

# Public Document Pack



Aberdeen City Health & Social Care Partnership  
*A caring partnership*

To: Members of the Integration Joint Board

Town House,  
ABERDEEN 17 March 2020

## INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Council Chamber - Town House on TUESDAY, 24 MARCH 2020 at 10.00 am.**

FRASER BELL  
CHIEF OFFICER - GOVERNANCE

### **B U S I N E S S**

- 1 Welcome from the Chair

### **DECLARATIONS OF INTEREST**

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

### **DETERMINATION OF EXEMPT BUSINESS**

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

### **STANDING ITEMS**

- 4 Minute of Board Meeting of 10 March 2020 (Pages 5 - 8)
- 5 Draft Minute of Risk, Audit and Performance Systems Committee of 25 February 2020 (Pages 9 - 14)

6 Draft Minute of Clinical and Care Governance Committee of 4 February 2020  
(Pages 15 - 22)

7 Business Planner (Pages 23 - 24)

8 Chief Officer's Report - HSCP.19.110 (Pages 25 - 30)

### **PERFORMANCE AND FINANCE**

9 Revised Scheme of Integration to Host Grampian-wide Mental Health and Learning Disability Services - HSCP.19.107 (Pages 31 - 40)

10 Grampian-wide Strategic Framework for Mental Health and Learning Disability Services 2020-2025 - HSCP.19.108 (Pages 41 - 74)

### **STRATEGY**

11 Mental Health Delivery Plan - HSCP.19.113 (Pages 75 - 100)

### **TRANSFORMATION**

12 Transformation - Decisions Required: Digital - HSCP.19.116 (Pages 101 - 122)

### **EXEMPT BUSINESS**

13 Transformation - Decisions Required: Digital - HSCP.19.116 (Pages 123 - 134)

14 Developing health and care facilities for Countesswells (Update) - HSCP.19.109  
(Pages 135 - 148)

15 2020/21 Supplementary Procurement Work Plan 2 - HSCP 19.121 (Pages 149 - 174)

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](mailto:derjamieson@aberdeencity.gov.uk)

## **DECLARATIONS OF INTEREST**

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

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

*For example, I know the applicant / I am a member of the Board of X / I am employed by...*

and I will therefore withdraw from the meeting room during any discussion and voting on that item.

**OR**

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

**OR**

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

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

**OR**

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

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



ABERDEEN, 10 March 2020. Minute of Meeting of the INTEGRATION JOINT BOARD.

Present:- Councillor Sarah Duncan, Chair; Luan Grugeon, Vice Chair; and Councillor Gill Al-Samarai, Councillor Philip Bell, Kim Cruttenden, Councillor Lesley Dunbar, Alan Gray, John Tomlinson, Mike Adams, Jim Currie, Peter Dixon (as substitute for Maggie Hepburn), Jenny Gibb, Sandra MacLeod, Shona McFarlane, Alison Murray, Graeme Simpson and Alex Stephen.

Also in attendance:- John Forsyth (Solicitor) and Derek Jamieson (Clerk)

Apologies:- Dr Howard Gemmell, Maggie Hepburn, Dr Caroline Howarth, Chris Littlejohn and Dr Malcolm Metcalfe

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**

1. The Chair welcomed members to the Meeting and introduced Shona McFarlane and Alison Murray as new members of the Board as Care Representatives.

The Board heard that in consequence of the Aberdeen City Council Budget Decisions not being approved until Tuesday 3 March 2020, it had not been possible to circulate this Budget Agenda as prescribed by Standing Order 10(1) – Notice Of Meetings. Members were assured however that the circulation complied with the requirements of the Local Government (Scotland) Act 1973

### **The Board resolved :-**

to suspend Standing Order 10(1) – Notice Of Meetings and allow presentation of all matters circulated under this Agenda.

### **DECLARATIONS OF INTEREST**

2. There were no Declarations of Interest.

## INTEGRATION JOINT BOARD

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### EXEMPT BUSINESS

3. There was no Exempt Business.

### MINUTE OF BOARD MEETING

4. The Board had before it the minute of its previous meeting on 11 February 2020.

**The Board resolved :-**

to approve the minute as a correct record.

### MEDIUM TERM FINANCIAL FRAMEWORK - HSCP.19.106

5. The Board had before it a report presented by the Chief Finance Officer, ACHSCP which presented an update on the final levels of funding delegated by Aberdeen City Council and NHS Grampian for health and social care activities in 2020/21.

**The report recommended : -**

that the Board –

- a) note the anticipated financial out-turn for 2019/20 and the impact on the Reserves position of the IJB;
- b) note the financial allocations proposed to be allocated by the partner organisations;
- c) approve the 2020/21 budget and the Aberdeen City IJB Medium Term Financial Framework included as appendix 1 of this report;
- d) note that the IJB previously agreed to earmark £2.5 million in a risk fund and it is not proposed to replenish this fund;
- e) approve the Bon Accord Contract level for 2020/21 of £30,304,000 and budget assumptions noted in sections 3.14 and 3.15;
- f) instruct the Chief Officer to uplift the direct payments for clients with a staffing element included in their payment by 3.33% from the 1 May 2020 to cover the increase in the Scottish Living Wage;
- g) instruct the Chief Officer to negotiate uplifts for those Social Care providers not covered by the National Care Home Contract; and
- h) make the budget directions contained in appendix 2 of this report and instruct the Chief Officer to issue these directions to the constituent authorities.

The Board heard that financial arrangements were aligned to the Board Vision and centred around five principal themes, each aligned to the Board Strategy and that financial pressures required absorption of the previously agreed Risk Fund within this year's funding model.

**INTEGRATION JOINT BOARD**

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The Board also heard that the financial pressures could not be underestimated and the increased demand indicated a driver for continued change, the efficiencies of which complimented the Financial Budget.

**The Board resolved :-**

to approve the recommendations.

- **COUNCILLOR SARAH DUNCAN, CHAIRPERSON**

**INTEGRATION JOINT BOARD**  
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## **Risk, Audit and Performance Committee**

### **Minute of Meeting**

**Tuesday, 25 February 2020**

**10.00 am Meeting Room 4 / 5, Health Village**

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

Also in attendance; Sandra MacLeod (Chief Officer, ACHSCP), Alex Stephen (Chief Finance Officer, ACHSCP) and John Forsyth (Solicitor), David Hughes (Audit for Articles 9 and 10), Michael Wilkie and Adrian Kolodziej (both External Audit KPMG for Article 11) and Derek Jamieson (Clerk).

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

### **DECLARATIONS OF INTEREST**

1. There were no Declarations of Interest.

### **DETERMINATION OF EXEMPT BUSINESS**

2. There was no exempt business.

### **MINUTE OF PREVIOUS MEETING**

3. The Committee had before it the minute of the meeting of 29 October 2019.

#### **The Committee resolved :-**

to approve the minute as a true record.

### **BUSINESS PLANNER**

4. The Committee had before it the Business Planner.

#### **The Committee resolved :-**

to note the business planner.

## **RISK, AUDIT AND PERFORMANCE COMMITTEE**

25 February 2020

### **TERMS OF REFERENCE**

5. The Committee had before it the Terms of Reference of the Risk, Audit and Performance Committee.

The Committee heard that these had been approved at the Integration Joint Board Meeting on 19 November 2019 and was presented as a reminder of the amendment.

**The Committee resolved :-**

to note the circulation of the amended Terms of Reference.

### **AUDIT SCOTLAND REPORT - NHS IN SCOTLAND - HSCP.19.104**

6. The Committee had before it a report by the Chief Officer, ACHSCP which provided an overview of the NHS in Scotland and the realities and challenges of delivering healthcare in Scotland. The report set out some of the key building blocks to underpin health and social care reform.

**The report recommended :-**

that the Committee note the contents of the report.

**The Committee resolved :-**

to approve the recommendations.

### **RISK APPETITE STATEMENT AND STRATEGIC RISK REGISTER - HSCP.19.101**

7. The Committee had before it a report a by the Chief Officer, ACHSCP. The report presented the latest version of the Aberdeen City Health & Social Care Partnership's (ACHSCP) Risk Appetite Statement and Strategic Risk Register, as reviewed by the Integration Joint Board (IJB) at its workshop on 19 November 2019 and as considered by the IJB at its meetings on 21 January and 11 February, 2020.

**The report recommended :-**

that the Committee –

- (a) note the revised Risk Appetite Statement, as approved by the IJB, detailed in Appendix A to the report; and
- (b) note the Strategic Risk Register, as considered by the IJB at its meetings in January and February 2020 and discussed at the IJB Workshop on Workforce in February 2020, as detailed in Appendix B to the report.

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**The Committee resolved : -**  
to approve the recommendations.

**TRANSFORMATION PROGRESS REPORT - HSCP.19.102**

8. The Committee had before it a report by the Chief Officer, ACHSCP which provided an update on the progress of the Transformation Programme and included a high-level overview of the full transformation programme.

**The report recommended : -**  
that the Committee note the information provided in this report and the presentations on the Primary Care Improvement Plan (PCIP) evaluation, and Social Work financial assessments.

The Committee received a presentation on the application of Lean 6 methodology which had been applied during the projects.

The Committee received further presentation on PCIP – Theory of Change.

**The Committee resolved : -**  
to approve the recommendation.

**INTERNAL AUDIT REPORT AC2011 - INTEGRATION JOINT BOARD RISK MANAGEMENT - HSCP 19.100**

9. The Committee had before it a report by the Chief Internal Auditor, Aberdeenshire Council which presented the outcome from the planned audit of Integration Joint Board Risk Management that was included in the 2019/20 Internal Audit Plan for the Integration Joint Board.

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

The Committee heard that reports presented by Auditors were their direct submissions and thus void any endorsement or signature by the Chief Officer and Chief Finance Officer, ACHSCP.

**The Committee resolved : -**  
to approve the recommendations.

**INTERNAL AUDIT PLAN 2020/21 - HSCP.19.107**

**RISK, AUDIT AND PERFORMANCE COMMITTEE**

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10. The Committee had before it a report by the Chief Internal Auditor, Aberdeenshire Council which sought approval of the Internal Audit Plan for the Aberdeen City Integration Joint Board for 2020/21.

**The report recommended :-**

that the Committee approve the Internal Audit Plan for 2020/21.

The Committee heard that reports presented by Auditors were their direct submissions and thus void any endorsement or signature by the Chief Officer and Chief Finance Officer, ACHSCP.

**The Committee resolved :-**

to approve the recommendations.

**EXTERNAL AUDIT STRATEGY 2019-20 - HSCP.19.105**

11. The Committee had before it a report by the Audit Manager, KPMG which presented the draft external audit strategy for consideration.

**The report recommended :-**

that the Committee approve the approach to external audit, as outlined in Appendix A.

The Committee heard that reports presented by Auditors were their direct submissions and thus void any endorsement or signature by the Chief Officer and Chief Finance Officer, ACHSCP.

**The Committee resolved :-**

to approve the recommendations.

**FINANCE UPDATE AS AT END DECEMBER 2019 - HSCP.19.102**

12. The Committee had before it a report by the Chief Finance Officer, ACHSCP, which summarised the current year revenue budget performance for the services within the remit of the Integration Joint Board (IJB) as at Period 9 (end of December 2019), and advised on any areas of risk and management action relating to the revenue budget performance of the IJB services.

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**The report recommended :-**

that the Committee –

- (a) note the report in relation to the IJB budget and the information on areas of risk and management action contained therein, and
- (b) approve the budget virements indicated in Appendix E.

**The Committee resolved :-**

to approve the recommendations.

**CONFIRMATION OF ASSURANCE**

**13.** The Chairperson provided Members with an opportunity to request additional sources of assurance for items on the agenda or other areas of business, and thereafter asked the Committee to confirm it had received reasonable assurance to fulfil its duties as outlined within its Terms of Reference.

The Chair sought additional assurance in relation to activities involving NHS Grampian involvement with and reporting of assurance and that the Committee had discharged its planned assurance activities as planned over the preceding year.

**The Committee resolved:-**

- (i) to request the Chief Officer to investigate NHS Grampian assurance activities and reporting and present a report to the Committee's meeting on 28 April 2020;
- (ii) to request the Chief Finance Officer to present a report on the Committee's assurance activities over the preceding year to the Committee's meeting on 28 April 2020; and
- (iii) to otherwise confirm the receipt of reasonable assurance for items on the agenda.

**- JOHN TOMLINSON, Chairperson.**

**RISK, AUDIT AND PERFORMANCE COMMITTEE**  
25 February 2020



## **CLINICAL AND CARE GOVERNANCE COMMITTEE**

ABERDEEN, 4 February 2020. Minute of Meeting of the CLINICAL AND CARE GOVERNANCE COMMITTEE. Present:- Councillor Lesley Dunbar Chairperson; and Kim Cruttenden, Councillor Sarah Duncan and Luan Grugeon (as substitute for Alan Gray).

In attendance: Caroline Howarth, Graham Gault, Sandra MacLeod, Martin Allan, Graeme Simpson, Claire Duncan, Lynn Morrison, Sandy Reid, Emma Virasami, Laura MacDonald, Grace Milne and Mark Masson.

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### **TERMS OF REFERENCE - FOR INFORMATION**

1. 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.

Martin Allan, Business Manager within the Partnership explained that new seating arrangements would be in place for meetings of the Committee to help members understand roles, splitting voting members from professional advisers, assurance providers and union members.

The Committee heard from Graeme Simpson, Chief Officer – Integrated Children's and Family Services, Aberdeen City Council who provided information in terms of his role and responsibility as Chief Social Work Officer, specifically referencing his governance and assurance role as professional adviser to the Committee.

The Committee then heard Councillor Sarah Duncan who provided details in terms of her role and expectations as a voting member on the Committee.

Martin Allan provided details in relation to his role as an assurance provider to the Committee, specifically providing details relating to clinical risks captured by the Health, Safety and Wellbeing Committee.

#### **The Committee resolved:-**

to note the information provided.

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### DECLARATIONS OF INTEREST

2. Members were requested to intimate any declarations of interest in respect of the items on today's agenda, thereafter, the following was intimated:-

- (1) Councillor Duncan declared an interest in item 7 (Staff Governance Update) and item 8 (Rosewell House Update) 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 items.

### MINUTE OF PREVIOUS MEETING OF 27 NOVEMBER 2019, FOR APPROVAL

3. The Committee had before it the minute of its previous meeting of 27 November 2019, for approval.

In relation to article 3(ii) regarding National Quality Inspection reporting, Sandra Macleod, Chief Officer advised that assurance would be sought from the two medical NHS Grampian leads (Caroline Hiscox and Nick Fluck) and the Council's Performance Framework process by way of a report as and when required, as opposed to it being a standing item.

#### **The Committee resolved:-**

- (i) to note that Claire Duncan would be submitting an assurance report to the next meeting of the Committee on the Criminal Justice Inspection; and
- (ii) to note the information provided and to otherwise approve the minute.

### BUSINESS PLANNER

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

#### **The Committee resolved:-**

- (i) to note that Sandy Reid would submit update reports in relation to Workforce issues as and when required; and
- (ii) to otherwise note the Planner.

### CCG GROUP REPORT - HSCP/19/092

5. The Committee had before it a report by Graham Gauld which provided information in relation to the meeting of the Clinical and Care Governance (CCG) Group held on 4 December 2019.

#### **The report recommended:-**

that the Committee –



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- (a) note the new concerns and highlighted complaints within the report;
- (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 Committee were advised that in relation to recommendation (c) above, a separate report had since been prepared and was attached to the agenda at item 8 for consideration.

Graham Gauld provided an overview of the report, highlighting the following:-

- that the CCG Group Summary spreadsheet was a 'work in progress' and would be expanded in future to provide additional detail and clarity in terms of abbreviations;
- that Neil Buck would be attending the last meeting of the Group to clarify matters regarding the operational risk register;
- that the Group discussed new initial case reviews; and
- that the situation relating to Torry and Carden Medical Practices remained fluid and both were being monitored;

It was acknowledged that the spreadsheet information was useful, however the expectation would be that any strategic areas of risk identified by the Group would be outlined within the body of future reports to the Committee.

In addition, Sandra MacLeod (1) provided assurance to members that the operational risks at Carden Medical Practice had been addressed; and (2) advised that the Leadership Team had identified five key strategic objectives for 2020/21 which would be linked to the strategic objectives and strategic risks of the IJB, namely Supplementary Staffing, Localities, Sustainability, Commissioning and 2C Practices and that staff input had been sought in this regard.

### **The Committee resolved:-**

- (i) to approve recommendations (a) and (b) above;
- (ii) to note that a report by Sandra MacLeod, Chief Officer on the Leadership Team's five key strategic objectives would be submitted to the next meeting of the Committee in May 2020; and
- (iii) to note that a report on 'Sustainability of General Practices' would be prepared by Caroline Howarth and submitted to the Committee in September 2020 for consideration.

## **HEALTH, SAFETY AND WELLBEING COMMITTEE UPDATE - HSCP/19/098**

6. The Committee had before it a report by Martin Allan which provided an update on the establishment and role of the Health, Safety and Wellbeing Committee (HSWC) and

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how clinical risks could be captured by the Health, Safety and Wellbeing Committee and reported to this Committee for consideration.

**The report recommended:-**

that the Committee –

- (a) request that the Health, Safety and Wellbeing Committee provide information on clinical risks which were raised, where assurance was not provided that these risks had been effectively mitigated to this Committee on a regular basis (frequency to be decided); and
- (b) note the details contained within the report.

The Committee heard Martin Allan provide an overview of the report advising (1) that the Health, Safety and Wellbeing Committee had met yesterday and agreed the route for reporting to this Committee; (2) that a Primary Care representative had been appointed and would attend future meetings of the Committee; and (3) that additional appointments to the membership were being investigated.

Laura McDonald intimated that the HSWC escalation route for both organisations had been working effectively.

**The Committee resolved:-**

- (i) to note that a report by Caroline Hiscox, Director of Nursing and Nick Fluck, Medical Director would be submitted to the Committee in September to outline the findings and learnings relating to clinical risk assurance and clarifying the landscape; and
- (ii) to otherwise approve the recommendations.

### **STAFF GOVERNANCE UPDATE - HSCP/19/105**

7. The Committee had before it a report by Sandy Reid which provided an update on various Staff Governance matters.

**The report recommended:-**

that the Committee note the details contained within the report.

Sandy Reid highlighted amongst other items, the following areas for members' attention:-

- Staff concerns in relation to Meridian - the work to review aspects of efficiency within Learning Disability Services had now been completed;
- Woodend Nursing Sickness Absence - some progress had been made to reduce sickness absence levels (now 13% from 15%); and
- Craig Court – progress had been made to address concerns regarding aspects of care which were mainly due to high levels of staff leaving over a short period of time.

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It was acknowledged that the sickness levels in nursing at Woodend was mainly due to stress and anxiety which was systematic across NHS Grampian, and beyond.

Sandra MacLeod intimated that they were addressing sickness absence by learning from other areas and organisations, using a whole system approach focussing on areas of high staffing shortages; and in relation to Woodend she indicated that they would also be reviewing their roster system.

**The Committee resolved:-**

- (i) to approve the recommendation; and
- (ii) to note the information provided.

### **ROSEWELL HOUSE UPDATE - HSCP/19/093**

8. With reference to article 11 of the minute of the previous meeting, the Committee had before it a report by Emma Virasami which outlined concerns associated with performance at Rosewell Care Home, leading to escalation on the Operational Risk Register.

**The report recommended:-**

that the Committee note the contents of the report.

The Committee heard Emma Virasami provide an update in relation to the current situation and actions taken to mitigate risks at Rosewell House, highlighting the following:-

- weekly meetings were organised with the provider;
- the care plan system with consistent information would be implemented in April 2020;
- an information leaflet would be circulated in April 2020;
- pathways had been updated;
- three sub-groups had been established to identify aims and objectives for each area of service delivery;
- one set of recording notes to be utilised.

It was noted that (1) no current complaints had been received since the last meeting; and (2) that a further inspection by the Care Inspectorate was imminent.

Sandy Reid advised that he and Alex Stephen were in attendance at Bon Accord Care Board meetings, whereat the predominant focus for discussion had related to the situation at Rosewell House.

**The Committee resolved:-**

- (i) to approve the recommendation; and

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- (ii) to note the information provided.

**RAEBURN HEALTHCARE LTD - HSCP/19/106**

9. The Committee had before it a report by Emma Virasami which outlined recent concerns associated with performance at Raeburn Healthcare Limited. Leading to escalation on the Operational Risk Register.

**The report recommended:-**

that the Committee note the contents of the report.

The Committee heard Emma Virasami provide an update in relation to the current situation, indicating that following the poor inspection in October 2019 where grades were reduced to a lowly 'two', various concerns outlined in the report had been addressed with the follow-up inspection revealing significant progress.

Claire Duncan advised of a notification for an Initial Care Review relating to a client at Raeburn.

It was acknowledged that all staff will be registered with Scottish Social Service Council by 2021

**The Committee resolved:-**

- (i) to approve the recommendation; and  
(ii) to note the information provided.

**ITEMS WHERE FURTHER ASSURANCE IS REQUIRED**

10. There were no items where further assurance was required.

**ITEMS WHERE ESCALATION IS REQUIRED TO THE IJB**

11. There were no items for escalation to the IJB.  
- **COUNCILLOR LESLEY DUNBAR, Chairperson.**

**CLINICAL AND CARE GOVERNANCE COMMITTEE**  
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A	B	C	D	E	F	G	H	I	J
<b>INTEGRATION JOINT BOARD BUSINESS PLANNER</b>									
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.									
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
<b>24 March 2020</b>									
Standing Item	Chief Officer Report	A regular update from the Chief Officer	HSCP19110	Martin Allan	Business Lead	ACHSCP			
04.09.2019	Market Facilitation Update		HSCP19114	Anne McKenzie	Commissioning Lead	ACHSCP			
11.11.2019	Grampian Mental Health Strategy		HSCP19108	Sandra MacLeod/ Kay Dunn	Chief Officer	ACHSCP		Bring Forward	Bring Forward to March 10th Meeting
18.12.2019	HASS Technology (CM2000)		HSCP19116	Gail Woodcock	Digital	ACHSCP			
13.01.2020	Carers Expense Policy		HSCP19118	Alison MacLeod	Performance Lead	ACHSCP			
	Revised Scheme of Integration to Host Grampian-wide Mental Health and Learning Disability Services		HSCP19107	Kay Dunn	Chief Officer	ACHSCP			
	Countesswells	Interim arrangements - authorisation project point.	HSCP19109	Alison MacLeod/ Sarah Gibbon	Capital	ACHSCP		Bring Forward	Bring Forward to March 24th Meeting
22.01.20	Strategic Risk Register	On 21.01.2020, from the report Strategic Risk - HSCP 19.086The Board resolved :- (i)to approve recommendations (a) and (c) (ii)to note recommendation (b) and instruct the Chief Officer to obtain legal direction to revisit Risk 1 specifically in regards to 'Provider of Last Resort' and to report to the Board on 11 February 2020. IJB on 11.02 deferred until 24.03.20		Martin Allan	Business Lead	ACHSCP		D	CoVid-19 measures : IJB have had sight of risks recently -delay
30.09.2019	Social Care – Self-directed support: Transformational Funding 2019-21 and Reporting on Impact and Learning		HSCP19119	Alison MacLeod	Performance Lead	ACHSCP		T	CoVid-19 measures : Service Update
29.01.2020	Mental Health Delivery Plan		HSCP19113	Kevin D / Jenny Rae	Mental Health Lead	ACHSCP		T	CoVid-19 measures : move to 01/12/20
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.	HSCP19112	Gail Woodcock	Transformation Lead	ACHSCP		R	CoVid-19 measures : Service Update
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.	HSCP19111	Anne McKenzie	Commissioning Lead	ACHSCP		D	CoVid-19 measures : Delay
15.01.2020	Denburn Full Business Case		HSCP19115	Alison MacLeod	Capital Team	ACHSCP		R	CoVid-19 measures : Incorporate key information in Chief Officers Report
25.02.2020	Scottish Public Services Ombudsman - Revised Model Complaints Handling Procedure	To provide an update on the the updated Model Complaints Handling Procedure (MCHP) for Scottish Government, Scottish Parliament and Associated Public Authorities.	HSCP19117	Martin Allan	Business Lead	ACHSCP		R	CoVid-19 measures: consider Service Update or report to RAPC
<b>23 June 2020</b>									
Standing Item	Strategic Risk Register	Martin Allan	Bi-Annual - January and June		Martin Allan	Business Lead	ACHSCP		
19.11.19	Training and Development Plan for IJB			Martin Allan	Business Lead	ACHSCP			
Standing Item	Annual Update Autism & Learning Disabilities	IJB 20200128 - move to June 2020		Kevin Dawson	Learning Disabilities Lead	ACHSCP			
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. To be reported to 23.06.20 meeting from PreAgenda on 29.01.20, then IJB on 11.02.20		Gail Woodcock	Transformation Lead	ACHSCP			
04.09.2019	Immunisations	Following comment at IJB on 03.09.2019, future reporting requested		Gail Woodcock	Transformation Lead	ACHSCP			
Standing Item	Review of Scheme of Integration	Annual review. IJB 20200128 move to June 2020		Jess Anderson	Chief Officer - Governance	ACC			







## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	24 March 2020
<b>Report Title</b>	Chief Officer's Report
<b>Report Number</b>	HSCP.
<b>Lead Officer</b>	<i>Sandra Macleod</i>
<b>Report Author Details</b>	<i>Sandra Macleod Chief Officer samacleod@aberdeencity.gov.uk</i>
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	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. Localities-

##### Locality Empowerment Groups (LEG's):

More than 30 community members have contacted the Partnership to tell us that they are interested in getting involved. This follows a significant level



## INTEGRATION JOINT BOARD

of promotional activity, including a social media campaign and local media coverage. The people who have been in touch come from a range of backgrounds and experiences and have different reasons for wanting to get involved. Three information sessions will take place in March – in Tillydrone, Kaimhill and Dyce. These sessions will give these potential members the chance to get to know each other, find out more about the LEGs and explore how community members can become involved in shaping local health and social care services in collaboration with operational staff. A frequently-asked-questions sheet has also been produced.

### Implementing operational teams aligned to localities:

Aligning operational teams to our localities is one of the Partnership's top priorities for 2020/21, in accordance with our Medium-Term Financial Framework. This will create the conditions for operational staff to work co-productively with partners and communities, via our Locality Empowerment Groups in due course. This work has been kicked off through the creation of a project team and a project reference group. The project reference group consists of all staff who report to a member of the Leadership Team, as well as staff side and trade union colleagues and the Partnership's Public Health Coordinators. At the first reference group workshop, colleagues heard the Chief Officer outline the three-phase approach that will be implemented. The first stage is aligning all staff to localities, which is due for completion at the end of March 2020. The second stage will involve the extensive redesign and reorganisation of teams to maximise opportunities to meet the needs of our communities in a person-centred way. This work will seek to create the conditions that will ensure effective cross-system working to including our staff, communities and partners in the co-production of services to best meet people's needs. The third phase will be the final stage of fully integrated locality working. We will produce regular update communications as locality-alignment progresses.

### **3.2 Criminal Justice-Care Inspectorate Inspection-**

A formal notification was received from the Care Inspectorate to advise of an inspection of justice social work during January to April 2020. The notification gave detail of the timings for each stage of the inspection and the quality indicators that the Partnership will be inspected against. The focus of the inspection is on Community Payback Orders (CPO) only and there are 9 quality indicators within the inspection. There are 5 stages to the inspection.



## INTEGRATION JOINT BOARD

- **Stage 1 – notification, preparation and engagement stage.** Meeting held 10<sup>th</sup> January, pre inspection information submitted on 17<sup>th</sup> January 2020
- **Stage 2 – Self Evaluation and supporting evidence.** Submitted 19<sup>th</sup> February 2020.
- **Stage 3 - Case file reading.** Week commencing 2nd March 2020 – sample of 100 files chosen from a list of 2000 records of CPO's over last 2 years (submitted to inspectors on 17<sup>th</sup> January 2020) read.
- **Stage 4 – Onsite activity.** Weeks commencing 16 & 30 March 2020 - focus groups with staff, managers and leaders, as well as service users/groups. These are based on the findings and evidence from stages 2 & 3 and will incorporate feedback from self-evaluation and file reading.
- **Stage 5 – Published report.** Verbal feedback on the findings will be given on 20 April with the draft report expected on 8<sup>th</sup> May. Inspection report will be due to be published in June 2020.

An Inspection Steering Group has been established and a lot of preparatory work has already been undertaken. Officers have submitted to the Care Inspectorate the self-evaluation against the nine pre-identified indicators from the Outcomes, Performance and Improvement Framework. In addition, eighty-nine pieces of supporting evidence including a data summary were also submitted for their consideration. The Care Inspectorate have delivered training in respect of their case file reading process to staff who will join the inspectors in undertaking the scrutiny of the pre-selected files.

A meeting with the Care Inspectorate took place on Friday 13th March 2020. We received positive verbal feedback on the self-evaluation and file reading with a large proportion of files noted as being good, or very good. We were also advised, however, that with the current situation surrounding Covid-19, the inspection is now suspended, and the planned onsite activity and report publication timescale is therefore cancelled. The Inspectorate will be back in touch in a few months to review the situation and determine a timescale for re-commencement of the inspection process.

### 3.3 Denburn Development Project Full Business Case Update

The finalised Full Business Case (FBC), for the Denburn Development Project was due to be presented to the NHS Grampian Board in April 2020. In recent weeks, however, it has become apparent that this will no longer be possible due to design assurance review outcomes resulting in delayed market testing. The current overall impact of this on project cost and programme timeline is still unknown.



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Recent publicity on construction defects found on a number of newly constructed health projects in Edinburgh and Glasgow has intensified a need for the NHS to carry out more diligence in terms of seeking additional assurances on contractor's designs. The Project Director has introduced a more robust, best practice diligence process, a Design Assurance Review. This provides learning and reasonable and proportionate assurance of the competency or otherwise of contractor's design and construction methodologies.

### National Updates

#### 4.1 Digital Office for Scottish Local Government

We continue to progress our links with the Digital Office for Scottish Local Government. We have been working closely with this office to define and develop a workshop relating to the transition of analogue to digital telecare. In partnership with Aberdeenshire HSCP we plan to host a North of Scotland regional workshop on the 29th April 2019, however this may need to be postponed should the Covid-19 situation escalate. When it does go ahead, this will be the first regional workshop to be held in Scotland.

The event aims to raise awareness of the national picture for digital telecare across Scotland, the challenges that may be faced when making the transition from analogue to digital telecare and the resources that are available to support this transition. We will also have presentations from key stakeholders across the region and interactive workshops exploring the Digital Telecare Playbook and the identification of the needs of the partnerships within the region.

Partnership colleagues who are involved in the transition to digital telecare from Aberdeen City, Aberdeenshire, Moray, Angus and Dundee City Council are the target audience for this event. Colleagues will be welcomed from various areas including customer services, IT, project management staff, sheltered housing management and any other senior managers who play a key role in making digital telecare decisions.

#### 4.2 Digital Health and Care Institute (DHI)

We are pleased to share that we have a growing relationship with colleagues from Scotland's Digital Health and Care Institute (DHI). The DHI play a pivotal role inspiring, enabling and combining world-leading industry and academic expertise with service, business and technical innovation to create person-centred digital health and care innovations to positively impact society. Professor George Crooks (CEO) was invited to



## INTEGRATION JOINT BOARD

Aberdeen last summer to meet with the Leadership and Transformation Teams. Professor Crooks and his team are supporting a number of developing transformation projects as well as providing peer support to our digital team. We look forward to sharing these developments over the next year.

### 5 Implications for IJB

- 5.1 Equalities – there are no implications in relation to our duty under the Equalities Act 2010
- 5.2 Fairer Scotland Duty - there are no implications in relation to the Fairer Scotland Duty
- 5.3 Financial – there are no immediate financial implications arising from this report.
- 5.4 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.
- 5.5 Legal – there are no immediate legal implications arising from this report
- 5.6 Other- there are no other immediate implications arising from this report.

### 6 Links to ACHSCP Strategic Plan

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

## 7 Management of Risk

### 7.1 Identified risks

The issues at Carden Medical Practice could potentially impact on our ability to deliver services in this area.

#### 7.2.1 Link to risks on strategic or operational risk register:



## INTEGRATION JOINT BOARD

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.

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

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

Approvals	
<i>These will be added once your report has final approval for submission to committee.</i>	Sandra Macleod (Chief Officer)
<i>These will be added once your report has final approval for submission to committee.</i>	Alex Stephen (Chief Finance Officer)





## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	24 <sup>th</sup> of March 2020
<b>Report Title</b>	Revised Scheme of Integration to Host Grampian-wide Mental Health and Learning Disability Services
<b>Report Number</b>	HSCP.19.107
<b>Lead Officer</b>	Sandra MacLeod Chief Officer
<b>Report Author Details</b>	<i>Name: Kay Dunn          Job Title: Lead Planning Manager (Grampian MHLD Review)          Email Address: <a href="mailto:kay.dunn1@nhs.net">kay.dunn1@nhs.net</a>          Phone Number: 01224 557840</i>
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	None

### 1. Purpose of the Report

1.1 The purpose of the report is to advise the Integration Joint Board (IJB) of the transfer of operational and budget responsibility for Grampian-wide Mental Health and Learning Disability Services (MHLD) to the Chief Officer of Aberdeen City Health and Social Care Partnership (HSCP); to seek agreement from the IJB that it hosts MHLD services on behalf of Aberdeenshire and Moray IJB's and that it accepts the financial arrangements around that; and to give prior notice of the related changes proposed to the Integration Scheme.

### 2. Recommendations

It is recommended that the Integration Joint Board:

- a) Note that NHS Grampian (NHSG) will be delegating operational responsibility and the associated budget for Grampian-wide inpatient and specialist Mental Health and Learning Disability Services to the Chief Officer of the Aberdeen City Health and Social Care Partnership



## INTEGRATION JOINT BOARD

- (HSCP) which will be set out in Annex 1, Part 2 B of the Integration Scheme;
- b) Consider and agree to the proposal that Aberdeen City Integrated Joint Board (IJB) hosts Grampian-wide inpatient and specialist Mental Health and Learning Disability (MHL) Services on behalf of Aberdeenshire IJB and Moray IJB;
  - c) Note that NHSG will continue to fund any deficit arising from the inpatient and specialist Mental Health and Learning Disability Services delegated under these arrangements;
  - d) Note the proposals to amend the Integration Scheme for Aberdeen City and that it will be revised and submitted to Aberdeen City Council and NHSG for approval.

### 3. Summary of Key Information

#### Operational Responsibility for Grampian-wide MHL Services

- 3.1 In April 2016, NHS Grampian delegated the strategic planning and management of community-based Mental Health and Learning Disability Services (MHL) to Aberdeen City, Aberdeenshire and Moray IJBs. Community based services include Adult Community Mental Health Teams, Older Adult Community Mental Health Teams, Substance Misuse Services and Learning Disability Community Teams. Moray Integration Joint Board (IJB) also has delegated authority for the inpatient services at Dr Gray's Hospital in Elgin (Ward 4) and Seafield Hospital in Buckie (Muirton Ward). Aberdeenshire IJB has delegated authority for inpatient services in community hospitals at Fraserburgh (Bruckley Ward), Inverurie (Ashcroft Ward) and Banchory (Scolty Ward).
- 3.2 The IJB currently has the responsibility for the strategic planning of delegated services. However, NHSG currently has responsibility for the operational management of Grampian-wide inpatient and specialist MHL Services which includes the following:
  - Inpatient and specialist services at the Royal Cornhill Hospital
  - Inpatient and specialist services at Elmwood at Royal Cornhill Hospital
  - Residential Community Rehabilitation Service at Polmuir Road
  - Residential Forensic Community Rehabilitation Facility at Great Western Lodge
  - Psychotherapy (outpatient)
  - Eating Disorder Service (outpatient)
  - Eden Unit (North of Scotland)





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- Managed Clinical Network for Eating Disorders
- Adult Liaison Psychiatry Service
- Older Adult Liaison Psychiatry Service
- Unscheduled Care
- Rehabilitation Services (outpatient) for Adult Mental Health
- Forensic Services
- Perinatal Services
- Gender Identity Services
- Child and Adolescent Mental Health Service
- Business and Support Management Services across inpatient and specialist services

### Finances for Grampian-wide MHL D Services

- 3.3** The Net Budget for Grampian MHL D Services for 2020 to 2021 is £37M and NHSG Finance are forecasting a £1.8M overspend. The Grampian MHL D Services are also planning to achieve a 2% efficiency (£750,000) so the expected budget to be transferred by NHSG to cover the projected spend is £38M (subject to inflation and earmarked funds adjustments).
- 3.4** Given the financial pressures in the whole system there is an expectation that any service delegated is fully funded, so as not to place financial pressure on the IJBs or the other partners who may need to pick-up a share of any overspend.
- 3.5** On 1<sup>st</sup> of April 2020, NHS Grampian plan to transfer the revenue budget to the IJBs and will ensure resource is available for the forecasted spend on Grampian-wide inpatient and specialist MHL D Services. There is currently a financial deficit within the inpatient and specialist MHL D services. NHS Grampian have agreed to underwrite any financial loss on inpatient and specialist MHL D Services for up to two financial years (from 1<sup>st</sup> of April 2020 to 31<sup>st</sup> of March 2022).
- 3.6** If a financial deficit remains at the end of this period, then after discussion and agreement with NHS Grampian, the three IJBs and the respective local authorities an agreed budget will be proposed for approval.
- 3.7** This option has been used by other areas when delegating services to provide some protection to the IJBs over the transition period. The Chief Officer for Aberdeen City IJB would have operational responsibility for the service and operational budget responsibility. This will allow time for the Transformation Board (Grampian MHL D) to develop a Transformation Programme Plan to deliver the strategic intent set out in the Grampian-wide



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Framework and secure a more sustainable model of care to better balance a population approach, person centred care and achieving best value.

### Transition to Host Arrangements

- 3.8** For a service or function to be delegated, Aberdeen City, Aberdeenshire and Moray IJBs, Aberdeen City, Aberdeenshire and Moray Councils and NHSG need to agree that this is a reasonable course of action. Paragraph 4.7 of the Integration Scheme provides for an arrangement whereby an IJB hosts delegated services on behalf of other integration authorities. Where this is the case, the IJB will consider and agree the hosting arrangements.
- 3.9** The Scheme of Integration already delegates the functions and services for all Mental Health and Learning Disability Services from NHSG and Aberdeen City Council to the Aberdeen City IJB. However, NHSG has not transferred the operational responsibility and budget for Grampian-wide inpatient and specialist Mental Health and Learning Disability Services.
- 3.10** NHSG recently made an undertaking to the Scottish Government that this will be done by the 1<sup>st</sup> of April 2020. In line with the transition of delegatory responsibility to the Chief Officer, Aberdeen City IJB, for the operational management and associated budget of the Grampian-wide inpatient and specialist MHL D Services, the proposal would then be for these services to be hosted by Aberdeen City IJB from 1<sup>st</sup> of April 2020 on behalf of Aberdeenshire and Moray IJBs.
- 3.11** In preparation for readiness, a Transitions Steering Group (Grampian MHL D) was established in December 2019 to ensure the effective governance, management, delivery and monitoring of Grampian-wide inpatient and specialist MHL D Services as we transition to host arrangements. There is representation from clinical, professional, service/business support and staffside across NHS Grampian and Aberdeen City, Aberdeenshire and Moray IJBs. The Transitions Steering Group (Grampian MHL D) has developed a Governance Framework to ensure clear lines of financial, clinical and care governance and educational governance are in place across delegated community MHL D and hosted inpatient and specialist MHL D Services to ensure an integrated whole system approach.
- 3.12** Following transition to host arrangements, the IJB would continue to liaise with the relevant bodies across the North of Scotland and nationally in the provision of inpatient and specialist services (e.g. inpatient beds for Orkney and Shetland and the Eden Unit for the North of Scotland). The IJB will also continue to liaise with the relevant national bodies to purchase inpatient beds



## INTEGRATION JOINT BOARD

for medium secure at Rohallian Perth and inpatient services for young people in Dudhope Dundee.

### Changes to the Scheme of Integration

- 3.13** A review of the Integration Scheme is currently being taken forward by the Chief Officer and it is planned to consult with the public on these amendments where appropriate before reporting to the Council and NHSG for approval. To date the majority of the changes are to reflect decisions that are already been adopted by the IJB, such as changes to their strategic plans or standing orders.
- 3.14** The IJB will be required to amend the Scheme of Governance to delegate operational delivery and the budget of those services to the Chief Officer of the Aberdeen City HSCP.

### 4. Implications for IJB

#### Equalities

- 4.1** The transition of NHSG inpatient and specialist MHL D Services to Aberdeen City IJB to host on behalf of the three Integration Authorities will have no direct impact on service users, carers, families or the community. The transition to host arrangements does not lead directly to any change to current way services are planned and delivered. An Equalities Human Right Impact Assessment Report has been completed and submitted to committee services.

#### Fairer Scotland Duty

- 4.2** The transition of NHSG inpatient and specialist MHL D Services to Aberdeen City IJB to host on behalf of the three Integration Authorities will not directly change service delivery arrangements but ensure the governance around the management of services is more integrated. The impact will be felt with the strategic planning of services which are included in host arrangements. The development of the Grampian-wide Strategic Framework and respective Transformation Programme Plan will take account of the Fairer Scotland Duty and further Equality and Human Right Impact Assessments (EHRIA) will be undertaken.



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### Financial

- 4.3** The Net Budget for Grampian MHL D Services for 2020 to 2021 is £37M and NHSG Finance are forecasting a £1.8M overspend. The Grampian MHL D Services are also planning to achieve a 2% efficiency (£750,000) so the expected budget to be transferred by NHSG to cover the projected spend is £38M (subject to inflation and earmarked funds adjustments). NHS Grampian have agreed to underwrite any financial loss on inpatient and specialist MHL D Services for up to two financial years (from 1<sup>st</sup> of April 2020 to 31<sup>st</sup> of March 2022).
- 4.4** There are no direct financial risks arising from the approval of the Strategic Framework. The Transformation Programme Plan will aim to ensure whole system collaboration to better balance a population approach, person centred care and secure best value with the available resources.
- 4.5** If a financial deficit remains at the end of this period, then after discussion and agreement with NHS Grampian, the three IJBs and the respective local authorities, an agreed budget will be proposed for approval by respective Boards.

### Workforce

- 4.6** The delegated functions will not lead to changes in the Terms and Conditions of staff, who will remain employed by the NHS Grampian, Aberdeen City Council, Aberdeenshire Council or Moray Council.
- 4.7** A change to line management arrangements will be for the Head of NHSG Mental Health and Learning Disability Services who will now report to the Chief Officer for Aberdeen City Health and Social Care Partnership (HSCP) and the Clinical Director/Medical Director for Mental Health and Learning Disabilities who will now report on operational matters to the Chief Officer for Aberdeen City HSCP. The Clinical/Medical Director will also continue to report to professional medical matters and clinical governance to the Medical Director for NHSG. Both will join the Aberdeen City Health & Social Care Partnership Leadership Team.
- 4.8** The Medical Director and Executive Nurse Director in NHSG continue to remain responsible for the assurance of clinical and care governance across delegated and hosted Mental Health and Learning Disability Services (community, inpatients and specialist) on behalf of the 3 Integration Authorities and NHSG.

### Legal



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- 4.9** The revised Scheme of Integration ensures compliance with the legislative framework for the IJB.

### **Other**

- 4.10** None identified.

## **5. Links to ACHSCP Strategic Plan**

- 5.1** Resilience - Working with our partners to support people so that they can cope with, and where possible, overcome the health and wellbeing challenges they may face.
- 5.2** Personalisation – Ensuring that the right care is provided at the right place at the right time when people are in need. Ensuring that our systems as are simple and efficient as possible.

## **6. Management of Risk**

### **Financial Risk**

- 6.1** The Grampian MHL D Services are also planning to achieve a 2% efficiency (£750,000).
- 6.2** The Net Budget for Grampian MHL D Services for 2020 to 2021 is £37M and NHSG Finance are forecasting a £1.8M overspend. The Grampian MHL D Services are also planning to achieve a 2% efficiency (£750,000) so the expected budget to be transferred by NHSG to cover the projected spend is £38M (subject to inflation and earmarked funds adjustments). NHS Grampian have agreed to underwrite any financial loss on inpatient and specialist MHL D Services for up to two financial years (from 1<sup>st</sup> of April 2020 to 31<sup>st</sup> of March 2022).
- 6.3** If a financial deficit remains at the end of this period, then after discussion and agreement with NHS Grampian, the three IJBs and the respective local authorities, an agreed budget will be proposed for approval by respective Boards.
- 6.4** There are no direct financial risks arising from the approval of the Strategic Framework. The Transformation Programme Plan will aim to ensure whole system collaboration to better balance a population approach, person centred



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care and secure best value with the available resource. Any financial implications arising from the Transformation Programme will be fully appraised and considered for approval by the IJBs and NHSG.

### Governance Risk

- 6.5** There is a perceived risk that transition to delegated services could have an impact on the clinical and care governance of inpatient and specialist MHL D Services. In order to provide assurance, the Transitions Steering Group (Grampian MHL D) has developed a Governance Framework to set out clinical, care and financial governance arrangements for delegated community services across Aberdeen City, Aberdeenshire and Moray IJBs and delegated inpatient and specialist services hosted by Aberdeen City IJB on behalf of the Aberdeenshire and Moray IJBs.

### Legal Risk

- 6.6** No direct legal risks have been identified at this time. Any major change to service delivery arising from the development of the Transformation Programme Plan will be managed in line with the guidance set out in the Scottish Health Councils Major Service Change process and timeline for public consultation.

### 7. Link to risks on strategic or operational risk register:

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
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





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

- 7.1** Risk 2 – The financial arrangements aims to mitigate the financial risk of the gap between the budget and actual spend trends for inpatient and specialist MHL D Services.
- 7.2** Risk 3 – The development of a Performance Dash Board for Grampian-wide MHL D Services will ensure implementation of the 30 National Quality Indicators and other nationally and locally directed Key Performance to ensure the effective monitoring and reporting of community, inpatient and specialist MHL D Services to the respective NHSG and IJB Boards.
- 7.3** Risk 4 – The Sponsoring Group for all delegated hosted services is the North East System Wide Transformation Board to ensure cross system working across NHSG, IJBs and Council partners.
- 7.4** Risk 6 – The development of a robust Governance Framework for Grampian-wide MHL D Services (community, inpatient and specialist) will ensure clarity of function, delegation and delivery of services across health and social care for delegated community and delegated inpatient and specialist services hosted by the Aberdeen City IJB.

Approvals	
<i>These will be added once your report has final approval for submission to committee.</i>	Sandra MacLeod (Chief Officer)
<i>These will be added once your report has final approval for submission to committee.</i>	Alex Stephen (Chief Finance Officer)

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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	24 <sup>th</sup> March 2020
<b>Report Title</b>	Grampian-wide Strategic Framework for Mental Health and Learning Disability Services 2020-2025.
<b>Report Number</b>	HSCP.19.108
<b>Lead Officer</b>	Sandra MacLeod, Chief Officer
<b>Report Author Details</b>	Name: Kay Dunn Job Title: Lead Planning Manager (Grampian MHLD Review) Email Address: <a href="mailto:kay.dunn1@nhs.net">kay.dunn1@nhs.net</a> Phone Number: 01224 557840
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	a. Grampian-wide Strategic Framework for Mental Health and Learning Disability (2020-2025)

### 1. Purpose of the Report

- 1.1. The purpose of the report is to seek approval of the Grampian-wide Strategic Framework for Mental Health and Learning Disability (MHLD) 2020-2025.

### 2. Recommendations

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

- a) Approve the Grampian-wide Strategic Framework for Mental Health and Learning Disability (MHLD) 2020-2025 [appendix a].
- b) Note Aberdeen City Health and Social Care Partnership (AC-HSCP), Aberdeenshire HSCP (A-HSCP) and Moray HSCP (M-HSCP) plan to refresh their respective Mental Health and Learning Disability Strategy/(ies) for community-based services in 2022.



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- c) Instruct the Chief Officer to report back on the Performance Framework and Programme Transformation Plan to Aberdeen City IJB on the 25<sup>th</sup> June 2020, Aberdeenshire IJB on 24<sup>th</sup> of June and Moray IJB on 26<sup>th</sup> of June to provide assurance of detailed plans for service redesign, timelines and measures to monitor progress and sustainability.

### 3. Summary of Key Information

#### Developing the Framework

- 3.1** In May 2019, the three Integration Joint Boards (IJBs) and the Senior Leadership Team of NHS Grampian (NHSG) jointly made a commitment to carry out a strategic review to place the Grampian system-wide Mental Health and Learning Disability (MHL) Services on a more sustainable footing.
- 3.2** The development of the Strategic Framework included a staff survey and four staff engagement workshops to ensure input from a broad range of stakeholders. Between 60 and 70 people attended the workshops which covered:
- Workshop One – current challenges and opportunities for transforming services
  - Workshop Two – moving from business as usual to the envisioned future state
  - Workshop Three – reviewing feedback from the consultation with people with lived experience of services, conducted by the Health and Social Care Alliance
  - Workshop Four – consolidation event to consider the emerging views for the future shape of services
- 3.3** The Health and Social Care Alliance (the Alliance) undertook a Grampian-wide consultation process to engage local people, communities and third sector organisations in informing the Grampian strategic review of integrated services for people who have mental health problems and those with mental health problems as well as learning disability needs. The Alliance held six afternoon and evening engagement events in five geographical areas across Grampian.
- 3.4** In total 124 people participated in the events and in excess of 650 responses, comments and statements were given. The outcome of this process was a comprehensive report from the Alliance: Listening to the Voices and



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Contribution of People. The feedback has been welcomed and has been actively used to inform the Strategic Framework.

- 3.5** The Grampian-wide Strategic Framework for MHL (2020-2025) aims to respond to all individuals, families and carers who have mental health problems, including those with mental health problems and a learning disability who require support whether their needs can be met at home, in their community or in an inpatient or specialist service setting.

### Summary of Key Messages

- 3.6** The executive summary sets out the following key messages:
- Services will integrate across partners based on the needs of the population rather than preserving institutional and professional boundaries
  - We need to focus on a shared vision of collaborative leadership in order to shift demand for services upstream
  - The population should be able to access services as local as possible and as specialist as necessary
  - The ongoing challenge to recruit to clinical and nursing posts in mental health and learning disability services is also impacting on the sustainability of our current model of care
  - The current model of care is no longer fit for purpose if we are to meet the increasing demand and more complex needs of a changing demographic
  - We need to consider and design new ways of supporting people, consider new roles and how we work together with our partners to meet the challenges
  - A change is required to get better at supporting people with maintaining their wellbeing and providing timely and effective intervention in the community
  - Where we need to support people in a hospital settings, they should have timely access to services as specialist as necessary
  - We need to work together to balance a population approach, person centred care and securing best value with the available resource



## INTEGRATION JOINT BOARD

### Leadership

- 3.7** In December 2019, a Transitions Steering Group (Grampian MHL D) was established to ensure the effective governance, management, delivery and monitoring of Grampian-wide inpatient and specialist MHL D Services and includes clinical, professional, service/business support and Staffside across NHS G and the Integration Authorities. The planned date for the transition of NHS G managed inpatient and specialist MHL D services to Aberdeen City IJB to host on behalf of Aberdeenshire IJB and Moray IJB is the 1<sup>st</sup> of April 2020.
- 3.8** In January 2020, a Transformation Board (Grampian MHL D) was established to lead the development of a Transformation Programme Plan (Grampian MHL D) to ensure the delivery of the strategic intent set out in the Grampian-wide Strategic Framework for Mental Health and Learning Disability Services (MHL D). The Transformation Board includes representation from the 3 Health and Social Care Partnerships (HSCP), MHL D Triumvirate (Clinical and Medical Director MHL D, Director of Nursing MHL D, Director of CAHMS and Director of Psychology Services NHS G), Third Sector, Police Scotland, Scottish Fire and Rescue, the Scottish Ambulance Services, NHS24, Workforce and Staffside. The Transformation Board will focus on short term actions to secure a sustainable service as well as medium to long term actions to transform the delivery of Grampian inpatient and specialist MHL D to ensure the service can meet the future needs of the population.
- 3.9** In March 2020, the Transformation Board came together for the second time to participate in a System Leadership Workshop to ensure a whole system leadership culture across our Grampian wide partners so that we can collectively lead the transformation required to put Grampian MHL D on a more sustainable footing, ensure a tiered approach, shifting more support upstream to community settings and ensuring inpatient and specialist services are accessible to those who need it.

### Transformation Programme Plan

- 3.10** In April 2020, the Transformation Board will consider a Draft Transformation Programme Plan (Grampian MHL D). The Transformation Programme Plan will set out the changes required across inpatient and specialist MHL D Services and how this will inform the planning and development of community MHL D Services delegated to the three IJBs (Aberdeen City, Aberdeenshire and Moray). The Transformation Programme Plan will set out a number of specific actions across the strategic themes of governance, policy and guidance to support integrated working, the redesign of Tier 1 to 4 Services (as set out on Page 18 of the Strategic Framework), enablement (technology,



## INTEGRATION JOINT BOARD

data, infrastructure, integrated workforce planning) and the development of a Quality Indicators Framework (including sustainability measures).

- 3.11** In April 2020, the Transformation Board (Grampian MHL D) will establish the associated Workstreams so that we can engage further with staff, partners and people with lived experience as we move forward with service redesign and transformation.

### Performance Framework

- 3.12** The Transformation Board (Grampian MHL D) are working with NHSG Health Intelligence colleagues to develop a Grampian MHL D Performance Framework. This will include operational data, agreed measures for sustainability and the national Quality Indicators and will be embedded in the Aberdeen City IJB Performance Dashboard. Regular performance reporting will be undertaken in line with the Aberdeen City IJBs performance reporting and shared across NHSG, Aberdeenshire IJB and Moray IJB.

### Governance Framework

- 3.13** The Transitions Steering Group (Grampian MHL D) was established in December 2019 to ensure the effective governance, management, delivery and monitoring of Grampian-wide inpatient and specialist MHL D Services as we transition to host arrangements. There is representation from clinical, professional, service/business support and Staffside across NHS Grampian and Aberdeen City, Aberdeenshire and Moray IJBs. The Transitions Steering Group (Grampian MHL D) has developed a Governance Framework to ensure clear lines of financial, clinical and care governance and educational governance are in place across delegated community MHL D and hosted inpatient and specialist MHL D Services to ensure an integrated whole system approach. There is agreement across the 3 IJBs and NHSG that a review of the governance structures for delegated community MHL D Services and hosted inpatient and specialist MHL D Services will be completed by September 2020. The Transformation Board (Grampian MHL D) will take account of the recommendation and make any recommended changes.

### Scope of the Framework

- 3.14** Grampian inpatient and specialist MHL D Services include the following areas:

- Inpatient and specialist services at the Royal Cornhill Hospital
- Inpatient and specialist services at Elmwood at Royal Cornhill Hospital
- Residential Community Rehabilitation Service at Polmuir Road



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- Residential Forensic Community Rehabilitation Facility at Great Western Lodge
- Psychotherapy (outpatient)
- Eating Disorder Service (outpatient)
- Eden Unit (North of Scotland)
- Managed Clinical Network for Eating Disorders
- Adult Liaison Psychiatry Service
- Older Adult Liaison Psychiatry Service
- Unscheduled Care
- Rehabilitation Services (outpatient) for Adult Mental Health
- Forensic Services
- Perinatal Services
- Gender Identity Services
- Child and Adolescent Mental Health Service
- Business and Support Management Services across inpatient and specialist services

**3.15** Since April 2016, NHSG delegated the strategic planning and management of community based MHLD to Aberdeen City, Aberdeenshire and Moray IJBs. This includes Adult Community Mental Health Teams, Older Adult Community Mental Health Teams, Substance Misuse Services and Learning Disability Community Teams. Moray IJB also has delegated authority for the inpatient services at Dr Gray's Hospital in Elgin (Ward 4) and Seafield Hospital in Buckie (Muirton Ward). Aberdeenshire IJB also has delegated authority for inpatient services in community hospitals at Fraserburgh (Bruckley Ward), Inverurie (Ashcroft Ward) and Banchory (Scolty Ward). Strategic Delivery Plans exist across the three IJBs. A Governance Framework, Communication and Stakeholder Engagement Plan and Risk Register for the Grampian-wide Framework have been developed to ensure any service redesign identified in the Transformation Programme Plan for inpatient and specialist services are managed, dependencies understood and risk assessed and mitigated system wide.

**3.16** Grampian MHLD provides inpatient and specialist services for other IJB areas which include inpatient beds for Orkney and Shetland and the Eden Unit for the North of Scotland. Inpatient beds are also purchased for medium secure at Rohallian Perth and inpatient services for young people in Dudhope Dundee. Regional and National dependencies and risks have been taken into account in the development of the Governance Framework and Transformation Programme Plan.





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3.17 The Strategic Framework is being presented to Aberdeen City IJB on 24<sup>th</sup> of March, and Aberdeenshire IJB on 25<sup>th</sup> of March 2020, Moray IJB on 26<sup>th</sup> of March 2020 for consideration with a recommendation to approve.

### 4. Implications for IJB

#### 4.1. Equalities

4.1.1 The Strategic Framework has been through an Equality Human Right Impact Assessment (EHRIA) and submitted to committee services and recommendations have been taken into account in the final version of this document.

4.1.2 Following the development of a Transformation Programme Plan (MHL D), further EHRIA assessments will be undertaken at a programme and project level to ensure the IJBs fully understand the impact of any recommended changes to service delivery.

4.1.3 The strategic intent set out in the Grampian-wide Framework for MHL D could lead to the following positive impacts on those with protected characteristics:

- **Age** - some services may be increased up to the age of 18 years for children and young people experiencing mental health problems / or both a learning disability and mental health problems (e.g. social work services in line with the national direction)
- **Disability** – redesigned provision to improve the support and crisis support upstream in Tiers 1 and 2 (community services) and a redesign of Tier 4 (specialist and inpatient services) for people in Grampian for those living with a Mental Health Problems and a Learning Disability to improve outcomes
- **Gender reassignment** – further development of the pathway to improve access to Gender Identity Services in Grampian
- **Marital Status** – no direct impact
- **Pregnancy and Maternity** – further development of the pathway to improve access to perinatal services in Grampian
- **Race, Religion or belief or Non-belief** – no direct impact
- **Sex, and** – no direct impact
- **Sexual Orientation** – no direct impact

#### 4.2. Fairer Scotland Duty

4.2.1 Mental health and wellbeing affects all communities and people of all socio-economic status. However, there is a higher prevalence of mental ill health



## INTEGRATION JOINT BOARD

and mental illness in communities where there is socio-economic disadvantage. IJBs are committed through their Locality Plans to take account of socio-economic disadvantage in respect of the allocation of resources according to the needs of population. The design and delivery of Grampian-wide inpatient and specialist MHL D Services will require a balance of a population approach, person centred care and securing best value with the available resource. The design and delivery of Grampian-wide services will take account of the population needs across the three IJB areas.

### 4.3. Financial

- 4.3.1** The Net Budget for Grampian MHL D Services for 2020 to 2021 is £37M and NHSG Finance are forecasting a £1.8M overspend. The Grampian MHL D Services are also planning to achieve a 2% efficiency (£750,000) so the expected budget to be transferred by NHSG to cover the projected spend is £38M (subject to inflation and earmarked funds adjustments).
- 4.3.2** Given the financial pressures in the whole system there is an expectation that any service delegated is fully funded, so as not to place financial pressure on the IJBs or the other partners who may need to pick-up a share of any overspend.
- 4.3.3** On 1<sup>st</sup> of April 2020, NHS Grampian plan to transfer the revenue budget to the Aberdeen City IJB and will ensure resource is available for the forecasted spend on Grampian-wide inpatient and specialist MHL D Services. There is currently a financial deficit within the inpatient and specialist MHL D services. NHS Grampian have agreed to underwrite any financial loss on inpatient and specialist MHL D Services for up to two financial years (from 1<sup>st</sup> of April 2020 to 31<sup>st</sup> of March 2022).
- 4.3.3** If a financial deficit remains at the end of this period, then after discussion and agreement with NHS Grampian, the three IJBs and the respective local authorities, an agreed budget will be proposed for approval by respective Boards.
- 4.3.4** The delivery of the strategic intent set out in the report aims to ensure inpatient and specialist MHL D services are on a more sustainable footing for the future and delivered within the agreed budget to be set in consultation with the NHSG and 3 IJB.
- 4.3.5** All redesign projects under the Transformation Programme Plan will go through robust and costed business case option appraisal and any funding





## INTEGRATION JOINT BOARD

requirements will be submitted to the IJBs and NHSG for scrutiny and consideration for approval.

### 4.4. Workforce

4.4.1 The delegated functions will not lead to changes in the Terms and Conditions of staff, who will remain employed by NHS Grampian, Aberdeen City Council, Aberdeenshire Council or Moray Council.

4.4.2 Any changes arising from the Transformation Programme Plan will go through the workforce, Staffside and staff engagement processes set out by the respective employer organisations (NHSG, Aberdeen City Council, Aberdeenshire Council and Moray Council). Staff will be engaged in the work streams arising from the Transformation Programme Plan and will receive regular briefings. Staff engagement has been identified in the Communication and Stakeholder Engagement Plan and Risk Register.

### 4.5. Legal

4.5.1 No direct legal implications have been identified.

### 4.6. Other

4.6.1 None identified.

## 5. Links to ACHSCP Strategic Plan

5.1. Resilience - working with our partners to support people so that they can cope with, and where possible, overcome the health and wellbeing challenges they may face.

5.2. Personalisation – ensuring that the right care is provided at the right place at the right time when people are in need. Ensuring that our systems are as simple and efficient as possible.

## 6. Management of Risk

### Financial Risk

6.1 The Grampian MHL D Services are also planning to achieve a 2% efficiency (£750,000).

6.2 The Net Budget for Grampian MHL D Services for 2020 to 2021 is £37M and NHSG Finance are forecasting a £1.8M overspend. The Grampian MHL D



## INTEGRATION JOINT BOARD

Services are also planning to achieve a 2% efficiency (£750,000) so the expected budget to be transferred by NHSG to cover the projected spend is £38M (subject to inflation and earmarked funds adjustments). NHS Grampian have agreed to underwrite any financial loss on inpatient and specialist MHL D Services for up to two financial years (from 1<sup>st</sup> of April 2020 to 31<sup>st</sup> of March 2022).

- 6.3** If a financial deficit remains at the end of this period, then after discussion and agreement with NHS Grampian, the three IJBs and the respective local authorities, an agreed budget will be proposed for approval by respective Boards.
- 6.4** There are no direct financial risks arising from the approval of the Strategic Framework. The Transformation Programme Plan will aim to ensure whole system collaboration to better balance a population approach, person centred care and secure best value with the available resource. Any financial implications arising from the Transformation Programme will be fully appraised and considered for approval by the IJBs and NHSG.

### **Governance Risk**

- 6.5** There is a perceived risk that transition to delegated services could have an impact on the clinical and care governance of inpatient and specialist MHL D Services. In order to provide assurance, the Transitions Steering Group (Grampian MHL D) has developed a Governance Framework to set out clinical, care and financial governance arrangements for delegated community services across Aberdeen City, Aberdeenshire and Moray IJBs and delegated inpatient and specialist services hosted by Aberdeen City IJB on behalf of the Aberdeenshire and Moray IJBs.

### **Legal Risk**

- 6.6** No direct legal risks have been identified at this time. Any major change to service delivery arising from the development of the Transformation Programme Plan will be managed in line with the guidance set out in the Scottish Health Councils Major Service Change process and timeline for public consultation.



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### 7. Link to risks on strategic or operational 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.	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

The Transformation Board (Grampian MHL D) is developing a Strategic Risk Register for the Programme. The Strategic Risks will be included in the Strategic Risk Register of the Aberdeen City IJB and the Operational Risks currently reported within the NHSG Risk Register will be incorporated into the Aberdeen City IJB Operational Risk Register. The Strategic Risks and Operational Risk for Grampian MHL D will be escalated as appropriate within the procedures set out across the three IJBs and NHSG Board.

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

7.1.1 Risk 1 – the Transformation Programme Plan has identified key actions to (i) develop a Market Position Statement and (ii) a Commissioning Framework to ensure the Third Sector Interfaces across Grampian can support the market to develop the level of maturity required to support the delivery of Tier 1-4 MHL D Services.



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- 7.1.2** Risk 2 – the approval of the revised Scheme of Integration Report MHL D to be considered by the IJB, Council and NHS Grampian Boards with regard to financial arrangements aims to mitigate the financial risk of the gap between the budget and actual spend for inpatient and specialist MHL D Services.
- 7.1.3** Risk 3 – the development of a Performance Dash Board for Grampian-wide MHL D Services will ensure implementation of the 30 National Quality Indicators and other nationally and locally directed Key Performance Indicators to ensure the effective monitoring and reporting of community, inpatient and specialist MHL D Services to the respective NHSG and IJB Boards.
- 7.1.4** Risk 4 – the Sponsoring Group for all delegated hosted services is the North East System Wide Transformation Board to ensure cross system working across NHSG, IJBs and Council partners.
- 7.1.5** Risk 5 – a Quality Assurance Framework to report on performance across the 30 National Mental Health Indicator and additional Quality Assurance Measures for Learning Disability are being developed on an NHSG Performance Scorecard Dashboard by 1<sup>st</sup> of April 2020 and to the IJBs by June 2020. Most areas are still unable to report on all indicators and are awaiting further national guidance on reporting methodology to embed these within operational systems.
- 7.1.6** Risk 6 – the development of a robust Governance Framework for Grampian-wide MHL D Services (community, inpatient and specialist) will ensure clarity of function, delegation and delivery of services across health and social care for delegated community and delegated inpatient and specialist services hosted by the Aberdeen City IJB.
- 7.1.7** Risk 7 – in March 2020, a Whole System Leadership Development Session has been planned for the Transformation Board (Grampian MHL D) to ensure collective understanding and commitment to the change required (as articulated in the Executive Summary of the Framework). In addition, Managing Successful Programme Methodology (MSP) is being followed so that roles, responsibilities and accountabilities are clearly defined for the Transformation Steering Group (Grampian MHL D), Transformation Board (Grampian MHL D) and associated Work Streams (programme and project level).

### Approvals



## INTEGRATION JOINT BOARD

<i>These will be added once your report has final approval for submission to committee.</i>	Sandra MacLeod (Chief Officer)
<i>These will be added once your report has final approval for submission to committee.</i>	Alex Stephen (Chief Finance Officer)

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# A Grampian-wide Strategic Framework

## For Future-Proof, Sustainable Mental Health and Learning Disability Services

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April 2020 - April 2025



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## Executive Summary

This document provides the high-level principles and structure for the approach to Mental Health and Learning Disability (MHL) provision across Grampian. It has been produced with multiple partners and sets the direction for how we will shift the balance of provision around the needs of people in a sustainable way.

Our ambition and our challenge is to integrate services across partners based on the needs of our population rather than preserving institutional and professional boundaries. We need to be focused on a shared vision of collaborative leadership being developed through all frontline teams, internally and externally, to meet the population needs and shift demand for services from downstream to upstream.

We aim to ensure that we preserve the quality of our health and care services across the partners through more integration of these services, whilst at the same time, trying to place more emphasis on health improvement. Understanding that a deliberate shift in resource will potentially cause a deterioration in the current quality measures of the health and care system but holding the line and being clear on what outcomes we are trying to achieve.

Changing entire systems in the public sector is difficult; we need to continue to deliver services - they cannot be stopped, redesigned then started again. This will involve frontline teams working to overcome professional barriers so that they can coordinate care effectively, whereas in others it will require senior leaders to work together to remove organisational obstacles to deliver better value for the populations they serve.

We have a desire and obligation to balance a focus on greater integration of services within health and social care partners with an equal and appropriate focus, as specialist as necessary as local as possible.

Across Grampian, increasing numbers of people experience mental health problems or are living with a learning disability. The current model of care is no longer fit for the future if we are to meet the increasing demand and more complex needs of a changing demographic.

The ongoing challenge to recruit to clinical and nursing posts in mental health and learning disability services is also impacting on the sustainability of the current model of care. Our changing demographic will likely increase the number of people who will require support. It is agreed that the current way we deliver services is not sustainable to meet this increased need as the specialist workforce will not be available. We need to consider and design new ways of supporting people, considering new roles and how we work together to meet the challenges.

A change is required to get better at supporting people with maintaining their own wellbeing, reducing the impact of mental health problems and providing timely and effective early intervention in the community.

There will always be some people who need the safety and specialist support of a multi-disciplinary team in a hospital setting, we understand that this requires specialist skills and knowledge to deliver this support. Where people need support in a hospital setting they should have timely access to services as specialist as necessary.

To realise Grampian's mental health and learning disability priorities we need to work more effectively together as a whole system to deliver sustainable change and better the lives of people with mental health problems and learning disability.

Partners will continue to take a population needs led approach to the delivery of services in communities and this framework will ensure a more coordinated multi-agency approach with more specialist services, including inpatient services that are provided for the Grampian population. We will continue to work with our regional and national partners to develop the services we provide on behalf of the wider population.

This framework reflects the building blocks of new ways of designing and coproducing support, it will require significant culture change, with brave, bold decisions to be made; a programme approach is required over a number of years to ensure sustainable and transformed delivery to shift the balance from hospital to community settings and provide timely and equitable access to mental health and learning disability services for the Grampian population.



**Pam Dudek**  
Moray HSCP

**Angie Wood**  
Aberdeenshire HSCP

**Sandra Macleod**  
Aberdeen City HSCP

**Alan Gray**  
NHS Grampian

### Our Vision

Working together across sectors and with communities to deliver the full spectrum of mental health and learning disability services for the people of Grampian.

### Our Guiding Principles

- System-wide framework for organising and delivering services.
- As local as possible and as specialist as necessary.
- Pathways of care.
- Crisis services and 7 day support across all 4 tiers.
- Strategic commissioning of the whole pathway across sectors.
- Integrated workforce planning.
- System-wide collaboration.
- Working together to balance a population approach, person centred care and securing best value with the available resource.

### The Journey Forward

The strategic framework provides high level direction and it is for the Health and Social Care Partnership (HSCPs) and inpatient and specialist Mental Health and Learning Disability Services (MHLD) services individually and collectively to decide on the priorities according to local circumstances and need in relation to the following recommendations:

- 1) A Transformation Board will be established with representation from each of the HSCPs, inpatient and specialist MHLD services to drive, support and oversee implementation of this plan.
- 2) There will be an agreed system-wide framework for organising and delivering services based on the 4 Tier Model (described on page 18) and Thrive Framework.
- 3) Each partnership will review the range of preventative and early intervention services available to the further develop tier 1 and 2 provision to ensure services are as local as possible and as specialist as necessary. Information about the availability of services in local communities will be readily available.
- 4) Pathways of care will be defined, agreed and clearly communicated to all who deliver, refer to and access services. The four Pillars of the Grampian Clinical Strategy will underpin this work and greater pan-Grampian collaboration in the planning and delivery of services in tiers 3 and 4 is required.
- 5) We will redesign our crisis response services to ensure there is access further upstream in tiers 1 & 2 rather than only when someone is receiving specialist services. These services will be available 7 days per week.
- 6) To enable voluntary sector organisations to play to their strengths strategic commissioning arrangements will be reviewed to promote collaboration and coordination across the sectors.
- 7) There will be an integrated workforce plan that creates opportunities for staff to learn together across partnership and sector boundaries in support of a more cohesive workforce. There will be a determined system-wide effort to improve retention.
- 8) A system-wide MHLD infrastructure will be established as guided by the Transformation Board to support collaboration, sharing of information, intelligence and learning.
- 9) A whole-system approach to leadership development and culture change will be employed to support implementation of this strategic framework.
- 10) A measurement framework will be developed by the Transformation Board to measure progress, it will reflect essential national policy directives and locally defined priorities.

# 1. Introduction

In January 2019, the three Integration Joint Boards (IJBs) and the System Leadership Team of NHS Grampian (NHSG) jointly made a commitment to carry out a strategic review to place the Grampian system-wide MHL D services on a more sustainable footing. The specific aims of the Grampian-wide review were to:

- Inform a programme for sustainable, future-proofed delivery of person-centred MHL D care, incorporating local and regional delivery requirements
- Develop a robust co-produced integrated plan for the sustainable provision of MHL D services which optimises outcomes and meets population needs
- Establish the appropriate arrangements for the delegation of inpatient and specialist MHL D services which optimises outcomes and meets people's needs

This strategic framework describes the review process and sets out guiding principles for supporting collaboration across the partnerships in the delivery of integrated, high quality and sustainable MHL D services for the people of Grampian and associated populations.

The strategic framework is a high level framework that sets out:

- Our vision and guiding principles
- Priority themes to be developed across community, inpatient and specialist MHL D services
- A tiered pathway to inform the transformation and future delivery of MHL D services
- Supports a whole system approach to implementation of the strategic framework
- Sets out the next steps in the journey forward to ensure future proof and sustainable MHL D services

## 1.1 Scope

The strategic framework aims to respond to all individuals, families and carers who require support from mental health and / or learning disability services whether their needs can be met at home, in their community or in an inpatient or specialist service setting.

## 1.2 Context - The Case for Change

### Current Challenges

The overall provision of MHL D services across Grampian and between sectors, agencies and departments requires a more cohesive approach. A single map or overview of available services and how they interconnect and function as a system would better enable professionals, service users and their families get to the right person, at the right place at the right time. Staff, including General Practitioners (GPs) need to be more knowledgeable about the different parts of the system, how they link up and how to guide people through services.

There is recognition of the impact on staff health and wellbeing from pressures caused by recruitment and retention issues, especially in nursing and clinical roles. These pressures are causing significant problems for the continuity of care. The ongoing challenges with the recruitment and retention of the workforce has led to significant concerns with regard to the future sustainability of services.

Dedicated services for crisis and emergency intervention are lacking capacity and require to be more accessible.

In parallel changes as a result of digital technology, an ageing demographic presenting with Long Term Conditions (LTC) and more complex needs are key drivers for the transformation of health and social care services. Future generations' access to information and their expectations of health and care services will be significantly different from that of their predecessors. Against this backdrop and with more care being delivered as close to home as possible, there is a need to ensure MHL D Services across Grampian are fit for purpose and enabled to deliver high quality care in sustainable services.

These ongoing challenges have led to a fragile and unsustainable service model which will require significant redesign and transformation to ensure a future proof and sustainable MHL D services moving forward.

The delivery of the Strategic Framework will require a phased approach. The ambitions for the future of MHL D must prioritise establishing resilience within the services from which to build a future proof and sustainable model of care. The future transformation to a more community based model, ensuring timely access to specialist support for those who need it will require a system-wide leadership approach to maximise the available resources. Those leading the delivery of MHL D services across Grampian can learn from the phased approach to integration and shifting the balance towards community based services achieved through the delivery of Integrated Children's Services Plans (ICSPs) and Primary Care Improvement Plans (PCIPs).

### National Drivers MHL D Services

This strategic framework for the future-proofing of services covers MHL D. Mental illness is one of the major public health challenges in Scotland with around one in three people estimated to be affected by mental ill health in any one year<sup>1</sup>. A ten year Mental Health Strategy for Scotland was published in March 2017 with 40 specific actions. Each action tackles a specific issue intended to make a positive and meaningful difference to people with mental health issues.

The Scottish Government's Learning Disability Strategy 'Keys to Life', published in 2013<sup>2</sup> and refreshed in 2019<sup>3</sup>, and the Coming Home Report 2018 recognises that people who have a learning disability have the same aspirations and expectations as everyone else and is guided by a vision shaped by the Scottish Government's ambition for all citizens. There is a call to action for "a step change if we are to truly deliver fair opportunities for everyone in Scotland with a learning disability to live happy, healthy, fulfilling lives..."



There is a growing recognition that alongside policies and structural changes, there is a need for an intentional focus on a more transformational approach to leadership. Achieving a common set of outcomes, as set out in the in the National Performance Framework (NPF)<sup>4</sup>, means that people across Scotland need to work together more effectively across communities, national and local government, in all the statutory bodies, across the voluntary sector and in businesses<sup>5</sup>.

### 1.3 Integration of Health and Social Care

The challenge for all public services is finding the right balance between delivering cross-sector integrated local services **within** communities whilst also collaborating **between** communities to ensure equity and efficiency as well as access to specialist provision when required.

The Health and Social Care Partnerships (HSCPs) in Aberdeen City, Aberdeenshire and Moray are all at different stages having recently approved their local Mental Health Strategic Frameworks and Action 15 Delivery Plans (the Scottish Governments commitment set out in the National Strategy for Mental Health 2017-2027 under Action 15: to increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings) and the intention is not to duplicate or undermine these plans. Our intention is to build on the excellent work already taking place and to create a Grampian-wide infrastructure where the three partnerships can connect and address the challenges that no one partnership can solve in isolation.

The integration of health and social care clearly sits alongside the wider Community Planning Partnerships (CPPs) Local Outcome Improvement Plans (LOIPs) in Aberdeen City, Aberdeenshire and Moray.

### 1.4 Consolidating the Delegation Arrangements

The community mental health, learning disability and substance misuse services are delegated to Aberdeen City, Aberdeenshire and Moray IJBs and operationally managed by the 3 HSCPs.

Under the auspices of this review the acute inpatient and specialist MHL D services, other specialist services and Child and Adult Mental Health Services (CAMHS) are to be delegated to the three IJBs through a partnership arrangement with Aberdeen City HSCP. Previously they had been delivered by NHSG under an interim arrangement, with the exception of Moray IJB who have delegated their two local inpatient services to the HSCP already.

With the delegation of services due to be complete in April 2020, the time is right to work together to transform services to better meet local needs within this changing context.

### 1.5 Policy Context

The national and local policy landscape which has guided the development of this strategic framework can be found in Appendix 1.

#### How will the needs change in the future?

By 2035 it is projected the population aged 65-85 will rise by 39% and those over 85 by 123% (the % increase in over 85s is projected to be more than almost anywhere else in Scotland)

More people will be living alone – by 2035, 114,000 are expected to be living on their own which represents 37% of all households.

40 claimants per 100,000 of the population in Grampian have a mental health diagnosis, compared to 36/100,000 in Scotland.

The number of people living in Grampian by 2035 could be 672,000, 87,000 higher than it is today'

Almost 50,000 people in Grampian live in remote and rural areas, with long distances to travel for healthcare and this number will grow considerably in the next 20 years.

The number of people with dementia is expected to increase considerably and many more people will experience multiple Long Term Conditions.

#### How well are our services doing at supporting improved outcomes for people with MHL D?

There was 1,297 total spells of In-patient Admissions for Mental Health Specialties in Grampian, significantly lower than 1,709 2013/14.

The Grampian rate of Emergency Detention Certificates (EDCs) initiated per 100,000 population was 19.7, significantly lower than the Scotland rate of 52.8

The Grampian rate of Short Term Detention Certificates (STDC) per 100,000 was 68.1, significantly lower than the Scotland rate of 86.8

18.7% of compulsory In-patients (General Psychiatry) compared to 18.6% in Scotland.

The average length of stay for mental health care in NHSG was 73.1 days with a median of 20 days. Across Scotland the average was higher, at 83.3 days, but the median was lower, at 18 days.

12.6% of patients discharged in Grampian were re-admitted within 28 days, compared to 12.7% in Scotland. 27% were readmitted within 133 days, compared to 24.2% in Scotland.

81.3 % of voluntary In-patients (General Psychiatry) compared to 81.4% in Scotland.

13.4% of compulsory In-patients (Old Age Psychiatry) compared to 19.6% in Scotland.

86.6% of voluntary In-patients (Old Age Psychiatry) compared to 80.4% in Scotland.

The rate of Compulsory Treatment Orders per 100,000 population in Grampian was 23.4%, lower than the Scotland rate of 28.2%

50.8% of young people commenced treatment by specialist Child & Adolescent Mental Health Services within 18 weeks of referral, compared to 64.5% in Scotland [national standard of 90%]

95.1% of people commenced drug and alcohol treatment within the national standard of 3 weeks, compared to 94.7% in Scotland.

75.2% of patients who commence psychological therapy based treatment within 18 weeks of referral, compared to 79.4% in Scotland [national standard of 90%]

#### What do we spend on MHL D services?

The total (net) expenditure for general psychiatry services for 2017/18 was £73.4m for NHS Grampian. This was equivalent to £125 per head of population which compared to £178 across Scotland and as much as £245 in Greater Glasgow & Clyde.

In 2017/18 General psychiatry community expenditure per head of population 2017/18 was £30.7m for NHSG, which was 42% of total expenditure for general psychiatric services, compared to 37% in Scotland.

The gross ingredient cost for medicines in Mental Health per head of population increased from £14.99 in 2016/17 to £19.48 in 2017/18. The latter compared to £19.66 across Scotland.

NHSG spend on General Psychiatry was 6.7% of the total NHSG expenditure compared to 8.4% in Scotland.







### 3. Priority Themes From The Strategic Review

The consolidated themes from the three workshops along with the engagement sessions with people with lived experience provide the direction of travel for this strategic framework.

#### 3.1 Building on Strong Foundations

Considerable progress has already been made by each of the HSCPs in redesigning services to meet the challenges brought about by changing trends and policy imperatives. HSCPs have progressed the investment in self-management and early intervention and support in communities through the Transformation Fund and delivery of PCIPs (e.g. Link Workers and Community Psychologists). Grampian now has a low bed base compared to most other health boards and it has the second lowest emergency detention rates in Scotland. There has been progress in transforming CAMHS and in providing intense support at home to prevent admission to hospital.

Service redesign has seen expanded roles in nursing and occupational therapy and voluntary sector partners have been playing an increasing role in mainstream services such as in providing Distress Brief Interventions (Penumbra) and in-reach to patients whilst in hospital (SAMH).

However, recruitment problems leading to concerns about safe staffing levels have called into question the future viability of the current pattern of services in meeting current and future need. This has brought into sharp focus the urgent need for a major transformation programme.

The main challenges highlighted in the engagement sessions related to fragmented services; long waiting times for some services; lack of access to crisis support and out-of-hours provision across all 4 tiers of service delivery; availability of transport for service users; finance and budget silos (where funds or assets are kept separate from other funds or assets of a similar type in other services and organisations and this gets in the way of ensuring best value); risk aversion compounded by the perceived pressures and direction of scrutiny and assurance and the lack of joined up IT systems.

In addition there was seen to be a need for a more cohesive approach to supporting people in the community with a map of available services. It was also thought that current commissioning arrangements were preventing voluntary sector organisations from fully playing their part in service delivery.

Day services and respite facilities for people with Learning Disability were deemed positive and could be further improved by ensuring more user involvement in service planning and development.

Considerable progress has already been made by each of the HSCPs in redesigning services to meet the challenges brought about by changing trends and policy imperatives.

#### 3.2 A Tiered, Pathway Approach

A tiered whole system pathway approach was given prominence in the workshop conversations. It was seen as a useful way of organising and delivering a comprehensive suite of services across the spectrum from prevention, early intervention and timely access to specialist services as needed.



“Makes sense at a high level”

“Tiered model should allow us to focus on our areas of interest and expertise...”

However, there were some notes of caution. These related to concerns about the model being potentially inflexible and it is therefore important that a tiered model is flexible and enables people to access support across tiers in order to meet their needs. There should be a ‘no wrong door’ approach when people are seeking support from services.

For a tiered approach to be workable there is a need for clarity around thresholds and evidence-based pathways to ensure a seamless flow through the system. In-reach/intensive outreach arrangements are seen to be important and examples from Newcastle, Utrecht, Dumfries and Galloway were cited.

There is believed to be an absence of infrastructure for delivering services at levels of 1 and 2 of the tiered model and investment (or resource transfer) would be needed to support development. Initiatives could be introduced to support GP managed mental health and wellbeing support in primary care settings and more community based support for people leaving hospital to ensure they receive the right level of support and are not at risk of being readmitted due to lack of community resources and support.

There is seen to be a better way to manage crisis-related hospital admissions and a proposal was put forward for the redesign of crisis services i.e.



“...bring these downstream because crisis doesn't always mean high tariff complexity that requires medicalised interventions – bring to appropriate level to avoid longer term blockages in specialist services (these should be for the few not the many, but the skills and expertise of staff cascaded down the tiers to support the many)”

A 7-day service was mooted but there was some caution expressed about financial resources and workforce availability. However, there was also thought to be a role here for voluntary sector organisations e.g.



“Greater collaboration could make this work. Some third sector staff are available at the weekends which might better manage risk”

The need to ensure a continued focus on dementia as a national priority was highlighted during the consultation.

Questions remain about how the tiered model would operate across Grampian. For example, will there be commonality of approach or will it be for each partnership to decide on the shape and delivery of services? And if this is the case how will the more specialist end of services at tiers 3 and 4 be shaped and delivered? Stakeholders felt on balance that a set of principles rather than definitive actions might create the best conditions for forward movement in this respect.

### 3.3 Equal Partnerships

A greater reliance on voluntary sector provision is seen as fundamental to the future sustainability of services particularly at levels 1 and 2 but there were also examples of initiatives where voluntary sector organisations were active in the more specialist end of services. There was also a recognition of the vital role played by un-paid carers and how we support them to continue in their role.

There was a view, however, that the system does not always make it easy for voluntary sector organisations to fully play their part and that work is needed on the commissioning process to support collaboration and minimise competition. There was also seen to be a need to address negative attitudes towards voluntary sector provision e.g.

“There’s a perception that 3rd sector organisations are second class services”.

### 3.4 Workforce and Cross-Boundary Working

Workforce availability was highlighted as a major concern in all three workshops. The need for creative recruitment approaches and a determined emphasis on improving retention was given prominence. However, there were also calls for further work to improve how the different sectors work together.

“How do multi-professionals link to the third sector? There’s a lot of skills and knowledge out there. They are vital...” “(It’s) all about relationships/trust...”

Stakeholders recognised the natural tension between the need to deliver services within local communities whilst also having whole system specialist services for the people of Grampian. How people work together will be crucial to success in navigating this complexity and a number of suggestions were put forward e.g.

“(Need) true co-production of services so implication of changes on other areas can be understood and planned well and implications on service users made fully explicit”  
“Build on existing pan-Grampian and MH&LD strategy groups to build networks as lots of information out there to share and learn from”.

A specific issue was identified in relation to the Health and Care (Staffing) (Scotland) Bill. The Bill for this Act of the Scottish Parliament was passed by the Parliament on 2nd May 2019 and received Royal Assent on 6th June 2019. The Health and Care (Staffing) (Scotland) Act 2019 places a statutory duty on geographical health boards and associated agencies to ensure providers in health and care sectors have the appropriate workforce in place to deliver safe and high quality care. Health boards and IJBs are working to fully understand the implications which are likely to have a bearing on the future delivery of MHLDS across Grampian.

### 3.5 Supporting Transformation

Stakeholders accepted the case for change. They acknowledged that the level of change needed in some instances is profound and that this would be unsettling for staff, service users and the possibly the public.

“Needs a dynamic shift and an acceptance of what MUST change”.

A number of suggestions were put forward to support the change process. These include “describing what is going to look different” with a “timeline and clear objectives for the changes” and to “translate these into concrete steps”. The approach should also include:

“a process for monitoring progress, feedback mechanisms to stop things go off track, capturing unintended consequences and flagging up where things didn’t work”.

In terms of the change management process there was seen to be a need for “a coordinated engagement approach about what is happening”. Effective leadership is needed. Leaders at all levels who are “invested in the change and who can describe the benefit to the organisation and who, in turn, can support staff to commit”. Importantly, leaders who are “listening and able to really answer questions.”

“Service redesign needs to be driven by necessity and get people onside with effective leadership”.

### 3.6 The Communication Needs of Our Local Ethnic and Disability Communities

To assist staff to communicate with non-English speaking patients and their families and carers, the “Language Line” telephone interpretation service is available. By prior arrangement, “face to face” interpreters are also available. If the patient and their family members and carers have a communication disability, appropriate communication support such as British Sign Language (BSL) interpretation can be provided. Information in other formats can also be made available

## 4 Vision And Guiding Principles

There is general support for the vision and guiding principles set out to ensure future proof, sustainable delivery of MHLD services. It is important to acknowledge that service improvement must be delivered within the available resources to ensure effective and efficient delivery of service.

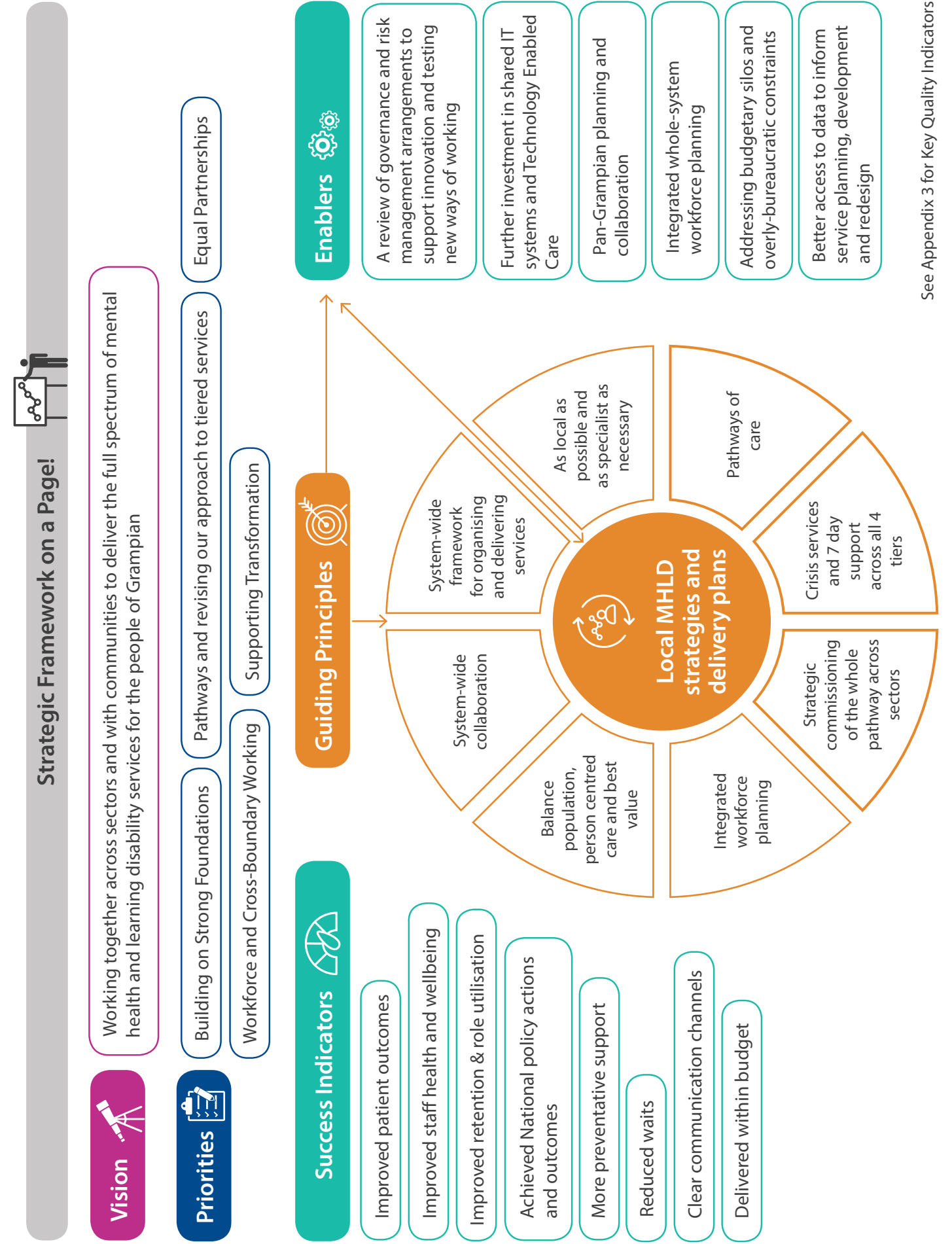
### Vision

**Working together across sectors and with communities to deliver the full spectrum of mental health and learning disability services for the people of Grampian.**

We are grateful for the time and commitment staff and people with lived experience of services gave in contributing to this review. The solutions have emerged from these conversations. These are offered in the form of a series of principles to guide local and system-wide action.

### Our Guiding Principles

- System-wide framework for organising and delivering services
- As local as possible and as specialist as necessary
- Pathways of care
- Crisis services and 7 day support across all 4 tiers
- Strategic commissioning of the whole pathway across sectors
- Integrated workforce planning
- System-wide collaboration
- Working together in order to balance a population approach, person centred care and securing best value with the available resource



See Appendix 3 for Key Quality Indicators



## Guiding Principles

### 4.1 System-wide Framework for Organising and Delivering Services

To ensure people who need support, care and treatment are seen by the right people, in the right place, at the right time there is a need for a systematic way of organising and delivering services.

The 4 Tier Model is already familiar to many staff and appears to be a logical way of differentiating levels of need. Moreover, it provides a common language about services and a logical way of allocating resource. Partnerships are urged to agree a common approach based on the tiered approach with clear thresholds, flow and mutual support across tiers.

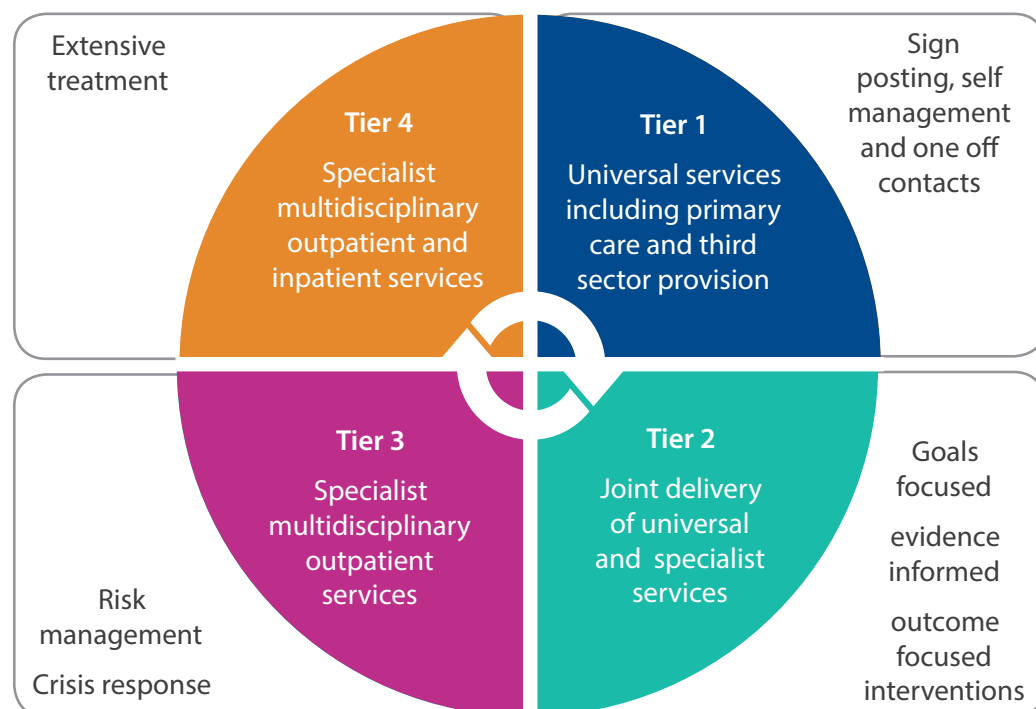
Shifting the balance of care from hospital to community requires capacity building within communities. Ideally a co-produced approach which enables professionals and citizens to make better use of each other's assets, resources and contributions to achieve better outcomes or improved efficiency<sup>10</sup>.

Thrive is a needs-led framework<sup>11</sup> which provides a set of principles for creating coherent and resource-efficient communities of mental health and wellbeing support. It conceptualises need in five categories; Thriving, Getting Advice and Signposting, Getting Help, Getting More Help Getting Risk Support.

The framework is currently used within CAMHS and will be adopted for more general use across MHL D services.

A visual representation of the 4 Tier Model overlain with the Thrive Framework is presented in Fig.1 below. Taking cognisance of the concerns expressed during the staff engagement sessions about the tiered model being seen as hierarchical and potentially inflexible the tiers are flattened to represent a greater ease of movement and flow within and between the tiers.

Fig. 1 Framework for Organising and Delivering MHL D Services



Adapted from the 4 Tier Model and Thrive Framework

### 4.2 As Local as Possible as Specialist as Necessary

Stakeholder feedback suggests that preventative and early intervention services are patchy. As such each partnership should review the range of provision in levels 1 and 2 of the tiered model. This should focus on needs and gap analysis, and is likely to require a strategic commissioning approach to addressing these.

We heard from people with lived experience of services that better sign-posting of what is available within local communities is needed and ALISS (A Local Information System for Scotland) was commended in this respect. Improving the knowledge of mental health in the general population to promote self-management and self-directed support is also seen to be a priority.

### 4.3 Pathways of Care

Staff and people with lived experience told us that services at tiers 3 and 4 (MHL D community teams, inpatient services and other specialist services, many of which are provided on a Grampian-wide basis) are under intense pressure. With three partnerships accessing certain Grampian wide inpatient and specialist MHL D services there is a need to ensure that pathways of care are defined, agreed and clearly communicated to all who deliver, refer to and use services. The four Pillars of the Grampian Clinical Strategy should underpin this work i.e. prevention; self-management; planned care and unscheduled care. Greater pan-Grampian collaboration in the planning and delivery of services in tiers 3 and 4 is strongly recommended, and there is considerable scope for a shared approach to understanding the needs at tiers 1 and 2 in order that support be provided for people in distress but for whom referral to specialist services may not be appropriate.

### 4.4 Crisis Services and 7 Day Support Across All Tiers

Consideration should be given to a redesign of crisis response services to ensure there is access further upstream i.e. tiers 1 & 2 rather than only when someone is receiving specialist services. Ideally, there should be access 7 days per week and delivered through multi-sector collaboration with the ability to refer to specialist advice as required. The redesign must also address the current workforce and financial pressures in the system and explore the mix of clinical and professional roles and include consideration of the part the Third Sector can play in any new model moving forward.

### 4.5 Strategic Commissioning of the Voluntary Sector

To enable voluntary sector organisations to play to their strengths, commissioning arrangements should be reviewed to promote collaboration and coordination within the sector. The aim is to assist voluntary sector partners to work with each other as well as in partnership with statutory services to meet identified needs and desirable outcomes within communities, promoting the chances of successful recruitment, retention and delivery of desired outcomes.

## 4.6 Integrated Workforce Planning

There should be an integrated workforce plan that creates opportunities for staff to learn together across partnership and sector boundaries. Efforts to recruit to hard-to-fill posts should continue but with a focused emphasis on improving retention and continued engagement with staff partnership.

## 4.7 System-wide Collaboration

HSCPs have a duty to collaborate and this should involve clear and active participation in appropriate pan-Grampian structures designed to ensure consistency, governance, effective communication, shared intelligence and learning in relation to MHL. These arrangements should be articulated and engaged with by staff positioned to speak on behalf of their whole HSCP.

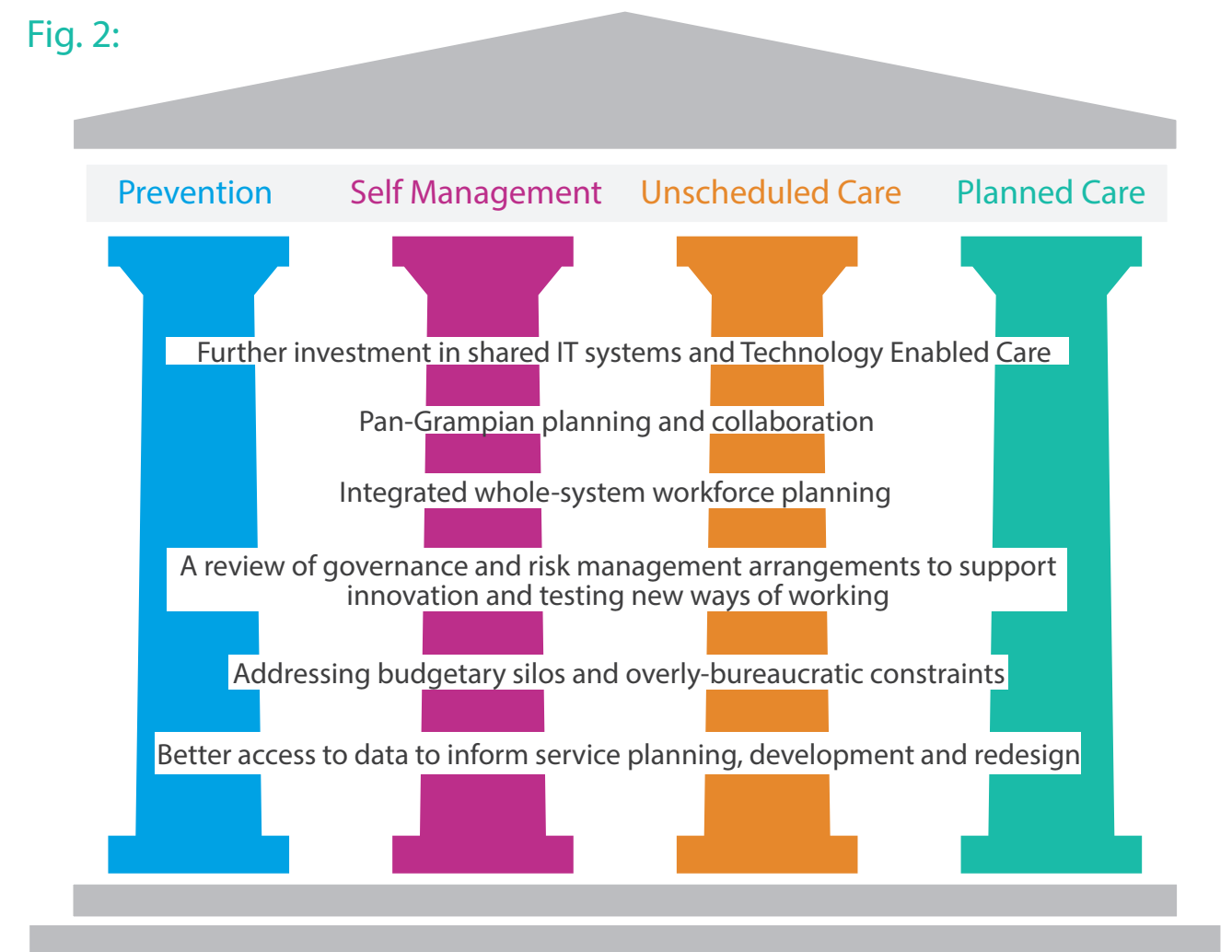
## 5 Enabling Transformation

The guiding principles are ambitious in their reach and will require a whole-system response. A number of actions were identified by staff that would act as enablers in a transformation process. These are:

- A review of governance and risk management arrangements to support innovation and testing new ways of working.
- Further investment in shared IT systems and Technology Enabled Care.
- Pan-Grampian planning and collaboration.
- Integrated whole-system workforce planning.
- Addressing budgetary silos and overly-bureaucratic constraints.
- Better access to data to inform service planning, development and redesign.

We believe that making progress in respect of these enabling factors would positively impact on the future development of services and new approaches across pathways of care, as envisaged in the Grampian Clinical Strategy. Figure 2 below shows the 4 pillars of the clinical strategy overlain with these enablers.

Fig. 2:



## 6 Supporting Implementation

To drive and oversee the delivery of this strategic framework it is recommended that a Transformation Board be established with representation from each of the HSCPs, inpatient and specialist services. Consideration should also be given as to the perspective of lived experience and multi-sector input in this regard.

### 6.1 Leadership Development and Culture Change

Progress has been made in redesigning MHL D services in the face of intense pressure and recruitment problems but further transformation is needed to ensure services are fit for purpose, future proofed and digital solutions are put in place to support new ways of working in the future model of care.

Systemic approaches enable people to see beyond issues at an individual or team level to reveal wider system or cultural dynamics that might be getting in the way. As such a whole-system approach to culture change is needed where staff at all levels of the organisation are supported to implement changes. This is about leadership, relationships and trust.

### 6.2 Measuring Success

Success will be measured by the extent to which there are sustainable services in place implementing the outcomes set out in the national mental health and learning disability strategies. A measurement framework will be developed by the Transformation Board and each partnership will ensure their strategy and delivery plan guides local action in this respect. Those with lived experience will be key partners in helping us evaluate the impact of the transformation on improving the outcomes of people who use MHL D services in Grampian. The Transformation Board (Grampian MHL D) will ensure we engage with people through our existing lived experienced networks across the 3 HSCPs throughout the lifetime of the Grampian-wide Strategic Framework for MHL D. See Fig. 3 below.

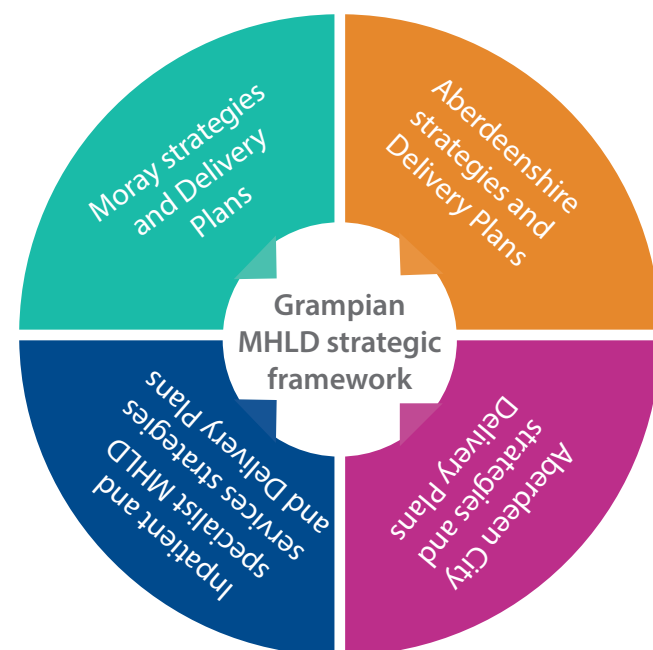


Fig.3 Framework for Delivering the Strategic Framework

## 7 The Journey Forward

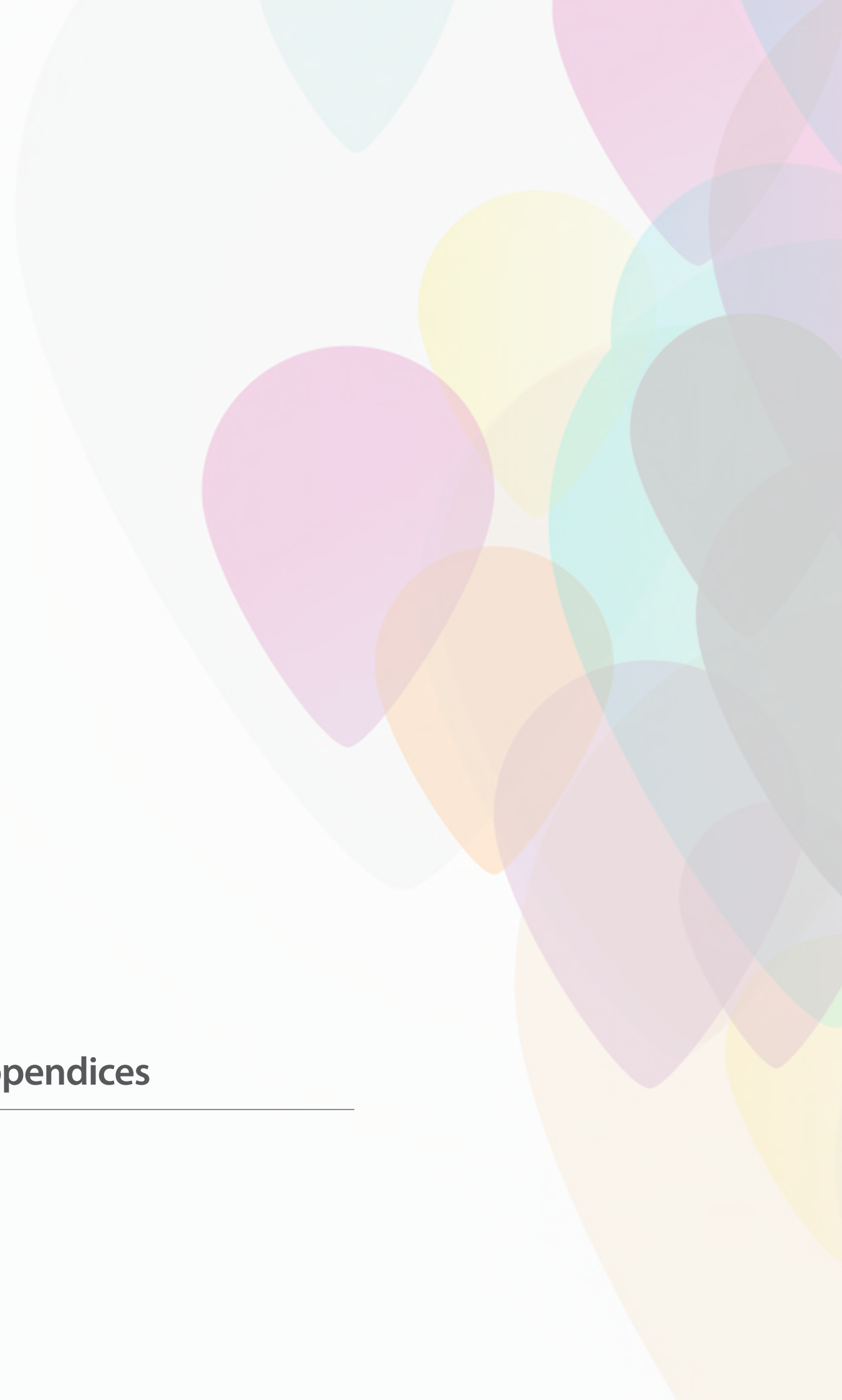
Progress has been made in redesigning Grampian MHL D services in the face of intense pressures and recruitment problems but further transformation is needed to ensure services are fit for purpose and future-proofed. This requires a whole-system effort as the sustainability issues cannot be addressed by any one partnership or sector alone.

The strategic framework provides high level direction and it is for the HSCPs and inpatient and specialist MHL D services individual and collectively to decide on the priorities according to local circumstances and need in relation to the following recommendations:

- 1 A **Transformation Board** will be established with representation from HSCPs, inpatient and specialist MHL D services, Police and Third Sector to drive, support and oversee implementation of this framework. How best to ensure representation from service users and carers should be explored. The terms of reference, membership and governance arrangements will be publically available.
- 2 There will be an agreed **system-wide framework for organising and delivering services** based on the 4 Tier Model and Thrive Framework.
- 3 Each partnership will review the range of preventative and early intervention services available using the system-wide framework to the further develop levels 1 and 2 provision to ensure services are **as local as possible and as specialist as necessary**. Information about the availability of services in local communities will be readily available.
- 4 **Pathways of care** will be defined, agreed and clearly communicated to all who deliver, refer to and access services. The four Pillars of the Grampian Clinical Strategy will underpin this work and greater pan-Grampian collaboration in the planning and delivery of services in tiers 3 and 4 is required.
- 5 We will redesign our **crisis response services** to ensure there is access further upstream in tiers 1 & 2 rather than only when someone is receiving specialist services. These services will be available 7 days per week.
- 6 To enable voluntary sector organisations to play to their strengths **strategic commissioning arrangements** will be reviewed to promote collaboration and coordination across the sectors.
- 7 There will be an integrated workforce plan that creates opportunities for staff to learn together across partnership and sector boundaries in support of a more **cohesive workforce**. There will be a determined system-wide effort to improve retention. Carers will be planned for as part of the workforce.
- 8 A **system-wide mental health and learning disability infrastructure** will be established as guided by the Transformation Board to support collaboration, sharing of information, intelligence and learning.
- 9 A **whole-system approach to leadership development and culture change** will be employed to support implementation of this strategic framework.
- 10 A **measurement framework** will be developed by the Transformation Board to measure progress, it will reflect essential national policy directives and locally defined priorities. This will incorporate the 30 Quality Indicators (QI) for Mental Health and further develop QIs for Learning Disability Services.

## Appendices

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## Appendix 1

### National And Local Policy Landscape

#### Reform of Public Services

The Public Bodies (Joint Working) (Scotland) Act 2014 was granted royal assent on April 1, 2014<sup>12</sup>. The 2020 vision for Health and Social Care and its 'Route Map' sets out 12 priorities for action under three domains - Quality of Care, Health of the Population, and Value and Financial Sustainability<sup>13</sup>.

Integration of health and social care is one of Scotland's major programmes of reform. Central to integration is ensuring that those who use services get the right care and support whatever their needs, at any point in their care journey. The Act aims to transform the way health and social care services are provided in Scotland and drive real change that improves people's lives.

#### 10 Year Vision for Mental Health

Scottish Government set out its ambition for mental health in its 10 Year Strategy 2017-27 with a call to action to ensure that we "prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems"<sup>14</sup>. They identify four areas for improvement:

- Prevention and early intervention.
- Access to treatment, and joined up accessible services.
- The physical wellbeing of people with mental health problems.
- Rights, information use, and planning.

There is a particular emphasis on increasing the mental health workforce; improving support for preventative and less intensive services including in Child and Adolescent Mental Health (CAMH), reviewing the provision of counselling services in schools and on testing and evaluating the most effective and sustainable models of supporting mental health in primary care.

#### Scotland's Learning Disability Strategy

'Keys to Life', Scotland's Learning Disability Strategy, launched in 2013 recognises that people who have a learning disability have the same aspirations and expectations as everyone else and is guided by Scottish Government's ambition for all citizens<sup>15</sup>.

March 2019 saw the launch of a new 3 year Implementation Framework<sup>16</sup> for the strategy which adopts a 'whole system, whole population and whole person' approach to improving the lives of people with learning disabilities in Scotland. The strategy centres around four key outcomes – A Healthy Life; Choice and Control; Independence and Active Citizenship.

#### National Dementia Strategy

Improving care and support for people with dementia and those who care for them has been major ambition of Scottish government since 2007<sup>17</sup>. The third National Dementia Strategy (2017-20) was published in June 2017.

The third strategy builds on the progress and maintains a focus on improving the quality of care for people living with dementia and their families through work on diagnosis, including post-diagnostic support; care co-ordination during the middle stage of dementia; end of life and palliative care; workforce development and capability; data and information; and research. Crucially, there is a recognition of the importance of taking a person-centred and flexible approach to providing support at all stages of the care journey.

#### NHS Grampian Clinical Strategy

The NHS Grampian Clinical Strategy (2016-21) highlights the importance of strategic and systematic change to address the changing healthcare needs over the next 20 years<sup>18</sup>. It recognises the changing role of NHS Grampian and the importance of working collaboratively with the 3 Integration Joint Boards, their HSCPs and with the voluntary sector. The strategy focuses attention on four key areas and calls for action in prevention; self-management; planned care and unscheduled care.

## Appendix 2

# Listening To The Contributions Of People And Communities

Summary of Key Messages from the ALLIANCE Engagement Sessions with People with Lived Experience of Services

### 1. Challenges

- The overall provision of Mental Health services across the region and between sectors, agencies and departments lacks cohesion. There appears to be no single map or overview of available services and how they interconnect and function as a system. Staff, including GPs, lack knowledge about the different parts of the system, how they link up and how to guide people through services.
- There is recognition of the impact on staff health and wellbeing from pressures caused by recruitment and retention issues. These pressures are causing significant problems for the continuity of care, and the use of locum staff to cover permanent posts is impacting adversely on people with enduring support needs where a long-term relationship with professionals is important.
- Long waiting times remain a major issue across all services, many of which are perceived as accessible only when people have reached crisis point.
- Whilst many services were deemed to be operating at crisis point, dedicated services for crisis and emergency intervention were specifically mentioned as lacking capacity and require to be more accessible.
- More support and training are needed to address mental health issues in schools, including autism.
- There is a lack of awareness and understanding of the needs and challenges facing people with learning disabilities, not only in daily life but in dealing with professional health and social service staff. Improved training is needed for a range of professionals as well others in the community who engaged with people with learning disabilities.
- People with Learning Disabilities should have a greater role in co-producing the services which are designed to support their needs. This should include a leadership role in service delivery.
- There should be better integration in the planning and provision of Voluntary and statutory sector services.
- The provision of public transport was a significant issue impacting negatively on people's experience in accessing services.

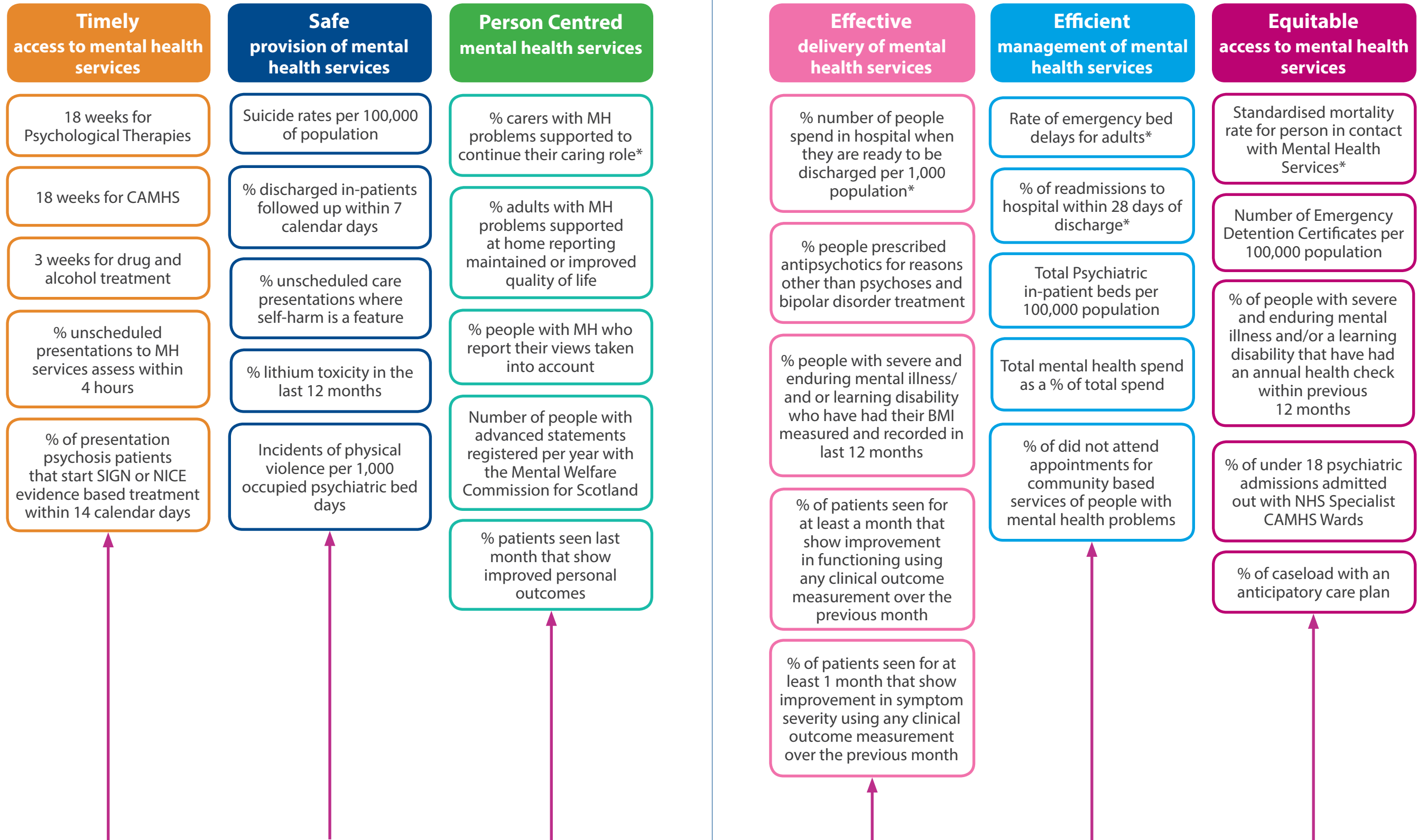
### 2. What works well?

- The role of Community Links Workers (CLW) was cited as invaluable in supporting people through the system. CLWs are normally situated in GP practices and work with individuals from the practice list populations on a one-to-one basis to help identify and address issues that negatively impact on their health. Central to the approach is identifying and supporting individuals to access suitable resources within the community that can benefit their health and increase health competence.
- Allied to this was the availability of information on supported self-management and local services, specifically mentioned was the 'ALISS' system (A Local Information System for Scotland) funded by Scottish Government and hosted by the ALLIANCE. (ALISS is a national directory of health and wellbeing information that supports signposting)
- Ongoing support from numerous Voluntary Sector and community organisations was mentioned as enabling people to function well in their communities and stay out of hospital.
- Peer learning in schools such as that promoted by the Mental Health Foundation 'Make it Count' programme, had helped to raise awareness
- Day services and respite facilities for Learning Disabilities, where available, were deemed positive but often considered too regimented and need to be user led.
- Adult Learning Disability services in each of the three IJBs are fully integrated, with health and social care staff working together to provide joined up services; this is not however the case with children's learning disability services.

### 3. What can be improved?

- A joined-up approach to strategic service planning across the region and between provider agencies and inpatient and specialist MHLDD services and community sectors is required.
- A better understanding of the issues affecting people with poor mental health and learning disabilities is required by all working in health and social care including GP practice staff, in order to support and guide people who need help accessing services.
- There were calls for Community Links Workers to be employed in all Grampian GP practices.
- Provision of an accessible 24/7 crisis service, such as that provided in Edinburgh, is required to support those with immediate and urgent needs.
- There is an urgent need to address continuity of care caused by recruitment and retention issues, including cover for staff sickness and annual leave.
- Inadequacies in the provision of local transport need to be addressed.
- Increased support for schools to improve understanding of mental health and to respond to challenges facing children is needed. This includes provision of counselling services, psychological therapies and support for prevention.
- There is a need to bring children's Learning Disability services into line with those for adults by introducing integrated teams.
- Voluntary and statutory sector services need to be planned and resourced in a holistic and integrated way in order to optimise resources.

Mental Health (MH) - 30 National Key Quality Indicators (QIs)



How will we know if we have been successful ?

\* Integration Indicators

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## Glossary

ALISS	A Local Information System for Scotland
COG	Chief Officers Group in Grampian
CPP	Community Planning Partnership
4 Tier Model and Thrive Framework	The 4 Tier Model and Thrive Framework has been adapted from Child and Adolescent Mental Health Services:  Tier 1 - universal services including third sector provision Tier 2 - joint delivery of universal and specialist services Tier 3 - specialist multi-disciplinary outpatient services Tier 4 - specialist multi-disciplinary outpatient and inpatient services
GP	General Practitioners
HSCP	Health and Social Care Partnership
ICSP	Integrated Children's Services Plans
IJB	Integrated Joint Board also sometimes referred to in the plural as Integration Authorities of Grampian
Integration Authorities in Grampian	The 3 Integrated Joint Boards are Aberdeen City IJB, Aberdeenshire IJB and Moray IJB
IT	Information Technology
QIs	Quality Indicators
Lived Experience	Lived experience is the knowledge and understanding you get when you have lived through something. When we talk about people with mental health lived experience, we mean people living with mental illness and family or friends supporting someone living with mental illness (sometimes called carers). When we talk about people with learning disability and mental health lived experience, we mean people living with both a learning disability and mental illness and their carers
LOIP	Local Outcome Improvement Plans of the Community Planning Partnerships
LTC	Long Term Conditions
MHLD	Mental Health and Learning Disability Framework
NHSG	National Health Service Grampian
PCIP	Primary Care Improvement Plans
SLT	Systems Leadership Team for NHS Grampian
TEC	Technology Enabled Care
The Alliance	Health and Social Care Alliance Scotland
TSI	Third Sector Interface





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## INTEGRATION JOINT BOARD

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<b>Date of Meeting</b>	24 March 2020
<b>Report Title</b>	Mental Health Delivery Plan
<b>Report Number</b>	<i>HSCP19.113</i>
<b>Lead Officer</b>	Kevin Dawson, Lead for Community Mental Health, Learning Disabilities & Substance Misuse Services
<b>Report Author Details</b>	Jenny Rae Strategic Development Officer <a href="mailto:Jenrae@aberdeencity.gov.uk">Jenrae@aberdeencity.gov.uk</a> 01224 523994
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	<i>a. Promoting Good Mental Health Delivery Plan</i> <i>b.</i>

### 1. Purpose of the Report

- 1.1. This report seeks approval of our Aberdeen City Community Mental Health Delivery Plan, known as Promoting Good Mental Health (appendix a), which will run from April 2020 – March 2023.



## INTEGRATION JOINT BOARD

### 2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) Approves the Community Mental Health Delivery Plan known as Promoting Good Mental Health with effect from March 2020;
- b) Notes that update reports on implementation will be presented annually to Clinical Care Governance Committee

### 3. Summary of Key Information

- 3.1. Aberdeen City Health and Social Care Partnership alongside partners and stakeholders have developed the first Delivery Plan for Community Mental Health Services in Aberdeen City.
- 3.2. The Delivery Plan sets out a strategic vision for Community Mental Health Services which aligned with the Aberdeen City Health and Social Care Partnership Strategic Plan.
- 3.3. The Delivery Plan sets out a range of actions to be undertaken which will promote this strategic vision.
- 3.4. A National Mental Health Strategy sets a Scotland wide vision for mental health services. Our Delivery Plan provides the vision for local community-based services. A key driver being the development and operationalising of locality-based service which support and promote good mental health.
- 3.5. The Delivery Plan seeks to recognise and value lived experience and partnership approaches to developing good mental health in Aberdeen City,
- 3.6. A series of engagement and consultation events, alongside two formal consultation periods, supported the development of the Delivery Plan. A variety of partners and stakeholders participated in these events and processes from July 2019 to February 2020.



## INTEGRATION JOINT BOARD

- 3.7. Alongside this work a strategic framework has been developed for specialist and in-patient mental health services. Whilst the Delivery Plan does not cover these services a close relationship can be seen between community and specialist approaches, and a continued working relationship will be key to delivery of good mental health in Aberdeen City.

### 4. Implications for IJB

- 4.1. **Equalities** – An Equality and Human Rights Impact Assessment has been completed (appendix b). This report will have a neutral impact however the Delivery Plan will promote good mental health in Aberdeen City and promote people affected by poor mental health and their carers as equal partners.
- 4.2. **Fairer Scotland Duty** -This Delivery Plan will seek to align with other strategic documents and their vision, such as the ACHSCP Strategic Plan and the Community Planning Aberdeen Local Outcome Improvement Plan, to improve outcomes for people with poor mental health and wellbeing in Aberdeen. Additionally, the vision and strategic outcomes and priorities of the National Mental Health Strategy will continue to be applied and have guided the development of local Delivery Plan. The specific actions identified in the delivery plan presented for approval seek to reduce inequalities and strengthen meaningful involvement of people in this process by co-producing solutions and measuring success.
- 4.3. **Financial** - There are no direct financial implications arising from the recommendations of this report.
- 4.4. **Workforce** - There are no direct workforce implications arising from the recommendations of this report
- 4.5. **Legal** - There are no direct legal implications arising from the recommendations of this report

### 5. Links to ACHSCP Strategic Plan

- 5.1. The recommendations in this report complement the strategic priorities outlined in the Partnership's Strategic Plan primarily by supporting the



## INTEGRATION JOINT BOARD

development of person-centred approaches to care and support and by enabling supported individuals to strengthen their connection and contribution to their local community. The development of the Delivery Plan is detailed specifically within the Strategic Plan.

### 6. Management of Risk

#### 6.1. Identified risks(s)

Failure to approve the Delivery Plan.

This risk is minimal due to the ongoing engagement with partners and leadership colleagues. Failure to approve the Delivery Plan could lead to reputational damage. The approval of the Delivery Plan would mitigate this risk and bring clear strategic direction to Community Mental Health Services.

#### **Link to risks on strategic or operational risk register:**

(8) 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.



## INTEGRATION JOINT BOARD

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

The content of this report seeks to mitigate the known risks by recommending a decision which supports the reputation of the IJB & Partnership, the development of the Mental Health Delivery Plan promotes person centred approaches to care and support and the strengthening of community connections.

The risk is Low.

Approvals	
<i>These will be added once your report has final approval for submission to committee.</i>	Sandra MacLeod (Chief Officer)
<i>These will be added once your report has final approval for submission to committee.</i>	Alex Stephen (Chief Finance Officer)

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# Promoting Good Mental Health

Our Community Mental Health and Wellbeing Delivery Plan **2020-2023**





# Aberdeen City Health & Social Care Partnership

*A caring partnership*

If you require further information about any aspect of this document, please contact:

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# Community Mental Health Delivery Plan & Actions on a Page

OUR VISIONS

**OUR STRATEGIC VISION:** We echo the vision set out in the National Mental Health Strategy 2017 – 2027 “People can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination & Stigma.”

OUR AIMS

**Prevention** - People are supported to enjoy the best possible mental health & Wellbeing

**Self Management** - People who experience poor mental health are supported to self-manage in their communities.

**Recovery** - people who experience mental illness are supported through their recovery

**Dignity & Rights** - Support provided respects the dignity and rights of the individual

**Support for Carers** - Carers of people with poor mental health will be supported to be equal partners

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OUR ACTIONS

Explore the creation of community mental health and wellbeing workers

Improve & promote “Know who to turn to” information for mental health & wellbeing

Promote use of electronic tools to promote wellbeing activities in communities

Work with locality empowerment groups to ensure local needs are addressed

Increase trauma awareness within communities

Improve discharge planning into the community.

Improved engagement & feedback to support Improving services.

Early intervention with young people and Improved transitions moving to adult services

Using information from those with experience to develop services.

Work with partners To review service delivery & resources

Alternative treatment options through digital solutions

Support the role of carers

Promote use of Advanced Statements to improve care and treatment.

Improved patient pathways

Work with partners to showcase local supports



## Foreword

Promoting good mental health and wellbeing is a priority for Aberdeen City Health and Social Care Partnership. Ensuring effective support is available for people to help maintain and recover good mental health will be of key importance if we are to collectively value the contributions that everyone can make to our community regardless of periods of ill-health.

This Delivery Plan sets out our collaborative approach to community mental health and wellbeing in Aberdeen. Ensuring that Health and Social Care professionals, individuals, their families and communities, including organisations which provide mental health support, are all considered as equal partners is vital.

We will work alongside all partner organisations and stakeholders, including close working relationships with other Integration Joint Boards (Aberdeenshire and Moray), Community Planning partners and other services such as Child and Adolescent Mental Health Services and In-Patient and Specialist Services at Royal Cornhill Hospital.

Ensuring that a person-centred approach is at the heart of support to maintain or recover good mental health will involve the efforts of many areas. Co-ordination with colleagues in: Integrated Children's and Family Services, Housing, Community Planning, Primary Care, Police and Fire Services, as well as other Council and NHS Grampian Services in addition to the Third and Independent Sectors will support the maximisation of a truly holistic approach to mental health and wellbeing.

We aim to support people to have the best possible mental health and wellbeing. If people require support this should be delivered where possible in their communities, whilst promoting their rights and respecting their dignity. Our recovery focus values the individual as an expert by experience and aims to provide timely and appropriate support to Carers.

Whilst we cannot ignore that demand for public services is increasing, and resources, whether staffing or financial, are reducing it is important to recognise that when we work together in a person-centred way different opportunities for innovation can present themselves. We collectively hold a number of skills, experiences and knowledge, which when used in the right way, can offer meaningful and valued support to individuals and our community, placing good mental health and wellbeing at the centre.



Sandra MacLeod  
ACHSCP Chief  
Officer

Sandra MacLeod



### 3. Introduction

Promoting good mental health and wellbeing in Aberdeen is a goal we all seek to achieve.

This delivery plan outlines our vision, aims and actions.

Aberdeen City Health and Social Care Partnership (ACHSCP) is responsible for the delivery of Health and Social Care services in Aberdeen City. This joint approach between Aberdeen City Council, NHS Grampian and wider partners holds responsibility for adult community mental health and wellbeing services. More information regarding ACHSCP and the services it provides can be found [here](#).

Mental Health and Wellbeing services are delivered by many partners across Aberdeen City with collaboration a key focus to ensure quality, sustainability and responsiveness are at the centre.

All services provided by ACHSCP are delivered in line with our [Strategic Plan](#). This plan sets out our organisational vision, values and aims.

At the heart of Health and Social Care in Aberdeen are the aims of:

A range of commitments and priorities are clearly identified within this plan, including:

Commitment: Promote positive health and wellbeing

Priority: Develop Mental Health Strategy (Year 1) and deliver on this in future years

This delivery plan seeks to highlight the actions which will be undertaken in order to promote good mental health across Aberdeen City.



Prevention  
Resilience  
Personalisation  
Connections  
Communities

#### Did you know...

The Community Planning Partnership brings together public sector agencies who are working together to deliver improved outcomes for people in Aberdeen.

The Local Outcome Improvement Plan sets out the detail of how improvements will be made, including in relation to mental health.

## 4. Our Strategic Vision

We echo the vision set out in the national Mental Health Strategy 2017-2027 and welcome the ambitious shift in emphasis, placing wider focus on mental health and wellbeing as a matter of broader public interest, not just the remit of health and social care services.

“ people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma ”  
 Mental Health Strategy 2017-2027

### Did you know...

The Distress Brief Intervention supports people presenting in distress to front line services, such as Accident & Emergency or the Police. The aim is to provide a framework for improved inter-agency working and collaboration to provide an effective response to people in distress.

A **Distress Brief Intervention (DBI)** is a time limited and supportive problem-solving contact with an individual in distress. It is a two-level approach.

DBI level 1 is delivered by front line staff and involves a compassionate response, signposting and offer of referral to a DBI level 2 service.

DBI level 2 is provided by trained staff who would see the person within 24-hours of referral and provide community problem solving, support and signposting for a period of up to 14 days. The approach is being initially piloted in five sites across Scotland - Aberdeen City is one of the pilot sites.

Whilst traditional views see the response to mental health and wellbeing as a medical matter, the focus of the national Mental Health Strategy on wider links into statutory services and our communities is one which we aim to follow. The response to mental health and wellbeing need not always be one of a medical nature, improving supports available in communities and across core issues such as employment, welfare and physical health should be valued. Treatment may be the right approach for some people, with a person-centred focus treatment can be delivered in the right place, right time and in the right way to support the recovery journey.

We all have mental health, which can range from good to poor, and can fluctuate over time or due to wider circumstances. Mental health remains a major public health challenge, locally and nationally, despite Aberdeen having higher self-reported mental wellbeing than other parts of Scotland.



There are many factors which affect mental health and wellbeing, including physical health and wellbeing, employment, housing, poverty, adversity & trauma, isolation and personal resilience. People with mental ill-health are known to be more likely to experience poorer physical health and may have reduced family or community connections. We need to think in a more rounded way about how we promote good mental health and wellbeing which, supports a reduction in health inequalities.

Over recent years we have commenced a gradual shift away from providing centralised hospital -based services to develop care and treatment, which is closer to the individual and where possible in their community. We will continue in this shift to ensure the potential within individuals and communities is recognised and valued.

Our strategic approach is built on the core view that people facing mental ill-health or poor mental wellbeing are experts by experience. They are a key partner in the delivery of any support or services they may access. We aim to empower people to build personal resilience, which is crucial for them to thrive and grow. By taking a recovery focus we understand that every individual's experience and journey is unique and the support we offer requires to be flexible over time, in nature and in intensity.

A variety of supports and services will always be required, which includes hospital based or specialist services as well as broader community led supports. These should be delivered by a range of partners, including individuals themselves. Individual responses to their own mental health, including reactions to trauma, will guide the way care and support is provided. Learning from the experiences of individuals, including their experiences of care and support targeted at maintaining or improving mental health and wellbeing, will inform the ways in which services and broader support mechanisms are designed and commissioned.

In line with the Scottish Transforming Psychological Trauma Framework (2017) work is also being undertaken to ensure that services are trauma- informed and that the needs of individuals affected by trauma are recognised and responded to in a way that supports recovery.



## National Mental Health Strategy Action 15

Using new monies from Scottish Government we are developing posts for Psychological Wellbeing Practitioners who will provide guided self-help and group work for mild mental health problems such as stress and low mood.

We expect to have this new workforce in place by the summer 2020. We are also developing support services within Accident & Emergency, the Kittybrewster Custody Suite and HMP Grampian.



Every GP practice in Aberdeen City has a Psychological Therapist who will treat mild-moderate mental health problems such as anxiety and depression. Appointments take place at your GP surgery or at the Health Village

We are developing a local Dementia Plan

Did you know... the partnership website can direct you to a wide range of resources to assist and improve your mental wellbeing. You can find [the website here](#).

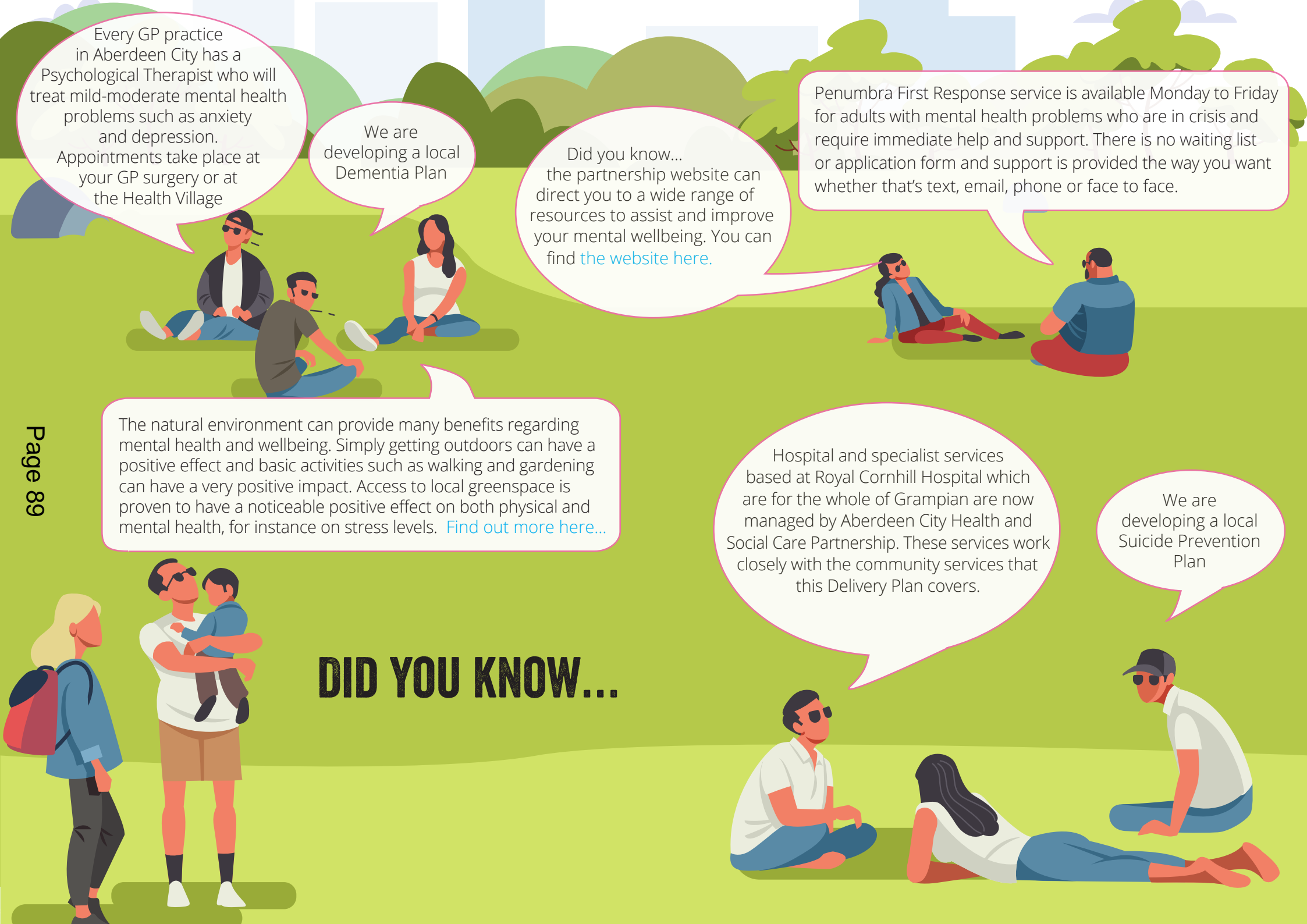
Penumbra First Response service is available Monday to Friday for adults with mental health problems who are in crisis and require immediate help and support. There is no waiting list or application form and support is provided the way you want whether that's text, email, phone or face to face.

The natural environment can provide many benefits regarding mental health and wellbeing. Simply getting outdoors can have a positive effect and basic activities such as walking and gardening can have a very positive impact. Access to local greenspace is proven to have a noticeable positive effect on both physical and mental health, for instance on stress levels. [Find out more here...](#)

Hospital and specialist services based at Royal Cornhill Hospital which are for the whole of Grampian are now managed by Aberdeen City Health and Social Care Partnership. These services work closely with the community services that this Delivery Plan covers.

We are developing a local Suicide Prevention Plan

## DID YOU KNOW...



## Our Partners

The aspiration of promoting good mental health and wellbeing is one which we cannot achieve alone.

A range of partners will be vital to the success of this vision, each bringing varied skills, knowledge, experience and expertise. This broad partnership can only strengthen our collective approach, with all partners valued equally for their contributions.

Viewing people with experience of mental ill-health or poor mental wellbeing as partners is crucial to the successful delivery of support and services. Developing and maintaining strong relationships with experts by experience and wider community groups will be a key focus during the life of this delivery plan.

A variety of methods already exist within Aberdeen City which enable good connections to be made with individuals with experience, their families and other interested parties. The Mental Health Partnership Group have provided valuable insight which has guided the creation of this delivery plan.

A Provider Network of Third and Independent Sector organisations is established in Aberdeen and will enable good relationships to be built and maintained with organisations who provide services and supports.

ACHSCP operates a 3-locality model within Aberdeen City which correlates to the model operated by the Community Planning Partnership. Active citizen led groups already form part of the governance arrangements within localities and the wide reach of such groups will be valuable in ensuring this delivery plan is broadly known and can be achieved within our communities.

Did you know...

Aberdeen City have a carers service specifically for carers of people with mental health problems. They can get specialised help and support as well as having a right to a carers support plan to help them in their caring role.



The Mental Health Partnership Group is an established group made up of representation from Mental Health Care Providers, General Practice, Public Health, Police, Housing, Social Work and Third Sector (such as ACVO and Penumbra).

Did you know...  
all school nurses are undertaking Low Intensity Anxiety Management training as part of our commitment to early intervention

Prevention forms one of the ACHSCP core strategic aims. This, alongside early intervention, personalisation and supported self-management will be the keystones of our approach.

Strong emphasis will rightly be placed on the community ability to actively support the promotion of good mental health and wellbeing. Where possible local communities will be a focus point for any delivery of services to people facing mental ill-health or poor mental wellbeing.

This should support our approach, which seeks to reduce stigma and discrimination and enhance people's ability to live as independently as they choose.



Did you know...

There are various supports available for Children and Young People, ranging from support and awareness raising in Schools through to more specialist support for those with higher needs.

There are projects currently underway through the Local Outcome Improvement Plan (LOIP) which seek to improve and support the mental health of Children and Young People. You can find out more about [Improvement Projects here](#).

Specialist Children and Adolescent Mental Health Services, CAMHs, are one of the services now managed by Aberdeen City Health and Social Care Partnership on behalf of Grampian. You can find out more about [these services here](#).

### Local Outcome Improvement Project

Aberdeen City Health and Social Care Partnership are working to reduce the number of males who commit suicide by increasing the number of people trained in how to talk to someone they think are at risk.

We have rolled out training to taxi drivers, hairdressers, tattoo artists and universities.

## 6. Our Aims and Actions

Our core aims and priority actions can be summarised as follows:

Prevention:

- 1 People are supported to enjoy the best possible mental health and wellbeing.
- Working in partnership to reduce the preventable causes of mental ill-health and providing earlier access to support, which promotes good mental wellbeing.

**Priority Action(s):**

- Explore the creation of community mental health and wellbeing worker
- Work with partners to showcase local supports for mental health and wellbeing, including protective factors which maintain good mental health

Self-management:

- 2 People who experience poor mental health are supported to self-manage in their communities.
- Empowering and supporting individuals to use their own skills and connections to maintain good mental health and wellbeing.

**Priority Action(s):**

- Promote use of electronic and other information tools to tell people about wellbeing activities and groups available within communities
- Work with Locality Empowerment Groups (information/local support) to ensure local needs are addressed as well as possible within resources
- Review & promote existing “know who to turn to’ information on Mental Health and Wellbeing



Recovery:

**3** People who experience mental illness are supported throughout their recovery.

Individuals define their own recovery journey and are supported in this journey where required

**Priority Action(s):**

- Review Discharge Planning to enhance transition between hospital and home/other care settings
- Citizens have access to a clear pathway when accessing multiple services (i.e. people with a more than one condition)

Dignity and Rights:

**4** Support provided respects the dignity and rights of the individual  
 Emphasis is placed on valuing the views and experiences of people in relation to their mental health, whilst seeking to reduce stigma and discrimination

**Priority Action(s):**

- Enhance engagement with individuals and carers to ensure they are equal partners in care
- Embed a human rights approach within mental health supports and services, advancing peer support and the voice of people with lived experience

Support for Carers:

**5** Carers of people with poor mental health will be supported to be equal partners

Carers are actively recognised and valued for the vital role they place in supporting an individual in their recovery

**Priority Action:**

- Recognise, optimise and support the valued role of Carers within MH Services

*A full list of actions for this Delivery Plan are provided in Appendix 1, with more detail regarding how they will be measured and achieved.*

The Mental Health Partnership Group will hold accountability for the Delivery Plan and seek to ensure all actions are progressed and achieved.



## 7. Our Next Steps

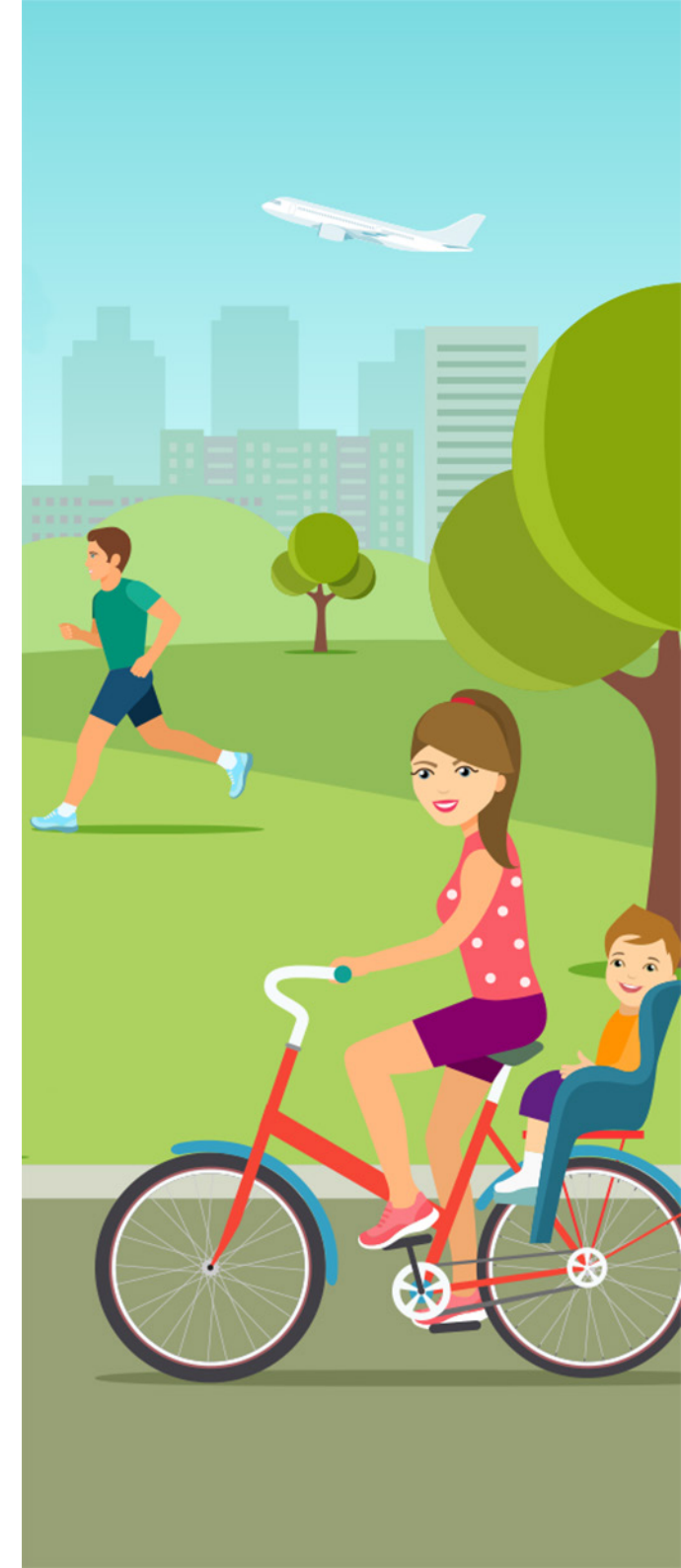
The contributions of a variety of partners will be required to achieve the actions within this delivery plan.

Partners from all areas including Health and Social Care Services, Community Planning organisations, individuals, their families and communities will all play key roles in enabling Aberdeen City to be a place where good community mental health and wellbeing is actively promoted

Innovative solutions will be required to address long-standing and complex issues. The changes we hope to make will not happen right away. But this strategic approach will pave the way for longer term success. It is important to ensure that we all recognise the role we play and our collaborative approach will be one founded on good quality, honest and respectful relationships.

We invite everyone to take an active interest in promoting good mental health and wellbeing, whether this is for themselves, a family member, the community or for wider societal change in Aberdeen.

We will seek to engage in meaningful conversations with a range of partners as we progress through the life of this Delivery Plan. We will report regularly on our progress, both within our own organisational governance channels and into the public sphere, enhancing our collective accountability to achieve the aims outlined and ultimately to promote good mental health and wellbeing in Aberdeen.



ACTION	DATE	HOW WILL WE KNOW IT'S WORKING?	HOW WILL WE ACHIEVE THIS?
1 Explore the creation of community mental health and wellbeing workers	By March 2021	People report improved access to information and appropriate services/support	A working group within the Action 15 Steering Group will consider how this role can be created, funded and delivered, considering other existing projects
2 Promote use of electronic and other information tools to tell people about wellbeing activities and groups available within communities	From 2020	People report improved access to information and appropriate services/support Information will be up to date and comprehensive	Take part and circulate information on the guidance and launch of <a href="#">Scotland's Services Directory</a> . Encourage organisations to use and update these tools
3 Contribute to local Digital & Technology work streams to provide efficient alternative treatment options. ( <a href="#">e.g. NHS Near Me</a> )	From 2021	Alternative treatment options in place to give citizens a degree of choice to meet their needs	Colleagues with a remit for digital to be invited to attend the Mental Health Partnership Group to learn more
4 Jointly with our Partners (i.e. Police, Third Sector, Housing etc) to review service delivery, current resources and future needs	From 2020	Improved planning future shape of services/resources better meeting the need Review complete & recommendations identified	Partners will be invited to join the Mental Health Partnership Group to set out the terms of reference of the review
5 Work with Locality Empowerment Groups (information/local support) to ensure local needs are addressed as well as possible within resources	From 2020	Locality priorities identified and met within resources available	Teams will be aligned to the locality structure and representatives will link into the Locality Engagement Groups

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	ACTION	DATE	HOW WILL WE KNOW IT'S WORKING?	HOW WILL WE ACHIEVE THIS?
6	Establish clear links with Integrated Children's Services partners and plans for children and young people's mental health and wellbeing	From 2020	<p>Transitions are well managed for individuals moving into adulthood</p> <p>Early intervention with young people being supported by Adult Community Mental Health Services</p>	<p>Integrated Children's Services will be represented within the Mental Health Partnership Group</p> <p>'Transitions' workstream is being progressed within the Mental Health and Learning Disability Service</p>
7	Review Discharge Planning to enhance transition between hospital and home/other care settings	By 2021	<p>Transitions will be successful due to good communication &amp; involvement with all parties</p>	<p>A working group will be created including representation from specialist and community mental health settings, including social care and housing</p>
8	Work with partners (including Integrated Children's Services) to increase Trauma Awareness	From 2021	<p>Staff, partner agencies and appropriate members of the community (i.e. Teachers, Taxi Drivers, hairdressers etc) have undertaken Trauma Informed Training</p>	<p>Learn from Integrated Children's Services plan for Trauma Informed Practice Training</p> <p>Undertake a training audit</p>
9	Recognise, optimise and support the valued role of Carers within MH Services	From 2020	<p>Carers feeling listened to and involved in their family members care</p>	<p>Work with existing carers support services and groups (including representatives on the Integration Joint Board) to understand how this can be developed and achieved</p>
10	Enhance engagement with individuals and carers to ensure they are equal partners in care	From 2020	<p>Receive regular feedback and use information to improve services.</p>	<p>Work with existing support services and group (e.g. advocacy and representatives on the Integrated Joint Board) to understand how improvements can be made</p>



ACTION	DATE	HOW WILL WE KNOW IT'S WORKING?	HOW WILL WE ACHIEVE THIS?
<b>11</b> Promote knowledge and use of Advanced Statements to improve care and treatment	From 2020	Percentage increase in recorded Advanced Statements	Provide information/training to staff and partners including people with mental ill-health and their carers
<b>12</b> Review & promote existing "know who to turn to" information on Mental Health and Wellbeing	By March 2021	Increased hits to "Know who to turn to" website Local information will be available	A working group will be established to review current information and will include local innovative supports, such as Man Chat Aberdeen
<b>13</b> Citizens have access to a clear pathway when accessing multiple services (i.e. people with a more than one condition)	From 2021	People report improved coordination between services, including support for people with co-morbidity (i.e. Dual diagnosis)	A working group will be established to ensure the existing pathway is suitable and provide information on the pathway to the public
<b>14</b> Embed a human rights approach within mental health supports and services, advancing peer support and the voice of people with lived experience	From 2020	Services and service developments being influenced and informed to a much greater extent by those with experience.	The Mental Health Partnership Group will invite the Service User and Carer Engagement Officer to form part of the group and to advise on involvement and engagement
<b>15</b> Work with partners to showcase local supports for mental health and wellbeing, including protective factors which maintain good mental health	By March 2021	People report improved access to information and appropriate services/support	A working group will support partners to develop a community event to showcase support in Aberdeen.

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## Appendix 2 **GLOSSARY**

It is important to have a common and shared understanding of what we mean when working together to improve mental health and wellbeing, the following definitions are included for reference.

<b>Outcomes</b>	The end result
<b>Poor mental health</b>	Is when our mental health is not what we would want it to be.
<b>Mental illness</b>	Is a disease that causes mild to severe disturbances in thought and/or behaviour resulting in an inability to cope with life's ordinary demands and routines.
<b>Recovery</b>	Recovery means being able to live a good life, as defined by the person, with or without symptoms.
<b>Wellbeing</b>	The state of being comfortable, healthy, or happy.
<b>Self-management</b>	Taking of responsibility for one's own behaviour and wellbeing.
<b>Stakeholder</b>	A person, group or organisation that has interest or concern.
<b>Prevention</b>	The action of stopping something from happening or arising
<b>Strategic priorities</b>	Are a part of the Core Culture; they are the values aligned with the organisation's Vision and Goals
<b>Health Inequalities</b>	Are the unjust and avoidable differences in people's health across the population and between specific population groups.
<b>Unpaid carer</b>	Is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.
<b>Locality Model</b>	Services are operated in a locally defined boundary area.

## Appendix 3 RELATED POLICY DOCUMENTS

There are several related policies that underpin and reinforce the need for a broad mental health and wellbeing strategy.

These include:

- National Mental Health Strategy
- Self-Directed Support
- Health and Social Care Integration
- National Health and Wellbeing Outcomes
- Adult Support and Protection (Scotland Act 2007)
- Mental Health Act (Care and Treatment) (Scotland) Act 2003
- Adults with Incapacity (Scotland) Act 2000
- National Dementia Strategy
- Realistic Medicine
- Welfare Reform Act 2012
- Equality Act 2010
- Scotland's National Action Plan for Human Rights 2013-2017 (SNAP)
- Carers (Scotland) Act 2016
- A Life Alongside Caring – Carers Strategy
- A'thegither in Aberdeen - Learning Disability Strategy 2018-2023
- Aberdeen Autism Strategy 2019-2022
- Aberdeen City ADP Drug Strategy 2011-2021
- Aberdeen City ADP Alcohol Strategy 2009-2019
- Aberdeen City Health and Social Care Partnership Strategic Plan 2019 - 2022





If you require further information about any aspect of this document, please contact:

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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	24 March 2020
<b>Report Title</b>	Transformation – Decisions Required: Digital & Demand Management
<b>Report Number</b>	HSCP.19.116
<b>Lead Officer</b>	Sandra Ross, Chief Officer
<b>Report Author Details</b>	Gail Woodcock Lead Transformation Manager gwoodcock@aberdeencity.gov.uk
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	Yes
<b>Appendices</b>	<ul style="list-style-type: none"> <li>a. Care Management Electronic Monitoring System Business Case (confidential)</li> <li>b. Care Management Electronic Monitoring System Direction to ACC</li> <li>c. Adult Vaccination Business Case</li> <li>d. Adult Vaccinations Direction to NHSG</li> </ul>

### 1. Purpose of the Report

- 1.1. The purpose of this report is to request approval from the IJB to incur expenditure, and for the Board to make a Direction to Aberdeen City Council and NHSG in relation to projects that sit within the Partnership's Data and Digital, and Demand Management Programmes of Transformation.

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board (IJB):
- a) Approve the expenditure, as set out in Appendix A, relating to the Care Management Electronic Monitoring System project, and make



## INTEGRATION JOINT BOARD

the Direction relating to this project as per Appendix B and instruct the Chief Officer to issue this direction to Aberdeen City Council.

- b) Approve the expenditure, as set out in Appendix C, relating to the transfer of Adult Vaccinations from General Practice, and make the Direction relating to this project as per Appendix D and instruct the Chief Officer to issue this Direction to NHS Grampian.

### 3. Summary of Key Information

#### Background

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

#### Care Management Electronic Monitoring System

- 3.4. The contract for the digital system that is in place on behalf of the partnership to support several business processes and functions relating to the commissioning of care at home for adult services is due to come to an end in April 2020.
- 3.5. An evaluation of options for the continuation of these functions following this date has been undertaken. The evaluation also covers how potential solutions will support the partnership's new strategic direction for the care and support at home model in the city (agreed by IJB in December 2019).
- 3.6. These options are as set out and evaluated in the Business Case at Appendix A. The business case concludes that the preferred option is to extend the existing contract with direct award for one year. This will provide





## INTEGRATION JOINT BOARD

time for a full assessment of a preferred approach to align with the new care model.

### Transfer of Adult Vaccinations from General Practice

- 3.7. As part of the Primary Care Improvement Plan and the new GMC contract, there is a requirement to transfer the provision of vaccinations from general practice to community provision.
- 3.8. These vaccinations include vaccinations which are delivered to the adult population, including flu, pneumococcal, and shingles vaccinations.
- 3.9. Discussions have been ongoing with a range of stakeholders and in the medium term there is an ambition to link the delivery of adult vaccinations in with our Community Treatment and Care Services, plans for which are still underway. In the meantime, in order to facilitate transfer of these services from General Practice, and to learn more about what the demands of this service are, plans have been developed to shift the delivery of adult vaccinations to community immunisation nursing provision, while still working closely with GP practices. Where possible, the immunisations will be carried out in practices; and support such as reception and fridge provision will be provided by practices in the coming year.
- 3.10. The business case attached at appendix C sets out an interim plan to transfer adult vaccination delivery mainly within GP practices, while the future longer-term plans continue to be developed.
- 3.11. The business case identifies a range of costs, which will be refined as various variables are confirmed. The IJB is asked to approve the maximum cost, noting that only the actual required resources would be utilised, and updates will be provided through the Risk, Audit and Performance committee.

## **4. Implications for IJB**

### **4.1. Equalities**

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

The transfer of adult vaccinations may support greater focus on target groups to encourage uptake.



## INTEGRATION JOINT BOARD

### 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.

The transfer of adult vaccinations may support greater focus on target groups to encourage uptake.

### 4.3. Financial

The recommendations in this report will result in financial expenditure from existing core budgets. Full details of the financial implications are in the associated business cases.

### 4.4 Workforce

The transfer of adult vaccinations will require the recruitment of a number of staff, including significant numbers at peak times, such as in preparation for the flu vaccination period. It is anticipated that these staff will be recruited with annualised hours contracts as well as being sourced through existing Bank staff.

### 4.5 Legal

It is intended that the existing contract for the electronic system will be extended with a direct award for one year. The partnership has a legal exemption from full market appraisal as per regulations which mean that it can issue a direct award to the existing supplier.

### 4.6 Other - NA

## 5. Links to ACHSCP Strategic Plan

- 5.1. The recommendations in this report link to our work to transform care at home and align to the Prevention aim in the Strategic Plan.

## 6. Management of Risk

### 6.1. Identified risks(s)

Risks relating to the Transformation Programme are managed throughout the transformation development and implementation processes. The



## INTEGRATION JOINT BOARD

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

The main risk relates to not achieving the transformation that we aspire to which in turn impacts on the Integration Joint Board's ability to deliver the strategic plan and to sustain the delivery of our statutory services within the funding available

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



This report links to the following two risks on the Strategic Risk Register.

Risk 9. Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system

Risk 2. There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and project an overspend

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

The report seeks approval to progress a number of projects which will directly positively contribute to mitigating these risks.

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

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## INTEGRATION JOINT BOARD

### DIRECTION

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

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

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

**Related Report Number:- HSCP19116**

**Approval from IJB received on:- 24<sup>th</sup> March 2020**

**Description of services/functions: -**

Direct award to Hass technologies to extend their current contract for one year for the provision CM2000 the current digital system which supports several business processes and functions.

**Reference to the integration scheme:- Annex 2, Part 2 – Support services**

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

**Timescales involved:-**

Start date:- 10.04.2020

End date:- 10.04.2021

**Associated Budget:- S60501 58199**

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



Details of funding source:-

Number of Service Users	1,100			
Number of providers	12			
Number of Concurrent Licences	35			
<b>Module</b>	Cost Per Unit	Cost Type	Volume required	
CM Mobile - monitoring costs/AURA Landline Costs	£5.30	recurring	1,100	£5,830.00
CallConfirmLive! User Licences	£110.00	recurring	35	£3,850.00
Fully Hosted Database Server Rental Support & Maintenance	£750.00	recurring	1	£750.00
CMBI - Business Intelligence reporting software	£500.00	recurring	1	£500.00
Commissioner Portal - Access for private providers and Council Staff	£40.00	recurring	35	£1,400.00
Lone Worker Protection	£5.00	recurring	252	£1,260.00
<b>Total</b>				<b>£13,590.00</b>
				<i>£163,080.00</i>

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





# Business Case

<b>Project Name</b>	Resourcing of Adult Immunisations Service	<b>Date</b>	17/02/2020
<b>Author</b>	S McNamee	<b>Version</b>	1.2

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# Business Case

## 1. Business Need

### Current position:

Adult immunisations are conducted in GP Practices across the city. In fulfilment of undertakings given in the Memorandum of Understanding underpinning the introduction of the new GP contract and as part of the Primary Care Improvement Plan (PCIP) this work will transfer under the responsibility of Aberdeen City Health and Social Care Partnership.

Adult immunisations cover the following:

- Shingles Cohort – (70yrs+ only)
- Annual PPV (pneumococcal) Cohort – (65yrs+ only)
- Flu Cohort – (65yrs+ only)
- Flu 'At Risk' Cohort - (all ages)

This is a like-for-like request for continuing service delivery. Analysis of current delivery activity has been completed and informs the staff modelling and resource request within this business case.

## 2. Objectives

Key objectives are to:

- Improve uptake of seasonal flu vaccination through addressing the delivery pressures of this programme
- Maintain or improve immunisation rates for Shingles and Pneumococcal immunisations
- Establish an adequate resource base to facilitate negotiation of transfer of responsibility for adult vaccinations to a Partnership vaccination team – meet current and projected demand

## 3. Options Appraisal

### 3.1 Option 1 – Do Nothing / Do Minimum

<b>Description</b>	Do nothing
<b>Expected Costs</b>	No additional costs to Partnership
<b>Risks Specific to this Option</b>	We would be in breach of MoU commitments and not aligned to our commitments given to delivery of PCIP.



## Business Case

<b>Advantages &amp; Disadvantages</b>	<p><b>Advantages</b></p> <p>Finances could be deployed to other aspects of PCIP</p> <p><b>Disadvantages</b></p> <p>Reputational damage for Partnership with Scottish Government and GP Local Medical Council</p> <p>Cessation of all vaccinations for Adults within Aberdeen City when GPs withdraw support for this.</p>
<b>Other Points</b>	This is not a viable option

<b>3.2 Option 2 – Provide Funding for Adult Vaccinations at current level</b>	
<b>Description</b>	Mainstream funding for vaccinations team to be put in place at current levels of resourcing to be funded from Primary Care Improvement Fund.
<b>Expected Costs</b>	As per section 6.1. Note that the costs indicate a maximum and minimum which relates to current unknowns. As further modelling work is completed the costs will be amended appropriately – only the minimum required resources will be used.
<b>Risks Specific to this Option</b>	Possibility of recruitment challenges for what may be seen as a task orientated (though specialist) role.
<b>Advantages &amp; Disadvantages</b>	<b>Advantages</b> Continuity in availability of adults to access vaccinations when GPs withdraw from delivery at end of 3 year PCIP implementation period.
<b>Other Points</b>	Preferred Option This option will be put in place for 2020/21 while further work on CTACs is progressed and learning used to inform future plans. The business case will be refined for 21/22 onwards, however ongoing funding (refined) will be required.

Add more option boxes as required.



## Business Case

### 3.3 Scoring of Options Against Objectives

Objectives	Options Scoring Against Objectives		
	Option 1	Option 2	Option 3
Improve uptake of seasonal flu vaccination through addressing the delivery pressures of this programme	-1	3	
Maintain or improve immunisation rates for Shingles and Pneumococcal immunisations	-1	3	
Establish an adequate resource base to facilitate negotiation of transfer of responsibility for adult vaccinations to a Partnership vaccination team – meet current and projected demand	-1	3	
<b>Total</b>	<b>-3</b>	<b>9</b>	

#### Scoring

Fully Delivers = 3; Mostly Delivers = 2; Delivers to a Limited Extent = 1; Does not Deliver = 0; Will have a negative impact on objective = -1



## Business Case

### 3.4 Recommendation

It is recommended that Option 2 is progressed. As it provides a sustainable staffing structure to meet current and predicted future demand levels.

### 4. Scope

Provision of funding for a Vaccinations Team for Aberdeen City.

### 4.1 Out of Scope

Provision of a Vaccinations Team for other areas of NHS Grampian.



# Business Case

## 5. Benefits

### 5.1 Citizen Benefits

Benefit	Measures	Source	Baseline	Expected Benefit	Expected Date	Measure Frequency
Improved adherence to the immunisation schedule for adults	Uptake of adult and 'at risk' immunisations	ISD		Increased uptake	30/09/2020	Annually
Improved uptake of immunisations will improve herd immunity in all areas and reduce the risk of outbreaks of vaccine preventable disease	Uptake of adult and 'at risk' immunisations	ISD		Increased uptake	30/09/2020	Annually
Citizens may have continued confidence in getting immunisations as per the schedule – reduces risk of complaints.	Uptake of adult and 'at risk' immunisations	ISD		Increased uptake	30/09/2020	Annually

### 5.2 Staff /service/organisation Benefits



## Business Case

Benefit	Measures	Source	Baseline	Expected Benefit	Expected Date	Measure Frequency
Puts a more effective and sustainable arrangement in place optimising delivery and recording of adult immunisations to achieve improved uptake in the population.	Uptake of immunisations per population	ISD		Increased uptake	30/09/2020	Annually
Providing assurance of a more stable, available and trained workforce.	Able to manage adult vaccinations as per schedule.	ISD		Achieve targets	30/09/2020	Annually
Increased support for vaccination team through VTP management.	Staff will become immunisation experts who are up to date with relevant researched based evidence.	VTP		More informed staff.	30/09/2020	Annually
More flexible workforce to meet the need of the service.	Annualised hours for seasonal vaccinations will allow staff to work additional hours over the flu period. Flu programme will be delivered.	ISD		Achieve targets	31/03/2021	Annually





## Business Case

### 6. Costs

6.1 Project				
	(£'000)	2020/21	2021/22	Ongoing
<b>Staffing &amp; Service Resources</b>				
Band 6 Nurse Coordinator		51,794	51,794	51,794
Band 5 Nurse 9.33 WTE (year one as includes shingles and pneumococcal outstanding), 5.29WTE thereafter		388,379	220,206	220,206
Band 4 Administrator		32,601	32,601	32,601
Band 2 Administrator 9.33 WTE year 1, 5.29WTE recurring*		249,930	141,707	141,707
Disposables and stationery		7200	7200	7200
Equipment, gloves, syringes etc		6500	6500	6500
Laptops x 7		8400	-	-
Fridges x 60**		30,000	-	-
Mobile Phones x 7 standard handsets (for additional staff)		581	-	-
Training Costs				
	<b>Total</b>	<b>775,385</b>	<b>460,008</b>	<b>460,008</b>
	<b>Total without fridges or receptionist cover</b>	<b>495,455</b>	<b>318,301</b>	<b>318,301</b>

\*Costs may be reduced if receptionist available within premises

\*\*Costs may be reduced if permission obtained to use GP fridges. Assumes cost of £500 per fridge

Actual total likely to be between higher and lower total costs.

Note: Business case will be refined based on learning from 2020/21 for 2021/22 onwards – this will include associated refinement of resource requirements.

Resource made available will relate to actual costs required to deliver service.

### 7. Procurement Approach



## Business Case

N/A

### 8. State Aid Implications

N/A

### 9. Equalities Impact Assessment

Positive impact on citizens within some of the 9 protected characteristics (e.g. ethnicity, learning disability/difficulty) as immunisation nurses will have more time to explain the vaccination programme and confirm previous immunisation history during delivery of the immunisation programme.

Positive impact –Immunisation Nurses will have more time to follow up ‘At Risk’ individuals who miss appointments, explain the programme to them and provide an additional opportunity for vaccination.

### 10. Key Risks

Description	Mitigation
Inability to recruit nurses and retain them	Existing bank nurses
Time to recruit and train nurses	Explain project to SMOC to speed up vacancy control.
Availability of sufficient staff to mentor nurses on the training programme	Vaccination Programme Manager will support if required.

### 11. Time

#### 11.1 Time Constraints & Aspirations

Takes approx. 3 months to recruit nurses and train them to deliver the immunisations

#### 11.2 Key Milestones

Description	Target Date
Clarify whether GP practices can offer space and reception/ admin support/ can pull off data about under 65s/ if practice fridges can be used with LMC	March 2020



## Business Case

If yes to above carry out survey of available locations in existing GP premises, review against availability of partnership premises and confirm location plan	April 2020
Band 6 coordinator (higher duties one year duration) in post	April 2020
Recruitment of additional nurses and admin staff	June 2020
Induction and training of additional nurses and admin staff	July 2020
Commencement of flu vaccinations	October 2020

### 12. Governance

Discussed at Primary Care Improvement Group 3/3/20  
 Supported by Grampian Vaccination Transformation Group 4/3/20  
 Approved through Executive Programme Board 11/3/20.  
 To be considered by IJB 24/3/20.

Role	Name
<b>Project Sponsor</b>	Gail Woodcock, Lead Transformation Manager
<b>Programme Manager</b>	Katrina Morrison, Vaccination Programme Manager
<b>Project Manager</b>	Jo Hall, Transformation Programme Manager
<b>Other Project Roles</b>	Lead Nurse, Nursing Service Managers PSD – provide relevant up to date paperwork. Scottish Immunisation Recording Systems (SIRS) – update immunisation records.

### 13. Resources

Task	Responsible Service/Team	Start Date	End Date
Corporate Public Health	e-modules for immunisation training		
Vaccination Programme Manager	Support recruitment & management		
Administrative support manager	Support recruitment & management		



## Business Case

Lead Nurse	Communicate relevant information to immunisation team.		

### 14. Environmental Management

N/A

### 15. Stakeholders

**GP's/primary care** – will have a vested interest in the health of the community.  
**CPHM** (on behalf of NHS Grampian's DPH)-requires to see consistent immunisation uptake of immunisations in the Aberdeen population for herd immunity.  
**Scottish Government**- requires implementation of the VTP and maintenance of immunisation uptakes at or above target levels.  
**H&SCP** – risk management

### 16. Assumptions

Assumption that this project will make a difference and achieve its objectives as directed by the Scottish Government.

Assumption that if the resource is not allocated to provide same level of immunisations currently administered in General Practice that we will not have the capacity to cope with any additional immunisation work load generated by increased uptake which may lead to staff sickness, resignation and put the public's health at risk.

### 17. Dependencies

The timely delivery of the national Immunisation Transformation Programme.

### 18. Constraints

N/A

### 19. ICT Hardware, Software or Network infrastructure

Description of change to Hardware, Software or Network Infrastructure	EA Approval Required?	Date Approval Received
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## Business Case

None		

### 20. Support Services Consulted

Service	Name	Sections Checked / Contributed	Their Comments	Date
Finance	G Parkin			

### 21. Document Revision History

Version	Reason	By	Date
V1.0	Initial Draft for consultation	S McNamee	17/02/2020
V1.1	Revised draft following feedback from PCIP	G Woodcock	3/3/20
V1.2	Revised following Executive Programme Board	G Woodcock	11/3/20



**INTEGRATION JOINT BOARD**

**DIRECTION**

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

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

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

**Related Report Number:- HSCP19116**

**Approval from IJB received on:-** 24<sup>th</sup> March 2020

**Description of services/functions:-** Mainstream funding for vaccinations team to be put in place at current levels of resourcing to be funded from Primary Care Improvement Fund.

**Reference to the integration scheme:-** Annex 2, Part 2 – Support services

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

**Timescales involved:-**

Start date:- 01.04.20

End date:- Ongoing

**Associated Budget:- Primary Care Improvement Fund**

Details of funding source:-

1. Project	(£'000)	2020/21	2021/22	Ongoing
<b>Staffing &amp; Service Resources</b>				
Band 6 Nurse Coordinator		51,794	51,794	51,794
Band 5 Nurse 9.33 WTE (year one as includes shingles and pneumococcal outstanding),		388,379	220,206	220,206

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



5.29WTE thereafter			
Band 4 Administrator	32,601	32,601	32,601
Band 2 Administrator 9.33 WTE year 1, 5.29WTE recurring*	249,930	141,707	141,707
Disposables and stationery	7200	7200	7200
Equipment, gloves, syringes etc	6500	6500	6500
Laptops x 7	8400	-	-
Fridges x 60**	30,000	-	-
Mobile Phones x 7 standard handsets (for additional staff)	581	-	-
Training Costs			
<b>Total</b>	<b>775,385</b>	<b>460,008</b>	<b>460,008</b>
<b>Total without fridges or receptionist cover</b>	<b>495,455</b>	<b>318,301</b>	<b>318,301</b>

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