 Specific powers reserved for the Integration Joint Board

3.1 The powers which are reserved to the IJB or its committees are comprised of those which must, in terms of statute, be reserved, and those which the IJB has, itself, chosen to reserve. Powers which are not reserved are delegated, in accordance with the provisions of the Integration Scheme and this Protocol.

3.2 The following is a comprehensive list of what is reserved to the IJB or any of its committees:

a) any other functions or remit which is, in terms of statute or legal requirement bound to be undertaken by the IJB itself;

b) to establish such committees, sub-committees and joint committees as may be considered appropriate to conduct business and to appoint and remove Conveners, Depute Conveners and members of committees and outside bodies;

~~c)~~ the approval of the annual Budget~~,~~ ~~;~~

~~d) the approval of~~ the Financial Strategy~~;~~

~~e)~~c) ~~the approv~~ and the IJB's Integration Scheme;

~~f)~~d) the approval or amendment of the Standing Orders regulating meetings proceedings and business of the IJB and Committees and contracts in so far as it relates to business services, the engagement of consultants, or external advisors for specialist advice, subject to necessary approvals through the Partners Procurement Standing Orders, Schemes of Delegation and Procurement Regulations;

~~g)~~e) the approval or amendment of the Role and Responsibilities Protocol, detailing those functions delegated by the IJB to its officers;

~~h)~~f) the decision to co-operate or combine with other Integration Joint Boards in the provision of services other than by way of collaborative agreement;

~~i)~~g) the approval or amendment of the Strategic Plan including the Financial Plan;

~~j)~~h) to deal with matters reserved to the IJB by Standing Orders, Financial Regulations and other schemes approved by the IJB; and

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~~k)~~i) to issue Directions to the Partners under sections 26 and 27 of the 2014 Act, in line with the Integration Scheme and legislative framework sitting around the CEO's of the Partners.

~~l)~~j) the approval of the Clinical Care Governance Framework.

4 OPERATIONAL PROTOCOL - SPECIFIC PROVISIONS OF DIRECTIONS TO OFFICERS IN ACCORDANCE WITH THE PARTNERS APPROVED SCHEMES OF DELEGATION

4.1 Chief Officer

4.1.1 The Chief Officer will act as the principal policy adviser to the IJB on matters of general policy and to assist Members to formulate clear objectives and affordable programmes having regard to changing priorities, directions to partners, statutory and financial requirements and community needs and expectations.

4.1.2 The Chief Officer will be held responsible and accountable for the strategic and operational management of all delegated functions including performance of all Services that form part of the Aberdeen Health and Social Care Partnership (the "AH&SCP") delegated by the Partners through and the Integration Scheme and their respective approved Schemes of Delegation, with the exception of Acute Services.

4.1.3 The Chief Officer is the Leader of the IJB's ~~Executive Management~~ Senior Leadership Team and has overall responsibility for the following:-

a) the delivery of health and social care services as set out in the Integration Scheme;

b) implementing any Direction issued by the IJB to its Partners;

c) strategic management of services and resources;

d) strategy and Policy Development; and

e) leading Improvement.

4.1.4 The Chief Officer shall discharge his/her duties in accordance with the powers as delegated to them by the Partners under their respective approved Schemes of Governance. In discharging his/her duties and in making any recommendation

to the IJB, the Chief Officer will demonstrate to the IJB that he/she have followed relevant Partner procedures and sought approval, where this is required.

4.1.5 To discharge their duties, the Chief Officer shall:

a) ensure that a corporate approach to the management and execution of the IJB's affairs is maintained and that advice to the IJB is given on a co-ordinated basis;

b) monitor the performance of members of the ~~Executive Management~~ Senior Leadership Team and their direct reports;

c) give direction on the applicability of this Scheme and where appropriate that any officer shall not exercise a delegated function;

d) appoint or make recommendations as to the engagement of consultants, external advisors or specialists pursuant to any decision taken by the IJB;

e) consider and deal with any urgent issues arising;

f) maintain good internal and external public relations;

g) the lead the identification, planning and mitigation of risks affecting the IJB;

h) provide for the provision of business continuity including identification of issues, business continuity planning, liaison with external bodies and putting in place arrangements to deal with business continuity issues;

i) ensure compliance with duties under the Health and Safety at Work Act 1974 and other legislation relating to health and safety;

j) be the primary point of contact with the Health and Safety Executive in matters relating to the health and safety of premises or services;

k) exercise all powers ancillary to or reasonably necessary for the proper performance of the Chief Officer's general duties and responsibilities, in line with Partner Schemes of Delegation;

l) ensure that any Directions given by the IJB are legally competent;

m) set a legal budget and manage spend within this;

n) ensure safe services are delivered; and

o) comply with service statutory and regulatory requirements in terms of service delivery responsibilities.

4.2 Chief Finance Officer

4.2.1 The Chief Finance Officer has overall responsibility for Finance including Audit; Financial Management; and any Procurement by the Health and Social Care Partnership

4.2.2 The financial limits as set by the terms of this Scheme shall be reviewed by the Chief Finance Officer in April each year and any proposed amendment reported to the IJB.

4.2.3 The Chief Financial Officer shall discharge his/her duties in accordance with the powers as delegated to them by the Partners under their respective approved Schemes of Delegation. In discharging his/her duties and in making any recommendation to the IJB, the Chief Financial Officer will demonstrate to the IJB that he/she have followed relevant Partner procedures and sought approval, where this is required.

4.2.4 The Chief Finance Officer shall:-

a) act as the Proper Officer responsible for the administration of the financial affairs of the IJB in terms of section 95 of the Local Government (Scotland) Act 1973;

b) adhere to IJB and Partner Financial Regulations and relevant Codes of Practice of the Board for the control of all expenditure and income;

c) monitor of the IJB's capital and revenue budgets during the course of each financial year and reporting thereon to the IJB;

d) determine all accounting procedures and financial record keeping of the IJB, to ensure the IJB is fully compliant with the CIPFA Statement of Recommended Practice;

e) subject to the approval of the Chief Officer and in conformity with any Financial Regulations and any approved policy, authorise the transfer of approved estimates from one head of expenditure to another, within a Service estimate, unless it is considered to materially affect the approved budget, in which case authorisation of the IJB will be sought. It is the Financial Regulations of the Partners which set out the rules in Virement;

f) arrange the necessary insurances through CNORIS to protect the interests of the IJB (Directors and Officers cover) and make arrangements with CNORIS concerning claims handling and settlement of claims;

g) have financial oversight of any procurement for the engagement of consultants, external advisors for specialist advice entered into directly by the Health and Social Care Partnership or the Chief Officer (but not procurement carried out on behalf of the Partnership or Chief Officer by a Council or Health Board); and

h) be the primary point of contact with both internal and external audit and provide information as appropriate.

4.3 Clinical Director

4.3.1 The Clinical Director shall:

a) be the Clinical Lead of the IJB and the Clinical and Care Governance Committee.

b) be a member of the Senior Leadership Team within ACHSCP; and

c) will report directly to the Chief Officer of the IJB.

4.3.2 The Clinical Director will be expected to provide leadership, advice and support to:

a) the ACHSCP Senior Leadership Team;

b) staff working within ACHSCP services, and particularly medical practitioners and those working across primary and community care and within services hosted by or on behalf of the ACHSCP; NHS Grampian Medical Director and Medical Directorate colleagues and clinicians; in relation to clinical and care safety.

c) GPs and other NHS external contractors working within Aberdeen City and in partnership with those across all 3 Grampian ACHSCPs as required; and

~~a)~~d) the Integration Joint Board as a formal advisor to the Board on clinical and care matters.

Aberdeen City Health & Social Care Partnership
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ABERDEEN CITY INTEGRATION JOINT BOARD

Appendix D: STANDING ORDERS

1. Introduction

(1) The Aberdeen City Integration Joint Board ("the IJB") comprises voting representatives of Aberdeen City Council ("the Council") and the Grampian NHS Board ("the NHS Board") ("the constituent authorities") with non-voting advisory representatives.

(2) These standing orders are made under The Public Bodies (Joint Working) (Scotland) Act 2014 and subordinate legislation and any provision, regulation or direction issued by Scottish Ministers shall have precedence over anything written here in the event of any conflict.

2. Membership

(1) The IJB shall include the following voting members:-

(a) Four councillors nominated by the Council; and
(b) Four members nominated by the NHS Board, of whom three shall be non-executive directors and one an executive director;

(2) The IJB shall include the following non-voting members, with those at (~~f~~e), (~~g~~f) and (~~h~~g) to be appointed by the NHS Board:-

(~~c~~a) The Council's Chief Social Work Officer;
(~~d~~b) The IJB Chief Officer ~~for Integration~~;
(~~e~~c) The IJB Chief Finance Officer ~~of the IJB~~ appointed under S95 of the Local Government (Scotland) Act 1973;
(~~f~~d) A registered medical practitioner on the list of primary medical services performers prepared by the NHS Board;
(~~g~~e) A registered nurse employed by the NHS Board or by a person or body with which the NHS Board has a contract; and
(~~h~~f) A registered medical practitioner employed by the NHS Board and not providing primary medical services;

(g) A Public Health Consultant employed by the NHS Board.

(3) The IJB must appoint, in addition, at least one member from each of the following groups:-

(~~i~~a) Staff of the constituent authorities providing services under integration functions, of whom one shall be a trade union representative and one a partnership representative;
(~~j~~b) Third sector bodies carrying out activities related to health or social care in the Council area;

(~~k~~c) Service users living in the Council area; and
(~~l~~d) People providing unpaid care in the Council area.

(4) The IJB may appoint such additional members as it sees fit but such members shall not be councillors or non-executive NHS Board members, ~~and shall include one trade union representative and one partnership representative~~.

3. Appointment of Chair and Vice Chair

(1) The Chair shall be appointed by one of the constituent authorities for an appointing period not exceeding two years.

(2) The Council and the NHS Board shall alternate which of them shall appoint the Chair in each successive appointing period.

(3) The constituent authority which does not appoint the Chair must appoint the Vice Chair for that appointing period.

(4) The constituent authority may change the person appointed by that authority as Chair or Vice Chair during the appointing period for the remaining period.

(5) The constituent authorities may only appoint from their membership set out under paragraph 2(1)(a) and (b) above. An appointee of the NHS Board must be a non-executive member.

4. Term of Office of Members

(1) The term of office of IJB members shall be such period as the IJB shall determine which shall not exceed three years.

(2) A member appointed under paragraphs 2 (2) (~~e~~a) - (~~e~~c) above shall remain a member for as long as they hold the office in respect of which they are appointed.

(3) At the end of a term of office set out under paragraph (1) above, a member may be reappointed for a further term of office.

(4) This paragraph is subject to paragraphs 6 (resignation of members) and 7 (removal of members) below.

5. Disqualification

(1) A person is disqualified from being a member of an integration joint board where the conditions specified in Article 8, paragraph (2) of the

Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 are met, relating to conviction of a criminal offence, removal or dismissal for disciplinary reasons from paid employment or office with a Health Board or local authority, insolvency, removal from a register maintained by a regulatory body unless voluntary, or being subject to a sanction under section 19(1)(b) – (e) of the Ethical Standards in Public Life etc (Scotland) Act 2000. The definitions of "insolvency", "regulatory body" and "voluntary" are those given in the Order referred to in this paragraph.

6. Resignation of Members

(1) A member may resign their membership of the IJB at any time by giving the IJB notice in writing.

(2) A voting member of the IJB must inform the constituent authority which nominated them.

(3) This section does not apply to the ~~Council's Chief Social Work Officer, the Chief Officer, Aberdeen Health and Social Care Partnership, and the Chief Finance Officer~~ non-voting members listed in section 2 a to g.

(4) Other ~~non votingnon-voting~~ members of the Board shall hold office during each three-year period until they are replaced by the appropriate nominating body.

7. Removal of Members

(1) If a member has not attended ~~for~~ three consecutive meetings of the IJB and/or its sub-committees, and such absence is not due to illness or other reasonable cause as the Board may determine, the IJB may remove that member from office by providing them with one month's notice in writing.

(2) If a member acts so as to bring the IJB into disrepute or in a way which is inconsistent with the proper performance of the IJB's functions or the Code of Conduct for Members of the ACHSCP, the IJB may remove that member from office with effect from such date as it may specify in writing.

(3) If a member is disqualified during a term of office for a reason referred to in paragraph 5(1) above, they are to be removed from office immediately.

(4) Where a Council ~~nominated~~ or NHS Board member ceases for any reason to be a councillor during the term of office, they are to be removed from office with effect from the day on which they cease to be a councillor.

(5) Subject to the above paragraphs, a constituent authority may remove a member which it nominated by providing one month's notice in writing to the member and to the IJB.

8. Standing Orders

(1) All meetings of the IJB and its committees shall be regulated by these standing orders, which the IJB may amend as it so determines except that all requirements of The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 in relation to standing orders shall be met.

(2) Any amendments to these standing orders shall be effective from the meeting following the one at which the changes were agreed.

(3) Except where prohibited by statute, it shall be competent for any member at any time during a meeting to move the suspension of the whole or any specified part of these standing orders. Such a motion shall, if seconded, be put to the vote immediately without discussion.

(4) A two thirds majority of voting members in attendance shall be required to suspend standing orders. For the avoidance of doubt, if the figure is not a whole number it shall be rounded up.

(5) Standing orders shall be reviewed by the Board on an annual basis.

(6) Non-material amendments can be made to Standing Orders by the Chief Officer, following consultation with the Chair and Vice Chair of the IJB, without the requirement to report to Board. Members shall be notified once such amendments have been completed.

9. Calling Meetings

(1) The Chair may call a meeting of the IJB at such times as they see fit.

(2) A request for a special meeting of the IJB to be called may be made by a requisition signed by at least five of the voting members, which shall

specify the business proposed to be transacted and which shall be presented to the Chair.

(3) If the Chair refuses to call a meeting requisitioned under the above paragraph or does not call a meeting within seven days after the making of the request, the members who signed the requisition may call the meeting.

(4) The business to be transacted at any requisitioned meeting shall be limited to the business specified in the requisition.

(5) The IJB's annual calendar of meetings shall run from 1 April to 31 March of the following calendar year. A schedule of meetings shall be approved by the Board prior to 1 April of the new meeting year.

10. Notice of Meetings

(1) Prior to each meeting of the IJB or one of its committees, a notice of meeting specifying the time, place and business to be transacted at it signed by the Chair or a member authorised to act on the Chair's behalf, shall be sent electronically to every member or sent to the usual place of residence of every member, so as to be available to them at least ~~five clear~~7 calendar days before the meeting.

(2) A failure to serve notice of a meeting on a member in accordance with the paragraph above shall not affect the validity of anything done at the meeting.

(3) In the case of a meeting of the IJB called by members, the notice is to be signed by the members who requisitioned the meeting in accordance with paragraph 9(4) above.

(4) The provisions of the Local Government (Access to Information) Act 1985 shall apply to meetings of the IJB.

(5) In the event that an item of business has to be considered on an urgent basis, a meeting of the Board may be called at 48 hours' notice by the Chair ~~in consultation~~following consultation with the Vice Chair and Chief Officer. The Urgent Business meeting would retain all the IJB's functions and powers, and these standing orders would apply.

(6) If the office of Chair is vacant or the Chair is unable to act for any reason the Vice Chair may at any time call an Urgent Business meeting ~~in consultation~~following consultation with the Chief Officer.

11. Business

ABERDEEN CITY INTEGRATION JOINT BOARD

Appendix D: STANDING ORDERS

(1) The notice of meeting shall include an agenda of items of business which shall be considered in the order in which they are listed except where the Chair, at his or her discretion, may determine otherwise.

(2) Except where required by statute, no item of business shall be considered at a meeting unless a copy of the agenda including the item of business and any associated report has been open in advance to inspection by members of the public in terms of the Local Government (Scotland) Act 1973 or, by reason of special circumstances which shall be recorded in the minute, the Chair is of the opinion that the item should be considered as a matter of urgency and at such stage of the meeting as the Chairperson shall determine.

12. Reports by Officers

(1) Reports must be produced in draft to the following officers for consultation in accordance with the published timetable prior to being accepted onto the IJB final agenda:-

a) Chair of the IJB
b) Vice Chair of the IJB
c) Chief Officer, ACHSCP
d) Chief Finance Officer, ACHSCP
~~e) Head of Operations, ACHSCP~~
~~f) Head of Strategy and Transformation, ACHSCP~~
~~g)~~e) Chief Social Work Officer, ACC
~~h)~~f) Chief Executive, ACC
~~i)~~g) Chief Executive, NHSG
~~j)~~h) Chief Officer – Finance, ACC
~~k)~~i) Director of Finance, NHSG
~~l)~~j) Chief Officer – Governance, ACC
~~m)~~k) Clerk to the IJB

(2) Aberdeen City Council's Leader(s) and Convener of the City Growth and Resources Committee shall be consulted on draft reports relating to the IJB Budget in line with the requirements of the IJB Budget Protocol.

13. Quorum

(1) No business is to be transacted at a meeting of the IJB unless at least one half of the voting members is present, being two voting members of each constituent authority.

ABERDEEN CITY INTEGRATION JOINT BOARD

Appendix D: STANDING ORDERS

14. Conduct of Meetings

(1) At each meeting of the IJB, or one of its committees, the Chair of the Board or Committee, if present, shall preside.

(2) If the Chair is absent from a meeting of the IJB the Vice Chair shall preside.

(3) If the Chair and Vice Chair are both absent from a meeting of the IJB , a voting member chosen at the meeting by the other voting members attending the meeting shall preside.

(4) No Vice Chairs shall be appointed to IJB committees. In the event that the Chair of a committee is absent, a voting member chosen at the meeting by other voting members attending the meeting shall preside.

(4) If it is necessary or expedient to do so a meeting of the IJB, or of a committee, may be adjourned to another date, time or place.

(5) A member who is unable to be present for a meeting of the IJB or any committee at the venue identified in the notice calling the meeting shall be able to take part remotely in any way which allows their participation.

(6) The provision of paragraph 14(5) shall not apply when the Board or committee had entered private session in which exempt or confidential business would be considered.

(7) No filming, recording or use of cameras shall be permitted without the Board's prior consent.

(8) Following the introduction of an item of business by the Chair, all members shall be entitled to ask questions and discuss the item as openly as possible.

(9) When, in the opinion of the Chair, members have had a reasonable opportunity to consider the item of business, the Chair shall move to a determination of the matter.

(10) Every effort shall be made by members to ensure that as many decisions as possible are made by consensus.

(11) The Board shall schedule a dedicated budget meeting to consider and agree the IJB budget and adhere to the provisions set out in the IJB Budget Protocol.

15. Power and Duties of Chair

(1) It shall be the duty of the Chair:-

(a) To preserve order and ensure that any member wishing to speak is given due opportunity to do so and to a fair hearing;
(b) To call members to speak according to the order in which they caught his / her eye;
(c) To decide on all matters of order, competency and relevancy;
(d) To ensure that the sense of the meeting is duly determined; and
(e) If requested by any member, to ask the mover of a motion or amendment to state its terms.

(2) The Chair shall have authority to determine all non-substantive procedural matters during Board meetings following consultation with the Clerk, excepting the suspension of standing orders as outlined in paragraph 8(3).

(3) The ruling of the Chair on all matters in these standing orders shall be final.

(4) Deference shall at all times be paid to the authority of the Chair, the Chair shall be heard without interruption and all members shall address the Chair when speaking.

16. Conflict of Interest

(1) A member must disclose any direct or indirect pecuniary interest or other interest in relation to an item of business to be transacted at a meeting of the IJB, or of one of its committees, before taking part in any discussion on that item.

(2) Where an interest is disclosed under the above paragraph, the member disclosing the interest is to decide whether, in the circumstances, it is appropriate for that member to take part in discussion of or voting on the item of business.

17. Minutes

(1) Draft Minutes from the IJB's sub-committees will be presented to the IJB for noting.

(2) A record must be kept of the names of the members attending every meeting of the IJB or of one of its committees.

(~~2~~3) Minutes of the proceedings of each meeting of the IJB or a committee, including any decision made at that meeting, are to be drawn up and submitted to the subsequent meeting of the IJB or the committee for

agreement after which they must be signed by the person presiding at that meeting.

18. Alteration or Revocation of Previous Decision

(1) No decision of the IJB shall be altered or revoked within six months of it having been taken unless a recommendation to that effect is approved by the IJB, and any such alteration or revocation shall have no retrospective effect.

19. Voting

(1) In the event that the Board had been unable to reach a decision after following the procedure outlined between paragraph 14(8) – 14(10), and a vote is required, the provisions of this paragraph shall apply.

(2) Each motion put to a meeting of the IJB shall be decided by a majority of the votes of those members attending and entitled to vote.

(3) Motions and amendments thereto shall be moved and seconded. Movers shall be entitled to speak for ten minutes and all other members, including movers when summing up at the conclusion of debate, shall be entitled to speak for five minutes. No member shall speak more than once in debate, except the mover when summing up, and shall only move, second or support a motion or related amendment. A member shall be entitled, however, to ask a question.

(4) Votes shall be taken by roll call except where an electronic voting system is available, in which case it shall be used in preference to any other method.

(5) If the members of the IJB agree unanimously prior to a vote on any particular matter, a vote may be taken by a show of hands.

(6) Where there is an tied vote, there shall be no casting vote afforded to the Chair or to any other member or group of members and in that event:-

(i) The Chair shall, call on the Chief Officer to outline the consequences of each potential outcome, to provide such clarification that may be appropriate or requested and to set out the ramifications to the IJB of withdrawing the matter and maintaining the status quo and, thereafter, to make a recommendation.

(ii) The Chair shall then immediately without further discussion call for a show of hands on the motion that is before the meeting.

(iii) If the result remains a tie, the Chair may:

(a) call a recess of the meeting for such period as the Chair thinks fit to allow members to further consider matters and once the meeting is reconvened defer to (ii) above; or,

(b) suspend further discussion on the issue of contention and defer the matter to the next meeting of the IJB; or

(c) where the Chair is of the view that a special meeting of the IJB requires to be convened in accordance with Standing Order 10.5, suspend further discussion on the issue of contention and defer the matter to that special meeting.

(iv) Where, in the event that following the recess in terms of Standing Order (iii) (a) there is still a tied vote, the Chair shall, at his discretion, either; call a further recess in terms of the said Standing Order (iii) or chose to proceed with either option in terms of Standing Order (iii) (b) or Standing Order (iii) (c).

(v) Once the meeting is reconvened in accordance with (iv) above and the matter has been discussed in terms of Standing Order 14, the Chair shall call for a show of hands in terms of Standing Order (ii). In the event of a tied vote the Chair shall determine whether the matters should be deferred in terms of Standing Order 6(iii) (b) or Standing Order (iii) (c). Where this is the case, he shall direct the Chief Officer to provide such clarification that may be appropriate or requested and to set out the ramifications to the IJB of withdrawing the matter and maintaining the status quo and bring that back to a future meeting.

(vi) At a future meeting of the IJB in accordance with Standing Order (19)()(iii)(b) and (c), the matter shall be discussed in terms of the procedure set out in Standing Order 14 and the Chair shall invite members to vote in accordance with 19(4) above.

(a) If there remains a tied vote the Chair shall direct the Chief Officer to provide such clarification that may be appropriate or requested together with the options available to the IJB, including an outline of the ramifications of remaining with the status quo and invoking the dispute procedure under the Integration Scheme

(b)The Chair shall invite members to consider and discuss these options in terms of Standing Order 14 and vote in accordance with 19(4) above on the issue.

(c)In the event of a further tied vote, a vote will be put to members on whether to withdraw the matter, have status quo apply or

determine that the dispute procedure under the Integration Scheme may be invoked.

20. Substitutes

(1) A voting member who is unable to attend a meeting of the IJB or its sub-committees shall ~~arrange~~ insofar as possible arrange for a suitably experienced substitute, who is a member of the appropriate constituent authority, to attend in their place with voting rights.

(2) A non-voting member who is unable to attend a meeting of the IJB may arrange for a ~~suitably experienced substitute~~suitable substitute to attend the meeting in their place.

(3) Where the Chair or Vice Chair is unable to attend a meeting of the IJB, any substitute attending in their place shall not preside over the meeting.

21. Temporary Vacancies in Voting Membership

(1) Where there is a temporary vacancy in the voting membership of the IJB, the vote which would otherwise have been cast by the member appointed to that vacancy may be cast by the other members nominated by the appropriate constituent authority.

(2) Where, because of temporary vacancies, the number of members nominated by a constituent authority is one or zero and that constituent authority is to appoint the Chair, the Chair must be appointed temporarily by the other constituent authority.

(3) Where a temporary vacancy, or the temporary appointment of the Chair in the circumstances set out in the paragraph above, persists for more than six months, the Chair of the IJB must notify the Scottish Ministers in writing of the reasons why the vacancy remains unfilled.

(4) The Chief Officer shall determine an item of urgent business in consultation with the Chair/Vice Chair of the IJB and the Chief Executives of Aberdeen City Council and NHS Grampian during the period between the date of a Local Government Election and the appointment of voting members by Aberdeen City Council when the IJB does not have a quorum of members - on the basis that any such action shall be reported to the next meeting of the IJB as an item on the agenda.

22. Effect of Vacancy in Membership

(1) A vacancy in the membership of the IJB will not invalidate anything done by or any decision of the IJB.

23. Expenses

(1) The IJB may pay the reasonable travel and other expenses of members where incurred by them in connection with their membership of the IJB, where this is in accordance with the IJB Expenses Policy.

24. Committees

(1) The IJB may establish such committees as it may determine for the undertaking of its functions.

(2) The IJB must appoint the Chair of each committee it establishes for an appointing period not exceeding two years, but this requirement may be (not followed) in appropriate circumstances.

(3) The IJB may change the person appointed as Chair during the appointing period for the remainder of that period.

(4) The Board Chair/Vice Chair shall not chair an IJB Committee.

(5) The IJB shall appoint two voting members from each constituent authority to serve on each committee to ensure equal representation.

(6) Any decision of a committee must be agreed by a majority of the votes cast by the voting members of that committee.

(7) The IJB may alter the Terms of Reference of any committee at any time.

(8) All IJB members shall be entitled to receive committee papers and an open invitation shall be extended to members to attend Committee meetings.

(9) The level of participation for non-committee members in these proceedings shall be at the discretion of the committee Chair, though non-committee members may not propose or second a motion or amendment, or vote.

(10) Committee meetings shall be conducted in accordance with IJB standing orders.

(11) Following agreement from a majority of members, a committee may refer or escalate an item of business to the next IJB meeting for consideration. The Clerk of the committee shall make the necessary arrangements.

ABERDEEN CITY INTEGRATION JOINT BOARD

Appendix D: STANDING ORDERS

25. General Powers of IJB

(1) The IJB may enter into a contract with any other person for the provision of goods and services for the purpose of undertaking the functions conferred on it by the Act, including but not limited to administrative support, accounting or legal services.

26. Register of Interests and Code of Conduct

(1) The Standards Officer shall keep and maintain a Register, which shall be open to public examination, in which all members shall record their interests and hospitality offered by virtue of their membership of the IJB. The Standards Officer shall be the officer so designated by the Standards Commission, following a nomination by the IJB.

(2) All members shall be bound by the terms of the Model Code of Conduct for Devolved Public Bodies, provided for under the Ethical Standards in Public Life etc (Scotland) Act 2000. Members should not accept any gift or consideration of any kind as an inducement or reward for any action or inaction in relation to the IJB as to do so could result in that member having committed an offence under the Bribery Act 2010.

27. Admission of Press and Public

(1) The Public must be excluded from a meeting when an item of business is being considered and it is likely that, if the Public were present, Confidential Information would be disclosed to them in breach of an obligation of confidence in terms of section 50A(2) of the Local Government (Scotland) Act 1973 as enacted by the Local Government (Access to Information) Act 1985. A report falling into this category shall:

- be marked as containing confidential information;
- carry a restricted watermark; and
- be printed on green paper.

(2) The Public may be excluded from a meeting by resolution of the IJB when an item of business is being considered, if it is likely that Exempt Information would be disclosed to them which would fall within the categories specified in Part 1 of Schedule 7a of the Local Government (Scotland) Act 1973, as enacted by the Local Government (Access to Information) Act 1985. Any such resolution shall specify the part of the proceedings to which it relates and the categories of exempt information involved shall be specified in the minutes. A report containing exempt information shall:

- specify the category involved;
- carry a restricted watermark; and
- be printed on green paper.

(3) The provisions of the Data Protection Act 1998 shall apply to meetings of the IJB and any relevant reports shall:

- be marked as containing data protected information;
- carry a restricted watermark; and

be printed on green paper.

28. Deputations

(1) Every request for a deputation must be in writing and submitted to the Clerk of the IJB or its subcommittees at least two working days before the meeting to which it relates.

a. For example, for a meeting on a Thursday, requests must be received by the end of the Monday; and for a meeting on a Tuesday, requests must be received by the end of the previous Thursday.

(2) In the event that a report has not been published to enable a deputation request to comply with the deadline set out in 1, deputation requests may still be submitted and put on to the agenda. In such instances, 1 would require to be suspended at the meeting for the deputation to be heard.

(3) The request must relate to a report on an agenda.

(4) The request must state the report on which the deputation wants to be heard and the action (if any) the deputation would like the IJB or its sub committees to take in relation to the report.

(5) The following deputation requests are not competent:

a. Deputations which fail to comply with 1;
b. Deputations which relate to reports containing confidential information; and
c. Deputations which relate to the annual budget.

(6) Deputations cannot consist of more than three people.

(7) Deputations should not last for more than 10 mins.

(8) No individual may form part of more than one deputation on the same matter.

(9) A competent deputation request will be placed on the agenda for the relevant meeting of the IJB or its sub-committees.

(10) Following the conclusion of the deputation, Board members will be given the opportunity to ask questions of the deputation for a maximum of ten minutes.

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Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	19 November 2019
Report Title	IJB Meeting Dates 2020-2021
Report Number	HSCP.19.061
Lead Officer	Sandra Ross, Chief Officer
Report Author Details	*Name:* Derek Jamieson *Job Title:* Committee Services Officer *Email Address:* derjamieson@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	*No*
Appendices	None

1. Purpose of the Report

1.1. To propose Integration Joint Board (IJB) meeting and developmental workshop session schedules for 2020-21.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Approve the meeting schedule for 2020-2021;

b) Note that the Provisional Budget Meeting intended for 11 February 2020 will revert to a regular meeting,

c) Note the stand-alone developmental workshop schedule for 2020-2021; and

d) Instruct the Chief Officer to publish the meeting schedule on the Aberdeen City Health and Social Care Partnership (ACHSCP) and Aberdeen City Council (ACC) websites.

3. Summary of Key Information

3.1. As per Standing Orders, Article 9(5), the Board is required to approve an annual meeting schedule prior to the new financial year, which runs from April to March annually.

3.2. At its meeting on 27 March 2018, the Board agreed to annually review its meeting arrangements when the next annual schedule of meetings would be presented to the Board and Members are invited to do so at today's meeting.

3.3. It is proposed that the IJB continue to meet on Tuesday mornings, in the Health Village on a 6-8-week cycle. No meetings have been scheduled during public holidays or the Council's summer recess period. No meetings currently clash with Aberdeen City Council or NHS Grampian Board meetings.

3.4. As per the decision of the Board on 27 March 2018, all meetings of the IJB are scheduled to run between 10:00am and 3:30pm and may incorporate developmental workshop sessions following the business meeting.

3.5. A proposed meeting has been scheduled for 23 June 2020 which would allow the Board to approve the Partnership's Annual Report within four months of Year-End as required by the Scottish Government.

3.6. As per the IJB Budget Protocol agreed by the Board at its meeting on 7 March 2017, a provisional budget meeting was scheduled for 11 February 2020 to allow the Board to agree a budget before Aberdeen City Council and the NHS Grampian Board set their annual budgets. This dedicated budget meeting will now revert to a regular meeting.

INTEGRATION JOINT BOARD

3.7. The Board had previously approved the following 2020 dates:-

10:00am, 21 January 2020;
10:00am, 11 February 2020;
10:00am, 10 March 2020 (Budget Meeting); and
10:00am, 24 March 2020, all within the Health Village.

3.8. The Board is requested to review and approve the following meeting schedule for the period April 2020 to March 2021.

10:00am, 25 June 2020;
10:00am, 8 September 2020;
10:00am, 1 December 2020;
10:00am, 23 February 2021,
10:00am, 23 March 2021, all within the Health Village

3.9. To assist the overall business of the Board, the following dates have been proposed for its Committees.

Audit and Performance Systems Committee

10:00am, 28 April 2020;
10:00am, 2 June 2020;
10:00am, 25 August 2020;
10:00am, 3 November 2020; and
10:00am, 26 January 2021, all within the Health Village

Clinical and Care Governance Committee

10:00am, 5 May 2020;
10:00am, 22 September 2020;
10:00am, 24 November 2020; and
10:00am, 12 January 2021, all within the Health Village

INTEGRATION JOINT BOARD

3.10. Approval of the proposed timelines would allow a workflow timeline and pre-agenda meetings as follows. IJB pre-agenda meetings will run from 9am-12noon and Committee pre-agenda meetings will run from 9am-10.30am.

	Draft Reports Consultation	Draft Reports Pre-Agenda	**Pre-Agenda**	Final Reports Deadline	**Meeting Date**
CCG	31.03.20	14.04.20	**21.04.20**	28.04.20	**05.05.20**
	18.08.20	01.09.20	**08.09.20**	15.09.20	**22.09.20**
	20.10.20	03.11.20	**10.11.20**	17.11.20	**24.11.20**
	01.12.20	15.12.20	**23.12.20**	05.01.21	**12.01.21**
APS	24.03.20	07.04.20	**14.04.20**	21.04.20	**28.04.20**
	28.04.20	12.05.20	**19.05.20**	26.05.20	**02.06.20**
	21.07.20	04.08.20	**11.08.20**	18.08.20	**25.08.20**
	22.09.20	06.10.20	**13.10.20**	27.10.20	**03.11.20**
	15.12.20	05.01.21	**12.01.21**	19.01.21	**26.01.21**
IJB	05.02.20	19.02.20	**26.02.20**	03.03.20	**10.03.20**
	19.05.20	02.06.20	**09.06.20**	16.06.20	**25.06.20**
	04.08.20	18.08.20	**25.08.20**	01.09.20	**08.09.20**
	27.10.20	10.11.20	**17.11.20**	24.11.20	**01.12.20**
	19.01.21	02.02.21	**09.02.21**	16.02.21	**23.02.21**
	25.02.21	02.03.21	**09.03.21**	16.03.21	**23.03.21**

3.11 As per the decision of the Board on 28 August 2018, four stand-alone developmental workshop sessions are scheduled to facilitate the delivery of governance support. The content of each session will be selected closer to each date and reflect on the Board and Member's requirements.

18 February 2020;
26 May 2020;
18 August 2020; and
27 October 2020.

4. Implications for IJB

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

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

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

4.4. **Workforce**- It is anticipated that a meeting schedule which is publicly available on the Partnership's website would be beneficial for Aberdeen City Council, NHS Grampian and Partnership workforces. By scheduling IJB meeting dates up to January 2021, Board members, officers, auditors and stakeholders would be able to plan ahead and effectively prepare for Board meetings.

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

5. Links to ACHSCP Strategic Plan

5.1. The Strategic Plan sets out the aims, commitments and priorities of the Partnership, in alignment with Community Planning Aberdeen's Local Outcome Improvement Plan (LOIP), NHS Grampian's Clinical Strategy and Aberdeen City Council's Local Housing Strategy.

INTEGRATION JOINT BOARD

5.2 ACHSCP and its governance body, the IJB, have now been operating for over three years. During this time, real progress has been made to integrate the health and social care services delegated from its partners, Aberdeen City Council and NHS Grampian. The Integration Scheme requires adoption of good governance which has proven essential to delivery of the partnership's services and developments.

6. Management of Risk

6.1 **Identified risk(s):** The Board would be unable to take timely and informed decisions without an agreed meeting schedule; this would undermine the effectiveness of the Board's governance arrangements.

6.2 **Link to risk number on strategic or operational risk register:** Strategic Risk Register (3) Failure of the IJB to function, make decisions in a timely manner etc

6.3 **How might the content of this report impact or mitigate the known risks:** By agreeing a meeting schedule the Partnership would be able to ensure reports captured the views of key stakeholders during the consultation process. The Board would then be in a position to take informed and timely decisions to support the functions and strategic objectives of the Partnership.

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

Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	19 November 2019
Report Title	Local Survey
Report Number	HSCP.19.068
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. Local Survey Full Report B. Comparison of local and national survey results

1. Purpose of the Report

1.1. The purpose of this report is to present the Integration Joint Board with the results of the local survey undertaken in July/August 2019 and to compare the results with those from the national survey for National Indicators 1 through 9.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Note the results of the Local Survey.

b) Note the comparison between the local and national survey results in relation to national indicators 1 through 9.

c) Note that the independent company is commissioned to repeat the local survey in three years' time.

d) Instruct the Chief Officer to bring forward a report cross referencing the key findings of the local survey with existing areas of improvement activity and identifying any further initiatives required to the February meeting of the Audit and Performance Systems committee.

e) Instruct the Chief Officer to bring forward a further report following publication of the results of the current national survey which are expected in April 2020 along with details of actions undertaken to address those areas of the survey which would benefit from improvement. This report will come to the June meeting of the IJB.

3. Summary of Key Information

3.1. The IJB's 3-year strategic plan sets out its ambitions for transforming health and social care in Aberdeen. The focus of the plan is on shifting the balance of care provision from hospital to community settings (where this is safe and practicably possible to do); adopting a preventative approach; enabling self-management of health; providing high quality, personalised health and social care services; and connecting people to their communities and providing opportunities to engage in community-based activities.

3.2. In order to demonstrate whether we are delivering on the Strategic Plan, a number of performance measures have been identified. Some of these are what is known as National Indicators (NIs). NI 1 through to NI 9 are reported from the outcome of a bi-annual national Health and Care Experience Survey. These are: -

NI 1 - % of Adults able to look after their health very well or quite well
NI 2 - % of Adults supported at home who agreed that they are supported to live as independently as possible.
NI 3 - % of Adults supported at home who agreed that they had a say in how their help, care, or support was provided.
NI 4 - % of Adults supported at home who agreed that their health and social care services seemed to be well coordinated.
NI 5 – Total % of Adults receiving any care or support who rated it as excellent or good
NI 6 - % of people with positive experience of the care provided by their GP practice.
NI 7 - % of Adults supported at home who agree that their service and support had an impact on improving or maintaining their quality of life.

NI 8 – Total combined % carers who feel supported to continue in their caring role
NI 9 - % of Adults supported at home who agreed they felt safe

The survey is sent to a random sample of those registered with a GP in Scotland in October every other year for completion between November that year and January the following year.

3.3. The Health and Care Experience Survey was last undertaken in 2017/18 with the results published in April 2018. The survey is heavily weighted towards GP and health services in particular, with minimal references to social care services.

3.4. At the IJB meeting in December 2018, the Lead Strategy and Performance Manager was instructed to develop a local survey to provide robust and relevant feedback from those who use our services.

3.5. The purpose of the local survey was not only to ensure that the sample and therefore results were more representative of ACHSCP patients and clients but also to establish a baseline for measuring delivery of the refreshed Strategic Plan. An additional benefit is that this local survey provides us with an objective perspective on services and potentially areas to target for further improvement activity. The local survey will be repeated in 3-years' time (at the end of the strategic plan) to allow us to determine, at a strategic level, what impact we have made towards improving service delivery for health and social care in Aberdeen City.

3.6. A project team led by Susie Downie, Transformation Programme Manager and including Alison MacLeod, Lead Strategy and Performance Manager and Katherine Karacaoglu, Public Health Researcher from NHS Grampian, Health Intelligence was created. Work on developing a detailed specification of our requirements was undertaken between January and February 2019. A Quick Quote exercise was undertaken between February and March 2019 with an award being made to IBP Strategy and Research in April 2019.

3.7. The appointment of an independent organisation ensures consistency and fairness of process and objectivity from a client perspective. Interview-based questioning was agreed as the appropriate approach for the cohort of those chosen and also to mitigate the ongoing challenge of low response rates and provide more in-depth information.

INTEGRATION JOINT BOARD

3.8. The survey was developed using a combination of previously distributed and validated questionnaires (e.g. that used for the national Health and Social Care Experience Survey) together with consideration to our own needs. The survey questionnaire was designed in collaboration with the commissioned organisation between April and July 2019 along with work to identify a relevant sample of respondents. Interviews took place from July to September 2019. A copy of the full report which depicts the results obtained from each of the questions was received on 15th October 2019 and is attached at Appendix A. Further analysis of the results is available by Gender and Age, by Locality, and by SIMD Quintile which staff will use to develop relevant and targeted service delivery.

3.9. The focus of the survey was on a specific sample of Aberdeen City residents that use both health and social care services. The target sample was provided by Aberdeen City Health and Social Care Partnership from databases used to manage service caseloads. There was an attempt to spread the target sample across services and geographical location which was felt would be a robust and credible sample size and profile, providing an accurate representation of views within the city as a whole. The results at locality level will provide useful data for the new locality plans.

3.10. The surveys were undertaken face to face. At the end of the survey respondents were asked if they were willing to provide a Vox pop – a short, informal recording of their opinion. The Vox pop sessions are scheduled to take place at the end of October, and we hope to be able to play a montage of these at the IJB meeting in November.

3.11. The aim of the local survey was to record results in relation to: -

- Profiling of usage of a range of health and social care services.
- Satisfaction with such services and identification of reasons for any dissatisfaction.
- Identification of the outcomes achieved through the delivery of health and social care services.
- Satisfaction with experience of service delivery in relation to health and social care services and identification of reasons for any dissatisfaction.
- Identifying a baseline position in relation to the strategic priorities of prevention, self-management, communities, resilience and connections

3.12. A total of 452 interviews were completed which equates to a response rate of 21%. The profile of respondents is as follows with a comparison where available of the total Aberdeen City Population: -

INTEGRATION JOINT BOARD

	Survey Respondents	Aberdeen City
Gender	66% female, 34% male	50.2% female, 49.8% male
Age*	44% over 60, 7% under 60	26% (of adult population) over 60
Ethnicity	2% indicated an ethnicity other than White Scottish/British/Other	8% non-white
Occupation	64% were retired and 20% indicated long term sick/disability	
Locality	25% were from the central locality, 38% north, and 37% south	32% central, 32% north ,36% south
SIMD	32% came from the least deprived areas and 15% from the most	7.9% of City population living in most deprived SIMD data zones

*NB: 48% of respondents preferred not to give their age.

Lessons have been learned from the profile of respondents for this version of the survey which we will try to address when selecting the target sample for the follow-up survey although it should be noted that we have no control over who chooses to respond, we can only do our best in relation to increasing the probability of respondents across the profile categories.

3.13. Overall, 86% of respondents express satisfaction with the health and social care they receive. The following table provides a summary of the Key Findings. Respondents were invited to make further comment about the issues raised in the survey and, whilst many such comments were positive in nature, others highlighted perceived weaknesses or areas for improvement in relation to themes which are also noted at the bottom of the table below. The detail of these comments have been made available to the Leadership Team and provide further scope for more detailed and specific analysis of potential improvement activity.

State of general health	Good 44%, Fair 39%, Bad17%
Satisfaction with Mental Health and Wellbeing	70% satisfied
Frequency of loneliness	16% often or all of the time
Looking after health and wellbeing	92% know that support from professionals is there when they need it
	63% agree there are plenty organisations, clubs or groups in their community offering activities they can take part in. NB: only 52% of males
	68% advise it can be hard for them to get motivated to do things to look after their own health and wellbeing (68% in each case).

	68% say that they can sometimes feel a bit down, which makes it harder for them to look after their own health and wellbeing
Satisfaction with services commonly received	Typically, greater than 90%
What support do health and social care services provide for people	94% said that services help them to feel safe and secure
	90% said they help them to live as independently as possible
	90% said they help them to improve their quality of life
	89% said that they help them to look after their own health and wellbeing
	87% said that they help them to reduce the health and wellbeing issues they are most concerned about
Perceptions as to how services are delivered	94% agree that they have their dignity respected,
	89% agree that where they receive treatment and support suits their needs,
	88% agree that their health, support and care services seem to be well-coordinated,
	81% agree that they can access the right services and support that best suits their needs,
	80% agree that they can access the services and support at the time they need it
	76% agree that they can choose how their health, care or support is provided, however 13% disagreed with this statement
Local services	97% agreed that community-based health and social care services are available to them
	73% agreed that they are satisfied with transport links in their local community
	52% agreed that they can make a valuable contribution towards decisions in their local area about health and social care services however 34% disagree with this statement
	53% indicated that they did not take part in any of the list of activities shown to them, this was particularly evident amongst people in the 60-69 age group (73% took part in no such activities)

	and in the most deprived SIMD quintile (62% took part in no such activities).
	84% of respondents agreed with the overall statement that their local community gets the support and information it needs to be a healthy place to be.
Caring Responsibilities	The caring role is most commonly for 50 hours or more per week
	21% disagree that they feel supported to continue in their caring role
	28% say that they have time for themselves outside of their caring role if so desired
	38% say that their caring role has had a negative impact on their own health and wellbeing.
Further comment themes	Staff shortages
	Inconsistencies and changes in terms of staffing
	A desire for additional support or services (including, in particular a desire to get "out and about" more);
	Staff performance
	Service provision
	Costs

3.14. The results of the local survey have provided much food for thought for the Leadership Team. Although the main purpose of the survey was to provide a baseline for delivery of the Strategic Plan, we will, nonetheless use the results to cross reference the appropriateness of existing improvement activity already underway and identify new areas. It is proposed that the Chief Officer brings forward a more detailed report on this

3.15. Some of the indicators in the local survey translate to national Indicators 1 to 9. A comparison table is available at Appendix B although it should be noted that the national results were collated November 2017 to January 2018 and the local survey results were collated July to September 2019.

3.16. The 2019/20 national Health and Care Experience Survey is currently being delivered to the selected random sample participants and the results of this are expected in April 2020. The results of this national survey will be of interest, particularly in relation to patient experience of GP services. It is proposed that the IJB instructs the Chief Officer to bring forward a report on

the findings of this survey and compare those relevant results with the corresponding results in the local survey. Both the national and the local results will have been collated in a close timeframe – Jul/Sep 2019 for the local survey and Nov 19/Jan 20 for the national survey.

4. Implications for the Integration Joint Board

4.1. Equalities – the face to face nature of the survey ensured equality of access to participation. Lessons have been learned from the profile of respondents for this version of the survey which we will try to address when selecting the target sample for the follow-up survey although it should be noted that we have no control over who chooses to respond, we can only do our best in relation to increasing the probability of respondents across the profile categories.

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. Approval for the cost of the repeat survey has already been given. Any additional improvement activity which is required as a result of the local survey and which would incur a cost will be noted in the follow up report.

4.4. Workforce – there are no direct workforce implications arising from the recommendations of this report. Any additional improvement activity which is required as a result of the local survey which may have workforce implications will be noted in the follow up 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 results of the local survey demonstrates progress made against the five Strategic Aims within the Strategic Plan.

6. Management of Risk

6.1. Identified risks(s)

INTEGRATION JOINT BOARD

If we do not monitor and report on our performance, there is a risk that the services we are delivering are not of the best quality and that we miss opportunities to improve.

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

This report links to strategic risk 5. - *There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally determined performance standards as set by the board itself. This may result in harm or risk of harm to people*.

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

The report gives assurance on the areas where we are performing well and highlights areas where performance could be improved allowing remedial activity to be employed where required.

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Aberdeen City Health and Social Care Partnership

Health and Social Care Service Users Survey 2019

Draft Report

15th October 2019

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Contents

Summary of Key Findings

Respondents' Health

Respondents indicated that they had a wide variety of health conditions including, most commonly, arthritis, high blood pressure, dementia, mental health issues or strokes. Overall, 44% considered their health to be good, 39% fair and 17% bad.

70% indicated satisfaction with their mental health and wellbeing albeit only 16% said they were "very satisfied". 15% indicated that they were very dissatisfied with this, with the balance giving a neutral "neither / nor" response. 22% of respondents indicated that they feel lonely "sometimes" and 16% "often or all of the time".

Looking After Own Health and Wellbeing

Most respondents (92%) agree that health and care support from professionals is there when they need it. They are also quite likely to express positive views about outdoor spaces and the ability of themselves, and family and friends, to contribute to looking after their health and wellbeing. However, only 63% agree that there are plenty organisations, clubs or groups in their community offering activities they can take part in, this figure being especially low amongst males (52%).

A significant proportion of respondents say that it can be hard for them to get motivated to do things to look after their own health and wellbeing and that they can sometimes feel a bit down, which makes it harder for them to look after their own health and wellbeing (68% in each case).

Health and Social Care Services

75% of respondents considered themselves to receive GP services. A significant proportion indicated that they receive other services, most particularly home care (47%), podiatry / chiropody (43%), community nurses (42%), technology-enabled care (38%) and residential care for older people (35%).

A high level of satisfaction was recorded for all services most commonly received, with this typically being greater than 90%. Overall satisfaction levels included 98% for community nurses, 97% for technology-enabled care, 96% for residential care for older people, 94% for podiatry / chiropody, 92% for GP services and 91% for home care.

HEALTH AND SOCIAL CARE SERVICES (CONTINUED)

A very high proportion of respondents indicated agreement that the health and social care services they receive help them to feel safe and secure 94%), that they help them to live as independently as possible (90%), that they help them to improve their quality of life (90%), that they help them to look after their own health and wellbeing (89%) and that they help them to reduce the health and wellbeing issues they are most concerned about.

In terms of perceptions as to **how** such services are delivered, perceptions are again broadly positive, with 94% agreeing that they have their dignity respected, 89% that where they receive treatment and support suits their needs, 88% that their health, support and care services seem to be well-coordinated, 81% that they can access the right services and support that best suits their needs, 80% that they can access the services and support at the time they need it and 76% that they can choose how their health, care or support is provided. Outright disagreement was greatest in relation to this latter point at 13%.

LOCAL SERVICES

Respondents tend to agree that community-based health and social care services are available to them (97%) and to a lesser extent that they are satisfied with transport links in their local community (73%) they are much less likely to consider that they can make a valuable contribution towards decisions in their local area about health and social care services (52% agree and 34% disagree, with the balance giving a neutral, "neither / nor" response.

When shown a list of community activities, over half (53%) indicated that they did not take part in any of these activities; this was particularly evident amongst people in the 60-69 age group (73% took part in no such activities) and in the most deprived SIMD quintile (62% took part in no such activities).

84% of respondents agreed with the overall proposition that their local community gets the support and information it needs to be a healthy place to be.

CARING RESPONSIBILITIES

Whilst only 6% of respondents indicated that they provided a caring role for another, when they do so this is most commonly for 50 hours or more per week (4% of the total sample), this generally being for a spouse or partner.

Whilst the number of individuals having such caring responsibilities is small (and so also the base number of respondents for the subsequent questions on this point) it is noted that a significant minority of this group disagree that they feel supported to continue in their caring role (21%) and that they have time for themselves outside of their caring role if so desired (28%). 38% of these respondents say that their caring role has had a negative impact on their own health and wellbeing.

OVERALL SATISFACTION

Overall, 86% of respondents express satisfaction with the health and social care they receive, with only 4% expressing outright dissatisfaction and 9% giving a neutral "neither / nor" rating. There are only modest variances by area, SIMD quintile and gender although it is noted that service users aged under 60 were somewhat less likely to express dissatisfaction (76% did so).

Respondents were invited to make further comment about the issues raised in the survey and, whilst many such comments were positive in nature, others highlighted perceived weaknesses or areas for improvement in relation to themes such as: staff shortages; inconsistencies and changes in terms of staffing; a desire for additional support or services (including, in particular a desire to get "out and about" more); and, a variety of other comments relating to staff performance, service provision and costs. These comments provide further scope for analysis of potential improvement activity.

1.0 Background, Objectives and Methodology

Background

1.1 Aberdeen City Health and Social Care Partnership has a 3-year strategic plan covering the period from 2019 to 2021, which sets out the partnership's ambitions for transforming health and social care in Aberdeen. The focus of the plan is on shifting the balance of care provision from hospital to community settings, where this is safe and practically possible to do.

1.2 A number of strategic aims / priorities have been identified; these focus on key issues such as: adopting a preventative approach; enabling self-management of health; providing opportunities to engage in community-based activities; and, providing high quality health and social care to citizens.

1.3 The partnership wished to commission a baseline survey to determine the extent to which it is delivering currently on these aims / priorities including in relation to a range of specific performance indicators. A version of the survey will then be repeated towards the end of the plan period; this latter survey will provide a picture of what has changed and contribute to the review of the strategic plan at that time.

1.4 IBP was commissioned to work alongside the Council to develop a survey method to address this requirement. Further details of the methodology adopted are summarised later in this section.

Objectives

1.5 A survey questionnaire was developed, which has been included as Appendix 1.[1] This addressed the following issues:

- A profile of respondents' use of health and care services and their perception of various issues related to their own health and wellbeing.
- Issues associated with respondents looking after their own health and wellbeing.
- Satisfaction with specific services received and how these are provided.
- Perception of a number of issues around local community-based health and social care services.
- Issues associated with caring responsibilities.

Specifically, respondents were asked about their overall satisfaction or dissatisfaction with health and social care services received, providing a headline

[1] Appendices are provided under separate cover.

"baseline" for this. In addition, basic profiling information (pertaining to gender, age, ethnicity and location) was gathered.

METHODOLOGY

1.6 The survey was conducted on a face-to-face basis over the period from July to September 2019. The initial sample was drawn from information provided by Aberdeen City Council detailing potential respondents with these being selected at random from records of clients receiving a care service of some form. A total of 3,000 potential interviewees identified this way. An introductory letter was then issued to these people, providing information on the survey but also providing the opportunity for the service user to opt out of the survey (or for an unpaid carer or family member to do so on their behalf). A total of 820 people opted out of the survey, leaving a remaining sample of 2,180 people.

1.7 IBP then made contact to organise appointments for interviewers to visit service users to conduct the interviews (either in their own homes or in residential care settings).[2] An attempt was made to arrange an interview with every contact on the database, although a significant proportion of the remaining contacts (or their carers) indicated that they did not feel it appropriate to take part at this stage. Where appointments could be made, these were confirmed in advance by letter although, again, there were some further opt-outs following receipt of these letters.

1.8 IBP were able to achieve a total of 452 completed face-to-face interviews through this process, with the profile of these being broadly reflective of the location profile within the database.[3] A random sample of 452 respondents provides data accurate to +/- 4.5% at a city-wide level, which we would suggest is appropriate for a survey of this nature.[4]

[2] In the latter instance, arrangements were made through local staff.
[3] A profile of respondents is set out in Section 8.
[4] Accuracy levels are based on a 50% estimate and 95% confidence interval.

1.9 There is an inherent limitation in surveys of this nature due to the relative vulnerability of some respondents and their ability to fully understand and answer the issues discussed as part of the interview. However, it was felt necessary to maximise the inclusiveness of the survey in order that as broad a spread of views from service users could be heard. The face-to-face approach allowed interviewers to explain the questions in as much detail as possible and interviewers were encouraged to note any additional comments on the interview content and process throughout (where appropriate, this has been incorporated in the appendices as described below). In addition, all survey material including invitations and confirmation letters gave respondents the opportunity to have a carer, family member or friend at the interview to assist them. This option was taken up in 68 cases (15 %) and has been noted within the underlying data set.

1.10 The survey findings are detailed in Sections 2 to 7 which follow and a profile of survey respondents is set out in Section 8. Detailed data tables that break down the responses by a variety respondent criteria are included as Appendix 2. This includes separate breakdowns by Locality[5], Scottish Index of Multiple Deprivation (SIMD) quintile and key demographics (gender and age). Where appropriate, we have commented in the main body of the text on any notable variations (or not) in relation to these issues.

The interview contained one substantive open-ended question and responses to this, along with any additional comments noted by IBP interviewers, have been included as Appendix 3.

[5] Separate Locality Reports are to be provided under separate cover.

2.0 Respondents' Health

2.1 To begin the survey, respondents were asked to disclose any health conditions that they wished to make known. The results of this are shown in Table 2.1 below.

Table 2.1: Health Conditions

Do you personally have any health conditions you would like to tell us about?

Service	Proportion of respondents
Arthritis	40%
High blood pressure	25%
Dementia	20%
Mental Health Condition	20%
Stroke	20%
Chronic Obstructive Pulmonary Disease (COPD)	15%
Asthma	14%
Cardiovascular Disease (CVD)	14%
Diabetes Type 2	13%
Cancer	10%
Sensory Impairment	10%
Learning Disability	6%
Diabetes Type 1	5%
Autism/Autistic Spectrum	2%
Hepatitis B/C	1%
Terminal Illness	1%
Other	37%
Base	442

As shown above, respondents have a wide range of health conditions. The most common health condition amongst service users is Arthritis (40%), followed to a lesser extent by high blood pressure (25%), dementia (20%), mental health (20%) or stroke (20%).

A large minority (37%) noted "other" specific conditions which are listed in the appendices.

Arthritis is higher than average amongst females (44%) and those over the age of 70, while high blood pressure is higher than average amongst males (29%) and those ages between 60 and 69 (35%) and 70 and 79 (33%).

2.2 Table 2.2 details how the conditions or illnesses reported by respondents have affected them in relation to a range of ways.

Table 2.2: Health Condition Affects

Do any conditions or illnesses that you have affect you in any of the following areas?

Service	Proportion of Respondents
Mobility	80%
Dexterity	43%
Stamina or breathing or fatigue	41%
Memory	36%
Hearing	25%
Vision	25%
Mental Health	19%
Learning or understanding or concentrating	14%
Other	9%
None of the above	4%
Base	448

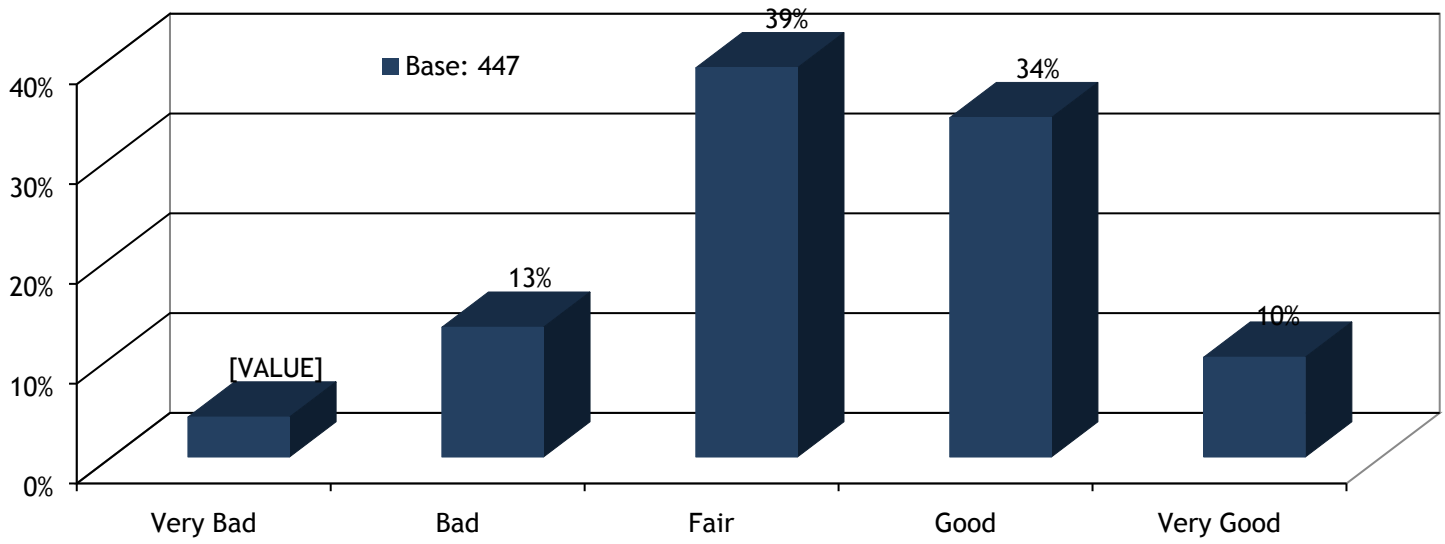
Respondents say that their health condition or illness mainly affects their mobility (80%), followed to a significantly lesser extent by dexterity (43%), stamina, breathing or fatigue (41%) and memory (36%).

Mobility is higher than average amongst those ages between 60 and 69 (91%), 70 and 79 (85%) and 90+ (86%).

2.3 Respondents' view of the state of their general health is illustrated in Figure 2.1.

Figure 2.1: General Health

How is your health in general? Would you say it is…?



Overall, a large minority of respondents feel that they are in good or very good health (44%) while a further 39% describe their health as fair. The remaining 17% feel they are in bad or very bad health.

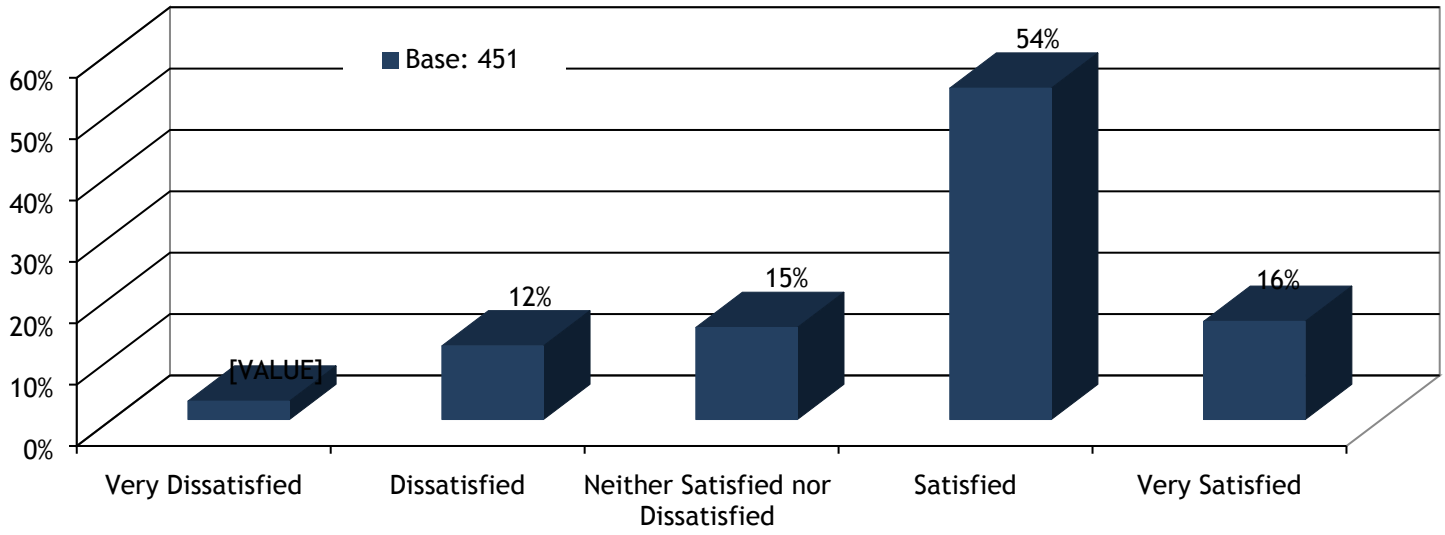
Those that feel they are in bad or very bad health are more likely than average to be male (21%, compared to 15% of females).

Perhaps paradoxically, those living in the most deprived SIMD quintile were less likely to rate their health in general as bad (11% did so compared to 17% in the sample as a whole) although those in the second most deprived quintile were much more likely to do so (24% compared to 17% of the sample as a whole.

2.4 Figure 2.2 illustrates how satisfied or dissatisfied respondents are with their mental health and wellbeing.

Figure 2.2: Satisfaction with Mental Health and Wellbeing

Thinking about your own life and personal circumstances, how satisfied are you with your mental health and wellbeing?



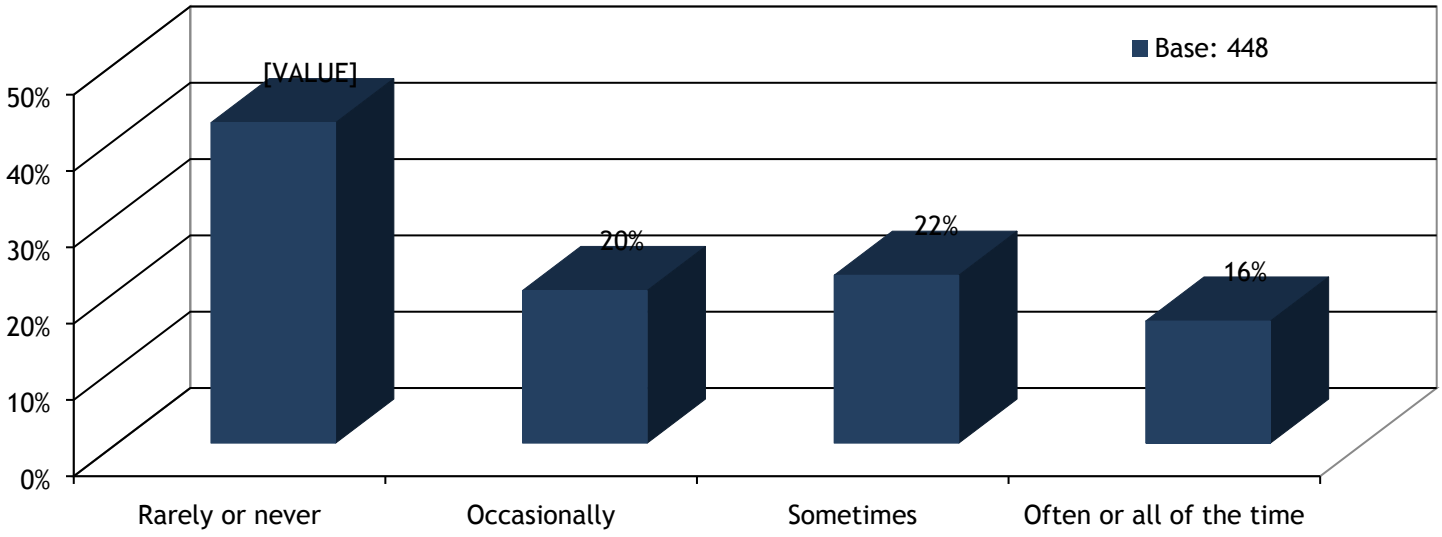
The majority of respondents (70%) are satisfied or very satisfied with their mental health and wellbeing while a further 15% are neither satisfied nor dissatisfied and the remaining 15% are dissatisfied or very dissatisfied.

Those that dissatisfied or very dissatisfied are more likely than average to be male (19%) and aged under 60, 60 to 69 or 90+ (21%, 22% and 29%, respectively).

2.5 The frequency with which respondents say they feel lonely is illustrated in Figure 2.3.

Figure 2.3: Frequency of Loneliness

How often do you feel lonely?



A small minority of respondents say that they feel lonely often or all of the time (16%) while a further 22% say that they sometimes feel lonely and 20% say that they occasionally feel lonely. However, most commonly respondents say that they rarely or never feel lonely (42%).

Those that say they feel lonely often or all of the time are more likely than average to be under the age of 60 (24%) or aged 80 to 89 (21%).

Respondents indicated that they had a wide variety of health conditions including, most commonly, arthritis, high blood pressure, dementia, mental health issues or strokes. Overall, 44% considered their health to be good, 39% fair and 17% bad.

70% indicated satisfaction with their mental health and wellbeing albeit only 16% said they were “very satisfied”. 15% indicated that they were very dissatisfied with this, with the balance giving a neutral “neither / nor” response. 22% of respondents indicated that they feel lonely “sometimes” and 16% “often or all of the time”.

3.0 Looking After Own Health and Wellbeing

3.1 Respondents were shown a list of statements in relation to looking after their own health and wellbeing and asked their extent of agreement or disagreement with each. Table 3.1 below shows the full results for each statement.

Table 3.1: Agreement with Statements about Looking After Own Health and Wellbeing

To what extent do you agree or disagree with the following statements to do with looking after your own health and wellbeing?

Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total Agreement	Base
You know that health and care support from professionals is there when you need it	1%	4%	3%	41%	51%	92%	441
There are good outdoor spaces around for you	3%	5%	7%	54%	30%	84%	442
You know how to look after your own health and wellbeing	3%	9%	6%	48%	34%	82%	444
Your family and friends encourage you to do things to look after your own health and wellbeing	2%	10%	6%	49%	32%	81%	443
It can be hard to get motivated sometimes to do things to look after your own health and wellbeing	6%	20%	7%	45%	23%	68%	447
You can sometimes feel a bit down and this makes it harder for you to look after your own health and wellbeing	9%	17%	6%	44%	24%	68%	449
There are plenty organisations, clubs or groups in your community offering activities that you can take part in	13%	15%	10%	39%	24%	63%	391

3.2 There is clearly a very substantial majority of service users that agree that health and care support from professionals is available when they need it (92% agreement). A clear majority of respondents also agreed that there are good outdoor spaces around them (84%), that they know how to look after their own health and wellbeing (82%) and that family and friends encourage them to look after their own health and wellbeing (81%).

Significantly fewer respondents (but still a majority of 63%) agree that there are plenty organisations, clubs or groups in their community offering activities they can take part in. Males were less likely than females to consider that this was the case (52% compared to 67%).

3.3 It is noted that a significant proportion of respondents (68%) considered that it can be hard for them to get motivated to do things to look after their own health and wellbeing (this figure was particularly high amongst 60 to 69 year olds at 78%).

The same proportion (68%) indicated that they can sometimes feel a bit down, which makes it harder for them to look after their own health and wellbeing.

KEY POINTS

Most respondents (92%) agree that health and care support from professionals is there when they need it. They are also quite likely to express positive views about outdoor spaces and the ability of themselves, and family and friends, to contribute to looking after their health and wellbeing. However, only 63% agree that there are plenty organisations, clubs or groups in their community offering activities they can take part in, this figure being especially low amongst males (52%).

A significant proportion of respondents say that it can be hard for them to get motivated to do things to look after their own health and wellbeing and that they can sometimes feel a bit down, which makes it harder for them to look after their own health and wellbeing (68% in each case).

4.0 Health and Social Care Services

4.1 Table 4.1 details the health and social care services that respondents receive.

Table 4.1: Health and Social Care Services Received

I am now going to show you a list of health and social care services that you may or may not receive. For each of these, I am going to ask you if you receive that service.

Service	Proportion of respondents
GP services	75%
Home care	47%
Podiatry/chiropody	43%
Community nurses	42%
Technology-Enabled Care	38%
Residential care for older people	35%
Social Work	22%
Occupational Therapy	18%
Physiotherapy service	17%
Adult Day Services	15%
Supported living	14%
Psychological or other mental health service	9%
Short break/respite care	9%
Acute Care at Home	7%
Link Practitioner Service	4%
Old age psychiatry/dementia services	4%
Residential care for learning disabilities	2%
Substance misuse services	2%
Other	3%
Base	452

4.2 Whilst the 75% recorded here for GP services is the highest figure recorded, it is perhaps surprising that this figure is not higher (and, effectively, it could be argued that it should be at or around 100%). It seems likely that some respondents have not indicated that they receive GP services when they have not had any recent experience of such services.

4.3 A significant proportion indicated that they receive other services, most particularly home care (47%), podiatry / chiropody (43%), community nurses (42%), technology-enabled care (38%) and residential care for older people (35%). A range of other services were also identified as shown in Table 4.1 and a full profile of services received is contained within Appendix 2.

4.4 For those health and social care services that respondents used they were then asked to say how satisfied or dissatisfied they were with each service. These results are detailed in Table 4.2. These services are ordered in declining order of overall satisfaction and it should be noted that the base number of responses varies in each case and can sometimes be relatively small.

Table 4.2: Satisfaction with Health and Social Care Services Received

And how satisfied or dissatisfied are you with these services that you receive?

Service	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	Total Satisfied	Base
Old age psychiatry/dementia services	-	-	-	55%	45%	100%	20
Adult Day Services	-	-	2%	58%	41%	99%	66
Community nurses	-	1%	2%	48%	50%	98%	191
Occupational Therapy	1%	-	1%	45%	53%	98%	83
Technology-Enabled Care	-	1%	1%	49%	48%	97%	168
Residential care for older people	-	-	4%	59%	37%	96%	156
Link Practitioner Service	6%	-	-	39%	56%	95%	18
Podiatry/chiropody	1%	1%	4%	46%	48%	94%	190
Physiotherapy service	3%	-	4%	57%	36%	93%	77
Supported living	-	-	6%	45%	48%	93%	64
GP services	1%	2%	4%	47%	45%	92%	338
Home care	1%	2%	5%	29%	62%	91%	209
Acute Care at Home	-	-	13%	25%	63%	88%	32
Psychological or other mental health service	2%	2%	7%	45%	43%	88%	42
Residential care for learning disabilities	-	-	14%	29%	57%	86%	7
Social Work	3%	3%	9%	37%	48%	85%	98
Short break/respite care	3%	6%	8%	33%	50%	83%	36
Substance misuse services	14%	-	14%	43%	29%	72%	7
Other	7%	7%	13%	27%	47%	74%	15

4.5 It is noted that a high level of satisfaction is achieved for almost all of these services, with this typically being greater than 90%. For those services used by a particularly substantial group of people, overall satisfaction levels included 98% for community nurses, 97% for technology-enabled care, 96% for residential care for older people, 94% for podiatry / chiropody, 92% for GP services and 91% for home care.

4.6 A list of ways in which respondents may or may not have benefitted from the services they receive were shown to respondents and they were asked to indicate their level of agreement with each.

Table 4.3: Agreement with Benefits of Services Received

I am now going to show you a list of ways in which you may and may not have benefitted from the health and social care services that you receive. Please tell me if you agree or disagree with these statements or if you are not sure.

Benefit	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total Agreement	Base
Help you feel safe and secure	0%	1%	4%	34%	60%	94%	439
Help you to live as independently as possible	1%	3%	6%	38%	52%	90%	441
Help you to improve or maintain your quality of life	1%	3%	5%	42%	48%	90%	442
Help you to look after your own health and wellbeing	1%	3%	6%	40%	49%	89%	436
Help you to reduce the health and wellbeing issues you are most concerned about	2%	4%	6%	41%	46%	87%	435
Help you to engage and participate in your community if you so desire	9%	6%	13%	33%	38%	71%	421

4.7 It is notable that a very high proportion of respondents indicated agreement that the health and social care services they receive help them to feel safe and secure 94%), that they help them to live as independently as possible (90%), that they help them to improve their quality of life (90%), that they help them to look after their own health and wellbeing (89%) and that they help them to reduce the health and wellbeing issues they are most concerned about.

4.8 Fewer respondents (though still a majority of 71%) agreed that the health and social care services that they receive helped them to engage and participate in their community should they so desire.

4.9 Table 4.4 details the extent to which respondents agreed or disagreed with a number of statements about how the people providing health and social care support engage with them.

Table 4.4: Agreement with Statements about People Providing Support

Thinking about how you feel the people providing health and social care support engage with you, please tell me if you agree or disagree with these statements.

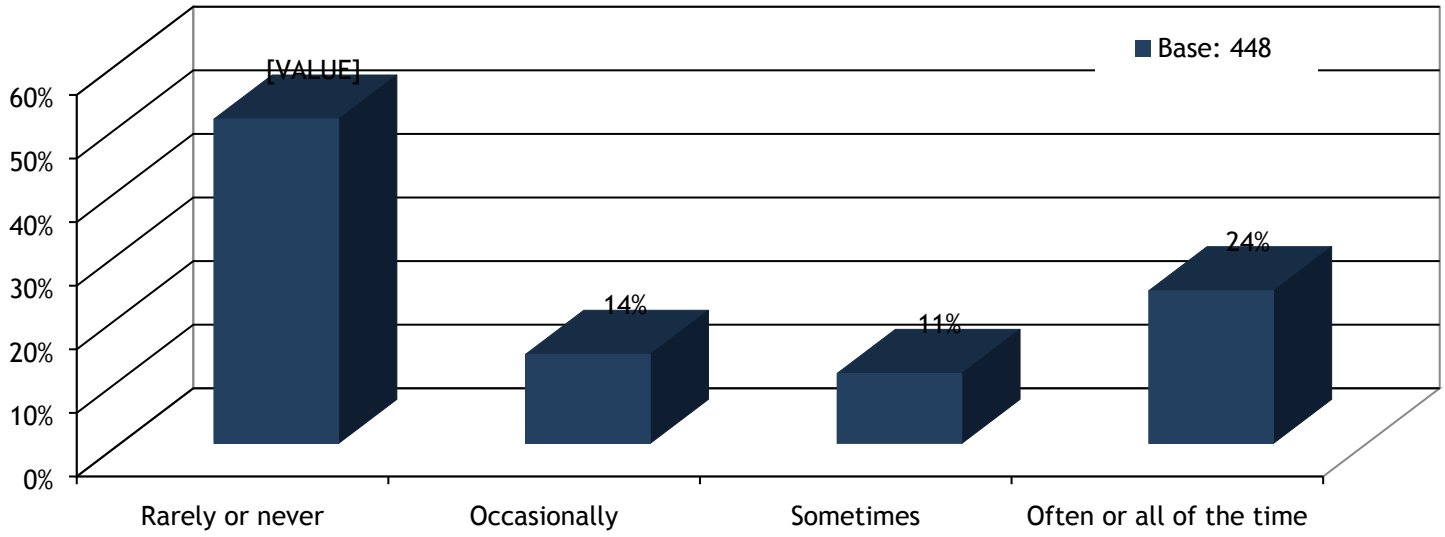
Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total Agreement	Base
I have my dignity respected	0%	2%	4%	41%	53%	94%	443
Where I receive my treatment and support suits my needs	1%	3%	6%	49%	40%	89%	432
My health, support and care services seemed to be well co-ordinated	3%	5%	5%	43%	45%	88%	436
I can access the right services and support that best suits my needs	2%	6%	11%	45%	36%	81%	427
I can access the services and support at the time I need it	3%	7%	11%	46%	34%	80%	431
I get to choose how my help, care or support is provided	2%	11%	10%	43%	33%	76%	420

4.10 Again, there is a generally high level of agreement with each of these statements, with 94% agreeing that they have their dignity respected, 89% that where they receive treatment and support suits their needs, 88% that their health, support and care services seem to be well-coordinated, 81% that they can access the right services and support that best suits their needs, 80% that they can access the services and support at the time they need it and 76% that they can choose how their health, care or support is provided. Outright disagreement was greatest in relation to this latter point at 13%.

4.11 The frequency with which respondents say they need to have someone help them read instructions, pamphlets or other written material from their doctor or pharmacy is illustrated in Figure 4.1.

Figure 4.1: Frequency of Requiring Assistance with Reading Medical Material

How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?



There is a mixed picture here, whereby over half of respondents indicated that they never needed such support whereas a substantial minority of respondents indicated that they needed this support often or all of the time. This latter figure was highest amongst those under 60, although this most probably reflects the nature of these individuals' care needs rather than age per se.

KEY POINTS

75% of respondents considered themselves to receive GP services. A significant proportion indicated that they receive other services, most particularly home care (47%), podiatry / chiropody (43%), community nurses (42%), technology-enabled care (38%) and residential care for older people (35%).

A high level of satisfaction was recorded for all services most commonly received, with this typically being greater than 90%. Overall satisfaction levels included 98% for community nurses, 97% for technology-enabled care, 96% for residential care for older people, 94% for podiatry / chiropody, 92% for GP services and 91% for home care.

A very high proportion of respondents indicated agreement that the health and social care services they receive help them to feel safe and secure 94%), that they help them to live as independently as possible (90%), that they help them to improve their quality of life (90%), that they help them to look after their own health and wellbeing (89%) and that they help them to reduce the health and wellbeing issues they are most concerned about.

In terms of perceptions as to **how** such services are delivered, perceptions are again broadly positive, with 94% agreeing that they have their dignity respected, 89% that where they receive treatment and support suits their needs, 88% that their health, support and care services seem to be well-coordinated, 81% that they can access the right services and support that best suits their needs, 80% that they can access the services and support at the time they need it and 76% that they can choose how their health, care or support is provided. Outright disagreement was greatest in relation to this latter point at 13%.

5.0 Local Services

5.1 Table 5.1 details the extent to which respondents agree or disagree with statements about the services available in their local area.

Table 5.1: Agreement with Statements about Local Services

Thinking about the services available in your area, please tell me if you agree or disagree with the following statements.

Benefit	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total positive	Base
Community-based health and social care services are available to me	2%	5%	6%	44%	43%	87%	403
I am satisfied with the transport links in my community (for example, services are safe and easy to access)	5%	8%	15%	39%	34%	73%	384
I feel I can make a valuable contribution towards decisions in my local area about health and social care services	19%	15%	14%	30%	22%	52%	388

5.2 There was significant majority agreement amongst respondents that community-based health and social care services were available to them (87%) and, albeit to a somewhat lesser degree, that people were satisfied with the transport links in their community (73%).

A significantly lower proportion of respondents felt that they could make a valuable contribution towards decisions in their local area about health and social care services (52% agreed that this was the case but 34% disagreed, with the balance of respondents giving a neutral response).

It is worth noting that there were only very modest variations in these responses according to location or SIMD quintile.

5.3 Respondents' claimed participation in services and activities in their local community is detailed in Table 5.2.

Table 5.2: Participation in Local Services and Activities

Do you regularly participate in any of the following types of services or activities in your local community?

Service / Activity	Proportion of respondents
Faith-based activities	22%
Interest groups (e.g. art groups, music groups or evening classes)	21%
Physical activity groups (e.g. sports club, gym or exercise classes)	10%
Social clubs (e.g. rotary club, women's institute, working men's clubs etc.)	9%
Volunteering (where you give up time to help an organisation, club or group)	6%
No, I do not participate in any group activities	53%
Something else	6%
Base	447

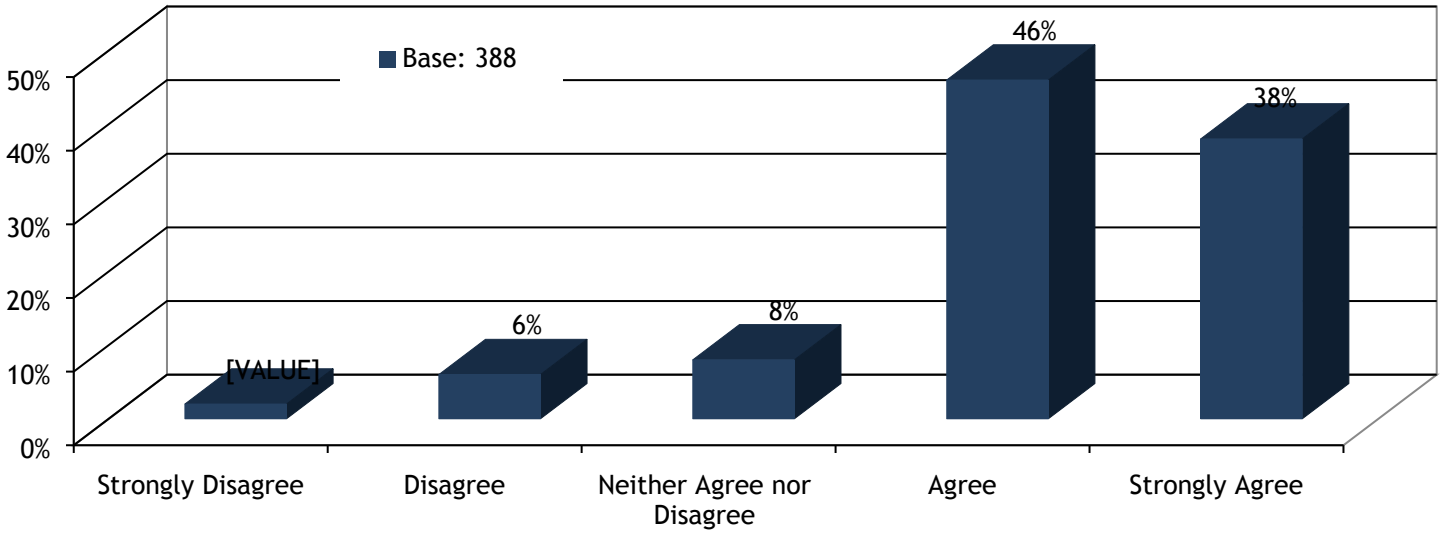
5.4 It is notable that over half of respondents (53%) indicated that they did **not** take part in any such activities. This figure was particularly high amongst 60 to 69 year olds (73%) and in the most deprived SIMD quintile (62%).

Most commonly, respondents indicated that they took part in faith-based activities (22%, with this being higher amongst females at 25%) or particular interest groups (21%, with this being higher amongst males at 24% and amongst under 60s at 44%).

5.5 Figure 5.1 over the page illustrates the extent to which respondents agreed or disagreed that their local community gets the support and information it needs to be a safe and healthy place to be.

Figure 5.1: Agreement That Local Community Gets Support It Needs to be Safe and Healthy Place

Do you agree or disagree your local community gets the support and information it needs to be a safe and healthy place to be?

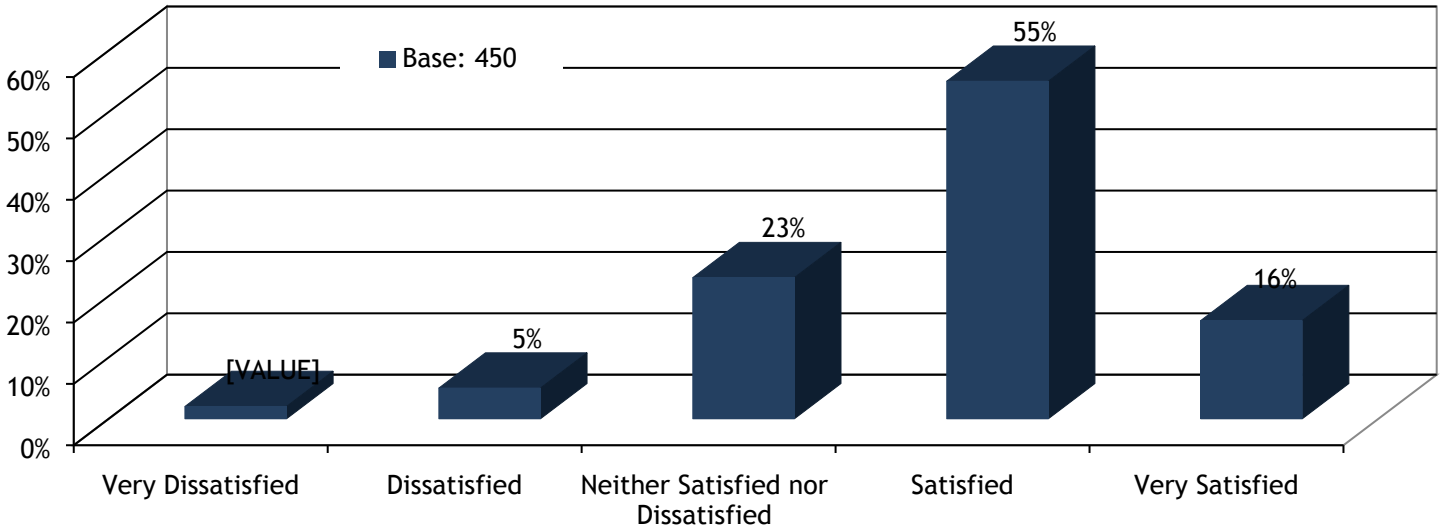


84% of respondents overall agreed that their local community gets the support and information it needs to be a safe and healthy place to be. There were only modest variations by location or SIMD quintile in relation to these findings (as detailed in full in the appendices).

5.6 Respondents' overall level of satisfaction with the wider services and activities that are available in their local area is illustrated in Figure 5.2 over the page.

Figure 5.2: Satisfaction with Wider Services and Activities Available Locally

Overall, are you satisfied or dissatisfied with the wider services and activities that are available to you in your local area, which could impact on your health and wellbeing?



5.7 71% of respondents expressed satisfaction with the wider services and activities that are available to them in the local area, which could impact on their health and wellbeing, compared to only 7% that expressly disagreed with this. However, it is noted that comparatively few respondents indicated that they were "very" satisfied, with the most common response being that people were "satisfied" (55%) and a significant proportion of 23% giving a neither / nor response; these points suggest that many respondents did not feel strongly about this issue.

5.8 Satisfaction with this was notably lower than average in the most deprived SIMD quintile (at 58% compared to 71% for the sample as a whole). It was also somewhat lower than average in the North locality (at 63%).

KEY POINTS

Respondents tend to agree that community-based health and social care services are available to them (97%) and to a lesser extent that they are satisfied with transport links in their local community (73%) they are much less likely to consider that they can make a valuable contribution towards decisions in their local area about health and social care services (52% agree and 34% disagree, with the balance giving a neutral, “neither / nor” response.

When shown a list of community activities, over half (53%) indicated that they did not take part in any of these activities; this was particularly evident amongst people in the 60-69 age group (73% took part in no such activities) and in the most deprived SIMD quintile (62% took part in no such activities).

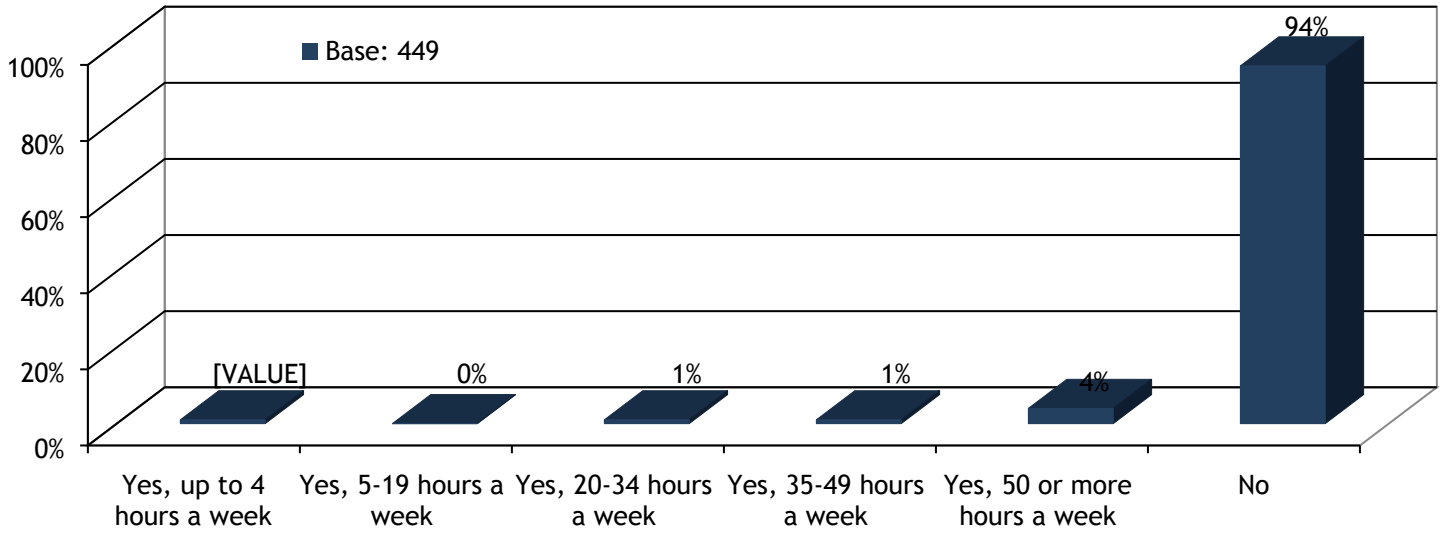
84% of respondents agreed with the overall proposition that their local community gets the support and information it needs to be a healthy place to be.

6.0 CARING RESPONSIBILITIES

6.1 Figure 6.1 illustrates the amount of help or support that respondents provide to family members, friends, neighbours or others because of either long-term physical, mental, disability or problems.

Figure 6.1: Amount of Support Provided to Others

Do you look after, or give any regular help or support, to family members, friends, neighbours or others (over 18) because of either long-term physical / mental / disability or problems?

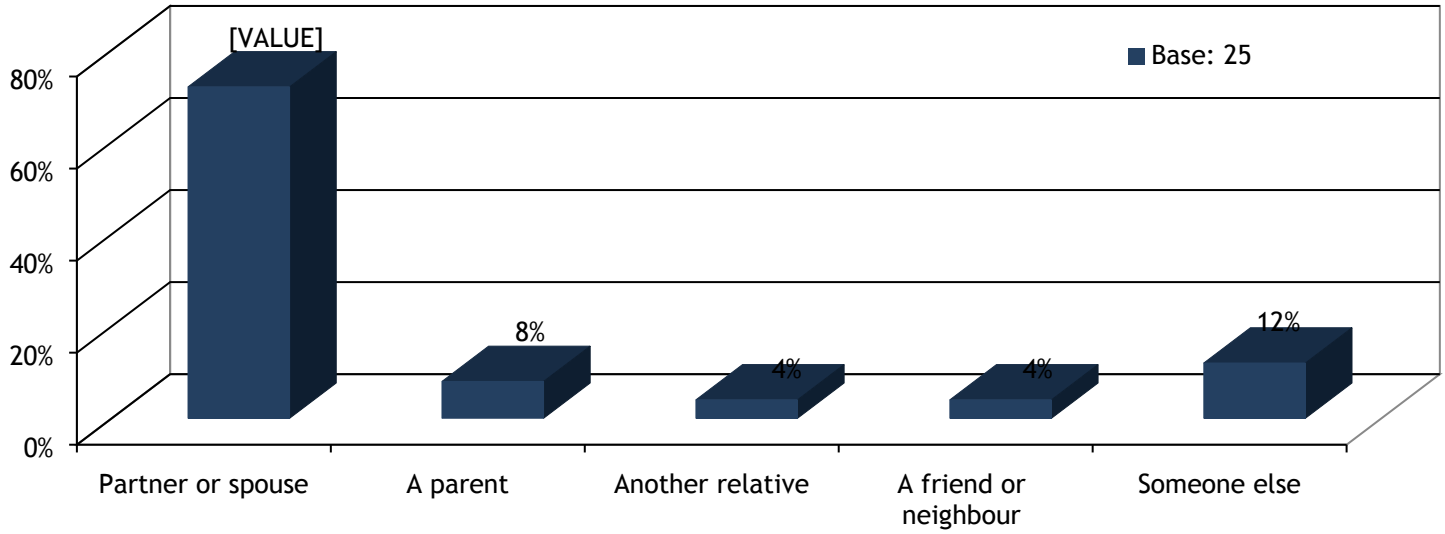


It is noted that only a small proportion of respondents indicated that they had any such caring responsibilities. However, amongst those that do, these are most commonly for 50 hours or more per week (4% of the total sample), this typically being indicative of a close familial relationship.

6.2 Where a caring role is provided, the nature of the relationship is illustrated in Figure 6.2 (reflecting the above point about caring responsibilities most commonly being for a partner or spouse).[6]

Figure 6.2: Nature of Caring Role

Who do you provide this caring role for?



6.3 Table 6.1 over the page details the extent to which respondents agreed or disagreed with statements about their caring role, where this was applicable.

[6] The relatively low base for the remaining questions in relation to caring responsibilities should be noted.

Table 6.1: Agreement with Statements about Caring Role

Please tell me to what extent you agree or disagree with these statements regarding your caring role?

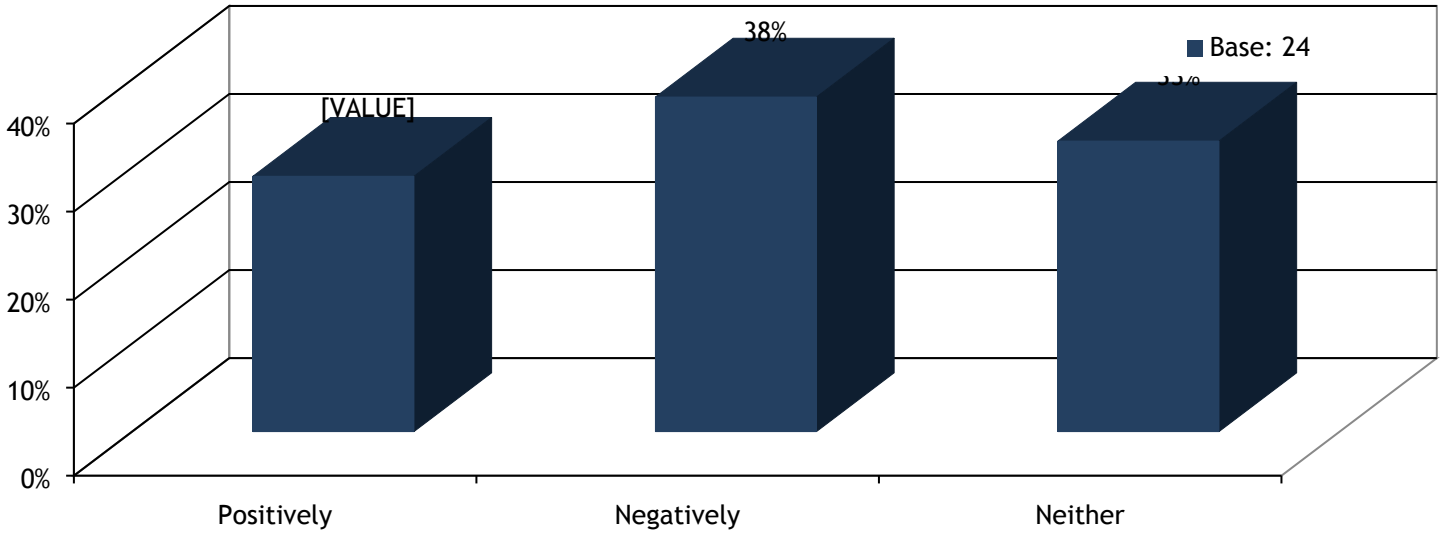
Benefit	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total positive	Base
I have a say in the services provided for the person(s) I look after	3%	3%	14%	34%	45%	79%	29
I am able to look after my own health and wellbeing outside my caring role	10%	-	14%	41%	34%	75%	29
I feel supported to continue in my caring role	7%	14%	21%	34%	24%	58%	29
I have time for myself outside of my caring role if so desired (e.g. I have time for hobbies, relaxation or social contact with friends/family)	7%	21%	17%	24%	31%	55%	29

Whilst there is majority agreement with each of these statements (in relation to having a say in services provided, being able to look after own health and wellbeing outside caring role, feeling supported to continue in caring role and having time for self outside of caring role) the extent of this agreement is relatively limited for some elements. In particular, 21% of these respondents **disagree** that they feel supported to continue in their caring role and 28% disagree that they have time for themselves outside of their caring role if so desired.

6.4 Respondents were then asked about the impact that having a caring role has had on their own health and wellbeing and the results of this are illustrated in Figure 6.3.

Figure 6.3: Impact of Caring Role on Health and Wellbeing

How has caring for someone else impacted on your health and wellbeing?



Respondents were broadly evenly divided in terms of identifying a positive, negative or neutral impact of their caring responsibilities on their own health and wellbeing, but it is certainly of note that 38% of these respondents considered there to be a negative impact in this regard.

KEY POINTS

Whilst only 6% of respondents indicated that they provided a caring role for another, when they do so this is most commonly for 50 hours or more per week (4% of the total sample), this generally being for a spouse or partner.

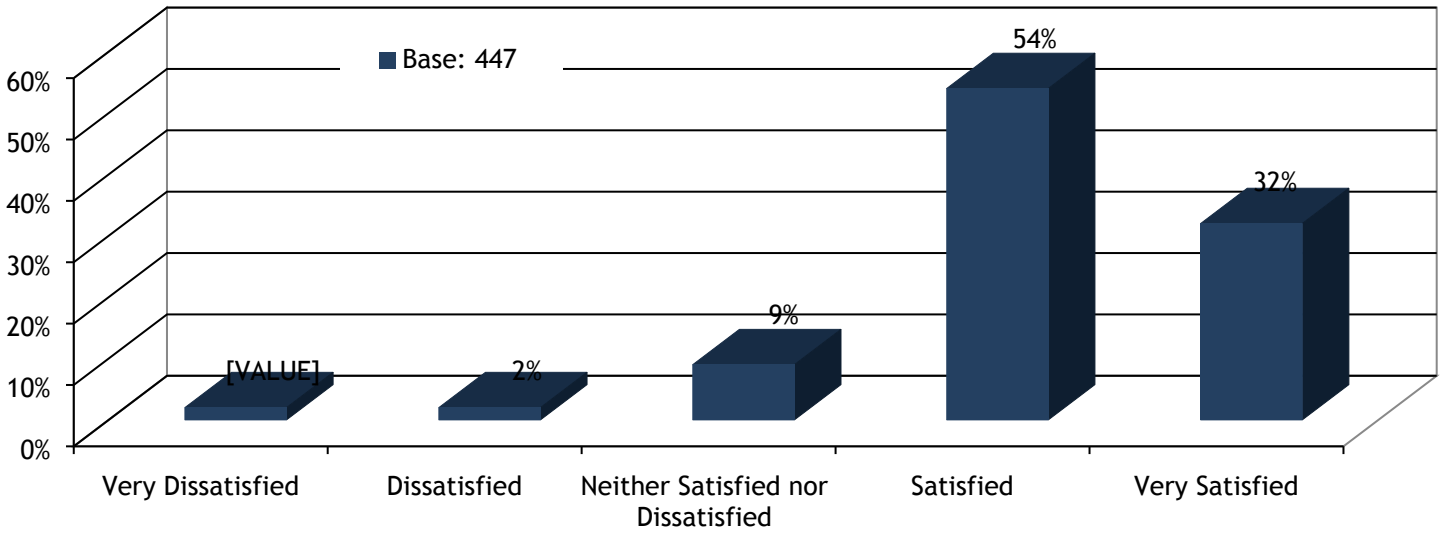
Whilst the number of individuals having such caring responsibilities is small (and so also the base number of respondents for the subsequent questions on this point) it is noted that a significant minority of this group disagree that they feel supported to continue in their caring role (21%) and that they have time for themselves outside of their caring role if so desired (28%). 38% of these respondents say that their caring role has had a negative impact on their own health and wellbeing.

7.0 Overall Satisfaction

7.1 Respondents' overall level of satisfaction with the health and social care services that they receive is illustrated in Figure 7.1.

Figure 7.1: Overall Satisfaction with Health and Social Care Services

Overall, would you say that you are satisfied or dissatisfied with the health and social care services that you receive?



7.2 Overall, 86% of respondents indicated that they were satisfied with the health and social care services that they received. This varied only marginally by area (82% in North, 88% in Central and 89% in South). There was no particular correlation with SIMD quintile (for example, overall satisfaction in the most deprived quintile) was 90% and in the least deprived quintile was 86%).

7.3 Similarly, there was little difference by gender (females 86% satisfied, males 85% satisfied).

7.4 One point worthy of note, however, is that satisfaction amongst those aged under 60 was somewhat lower (76% satisfaction, base: 32 respondents).

7.5 At this point, respondents were asked if there was anything else that they would like to say about the health and social care services that they receive. These comments are listed in full in Appendix 3.

7.6 A significant proportion of these comments were of a positive nature:

"If you need help you can ask the people who come in and they do help."

"Everything is brilliant for me."

"All very kind and the carers and nurses are very good"

Staff are lovely and always there to help you."

7.7 However, this question gave people an opportunity to comment on areas where they felt service was deficient or where they felt things could be improved and it is worth noting examples of the sorts of comments that arose. These included:

A perception of staff shortages, commonly ascribed to "cut backs" and this relating to both care and health services:

"Just they don't have enough staff"

"They are short of money as there is so many of us."

"My husband also needs care but so hard to get it."

"Waiting times are too long for hospital appointments and operations."

A need or desire for additional support or services:

"They leave me to my own devices but I feel they could offer help or visit more often."

"I need a podiatrist very urgently, my toes are turning black. I have tried to contact them with no success."

"I need to see a dentist."

"Make the home take residents on more activities."

The desire to get out and about more was quite common, especially amongst people living in residential facilities.

7.8 A number of the comments of a negative nature were related to a perceived inconsistency of staff delivering the service:

"I would like regular, known carers."

"They put other people in and sometimes they don't turn up."

"There needs to be continuity."

"Visiting carers don't have the right information."

7.9 Only occasionally, were there were comments about staff attitudes or understanding:

"One member of staff was not so nice."

"*For disabled people they don't have enough understanding."*

"I like the permanent carers but not the ones who come in on odd days."

7.10 In residential facilities in particular there were occasional comments about the quality and variety of food:

"Not so fond of the food, a lot of spaghetti-type dishes."

7.11 There were also occasional issues raised about aspects of service costs:

"You pay a lot for the care."

"My community alarm now costs me £300 rather than £70."

7.12 Further detailed analysis of the responses to this open-ended question is recommended.

KEY POINTS

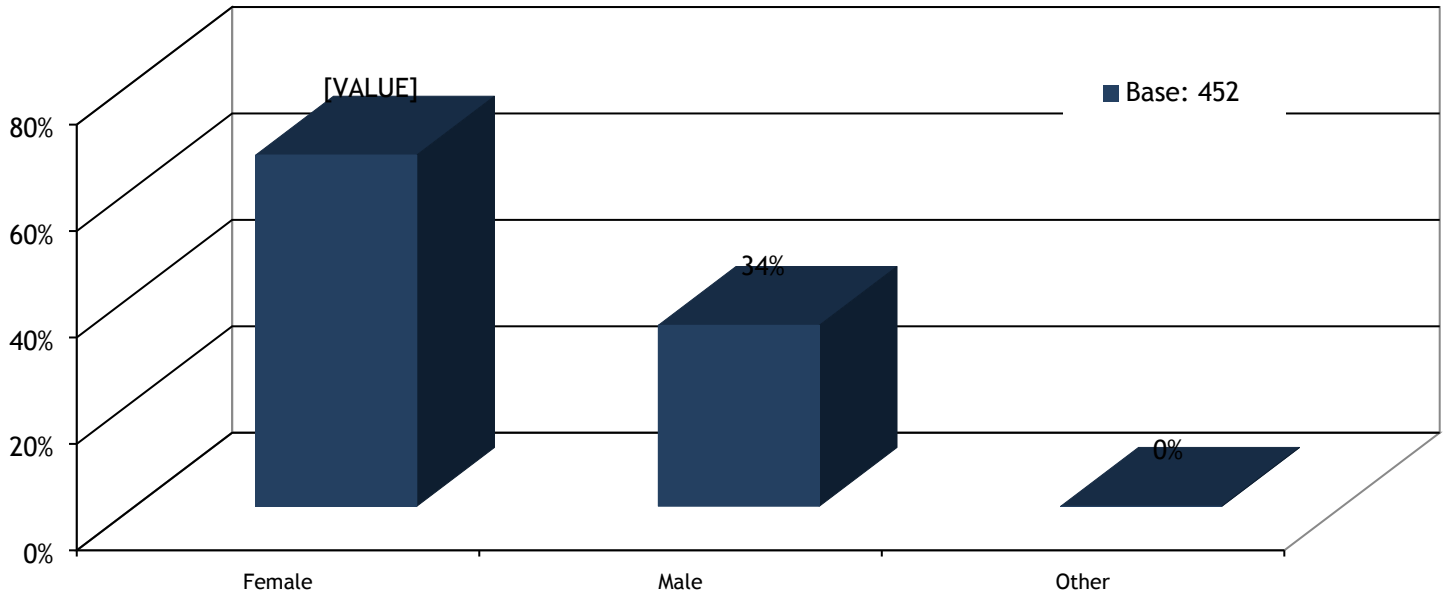
Overall, 86% of respondents express satisfaction with the health and social care they receive, with only 4% expressing outright dissatisfaction and 9% giving a neutral "neither / nor" rating. There are only modest variances by area, SIMD quintile and gender although it is noted that service users aged under 60 were somewhat less likely to express dissatisfaction (76% did so).

Respondents were invited to make further comment about the issues raised in the survey and, whilst many such comments were positive in nature, others highlighted perceived weaknesses or areas for improvement in relation to themes such as: staff shortages; inconsistencies and changes in terms of staffing; a desire for additional support or services (including, in particular a desire to get "out and about" more); and, a variety of other comments relating to staff performance, service provision and costs. These comments provide further scope for analysis of potential improvement activity.

8.0 RESPONDENT PROFILE

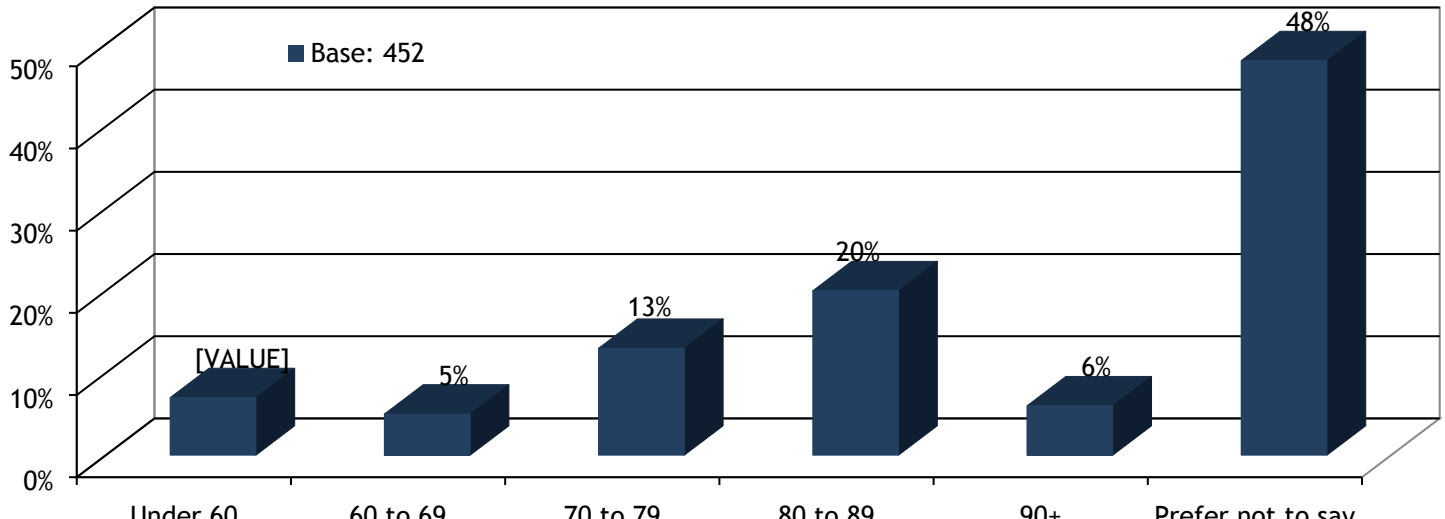
8.1 The profile of respondents' gender is shown in Figure 8.1. Most commonly, respondents were female, which is typical in surveys of this nature.

Figure 8.1: Gender



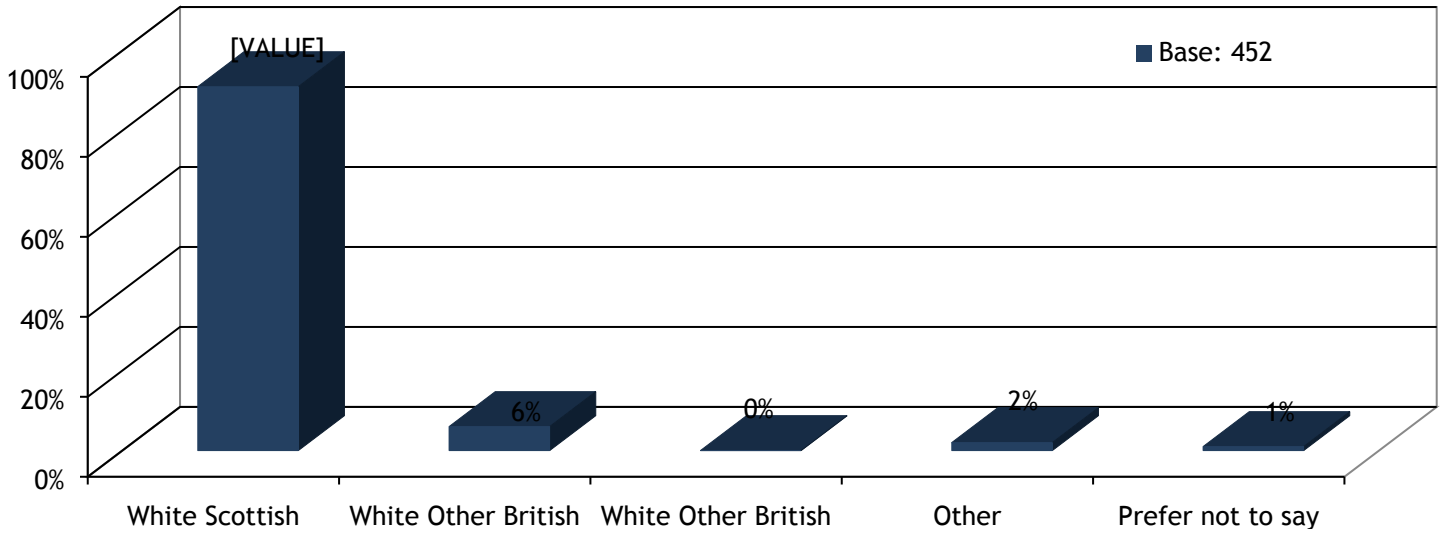
8.2 Figure 8.2 illustrates the age profile of respondents. As should be noted, this is based on respondents' providing their date of birth and 48% either were not able to provide this or preferred not to say.

Figure 8.2: Age Band



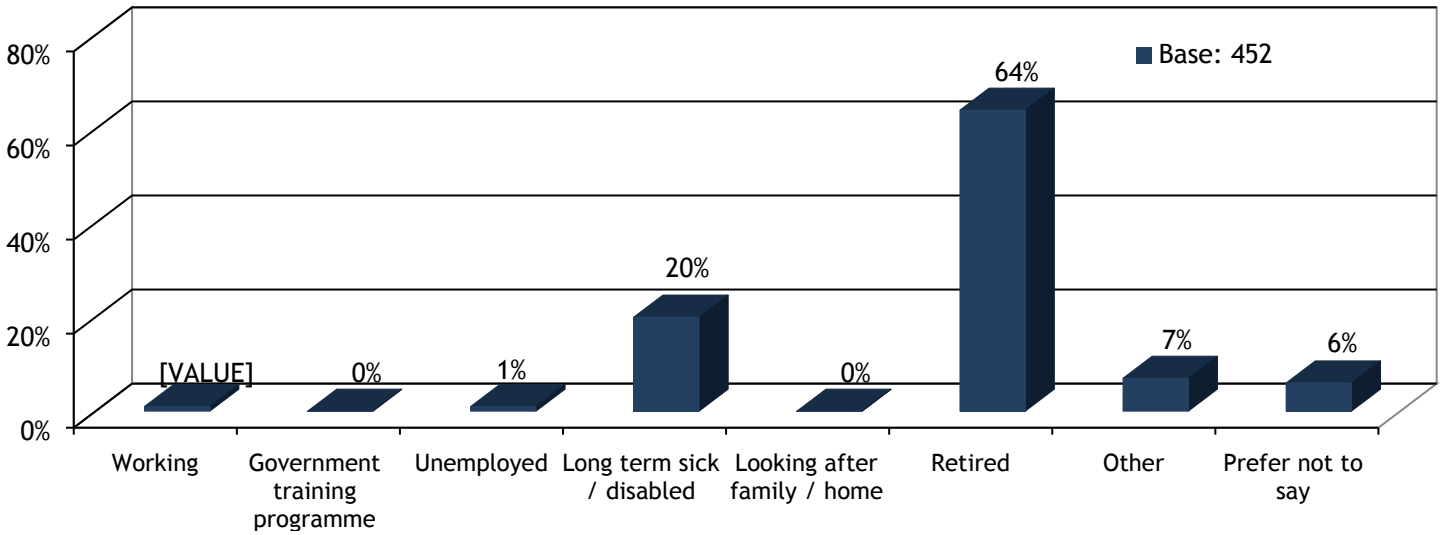
8.3 The ethnicity (based on broad ethnic group) of respondents is illustrated in Figure 8.3.

Figure 8.3: Ethnic Group



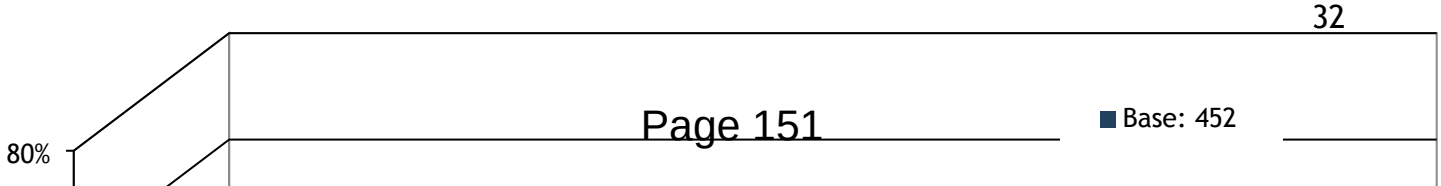
8.4 Figure 8.4 illustrates respondents' occupation. The "other" category almost exclusively related to people that indicated that they lived in a care home and so can be considered alongside the "retired" category.

Figure 8.4: Occupation



8.5 Analysis of postcode information for interviewees allows for a breakdown of responses by locality area. This is set out in Figure 8.5 below.

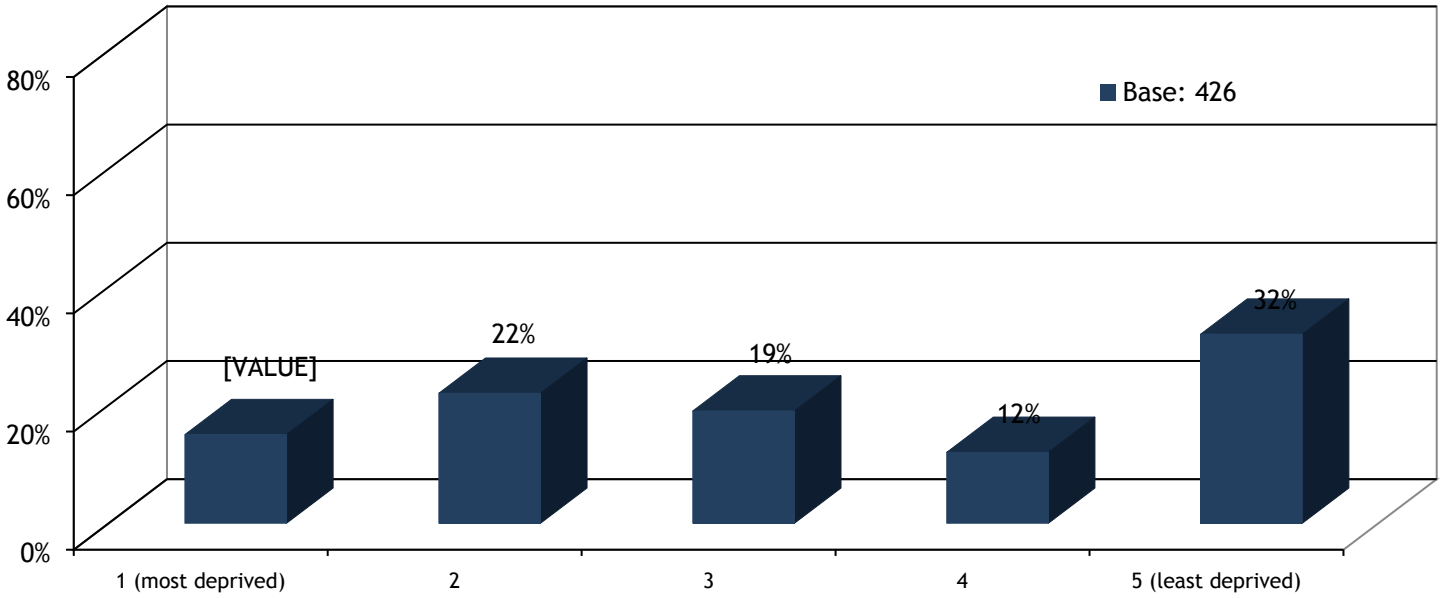
Figure 8.5: Locality Breakdown



There is strong representation across each of these areas. The level of response from Central is slightly below its overall proportion of cases in the database (25% compared to 27% of identifiable cases) and this is also so for cases in the South (37% compared to 40% of identifiable cases). Conversely, the North is slightly over-represented (38% of cases compared to 33% of identifiable cases in the database). These distinctions do not have a material impact on the overall results.

8.6 Analysis of postcode information also allows (in most cases) for a breakdown of results by SIMD quintile. This is set out in Figure 8.6 over the page, with 1 representing the most deprived quintile in Scotland and 5 the least deprived.

Figure 8.5: SIMD Breakdown by Quintile



Locations were spread across these quintiles as might reasonably be expected.

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Comparison of National and Local Survey Results **APPENDIIX B**

National	15/16 Aberdeen	17/18 Scotland	17/18 Aberdeen	Local	2019
NI 1 - % of Adults able to look after their health very well or quite well	96%	93%	94%	Q2.1 You know how to look after your own health and wellbeing (% who Agree or Strongly Agree with this statement)	82%
NI 2 - % of Adults supported at home who agreed that they are supported to live as independently as possible.	82%	81%	82%	Q3.2 The health and social care services you receive help you to live as independently as possible (% who Agree or Strongly Agree with this statement)	90%
NI 3 - % of Adults supported at home who agreed that they had a say in how their help, care, or support was provided.	78%	76%	79%	Q3.3 I get to choose how my help, care or support is provided (% who Agree or Strongly Agree with this statement)	76%
NI 4 - % of Adults supported at home who agreed that their health and social care services seemed to be well coordinated.	77%	74%	76%	Q3.3 My health, support and care services seemed to be well coordinated (% who Agree or Strongly Agree with this statement)	88%
NI 5 – Total % of Adults receiving any care or support who rated it as excellent or good	82%	80%	83%	Q6.1 Overall, would you say that you are satisfied or dissatisfied with the health and social care services that you receive? (% who were Satisfied or Very Satisfied) NB: breakdown available per service under Q3.1b	86%
NI 6 - % of people with positive experience of the care provided by their GP practice.	86%	83%	82%	Q3.2b How satisfied or dissatisfied are you with GP services (e.g. your own doctor or other health professional such as an ANP, Nurse) that you receive? (% who were Satisfied or Very Satisfied)	75%

National	15/16 Aberdeen	17/18 Scotland	17/18 Aberdeen	Local	2019
NI 7 - % of Adults supported at home who agree that their service and support had an impact on improving or maintaining their quality of life.	80%	80%	79%	Q3.2 The health and social care services you receive help you to improve or maintain your quality of life (e.g. help you be as well as you can be) (% who Agree or Strongly Agree with this statement)	90%
NI 8 – Total combined % carers who feel supported to continue in their caring role	42%	37%	40%	Q5.3 I feel supported to continue in my caring role (% who Agree or Strongly Agree with this statement)	58%
NI 9 - % of Adults supported at home who agreed they felt safe	83%	83%	84%	Q3.2 The health and social care services you receive help you feel safe and secure (% who Agree or Strongly Agree with this statement)	94%

Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	19 November 2019
Report Title	Localities
Report Number	HSCP.19.060
Lead Officer	Sandra Ross
Report Author Details	Sandra Ross Chief Officer sanross@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	

1. Purpose of the Report

1.1. The development of localities and effective locality working is an ongoing journey of the IJB and wider partnership. This report sets the direction of a phased approach to building community capacity and capability across our localities, while also building the capacity and capability of staff to work with communities in an empowered way.

1.2. It is recognised that this journey is complex, however the proposed phased approach aims to create a system, whereby working together, communities and staff will drive the redesign of our community services.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Approves the re-alignment and refresh of the existing four Locality Leadership Groups to three Locality Empowerment Groups focussed on community empowerment and aligned to each of the IJB localities.

b) Instruct the Chief Officer to work with the members of the Locality Empowerment Groups to build their capability to help co-design the reshaping of community services delivered by the partnership;

c) Note the plans of the Chief Officer to build the capability and capacity of staff within the partnership to work collaboratively with local communities in the reshaping of community services;

d) Agree that we will use terminology of localities to describe large geographical areas and neighbourhoods to describe more natural communities within these boundaries;

e) Instructs the Chief Officer, to report back to IJB on the progress towards integrated locality working in December 2020.

3. Summary of Key Information

Background

3.1. The IJB Strategic Plan was approved in March 2019 and has 5 strategic aims: Personalisation; Resilience; Prevention; Connections; and Communities. This paper identifies how we will facilitate the community's involvement in the work of the IJB to meet our strategic ambition.

3.2. The paper proposes how we will facilitate community involvement and has drawn on national standards issued by Audit Scotland[1].

3.3. Community empowerment is underpinned by a range of public services reports and legislation, from the Christie report in 2011, the Community Empowerment (Scotland) Act 2015 to more recent conversations between Scottish Government and COSLA.

[1] https://www.audit-scotland.gov.uk/uploads/docs/report/2019/briefing_190725_community_empowerment.pdf

INTEGRATION JOINT BOARD

3.4. The National Standards for Community Engagement define community engagement as:

> *'a purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between them and taking joint action to achieve positive change.'*

3.5. In November 2016, the IJB took the decision to adopt Community Planning Aberdeen's Engagement, Empowerment & Participation Strategy2 as the Partnership's Engagement and Participation Strategy (as identified within the Integration Scheme). The purpose of the Participation and Engagement Strategy being to ensure "significant engagement with, and participation by, members of the public, representative groups and other organisations in relation to decisions about the carrying out of integration functions."

3.6. There is an opportunity to increase the pace of our approach to community empowerment with the move to three localities as agreed by the IJB in March 2019. The plans of the IJB will align with the community planning partnership approach and as such we have been working collaboratively to ensure that as we progress with our design of localities and neighbourhoods we have our sights firmly set on the aim that future collaboration, colocation and planning will be cohesive with community planning partners in approach. The ambition being to understand the wider demand on the system and to work to maximise efficiency and effectiveness for all partners by reducing negative demand.

[2] https://committees.aberdeencity.gov.uk/documents/s62692/8.1%20Engagement%20participation%20empowerment%20Strategy%207.pdf

INTEGRATION JOINT BOARD

Phased Approach

3.7. In the next stage of the development of our community engagement and empowerment approach, through our refreshed localities, a phased approach will be taken. A summary of the proposed phases (which are not linear) is set out in the table below:

Phase	Activity	Proposed timescale
1	Supporting the establishment and development of 3 Locality Empowerment Groups	December 2019 – November 2020
2	Redesign of staffing teams, aligned with our localities	November 2019 to November 2020
3	Upskilling and development of both Locality Empowerment Groups and Operational Teams	April 2020 onwards
4	Integrated locality working	January 2021 onwards

Phase 1: Supporting the establishment and development of 3 Locality Empowerment Groups

3.8. During this phase, we will work with the current four locality leadership groups to reform into three “Locality Empowerment Groups”, working in line with principles for good practice, and in alignment with our strategic plan.

3.9. We will work with and support these Locality Empowerment Groups to invest in capacity building appropriate to their local communities, particularly in those neighbourhoods experiencing the greatest socio-economic challenges, to focus on addressing inequalities. We are aware and have evidence that in some communities, people are already driving change and public bodies have a role in supporting and facilitating this. Other communities will require greater levels of support to participate more fully.

3.10. We will build the capacity and capability of the groups using the principles for community empowerment as set out by Audit Scotland and using the good practice template as a framework. These principles are: -

Community control Support communities to successfully take more control over decisions and assets. Public bodies support communities to

successfully take greater control over decisions and assets. Effective processes are in place and public bodies support a fair and sustainable approach.

Public sector leadership Strong and clear leadership on community empowerment sets the tone and culture of the organisation. Leaders provide a clear and consistent message, set clear objectives and priorities, encourage ideas and innovation, community leadership and support communities to develop sustainable approaches.

Effective relationships Build effective working relationships between public bodies, local communities and local partners. There is a healthy working relationship between communities, public bodies and local partners, marked by reciprocal trust, openness and transparency.

Improving outcomes Evaluate whether outcomes for local communities are improving and inequalities are being reduced. Public bodies are continuously improving their approach to community empowerment, evaluating local outcomes and experiences and learning from others. This includes evaluating the impact on local inequalities and understanding and learning from the experiences of seldom heard groups in communities.

Accountability Be accountable and transparent. Public bodies are clear and open about their approach to community empowerment and provide regular information to communities that is understandable, jargon-free and accessible. Public bodies are responsive to local communities when reaching decisions with a clear rationale for making difficult decisions and provide regular feedback.

3.11. Initial preparation work to support the achievement of phase one includes engagement with two focus groups comprised of members of the current city Locality Leadership Groups (on 16th and 28th October 2019). A summary of key findings from these focus groups and a supporting survey are set out below, and it is considered that this feedback aligns with the general proposed direction of our locality phases:

- The majority agree that the purpose of locality groupings should be to use the knowledge and expertise of people living and working in communities to enable them to plan and deliver.
- There is a requirement for more clarity around the purpose of locality working including delegated services, structure, management, governance and budgeting responsibilities.

- Further clarity on how existing locality plans would be reviewed was requested.
- The majority agree that the future membership of locality groups should be community focussed.
- Further consideration was requested for how engagement is achieved across all people in a locality for a locality rather than around very local issues.
- Clear lines of accountability and governance are required.
- The role of locality profiles are felt to be valued, and there was agreement that these would enhanced through a clearer alignment with CPA profiles.
- A desire for meaningful and sustainable engagement. There was a clear acknowledgement of the value of community stories and insight and recognition that building relationships takes time and requires resource to support.
- Alignment of locality plans with CPA plans and other local priorities are deemed to be desirable to avoid duplication and dilution of capacity.
- Locality groupings must feel empowered and supported and it is necessary to understand people's motivation to get involved and feel that they are making a difference.
- A programme of activity to create the conditions to support the shift of power and control to a more local level is felt to be desirable.
- Steps required to support this next phase were identified by the focus groups including an overarching transition plan including identification and mitigation of risks; revised locality profiles; membership and role of locality groups, governance and relationships with operational functions within localities; meaningful engagement.

It is considered that the content of this report aligns with the feedback received above.

Phase 2: Alignment of staffing teams with our localities

3.12. As we grow the capacity and capability, and shift towards communities having more control over decisions and assets, we will have a parallel journey with our staff. This will focus on building agile locality teams which are integrated based on the population needs of the community in which they operate - focusing, analysing and understanding the demand of the locality population.

3.13. This approach will build on initial work within the partnership to support greater empowerment and collaborative leadership. Early work in this area has resulted in improved engagement, demonstrated through the imatter tool as well as a separate evaluation process. We will continue to work in partnership with staff side and the trade unions during this process.

3.14. Our programme of transformation, and in particular the Conditions for Change programme will continue to support our staff and teams to understand the types of demand on services, by using data and suitable methodologies to ensure that we are positioning our available resources to meet needs in an equitable way. This approach will be key to supporting our ambitions around our strategic commissioning approach.

Phase 3: Upskilling and development of both Locality Empowerment Groups and Operational Teams

3.15. Phase 3 will take place concurrently with phases 1 and 2 and will involve several areas of development:

- Working with the Locality Empowerment groups to develop their understanding of population needs assessment, demand management including types of demand, and how strategic commissioning operates.
- Operational locality teams will be supported to further develop their understanding of the principles on community empowerment and the need to consider demand through a data and population needs perspective.
- Building the capability and capacity of key stakeholders to understand the need and considerations when redesigning delivery based on community assets, demands, the commissioning process, ensuring alignment of service delivery with our wider strategic aims.

3.16. The aim of this phase of upskilling and development is to enable the development of refreshed locality plans which can be delivered to:

- Ensure alignment of our local service delivery with our wider strategic aims
- Ensure alignment with our performance dashboard – from a city wide, locality and neighbourhood perspective.
- Tap into the expertise and knowledge of our community members as assets in conjunction with the data available: for example in an area where there are low levels of health screening uptake,

community members may be clear that this is due to limited available transport and feel empowered to put in place local volunteer arrangement to address this.

- The strength of combining upskilled staff and community members, alongside appropriate data and evidence will mean that as a city, we can adapt our strategic commissioning approach for greater benefit: for example delivering clear community benefits such as identifying opportunities for enterprising third sector organisations to deliver public services and employment and training opportunities for targeted communities which could reduce inequalities, thereby helping to address poverty as the single largest determinant of health.

Phase 4: Integrated locality working

3.17. We can envisage the Community Empowerment groups and operational locality teams working together to reshape, redesign and coproduce services based on demand and population needs. This will involve the coproduction, codesign and co-commissioning of services to meet population needs across the city, and would be co-terminus with the wider CPP locality and community planning processes.

3.18. These building blocks will assist us in having processes that support people to do things for themselves and enable people to take control over the decisions and factors that affect their lives and communities. (Empowerment and Self Determination rungs of the ladder of Engagement, Participation and Empowerment.) It will facilitate accountable and transparent decisions as we utilise our strategic commissioning approach in commissioning and decommissioning both 3rd party and public sector services.

4. Implications for IJB

4.1. Equalities - it is anticipated that this report will have a neutral to positive impact on the protected characteristics covered by the Equality Act 2010. The Strategic Plan and our locality approach have a focus on addressing inequalities in access to health and social care services.

4.2. Fairer Scotland Duty - it is anticipated that this report will have a neutral to positive impact on people affected by socio-economic disadvantage. The Strategic Plan and our locality approach have a focus on addressing inequalities in access to health and social care services.

4.3. Financial - there are no direct financial implications arising from the recommendations of this report. Supporting the community empowerment groups and the delivery of locality-based services will be undertaken within the existing Medium-Term Financial Framework.

4.4. Workforce- the shift to locality focus will directly impact on our workforce and as such we will provide support to staff to lead and deliver these changes.

4.5. Legal – there are no anticipated legal implications in relation to this report.

4.6. Other - none

5. Links to ACHSCP Strategic Plan

5.1. The recommendations in this report will help deliver on all five strategic aims within the strategic plan.

6. Management of Risk

6.1. Identified risks(s)

The IJB is required under the Public Bodies Joint Working Act 2014 to work in localities and by the Community Empowerment (Scotland) Act 2015 to engage with communities and help them to build capacity. There is a risk that, if we do not move to an empowering locality-based approach to our service delivery, we will be failing in our duties in relation to these pieces of legislation.

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

This report links directly to Risk 8 on the Strategic Risk Register - There is a risk that the IJB does not maximise the opportunities offered by locality working.

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

Working in a collaborative and empowering way with communities will mitigate the above risk.

INTEGRATION JOINT BOARD

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

Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	19 November 2019
Report Title	Finance Update as at end August 2019
Report Number	HSCP.19.063
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author Details	Gillian Parkin (Finance Manager) Barbara Ncube (Finance Lead – ACH&SCP)
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	a) Finance Update as at end August 2019 b) Summary of risks and mitigating action c) Progress in implementation of savings - August 2019 d) Budget Reconciliation e) Virements

1. Purpose of the Report

a) To summarise the current year revenue budget performance for the services within the remit of the Integration Joint Board as at Period 5 (end of August 2019);

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

c) To approve the budget virements so that budgets are more closely aligned to anticipated income and expenditure (see Appendix E).

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

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

b) Approve the budget virements indicated in Appendix E,

c) Notes the recovery plan highlighted in paragraph 3.3.

3. Summary of the financial information reported

3.1 In order to help with workload planning within the partner organisations, it has been agreed to undertake a budget monitoring based on period 5 information, rather than the period 6 information which the IJB has received previously. The rationale for this change being it allows our colleagues in the finance teams to prioritise other work at period 6. This change will not impact on the quality of the budget monitoring information presented to the IJB.

3.2 At the end of August an adverse position of £989,000 (£607,000 in June 2019) is forecast on mainstream budgets for the financial year 2019-20. The majority of the overspend is due to the additional cost of locums in order to provide safe staffing levels and increases in prescribing spend, offset by vacancies in core community health services.

3.3 The Leadership Team have been reviewing their budgets to bring the budget back into balance and have identified the following activities which will be used to manage this position:

Savings in the Senior Leadership Team Structure	£90,000
Vacancy management savings for managerial, project management and administrative posts	£100,000
Introduce an essential spend only policy and reduce costs on courses, conferences, travel, equipment, agency staff and locums	£133,000
Review of commissioning process for medical locums	£200,000

A change of approach to the commissioning of social care packages to encourage a re-enablement focussed approach using a multi-disciplinary team.	£200,000
A review of high value social care packages with a multi-disciplinary team,	£266,000
	£989,000

3.4 As well as these savings, the Leadership Team will be looking at other areas within their budget where it may be possible to save money. This was part of the objective setting process where all budget holders were asked to identify in year efficiencies of one percent.

3.5 At the end of the financial year the IJB had £5.6 million held in its reserves. The majority of this funding is committed to the previously agreed integration and change projects. A breakdown is shown below of the reserves position at the start of the financial year and a forecast of what the reserves will look like at the end of the financial year.

	01/04/19	**31/03/20**
	£'000	**£'000**
Risk fund	2,500	2,500
Primary Care Improvement Fund*	120	120
Primary Care Reserve (previous unspent funding)	1,580	706
Action 15 mental health funding*	161	161
Integration and Change Funding	551	0
Alcohol and Drugs Partnership*	666	0
	5,578	**3,487**

*Estimates for illustrative purposes

3.6 As can be seen from the table above the IJB still has its risk fund available should there be any further adverse movements to protect the partners from having to provide additional funding to the IJB. However, the use of this risk fund is seen as a last resort. The reduction in reserves forms part of the IJB's Medium Term Financial Framework where these funds are being invested in services to either manage demand and (or) improve services.

3.7 Information has been received with regard to the Alcohol and Drugs Partnership Funding (ADP), Primary Care Improvement Fund (PCIF) and

Action 15 mental health funding. The Scottish Government have indicated that they will continue to fund these initiatives at the previously agreed levels, however, they will only provide funding to the IJBs once the reserves carried forward have been spent. In order to provide clarity on what is due to Aberdeen for each of these funds a table has been prepared below:

	Allocated in 18/19 £'000	**Received in 18/19 £'000**	**Spent in 18/19 £'000**	**Held in Reserves £'000**	**Allocated in 19/20 £'000**	**Available in 19/20 £'000**
Action 15	431	431	270	161	668	829
ADP	666	666	0	666	666	1,332
PCIP	1,793	1,298	1,178	120	2,186	2,951*

*includes £150,000 of funding from Aberdeenshire IJB.

It is very unlikely that the IJB will be able to spend to the available levels in 2019/20, as developing the workforce required to meet the requirements of these funds will require time.

3.8 The position highlighted above closely aligns with the Medium-Term Financial Strategy, where it was intended the level of reserves would be reduced in 2019/20 to fund the transformation programme. An analysis of the variances on the mainstream budget is detailed below:

Community Health Services (Forecasted Position - £447,000 underspend)

Major Variances:

(£519,899)	Underspend across non-pay budgets
£72,945	Under recovery on income

The staffing costs are being forecasted to breakeven as vacancies will be offsetting existing efficiency targets. Income forecast for under recovery is

down to less income being generated from dental patients. Non-Pay underspend will primarily relate to primary care redesign.

3.9 Hosted Services (Forecasted Position £900,000 overspend)

The main areas of overspend are as follows:

Intermediate Care: Main reason for the overspend in medical locum costs is a result of the requirement to provide consultant cover at night within Intermediate Care. Agency nurse usage continues due to sickness/absence levels, this is currently being reviewed by members of the Leadership Team.

Police Forensic Service: Legacy of under funding issue with this budget, although additional funding has been provided by NHS Grampian.

Grampian Medical Emergency Department (GMED): Relates mainly to pay costs and the move to provide a safer more reliable service which has seen a greater uptake of shifts across the service. Non-pay overspend due to repair costs not covered by insurance, increased costs on software and hardware support costs, increased usage of medical surgical supplies and an increase in drug costs.

Hosted services are led by one IJB, however, the costs are split according to the projected usage of the service across the three IJBs. Decisions required to bring this budget back into balance may need to be discussed with the three IJBs, due to the impact on service delivery.

3.10 Learning Disabilities (Forecasted Position - £443,775 underspend)

Major Movements:

(£239,000)	Premises expenses
(£100,000)	Commissioned Services

Mainly due to projected underspend on premises expenses £239,000 due to refunds of premises costs. Due to recent changes in the resource allocation panel and a review of packages, a favourable movement on commissioned spend is anticipated of £100,000.

3.11 Mental Health & Addictions (Forecasted Position - £1,080,456 overspend).

Major Movements:

£287,000	Needs led mental health nursing care
£242,000	Under recovery client contributions
£352,000	Increase in spend to voluntary organisations
£370,000	Increased spend on locums

The overspend on commissioned services is mainly due to increased expenditure on needs led mental health nursing care coupled with under recovery on client contributions and increased spend to voluntary organisations who are providing services to this client group. There is also an overspend on the medical budget due to locums being used to cover for consultant vacancies

3.12 Older People & Physical and Sensory Disabilities (Forecasted Position £1,177,000 overspend)

Major Movements:

£1,200,000	Under recovery of client contributions

The overspend reflects an under recovery on client contributions. This budget is currently being reviewed and therefore the income budget continues to be monitored closely. Work has been undertaken to improve the financial assessment process using the lean 6 sigma continuous improvement methodology.

3.13 Directorate (Forecasted Position £1,478,470 underspend)

(£824,000)	Commissioned services underspend
(£599,000)	Staffing underspend and staffing savings

Mainly due to vacancies and an underspend on commissioned services. This underspend is being used to fund some of the overspends on mental health and older people budgets and a virement will be considered during the next budget monitoring report.

3.14 Primary Care Prescribing (Forecasted Position – £421,000 overspend)

This position is based upon three months actual information to June and an accrued position for July and August.

The actual volume is continuing to show an increase over the first 4 months of 2018/19 including an estimate for the items received for July 2019. As such, an expected volume increase of 1.5% over 2018/19 has been included in the position.

3.15 Primary Care Services (Forecasted Position - £229,213 underspend)

The Primary Care services position does not yet include allocations for agreed contract percentage uplift from the Scottish Government for 2019/20 to be advised. These revisions will have a further impact on the overall position once implemented.

The main cost pressures from 2018/19 continue relating to established Enhanced Services which includes diabetic care, contraception services, substance misuse and extended hours.

Board Administered funds is continuing to underspend in total, although there have been increasing levels of maternity and sickness claims for the period to date with an increase of £234,000 over the same period in 2018/19. Based upon current information available, we do not expect this level of expenditure to continue for the full year.

3.16 Out of Area Treatments (Forecasted Position - £22,000 overspend)

Forecast includes assumptions on lengths of stay etc and on this update, is showing potential overspend for year of £22,000. Changes relate to increased lengths of stay from previous estimates for two placements (one in NHS Lothian neuro rehab, and one in Brain Injury trust Glasgow neuro rehab) and the addition of special nursing re a patient recently transferred out of area.

4 Implications for IJB

4.1 Every organisation must manage the risks inherent in the operation of large and complex budgets. These risks are minimised by the regular review of financial information by budget holders and corporately by the Board and Audit & Performance Systems Committee. This report is part of that framework and has been produced to provide an overview of the current financial operating position.

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

4.2 Equalities – none identified.

4.3 Fairer Scotland Duty – none identified.

4.4 Financial – contained throughout the report.

4.5 Workforce – none identified.

4.6 Legal – none identified.

5 Links to ACHSCP Strategic Plan

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

6 Management of Risk

6.1 Identified risks(s)

See directly below.

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

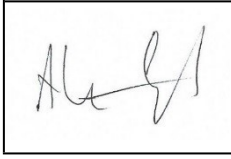
There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and project an overspend.

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

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

Should there be a number of staffing vacancies then this may impact on the level of care provided to clients. This issue is monitored closely by all managers and any concerns re clinical and care governance reported to the executive and if necessary, the clinical and care governance committee.

INTEGRATION JOINT BOARD

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

Appendix A: Finance Update as at end August 2019

Period 5	Full Year Revised Budget	Period Budget	Period Actual	Period Variance	Variance Percent	Yearend Forecast
Mainstream:	£'000	£'000	£'000	£'000	%	£'000
Community Health Services	37,137	15,161	15,045	(116)	-0.8	36,690
Aberdeen City share of Hosted Services (health)	22,521	9,385	9,732	347	3.7	23,421
Learning Disabilities	35,714	14,618	12,441	(2,177)	-14.9	35,271
Mental Health and Addictions	20,305	8,384	7,819	(565)	-6.7	21,386
Older People & Physical and Sensory Disabilities	75,574	30,660	35,638	4,978	16.2	76,751
Directorate	1,659	689	(736)	(1,425)	-206.8	181
Criminal Justice	92	49	163	114	232.7	78
Housing	1,860	775	376	(399)	-51.5	1,860
Primary Care Prescribing	39,313	16,308	16,583	275	1.7	39,734
Primary Care	38,892	16,216	16,120	(96)	-0.6	38,662
Out of Area Treatments	1,700	708	756	48	6.8	1,722
Set Aside Budget	46,416	19,340	19,340	0	0.0	46,416
Public Health	491	97	595	498	513.4	491
	321,674	**132,390**	**133,872**	**1,482**	**1.1**	**322,663**
Funds:						
Integration and Change	1,681	700	700	0	0.0	1,681
Primary Care Improvement Fund	902	376	376	0	0.0	902
Action 15 Mental Health	473	197	197	0	0.0	473
Alcohol Drugs Partnership	666	278	278	0	0.0	666
	3,722	**1,551**	**1,551**	**0**	**0.0**	**3,722**
	325,396	**133,941**	**135,423**	**1,482**	**1.1**	**326,385**

Appendix B: Summary of risks and mitigating action

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

	Risks	Mitigating Actions
Learning Disabilities	There is a risk of fluctuations in the learning disabilities budget because of: • expensive support packages may be implemented. • Any increase in provider rates for specialist services. • Any change in vacancy levels (as the current underspend is dependent on these).	• Review packages to consider whether they are still meeting the needs of the clients. • All learning disability packages are going for peer review at the fortnightly resource allocation panel.
Mental Health and Addictions	Increase in activity in needs led service. Potential complex needs packages being discharged from hospital. Increase in consultant vacancies resulting in inability to recruit which would increase the locum usage. Average consultant costs £12,000 per month average locum £30,000 per month.	• Work has been undertaken to review levels through using CareFirst. • Review potential delayed discharge complex needs and develop tailored services. • A review of locum spend has highlighted issues with process and been addressed, which has resulted in a much-improved projected outturn.

	Risks	Mitigating Actions
Older people services incl. physical disability	There is a risk that staffing levels change which would have an impact on the balanced financial position. There is the risk of an increase in activity in needs led service, which would also impact the financial position.	• Monitor levels of staffing in post compared to full budget establishment. • A vacancy management process has been created which will highlight recurring staffing issues to senior staff. • Review packages to consider whether they are still meeting the needs of the clients.
Prescribing	There is a risk of increased prescribing costs as this budget is impacted by volume and price factors, such as the increase in drug prices due to short supply. As both of which are forecast on basis of available date and evidence at start of each year by the Grampian Medicines Management Group	• Monitoring of price and volume variances from forecast. • Review of prescribing patterns across General Practices and follow up on outliers. • Implementation of support tools – Scriptswitch, Scottish Therapeutic Utility. • Poly pharmacy and repeat prescription reviews to reduce wastage and monitor patient outcomes.
Out of Area Treatments	There is a risk of an increase in number of Aberdeen City patients requiring complex care from providers located out with the Grampian Area, which would impact this budget.	• Review process for approving this spend.

Appendix C: Progress in implementation of savings – June 2019

Area	Agreed Target £'000	Status	Action	Responsible Officer
Review processes and ensure these are streamlined and efficient	(450)		**Financial Processes** – Review of the financial assessment process is being undertaken to determine ways in which this can be sped up, to reduce delays for clients and maximise income available to the IJB. **Pre-paid cards** – Small working group nearing completion of procurement pack. Aberdeen City Council IT Team have reviewed technical specification of identified preferred provider to ensure fit with current systems prior to moving forward with direct award under Surrey Framework. Initial screening completed and currently exploring Data Protection Impact of introduction of card. Data Protection Impact Assessment has been drafted and officers are liaising with Information Governance in Aberdeen City Council to finalise. Communications for staff and service users has been drafted based on similar work in other Local Authority areas, final wording awaiting elements to be taken from procurement pack. Project estimated to go live in October 2019.	Alison MacLeod & Gail Woodcock

Appendix C: Progress in implementation of savings – June 2019

Area	Agreed Target £'000	Status	Action	Responsible Officer
Income Generation	(553)		The increase in charges was agreed at Full Council and the invoices have been issued to clients. This budget will be monitored closely over the next few months to determine whether these increases have resulted in additional income expected.	Alison MacLeod
Managing Demand and Inflation	(1,063)		Work progresses to manage demand and the reduction in the bed base in the city is helping to achieve this target. Works continues with suppliers to manage the level of inflationary uplifts required.	A Stephen
Medicines Management	(631)		Community Pharmacy operationalising (Grampian Primary Care Prescribing Group) GPCPG report recommendations. Work commenced on tracking and reporting on impact of GPCPG recommendations. Development of an Oral Nutrition Supplements Business Case, which is projected to deliver savings and constrain future demand	Lorraine McKenna

Appendix C: Progress in implementation of savings – June 2019

Area	Agreed Target £'000	Status	Action	Responsible Officer
Service Redesign	(1,934)		Service redesign work is taking place and budgets have been reduced to help achieve this saving. The major element of this relates to the closure of a ward at Woodend and whilst the budget has reduced, pressures are being experienced in the use locums and agency staff. The Leadership Team are working with staff at Woodend to review the use of locums and agency nursing.	A Stephen

Appendix D: Budget Reconciliation

	£	£
ACC per full council:		89,572,099
NHS per letter from Director of Finance:		
Budget NHS per letter		219,111,067
		308,683,167
Reserves:		
Brought Forward NHS		5,581,424
		314,264,591
Funding Assumptions and Adjustments:		
Less: Reserves		(5,581,424)
		308,683,167
NHS -Additional allocations received during quarter 1 (as per Appendix E)		12,073,491
ACC -Additional allocations received during quarter 1 (as per Appendix E)		1,486,000
Reported at Month 3		322,242,658
NHS -Additional allocations received during quarter 2 (as per Appendix E)		
PAY AWARD & SUPERN	352,962	
DENTAL PRIORITY CITY	20,130	
AUTOENROLMENT	11,130	
SUPERANN 6% FYB	1,337,813	
SHS PAY UPLIFT 1718	(20,224)	
ORTHOPAEDIC PROJ	6,628	
ACTION 15 1819	(129,000)	
PCIP 1819	(252,750)	
WAITING TIMES	453	
SHINGLES	583	
GMED HOSTED SUPERANN	128,719	
ACTION 15	305,558	
ENROL WT & PLASMA	1,057	
MEDIC SUPERANN	8,902	
SHS PAY UPLIFT 1718	7,991	
SUPERANNUATION CITY	359,063	
ADP FUNDING	(666,000)	

HOSTED SERVICES M04 PT2	756	
SHIRE HOST BUD REAL	56,612	
TSS STAFF TO H&SCP	87,543	
AWM CITY DIETETICS	13,540	
SAL DENTIST REDUC	(11,000)	
CHILD FLU	72	
PRESC ADJ GLOBAL SUM	(107,244)	
PRESC TARIFF RED'N	721,215	
PRIMARY CARE TORRY	11,000	
OH/CHILDSMILE CITY	28,000	
HOST BUD ADJ	7,085	
HOSTED SERVS RECH M5	676	
PRESC TARIFF RED'N	(1,442,430)	
GP OOH FUNDING	196,572	
RESERVES CALL DOWN	282,152	
Action 15 Assumption removed	(378,431)	
		939,133
ACC -Additional allocations received during quarter 2 (as per Appendix E)		
Self Directed Support Transformation Funding	123,000	
		123,000
		2,092,000
IJB Reserves		
Reported at Month 5		325,396,791

Appendix E: Virements

Virement Name	Area Affected	Amount Realigned £
GMED Out of Hours 1819	Transformation Reserves	196,001
GMED Out of Hours 1819	Hosted Services	(196,001)
Keepwell Funding	Transformation Reserves	1,384
Keepwell Funding	Hosted Services	(1,384)
Acute Care at Home	Transformation Reserves	675,000
Acute Care at Home	Core Community	(675,000)
Evaluation Framework	Transformation Reserves	90,000
Evaluation Framework	Core Community	(90,000)
Primary Care	Transformation Reserves	378,278
Primary Care	Core Community	(378,278)
Budget Balancing	Transformation Reserves	637,314
Budget Balancing	Core Community	(637,314)
GMED Out of Hours 1920	Hosted Services	196,572
GMED Out of Hours 1920	Transformation Reserves	(196,572)
Virement Total		**£0**

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Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	19 November 2019
Report Title	Performance Dashboard
Report Number	HSCP.19.069
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: PDF versions of Performance Dashboard Landing Page and Spine Charts

1. Purpose of the Report

1.1. The purpose of this report is to present the latest draft of the Performance Dashboard that is linked to the current IJB Strategic Plan.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Review the draft Performance Dashboard and note future planned developments.

b) Agree the revised proposal in relation to performance reporting arrangements.

c) Agree the scheduling of a development session to determine the most effective way to use the Performance Dashboard at IJB and committee level.

INTEGRATION JOINT BOARD

3. Summary of Key Information

3.1. The IJB approved the Strategic Plan for 2019 to 2022 at its meeting in March 2019. The plan contains five Strategic Aims and a suite of performance measures was provided for each. The performance measures were compiled from those committed to in existing plans, frameworks and strategies.

3.2. In order to facilitate collation of the performance data, a master spreadsheet was created which captures the source, the frequency of reporting, whether trend or benchmarking data is available and where this is currently reported to. This spreadsheet enables us to track what information is available and where the gaps are. It also provides assurance as to the quality and accuracy of the data.

3.3. The Chief Officer of Aberdeen City Health and Social Care Partnership has responsibility for the delivery of the Strategic Plan and uses these performance measures as part of her ongoing performance review meetings with the Chief Executives of Aberdeen City Council and NHS Grampian. Each of the measures has been assigned to a member of the Leadership team who has ultimate accountability for performance.

3.4. Initially these measures were depicted in excel spreadsheet format showing current data and data covering previous periods in order that progress could be demonstrated, and areas of concern identified. There is a lot of data and the spreadsheet was busy and difficult to read.

3.5. In conjunction with colleagues from NHS Grampian Health Intelligence and with support from Aberdeen City Council Business Intelligence, a Performance Dashboard has been compiled using the Tableau (Illuminate) software which provides a much more visual and easier to read version of the same data.

3.6. A demonstration of the Dashboard was provided to the October meeting of the Audit and Performance Systems Committee and will be provided to the November meeting of the Clinical and Care Governance Committee. Originally the intention was to present to both committees prior to IJB however the date of the Clinical and Care Governance Committee was deferred until after the date of the IJB meeting.

3.7. The high-level view of the Dashboard currently only provides a snapshot of information at a particular point in time. Further development of the

Dashboard is planned to include trend data at this level. It is also our intention to add data from our commissioned services to our performance dashboard and discussions are ongoing as to the mechanisms for achieving this.

3.8. It should be noted that data is not yet available for all of the performance measures and these are indicated in grey on the Performance Dashboard. Work is ongoing to address this however it is difficult to put a timescale on when the missing information will be available.

3.9. In addition, some of the data that is available is only reported on an annual or bi-annual basis, so progress will not necessarily be obvious depending on the time intervals between which the Dashboard is viewed. Work is ongoing in relation to operational performance reports which will link a suite of operational performance measures to each of the strategic measures. This will be available to services to use to inform service delivery and improvement. The annual version of the Dashboard will be used to inform the 2019/20 Annual Report.

3.10. The original intention had been to share consideration of performance against the five Strategic Aims between Audit and Performance Systems and Clinical and Care Governance committees with IJB considering the Annual Report and the MSG Indicators. IJB agreed this approach at its meeting in December 2018. In light of the development of the Dashboard which allows easy access to the high level information, the fact that some aims have a disproportionate amount of missing information and the consideration that all of the strategic performance indicators will be of interest across the IJB and its committees we are now proposing a revision to that approach.

3.11. It is proposed that we enable access to the landing page and spine charts for all IJB and committee members and their deputes (example attached at Appendix A). It is further proposed that, to provide the IJB and committees with assurance, officers will bring performance reports to both committees based on those indicators that are performing out with a tolerance level (yet to be identified). These reports will not only refer to the performance but also provide context for that and detail action being undertaken to bring about improvement. IJB will continue to receive the Annual Report and reports on the MSG Indicators.

3.12. It is further proposed that a development session is scheduled to agree how best to use the information available, how it links to risk, and to set the tolerance level beyond which an indicator would be deemed to be “exceptional” and merit becoming the subject of specific reporting.

INTEGRATION JOINT BOARD

4. Implications for the Integration Joint Board

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 Performance Dashboard demonstrates progress made against the five Strategic Aims within the Strategic Plan.

6. Management of Risk

6.1. Identified risks(s)

If we do not monitor and report on our performance, there is a risk that the services we are delivering are not of the best quality and that we miss opportunities to improve.

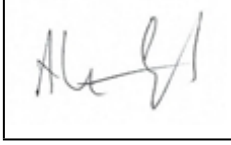
6.2. Link to risks on strategic or operational risk register:

This report links to strategic risk 5. - *There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally determined performance standards as set by the board itself. This may result in harm or risk of harm to people*.

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

INTEGRATION JOINT BOARD

The report gives assurance on the areas where we are performing well and highlights areas where performance could be improved allowing remedial activity to be employed where required.

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

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Aberdeen City Health and Social Care Partnership

Progress Against our Strategic Plan

Our Vision "We are a caring partnership, working in and with our communities to enable people to achieve fulfilling, healthier lives"

Our Strategic Aims

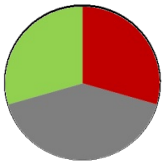
Click each pie chart to vew more detail for this strategic aim

Prevention

Working with our partners to achieve positive health outcomes for people and address the preventable causes of ill-health in our population

Resilience

Working with our partners to support people so that they can cope with, and where possible, overcome the health and wellbeing challenges they may face.



Personalisation

Ensuring that the right care is provided in the right place and at the right time when people are in need. Ensuring that our systems are as simple and efficent as possible.

Connections

Develop meaningful community connections and relationships with people to promote better inclusion, health and wellbeing and reduce social isolation.

Communitites

Working with our communities, recognising the valuable role that people have in supporting themselves to stay well and supporting each other when care is needed.

Pie Charts show the performance of measures under each Strategic aim. The reporting period for measures will vary dependant on the measure with some being updated monthly, quarterly, annually, bi-annually etc. Performance change for each measure is based on current performance compared to previous performance to account for variances in reporting periods. Reporting periods for each measure can be seen on the Prevention, Resilience, Personalisation, Connections and Communities individual spine charts and detailed dashboards.

Green - Percentage of measures where performance has improved since the last reporting period

Red - Percentage of measures where performance has deteriorated since the last reporting period

Amber - Percentage of measures where performance has stayed the same since the last reporting period

Grey - Percentage of measures where data is not yet available and measure is not populated

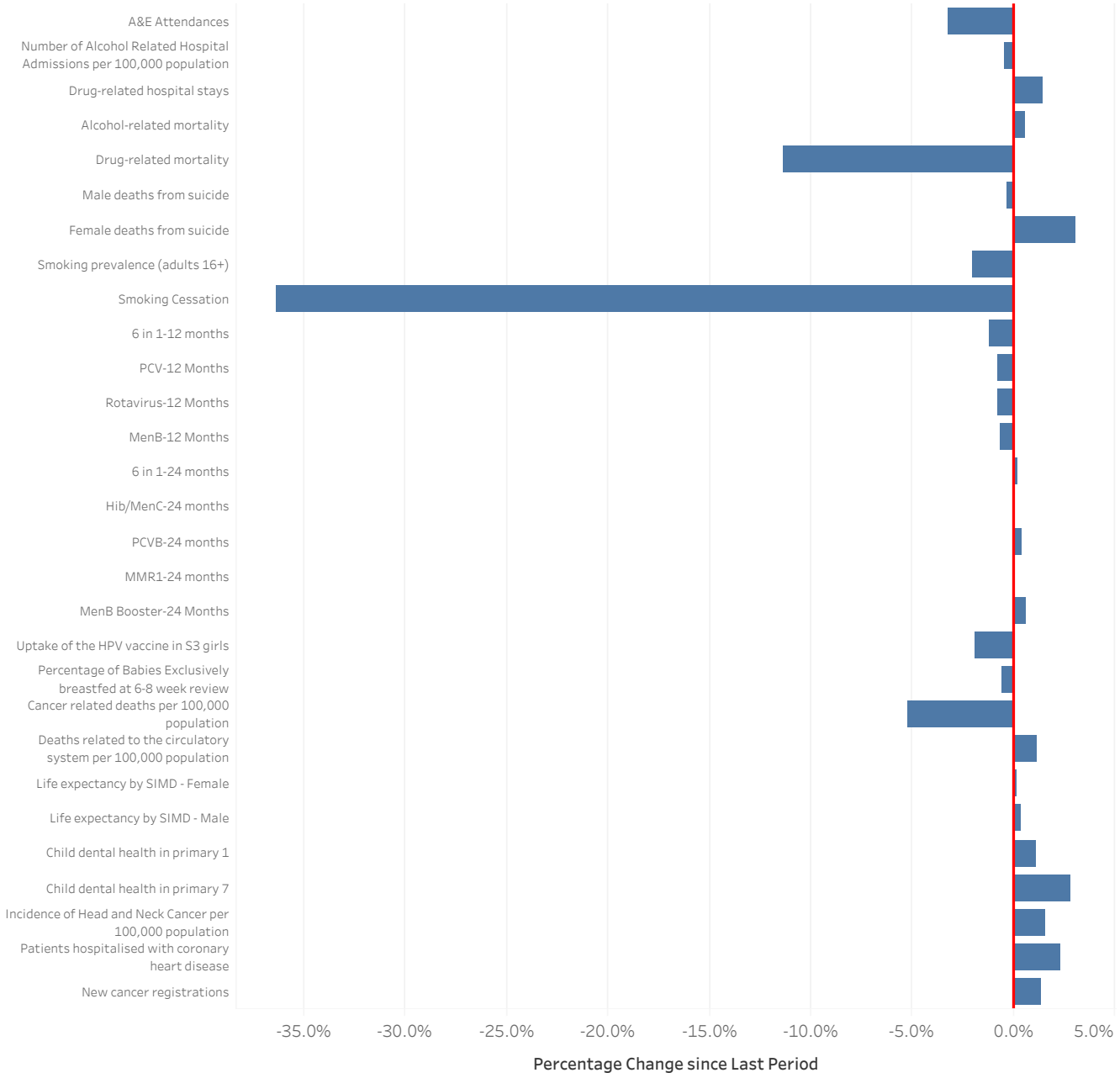
Prevention

"Working with our partners to achieve positive health outcomes for people and address the preventable causes of ill health in our population"

Click on the chart for further information on each measure

Bars to the right of the red line show an improvement since the previous reporting period.
Bars to the left of the red line show a deterioration in performance since the previous reporting period.
Where no bar is visible there has been no change in performance since the previous reporting period.

Note that the reporting periods vary for each indicator, i.e Monthly, Quarterly, Annually etc. however this chart will always compare the current reporting period to the previous reporting period.



Resilience

"Working with our partners to support people so that they can cope with, and where possible, overcome the health and wellbeing challenges they may face"

Click on the chart for further information on each measure

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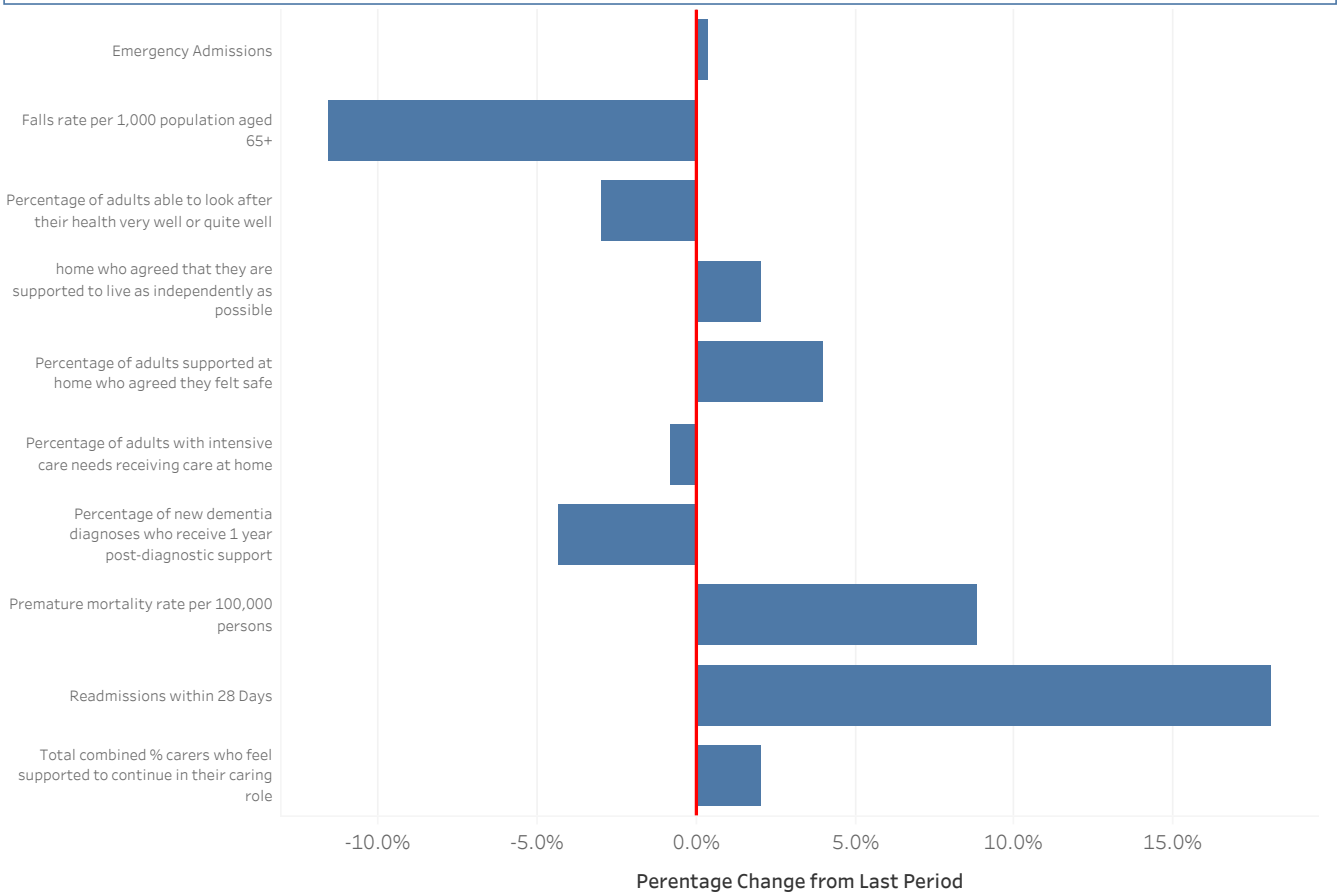

Personalisation

"Ensuring that the right care is provided in the right place and at the right time when people are in need. Ensuring that our systems are as simple and efficent as possible"

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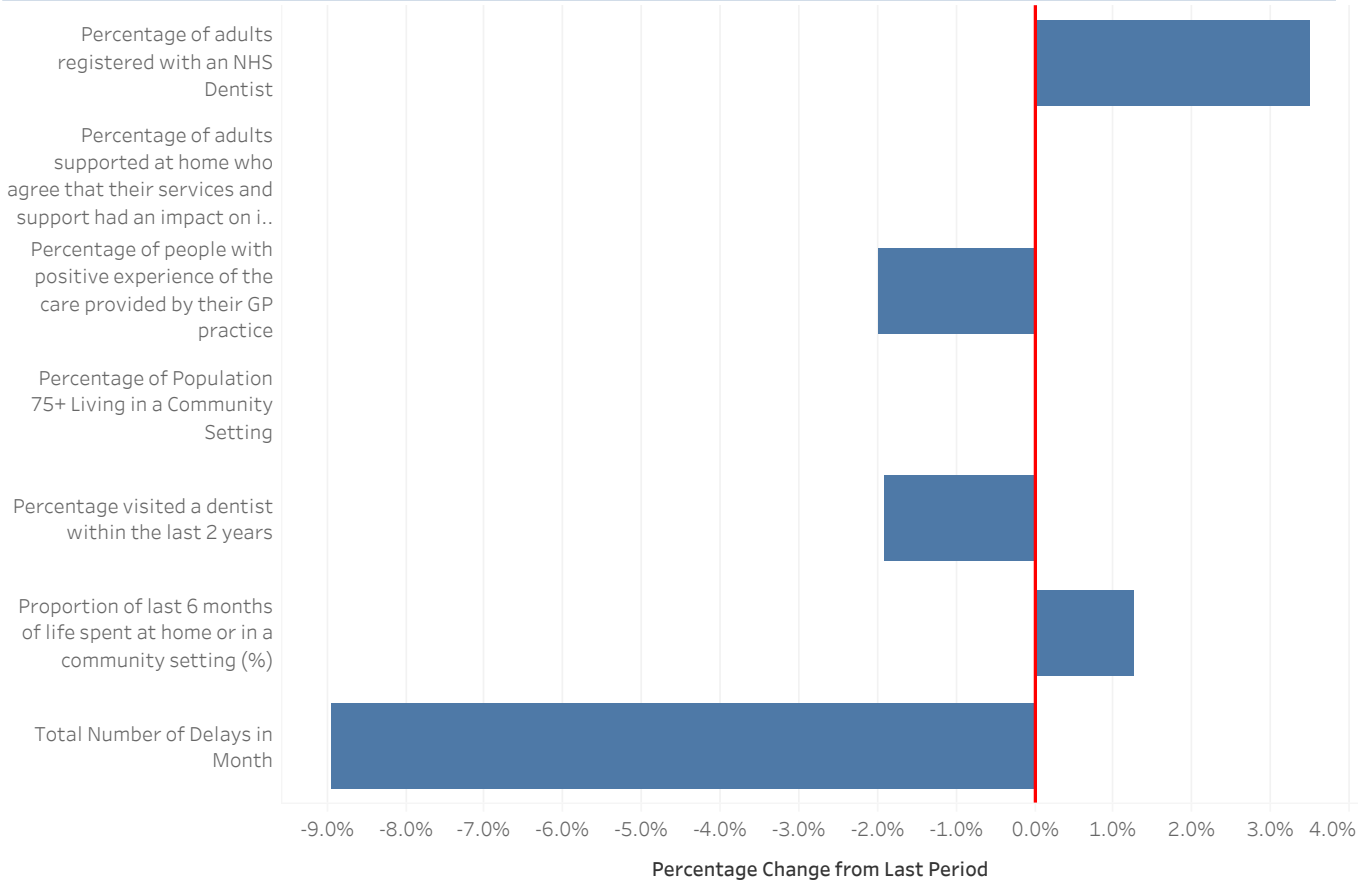

Connections

"Develop meaningful community connections and relationships with people to promote better inclusion, health and wellbeing and reduce social isolation"

Data is not yet availabe for any of the indicators under the strategic aim Connections

Communities

"Working with our communities, recognising the valuable role that people have in supporting themselves to stay well and supporting each other when care is needed"

Click on the chart for further information on each measure

Bars to the right of the red line show an improvement since the previous reporting period.
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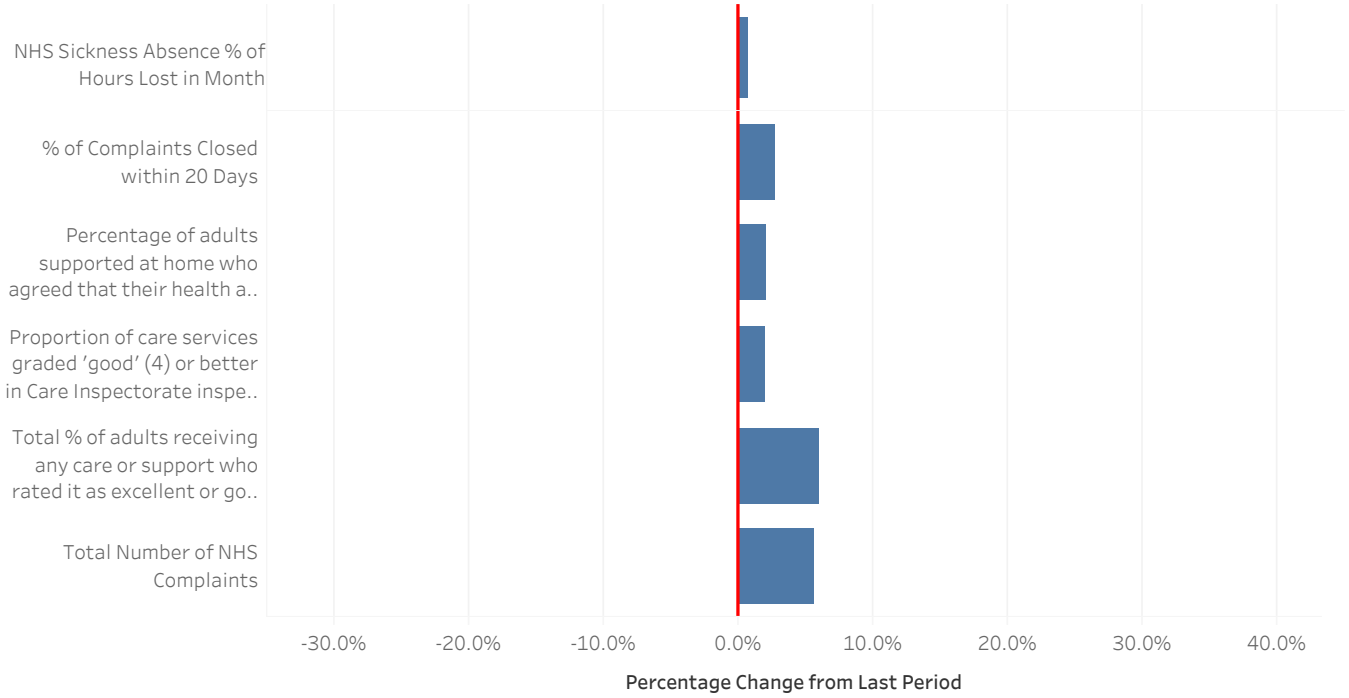

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