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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board

Town House,
ABERDEEN 14 January 2020

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Rooms 4 & 5 - Health Village** on **TUESDAY, 21 JANUARY 2020 at 10.00 am.**

FRASER BELL
CHIEF OFFICER - GOVERNANCE

B U S I N E S S

DECLARATION OF INTERESTS

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

DETERMINATION OF EXEMPT BUSINESS

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

STANDING ITEMS

- 3 Minute of Previous Board Meeting - 19 November 2019 (Pages 5 - 16)
- 4 Draft Minute of Clinical and Care Governance Committee - 17 November 2019 (Pages 17 - 24)
- 5 Business Planner (Pages 25 - 26)
- 6 Chief Officer's Report (Pages 27 - 34)

GOVERNANCE

- 7 Chief Social Work Officer's Annual Report (Pages 35 - 60)
- 8 Fast Track Cities (Pages 61 - 72)
- 9 Engagement and Consultation Protocol with Trade Unions (Pages 73 - 76)

PERFORMANCE AND FINANCE

- 10 Update on the Alcohol and Drug Partnership Delivery Plan and Investment (Pages 77 - 90)

STRATEGY

- 11 Strategic Risk (Pages 91 - 130)

ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE

- 12 Learning Disabilities Service work with Meridian (Pages 131 - 142)

WORKSHOP

- 13 Budget Setting Workshop

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

Agenda Item 1

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

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

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

OR

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

OR

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

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

OR

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

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

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ABERDEEN, 19 November 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, Jim Currie, Maggie Hepburn, Caroline Howarth, Heather MacRae, Graeme Simpson, Sandra Ross and Alex Stephen.

Apologies:- Dr Howard Gemmell, Dr Malcolm Metcalfe and Kenneth Simpson

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.

WELCOME FROM THE CHAIR

1. The Chair welcomed all members, officers and public to the meeting. The Chair introduced Chris Littlejohn, Depute Director of Public Health, NHS Grampian who would be joining the Board as a member and invited him to join the members.

DECLARATIONS OF INTEREST

2. The Chair invited Declarations of Interest and the following were received.

The Board resolved:-

to note the following declarations;

- (i) John Tomlinson made a declaration of interest in respect of Agenda Item 19 , (2020/2021 Annual Procurement Work Plan), specifically pages 254-256, and intended to remain.
- (ii) Maggie Hepburn made a declaration of interest in respect of Agenda Item 20 (Grant to Voluntary Organisation) and intended to withdraw.
- (iii) Councillor Duncan, the Chair, made a declaration of interest in respect of Supplementary Agenda Item 10.1 and intended to withdraw.

Following the Declaration of Interest at Item 2(iii) of this minute, Councillor Duncan vacated the Chair in favour of Luan Grugeon, Vice Chair.

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The Vice Chair intimated an Item of Urgent Business as listed at Agenda Item 11 had been received and accepted as business.

TRAINING AND DEVELOPMENT PROPOSAL - DECEMBER 2019 - HSCP.19.083

3. The Vice-Chair resolved:-

to accept and introduce Item 11 as a late and urgent item of business.

The Board had before it a report from the Chief Officer advising of a training opportunity for a Board member at a forthcoming conference.

The report recommended that the Board:

- a) Approves the travel and attendance of the Chair of the IJB at the forthcoming national Health and Social Care Scotland Conference on Wednesday 4th December 2019.
- b) Nominates the Chair to attend and represent this IJB.

The Board resolved:-

- (i) to approve the travel and attendance of a member of the IJB at the forthcoming national Health and Social Care Scotland Conference on Wednesday 4th December 2019, and
- (ii) to nominate the Chair to attend and represent this IJB, and
- (iii) to instruct the Chief Finance Officer to work together with Aberdeen City Council (ACC) Governance to develop a training approval plan to include justification and upper cost levels.

The Chair returned to the meeting.

DETERMINATION OF EXEMPT BUSINESS

4. The Chair intimated that several items had been proposed as being of exempt business.

The Board resolved:-

to note that the following Agenda Items would be considered in private.

- (i) Item 16 – Aberdeen City Health and Social Care Partnership (ACHSCP) Strategic Commissioning Activity Plan 2019 – 2022
- (ii) Item 17 – Review of commissioned Day Care – an update
- (iii) Item 18 – Supplementary Procurement Work Plan (2019/20)
- (iv) Item 19 – 2020/21 Annual Procurement Work Plan
- (v) Item 20 - Grant to Voluntary Organisation

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MINUTE OF BOARD MEETING OF 3 SEPTEMBER 2019

5.

The Board had before it the Draft Minute of the meeting of 13 September 2019.

The Board were advised that an incorrect reference had been made to AVCO when it should have been VSA in the declarations from Kenneth Simpson.

The Board resolved:-

- (i) to note that the Declaration of Interest by Kenneth Simpson at 1(v) on page 2 of the Minute should state *'by virtue that VSA 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
- (ii) to note that the Declaration of Interest by Kenneth Simpson prior to Item 9 (transformation Report) on page 6 of the Minute should state *'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
- (iii) to otherwise approve the minute as a true record.

DRAFT MINUTE OF AUDIT AND PERFORMANCE SYSTEMS COMMITTEE OF 29 OCTOBER 2019

6. The Board had before it the Draft Minute of the meeting of the Audit and Performance Systems Committee (APS) of 29 October 2019.

The Board heard an overview of the business presented to the Committee.

The Board resolved:-

to note the minute.

MINUTE OF AUDIT AND PERFORMANCE SYSTEMS COMMITTEE OF 20 AUGUST 2019

7. The Board had before it the Draft Minute of the meeting of the Audit and Performance Systems Committee (APS) of 20 August 2019.

The Board heard an overview of the business presented to the Committee

The Board resolved:-

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to note the minute.

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

8. The Board had before it the Draft Minute of the meeting of the Clinical and care Governance Committee (CCG) of 13 August 2019.

The Board heard an overview of the business presented to the Committee.

The Board resolved:-

to note the minute.

BUSINESS PLANNER

9. The Board had before it the Board Business Planner and received an update on its contents.

The Board heard that the meeting on 12 February 2020 would now revert to a normal business meeting and not the intended Budget Meeting.

The Board resolved:-

- (i) to note presentation of the reports on this Agenda,
- (ii) to delay presentation of Item 16 (Chief Social Worker Officer's Report), Item 17 (NHS Grampian Services which are hosted in Aberdeen City, Aberdeenshire and Moray Integration Joint Boards), Item 18 (Consultation Protocol with Trade Unions), Item 19 (Fast Track Cities Initiative) and Item 20 (Countesswells) until the meeting on 21 January 2020 ,
- (iii) to delay presentation of Item 22 (Transformation Decisions Required) until the meeting on 24 March 2020

CHIEF OFFICER'S UPDATE - HSCP.19.075

10. The Board had before it a report from the Chief Officer which provided an update to some of the activities ongoing within ACHSCP.

The report recommended that the 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

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b) Otherwise note the content of the report.

The Board resolved:-

To approve the recommendations.

INTEGRATION JOINT BOARD SCHEME OF GOVERNANCE - ANNUAL REVIEW - HSCP.19.070

11. The Board had before it a report from the Aberdeen City Council (ACC) Chief Officer – Governance which provided the annual review of the Board's Scheme of Governance document set.

The report recommended that the Board:-

- 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.

The Board resolved:-

- (i) to approve the name change of the Audit and Performance Systems Committee to Risk, Audit and Performance Committee,
- (ii) to approve the revised Audit and Performance Committee Terms of Reference, as outlined in Appendix A and as discussed,
- (iii) to approve the revised Clinical and Care Governance Committee Terms of Reference, as outlined in Appendix B,
- (iv) to approve the revised Roles and Responsibilities Protocol, as outlined in Appendix C,
- (v) to approve the revised Standing Orders, as outlined in Appendix D, and as discussed
- (vi) to 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

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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.

2020/2021 PROPOSED MEETING DATES - HSCP.19.061

12. The Board had before a report from the Chief Officer proposing a schedule of dates for the Board, its Committees and developmental workshops.

The report recommended that the Board:

- a) to approve the meeting schedule for 2020-2021;
- b) to note that the Provisional Budget Meeting intended for 11 February 2020 will revert to a regular meeting,
- c) to note the stand-alone developmental workshop schedule for 2020-2021, and
- d) to 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.

The Board resolved:-

to approve the recommendations.

LOCAL SURVEY - HSCP.19.068

13. The Board had before it a report from the Chief Officer regarding the local survey.

The report recommended that the Board:-

- a) to note the results of the Local Survey,
- b) to note the comparison between the local and national survey results in relation to national indicators 1 through 9,
- c) to note that the independent company is commissioned to repeat the local survey in three years' time,
- d) to 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, and
- e) to 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

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which would benefit from improvement. This report will come to the June meeting of the IJB.

The Board resolved:-

to approve the recommendations.

LOCALITIES - HSCP.19.060

14. The Board had before it a report from the Chief Officer regarding an update to work ongoing under 'Localities'.

The report recommended that the Board:

- a) to approve 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) to 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) to 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) to agree that we will use terminology of localities to describe large geographical areas and neighbourhoods to describe more natural communities within these boundaries,
- e) to instruct the Chief Officer, to report within Chief Officer's Updates to IJB on the progress towards integrated locality working,

The Board resolved:-

- f) To approve the recommendations, and
- g) to instruct the Chief Officer, to report back on the progress towards integrated locality working, on 1 December 2020,
- h) to instruct the Chief Officer to arrange a workshop on the topic for IJB members.

FINANCE UPDATE AS AT END AUGUST 2019 - HSCP.19.063

15. The Board had before it a report from the Chief Finance Officer which provided the current year revenue budget performance for services within the remit of the IJB.

The report recommended that the Board:

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- a) to note this report in relation to the IJB budget and the information on areas of risk and management action that are contained herein,
- b) to approve the budget virements indicated in Appendix E,
- c) to note the recovery plan highlighted in paragraph 3.3.

The Board resolved:-

to approve the recommendations.

PERFORMANCE DASHBOARD - HSCP.19.069

16. The Board had before it a report from the Chief Officer regarding development of the draft Performance dashboard which was linked to the current IJB Strategic Plan.

The Board received a presentation on the Dashboard which showed its operation and capabilities. The Board were advised that development continued, and members were encouraged to access the Dashboard and provide feedback.

The report recommended that the 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.

The Board resolved:-

to approve the recommendations.

ABERDEEN CITY HEALTH AND SOCIAL CARE PARTNERSHIP (ACHSCP) STRATEGIC COMMISSIONING ACTIVITY PLAN 2019 – 2020 - HSCP.19.065

17. The Board had before it a report from the Chief Finance Officer which detailed the proposed strategic commissioning activity over the next 3 years.

The report recommended that the Board:

- a) approve the plan, and instruct the Chief Officer to provide an annual report against the proposed activity

The Board resolved:-

to approve the recommendation.

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REVIEW OF COMMISSIONED DAY CARE SERVICES - AN UPDATE - HSCP.19.066

18. The Board had before it a report from the Chief Finance Officer which provided an update on progress made with the review of Commissioned Day Care Services.

The report recommended that the Board:

- a) note progress made with the review, and that a final recommendation will be made to the IJB in March 2020.

The Board resolved:-

to approve the recommendations.

SUPPLEMENTARY PROCUREMENT WORK PLAN (2019/20) - HSCP.19.072

19. The Board had before it a report from the Chief Finance Officer which presented the final 2019/20 supplementary work plan for expenditure on social care services, together with associated procurement business cases.

The report recommended that the Board:

- a) to approve the expenditure for social care services as set out in the supplementary work plan at Appendix A,
- b) to approve the award or extension of contracts as set out in the procurement business cases HSCP023 and HSPC024, at Appendix B,
- c) to make 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.

2020/21 ANNUAL PROCUREMENT WORK PLAN - HSCP.19.062

20. The Board had before it a report from the Chief Finance Officer which presented the 2020/21 annual procurement work plan for expenditure on social care services, together with associated procurement business cases.

The report recommended that the Board:

- a) approve the expenditure for social care services as set out in the supplementary work plan at Appendix A,

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- b) approve the award or extension of contracts as set out in the procurement business cases 2020-21-001 to 2020-21-010, at Appendix B,
- c) make 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.

GRANT TO VOLUNTARY ORGANISATION - HSCP.19.073

21. The Board had before it a report from the Chief Finance Officer which sought to extend funding arrangements to Aberdeen Council of Voluntary Organisations (ACVO) for a further three years. The report also advises the IJB of the key focus of attention expected of ACVO during this time, and the opportunities that this offers to support the delivery of the Aberdeen Health and Social Care Partnership (AHSCP) strategic aims, and transformational activity.

The report recommended that the Board:

- (i) approve the expenditure of up to £276,000 (for a total of three years) to provide grant funding to ACVO,
- (ii) make the direction as attached at appendix A, and instructs the Chief Officer to issue a direction to ACC to procure the service provided by ACVO,
- (iii) note the key focus of attention expected by ACVO during this time, and the opportunities that this offers to the AHSCP strategic aims, and transformational activity.

The Board resolved:-

to approve the recommendations, with amendment to recommendation (ii) of the end date to 31st December 2022.

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CLINICAL AND CARE GOVERNANCE COMMITTEE

ABERDEEN, 27 November 2019. Minute of Meeting of the CLINICAL AND CARE GOVERNANCE COMMITTEE. Present:- Councillor Lesley Dunbar Chairperson; Kim Cruttenden, Councillor Sarah Duncan and Luan Grugeon (as substitute for Alan Gray).

In attendance: Liane Cardno, Graham Gauld, Dr Amir Iqbal, Laura Macdonald, Alison MacLeod, Mark Masson, Heather MacRae, Grace Milne, Graeme Simpson, Lesley Simpson, Alex Stephen and Emma Virasmi.

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 in respect of the items on today's agenda, thereafter, the following were intimated:-
 - (1) Dr Amir Iqbal declared an interest in item 11 (CCG Group Update), relating to Carden Medical Practice, by virtue of his own Practice's link to potential contractual matters. He considered that the nature of his interest required him to leave the meeting and therefore took no part in discussions during consideration of the item; and
 - (2) Councillor Duncan declared an interest in item 11 (CCG Group Update), relating to Rosewell House, by virtue of her being a UNISON employee. She considered that the nature of her interest did not require her to leave the meeting and therefore chose to remain in the meeting for consideration of the item.

MINUTE OF PREVIOUS MEETING OF 13 AUGUST 2019, FOR APPROVAL

2. The Committee had before it the minute of its previous meeting of 13 August 2019, for approval.

The Committee resolved:-
to approve the minute.

BUSINESS PLANNER

3. The Committee had before it the Committee Business Planner for consideration.

The Committee resolved:-

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- (i) to request that the Audit Scotland Workforce Audit Report be submitted to the Committee prior to it being considered by the IJB;
- (ii) that National Quality Inspection reports be added to the Planner as a standing item; and
- (iii) to otherwise note the Planner.

CCG TERMS OF REFERENCE

4. The Committee had before it the Clinical and Care Governance Terms of Reference, which was approved by the IJB on 19 November 2019, for information.

The Committee resolved:-

- (i) to note the Terms of Reference for the Committee; and
- (ii) that a workshop be organised to consider the roles and responsibilities of the Committee with a date and facilitator to be confirmed in due course.

CLINICAL & CARE GOVERNANCE REVIEW UPDATE - HSCP/19/081

5. The Committee had before it a report which provided an update on the review of the CCG arrangements for the Aberdeen City Health & Social Care Partnership.

The report recommended:-

that the Committee note and endorse the progress with the ongoing review of CCG within Aberdeen City Health & Social Care Partnership.

Members welcomed the report, specifically that there was a framework in place to escalate matters appropriately and that the ACHSCP Clinical and Care Risk management review meetings were being held on a regular basis. They also noted that work was still in progress relating to Carefirst data

It was suggested that the Data/information flowchart to support Clinical Governance – initial mapping exercise (August 2019) be expanded to include ACC and NHS accountability, specifically how reporting happens and who does what.

The Committee resolved:-

- (i) to approve the recommendation; and
- (ii) that two separate reports be submitted to the meeting on 5 May 2020 on Adult Protection/Significant Case Reviews elements to include an Assurance Matrix and Navigation Mapping, one from ACC Social Care/Social Work (Claire Duncan) and the other from NHS Grampian (Graham Gauld) to include GP concerns, Significant Event analysis and duty of candour.

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PERFORMANCE DASHBOARD - HSCP/19/078

6. The Committee had before it a report which presented the latest draft of the Performance Dashboard linked to the current 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 Audit and Performance Systems Committee.

Alison MacLeod provided an overview of the performance dashboard, answering questions from members and highlighting items for the Committee's attention.

Liane Cardno outlined the aims of the strategic plan, advising that the dashboard would show trends in future.

The Committee resolved:-

- (i) to approve the recommendations; and
- (ii) that in relation to recommendation (c) above, to note that reports would be submitted as and when required.

PROGRESS ON IMPLEMENTATION OF THE CARERS STRATEGY - HSCP/19/077

7. The Committee had before it a report which outlined the progress made to date on the implementation of the Carers Strategy.

The report recommended:-

that the Committee note and endorse the progress and approach on the implementation of the Carers Strategy.

Alison MacLeod made reference to The Carers (Scotland) Act 2016 (the "2016 Act") which came into force on 1 April 2018 and provided an overview of the report, highlighting to members the progress in relation to (1) the Review of Commissioned Service; (2) Guidance in relation to Carer Caring for People with a Terminal Illness; (3) Recruitment of IJB Carer Reps; and (4) the Promotion of the Carer Positive Award Scheme.

Alison responded to questions from members and advised that the Young Carers Development Group, who feed into the Strategy, frequently engage with young carers directly.

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The Committee resolved:-

to approve the recommendation.

LOCAL SURVEY - HSCP/19/079

8. The Committee had before it a report which outlined the results of the local survey undertaken in July/August 2019 and compared the results with those from the national survey for National Indicators 1 through 9.

The report recommended:-

that the Committee –

- (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; and
- (c) note that the independent company is commissioned to repeat the local survey in three years' time.

Alison MacLeod provided an overview of the report advising that the national survey was being undertaken at present, results of which would be available in April 2020.

Graham Gauld indicated that there were 452 interviews undertaken.

The Committee resolved:-

to approve the recommendations.

COMMUNITY PAYBACK ORDER ANNUAL REPORT - HSCP/19/084

9. The Committee had before it a report which provided information in relation to the annual report on Community Payback Orders.

The report recommended:-

that the Committee note the contents of the report.

Lesley Simpson provided an overview of the report and answered questions from members. She advised that the multi-agency National Leadership Group for Justice, had been recently established to look at justice in its entirety.

Graeme Simpson indicated that governance and assurance issues pertaining to criminal justice were also being considered.

The Committee resolved:-

to approve the recommendation.

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CRIMINAL JUSTICE FORTHCOMING INSPECTION - HSCP/19/080

10. The Committee had before it a report which highlighted the impending inspection of the Aberdeen City Justice service in early 2020 and outlined the planning reparation that was being undertaken in this regard.

The report recommended:-

that the Committee –

- (a) note the contents of the report; and
- (b) request that a subsequent report be submitted at the appropriate time informing the Committee of:-
 - (1) the inspection outcome(s);
 - (2) the recommendations of the Care Inspectorate's inspection report; and
 - (3) the action plan drawn up in response to the inspection report.

Lesley Simpson provided an overview of the report indicating that the letter of notification from the Care Inspectorate had been received recently which provided details of the inspection timetable (self-evaluation to be submitted to Care Inspectorate by 19 February 2020) and advising that the primary focus of the inspection would be on community payback orders, of which there were currently 900 clients subject to these in Aberdeen.

Lesley responded to a number of questions from members, and also indicated that engagement with focus groups and service users would be undertaken by way of exit questionnaires.

It was acknowledged that the IJB would need to be kept informed of the inspection.

The Committee resolved:-

to approve the recommendations.

In accordance with the decision recorded under article 1 of this minute, Dr Iqbal withdrew from the meeting prior to consideration of the following item of business.

CCG GROUP UPDATE - HSCP/19/082

11. The Committee had before it a report which outlined the ongoing process of changes to the Clinical and Care Governance (CCG) Group membership and reporting structure.

The report recommended:-

that the Committee –

- (a) note the new concerns and the highlighted complaints within the report;

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- (b) instruct Officers to provide a report on the risks relating to Carden Medical Practice; and
- (c) note the contents of Appendix C relating to Rosewell House.

The Chairperson, on behalf of the Committee wished to express thanks to the staff involved in the preparation of the report.

It was acknowledged that trade unions would be consulted in terms of structural changes affecting staff.

The Committee resolved:-

- (i) that in relation to the risk table attached to the report, to separate strategic and operational risks, noting that only strategic risks should be considered by the Committee;
- (ii) that the table also include details of progress for current risks;
- (iii) that an update report, to include an action plan relating to Rosewell House be submitted to the meeting on 5 May 2020; and
- (iv) to otherwise approve the recommendations.

ESCALATIONS

12. There were no escalations reported at this time.
- **COUNCILLOR LESLEY DUNBAR, Chairperson.**

CLINICAL AND CARE GOVERNANCE COMMITTEE
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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 | 21 January 2020 | | | | | | | | | |
| 4 | Standing Item | Chief Social Worker Officer's Report | | HSCP19088 | Graeme Simpson | Chief Officer - Integrated Children's and Family Services | ACC | | | |
| 5 | 11.06.2019 | Consultation Protocol with Trade Unions | A consultation protocol was requested with the Trade Unions | HSCP19089 | Sandy Reid | People & Development | ACHSCP | | | |
| 6 | 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 Cities initiative." | HSCP19091 | Sandra Ross | Chief Officer | ACHSCP | | | |
| 7 | 03.09.19 | LD Meridian Report | | HSCP19090 | Kevin Dawson | Learning Disabilities Lead | | | | |
| 8 | 11.12.2018 | Update on the Alcohol and Drug Partnership Delivery Plan and Investment | An update for the Integration Joint Board (IJB) on the progress in taking forward the Alcohol and Drug Partnership delivery plan and investments, as agreed at the IJB of 11 December 2018 | HSCP19087 | Simon Rayner | Alcohol & Drug Lead | | | | |
| 9 | 19.11.19 | Strategic Risk Register Review | | HSCP19086 | Martin Allan | Business Lead | ACHSCP | | | |
| 10 | Standing Item | Chief Officer Report | A regular update from the Chief Officer | HSCP19085 | Martin Allan | Business Lead | ACHSCP | | | |
| 11 | 19.09.2019 | Countesswells | Interim arrangements - authorisation project point. | | Alison MacLeod/ Sarah Gibbon | Capital | ACHSCP | | D | Timescales have changed and report will now go to February meeting |
| 12 | 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 | | T | Will be reported on 24.03.2020 by Heather Macrae as Lead |
| 13 | Standing Item | Annual Report on Alcohol and Drug Partnership | IJB 20200128 - moved to June 2020 | | Simon Rayner | Alcohol & Drug Lead | ACHSCP | | T | Moved to 23 June 2020 |
| 14 | Standing Item | Annual Update Autism & Learning Disabilities | IJB 20200128 - move to June 2020 | | Kevin Dawson | Learning Disabilities Lead | ACHSCP | | T | March 24th IJB - Mental Health and LD Items Ctee - now to 23.06.2020 |
| 15 | 04.09.2019 | Immunisations | Following comment at IJB on 03.09.2019, future reporting requested | | Gail Woodcock | Transformation Lead | ACHSCP | | T | Will be reported to the February 2020 meeting |
| 16 | 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 | | R | To be included within the CO Report HSCP19065 |
| 17 | 11 February 2020 | | | | | | | | | |
| 18 | 04.09.2019 | Safe Staffing Bill | | | Heather Macrae | Nurse Lead | ACHSCP | | | |
| 19 | 04.09.2019 | Audit Scotland Workforce Audit Report | Referred from CCG | | Sandy Reid | Resources Lead | ACHSCP | | | |
| 20 | 26.03.2019 | Update Paper - Medium Term Financial Framework | | | Alex Stephen | Chief Finance Officer | ACHSCP | | | |
| 21 | 04.09.2019 | Market Facilitation Update | | | Anne McKenzie | Commissioning Lead | ACHSCP | | T | This will be reported to the 24.03.20 Business meeting |
| 22 | 10 March 2020 | | | | | | | | | |
| 23 | Standing Item | Annual Budget Papers | | | Alex Stephen | Chief Finance Officer | ACHSCP | | | |
| 24 | Standing Item | Chief Officer Report | A regular update from the Chief Officer | | Sandra Ross | Chief Officer | ACHSCP | | | |

| | A | B | C | D | E | F | G | H | I | J |
|----|----------------------|--|--|---------------|----------------|------------------------------|------------------------------|----------------------|---|--|
| | 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 |
| 2 | | | | | | | | | | |
| 25 | Standing Item | Review of Scheme of Integration | Annual review. IJB 20200128 move to June 2020 | | Jess Anderson | Chief Officer - Governance | ACC | | T | This will be reported to the 23.06.20 meeting |
| 26 | 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. IJB 20200128 Move to June 2020 | | Alison MacLeod | Performance Lead | ACHSCP | | T | This will be reported to the 23.06.20 Business meeting |
| 27 | 30.09.2019 | Social Care – Self-directed support: Transformational Funding 2019-21 and Reporting on Impact and Learning | | | Alison MacLeod | Performance Lead | ACHSCP | | T | This will be reported to the 24.03.20 business meeting |
| 28 | 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 | | T | This will be reported to the 24.03.20 Business meeting |
| 29 | 24 March 2020 | | | | | | | | | |
| 30 | Standing Item | Chief Officer Report | A regular update from the Chief Officer | | Martin Allan | Business Lead | ACHSCP | | | |
| 31 | 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 | | | |
| 32 | 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 | | | |
| 33 | | Mental Health Strategic Statement | | | Karen Gunn | Mental Health Lead | ACHSCP | | | |
| 34 | 11.11.2019 | Grampian Mental Health Strategy | | | Sandra Ross | Chief Officer | ACHSCP | | | |
| 35 | 30.09.2019 | Social Care – Self-directed support: Transformational Funding 2019-21 and Reporting on Impact and Learning | | | Alison MacLeod | Performance Lead | ACHSCP | | | |
| 36 | 11.11.2019 | Livingwell with Dementia | | | Alison MacLeod | Performance Lead | ACHSCP | | | |
| 37 | 18.12.19 | HASS Technology (CM2000) | | | Gail Woodcock | Digital | ACHSCP | | | |
| 38 | 19.11.2019 | Local Survey | On 19.11.2019, the IJB resolved to 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. | | Alison MacLeod | Performance Lead | ACHSCP | | | |
| 39 | 19.11.2019 | Review of commissioned Day Care Services - an update | On 19.11.2019, The Board resolved:- (i)to note progress made with the review, and that a final recommendation will be made to the IJB in March 2020. | | Anne McKenzie | Commissioning Lead | ACHSCP | | | |
| 40 | 13.01.2020 | Carers Expense Policy | | | Alison MacLeod | Performance Lead | ACHSCP | | | |
| 41 | 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. IJB 28.01.2020 - move to June 2020 | | Alison MacLeod | Performance Lead | ACHSCP | | T | Moved to 23.06.2020 |
| 42 | 19.11.2019 | Review of Governance (ACC) | On 19.11.2019, the IJB resolved to note that Aberdeen City Council is currently reviewing its Scheme of Governance. A report on this will be submitted to Council on 2 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. IJB 28.01.20 - can be heard in June 2020 | | Fraser Bell | Chief Officer - Governance | ACC | | T | Moved to 23.06.2020 |
| 43 | 23 June 2020 | | | | | | | | | |
| 44 | Standing Item | Strategic Risk Register | Bi-Annual - January and June | | Martin Allan | Business Lead | ACHSCP | | | |
| 45 | 19.11.19 | Training and Development Plan for IJB | | | Martin Allan | Business Lead | ACHSCP | | | |
| 46 | Standing Item | Chief Officer Report | A regular update from the Chief Officer | | Martin Allan | Business Lead | ACHSCP | | | |



INTEGRATION JOINT BOARD

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|---|---|
| Date of Meeting | 21 January 2020 |
| Report Title | Chief Officer's Report |
| Report Number | HSCP.19.085 |
| Lead Officer | Sandra Macleod, Chief Officer |
| Report Author Details | <i>Sandra Macleod</i> Chief Officer sanross@aberdeencity.gov.uk |
| Consultation Checklist Completed | Yes |
| Directions Required | No |
| Appendices | None |

1. Purpose of the Report

- 1.1. The purpose of the report is to provide the Integrated Joint Board (IJB) with an update from the Chief Officer

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board note the content of the report.

3. Summary of Key Information

Local Updates

3.1. Carden Medical Centre

The practice's GP partners are ending their contract with NHS Grampian to provide General Medical Services, they have now given their notice. As by the deadline for receipt of tender applications, no suitable notes of interest were received from other practices. This means that the Carden service and all its staff will transfer to NHS Grampian on 04/05/2020 and will then



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be directly managed by the Aberdeen City Health & Social Care Partnership.

There is no need for patients to change practice because Carden Medical Centre will continue to operate from the same premises and work as normal throughout. Patients do not need to do anything because of these changes. Patients were informed of this by letter and Carden Medical Centre staff have also been informed.

The project management of the transition from an independent to a 2c practice is being absorbed by the Primary Care Team and has commenced. Recruitment to both salaried GP's and a Lead GP post has begun and one to one meetings with all staff start in the New Year.

3.2 Digital Lead Post Update

The post is required to be reviewed through the job evaluation processes in both NHS Grampian (NHSG) and Aberdeen City Council (ACC). The post has been evaluated by Aberdeen City Council and the equivalent review by NHSG is ongoing. We are confident this will be finalised by the end of the calendar year and we will aim to start the recruitment process in January\February 2020.

3.3 Health Visiting Digitisation

As reported to the IJB at its meeting in September, a test of change is being developed 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. The scheduling of service users went live in December 2019. Work has also commenced on Phase 2 of the Project.

3.4 Localities

Following the decision by IJB on our planned approach to developing localities, work is ongoing to support the establishment of the 3 Locality Empowerment Groups. A work plan focussing on key themes of data and profiling, communication & engagement, membership and recruitment, upskilling and governance has been established, to be led by the Public



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Health Coordinators and key stakeholders including community representatives on current Locality Leadership Groups and wider members of our local communities. Key outputs anticipated to be delivered by Spring will include a visual data tool ready for April to engage with communities; revised membership of LLGs/LEGs, and clear governance arrangements for these groups in place. Concurrently work is ongoing to complete the alignment of operational teams with localities

3.5 Accommodation Moves-Phase 2

Work has been ongoing to move more key staff from Summerfield House to Marischal College (and other venues) as part of the overall accommodation move project. The co-location of our staff currently based at Summerfield House has many benefits such as more integrated working, better communication, improved working relationships, and support to the Leadership Team. In January, members of the Leadership Team, Business Support and the Transformation Team moved from the Health Village to Marischal College. Since then work has been ongoing to consult with Partnership staff (and their staff side representatives) based at Summerfield House ahead of moves. In December 2019, 6 Primary Care staff moved from Summerfield House to Marischal, and in early 2020 Nursing Managers will join their colleagues in the City Centre. The Partnership is looking at all available accommodation and will continue this when developing the logistics around Localities. The Team that provides admin/business support to Nursing are moving from Summerfield to Foresterhill Health Centre in Jan 2020.

3.6 Heart Awards-Nominations

The Heart Awards is due to take place on Friday 27th March, and we are already receiving a record number of nominations for this year's ceremony. Nominations are due to close on Monday 23rd December. The Judging period will take place over January and beginning of February with invitations going out mid to end February. The Project Team are planning an exciting evening to showcase the Partnership's success and talents.

3.7 Healthy Working Lives



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ACHSCP will soon be submitting its portfolio for accreditation for the Healthy Working Lives (HWL) "Gold Award". HWL is a nationally (and independently) accredited programme that measures progress in improving the health and wellbeing of staff in an organisation. We have reached silver award status and it's likely that our gold portfolio submission will be approved.

Targeted ongoing activities to improve Nurse's Health & Wellbeing at Woodend Hospital-Nursing sickness absence rates at Woodend are higher than the Partnership average. Task Group was established in early 2019, and has conducted a health survey, reintroduced early referral processes for NHSG Occupational Health, re-emphasised to staff the importance of breaks and convened specific additional HWL activities on the Woodend site

Regional Updates

4.2 Hosted Services

The IJB at its meeting on the 11th of June, 2019 instructed the Chief Officer to prepare a draft role and remit for the North East Partnership Steering Group (NEPSG). The first meeting of the Group took place in November 2019, and included a draft Terms of Reference. The NEPSG will play an important role in the review of the transformation\strategic plans developed through the strategic planning process, while respecting the role, remit and powers of NHS Grampian and the three IJBs.

National Updates

5.1 National Health and Social Care Scotland Annual Conference- Glasgow-4th December 2019

A number of officers and the Chair of the IJB attended the national Health and Social Care Scotland Conference on Wednesday 4th December. The main conference consisted of a number of key note speakers including Jeanne Freeman, the Cabinet Secretary for Health and Sport, and Alison Trimble from the Kings Fund. There were 11 supporting workshops showcasing initiatives from across Scotland. Conference workshops were selected via a competitive process and Aberdeen City Health and Social Care Partnership were selected to deliver two 50 minute workshops on Enabling Collaborative Leadership through Self Managing Teams. Our workshops were well received (were attended to capacity), and following on from the conference a number of contacts have been made seeking further information.



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5.2 Scottish Government Visit-Health and Social Care Partnership Engagement

On Friday 6th December, two officers from the Scottish Government visited Aberdeen City Health and Social Care Partnership. During a two hour session, information about our local collaborative approach was shared, including our alignment with the Aberdeen City Community Planning Partnership, our revised programme of transformation, and a number of deep dives into key activities including the recent Lean Six Sigma projects: Increasing nursing patient facing time & Improving financial assessment process; health visitor digitisation; and scaling acute care at home test of change into stepped care approach.

5.3 Health and Social Care Standards - Review of activity 2018-19 summary report

The Scottish Government invited local authorities, health boards and Integration Authorities to participate in this review of activity to implement the Health and Social Care Standards. 24 responses were received (including from Aberdeen City) representing a return rate of 68% (of Health and Social Care Partnership areas). These provided a valuable snapshot of activity from areas of varying demographic profiles. Authorities were asked to consider what activity they were undertaking, to ascertain if the Standards were embedded across five key themes:

- commissioning and procurement
- organisational culture and workforce practice
- communications
- information sharing
- feedback and evaluation

Responses have broadly demonstrated positive activity towards implementing the Standards. Many indicated that practices and processes were already in place before 2017-18 and that these reflect the principles of the Standards. Partnerships reported on existing, new or planned activity to support implementation. Commissioning and procurement, organisational culture and workforce practice were the themes that resulted in the most positive responses and examples. Further development and support may be required around communications and information sharing.

Specifically in relation to the following question, Aberdeen City Health and Social Care Partnership were referenced: How are you actively engaging with partners (public, private, or third-sectors) to plan for/ensure that service



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provision across sectors reflect the Standards? The response from the Partnership outlined that ACHSCP has established an Aberdeen Providers Forum which includes all independent and third sector providers and is an opportunity to jointly discuss topics of mutual relevance. In addition the response explained that the Partnership had held a number of commissioning workshops involving all partners whilst re-designing the Bon Accord Care contract, and the Partnership are currently undertaking more of these in relation to the re-commissioning of Care at Home and Supported Living frameworks. Specifically there is an Outcomes Task and Finish Group whose remit is to establish how the principles and Standards are embedded in the new contract

5.4 National Care Home Contract

Scotland Excel have lead responsibility for the operational management of the National Care Home Contract. This includes leading work to conclude the Cost Model with the sector and any negotiation to agree the rate with Scottish Care. Negotiations are currently ongoing on the direct care cost elements of the Cost Model. Formal approval will be required through Scotland Excel and COSLA governance procedures following conclusion of the negotiations.

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.



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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:



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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 Macleod (Chief Officer) |
|  | Alex Stephen (Chief Finance Officer) |



INTEGRATION JOINT BOARD

| | |
|---|---|
| Date of Meeting | 21 st January 2020 |
| Report Title | Chief Social Work Officer's Annual Report |
| Report Number | HSCP.19.088 |
| Lead Officer | Sandra MacLeod, Chief Officer |
| Report Author Details | Graeme Simpson Chief Social Work Officer |
| Consultation Checklist Completed | Yes |
| Directions Required | No |
| Appendices | a. CSWO Annual Report |

1. Purpose of the Report

- 1.1 To present members of the Integrated Joint Board the Chief Social Work Officer's Annual Report for year 2018/19. The report is to inform members of the role and responsibilities exercised by the Chief Social Work Officer; to provide information on statutory decision making in the period; and to give a progress report on key areas of social work provision within Aberdeen City.

2. Recommendations

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

a) note the content of the Annual Report, as attached at Appendix A.

3. Summary of Key Information

- 3.1 The role of the Chief Social Work Officer (CSWO) is a statutory post in accordance with the Social Work (Scotland) Act 1968, as amended by the Local Government (Scotland) Act 1994. This requires Local Authorities to appoint a CSWO for the purposes of listed social work functions.
- 3.2 The required qualifications of the CSWO are set out in regulations and the post holder must be able to demonstrate senior strategic and operational



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experience. National Guidance on the role was published by the Scottish Government in 2009 and was revised in May 2017. It provides an overview of position, outlining the responsibility for values and standards, complex decision making, particularly in relation to deprivation of liberty decisions and professional leadership. The guidance also covers accountability and reporting arrangements.

- 3.3 The CSWO provides advice to the Council on social work matters; undertakes decision making in respect of statutory functions and provides professional governance, leadership and accountability for the delivery of social work and social care services, whether they are provided by the Council or on behalf of the Council by another agency. In its 2016 report on Social Work in Scotland, Audit Scotland outlined the increased complexity of the role: *“With integration and other changes over recent years, the key role of the Chief Social Work Officer (CSWO) has become more complex and challenging. Councils need to ensure that CSWOs have the status and capacity to enable them to fulfil their statutory responsibilities effectively”*.
- 3.4 This report is consistent with the content and format guidance laid down by the Chief Social Work Adviser for Scottish Government. The annual report does not provide a complete account of social work activity over the year. Rather it provides an overview of the range of services and initiatives in social work and social care and to highlight key achievements and challenges.

4. Implications for IJB

4.1. Equalities

There are no direct equalities implications arising from this report.

4.2 Financial

There are no financial implications arising from this report.

4.3 Workforce

There are no direct workforce implications arising from this report.

4.4 Legal

There are no direct legal implications arising from this report.



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5 Links to ACHSCP Strategic Plan

The delivery of statutory social work services makes a significant contribution to delivery of the ACHSP strategic plan and the CSWO Annual report speaks to aspects of this.

6 Management of Risk

Identified risks(s)



- This report reflects the impact of social work services delivered by the Council, the IJB and commissioned services. It provides a clear narrative as to the critical role social work staff undertake to assess and manage risk posed to and by vulnerable children and adults.
- This report provides assurance to the citizens of Aberdeen City on the quality of social work services delivered to those who meet the threshold for social work support and intervention.
- The delivery of effective social work and social care services is critical to the protection and care of vulnerable children and adults. Failure to discharge our statutory responsibilities effectively can bring significant media interest and scrutiny.

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

- Social work services are subject to the scrutiny of independent inspection via the Care Inspectorate. These inspections provide staff with the opportunity to reflect and learn from their practice and the outcomes they deliver. – Low Risk
- Service users have the opportunity to complain about the quality of services both directly and via the SPSO. A learning approach is actively taken to all complaints. Service users also contribute to inspections via various feedback opportunities enabling them to know that their views are listened to and considered. – Low Risk
- Reputational - The public can be assured that the Council/IJB ensures compliance with legal requirements and identified areas for improvement are addressed – Low risk



INTEGRATION JOINT BOARD

| Approvals | |
|---|---|
|  | Sandra Macleod (Chief Officer) |
|  | Alex Stephen (Chief Finance Officer) |



ABERDEEN
CITY COUNCIL

Chief Social Work Officer

ANNUAL REPORT 2018/19



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Foreword

I am pleased to present the Chief Social Work Officer's Annual Report for Aberdeen City for 2018/19. Every local authority is required to have a professionally qualified Chief Social Work Officer (CSWO), as set out in Section 45 of the Local Government etc. (Scotland) Act 1994. The aim of the CSWO role is to ensure that the Council and the Aberdeen Health and Social Care Partnership receive effective, professional advice and guidance in the provision of all social work services, whether these are provided directly, in partnership with other agencies, or purchased on behalf of the local authority.

The CSWO has responsibility for performance improvement as well as the identification, management and reporting of corporate risks as these relate to social work services. To fulfil these responsibilities, the CSWO has access to elected members, reporting through various Committees and the IJB, the Chief Officer of the AHSCP and the Chief Executive of the Council. The CSWO provides professional leadership and promotes values and standards of professional practice, ensuring only Registered Social Workers undertake those functions reserved in legislation and meet the requirements of the SSSC Codes of Practice.

Only a CSWO can discharge certain duties and responsibilities. These primarily relate to decisions about the curtailment of individual freedom and the protection of individuals and the public. These decisions must be made by the CSWO or a senior, professionally qualified social worker to whom the responsibility has been delegated by the CSWO and for which the CSWO remains accountable. There must be CSWO cover 24 hours a day, every day of the year.

The CSWO has a crucial role in ensuring that financial decisions do not compromise the safety and wellbeing of people who use social work services. These pressures are felt not just by ourselves, but also by colleagues across the third and public sector. The City Council commissions high volumes of adult social care and the difficulty of securing this provision has continued over the past year. These are challenges that the Health and Social Care partnership are actively supporting through their commissioning approaches. In addition, all areas of the social work and social care sector continue to face recruitment challenges filling key posts.

In its 2016 report on Social Work in Scotland, Audit Scotland noted that the role of the CSWO had become increasingly complex with the introduction of Health and Social Care Partnerships. In Aberdeen, Children's Social Work is located within the City Council, whilst Adult and Criminal Justice Social Work resides within the AHSCP. This provides two challenges. Firstly, the CSWO has to retain oversight, professional leadership and provide assurance of safety and quality of all social work services across two large and complex organisations. Secondly, the CSWO has to step back from the role of Chief Officer to provide independent, professional oversight and challenge of Children's Social Work. This is not unique to Aberdeen and is an issue faced by a number of CSWOs across the country. To support my own development and delivery of these duties I have benefited from having a mentor and accessing leadership support while also linking in with colleagues nationally.

This report recognises the excellent work delivered day in day out by social work staff across Aberdeen City. These staff deliver high quality support and services to vulnerable adults and children ensuring their care and safety and working to improve their outcomes, promoting independence whilst ensuring their safety, wellbeing and protection. This report attempts to reflect their work.

Children's Social Work

The Care Inspectorate intimated its intention to inspect services that care and protect children, young people in December 2018. The resulting self-evaluation and preparation for inspection has been pre-eminent in the work of children's social work staff during the final quarter of 2018/19. On-site inspection activity is planned for late March through to early May 2019. The final report is due to be published in September 2019.

The Integrated Children's Services Board and Child Protection Committee oversee the improvement activity supporting children, young people and their families as identified in the Local Outcome Improvement Plan (LOIP) and corresponding Integrated Children's Services Plan 2017-2020; Corporate Parenting Improvement Plan 2019-2021 and Child Protection Improvement Programme 2016-2019.

We have used performance management information, intelligence from quality assurance processes and feedback from staff, young people and families to update and develop our improvement plans that support the delivery of Child Protection and Corporate Parenting services. Delivery of these improvement plans requires the engagement of the multi-agency partnership across Aberdeen City that support children and young people. They set ambitious targets to drive forward improvement activity.

Our self-evaluation prepared for our forthcoming inspection, indicates significant strengths of services that support children and young people in need of care and protection. Areas of improvement have been identified across all aspects of the work delivered by children's social work but as a partnership we recognise a need for an emphasis in further improving the outcomes for care experienced young people.

Delivery of these priorities has been realistically timetabled to have regard to available resources and will be supported by the business intelligence hub and reported to the Integrated Children's Services Board and Child Protection Committee and ultimately the Aberdeen City Executive Group for Public Protection (COG).

The Aberdeen City Health & Social Care Partnership (ACHSCP)

Aberdeen City Health and Social Care Partnership has continued to work towards fulfilling the ambitions and priorities in this, the last year of its original Strategic Plan. Further progress has been made in the development of city-wide strategies for carers and people with Learning Disabilities and Autism, as well as ongoing development of transformation projects such as Link Workers, Acute Care at Home and the West Unscheduled Visiting Service. In terms of performance, we have continued to see a reduction in our Delayed Discharge figures. The number of days people aged 75 and over, spend in hospital when they are ready to be discharged (per 1,000 population) has shown a 48% reduction from 2017. The Aberdeen figure is 25% below the Scottish rate. There have also been reductions in admissions from Accident and Emergency, with these being 5.5% lower than 2017 and 23% below the Scottish rate.

Our aim remains to be one of the top performing partnerships in Scotland and one which attracts the best people to work with us. We welcomed our new Chief Officer, Sandra Ross

in September 2018 and one of her first tasks was to refresh our Strategic Plan, which was approved by the Integrated Joint Board (IJB) in March 2019. The Strategic Plan 2019-2022 has five Aims – Prevention, Resilience, Personalisation, Connections and Communities, and there are a number of commitments and priorities against each of these. In addition, there are five Enablers – Empowered Workforce, Principled Commissioning, Digital Transformation, Sustainable Finance and Modern and Adaptable Infrastructure, which will help us deliver this plan. Our Leadership Team structure has been revised and the team's objectives are linked to the Strategic Plan. Our first ever Workforce Plan has also been developed and this aims to ensure we have the right people, with the right skills, in the right roles, at the right time at the right cost.

In March 2019 the IJB also approved the move from four localities to three, and the closer alignment of these to Community Planning locality activity. This offers the opportunity for greater collaborative working with improved outcomes for citizens in our communities.

Partnership Working – Governance and Accountability Arrangements

The Health and Social Care Partnership

Aberdeen City Council has delegated a range of statutory functions in respect of social care services to the IJB. ACHSCP deliver these functions on behalf of the IJB. Legal responsibility remains with the City Council, under the direction of the IJB. The Chief Social Work Officer's responsibilities, in relation to local authority social work provision continue to apply to functions which have been delegated under the integration arrangements.

A Clinical and Care Governance Group (C&CGG) and a Clinical and Care Governance Committee (C&CGC) have been established to oversee delivery of, and compliance with the national framework for clinical and care governance. The C&CG Committee provides assurance to the IJB in relation to the quality and safety of services planned and/or delivered by the IJB. Its key role is to ensure that there are effective structures, processes and systems of control in place. The role of the C&CG Group is to oversee and ensure provision of a coordinated approach to clinical and care governance issues within the partnership. The Group reports to the C&CG Committee and provides assurance that there are robust mechanisms in place for reporting clinical and care governance issues.

ACHSCP has appointed a Lead Social Work Officer, who links with the Chief Social Work Officer in Aberdeen City Council with regard to the governance arrangements, continuous improvement, quality assurance and management of adult social care services. The Lead Social Work Officer is a member of the C&CG Group and the Chief Social Work Officer sits on the Clinical & Care Committee and the IJB. These arrangements ensure the Chief Social Work Officer is aware of any issues in relation to the quality of adult social care services delivered and can direct remedial action if appropriate.

H&SCP Commissioning

Strategic Commissioning is fundamental to our ambition to work with partners across all sectors in reshaping the services that we deliver to address the common challenges that we face. A coherent commissioning approach is pivotal to the people who use our services having

improved personal experiences and outcomes. Other anticipated benefits include a more resilient, local marketplace, innovative and effective care models and contractual arrangements that are fit for purpose.

As part of the Leadership Team restructure, a dedicated Lead Commissioning role has been established and that role is currently preparing a refreshed Commissioning Plan which will focus on co-production and commissioning for outcomes. In addition, commissioning arrangements are being progressed for Care at Home and Supported Living, Carers Support, and Dementia.

Social Services Delivery Landscape

About Aberdeen

Place: Aberdeen City covers an area of 186 square kilometres and in terms of population size, it is the 8th largest local authority in Scotland. The City is made up of 37 neighbourhoods – 8 of which have been recognised as deprived based on SIMD.

Population: In June 2018, the estimated population of Aberdeen City was 227,560. The estimated population in 2018 was 0.5% lower than the previous year's population and 1.2% lower than the population peak in 2015. The main contributor to this decrease has been negative net-migration, with more people moving out of the City than moving into it. Comparison of the age structure in Aberdeen and Scotland shows that, broadly speaking, the population of Aberdeen City is younger than that for Scotland as a whole.

Age structure: The median age in Aberdeen City is lower than that for Scotland (36 years compared to 42 years). This is consistent with the higher proportion of people of working age and lower proportion of people of pensionable age in Aberdeen City compared to Scotland.

Life expectancy: In 2015-2017 estimated life expectancy in Aberdeen City at birth was 81.1 years for females, and 76.9 years for males. The estimated life expectancy at birth for females is the same as that for Scotland (81.1 years), while for males it is slightly lower than for Scotland (77.0 years).

Estimated life expectancy by deprivation: In Aberdeen City there was a significant difference in estimated life expectancy by level of deprivation. Life expectancy for males in quintile 1 (most deprived) was 71.7 years compared to 81.4 years for males in quintile 5 (least deprived) – a difference of 9.7 years (compared to 9.4 years for Scotland). For females, the difference in estimated life expectancy was less marked, at 77.3 years for females in quintile 1 compared to 84.7 years for females in quintile 5 - a difference of 7.4 years (compared to 6.6 years for Scotland).

Deprivation (SIMD 2016): Based on overall rankings of deprivation (i.e. All Domains), Aberdeen performs relatively well in the SIMD with 113 (40%) of its data zones being in the 20% least deprived areas of Scotland. However, there are 22 (8%) data zones in the 20% most deprived areas of Scotland – equivalent to a population of 18,171.

Resources

Finance

The current Council 5 Year Business Plan lays out the net budget for social work services until 2023-24. These figures were part of the Council budget that was approved on the 5th March 2019.

| SOCIAL WORK SERVICES | 2018-19 (£'000) | 2019-20 (£'000) | 2020-21 (£'000) | 2021-22 (£'000) | 2022-23 (£'000) | 2023-24 (£'000) |
|-----------------------------|------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Total Budget | 132,869 | 135,768 | 133,331 | 131,716 | 130,905 | 130,905 |
| Adults | 84,995 | 87,452 | 85,015 | 83,400 | 82,589 | 82,589 |
| Children | 47,874 | 48,316 | 48,316 | 48,316 | 48,316 | 48,316 |

Please note that the figures from 2020-21 may change during the current budgeting process and do not include any updates for 2019-20. The adult social care budget does not reflect how the Partnership might use additional capacity/transformational funding to pay for some adult social care services.

Children's Social Work

Children's social work is part of the wider Integrated Children and Family Services cluster. This cluster brings education and children's social work together and promotes the appropriate integration of services to improve outcomes for children and young people. The Transformation Multi-Agency Group has identified as a priority the wider integration of children's services across the city. This will bring health, police, 3rd Sector and local colleges and Universities together to explore how services can integrate and potentially collocate to deliver services to improve the outcomes for children young people and families.

The exploration of the wider integration will be a priority in the coming year to develop integrated services that are alert to identifying need early and responding with impact to reduce the demand for services.

The financial pressure generated by out of authority placements (residential and foster care) remains a challenge for children's social work. Rebalancing the care profile of our looked after children population is priority for the Children's Social Work both to manage the budget pressures but more critically to improve outcomes.

Aberdeen Health & Social Care Partnership

The ACHSCP has received additional funding through the grant settlement process in order to sustain services provided to adults in the city. This funding has been spent on delivering the commitment to pay the Scottish living wage for adult social care workers. During the last financial year there was additional spend on learning disabilities as a result of an increase in demand and the complexity of the clients being cared for. Work is progressing to review the learning disabilities service to help meet this demand going forward. It is forecast that demand will increase in the majority of our social care services due to demographics and the IJB is developing strategies to manage this demand and sustain services.

Service Quality and Performance including delivery of statutory functions

Performance Frameworks

ACHSCP Performance Framework

Our performance framework was revised this year to align it to the refreshed Strategic Plan. Local and National Indicators have been assigned to each Strategic Aim and each set of strategic performance indicators are reported to either the Clinical and Care Governance, or Audit and Performance Systems committees with the IJB receiving reports of national interest i.e. the National Indicators, the Ministerial Steering Group (MSG) Indicators and the Annual Report.

Work is ongoing to consider operational performance needs to ensure the right information reaches the right people at the right time. We are operating in a constantly changing environment and what we measure now to assess performance is likely to develop, as we pool data between health and social care, particularly at locality and community level. In some cases, the data may be limited, and the measures may be imperfect, but we can still use it to understand where we are, and where we want to be. We are working with colleagues in both NHS Grampian Health Intelligence and Aberdeen City Council Business Intelligence to improve the quality and range of data available and our ability to analyse it and display it in a very visual and accessible way.

Risk

The IJB has in place a Board Assurance and Escalation Framework to provide the necessary assurance that the partnership has put in place the structures, behaviours and processes necessary for setting risk appetite, for delegating the identification of both significant events and trends, for assessment and mitigation of risk, and for putting in place effective controls and assurances, properly owned and actioned.

The Strategic Risk register is owned primarily by the Chief Officer, with individually identified risks assigned to different members of the Leadership Team as appropriate. It sets out those risks which may threaten achievement of the IJB's strategic priorities, in order for the board to monitor its progress, demonstrate its attention to key accountability issues, ensure that it debates the right issue, and that it takes remedial actions to reduce these. Importantly, it identifies the assurances and assurance routes against each risk and the associated mitigating actions.

The Strategic Risk Register is presented to the Audit and Performance Systems Committee (APS) on a quarterly basis and then presented, with appropriate APS comments included, to the following IJB meeting thus ensuring regular and robust scrutiny of the assessed risks and the mitigating activities and interventions.

Children's Social Work

The scrutiny of performance and outcomes for children and young people continues to be a strong focus of Children's Service Managers. Performance Data is reported to Committee on a quarterly basis. It is appreciated that to support continuous improvement and to demonstrate improving outcomes, data for children and young people needs to be gathered and analysed on a multi-agency basis. A multi-agency Data Framework has been developed

and colleagues in our Business Intelligence Unit are working with colleagues in partner agencies to develop this into a live and interactive format to further enhance our use of data.

Children's Social Work have invested in the Mind of My Own app and training to improve the gathering of young people's views. This is further enhancing our understanding of the impact of the services delivered to children and young people to improve their outcomes.

Child Protection

Development work in child protection has concentrated on child sexual exploitation, child trafficking, on-line safety, learning from SCRs particularly in relation to cumulative neglect and the provision of consistent child protection services. We have continued to build on the utilisation of strength-based practice across services, better participation of parents, carers and young people, the quality assurance of our processes and making the best use of data.

Aberdeen City has actively engaged with the Centre for Looked After Children in Scotland (CELCIS) in their work to develop a National Minimum data set for Child Protection. This will allow for the greater consistency of the collection of child protection data nationally and is complementary to the wider scrutiny framework. Aberdeen City's Child Protection Committee have already developed to understand the impact of services which identify and respond to the needs of children and young people at risk of significant harm.

The Child Protection Committee has an established Risk Register which it considers on a regular basis and reports to the Chief Officers Group. Following an audit undertaken by the Good Governance Review the COG have moved to appointment an independent joint chair of the Child and Adult Protection Committee's bringing further independent assurance to the assessment of risk. This move also strong close alignment to the strategic leadership of both Committee's.

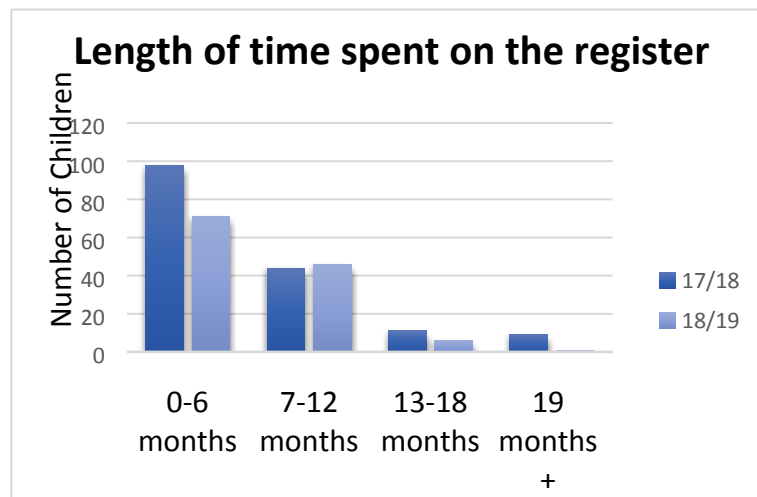
Children's Social Work are key contributors to the work of Aberdeen City Child Protection Committee. Its [Annual Report 2018-2019](#) provides details of the self-evaluation undertaken, improvements delivered and outlines the developments scheduled in the 2019-2021 improvement programme.

Child Protection Register

In 2018-2019:

- A total of 9848 referrals were made to the Children's Social Work intake team. This is an increase of 148% on last year, much of which can be accounted for by changes in the way data is extracted
- 51% of these referrals progressed to a level of social work assessment, ranging from initial triage to comprehensive assessment and intervention taking place.
- There were 154 Records of Investigation - the analytical write up following a child protection investigation, where children are deemed at risk of significant harm – 119 of these circumstances thereafter proceeded to initial child protection case conference.
- There was an average of 104 children on the Child Protection Register at any one time, a decrease from last year's figure of 114

- Across the year, there was a total of 208 children on the CPR
- The rate of registration in Aberdeen was 2.4 per 1000, the Scottish average is 3 per 1000
- Neglect and Domestic Abuse accounted for 58% of registrations
- 13 children were re-registered within 2 years of being taken off the register
- A total of 21 Child Protection Orders were granted in 2018-2019

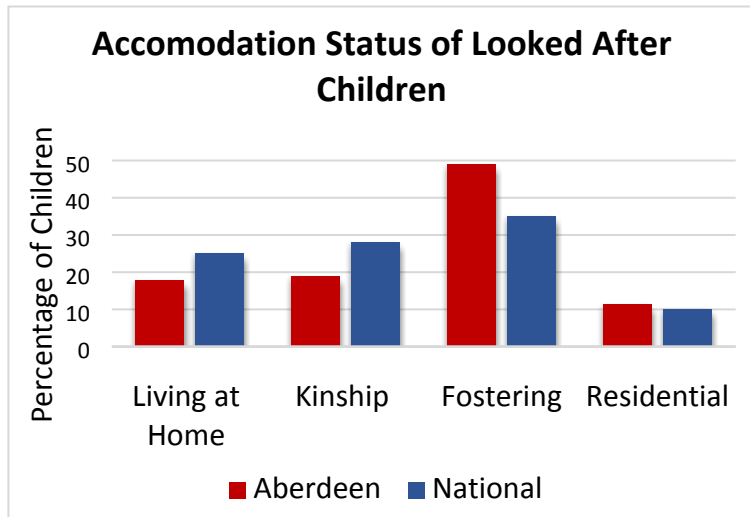


Children remain on the CPR for as long as necessary. 88% were de-registered within 12 months and 60% within 6 months, a total of 162 children in 2017 – 2018. 27 children who were registered over the year from 1st August 2017 to 31st July 2018 had previous registration history, with a range of time intervals between individual registrations. Aberdeen City’s rate of re-registrations has fluctuated between 16% and 25% over the course of the year. This data is scrutinised on a quarterly basis by the CPC and informs ongoing work of the child protection improvement plan.

Looked After Children

In Aberdeen City between 2018-2019 there were:

- Around 550 Looked After Children at any one time
- 42% of Looked After Children cared for in a family setting
- 1.6 children per 1000 Looked After, the National average being 1.4 per 1000



This profile highlights that in many aspects Aberdeen City is out of step with the National position. In response Children’s Social Work has shifted resource and worked with partners to develop an enhanced support offer to kinship carers. This will:

- Drawing on best practice develop inhouse supports to ensure extensive independent examination of kinship options, to place and support more children within their extended family.
- Recognise the close connection between children who are placed on the CPR and those who are accommodated. A test of change, using the improvement methodology, will be developed to initiate an exploration of kinship options following the decision to bring a child to a case conference.

We have supported a number of kinship carers to apply for a Kinship Order. While the granting by the court of this Order can remove the child from being looked after, the partnership continues to support a significant number of informal kinship arrangements providing both financial and practical support. The impact of our current profile is that several children are placed a distance from their family making it difficult for them to maintain contact with their home communities. While parents are supported to attend contact, distance can be a challenge.

Recruiting foster carers in the city is a challenge. House prices and alternative employment options deter people from considering fostering. In collaboration with other agencies across Aberdeen City, we will expand our in-house fostering pool over the coming years. This will assist in rebalancing the number of children/young people placed out with the City. Our young people tell us being placed out with Aberdeen makes it harder to maintain family relationships and links to their local community.

We aim to reduce the number of children placed in residential settings out with Aberdeen City. While only slightly above the national picture, the cost of such placements are prohibitive and the outcomes for young people not always positive. We have commissioned Includem to work with in-house resources to provide intensive support to prevent children being placed out with the city but also to support young people to return to the city.

- The overall number of children in secure accommodation between 1st April 2018 and 31st March 2019 has remained low, at an average of 2.25 children in total over the course of the year. This is a decrease from 3.25 in the previous year
- 54 children had a permanence plan approved by the Agency Decision Maker
- 60 children had a permanent match approved by the Agency Decision Maker
- 3 children had their permanence plan changed as the original plan could not be achieved
- 34 new carers were recruited:
 - 10 foster carers
 - 15 adopters
 - 9 kinship carers

Despite recruitment efforts, the need for carers continues to outweigh the number of carers coming forward. Children's social work have actively supported to embed a culture which recognises the value to care experienced young people of continuing care. Approximately 40% of the young people in our residential care homes are 18+. While this supports these young people to move to an independent setting at a pace appropriate to their needs it restricts the availability of new placements for children and young people.

Significant emphasis has been placed on further developing a trauma informed workforce across children's social work. This has been well received with a strong focus on our foster and kinship carers. This approach has also contributed to a grading of good or very good for our register services - Residential; Foster Care and Adoption Services.

Adult Protection

As noted earlier the COG have appointed an independent joint chair of the Child and Adult Protection Committee's bringing further independent assurance to the assessment of risk. This move also strong close alignment to the strategic leadership of both Committee's.

Between 2018-2019:

- A total of 1367 adult protection referrals
- Increases in referrals from Police, NHS, GPs and Scottish Fire and Rescue, but most referrals (33%) continue to be made by other organisations
- 27% of all referrals led to an Adult Protection Investigation
- The largest number of investigations per client group continued to be for the over 65s
- No further action was taken in 32% of cases with either no risk being identified, no support required or support already in place
- A further 30% of cases resulted in further action out with the Adult Support and Protection (ASP) process e.g. a package of care or support being put in place
- Financial harm remains the most common type of harm reported overall with 100 referrals
- Physical harm is the second highest reported category with 85 referrals

Through the Financial Harm Sub-Group, we continue to raise awareness about the dangers of financial harm to help identify those adults who could be at risk from such crimes.

There were no protection orders used during the period of this report. Four Large Scale Investigations were conducted which involved multi-agency work and cooperation. The number is the same as last year and highlights that within the Partnership, we continue to develop a culture of awareness at provider forums and offer clarity on when adult protection procedures should be applied. This has resulted in early reporting, better efficiency in responding to reduce the likelihood of harm occurring.

Our local advocacy service in partnership with the adult protection unit has been gathering information from service users regarding their experience of the Adult Protection process. Feedback has resulted in steps being taken to communicate effectively regarding the process and the outcome of the investigation. We are developing a more systematic approach to getting feedback to improve practice and in turn experience of the person harmed, their families and carers.

We introduced a training programme for service users named 'Keeping Yourself Safe from Harm'. The programme raises awareness of adult support and protection to adults potentially at risk of harm and empowers them to protect themselves. The workshops were focused on adults with learning disability, but the programme has been adapted and will be rolled out to older adults and as many groups as possible.

We systematically carry out quality assurance checks of adult protection work and last year developed our own audit tool based on the model used by the Care Inspectorate. It was identified that 69% of adult protection work undertaken was of good quality and positive outcomes had been achieved, with 13% of cases rated as very good. We strive to improve significantly on these outcomes in the year ahead.

Our culture of learning and development continues as we work with health colleagues to identify Champions within NHS services with a view to implementing across partner agencies to ensure awareness and understanding of ASP is embedded within each service. So far this year we have trained 8 community nurses to work as second persons to encourage integration and a better understanding of different roles and responsibilities under the legislation.

A Grampian-wide Decision-Specific Screening Tool was developed to support practitioners to consider the various elements in the decision-making process, and to consider whether a more formal, health capacity assessment is required to pursue measures under the Adult with Incapacity (Scotland) Act 2000. The GP or relevant team is asked to consider referrals for assessment of capacity that are specific about a decision where there is uncertainty or complexity, and this has produced improved timescales for the return of capacity assessments and consistency of practice.

Our priority areas over the next 12 months, in addition to continuing our commitments above are:

- Our Adult Protection Programme 2019-2021 focuses on key adult protection activities, continuous improvement, strategic planning and best outcomes for our vulnerable adults and their carers
- Dissemination of learning from Initial Case Reviews (ICRs) and Significant case Reviews (SCRs).
- Development of self-neglect protocol and pathway for joint approach

- The role of health in the ASP process
- Performance Management Framework across all partners and improved data collection
- Review the issues surrounding every fatal fire in dwellings and put in place joint-agency interventions to prevent a similar event occurring

Justice Services

Aberdeen City Criminal Justice Social Work service continued to work in partnership with key statutory and third sector partners to reduce re-offending. Some of the key service developments during 2018/19 included:

- Problem Solving Approach - further development of the Problem-Solving Court by widening the criteria to enable earlier intervention particularly targeted to young people and women
- Diversion - Development of Diversion from Prosecution to increase numbers diverted and improve processes. We have recruited a Diversion Coordinator and contributed to the national discourse on the use of Direct Measures
- Domestic Abuse - the Caledonian System continues to deliver a high-quality service to those convicted of domestic abuse offences and to the women and children harmed. The Caledonian Men's Programme has been recently reaccredited, and the Women's and Children's Service accredited, following which all workers have completed the relevant training as well as workers who deliver training
- Women - The Connections Women's Centre continues to support women subject to statutory orders, on day release from HMP Grampian and on a voluntary basis
- Multi-Agency Public Protection Arrangements (MAPPA) – new Level 1 processes developed and working well
- Presumption Against Short Sentences – plans in development in anticipation of increase in workload

Young people

Criminal Justice Social Work now has responsibility for all young people in the adult Criminal Justice system who were not looked after by the Local Authority on their 16th birthday, so workers have been trained in the Start AV risk assessment tool. A Criminal Justice support worker visits Polmont monthly to develop relationships with young people in order to improve uptake of voluntary aftercare for this very vulnerable group.

Learning Disability

Following the successful launch of the Learning Disability strategy – 'A'thegither in Aberdeen' - work has continued at pace to embed the principles and values the strategy is founded upon.

Key Achievements

- A series of engagement sessions took place to develop the Learning Disability Action Plan, with around 100 delegates in attendance. Key focus points of the strategy and action plan development were Housing and Transitions

- A housing group continues to meet in order to progress aligned actions, including the mapping of the current accommodation estate used within the service. This work will continue to be of key focus in 2019-2020
- A group focussed on Transitions has met intermittently, but a renewed focus is now being taken on Transitions by way of an options appraisal of the best models to support young people in Aberdeen, with this work continuing into 2019-2020

The Scottish Commission for Learning Disabilities led on the establishment of the National Guidance for the development of local Learning Disability Strategies and ACHSCP were active partners to this national work. A report was launched to capture information on people placed out of authority area and those facing delayed transfers of care from hospital settings. The 'Coming Home' report sets a national picture and a vision to repatriate, where possible, people who may be placed inappropriately out of authority area. Work has commenced locally to review all out of authority area placements and delayed transfers of care. There is an identified gap in service and accommodation provision for people with the most complex needs and work to further scope the needs of this population and to create supply of appropriate services and accommodation will be of key focus in 2019-2020.

Commissioning of services from the new frameworks for Supported Living and Care at Home has taken place and included the first procurement process from the Supported Living framework. As a result of this:

- A new provider has been brought into Aberdeen City with the process delivering good outcomes for people requiring the service
- A successful full tender process was completed for an Intensive Support Service
- A new supported living service via provider capital investment in order to meet a key need within the service has been created

There continues to be a growing demand placed on Learning Disability services, with the population of people requiring formal social care support growing as well as the complexity of conditions and behaviour. Work to develop our commissioning plan for the service was postponed ensuring all relevant information was available, this work will be completed as a matter of importance during 2019-2020.

Challenges

Throughout 2018-2019, the Learning Disability service has faced several challenges in relation to an increasing population and complexity, resource pressures and staffing issues. Staff recruitment and retention remains an issue within social care services, including commissioned services and our own in-house services.

- A Service Review was undertaken in 2018 and subsequent periods of review have ensued, including the commencement of an external review in 2019
- Staffing issues have resulted in revised team structures in order to provide the relevant support structures for staff and to ensure Duty of Care is at the fore
- Senior Practitioner posts have been created and appointed to within the team, which is providing an enhanced management structure
- Staff within other service areas of the Health and Social Care Partnership continue to work in collaboration with the service, ensuring that development opportunities are acted upon and that the service continues to deliver good outcomes.

- Work has commenced to consider innovative practices to ensure a sufficient and skilled workforce is in place. This includes apprenticeship approaches and work with young people within schools to enhance the pool of people who may consider health and social care as a career path.

The service continues to work in collaboration with other areas of the ACHSCP, provider organisations, individuals and their families. Improving customer experience remains a key area of focus and will continue to be further progressed in 2019-20.

Autism

Work to deliver a revised Autism Strategy and Action Plan was progressed in 2018 and resulted in the new strategy and action plan being approved by both the IJB and Operational Delivery Committee in 2018-2019. An Autism Strategy Implementation Group has been formed in a multi-agency manner, including representation from ACHSCP services, Council services, NHS Grampian, the Third Sector and the autistic community.

Further work will be undertaken to enhance the voice of autistic people within this group. This group is responsible for the delivery of the strategic vision and the implementation of the action plan. Regular meetings are held to monitor progress and update reports will be provided regularly to the relevant governance structures. A successful bid was made to the Scottish Government to support the delivery of a key action within the strategy: the development of an adult assessment and diagnostic pathway. This work will be ongoing for the life of the strategy and is being undertaken in partnership with Aberdeenshire Health and Social Care Partnership. Once funding is received this will be used to support the development of a sustainable approach to this identified gap.

Mental Health

In 2018-2019, Social Work Delivery has contributed to local and national outcomes, national change programs and to the public sector reform agenda by:

- Providing a social work service in a time of reducing bed numbers in Royal Cornhill Hospital
- Working with the hospital staff to reduce delayed discharges and ensure flow of patients from the hospital service
- Working with our third sector partners to increase capacity in the community to respond to the reduction in bed numbers.

The ACHSCP Mental Health Strategic Plan, which is currently out for consultation, echoes the vision of the National Mental Health Strategy 2017-2027. The core aims of the local strategy include Prevention, Self-Management, Recovery, Dignity and Rights and Support for Carers. The support for carers is being further enhanced in mental health with the recruitment of a Carers Coordinator.

Key Areas of Work and Achievements

- A new outcome focused assessment format is being piloted.
- There is ongoing work with the Housing Section of the Local Authority in identifying future housing needs and ensuring these are accommodated in Housing developments to allow the use of mainstream housing for users of our services

- Social Work have been active in planning of Action 15 of the Scottish Mental Health Strategy 2017-2027 which sets out the aim of increasing the number of Mental Health Practitioners by 800 across Scotland
- Mental Health Social Work is involved in developing an enhanced care model for users of our older adult's mental health service which would provide a step up/ step down level of care for those leaving hospital
- Developing out of hours mental health support in particular at A & E and the Kittybrewster Custody Suite which will be developed into a Community Wellbeing Hub to deflect individuals from future reoffending, supporting them in a holistic manner with particular emphasis on mental wellbeing
- Mental Health and Substance Misuse Social Work and the ACHSCP have progressed with integration with all teams now being multi-disciplinary

As with many areas of Social Work, there have been difficulties maintaining full staffing, with the Mental Health Officer (MHO) service being an area of concern. There have been several people leave the service and the recruitment of MHOs is challenging, therefore we are currently operating with 4 Full Time Equivalent vacant posts.

| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|----------------|------|------|------|------|------|------|-----------|
| No of MHOs | 34 | 32 | 30 | 34 | 34 | 34 | 33 |
| No of Trainees | 0 | 4 | 4 | 4 | 4 | 3 | 1 |

Numbers of private Guardianship Assessments have increased, while those done for the Chief Social Work Officer remain relatively stable.

| Year | Private Guardianship Assessments | CSWO Guardianships |
|-----------|----------------------------------|--------------------|
| 2016/2017 | 312 | 110 |
| 2017/2018 | 335 | 98 |
| 2018/2019 | 362 | 109 |

The number of assessments and applications by MHOs for the Mental Health Care and Treatment Act is gradually increasing over the years, particularly in the number of Emergency Detention Certificates and Short-Term Detention Certificates.

| | 11-12 | 12-13 | 13-14 | 14-15 | 15-16 | 16-17 | 17-18 | 18-19 |
|----------------------------|-------|-------|-------|-------|-------|-------|-------|-------|
| Emergency Detention | 20 | 30 | 36 | 36 | 28 | 40 | 50 | 53 |
| Short Term Detention | 156 | 186 | 180 | 157 | 170 | 241 | 203 | 205 |
| Compulsory Treatment Order | 49 | 65 | 56 | 52 | 62 | 82 | 53 | 61 |

Substance Misuse

The majority of people referred to Integrated Drug Service are seen and started on treatment within 21 days. From April 2019 – June 2019:

- 98.5% of referrals were seen within three weeks

- 135 people were seen, treated and supported with their drug issue within 21 days
- 100% of those referrals were seen within 5 weeks

Integrated Alcohol Service:

- 96% of those referred were seen within three weeks
- 124 people were seen and supported with their problematic alcohol use
- 99% of referrals were seen within 5 weeks

Areas of good practice

We are involved in several redesign areas such as looking at how we provide support to individuals in the community and how this can be more flexible and responsive with a move away from institutional care

- We are in the process of recruiting a Carers Coordinator who will be involved in developing the local strategy for carers of people with a mental illness and become a resource for staff on the support plans and emergency care plans
- Mental Health social work will be involved in providing post diagnostic support to people who receive a diagnosis of dementia. We are developing the training and commissioning appropriate support services to allow individuals and their carers to receive the correct information and support to assist with the diagnosis.
- The Integrated Drug Service social work team aim to issue locked boxes to parents on methadone treatment as part of a Standing Conference on Drug Abuse (SCODA) based risk assessment looking at how their drug use can impact on their children.

Older People and Physical Disability

Delivery of Social Work Services within Older People/Physical Disability continues to support people with increasingly complex needs, to live as independently as possible in their own communities. Staff at all levels within the care management teams continue to develop links within their localities through attendance at Locality Leadership Groups, as well as Partnership subgroups, exploring key issues affecting some of the City's most vulnerable people.

Capacity issues within the care at home market continue to present significant challenges, with ever increasing demand both in terms of volume and complexity of need. In the context of ward closures and overall reduction in bed base, we continue to shift the balance of care to enable people to remain in their own homes for longer.

- There has been a rise in the number of care at home hours delivered
- We deliver 70,355 hours of care at home per month, an average of 16,325 hours per week; our average figures for unmet need have also reduced on last year's data
- We have a range of care at home providers who work collaboratively, which enabled a cross system response to two significant episodes where providers were unable to provide commissioned care

Achievements and challenges

- We have entered into a new Service Level Agreement with our ALEO, Bon Accord Care with an outcome focussed approach which has enabled a more responsive person led

enablement model, with a focus on early intervention and prevention. This has been rolled out across all ACC Sheltered and Very Sheltered Housing units within the city. Early indications from service users and the provider highlight:

- A high level of satisfaction, underpinned by the ability to flexibly respond to changing needs without the need to seek authorisation from the commissioner
- A reduction in duplication between the local authority and the provider due to establishing shared documentation to support consistent assessment and review
- One care home has been subject to Large Scale Investigation under Adult Support and Protection processes, leading to closure of the home and the loss of 55 nursing home beds within the city
- Our Care Management Response Team has now been fully embedded and evaluated within the service
- The team has now expanded, having responded to 8892 calls over 2018/19, and has developed wider links within the Partnership

As the Carers (Scotland) Act 2016 is further embedded, we have engaged closely with our commissioned service to support local implementation, including joint training provided to all practitioners in relation to outcomes focussed conversations within the context of Adult Carers Support Plans. Throughout 2019 there have been 341 new referrals of unpaid carers to the service, 94 of which have come from Care Management, with 149 ACSPs completed by the commissioned service. Funding has been agreed to establish two Carers Practitioners posts. The creation of these posts will support the delivery of the LOIP.

Complaints About Social Work / Social Care Services

All Scottish Local Authorities process Social Work complaints using the Complaint Handling Procedure (CHP). The CHP was introduced for Social Work complaints in April 2017 by the Scottish Public Services Ombudsman (SPSO). This procedure has two stages; Frontline (Stage 1) and Investigation (Stage 2).

Straight-forward issues are usually dealt with at Stage 1 and should be responded to within 5 working days. Stage 2 complaints are for more complicated issues that require an in-depth investigation. A complainant may also escalate their complaint to Stage 2 if they are dissatisfied with the response to their Stage 1 complaint. The timescale for responding to Stage 2 complaints is 20 working days. Where an individual is dissatisfied with the handling of their Stage 2 complaint, they can approach the SPSO to request an external review. The SPSO may choose to review the handling of the complaint and make recommendations based on their findings.

Performance

In the period April 2018 to March 2019, there were:

- 170 total complaints recorded
- 37 Stage 1 complaints, 237 Stage 2 complaints and 4 Escalated Stage 2 complaints

- 73% of Stage 1 complaints were resolved within 5 working days
- 41.9% of Stage 2 complaints were resolved within 20 working days, with 25% of Escalated Stage 2 complaints resolved within this timescale

There has been a 32% reduction in the number of complaints received from 2017/18. Of the 170 complaints received in 2018/19, 114 related to Children’s Social Work and 56 related to Adult’s Social Work Services. Reasons for the reduction in the number of complaints received include:

- The new Complaints Handling Procedure was introduced in April 2017. Following implementation, the volume of complaints received doubled during the first quarter, likely due to a raised public awareness. Volumes have tailed off since.
- The Customer Feedback Team have adopted a new approach in relation to outlining Social Work complaints points. This has resulted in less repeat complaints from customers regarding the same issue
- The Customer Feedback Team have focussed on getting more information from complainants at the start of the process to better understand the complainant’s expectations and reduce the likelihood of complaints being escalated

The performance for complaints resolved within the statutory timescales is outlined in the following table:

| | Overall | Children’s | Adult’s |
|--------------------|---------|------------|---------|
| Stage 1 | 73.0% | 68.2% | 80.0% |
| Stage 2 | 41.9% | 43.8% | 37.5% |
| Esc Stage 2 | 25.0% | 33.3% | 0% |

The overall percentage of all complaints resolved within the statutory timescale was 48% for 2018/19, in comparison to 85% for 2017/18, therefore there has been a decline in compliance. The decline may be a result of the following:

- The Customer Feedback Team have focussed on the quality control of responses which in some circumstances has meant that Stage 2 responses have taken longer to be issued. There is more likelihood of resolving the complaint if it is thoroughly investigated and responded to appropriately
- The introduction of a revised complaint response template has taken time to embed. The new template has resulted in responses taking longer to draft than previously.
- Staff turnover within the Customer Feedback Team and elsewhere within the organisation has impacted response times. This is because it has taken time to upskill the new post holders in complaint handling

Every effort is made to meet the statutory timescales, however not all investigations are able to meet this deadline. When it is not possible to respond in full to a complaint within the statutory timescale, a revised timescale may be agreed. For Stage 1 complaints, an additional 10 working days is permitted, however there is no set timeframe for extensions to Stage 2 complaints.

When an extension has been organised, a response should be provided within the timeframe agreed. The performance for complaints resolved in both the statutory and revised timescales is outlined in the following table:

| | Overall | Children's | Adult's |
|-------------|---------|------------|---------|
| All Stages | 75.9% | 80.7% | 66.1% |
| Stage 1 | 83.8% | 81.8% | 86.7% |
| Stage 2 | 62.0% | 66.3% | 52.5% |
| Esc Stage 2 | 25.0% | 33.3% | 0% |

A complaint may refer to more than one matter and there is a requirement for a formal outcome to be recorded for each point of complaint. The outcomes are upheld or not upheld. In previous years, a decision may have been recorded as partially upheld or that no decision could be made. Following a review of complaint handling in 2018, these outcomes are no longer in use. Due to this, it is not possible to provide a comparison for previous years.

An overview of the 2018/19 outcomes for all complaint stages is provided in the following table:

| | Overall | Children's | Adult's |
|-------------------|-----------|------------|----------|
| Points Upheld | 87 (23%) | 60 (23%) | 27 (23%) |
| Points Not Upheld | 286 (77%) | 196 (77%) | 90 (77%) |
| Total Points | 373 | 256 | 117 |

Complaints considered by SPSO

In 2018/19, 4 complaints were reviewed by the Scottish Public Services Ombudsman (SPSO). Of these, 3 were upheld. Recommendations were made for all 4 cases. These recommendations included issuing an apology to the complainants and identifying improvements, such as reflecting on how we manage user's expectations and communicate decisions.

It is useful to note that the complaints reviewed by the SPSO were historic and referred to complaints from the previous financial year, therefore the changes implemented to improve complaint handling were not yet in effect.

User and Carer Empowerment

Self-Directed Support (SDS)

The SDS Team continues to be the hub which gathers and coordinates all feedback in relation to SDS activity to ensure that action is taken to address new and emerging issues as and when they arise. The implementation of SDS continues to be overseen by the SDS Programme Board, which meets monthly and has representation from senior staff from Adult and Children's Social Care, Finance, the SDS Team and CareFirst. It receives updates on progress, considers any issues or innovations, and directs the appropriate staff to resolve or implement these.

We are now in the final phase of implementation whereby we are mainly monitoring the effectiveness of, and making minor improvements to, the information, processes and

procedures already in place. Significant progress has been made in the last 12 months towards the implementation of the SDS legislation to the point where it is fully embedded in our operational practice and all of our supported young people, adults and where appropriate their guardians or carers, have choice and control over the care received.

We have revised our Contributing to Your Care and Support Charging Policy, which is based on an Individual Budget setting process designed to ensure fairness in resource allocation regardless of which SDS option is chosen. We have also progressed the implementation of the pre-paid card which will streamline financial transactions for those using option 1 and reduce the burden of auditing for both individuals and finance staff.

Workforce

Planning and Development

Employees in Children's Social Work and Council employees working in the ACHSCP are eligible to access the full range of corporate learning and development whether online, through qualifications or workshops.

Over the last year, staff have accessed a wide range of opportunities from this corporate menu – including personal and professional development such as Facilitation Skills, customer service skills through workshops such as 'Behaviour Breeds Behaviour', digital skills through Microsoft Office courses and management development including Improvement Methodology.

Children's Social Work

The implementation of delivering a service where we work systemically using a trauma informed, strength based and relational practice model. Filling Consultant Social Work posts has remained a challenge. The Unit model has been adapted to mitigate this by having fewer units than originally intended with larger units with more Social Work posts.

Recruitment in the social care sector remains a challenge in the Northeast and "growing our own" is a key priority within our workforce planning.

Workforce

There continues to be significant difficulties in recruiting Social Workers (especially experienced Social Workers) and Consultant Social Workers / Team Managers across Children's Fieldwork and the service has utilised agency workers to supplement the core workforce. While this has ensured safe practices, it has resulted in higher than wanted changes in Social Worker for children and their families. Over the year our use of agency staff has reduced as we have built up our workforce. The position is similar in the Children's Residential Service where the vacancy rate remains high.

Supporting the workforce

The Staff Liaison Group continues to meet regularly, and through this forum, a revised back up system has been established to enable consistency for service users when staff are absent. Having identified patterns of staff sickness due to psychological reasons, combined with a

volume of newly qualified staff, a resilience working group has been established, which aims to enable experienced and newly qualified staff within a job that presents daily challenges to resilience. The group has agreed on a working definition of resilience, raising awareness across the service and encouraging staff to support each other by sharing their experiences. Positive mental health is encouraged and practical and proactive ways that individuals and the organisation can support this have been identified.

Learning and Development

There are proposals being written in a business case as to how to develop our learning and development framework integrated with our quality assurance framework.

Conclusion

Aberdeen City Council and its partners, like most areas, continue to face demand management and financial challenges. Having a strong social work vision and effective leadership is critical to ensuring that our approach to meeting these challenges utilises that services focus on up to date evidence-based models, research informed practice and a strength-based approaches that deliver improved outcomes. It is also critical that in integrating with partner agencies we don't lose sight of the need to retain a strong social work voice. Similarly, that we build on the strength of relationships that exist across the social work workforce to ensure that the outcomes of service users continue to improve and that the impact of services are effectively evidenced.



Graeme Simpson
Chief Social Work Officer
September 2019



INTEGRATION JOINT BOARD

| | |
|---|---|
| Date of Meeting | 21 January 2020 |
| Report Title | Fast Track Cities |
| Report Number | HSCP.19.081 |
| Lead Officer | Sandra MacLeod, Chief Officer |
| Report Author Details | Gail Woodcock Lead Transformation Manager gwoodcock@aberdeencity.gov.uk |
| Consultation Checklist Completed | Yes |
| Directions Required | No |
| Appendices | a. Fast Track Cities Draft Action Plan |

1. Purpose of the Report

- 1.1. In September 2019, Aberdeen City Council pledged it's support for the Fast Track Cities Initiative as part of a global focus in Human Immunodeficiency Virus (HIV) prevention, diagnosis and treatment.
- 1.2. This report brings forward the draft action plan which seeks to ensure that Aberdeen is able to reach the 2030 goals.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board (IJB):
 - a) Note the ongoing cross partner work to progress towards the long term goals of achieving zero new HIV transmissions, zero HIV related deaths and zero HIV related stigma by 2030.
 - b) Endorse the draft action plan, noting this is a live working document, and instruct the Chief Officer to provide an update on progress in January 2021.



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3. Summary of Key Information

Background – Fast Track Cities Initiative

- 3.1. Fast Track Cities is a global partnership and initiative, focussing on developing a network of cities pledged to achieve the commitments in the Paris Declaration on HIV prevention, diagnosis and treatment¹. It is aimed that all seven Scottish Cities sign up to the initiative, 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. At the time of writing this report, Glasgow, Edinburgh and Aberdeen are signed up.
- 3.2. The Paris Declaration commitments are:
- a: 90-90-90 targets:**
- To ensure that 90% of people living with HIV know their status
 - To improve access to antiretroviral treatment for people living with HIV to 90%
 - To increase the proportion of people living with HIV on Antiretroviral Therapy (ART) with an undetectable viral load to at least 90%; and
- b: To reduce stigma and discrimination related to HIV to zero with long term goals by 2030:**
- Zero new HIV transmissions
 - Zero HIV-related deaths
 - Zero HIV-related stigma
- 3.3. On 2 September 2019, Aberdeen City Council approved a notice of motion that Aberdeen sign up to becoming a Fast Track City: [Item 9: <https://committees.aberdeencity.gov.uk/ieListDocuments.aspx?CId=122&MId=6758&Ver=4>], and instructed 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

¹ <http://www.fast-trackcities.org/>



INTEGRATION JOINT BOARD

Planning Aberdeen and the Integration Joint Board on implementation of the Action Plan and work done as part of the Fast Track Cities initiative.

- 3.4. It is noted that Aberdeen City (Grampian) already meets the 90-90-90 targets but there is more work to do to reach the 2030 goals including reducing stigma. However there are issues in Aberdeen, in particular with reducing the incidence of late diagnosis of HIV, maintaining the number of people who are on treatment with antiretroviral treatment, and ensuring that key population groups are engaging with treatment and support.
- 3.5. The aspirations of Fast Track Cities meets the aims of the Partnership's Strategic Plan and also the Resilient, Included and Supported aims under Community Planning Aberdeen's Local Outcome Improvement Plan.
- 3.6. Since the approval of the Notice of Motion, officers within the Aberdeen City Health and Social Care Partnership, NHS Grampian and Our Positive Voice have been working to develop a high-level plan for the city. This plan is a working document and will continue to develop as it is implemented. (See Appendix A)

4. Implications for IJB

4.1. Equalities

It is anticipated that the implementation of these plans will have a neutral to positive impact on the protected characteristics as defined in the Equality Act 2010. It is anticipated that any increase in knowledge and awareness of HIV will create a positive improve for people living with HIV.

4.2. Fairer Scotland Duty

It is anticipated that the implementation of these plans, will have a neutral to positive impact on people affected by socio-economic disadvantage. It is anticipated that any increase in knowledge and awareness of HIV will create a positive improve for people living with HIV.

4.3. Financial

There are no specific financial implications as a result of this report. Actions within the action plan will be delivered through existing budgets.



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The funding that is available to NHS Grampian to support HIV prevention and improvements is linked to the Sexual Health and Blood Borne Virus Frameworks, as part of the effective prevention bundle administered through NHSG Public Health, and managed via the Managed Care Network. Further funding opportunities will also be explored as a plan is progressed.

4.4 Workforce

There are no specific workforce implications – support to deliver the plan will be from existing resources.

4.5 Legal

At this time, there are no anticipated legal implications in relation to this report.

4.6 Other - NA

5. Links to ACHSCP Strategic Plan

5.1. This report is closely aligned to the Strategic Plan as set out in section 3.5.

6. Management of Risk

6.1. Identified risks(s)

Risks relating to the delivery of this programme will be managed through existing processes. The Executive Programme Board and portfolio Programme Boards have a key role to ensure that these risks are identified and appropriately managed.



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



INTEGRATION JOINT BOARD

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: The report seeks to reduce HIV transmissions and stigma, which will help ensure that resources are allocated in a preventative manner.

| Approvals | |
|--|---|
|  | Sandra Macleod (Chief Officer) |
|  | Alex Stephen (Chief Finance Officer) |

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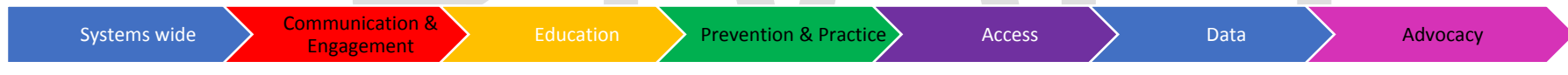
Aberdeen City Fast Track Cities (FTC) High Level Plan

| Aim | Outcomes | | | Measures | Continue |
|---|--|---|---|--|---------------------------------|
| | Long Term | Medium Term | Short Term | | |
| Zero discrimination & stigma | Zero tolerance of HIV stigma throughout society in Grampian | All employers in Grampian are aware of, and their practices adhere with the legislation (e.g. Equality 2010). | Community Planning Partners are aware of, and their practices adhere with legislation (e.g. Equality 2010). | Reduction in stigma (based on suite of measures): <ul style="list-style-type: none"> - Reduction in proportion of people living with HIV who decline GP consent - Questionnaire via clinical staff - Increase proportion of people living with HIV collecting prescriptions from local pharmacies - Results from Stigma Questionnaire show a downward trend in stigma - Reduction in HIV stigma complaints in ACHSCP, NHS Grampian and aligned partners | Maintain existing good practice |
| | HIV educated population | All young people, Health Care Professionals and Public Sector workers have access to HIV inclusive education with focus on stigma | Work with Community Planning Partners to provide inclusive HIV education for their employees with focus on stigma | | |
| | Work to ensure positive sexual health is seen as a human right | Policies and strategies are aligned and integrated around HIV and positive sexual health. | Community Planning Partners policies and strategies are aligned and integrated to recognise HIV inequality and stigma | | |



| Aim | Outcomes | | | Measures | Continue |
|-------------------------------|---|---|--|---|---------------------------------|
| | Long Term | Medium Term | Short Term | | |
| Zero new transmissions | 100% of people living with HIV knowing their HIV status. | 95% of people living with HIV knowing their HIV status. | Maintain 90% of people living with HIV knowing their HIV status. | Increase testing overall with specific aims for <ul style="list-style-type: none"> - HIV Testing week - Grampian Pride Increase testing in line with current guidelines (BASHH/BHIVA) including for clinical indicator conditions Reduction in annual number of new transmissions Reduction in proportion of new diagnoses that have been recently acquired based on avidity data Increase the percentage of people living with HIV who are <ul style="list-style-type: none"> - Retained in care - On treatment - undetectable | Maintain existing good practice |
| | Identify those who undiagnosed with HIV and link to care timeously. | Ensure HIV testing is widely available in clinical and non-clinical settings <ul style="list-style-type: none"> - Accessible - Routinely completed in high prevalence areas and for indicator conditions - Proactively offered to high risk groups using local data trends | Continue work to improve availability of testing, <ul style="list-style-type: none"> - As part of routinely completing testing in high prevalence areas and for indicator conditions - Proactively offering testing in high risk groups using local data trends Accurate and robust data on testing and new diagnosis and associated demographics to inform workplan. Pathways of referral for new diagnosis clear to allow rapid access to treatment | | |

| | | | | | |
|--|---|--|--|--|--|
| | Retention in care and viral suppression | Access to requested support services and support networks widely available timeously | Map support services available to support needs of people living with HIV | | |
| | | Priority groups (as informed by data) receive targeted support | | | |
| | Access to multi-faceted prevention strategies | Formula milk is available to mums with HIV without cost | Focus on prevention e.g. ensure that that condom distribution is appropriate and meets the needs of the population | | |
| | | Increase PEP/PrEP awareness, access and uptake equity for all groups | Map PrEP uptake to deprivation Collate "missed opportunities" for PrEP in new diagnoses | | |



| Aim | Outcomes | | | Measures | Continue |
|--------------------------------|---|--|---|--|---------------------------------|
| | Long Term | Medium Term | Short Term | | |
| Zero HIV related deaths | 100% of people who know their HIV-positive status on treatment. 100% of people on treatment with suppressed viral loads. | Reach: - 95% of people who know their HIV-positive status on treatment. - 95% of people on treatment with suppressed viral loads. | Maintain: - 90% of people who know their HIV-positive status on treatment. - >90% of people on treatment with suppressed viral loads. | Reduction of Late diagnosis both absolute and proportionate to be assessed Reduction in missed opportunities for testing based on clinical indicator conditions | Maintain existing good practice |
| | Reduced late diagnosis (to 10%) and increase testing for indicator conditions. | Reduced late diagnosis (to 20%) - Screening prompts for clinical indicator conditions - Education to HCPs partners and public re clinical indicator conditions | Reduced late diagnosis (to 30%) Monitor late diagnosis/missed opportunities and use this data to inform evolving local action plan | Reduction in AIDS defining illnesses Reduction in of HIV-related deaths | |
| | Retention in care | Offer flexible services, patient centred and close to home, including planning for HIV care in older age and management of co-morbidities | | | |
| | | Cross system approach to data to enable targeted support (while respecting rights of individuals) Protocol for this developed. | | | |
| | | Improved links across health provision and social work | | | |
| | | | | | |



Next steps

- Asset mapping
- Consultation

Opportunities:

- FTC Network
- Waverley Care
- Student Association (as campaigners) & Student placements (to support actions)

Stakeholders:

- NHS Grampian
- Four Pillars
- ADA/ ADP
- HIV Scotland
- Our Positive Voice (OPV)
- ACVO
- Aberdeen City Council (including Education)
- Community Planning Aberdeen
- Waverly Care
- Homeless Collaborative
- Aberdeen Cyrenians
- Aberdeen Foyer
- SACRO
- AHSCP → HMP Grampian
- Activities that have been delivered successfully so far
- ACHSCP (Social Work/ Primary Care)
- Acute
- Aberdeen Chamber of Commerce
- Federation of Small Businesses (FSB)
- Universities/ College
- African Community
- Oil & Gas UK (or similar org)
- (NETRALT) North East Tenants Residents and Landlords Together
- *Link with AHSCP & MHSCP*

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INTEGRATION JOINT BOARD (IJB)

| | |
|---|---|
| Date of Meeting | 21 January 2020 |
| Report Title | Engagement and Consultation Protocol |
| Report Number | HSCP.19089 |
| Lead Officer | Sandra Macleod, Chief Officer |
| Report Author Details | Name: Sandy Reid Job Title: Lead, People & Organisation Email Address: sandy.reid1@nhs.net |
| Consultation Checklist Completed | Yes |
| Appendices | N/A |

1. Purpose of the Report

The purpose of this Report is to advise the Integration Joint Board (IJB) how Aberdeen City Health and Social Care Partnership (ACHSCP) want to engage, consult with and meaningfully involve Staff, Trade Unions, Professional Organisations, and Staff Partnership representatives in the work of the IJB and to seek approval for this approach.

2. Recommendations

2.1. It is recommended that Integration Joint Board

- a) Endorses the proposed principle of how it engages, consults with and involves Staff, Trade Unions, Staff Partnership and Professional Organisation Representatives.



3. Summary of Key Information

- 3.1. The IJB Chair requested a review, at the November 2019 Board, of how the IJB consults with and involves Trade Union, Staff Partnership representatives, and Staff.
- 3.2. Since its inception, ACHSCP has sought to develop meaningful involvement with Trade Unions, Professional Organisation, Staff Partnership Representatives, and Staff.
- 3.3. The overarching principle that the IJB is asked to approve, is that staff (and their representatives) should expect to be involved at the earliest opportunity in any change process or project. Their input into decisions will be sought, so that staff are confident that they will be involved/consulted before any change happens or any change decisions are made.
- 3.4. This principle requires that Managers must always actively seek to liaise with Staff, Trade Union, Professional Organisation, and Staff Partnership Representatives in advance of any change decisions being made, and for Managers and those Representatives to then seek to work together to ensure that staff affected by any proposed changes are involved in the change decisions that affect them. Managers are obliged to engage with Staff and Staff are obliged to take up the opportunity.
- 3.5. This can be further simplified by the principle of 'Nothing About You, Without You'.
- 3.6. The development of this paper has been following discussions with the Aberdeen Joint Staff Forum Co-Chair (Staff-Side) and NHS Grampian HR Manager for Integration.

4. Implications for IJB

- 4.1 Equalities – there are no implications in relation to our duty under the Equalities Act 2010
- 4.2 Fairer Scotland Duty - there are no implications in relation to the Fairer Scotland Duty



- 4.3 Financial – there are no immediate financial implications arising from this report.
- 4.4 Workforce – there are no immediate workforce implications arising from this report.
- 4.5 Legal – there are no immediate legal implications arising from this report
- 4.6 Other- there are no other immediate implications arising from this report.

5. Links to ACHSCP Strategic Plan

- 5.1. This Report links to the implementation of the IJB Workforce Plan 2019/2021 previously approved by the IJB in March 2019

6. Management of Risk

6.1. Identified risks(s)

If the IJB does not adopt and ensure compliance with these principles, there is a high risk that its Transformational Agenda will be significantly delayed by disputes with Union and staff representatives.



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

None

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

The risk of dispute with Trade Union, and Staff Partnership risks can be mitigated by the process of formal and informal monthly meetings that take place with Management representatives and Trade Union/Staff Partnership Representatives. These can also be escalated to the monthly Joint Staff Forum, Staff Governance Committees and the Programme Boards which oversee ACHSCP Transformational activity.



| Approvals | |
|---|---|
|  | Sandra Macleod (Chief Officer) |
|  | Alex Stephen (Chief Finance Officer) |



INTEGRATION JOINT BOARD

| | |
|---|---|
| Date of Meeting | 21 January 2020 |
| Report Title | Update on the Alcohol and Drug Partnership Delivery Plan and Investment |
| Report Number | <i>HSCP.19.087</i> |
| Lead Officer | Sandra Macleod, Chief Officer |
| Report Author Details | <i>Name: Simon Rayner Job Title: ADP Lead Email Address: simon.rayner@nhs.net Phone Number: 01224 557871</i> |
| Consultation Checklist Completed | Yes |
| Directions Required | No |
| Appendices | <i>a. ADP Progress Monitoring</i> |

1. Purpose of the Report

1.1. This report provides an update for the Integration Joint Board (IJB) on the progress in taking forward the Alcohol and Drug Partnership delivery plan and investments, as agreed at the IJB of 11 December 2018.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) Note this report and continue to support and monitor progress
- b) Endorse the action to undertake a whole system approach to alcohol and drug issues across the Aberdeen City Health and Social Care Partnership (ACHSCP) and in conjunction with Aberdeen City Council (ACC) and NHS Grampian (NHSG).

3. Summary of Key Information

3.1. At the end of August 2018 the Scottish Government gave Alcohol and Drug Partnerships (ADPs) across Scotland additional recurring funding as part of



INTEGRATION JOINT BOARD

its Programme for Government. For Aberdeen City that equated to £666,404 per year.

- 3.2. The ADP has developed a framework for investment based on Scottish Government priorities and local performance. The IJB is accountable for the governance of this investment. This was ratified by the IJB on 11 December 2018. This report highlights progress to date on taking forward the ADP agenda.
- 3.3 The Scottish Government published its national drug and alcohol strategy in November 2018: [Rights, Respect, Recovery](#) which allowed us to ensure strategic fit with developing priorities.

During this period the ADP also:

- 1) Renewed its role and remit in conjunction with members,
 - 2) Became an Outcome Improvement Group of Community Planning Aberdeen. Work was undertaken to ensure that alcohol and drugs were fully represented within the Local Outcome Improvement Plan (LOIP) and that shared improvements between Community Justice and Integrated Children's Service Board were established,
 - 3) Established and prioritised 13 improvement aims within the LOIP based on local need with an overall stretch aim to reduce the "Rate of harmful levels of alcohol consumption by 4% and reduce the number of drug related deaths below the average by 2026"
 - 4) The ADP established its delivery framework within five work streams to incorporate the improvement aims, national priorities from Rights, Respect and Recovery and "single system" objectives such as service development and improvement,
 - 5) Developed business cases to support investment in the Programme for Government investment.
- 3.4 In September 2019 the IJB approved the business case to allow investment to be progressed and directions to ACC and NHSG to be made accordingly.
 - 3.5 In the 3 months since IJB approval in (September 2019 to December 2019) progress has been made in terms of developing job roles, recruitment processes and more detailed project development work. Funding has also been made available to the three localities (North, Central and South)



INTEGRATION JOINT BOARD

- 3.6 A facilitated session was provided to the ACHSCP Leadership team regarding the ADP delivery Plan and potential Prevention and / or Efficiency work that leaders could undertake across the system to further the objectives and reduce impact on health and social care systems.
- 3.7 With the support of the Chief Officer of ACHSCP, Chief Executive of ACC and the Director of Public Health NHSG the ADP will become an early adopter of a Whole System Approach as part of Public Health Scotland reform programme. This will seek to activate public health capacity and ADP objectives across the ACHSCP.
- 3.8 To help mitigate against issues in relation to accrued underspend further work has been undertaken to progress investment of some of the underspends with resources being allocated to communications, staff training, police operations, staff taking on evening and weekend work with rough sleepers / street beggars / homeless services / street prostitution.
- 3.9 An event is planned in conjunction with Aberdeen Council of Voluntary Organisations (ACVO) to bring together the third sector to raise awareness of resources available to localities. To further support investment in localities the ADP resource will be aligned to use processes in place to support the Health Improvement Fund (HIF) and to support public health staff undertake “tests of change” to support ADP objectives in conjunction with Local Engagement Groups and Community Planning partners.
- 3.10 The ADP membership has representatives of:
- Police Scotland,
 - Scottish Prison Service,
 - Aberdeen City Council (including Elected Members),
 - NHS Grampian Public Health,
 - Aberdeen City Health and Social Care Partnership,
 - Scottish Fire and Rescue Service,
 - Aberdeen’s 3rd Sector Interface (ACVO),
 - Civic Forum,
 - Aberdeen In Recovery (people with lived experience of addictions).
- 3.11 The ADP Delivery Plan has been discussed at the Chief Officers Group (COG), ACHSCP Leadership Team and an input to ACC Extended Corporate Management Team (ECMT) is planned for 13 February 2020.



INTEGRATION JOINT BOARD

- 3.12 An engagement event is being planned between the ADP and ACVO for February 2020 with the aim of creating opportunities for the third sector to engage in delivering ADP objectives in line with locality requirements.

4. Implications for IJB

- 4.1. Equalities
There are no direct equality implications.
- 4.2 Fairer Scotland Duty
There are no direct Fairer Scotland Duty implications.
- 4.3 Financial
There is a risk that with Scottish Government scrutiny funds and slow progress in the resource being utilised that funds are not made available for investment in this strategy and the benefits for the City are not realised.
- 4.4 Workforce
There are no direct Workforce implications.
- 4.5 Legal
There are no direct Legal implications.

5 Links to ACHSCP Strategic Plan

- 5.1 The Scottish Government expect to see alcohol and drugs as an identifiable section within the ACHSCP Strategic Plan. This plan, the ADP Delivery Plan and priorities within the Community Planning Partnership should all be corporate and work is being undertaken to ensure this. The ACHSCP Plan references supporting the work of the ADP.

6 Management of Risk

6.1 Identified risks(s)

There is a risk that with Scottish Government scrutiny funds and slow progress in the resource being utilised that funds are not made available for investment in this strategy and the benefits for the City are not realised. This could lead to reputational risk, failure to deliver on identified improvements to the health and wellbeing of the population.



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6.2 Link to risks on strategic or operational risk register:

The above risk is not currently on the risk register

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

To mitigate the risk continued financial scrutiny is required, additional system support is required from HSCP, NHS Grampian and Aberdeen City Council to ensure alcohol and drug issues are recognised, actions embedded across the system and leadership is provided in support of the ADP.

Given the above this is a medium risk.

| Approvals | |
|---|---|
|  | Sandra Macleod (Chief Officer) |
|  | Alex Stephen (Chief Finance Officer) |

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Action Plan – Progress Monitoring

This approach encompasses prevention and early intervention. It seeks to reduce the impact of parental drug and alcohol use on children, to support young people most at risk of developing drug and alcohol problems and to ensure that there is a consistent and measureable approach to education and prevention activity. This will also help support the work of the Integrated Children’s Services Board and ensure that children have the best start in life.

Theme 1: Whole-Family Approach

| What will we do? | When will we have done it by? | How will we know it is working? | Who will be responsible? | Progress Update |
|--|-------------------------------|---|---|-------------------------|
| 1a We will fund, in line with ADP specification, a Guidance Teacher part time for 12 months to develop resources and develop staff at the value of up to £45,000 | Jan 2020 | Worker in post with a focus on 100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021 | Lesley Stopani / Integrated Children’s Services | Recruited |
| 1a We will fund, in line with ADP specification, a Lead Child and Family SW for 24 months to develop resources and develop staff at the value of up to £120,000 | Feb 2020 | Increase the % of Care experienced children and young people receiving educational and support input on alcohol/ drugs issues by 2021 | Tam Walker / Integrated Children’s Services | Post being consulted on |

This approach encompasses primary, secondary and tertiary prevention in relation to reducing harm, morbidity and mortality. We will take whole-population approaches to reducing alcohol consumption, with the aim of preventing harm. Where people are using drugs and alcohol we will ensure there are appropriate supports to allow people to reduce risks and harm.

Theme 2 Reducing Harm, Morbidity and Mortality

| What will we do? | When will we have done it by? | How will we know it is working? | Who will be responsible? | Progress Update |
|--|-------------------------------|--|--------------------------|-----------------|
| 2a Procure from the 3rd sector, in line with ADP specification, 2 x Assertive Outreach Workers for a fixed period of 2 years at a value of up to £135,000 to work with homelessness, rapid housing, overdose prevention | Feb 2020 | 2 x Assertive Outreach workers in post working as part of housing / homeless support and as part of an assertive harm reduction team | ACC | Consultation |
| 2b Fund in conjunction with Violence Against Women Funding, in line with ADP specification, a Housing / Domestic Abuse Worker at the value of up to £30,000 per year to improve tenancy retention, support women and pathways | March 2020 | Worker in post developing pathways: increase in women in service, improved links with housing | ACC | Recruiting |
| 2c Fund, line with ADP specification, a Band 7 RGN Advanced Nurse Practitioner Nurse up to the value of £59,256 to improve general health and respond to increasing presentations of poor general health from older drug users across the sector | March 2020 | Nurse in post developing improved healthcare provision to at risk patients | NHS G / ACHSCP | Recruiting |
| 2d Fund, for a fixed period of 12 months, in line with ADP specification a Locality Based Development Worker at the value of up to £43,177. to help support and engage | Feb 2020 | Worker in post supporting the Localities develop responses to alcohol and drugs in line with ADP Framework. | ACC | Consultation |

| | | | | |
|--|----------|---|------------------------|------------|
| localities to develop improvements and delivery ADP priorities and to support our ambition for our strategy to be rooted in community action | | | | |
| 2e Fund, in line with ADP specification, 1x Custody Link Worker up to the value of £80,000 over a two year fixed period to support continuity of treatment and care between community and justice (previously agreed – included for context) | Feb 2020 | Worker in post working with staff in Kittybrewster, identifying underlying health and wellbeing issues, linking with Primary Care | Chris Smillie / ACHSCP | Recruiting |

This approach encompasses primary, secondary and tertiary prevention in relation to reducing harm, morbidity and mortality, and whole-population approaches to reducing alcohol consumption with the aim of preventing harm. Where people are using drugs and alcohol in risky ways, we will ensure there are appropriate supports to allow people to reduce harm and services to help facilitate this. We need to ensure that those at greatest risk of harm from drugs and alcohol have access to appropriate support to reduce risk as easily as possible.

Theme 3 Service Quality Improvement

| What will we do? | When will we have done it by? | How will we know it is working? | Who will be responsible? | Progress Update |
|---|-------------------------------|---|--|-----------------|
| a Social Worker to work within the AHSCP Integrated Alcohol Service up to the value of up to £49,000 per year Extension of alcohol hubs by two this will increase capacity and establish alcohol services in areas of greatest need with a plan to link longer term to Community Care and Treatment Hubs. | Feb 2020 | Worker in post supporting the development of the Alcohol Hubs; Demonstrate improvement and utilisation of the Alcohol Hubs in line with remit | ACC / Substance Misuse Service | Recruiting |
| a Band 6 nurse to work in the Integrated Alcohol Service up to the value of £50,276 per year | Feb 2020 | Worker in post supporting the development of the Alcohol Hubs; Demonstrate improvement and utilisation of the Alcohol Hubs in line with remit | NHS G / Substance Misuse Service | Recruiting |
| iii 12 GP sessions per year and 12 Consultant GI Sessions per year | March 2020 | GP sessions in place supporting the development of the Alcohol Hubs; Demonstrate improvement and utilisation of the Alcohol Hubs in line with remit | NHS G / Practices / Substance Misuse Service | Recruiting |
| 3b continue to fund the existing Alcohol Hubs at a value of £12,000 for the provision of 12 GP sessions and 12 Consultant GI sessions per year | Existing | GP sessions in place supporting the development of the Alcohol Hubs; Demonstrate improvement and utilisation of | NHS G / Practices / Substance Misuse Service | Continuing |

| | | | | |
|----|---|-------------------------------------|---|--------------------------------|
| | | the Alcohol Hubs in line with remit | | |
| 3c | fund, line with ADP specification, four Band 6 nurses to work in the Integrated Drug Service up to the value of £50,276 per year each to increase capacity and to facilitate improved service user retention, increase innovation and improve outcomes to meet national quality standards | April 2020 | Additional nursing in post; service capacity re-aligned; improvement work progressing | Recruiting |
| 3d | fund, line with ADP specification, a Band 8a nurse to work across the Integrated Drug Service and the Integrated Alcohol Service up to the value of £68,983 per year to lead quality improvements, lead on non medical prescribing, lead on trauma informed care, outreach for complex cases and overdose incidence | Feb 2020 | Additional nursing in post; service capacity re-aligned; improvement work progressing | Recruiting |
| 3e | fund, in line with ADP specification, the development of a new way of working with Primary Care Vision / EMIS system at a value of £10,000 per year that will improve our ability to performance manage BBV testing, Medicine Reviews, Contraception Reviews etc | May 2020 | Improvement project on line, demonstration of improved outcomes | Developing improvement project |
| 3f | fund, in line with ADP specification, Staff / workforce development / recruitment and retention programme at a value of £10,000 to help mitigate against staff recruitment risks | Existing | Programme in place and staff seconded onto placements | Progressing |

An individual's recovery from a drug or alcohol-related problem is personal to them. Different people will achieve recovery in different ways and it is our role to ensure that there are appropriate supportive opportunities to allow people to sustain their recovery in their community. Increasing the visibility of recovery gives strength and hope to others who are on their own journey. Increasing the visibility of recovery helps reduce stigma and can put a human face to the complex issues underlying drug and alcohol use. Ensuring that there are a range of options for people to engage in recovery helps give resilience and reduce isolation. We will seek to remove barriers to recovery and support housing, employability and education opportunities.

Theme 4 Supporting Recovery

| What will we do? | When will we have done it by? | How will we know it is working? | Who will be responsible? | Progress Update |
|---|-------------------------------|---|--------------------------|---|
| 4a grant fund, in line with ADP specification, Aberdeen In Recovery (Scottish Charity number SC049125) up to the value of £40,000 per year Grant Fund Aberdeen In Recovery to provide peer led recovery support group and undertake a range of groups, activities. AiR recently became established as a registered charity with OSCR. | Jan 2020 | Grant fund in place, agreement in place; reporting and feedback from AiR. | ACHSCP / ADP | Terms and conditions of funding being finalised with legal. |

Knowledge and understanding in relation to the underlying causes of drug and alcohol problems are increasing all the time and this understanding helps us develop effective evidenced-based strategies for reducing the negative impact on our society. We want to ensure that people have access to knowledge and information about drugs and alcohol to encourage personal choice and self-care. We want to hear from people and communities affected by drugs and alcohol and we want to be able to inform them of our work and how they can help. To do this we need to be able to measure our progress and report our performance against our aspirations.

Theme 5 Intelligence-led Delivery

| What will we do? | When will we have done it by? | How will we know it is working? | Who will be responsible? | Progress Update |
|---|-------------------------------|--|------------------------------|---|
| 5a fund data management capacity at a value of £ £25,898 per year reduce demand on practitioners and prepare for Scottish Government DAISY system coming on stream in January 2020. Longer term we will develop a digital strategy for our addiction services | Jan 2020 | Post filled, digital strategy developed and in place, Daisy Implemented | | Post filled Digital strategy developed and progressing |
| 5b fund in line with ADP specification, a development programme at a value of £50,000 to lead a cohort of senior officers and the ADP through process of “discovery” examining world class evidence to formulate innovations and improvements at a strategic level for the City | Feb 2020 | Programme delivered | ADP / Simon Rayner | Draft programme developed, in conjunction with partners. Met with Public Health Scotland to develop thinking about Whole System Approach to underpin the programme. |
| 5c make available, on a non recurring basis, £300,000 for the three City localities, North, Central and South to develop community based responses to drug and alcohol issues and to help local communities deliver the ADP Objectives | Ongoing | Resource utilised to inform test of change and future strategic direction. | ADP / AHSCP / CPP Localities | |

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INTEGRATION JOINT BOARD

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|---|--|
| Date of Meeting | 21.01.20 |
| Report Title | Risk Appetite Statement and Strategic Risk Register |
| Report Number | HSCP 19.086 |
| Lead Officer | Sandra Macleod, Chief Officer |
| Report Author Details | Name: Martin Allan Job Title: Business Manager Email Address: martin.allan3@nhs.net |
| Consultation Checklist Completed | Yes |
| Appendices | a. Risk Appetite Statement b. Strategic Risk Register |

1. Purpose of the Report

- 1.1. To present the Integrated Joint Board (IJB) with the latest version of the Aberdeen City Health & Social Care Partnership's (ACHSCP) Risk Appetite Statement and Strategic Risk Register, as reviewed by the Board at its workshop on the 19th November, 2019.

2. Recommendations

- 2.1. It is recommended that the IJB:
- a) Approve the revised Risk Appetite Statement, as detailed in Appendix A to the report;
 - b) Approve the revised Strategic Risk Register in Appendix B to the report; and
 - c) Agree that Strategic Risk 9 (Workforce) form the basis of the IJB Workshop on Workforce on the 11th of February, 2020.

3. Summary of Key Information



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IJB Workshop on Strategic Risk Register

- 3.1. The IJB held a workshop on the 19th of November, 2019 where it considered both the Risk Appetite Statement and the Strategic Risk Register. The relevant risk owners were in attendance and suggested revisions to both documents were made.
- 3.2. The key changes to the Risk Appetite Statement as a result of the workshop was with regard to the dimension of risk relating to commissioned and hosted services. It was agreed to change the tolerance, specifically in relation to risks relating to service redesign or improvement, from **Low to Moderate to Moderate to High**. The Workshop also agreed to add narrative to this dimension explaining that the revision to the tolerance would be in circumstances where as much risk as possible has been mitigated. A copy of the revised Risk Appetite Statement is attached as Appendix A to this report.
- 3.3. The key changes to the Strategic Risk Register as a result of the workshop were to lower risk 4 “there is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed to maximise the full potentials of integrated & collaborative working. This risk covers the arrangements between partner organisations in areas such as governance; corporate service; and performance” from **Medium to Low**; and raise risk 9 “there is a risk of failure to recruit and that workforce planning across the Partnership is not sophisticated enough to maintain future service deliver” from **High to Very High**.
- 3.4. Those present at the workshop also requested that Risk 9 be reworded to reflect service redesign to help decrease this risk. The revised draft wording is as follows “**There is a risk that if the System does not redesign services from traditional models in line with the current workforce marketplace in the City this will have an impact on the delivery of the IJB Strategic Plan**” and is in front of the IJB for approval. The full revised Strategic Risk Register is attached as Appendix B to this report.
- 3.5. It is proposed that the reworded strategic risk 9 form the basis of the IJB’s workshop on Workforce on the 11th of February, 2020.

Implications for IJB



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- 3.6. **Equalities** – while there are no direct implications arising directly as a result of this report, equalities implications will be taken into account when implementing certain mitigations
- 3.7. **Fairer Scotland Duty** – while there are no direct implications arising directly as a result of this report, the Fairer Scotland duty will be taken into account, where appropriate, where implementing certain mitigations
- 3.8. **Financial** – while there are no direct implications arising directly as a result of this report financial implications will be taken into account when implementing certain mitigations.
- 3.9. **Workforce** - there are no direct implications arising directly as a result of this report.
- 3.10. **Legal** - there are no direct implications arising directly as a result of this report.
- 3.11. **Other** - there are no direct implications arising directly as a result of this report.

4. Links to ACHSCP Strategic Plan



- 4.1. Ensuring a robust and effective risk management process will help the ACHSCP achieve the strategic priorities as outlined in its strategic plan, as it will monitor, control and mitigate the potential risks to achieving these. The Strategic Risks have been aligned to the Strategic Plan 2019-2022.

5. Management of Risk

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



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| Approvals | |
|---|---|
|  | Sandra Macleod (Chief Officer) |
|  | Alex Stephen (Chief Finance Officer) |



Risk Appetite Statement

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

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

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

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

| | |
|--|--|
| Risks relating to commissioned and hosted services | The IJB recognises the complexity of planning and delivery of commissioned and hosted services. The IJB has no or minimal tolerance for risks relating to patient safety and service quality. It has moderate to high tolerance for risks relating to service redesign or improvement where as much risk as possible has been mitigated. |
|--|--|

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

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



Strategic Risk Register

| Revision | Date |
|----------|------------------------------|
| 1. | March 2018 |
| 2. | September 2018 |
| 3. | October 2018 (IJB & APS) |
| 4. | February 2019 (APS) |
| 5. | March 2019 (IJB) |
| 6. | August 2019 (APS) |
| 7. | October 2019 (LT) |
| 8. | November 2019 (IJB workshop) |
| 9. | January 2020 (ahead of IJB) |



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Introduction & Background

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

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

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

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

Appendices

- Risk Tolerances
- Risk Assessment Tables

Colour – Key

| | | | | |
|-------------|-----|--------|------|-----------|
| Risk Rating | Low | Medium | High | Very High |
|-------------|-----|--------|------|-----------|



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|---------------|--|----------|-----------|----------|
| Risk Movement | | Decrease | No Change | Increase |
|---------------|--|----------|-----------|----------|

Risk Summary:

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



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| 8 | There is a risk that the IJB does not maximise the opportunities offered by locality working | High |
| 9 | There is a risk that if the System does not redesign services from traditional models in line with the current workforce marketplace in the City this will have an impact on the delivery of the IJB Strategic Plan. | Very High |
| 10 | 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. | High |

- 1 -

Description of Risk: There is a risk that there is insufficient capacity in the market (or appropriate infrastructure in-house) to fulfil the IJB's duties as outlined in the integration scheme. Commissioned services in this context include third and independent providers of care and supported living and independent providers of general medical services. Additional pressures from other parts of the system also add to market instability. For example, recruitment of care staff within a competing market, reduction of available beds and the requirement to care for more complex people at home.

Strategic Priority: Prevention and Communities

Leadership Team Owner: Lead Commissioner

Risk Rating: low/medium/high/very high

HIGH

Risk Movement: increase/decrease/no change

NO CHANGE 17.12.2019

Rationale for Risk Rating:

- There have been several experiences of provider failure in the past and this has provided valuable experience and an opportunity for learning. There is unmet need in the care sector evidenced by out of area placements and use of agency staff which would indicate that there are insufficient staff to fill roles etc.
- Discussion with current providers and understanding of market conditions across the UK and in Aberdeen locally.
- Impact of Living Wage on profitability depending on some provider models (employment rates in Aberdeen are high, care providers have to compete within this market)

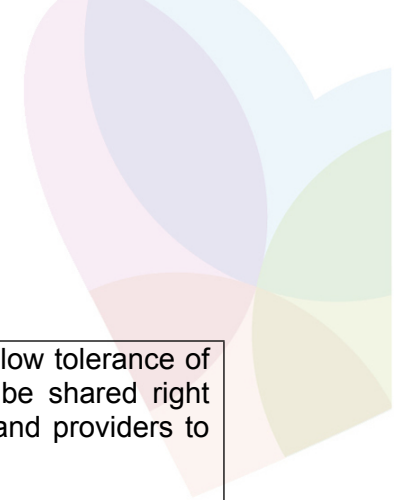
Rationale for Risk Appetite:

- As 3rd and independent sectors are key strategic partners in delivering



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transformation and improved care experience, we have a low tolerance of this risk. It is suggested that this risk tolerance should be shared right throughout the organisation, which may encourage staff and providers to escalate valid concerns at an earlier opportunity.

Controls:

- Robust market and relationship management with the 3rd and independent sector and their representative groups, building a sense of shared risk, in an environment where people operate in a respectful and responsible fashion. In particular, with a sense of etiquette in the way in which businesses conduct themselves
- Market facilitation programme and robust contract monitoring process. working in partnership to advise, design and stimulate a vibrant care market, including the development of a provider network, a market position statement and a training passport.
- GP Contracts and Contractual Review and GP Sustainability Risk Review - workforce and role review in primary care.

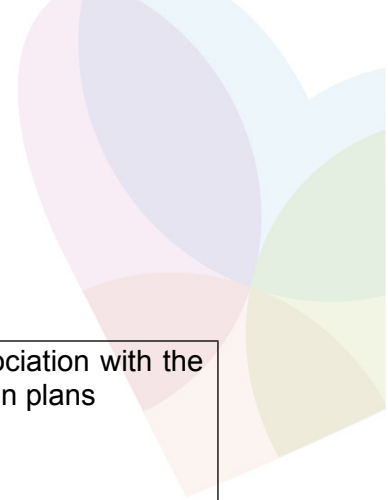
Mitigating Actions:

- The IJB's commissioning model has an influence on creating capacity and capability to manage and facilitate the market
- Development of provider forum and peer mentorship to support relationship and market management. This includes a workshop on business continuity.
- Risk fund set aside with transformation funding
- Approved Reimaging Primary Care Vision and currently implementing the Primary Care Improvement Plan
- Implementation of the new GMS Contract.
- Provider of last resort – Bon Accord Care
- Provider Forum business continuity plan workshop



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| <ul style="list-style-type: none">• Funding arrangements which take into account the annual increase to support payment of the Scottish Living wage• Contact monitoring arrangements – regular exchange of information between contracts and providers• Clinical and care governance processes – and the opportunity to provide assurance, including assurance that all appropriate leadership team members and staff have undertaken Adult Protection training.• Leadership team monthly discussion of operational and strategic risk – to ensure shared sense of responsibility and approach to potential challenging situations.• Lessons learned during a recent experience of managing a residential home; GP practice closure and care provider should market failure occur, and the transition of a significant number of care packages, and continued strengthening relationships and partnership working | <ul style="list-style-type: none">• The development of risk predictor tools in association with the care inspectorate, and individual team escalation plans |
|---|---|

Assurances:

- Market management and facilitation
- Inspection reports from the Care Inspectorate
- Contract monitoring process, including GP contract review visit outputs.

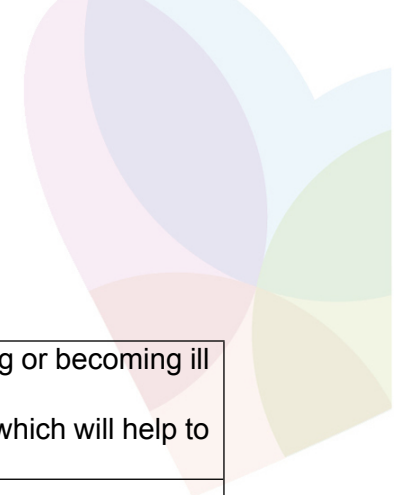
Gaps in assurance:

- Market or provider failure can happen quickly despite good assurances being in place. For example, even with the best monitoring system, the closure of a practice can happen very



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| | <p>quickly, with (in some cases) one partner retiring or becoming ill being the catalyst.</p> <ul style="list-style-type: none"> • We are currently undertaking service mapping which will help to identify any potential gaps in market provision |
| <p>Current performance:</p> <ul style="list-style-type: none"> • We received notification on Monday 11th February 2019 from Four Seasons Health Care (the private provider of care at the Banks O’ Dee Care Home) of their intention to withdraw service following a contractual notice period. If no provider is found a thirteen-week notice period of closure will commence thereafter. It is envisaged that formal notice will be given on 20th March, with closure date of 21st June 2019. • Sleepovers – the uplift to accommodate the living wage for sleepover staff was implemented in October 2018. • A ‘Lessons Learnt’ exercise was undertaken in February 2019 with the contracts team relating to the recent situation with Allied Healthcare – this will provide useful information should other providers fail. • Several GP practices have required support from ACHSCP over the past 2 years, most recently Torry Medical Practice and Rosemount Medical Group. | <p>Comments:</p> <ul style="list-style-type: none"> • National Care Home Contract uplift for 2016/17 was 6.4% and 2.8% 2017/18. Negotiations with individual providers are currently taking place for uplifts specific to their needs of up to 3.8%. • IJB agreed payment of living wage to Care at Home providers for 2016/17, 2017/18 and 2018/19 |



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| Description of Risk: There is a risk of IJB financial failure and projecting an overspend, due to demand outstripping available budget, which would impact on the IJB's ability to deliver on its strategic plan (including statutory work). | |
| Strategic Priority: Prevention and Communities | Leadership Team Owner: Chief Finance Officer |
| Risk Rating: low/medium/high/very high <div style="background-color: yellow; text-align: center; padding: 5px;">HIGH</div> | Rationale for Risk Rating: <ul style="list-style-type: none">• If the partnership fails financially then decisions will be required to stop services. In a health and social care environment this is difficult to do given the reliance service users place on these services. It could also impact on the delivery of the strategy plan as officer's time would be diverted from |



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| <p>Risk Movement: increase/decrease/no change:</p> <div style="background-color: yellow; border: 1px solid black; padding: 5px; text-align: center; margin: 10px 0;"> NO CHANGE 17.12.2019 </div> | <p>transformational activities to balance the budget.</p> <ul style="list-style-type: none"> If the levels of funding identified in the Medium Term Financial Framework are not made available to the IJB in future years, then tough choices would need to be made about what the IJB wants to deliver. It will be extremely difficult for the IJB to continue to generate the level of savings year on year to balance its budget. <p>Rationale for Risk Appetite: The IJB has a low-moderate risk appetite to financial loss and understands its requirement to achieve a balanced budget. The IJB recognises the impacts of failing to achieve a balanced budget on Aberdeen City Council & its bond – an unmanaged overspend may have an impact on funding levels.</p> <p>However the IJB also recognises the significant range of statutory services it is required to meet within that finite budget and has a lower appetite for risk of harm to people (low or minimal).</p> |
| <p>Controls: Budgets delegated to cost centre level and being managed by budget holders.</p> | <p>Mitigating Actions:</p> <ul style="list-style-type: none"> Financial information is reported regularly to the Audit & Performance Systems Committee, the Integration Joint Board and the Leadership Team. Approved reserves strategy, including risk fund. Robust financial monitoring and budget setting procedures including regular budget monitoring & budget meeting with budget holders. Medium-Term Financial Strategy was reviewed and approved at the IJB on 12th March 2019. This includes a predicted outlook for 10 years Audit & Performance Systems receives regular updates on transformation programme & spend. |



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| | <ul style="list-style-type: none"> The Leadership Team are committed to driving out efficiencies, encouraging self management and moving forward the prevention agenda to help manage future demand for services. Lean Six Sigma methodology is being applied to carry out process improvements. |
| <p>Assurances:</p> <ul style="list-style-type: none"> Audit and Performance Systems Committee oversight and scrutiny of budget under the Chief Finance Officer. Board Assurance and Escalation Framework. Quarterly budget monitoring reports. Regular budget monitoring meetings between finance and budget holders. | <p>Gaps in assurance:</p> <ul style="list-style-type: none"> The financial environment is challenging and requires regular monitoring. The scale of the challenge to make the IJB financially sustainable should not be underestimated. Financial failure of hosted services may impact on ability to deliver strategic ambitions. |
| <p>Current performance:</p> <ul style="list-style-type: none"> Year-end position for 2017/18 Forecasted year end position 2018/19 overspend on mainstream position Projected overspend on mainstream budgets can be accommodated from within the total resources available to the IJB. | <p>Comments:</p> <ul style="list-style-type: none"> Regular and ongoing budget reporting and management scrutiny in place. Budget monitoring procedure now well established. Budget holders understand their responsibility in relation to financial management. Scottish Government Medium Term H&SC Financial Framework – released and considered by APS Committee. The recent Audit Scotland report ‘Progress with Integration’ recommended that HSCPs should aspire to develop a long-term financial strategy. |



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| Description of Risk: There is a risk that hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure and that the IJB fails to identify such non-performance through its own systems and pan-Grampian governance arrangements. This risk relates to services that Aberdeen IJB hosts on behalf of Moray and Aberdeenshire, and those hosted by those IJBs and delivered on behalf of Aberdeen City. | |
| Strategic Priority: Prevention and Connections. | Leadership Team Owner: Chief Officer |
| Risk Rating: low/medium/high/very high <div style="background-color: yellow; text-align: center; padding: 5px;">HIGH</div> | Rationale for Risk Rating: <ul style="list-style-type: none">• Considered high risk due to the projected overspend in hosted services• Hosted services are a risk of the set-up of Integration Joint Boards. Rationale for Risk Appetite: |



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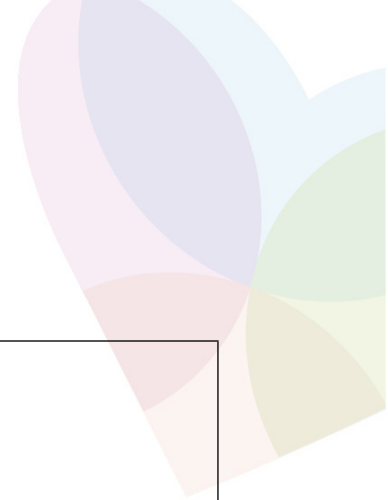


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| <p>Risk Movement: (increase/decrease/no change):</p> <p style="text-align: center;">NO CHANGE 17.12.2019</p> | <ul style="list-style-type: none"> The IJB has some tolerance of risk in relation to testing change. |
| <p>Controls:</p> <ul style="list-style-type: none"> Integration scheme agreement on cross-reporting North East Strategic Partnership Group Operational risk register | <p>Mitigating Actions:</p> <ul style="list-style-type: none"> This is discussed regularly by the three North East Chief Officers Regular discussion regarding budget with relevant finance colleagues. Chief Officers should begin to consider the disaggregation of hosted services. |
| <p>Assurances:</p> <ul style="list-style-type: none"> These largely come from the systems, process and procedures put in place by NHS Grampian, which are still being operated, along with any new processes which are put in place by the lead IJB. At an April 2019 seminar, convened to consider the future of the North East Partnership, the four Chief Executives (NHS Grampian, Aberdeen City Council, Aberdeenshire Council and Moray Council) agreed to develop a North East Group (Officers only) which they would lead. The aim of the group is to develop real top-level leadership to drive forward the change agenda, especially relating to the delegated hospital-based services. The Chief Officers have taken a paper about hosted and hospital based delegated services to each of the three IJBs during June. Amongst other issues, the paper sought permission to develop a new role and remit for the Chairs and Vice Chairs of the three IJBs to come together. This is under development. | <p>Gaps in assurance:</p> <ul style="list-style-type: none"> There is a need to develop comprehensive governance framework for hosted services, including the roles of the IJB's sub-committees. |



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| <ul style="list-style-type: none"> Both the CEO group and the Chairs & Vice Chairs group will meet quarterly. The meetings will be evenly staggered between groups, giving some six weeks between them, allowing progressive work / iterative work to be timely between the forums. The dates are currently being arranged | |
| <p>Current performance:</p> <ul style="list-style-type: none"> The projected overspend on hosted services is a factor in the IJB's overspend position. This may in future impact on the outcomes expected by the hosted services. | <p>Comments:</p> <ul style="list-style-type: none"> It is noted that NHS Grampian are currently undertaking an internal audit on the governance of hosted services. |

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| <p>- 4 -</p> |
| <p>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.</p> |



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| Strategic Priority: Prevention, Resilience and Communities. | | Leadership Team Owner: Chief Officer | |
| Risk Rating: low/medium/high/very high | | Rationale for Risk Rating: | |
| <div style="border: 1px solid black; background-color: #90EE90; padding: 5px; width: fit-content; margin: 0 auto;">Low</div> | | <ul style="list-style-type: none"> • Considered medium given the experience of nearly three years' operations since 'go-live' in April 2016. • However, given the wide range and variety of services that support the IJB from NHS Grampian and Aberdeen City Council there is a possibility of services not performing to the required level. | |
| Risk Movement: <i>(increase/decrease/no change)</i> | | Rationale for Risk Appetite: | |
| <div style="border: 1px solid black; background-color: #90EE90; padding: 5px; width: fit-content; margin: 0 auto;">Decreased 17.12.2019</div> | | <p>There is a zero tolerance in relation to not meeting legal and statutory requirements.</p> | |
| Controls: | | Mitigating Actions: | |
| <ul style="list-style-type: none"> • IJB Strategic Plan-linked to NHS Grampian's Clinical Strategy and the Local Outcome Improvement Plan (LOIP) • IJB Integration Scheme • IJB Governance Scheme including 'Scheme of Governance: Roles & Responsibilities'. • Agreed risk appetite statement • Role and remit of the North East Strategic Partnership Group in relation to shared services • Current governance committees within IJB & NHS. • Alignment of Leadership Team objectives to Strategic Plan | | <ul style="list-style-type: none"> • Regular consultation & engagement between bodies. • Regular and ongoing Chief Officer membership of Aberdeen City Council's Corporate Management Team and NHS Grampian's Senior Leadership Team • Regular performance meetings between ACHSCP Chief Officer, Aberdeen City Council and NHS Grampian Chief Executives. • Additional mitigating actions which could be undertaken include the audit programme and bench-marking activity with other IJBs. • In relation to capital projects, Joint Programme Boards established to co-produce business cases, strategic case approved by IJB and economic, financial, commercial, management case approved by NHSG Board and ACC Committees | |



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| <p>Assurances:</p> <ul style="list-style-type: none"> Regular review of governance documents by IJB and where necessary Aberdeen City Council & NHS Grampian. A review of the Scheme of Governance commenced in June 2019 and will be reported to the IJB in November 2019. | <p>Gaps in assurance:</p> <ul style="list-style-type: none"> None currently significant though note consideration relating to possible future Service Level Agreements. |
| <p>Current performance:</p> <ul style="list-style-type: none"> Most of the major processes and arrangements between the partner organisations have been tested for over two years of operation and no major issues have been identified. A review of the Integration Scheme has been undertaken and the revised scheme has been approved by NHSG, Aberdeen City Council & Scottish Government. However this does not remove the risk as processes within the IJB and partner organisations will continue to evolve and improve. | <p>Comments:</p> <ul style="list-style-type: none"> Nothing to update on the narrative for the risk. |

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.



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| Strategic Priority: Prevention, Resilience, Personalisation, Connections and Communities. | | Leadership Team Owner: Lead Strategy & Performance Manager | |
| Risk Rating: low/medium/high/very high <div style="background-color: yellow; text-align: center; padding: 5px;">MEDIUM</div> | | Rationale for Risk Rating: Service delivery is broad ranging and undertaken by both in-house and external providers. There are a variety of performance standards set both by national and regulatory bodies as well as those determined locally and there are a range of factors which may impact on service performance against these. Poor performance will in turn impact both on the outcomes for service users and on the reputation of the IJB/partnership. | |
| Risk Movement: <i>(increase/decrease/no change)</i> <div style="background-color: orange; text-align: center; padding: 5px;">NO CHANGE 17.12.2019</div> | | | |
| Controls: <ul style="list-style-type: none"> • Clinical and Care Governance Committee and Group • Audit and Performance Systems Committee • Performance and Risk Management Group • Performance Framework • Risk-assessed plans with actions, responsible owners, timescales and performance measures monitored by dedicated teams • Linkage with ACC and NHSG performance reporting • Annual Report | | Rationale for Risk Appetite: The IJB has no to minimal tolerance of harm happening to people as a result of its actions, recognising that in some cases there may be a balance between the risk of doing nothing and the risk of action or intervention. | |
| | | Mitigating Actions: <ul style="list-style-type: none"> • Fundamental review of key performance indicators reported • Review of systems used to record, extract and report data • Review of and where and how often performance information is reported on and how learning is fed back into processes and procedures. • On-going work developing a culture of performance management and evaluation throughout the partnership | |



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| <ul style="list-style-type: none"> • Chief Social Work Officer's Report • Ministerial Steering Group (MSG) Scrutiny • Internal Audit Reports • Links to outcomes of Inspections, Complaints etc. • Contract Management Framework | <ul style="list-style-type: none"> • Production of Performance Dashboard, presented to a number of groups, raising profile of performance and encouraging discussion leading to further review and development • Recruitment of additional temporary resource to drive performance and risk management process development • Performance now a standing agenda item on Leadership Team meetings |
| <p>Assurances:</p> <ul style="list-style-type: none"> • Joint meeting of IJB Chief Officer with two Partner Body Chief Executives. • Agreement that full Dashboard will be reported to both Clinical and Care Governance Committee and Audit & Performance Committee. Lead Strategy and Performance Manager will ensure both committees are updated in relation to the interest and activity of each. • Annual report on IJB activity developed and reported to ACC and NHSG • Care Inspectorate Inspection reports • Capture of outcomes from contract review meetings. • External reviews of performance. • Benchmarking with other IJBs. | <p>Gaps in assurance:</p> <ul style="list-style-type: none"> • Formal performance reporting process is continually evolving. • Work on understanding extent to operational performance reporting is at an early stage but will progress more quickly now the IJB Dashboard is nearing completion. • Further work required on linkage to ACC, NHSG and CPA reporting. |



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| <p>Current performance:</p> <ul style="list-style-type: none"> • Performance reports submitted to IJB, Audit and Performance Systems and Clinical and Care Governance Committees. • Performance and Risk Management Group terms of reference and membership revised and regular meetings are now scheduled and taking place. • Various Steering Groups for strategy implementation established and reviewing performance regularly. • Performance data discussed at team meetings. • Close links with social care commissioning, procurement and contracts team have been established • IJB Dashboard nearing completion. Dashboard has been shared widely. | <p>Comments:</p> <ul style="list-style-type: none"> • The Partnership has completed the Ministerial Steering Group Self Evaluation in relation to progress against integration and that although the result was very positive (45% Exemplary, 41% Established, 14% Part Established and no area not yet established), the Partnership have identified areas for improvement and these have been compiled into an Action Plan with Lead Officers and Timescales assigned. Delivery of the plan will be monitored by the Leadership Team and an annual progress report submitted to the IJB in preparation for the anticipated repeat of the self-evaluation exercise next year. |
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| <p>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.</p> | |
| <p>Strategic Priority: All</p> | <p>Leadership Team Owner: Communications Lead</p> |



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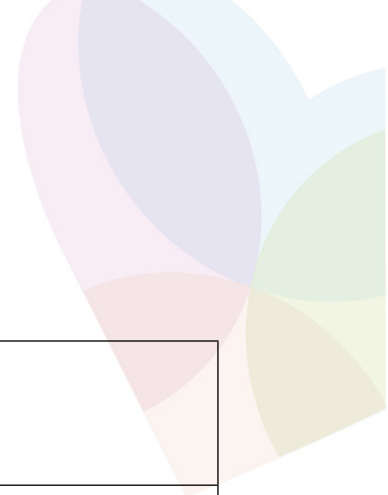


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| Risk Rating: low/medium/high/very high | Rationale for Risk Rating: | | | |
| Medium | <ul style="list-style-type: none"> • Governance processes are in place and have been tested since go live in April 2017. • Budget processes tested during approval of 3rd budget, which was approved. | | | |
| Risk Movement: <i>(increase/decrease/no change)</i> | Rationale for Risk Appetite: Willing to risk certain reputational damage if rationale for decision is sound. | | | |
| No Change 17.12.2019 | <table border="1" style="width: 100%;"> <tr> <td data-bbox="190 689 1131 1308"> Controls: <ul style="list-style-type: none"> • Leadership Team • IJB and its Committees • Operational management processes and reporting • Board escalation process • Standards Officer role </td> <td data-bbox="1131 689 2067 1308"> Mitigating Actions: <ul style="list-style-type: none"> • Clarity of roles • Staff and customer engagement – recent results from iMatter survey alongside a well-establish Joint Staff Forum indicate high levels of staff engagement. • Effective performance and risk management • To ensure that ACHSCP have a clear communication & engagement strategy, and a clear policy for social media use, in order to mitigate the risk of reputational damage. • Communications lead’s membership of Leadership Team facilitates smooth flow of information from all sections of the organisation • Robust relationships with all local media are maintained to ensure media coverage is well-informed and accurate, and is challenged when inaccurate/imbalanced. </td> </tr> </table> | | Controls: <ul style="list-style-type: none"> • Leadership Team • IJB and its Committees • Operational management processes and reporting • Board escalation process • Standards Officer role | Mitigating Actions: <ul style="list-style-type: none"> • Clarity of roles • Staff and customer engagement – recent results from iMatter survey alongside a well-establish Joint Staff Forum indicate high levels of staff engagement. • Effective performance and risk management • To ensure that ACHSCP have a clear communication & engagement strategy, and a clear policy for social media use, in order to mitigate the risk of reputational damage. • Communications lead’s membership of Leadership Team facilitates smooth flow of information from all sections of the organisation • Robust relationships with all local media are maintained to ensure media coverage is well-informed and accurate, and is challenged when inaccurate/imbalanced. |
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| Assurances: | Gaps in assurance: | | | |



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| <ul style="list-style-type: none"> • Role of the Chief Officer and Leadership Team • Role of the Chief Finance Officer • Performance relationship with NHS and ACC Chief Executives • Communications plan / communications manager | None known at this time |
| <p>Current performance:</p> <ul style="list-style-type: none"> • Communications officer in place to lead reputation management | <p>Comments:</p> <ul style="list-style-type: none"> • Communications strategy and action plan in place and being led by the HSCP's Communications Manager • Communication and Engagement Group being strengthened by selection of 'Communications' Champions' across ACHSCP comprising of staff across the partnership to support us in ensuring key messages/internal news items are timely, appropriate and wide-reaching • External and internal websites are regularly updated with fresh news/information; both sites continue to be developed and refined • Locality leadership groups being established to build our relationship with communities and stakeholders • Regular Chief Officer (CO) and Chief Executives (Ces) meeting supports good communication flow across partners as does CO's membership of the Corporate Management Teams of both ACC and NHSG |



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| Description of Risk: Failure of the transformation to delivery sustainable systems change, which helps the IJB deliver its strategic priorities, in the face of demographic & financial pressures. | |
| Strategic Priority: All | Leadership Team Owner: Transformation Lead |
| Risk Rating: low/medium/high/very high <div style="background-color: yellow; text-align: center; padding: 5px;">HIGH</div> | Rationale for Risk Rating: <ul style="list-style-type: none"> • Recognition of the known demographic curve & financial challenges, which mean existing capacity may struggle • This is the overall risk – each of our transformation programme work streams are also risk assessed with some programmes being a higher risk than others. |
| Risk Movement: <i>(increase/decrease/no change)</i> <div style="background-color: yellow; text-align: center; padding: 5px;">NO CHANGE 17.12.2019</div> | |
| Controls: <ul style="list-style-type: none"> • Transformation Governance Structure and Process • Audit and Performance Systems Committee – quarterly reports to provide assurance of progress • Programme Board structure: Executive Programme board and portfolio programme boards are in place. | Mitigating Actions: <ul style="list-style-type: none"> • Programme management approach being taken across whole of the transformation programme • Transformation team in place and all trained in Managing Successful Programmes methodology • Regular reporting to Executive Programme Board and Portfolio Programme Boards |



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| | <ul style="list-style-type: none"> • Regular reporting to Audit and Performance Systems Committee and Integration Joint Board • Six Sigma methodology being used to support delivery of strategic plan, medium term financial plan and to ensure sustainability. Evaluation process in place to track delivery of change and efficiencies. Prioritisation process in place to prioritise allocation of transformation resource. • A number of plans and frameworks have been developed to underpin our transformation activity across our wider system including: Reimagining Primary and Community Care Vision, Transformation Plan, Primary Care Improvement Plan, Action 15 Plan. • Transformation team amalgamated with public health and wellbeing to give greater focus to localities. |
| <p>Assurances:</p> <ul style="list-style-type: none"> • Executive Management and Committee Reporting • Robust Programme Management approach supporting by an evaluation framework • IJB oversight • Board escalation process • Internal Audit has undertaken a detailed audit of our transformation programme. All recommendations from this audit have now been actioned. | <p>Gaps in assurance:</p> <ul style="list-style-type: none"> • There is a gap in terms of the impact of transformation on our budgets. Many of the benefits of our project relate to early intervention and reducing hospital admissions, neither of which provide earlier cashable savings. • A prioritisation process has been developed to prioritise transformation support to areas of the business that could deliver cashable savings. |
| <p>Current performance:</p> <ul style="list-style-type: none"> • Demographic financial pressure is starting to materialise in some of the IJB budgets. • Many projects are now in Delivery phase with a couple of projects achieving Close stage. | <p>Comments:</p> <ul style="list-style-type: none"> • The transformation team and organisational development team have been brought together (November 2018) and with the Public Health and Wellbeing teams (June 2019) to maximise the potential for successful and sustainable system change. |



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| <ul style="list-style-type: none">• A number of evaluation reports are now available including West Visiting Service and INCA and the learning from these projects is in planning stages to be embedded across the wider organisation as appropriate.• Learning from the INCA project has informed the development of our leadership team and is informing future organisational development. | <ul style="list-style-type: none">• The wider transformation team is being supported to utilise Lean Six Sigma to drive out efficiencies and improve processes across the organisation, this will be supported via a wider cultural change process across the whole organisation. Outputs from initial tranche of projects using this methodology were shared at a showcase event at the end of August 2019.• Improvements in process across the organisation will provide opportunities for implementing digital solutions. A digital strategy to support this will be developed. |
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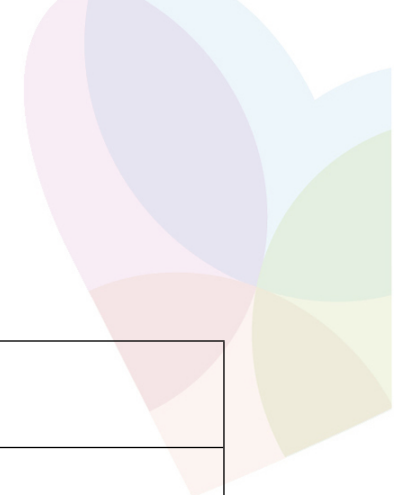


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| Description of Risk There is a risk that the IJB does not maximise the opportunities offered by locality working | |
| Strategic Priority: All | Leadership Owner: Chief Officer |
| Risk Rating: low/medium/high/very high <div style="background-color: yellow; text-align: center; padding: 5px;">HIGH</div> | Rationale for Risk Rating: <ul style="list-style-type: none"> Localities are in an early, developmental stage and currently require strategic oversight so are included in this risk register. Once they are operational, they will be removed from the strategic risk register as a stand-alone item and will be included in the wider risk relating to transformation (risk 7). |
| Risk Movement: <i>(increase/decrease/no change)</i> <div style="background-color: yellow; text-align: center; padding: 5px;">NO CHANGE 17.12.2019</div> | |
| Rationale for Risk Appetite: The IJB has some appetite to risk in relation to testing innovation and change. There is zero risk of financial failure or working out with statutory requirements of a public body. | |
| Controls: <ul style="list-style-type: none"> IJB/Audit and Performance Systems Committee Action plans as derived from the locality plans. Locality Leadership Groups Strategic Planning Group | Mitigating Actions: <ul style="list-style-type: none"> Continued broad engagement on locality working and requested development of comprehensive communication plan Position Statement issued in August 2019 |



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| <p>Assurances:</p> <ul style="list-style-type: none"> • Strategic Planning Group • Locality plans performance monitoring and review. | <p>Gaps in assurance</p> <ul style="list-style-type: none"> • Progress of delivering locality plans. |
| <p>Current performance:</p> <ul style="list-style-type: none"> • The Integration Joint Board (IJB) agreed to move from four to three localities to help the Health & Social Care Partnership provide services tailored to the needs of local communities. The rationale for the change is outlined below: • Opportunities for greater efficiencies in terms of data-sharing and delivery planning etc. • Opportunities for collaboration and realising benefits for people in communities as a result of better collaborative working. • Opportunities for better alignment between wider locality plans and smaller area plans. • Opportunities to empower multi-agency teams to look at what's important to people in our communities as part of their journey through life. • Opportunities to support a cross-system response to complex issues like obesity and population-wide public health priorities. • Opportunities for teams to be based together, guiding what is planned and progressing initiatives by involving a range of staff teams and partner organisations. | <p>Comments:</p> <ul style="list-style-type: none"> • The LLGs will ensure locality plans align to the broader Aberdeen Community Planning plans and will use existing networks to maximise the potential of community and front line staff engagement. They will work alongside operational locality delivery teams • A further report on the implementation of the Localities was submitted to the IJB in November 2019. |



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| <p>Description of Risk: There is a risk that if the System does not redesign services from traditional models in line with the current workforce marketplace in the City this will have an impact on the delivery of the IJB Strategic Plan.</p> | |
| <p>Strategic Priority: All</p> | <p>Leadership Team Owner: People & Organisation</p> |
| <p>Risk Rating: low/medium/high/very high</p> | <p>Rationale for Risk Rating:</p> <ul style="list-style-type: none"> • The current staffing complement profile changes on an incremental basis over time. • However the number of over 50s employed within the partnership (by NHSG and ACC) is increasing (i.e. 1 in 3 nurses are over 50). • Current high vacancy levels and long delays in recruitment across ACHSCP services. • Inability to fill vacancies <p>Rationale for Risk Appetite:</p> <ul style="list-style-type: none"> • Risk should be able to be managed with the adoption of agile and innovative |
| <p>VERY HIGH</p> | |
| <p>Risk Movement: (increase/decrease/no change)</p> | |
| <p>INCREASE 08.01.2020</p> | |



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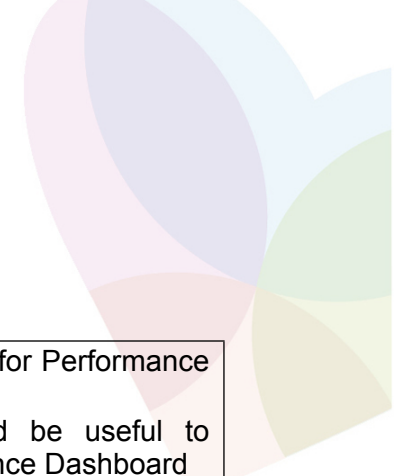
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| workforce planning structures and processes | |
| <p>Controls:</p> <ul style="list-style-type: none"> • Clinical & Care Governance committee reviews operational risk around staffing numbers • Revised contract monitoring arrangements with providers to determine recruitment / retention trends in the wider care sector • Establishment of Organisational Development (OD) and Culture Working Group (meets quarterly) • Establishment of Performance Dashboard (considered by the Risk, Audit and Performance and Clinical and Care Governance Committees as well as the Leadership Team) | <p>Mitigating Actions:</p> <ul style="list-style-type: none"> • ACHSCP Workforce Plan • Active engagement with schools to raise ACHSCP profile (eg Developing the Young Workforce, Career Ready) • Active work with training providers and employers to encourage careers in Health and Social Care (eg Foundation Apprenticeships/Modern Apprenticeships through NESCOL, working with Department for Work and Pensions) • Greater use of commissioning model to encourage training of staff • Increased emphasis on health/wellbeing of staff • Increased emphasis on communication with staff • Greater promotion of flexible working • Increased collaboration and integration between professional disciplines, third sector, independent sector and communities through Localities. • Increased monitoring of staff statistics (sickness, turnover, CPD, complaints etc) through Performance Dashboard, identifying trends. • Developing greater digitisation opportunities, e.g. using Text Messaging to shift emphasis from GPs to increased use of Texts for pharmacology |
| <p>Assurances:</p> <ul style="list-style-type: none"> • ACHSCP Workforce Plan | <p>Gaps in assurance</p> |



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| | <ul style="list-style-type: none"> • Need more information on social care staffing for Performance Dashboard • Information on social care providers would be useful to determine trends in wider sector-For Performance Dashboard |
| <p>Current performance:</p> <ul style="list-style-type: none"> • Workforce planned developed for health and social care staff. Information expected from Scottish Government during over the next few months which should help improve workforce planning across all partnerships. • High levels of locum use and nursing vacancies in the psychiatry service, • 6 secondary schools have been visited by members of the Leadership Team between November 2019 and February 2020 • ACHSCP sickness absence rates to be updated and reported through the Performance Dashboard. | <p>Comments:</p> <ul style="list-style-type: none"> • Consultation responses provided to the Scottish Government relating to the Health & Care (Staffing) (Scotland) Bill. This Bill potentially offers opportunities and risks to the Partnership and a better understanding of the detail of the Bill is required ahead of revising this strategic risk. |

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| <p>Description of Risk: There is a risk that ACHSCP is not sufficiently prepared to deal with the impacts of Brexit on areas of our business, including affecting the available workforce and supply chain.</p> | |
| <p>Whilst the impact on health and social care services of leaving the EU is 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.</p> | |
| <p>Strategic Priority: Resilience and Communities.</p> | <p>Executive Team Owner: Business Manager</p> |
| <p>Risk Rating: low/medium/high/very high</p> | <p>Rationale for Risk Rating:</p> |
| <p style="text-align: center;">HIGH</p> | <ul style="list-style-type: none"> • There is still a high level of uncertainty around 'Brexit' as impacts are difficult to forecast. |



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

NO CHANGE 08.01.2020

Controls:

- NHSG have held a voluntary survey of EU nationals. ACC currently undertaking a survey of all staff to gather similar information.
- NHSG - An initial operational assessment has been undertaken. A BREXIT co-ordinating group established with executive leadership. Engagement with staff who may be impacted by withdrawal of UK from the EU. Co-ordination with professional leads across Scotland and at SG - procurement, medicines, staff and resilience
- ACC- A Brexit Steering Group has been established. The Partnership is a member of this Group.
- National Procurement of NHS National Services Scotland has been working for over 6 months with Scottish Government, NHS Scotland Health Boards, DHSC and suppliers to try to minimise the impact of EU Exit on the supply of Medical Devices & Clinical Consumables. Activities range from increased stock holding in items supplied from our own National Distribution Centre to UK wide participation in centralised stock building and supplier preparedness.
- The Partnership has established an Incident Management Team (IMT) ahead of daily reporting being re-established. The IMT will report through both the ACC and NHSG routes, as required.

Mitigating Actions:

- Mitigating actions have been developed on a national and local level through Scottish Government guidance and the ACC and NHSG EU exit steering groups respectively. These actions are linked to the Scottish Planning Assumptions (based on the reasonable worst case scenario-no deal).

The assumptions are:

- Travel, Freight and Borders
- Disruption of Services
- Information and Data Sharing
- Demonstrations and Disorder
- Remote and Rural Scotland
- Scottish Workforce

- As the Partnership does not directly employ staff, The Chief Officer will work closely with partners to ensure that as implications become clear the Partnership are able to best represent and meet the needs of all staff.
- The Partnership's Business Continuity Planning process is established which will identify key services to prioritise in any contingency event.



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|---|---|
| | <ul style="list-style-type: none"> • Review ALEO contingency plans. Request evidence of risk assessment and mitigation from ALEOS for assurance of ability to deliver against contract. This is being considered and scrutinised through the ALEO Hub governance arrangements. • Survey of providers asking key questions on preparedness. • A joint City and Shire Care Home providers workshop was held in May 2019 to discuss with providers their preparedness for any EU exit. <ul style="list-style-type: none"> • Partnership took part in Exercise Pisces run by NHSG on the 19th of March. This exercise tested the preparedness and reporting processes ahead of any EU exit situation. • The Partnership have taken part in reporting any EU exit implications through both the NHSG and ACC routes. The reporting timescales were roughly the same (around the previous 3 political deadlines in March, April and October 2019). No EU exit implications were reported by the Partnership at these times. The reporting activity has been suspended meantime, however could be re-introduced at any time once national reporting is re-established (see current performance update). |
| <p>Assurances:</p> <ul style="list-style-type: none"> • Understanding that current legislation will remain in effect immediate post Brexit | <p>Gaps in assurance:</p> <ul style="list-style-type: none"> • Uncertainty of final trade agreement with EU. |
| <p>Current performance:</p> <p>Aberdeen City Council have provided the following update as at 8th January 2020: The decision has been made for the EU Exit Group to “stand down” based upon the following developments:</p> | <p>Comments:</p> <ul style="list-style-type: none"> • ACHSCP colleagues will need to ensure continued engagement with ACC and NHSG working groups. |



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- The UK Government stood down planning for the consequences of a “no deal” EU Exit and the Scottish Government will do the same on 31st January, 2020.
- When the UK leaves the EU on 31st January, 2020, there will be no requirement for daily reporting that was previously required in 2019.
- Local Resilience Partnerships are maintaining a watching brief on EU Exit consequences and stand ready to re-activate process and governance structures if required.

The risk of a “no deal” EU Exit is still possible if a trade agreement is not in place by 31st December, 2020. If this is the case or if other circumstances create the requirement, the EU Exit Group will be re-established.



Appendix 1 – Risk Tolerance

| Level of Risk | Risk Tolerance |
|----------------------|--|
| Low | <p>Acceptable level of risk. No additional controls are required but any existing risk controls or contingency plans should be documented.</p> <p>Chief Officers/Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p> |
| Medium | <p>Acceptable level of risk exposure subject to regular active monitoring measures by Managers/Risk Owners. Where appropriate further action shall be taken to reduce the risk but the cost of control will probably be modest. Managers/Risk Owners shall document that the risk controls or contingency plans are effective.</p> <p>Chief Officers/Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p> <p>Relevant Chief Officers/Managers/Directors/Assurance Committees will periodically seek assurance that these continue to be effective.</p> |



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| | |
|------------------|--|
| High | <p>Further action should be taken to mitigate/reduce/control the risk, possibly urgently and possibly requiring significant resources. Chief Officers/Managers/Risk Owners must document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p> <p>Relevant Chief Officers/Managers/Directors/Executive and Assurance Committees will periodically seek assurance that these continue to be effective and confirm that it is not reasonably practicable to do more. The IJB's may wish to seek assurance that risks of this level are being effectively managed.</p> <p>However the IJB's may wish to accept high risks that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public</p> |
| Very High | <p>Unacceptable level of risk exposure that requires urgent and potentially immediate corrective action to be taken. Relevant Chief Officer/Managers/Directors/Executive and Assurance Committees should be informed explicitly by the relevant Managers/Risk Owners.</p> <p>Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p> <p>The IJB's will seek assurance that risks of this level are being effectively managed.</p> <p>However the IJB's may wish to accept opportunities that have an inherent very high risk that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public</p> |



Appendix 2 – Risk Assessment Matrices (from Board Assurance & Escalation Framework)

Table 1 - Impact/Consequence Definitions

| Descriptor | Negligible | Minor | Moderate | Major | Extreme |
|---|---|---|---|---|---|
| Patient Experience | Reduced quality of patient experience/ clinical outcome not directly related to delivery of clinical care. | Unsatisfactory patient experience/clinical outcome directly related to care provision – readily resolvable. | Unsatisfactory patient experience/clinical outcome, short term effects – expect recovery <1wk. | Unsatisfactory patient experience/ clinical outcome; long term effects –expect recovery >1wk. | Unsatisfactory patient experience/clinical outcome, continued ongoing long term effects. |
| Objectives/ Project | Barely noticeable reduction in scope, quality or schedule. | Minor reduction in scope, quality or schedule. | Reduction in scope or quality of project; project objectives or schedule. | Significant project over-run. | Inability to meet project objectives; reputation of the organisation seriously damaged. |
| Injury (physical and psychological) to patient/ visitor/staff. | Adverse event leading to minor injury not requiring first aid | Minor injury or illness, first aid treatment required. | Agency reportable, e.g. Police (violent and aggressive acts). Significant injury requiring medical treatment and/or counselling. | Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling. | Incident leading to death or major permanent incapacity. |
| Complaints/ Claims | Locally resolved verbal complaint | Justified complaint peripheral to clinical care. | Below excess claim. Justified complaint involving lack of appropriate care. | Claim above excess level. Multiple justified complaints | Multiple claims or single major claim. Complex justified complaint. |
| Service/ Business Interruption | Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service. | Short term disruption to service with minor impact on patient care. | Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service. | Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked. | Permanent loss of core service or facility. Disruption to facility leading to significant "knock on" effect. |
| Staffin and Competence | Short term low staffin level temporarily reduces service quality (< 1 day). Short term low staffin level (>1 day), where there is no disruption to patient care. | Ongoing low staffin level reduces service quality Minor error due to ineffective training/implementation of training. | Late delivery of key objective/ service due to lack of staff. Moderate error due to ineffective training/ implementation of training. Ongoing problems with staffin levels | Uncertain delivery of key objective /service due to lack of staff. Major error due to ineffective training/implementation of training. | Non-delivery of key objective/ service due to lack of staff. Loss of key staff. Critical error due to ineffective training / implementation of training. |
| Financial (including damage/loss/ fraud) | Negligible organisational/ personal financial loss (£<1k). | Minor organisational/ personal financial loss (£1-10k). | Significant organisational / personal financial loss (£10-100k). | Major organisational/personal financial loss (£100k- 1m). | Severe organisational/ personal financial loss (£>1m). |
| Inspection/Audit | Small number of recommendations which focus on minor quality improvement issues. | Recommendations made which can be addressed by low level of management action. | Challenging recommendations that can be addressed with appropriate action plan. | Enforcement action. Low rating. Critical report. | Prosecution. Zero rating. Severely critical report. |
| Adverse Publicity/ Reputation | Rumours, no media coverage. Little effect on staff morale. | Local media coverage – short term. Some public embarrassment. Minor effect on staff morale/ public attitudes. | Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation. | National media/adverse publicity, less than 3 days. Public confidence in the organisation undermined. Use of services affected. | National/International media/ adverse publicity, more than 3 days. MSP/MP concern (Questions in Parliament). Court Enforcement. Public Enquiry/FAI. |

Table 3 - Risk Matrix

| Likelihood | Consequences/Impact | | | | |
|-----------------------|---------------------|--------|----------|--------|---------|
| | Negligible | Minor | Moderate | Major | Extreme |
| Almost Certain | Medium | High | High | V High | V High |
| Likely | Medium | Medium | High | High | V High |
| Possible | Low | Medium | Medium | High | High |
| Unlikely | Low | Medium | Medium | Medium | High |
| Rare | Low | Low | Low | Medium | Medium |

References: AS/NZS 4360:2004 'Making It Work' (2004)

Table 4 - NHSG Response to Risk

Describes what NHSG considers each level of risk to represent and spells out the extent of response expected for each.

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

Table 2 - Likelihood Definitions

| Descriptor | Rare | Unlikely | Possible | Likely | Almost Certain |
|--------------------|---|---|---|--|---|
| Probability | <ul style="list-style-type: none"> Can't believe this event would happen Will only happen in exceptional circumstances. | <ul style="list-style-type: none"> Not expected to happen, but definite potential exists Unlikely to occur. | <ul style="list-style-type: none"> May occur occasionally Has happened before on occasions Reasonable chance of occurring. | <ul style="list-style-type: none"> Strong possibility that this could occur Likely to occur. | <ul style="list-style-type: none"> This is expected to occur frequently/in most circumstances more likely to occur than not. |

Exempt information as described in paragraph(s) 6, 11 of Schedule 7A of the Local Government (Scotland) Act 1973.

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