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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board

Town House,
ABERDEEN 2 June 2020

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Virtual - Remote Meeting on TUESDAY, 9 JUNE 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 12 May 2020 (Pages 5 - 10)

5 Business Planner (Pages 11 - 14)

CHIEF OFFICER REPORT

- 6 Recovery: Operation Home First - HSCP20.007 (Pages 15 - 22)
- 7 Aberdeen City Primary Care Update - HSCP20.008 (Pages 23 - 32)

GOVERNANCE

- 8 Grant to Independent Sector Organisation - HSCP20.002 (Pages 33 - 42)
- 9 Service User Representative on IJB - HSCP20.006 (Pages 43 - 46)

PERFORMANCE AND FINANCE

- 10 National Principles for Sustainability Payments to Social Care Providers during Covid19 - HSCP20.004 (Pages 47 - 56)
- 11 Finance Report - to follow
- 12 External Audit Final Report 2019/2020 - HSCP20.010 - to follow
- 13 Audited Final Accounts 2019/20 - HSCP20.009 - to follow
- 14 Mobilisation Report - to follow

ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE

- 15 2020/21 Supplementary Procurement Work Plan - HSCP20.001 (Pages 57 - 76)

DATE OF NEXT MEETING

- 16 IJB Meeting - Tuesday 8 September 2020 at 10.00am

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

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, 12 May 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, Dr Howard Gemmell, Dr Caroline Howarth, Jenny Gibb, Maggie Hepburn, Alison Murray, Shona McFarlane, Chris Littlejohn, Dr Malcolm Metcalfe, Graeme Simpson, Sandra MacLeod and Alex Stephen.

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

Apologies:- Angela Scott (Chief Executive)

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.

INTRODUCTION

1. The Chair welcomed all Members and Officers to the meeting and advised that a short private presentation would follow on conclusion of the meeting.

The Chair updated members on the continuing communication plan and constant review of both communications and requirement to update members in a timely manner. The Board heard that the Chair and Vice-Chair now participated in a weekly update meeting with the Chief Officer, Chief Finance Officer and other Leadership Team members as required.

DECLARATIONS OF INTEREST

2. There were no declarations.

EXEMPT BUSINESS

3. There was no Exempt Business.

INTEGRATION JOINT BOARD

12 May 2020

MINUTE OF BOARD MEETING OF 24 MARCH 2020

4. The Board had before it the draft minute of its previous meeting.

The Board resolved :-

to approve the minute as a correct record.

RESUMPTION OF CLINICAL CARE GOVERNANCE COMMITTEE MEETINGS

5. The Board heard that further to the decision taken on 24 March 2020 to suspend meetings of both the Risk, Audit and Performance Committee (RAPC) and the Clinical Care Governance Committee (CCGC), it had proven appropriate to consider reconvening this business. At the request of the Chair of the CCG it had been suggested that extra-ordinary reports should be forwarded to the Committee for their awareness and to maintain assurance.

The Board resolved :-

- (i) to convene Extra-Ordinary meetings of the Clinical Care Governance Committee as required;
- (ii) to remind all Members that they may attend any meeting of any subordinate Committee as observers; and
- (iii) to provide interim delegated authority to the Chief Officer, ACHSCP, in addition to the Chair of the Clinical Care Governance Committee, to call any Extra-Ordinary meeting.

ANNUAL GOVERNANCE STATEMENT - HSCP19.125

6. The Board had before it a report from the Chief Finance Officer, ACHSCP which intended to provide assurance in relation to the governance arrangements and control environment.

The report recommended:-

that the Board comment on and approve the draft annual governance statement, as set out in appendix 1.

The Board resolved :-

to approve the recommendations.

INTEGRATION JOINT BOARD
12 May 2020

UN-AUDITED ACCOUNTS 2019/20- HSCP19.124

7. The Board had before it a report from the Chief Finance Officer, ACHSCP to allow the Integration Joint Board (IJB) to review and comment on the unaudited final accounts for 2019/20.

The report recommended:-

that the Board consider and comment on the Unaudited Accounts for 2019/20.

The Board heard of the changing landscape and its impact on the finances which were still being finalised. These works were being taken against an ever changing environment where uncertainty still existed on full demand and costs, together with Scottish Government amendments still to be confirmed.

The Board heard that a previous assumption on the full use of the ACHSCP reserves had since been averted and that the accounts were in a stronger position than the earlier plan.

The Board participated in discussion with the Chief Finance Officer and offered enhancements to the presented report.

The Board resolved :-

- (i) to approve the recommendations; and
- (ii) to instruct the Chief Finance Officer to introduce the comments provided by members into the document.

FINANCIAL MONITORING MARCH 2020 - HSCP19.126

8. The Board had before it a report from the Chief Finance Officer, ACHSCP which summarised the current year revenue budget performance for the services within the remit of the Integration Joint Board as at Period 12, end of March 2020, and advised on any areas of risk and management action relating to the revenue budget performance of the IJB services.

The report recommended:-

that the Board –

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

The Board participated in discussion with the Chief Finance Officer and offered enhancements to the presented report.

INTEGRATION JOINT BOARD
12 May 2020

The Board resolved :-

- (i) to approve the recommendations; and
- (ii) to instruct the Chief Finance Officer to introduce the comments provided by members into the document.

IJB WORKSHOP - TUESDAY 2 JUNE 2020 AT 9.00AM

9. The Board heard that a Workshop would be held on 2 June 2020 to discuss the opportunities and challenges of the future return to business of the ACHSCP, post Covid-19 lockdown arrangements.

The Board resolved:-

to note the details.

IJB MEETING - TUESDAY 25 JUNE 2020 AT 10.00AM

10. The Board heard that whilst the next approved meeting date was 25 June 2020, this may be subject to change to allow presentation of Audited Finance Reports for approval by the Board.

The Board resolved:-

to note the update.

- COUNCILLOR SARAH DUNCAN, Chairperson

INTEGRATION JOINT BOARD
12 May 2020

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	A	B	C	D	E	F	G	H	I	J
1	INTEGRATION JOINT BOARD BUSINESS PLANNER The Business Planner details the reports which have been instructed by the Committee as well as reports which the Functions expect to be submitting for the calendar year.									
2	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/ Status (RAG)	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
3	09 June 2020									
4	24.03.2020	IJB Standing Orders Amendment	The Board resolved :- (i) to approve the recommendations; and (ii) to cancel meetings of the Risk Audit and Performance Committee and the Clinical Care Governance Committee until further notice.	HSCP.19.122	Jess Anderson	ACC Legal	ACHSCP		D	For Review
5	24.03.2020	Business Planner	The Board resolved :- (i) to instruct the Chief Officer to update the Business Planner as necessary and to focus on Urgent/Emergency business only; (ii) to continue to submit Service Updates as appropriate; and (iii) to note the revised business planner.	n/a	Derek Jamieson	Committee Services	ACHSCP			For Discussion and Review
6	24.03.2020	Grampian-wide Strategic Framework for Mental Health and Learning Disability Service 2020-2025	The report recommended :- that the Board – a) approve the Grampian-wide Strategic Framework for Mental Health and Learning Disability (MHL) 2020-2025 [appendix a]; b) note Aberdeen City Health and Social Care Partnership (ACHSCP), Aberdeenshire HSCP (ASHSCP) and Moray HSCP (MHSCP) plan to refresh their respective Mental Health and Learning Disability Strategy/(ies) for community-based services in 2022; c) instruct the Chief Officer to report back on the Performance Framework and Programme Transformation Plan to Aberdeen City IJB on the 25 June 2020, Aberdeenshire IJB on 24 June and Moray IJB on 26 June to provide assurance of detailed plans for service redesign, timelines and measures to monitor progress and sustainability.	HSCP.19.108	Kay Dunn	Planning Manager Lead	ACHSCP		D	For Review
7	29.05.2020	Recovery Plan	Chief Officer to present report on Operation Home First	HSCP.20.007	Gail Woodcock	Transformation Lead	ACHSCP			
8	29.05.2020	External Auditor Report			Michael Wilkie	KPMG				
9	29.05.2020	Audited Accounts			Alex Stephen	Chief Finance Officer	ACHSCP			
10	29.05.2020	Mobilisation Framework			Alex Stephen	Chief Finance Officer	ACHSCP			
11	29.05.2020	Grant Report		HSCP20.002	Anne McKenzie	Chief Commissioning Lead	ACHSCP			
12	29.05.2020	Supplementary Work Plan		HSCP20.001	Jean Stewart-Coxon	Strategic Procurement Manager	ACHSCP			
13	29.05.2020	National Principles for Sustainability Payments to Social Care Providers during Covid19		HSCP20.004	Martin Allan	Business Lead	ACHSCP			
14	29.05.2020	Service Users Representative Report		HSCP20.006	Alison Macleod	Strategy and Performance Lead	ACHSCP			
15	FOR FUTURE REPORTING									
16	04.09.2019	Market Facilitation Update	Co-Vid-19 measures delay from 24/03/20	HSCP19114	Anne McKenzie	Commissioning Lead	ACHSCP	Candidate for August	D	
17	13.01.2020	Carers Expense Policy	Co-Vid-19 measures delay from 24/03/20	HSCP19118	Alison MacLeod	Performance Lead	ACHSCP	Candidate for August	D	
18	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	Candidate for August	D	CoVid-19 measures : IJB have had sight of risks recently -delay
19	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
20	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	Candidate for August	D	CoVid-19 measures: consider Service Update or report to RAPC

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	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/ Status (RAG)	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
2										
21	Standing Item	Strategic Risk Register	Bi-Annual - January and June		Martin Allan	Business Lead	ACHSCP	Candidate for August	D	
22	19.11.19	Training and Development Plan for IJB			Martin Allan	Business Lead	ACHSCP	Candidate for September	D	
23	Standing Item	Annual Update Autism & Learning Disabilities	IJB 20200128 - move to June 2020		Kevin Dawson	Learning Disabilities Lead	ACHSCP	Candidate for September	D	
24	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	Candidate for September	D	
25	04.09.2019	Immunisations	Following comment at IJB on 03.09.2019, future reporting requested		Gail Woodcock	Transformation Lead	ACHSCP	Candidate for September	D	
26	Standing Item	Review of Scheme of Integration	Annual review. IJB 20200128 move to June 2020		Jess Anderson	Chief Officer - Governance	ACC	Candidate for December	D	
27	19.11.2019	Review of Governance (ACC)	On 19.11.2019, the IJB resolved to note that Aberdeen City Council is currently reviewing its Scheme of Governance. A report on this will be submitted to Council on 2 March 2020. Council Officers will evaluate these changes and inform the IJB of any changes that will impact the business of the ACHSCP or the IJB and its sub-committees. This update will be brought to the IJB meeting immediately following the March 2020 Council meeting. IJB 28.01.20 - can be heard in June 2020		Fraser Bell	Chief Officer - Governance	ACC	Candidate for August	D	
28	19.11.2019	Local Survey	On 19.11.2019, the IJB resolved to instruct the Chief Officer to bring forward a further report following publication of the results of the current national survey which are expected in April 2020 along with details of actions undertaken to address those areas of the survey which would benefit from improvement. This report will come to the June meeting of the IJB.		Alison MacLeod	Performance Lead	ACHSCP	Candidate for September	D	
29	11.11.2019	Livingwell with Dementia			Alison MacLeod	Performance Lead	ACHSCP	Candidate for December	D	
30	Standing Item	Annual Report on Alcohol and Drug Partnership	IJB 20200128 - moved to June 2020		Simon Rayner	Alcohol & Drug Lead	ACHSCP	Candidate for September	D	CoVid-19 measures : Report to next CCG then to IJB in September
31	30.09.2019	Social Care – Self-directed support: Transformational Funding 2019-21 and Reporting on Impact and Learning	To be reported to 23.06.20 meeting from PreAgenda on 29.01.20, then IJB on 11.02.20		Alison MacLeod	Performance Lead	ACHSCP		T	Going as Service Update March 2020
32	11.12.2018	Autism Strategy and Action Plan	IJB 11.12.18 Article 13 - The Board noted that progress reports on the implementation of the above would be provided annually, with updates to the Clinical Care and Governance Committee in the interim. Suggested April 2020, then To be reported to 23.06.20 meeting and combined with Annual Update (from PreAgenda on 29.01.20 and IJB on 11.02.20).		Kevin Dawson	Learning Disabilities Lead	ACHSCP		T	To be reported to 23.06.20 meeting and combined with Annual Update (from PreAgenda on 29.01.20) ; CoVid-19 measures : Report to CCG then Service Update to IJB
33	11.06.2019	MSG Self Evaluation for the Review of progress with Integration of Health and Social Care	IJB 11.06.2019 - Instructed the Chief Officer to provide an update on progress on delivery of the actions in March 2020. IJB 20200128 Move to June 2020	HSCP19120	Alison MacLeod	Performance Lead	ACHSCP	Candidate for September	D	CoVid-19 measures : Service Update to RAPC
34	08 September 2020									
35	Standing Item	Annual Report	The purpose of this report is to obtain IJB approval of the partnership's annual performance report for 2019-20 and its agreement that the approved report should be published and also presented to Aberdeen City Council and NHS Grampian for their information.		Alison MacLeod	Performance Lead	ACHSCP			
36	Standing Item	MSG & National Performance Report	Included within Annual Report	included within Annual Report	Alison MacLeod	Performance Lead	ACHSCP			
37	Standing Item	Winter Plan	The Aberdeen City Health and Social Care Partnership is required to develop a "Winter Plan" each year to reflect arrangements to support activity over the winter period. The draft Winter Plan before the IJB for period 2019/20 is contained in Appendix One to this report.		Jason Nicol	SOARs Lead	ACHSCP			

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2										
	22.01.2020	Update on Tasking & Coordinating Group Activity within ADP	On 21.01.2020, from the Update on the Alcohol and Drug Partnership Delivery Plan and Investment - HSCP.19.087, the Board resolved :- (i)to approve the recommendations, (ii)to note the creation of a Tasking and Coordinating Group (TCG) to expedite the required spending, and (iii)to instruct the Chief Officer to report on the status of the TCG activities to IJB on 8 September 2020.		Simon Rayner	Alcohol & Drug Lead	ACHSCP			
38										
39	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			
40	01 December 2020									
41	19.11.2019	Localities - Reshaping Community Services	On 19.11.2019, the IJB resolved (vi) to instruct the Chief Officer, to report back on the progress towards integrated locality working, on 1 December 2020.		Gail Woodcock	Transformation Lead	ACHSCP			
42										
43	29.01.2020	Mental Health Delivery Plan	CoVid-19 measures : moved from 24/03/20 to 01/12/20	HSCP19113	Kevin D / Jenny Rae	Mental Health Lead	ACHSCP		T	
44	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			

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INTEGRATION JOINT BOARD

Date of Meeting	9 June 2020
Report Title	Recovery: Operation Home First
Report Number	HSCP.20.007
Lead Officer	Sandra Ross, Chief Officer
Report Author Details	Gail Woodcock Lead Transformation Manager gwoodcock@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	

1. Purpose of the Report

- 1.1. The purpose of this report is to provide an overview to the Integration Joint Board (IJB) on the current progress towards recovery from our Covid-19 response stage along with the current priorities.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board (IJB):
- a) Note the approach and priorities around the current stage of response and recovery.
 - b) Note that a further report will come to future Risk, Audit and Performance Committees and Integration Joint Board meetings providing progress on Operation Home First and information about our next stage priorities in our recovery progress.



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3. Summary of Key Information

Background

- 3.1. The Covid-19 virus reached pandemic stage in March this year. The local response to this included a number of focussed activities which aimed to both reduce the risk of virus transmission across our staff and citizens and ensure that our health and social care systems were positioned to manage the predicted increase in demand.
- 3.2. The initial peak activity of the virus (in terms of virus spread and hospital usage) is now recognised to have passed, although it is important to stress that many of the health and social care partnership services are still in or approaching peak activity. In particular this would apply to our social care services as well as our mental health services.
- 3.3. As the lockdown restrictions start to be eased in a gradual manner (Scotland announced a move to phase 1 on Thursday 28th May), it is recognised that the impact of these changes may result in additional peaks, and potentially new staff shortages as a result of the test and protect phase.
- 3.4. It is anticipated that we will require to live with Covid-19 for a considerable period, which will require having systems and processes that both ensure that our staff and citizens continue to be protected, while seeking to maintain health and care services that are needed across the Aberdeen population.

Creating the environment where positive changes can be maintained: Operation Home First

- 3.5. It is clear that Covid-19 has created many challenges and unfortunately many, many sad outcomes. However, the need to respond, at pace, to minimise negative impact has enabled the fast-tracking of many of the plans that had previously been developing in line with our strategic plan.
- 3.6. For example, the use of remote digital systems to enable staff to work at home, and clinicians to conduct patient consultations. Aberdeen City Health



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and Social Care Partnership (ACHSCP) and NHS Grampian (NHSG) already had well developing plans for the roll out of a digital system to facilitate remote contact between clinicians and patients, and the effectiveness and efficiency of this roll out has been evidenced through regular Scottish data which shows Grampian as delivering the highest number of online consultations across Scotland (Ref. week 11, Near Me COVID Scale up status reports)

- 3.7. The strong relationships between the ACHSCP and its partners, Aberdeen City Council (ACC) and NHSG, has also enabled swift, joined up cohesive responses in relation to both delivering services in new ways and ensuring people have the protections and supports in place to stay safe.
- 3.8. Effective governance has been mobilised to support progress at pace; operational staff have been empowered to make the right decisions; we have worked around limited resources, maximising what we have and meeting targets; and we have built stronger relationships through a sense of common purpose. This approach has ensured a clear direction, using systems thinking and collaborative working, supported by the ability to have decisions ratified quickly, in order to put in place what was and is needed. All of these aspects are things that will be valuable to the way that the partnership works moving forward.
- 3.9. However, as we approach the end of the initial emergency response stage, we are already beginning to see some of this change and these ways of working start to fray, with a pull back to old behaviours and focus becoming apparent. This presents a risk that the achievements we have made over a very short period of time may become unpicked.
- 3.10. When planning for the next stages of our response, as living with Covid-19 becomes our business as usual, the Chief Officers of the three Grampian health and social care partnerships, have had the support of the Chief Executives (Aberdeen City Council, Aberdeenshire Council, Moray Council and NHS Grampian) to identify and embed the priorities over the next few weeks and months. This will include staff/ public engagement and consideration of future redesigns from this new starting point. This approach is being referred to as “Operation Home First”.



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Operation Home First

- 3.11.** Operation Home First refers to the next (current) stage of our ongoing response and early steps towards recovery. We have a unique opportunity to embed the transformation that has occurred. At the moment these new ways of working are new and fragile, lacking a firm footing in how we work. Operation Home First has identified a number of these transformational changes, all interconnected, that we need to provide focus to in order to ensure that they are embedded as our new normal system – these transformations cut across infrastructure, care pathways and culture.
- 3.12.** There are two aspects to Operation Home First: embedding the transformations that have taken place across Grampian and embedding our overall Home First principles:

Pan Grampian Transformations

Closure of Care of the Elderly beds at ARI
Shifting workforce and beds to Woodend.
Moving GMED from ARI to Health Village
Collective GP response calls
Near-me (digital consultation system)
Closure and shift of LD beds at Cornhill
Increased outreach from hospital-based services to support community-based care pathways.
Improved access to commissioned pathways
Reduction in minor injury and community beds
Reduction in A&E attendances due to shared intention of community support
Hospital @Home and virtual ward capacity due to consultant access

Operation Home First Principles

Build on initial response



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Maintain our agile thinking and decision making
Retain ability to respond to Covid demand
Adopt home first principles for all care
Respond to prolonged period of physical distancing – impact on bed base, reduced footfall (staff and patients), need for technology
Avoidance of admission and delays at discharge
Maintain safe services for those shielding
Person centred care within community settings with removal of barriers between primary and secondary care

4. Implications for IJB

4.1. Equalities

The content of this paper aligns with our strategic plan, for which a full equalities and human rights impact assessment has been undertaken.

4.2. Fairer Scotland Duty

It is anticipated that the implementation of these plans, will have a positive impact on people affected by socio-economic disadvantage, as per the ambitions within our strategic plan.

4.3. Financial

There are no specific financial implications directly as a result of this report.

4.4. Workforce

Any required workforce changes will continue to be progressed in partnership with our staff side and trade union reps in line with usual process. During the Covid-19 response stage, staff side and trade unions have been integral members within our operational governance decision making processes.



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4.5. Legal

There are no specific legal implications as a direct result of this report.

4.6. Other - NA

5. Links to ACHSCP Strategic Plan

5.1. The principles and transformations of Operation Home First fully align with and support the delivery of our strategic plan. Specifically:

- **Prevention:** maintaining safe services for those who are shielding will prevent potential negative health impacts if this vulnerable group were to contract COVID-19; closure and shift of LD beds at Cornhill, aligned with Action Plan for Learning Disabilities.
- **Resilience:** retaining the ability to respond to Covid demand; closure of Care of the Elderly beds at ARI; shifting workforce and beds to Woodend; moving GMED from ARI to Health Village; collective GP response calls; improved access to commissioned pathways; reduction in minor injury and community beds; and the reduction in A&E attendances due to shared intention of community support will all build resilience into our system
- **Personalisation:** avoidance of admission and delays at discharge, continuing to improve delayed discharge experience; adopting home first principles for all care; increasing outreach from hospital-based services to support community-based care pathways; and the scaling up of Hospital @Home and virtual ward capacity due to consultant access will help to ensure that people get the right care in the right place at the right time.
- **Connections:** responding to prolonged periods of physical distancing; and the use of Near-me (digital consultation system) will help people stay connected within their communities and reduce social isolation.
- **Communities:** person centred care within community settings with the removal of barriers between primary and secondary care will help develop a divers and sustainable care provision.



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- 5.2.** It is highlighted that due to the nature and circumstances of the initial COVID response, most of the activities and principles that we are seeking to embed align most closely with the prevention, resilience and personalisation aims within our strategic plan, however there are aspects of these activities which cover more than one aim.
- 5.3.** We anticipate that the transformations will directly affect the following strategic plan indicators and progress will be tracked and reported to Risk, Audit and Performance Committee:
- Reduced attendances at A&E
 - Increase % of people living independently in the community
 - Improved healthy life expectancy
 - Increase in % of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life
 - Increase in % of adults supported at home who agree that their health and social care services seemed to be well coordinated
 - Increase in % of adults receiving any care or support who rate it as excellent or good
 - Increase in number of people with positive experience of care provided by their GP practice

6. Management of Risk

6.1. Identified risks(s)

The main risk is that the positive transformations that have taken place during the last few weeks are unable to sufficiently embed within our culture and system.





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

This report links to risks 11 on the strategic risk register: -

There is a risk that the Coronavirus (Covid-19) outbreak leads to high numbers of incidences within the city, impacting public health and the delivery of essential health and care services through significantly increased demand and reduced workforce capacity. This reduced capacity arising as a result of frontline workforce absence and self-isolation requirements.

Operation Home First is the beginning of our recovery from the initial phase of the Covid-19 pandemic, ensuring services can continue to be delivered in a safe, but transformed way, whilst also preparing to be equipped for any future re-emergence of virus within the community.

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



INTEGRATION JOINT BOARD

Date of Meeting	09 June 2020
Report Title	Aberdeen City Primary Care Update
Report Number	HSCP.20.008
Lead Officer	Dr Caroline Howarth – Clinical Director
Report Author Details	Dr Caroline Howarth, Clinical Director, caroline.howarth1@nhs.net Dr Amir Iqbal, Clinical Lead. amir.iqbal@nhs.net
Directions Required	No
Appendices	No

1. Purpose of the Report

- 1.1. The purpose of this report is to update Integration Joint Board (IJB) on the delivery of Primary Care and General Medical Services (GMS) during the current Covid-19 pandemic.

2. Recommendations

- 2.1 It is recommended that the IJB note the contents of the report.

3. Summary of Key Information

3.1 Total Triage

Primary care has moved to a Total Triage model whereby all contacts are screened by telephone prior to being seen. This model has increased efficiency, with GPs being able to deal with more contacts than in normal times and has maintained patients' access to primary care. Using this model patients' medical needs are appropriately prioritised.



INTEGRATION JOINT BOARD

3.2 Near Me

Video consultations via the Near Me platform have accelerated exponentially since the start of the Covid-19 pandemic. NHS Grampian is amongst one the highest users in Scotland and very much leading on the use of this technology. Aberdeen City have two practices in the top three users in Grampian. Near Me allows increased access for patients to primary care services and enhances safety in terms of infection control in the context of Covid-19. Near Me is being used by GPs and other primary care clinicians.

During the week of 26 May 2020 there were a total of 273 Near Me consultations undertaken in General Practices across Aberdeen City.

Near Me COVID Scale Up – Status Report End Week 11

26/5/20

All Activity

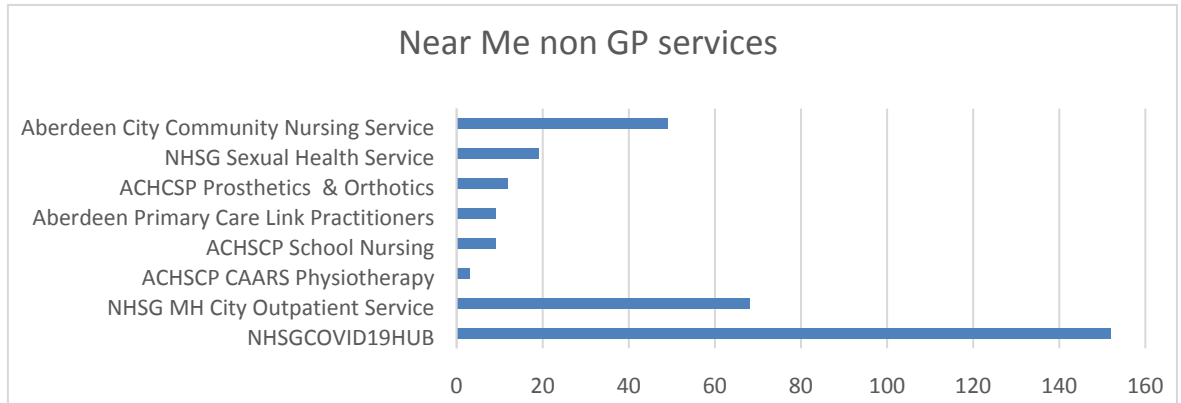
Call volumes have increased again and now stand at 14090 consults made in 1645 waiting areas. This represents an increase of around 7% over the previous week.

All Activity (inc GP)	Wk 0	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8	Wk 9	Wk 10	Wk 11
Week commencing	1/3	8/3	15/3	22/3	29/3	5/4	12/4	19/4	26/4	3/5	10/5	17/5
Waiting Areas Active in Week	109	210	646	837	988	1070	1170	1351	1482	1456	1603	1645
Total Consultations	336	569	3034	4628	5904	6203	6780	9367	10770	10619	13206	14090
3rd Sector	6	11	58	35	156	120	121	170	213	207	234	189
NHS24	1	1	1	0	3	0	0	4	0	23	15	49
NHSAA	12	22	56	98	134	152	208	276	337	384	402	509
NHSBOR	7	4	22	50	98	93	116	170	205	217	339	387
NHSDG	14	16	90	156	186	180	193	330	425	414	521	555
NHSFIF	4	14	142	308	252	280	275	504	572	532	695	720
NHSFV	17	19	137	273	270	372	371	531	558	532	686	762
NHSG	83	122	686	864	1317	1453	1413	1749	2034	1978	2340	2496
NHSGGC	27	56	736	1210	1437	1285	1210	1743	1944	1899	2441	2476
NHSGJ	5	6	10	12	15	18	12	26	25	26	41	51
NHSH	86	94	200	190	270	438	523	676	726	713	907	911
NHSL	0	13	146	355	463	534	661	1049	1265	1342	1670	1842
NHSLAN	22	92	450	646	751	678	818	1077	1242	1295	1507	1686
NHSORK	11	16	49	81	82	69	95	104	96	113	126	136
NHSSAS		0	1	7	10	0	0	0	0	0	0	3
NHSSHE	3	5	14	39	28	33	72	78	68	60	91	69
NHST	20	46	174	186	331	346	553	689	793	639	898	925
NHSWI	8	14	30	92	75	90	59	79	128	109	128	149
Other	10	18	18	24	26	55	78	112	139	136	165	175
(blank)	0	0	14	2	0	7	2	0	0			



INTEGRATION JOINT BOARD

The graph below shows the number of Near Me consultations done by non-GP practice services during week of 26 May 2020.



Near Me has also been trialled as a platform to link with secondary care by clinicians working in the Covid Hub. This method of joined up decision making around patient care is being considered for use more widely as part of wider conversations around primary and secondary care interface.

Initially there was concern about how patients would take to using the new technology and whether it would be suitable for all. After each use the Near Me user is asked to complete a user satisfaction survey. The latest national results published are for April 2020. 3774 users in Scotland completed the survey and 89.7% were either satisfied or very satisfied with 97.81% being happy to use video consulting again. We will however review the use of this as part of the Operation Home First work, as part of the process for normalising service delivery changes

3.3 Asynchronous care models

Online consultation has also been introduced in several practices in Aberdeen City via the eConsult platform. This innovative approach has increased access of care for many patients and allowed GP practices to increase their capacity to meet demand by using email as a method of consulting with their GP. Going forward this is certain to be a model of care that will continue to be adopted in the ethos of providing care to the patient at the right time, right place and by the right person.



INTEGRATION JOINT BOARD

3.4 Level 2 primary care escalation plan

Primary care is currently operating at level 2 services with deferment of some chronic disease monitoring, selected screening tests and other routine care services, unless deemed urgent. In line with reducing infection spread, GPs and Primary care Services are managing patient's remotely as much as possible and limiting footfall for all services within practices. This has led to an adoption of new ways of working with increased use of telephone and video consultations and other remote consultation modalities.

3.5 Buddying and social distancing within practices

To ensure continuity of primary care services during the new Test and Protect program, GP practices have been aligning with other local practices in a "buddy" program. This will ensure that if there is a deficit of service in one practice, it can be supported by another.

To further mitigate risk from staff illness, physical distancing and remote working models have been initialised, with practices adopting a variety of innovative solutions ranging from shift style working of staff members and the formation of two or more discrete and separate teams within a practice

3.6 Green zones for shielding patients

Shielding patients need safe and accessible pathways to routine but essential healthcare. This includes a recognition of the impact on other household/family members and parents/carers/siblings of shielding children. These patients, by definition, have a higher need for some health services including phlebotomy, ECG's, wound management and drug delivery.

Green zones have therefore been planned for Aberdeen City to cater for the 5,600 patients that fall into this category. Proposed options for three possible green zones are currently in process of being approved.

Green zones will have very stringent protocols to ensure patients are screened for Covid symptoms before attending. The nursing staff working in these zones will also be screened for symptoms and will only be working with shielded patients on that day. The buildings will have separate entrances and exits to ensure safe patient flow. Investigations undertaken may be requested in primary or secondary care and there are now IT solutions in place to allow this. These zones will provide a useful test of processes required for the roll out of the Community Care and Treatment Services that are required as part of the Primary Care Improvement Plan.



INTEGRATION JOINT BOARD

3.7 2C Primary care services redesign-

We are still progressing with discussions around the redesign of our 2C practices and have seen many positive changes as part of the primary care Covid response that we will be able to build on in this regard. These will be used as part of a catalyst for change and redesign of the 2C model towards a more efficient service. The new ways of working highlighted above will be adopted.

Summary of updates from the other 2C practices:

- Carden Medical Practice successfully transitioned over to 2C on 5th May 2020 and will be fully staffed as of the 1 July 2020
- Torry has gained a GP Clinical Lead and is stable with recruitment ongoing

3.8 Immunisations

Services have been successfully moved to immunisation centres in Aberdeen City. The requirement for the HSCP to take over immunisations is in line with what is set out in our Primary Care Improvement Plan. It was escalated due to Covid and the need to move out of practices that were unable to provide clean areas for these to be done as safely as possible.

A more detailed report on Immunisations including uptake data will be produced for a future IJB.

3.9 The Grampian Covid Hub

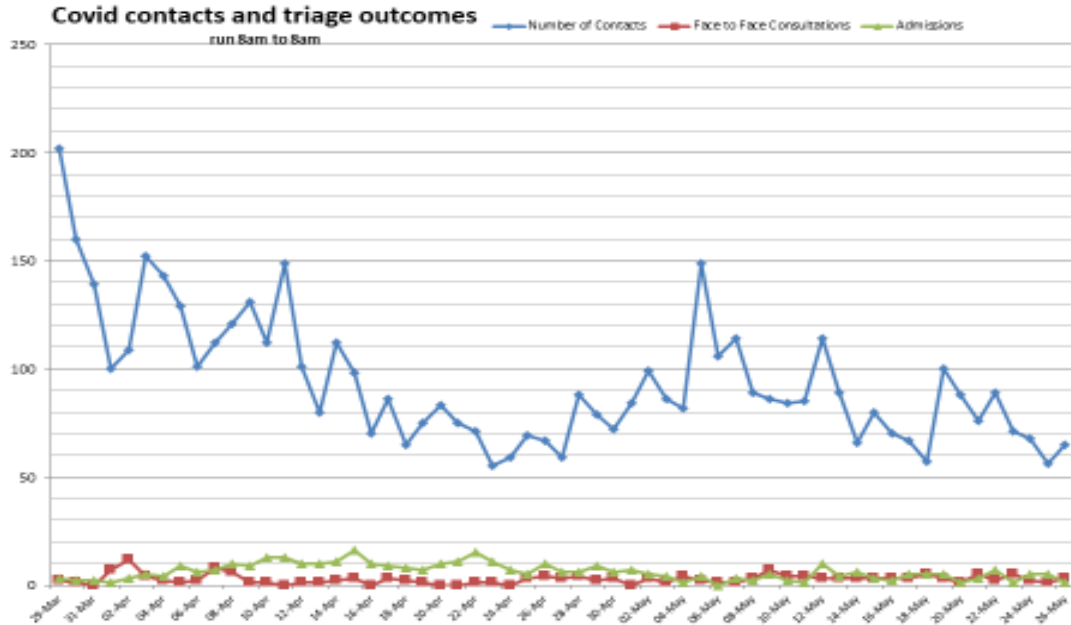
Since its inception, on 23 March 2020, the NHS Grampian Covid hub has successfully been managing the Covid pandemic surge. There has been great support from Grampian health care professionals, and allied staff, to get the service up and running optimally. NHS Grampian's approach has been lauded as one of the best organised and most innovative in Scotland.

A summary of activity is outlined below. Due to the use of remote assessment via Near Me, the Grampian Covid hub has one of the lowest rates of conversion to face to face assessment in Scotland. This has protected both patients and staff from transmission of Covid infection.

It is anticipated the hub will continue running indefinitely until the pandemic is over and new ways of working will be incorporated into the primary care model in Grampian.



INTEGRATION JOINT BOARD



3.10 Pharmacy

ACHSCP's primary care pharmacy team, along with all other pharmacy sectors are working under the Pharmacy Directorate of NHSG due to the smaller size of their professional teams and the specific skill set they have. They will revert to the Partnership when Operation Rainbow ceases

3.11 Optometry

All independent community Optometrists are closed but are providing emergency cover and triage by phone/video. Patients with eye problems call their normal Optometrist who triages their symptoms and either gives advice over the phone or refers them to one of the two Emergency Eyecare Treatment Centres (EETC) that have been set up by NHSG in Aberdeen City. Only patients with sight threatening conditions are referred to the EETC's. Near Me is in the process of being rolled out to Community Optometrists in the city. Guidance from Scottish Government regarding plans for recovery is eagerly awaited.



INTEGRATION JOINT BOARD

3.12 Psychology

The primary care psychological therapies team are working from home, using the phone and Near Me to provide clinical support to patients currently on their active case load. They are also dedicating time to the Psychology Hub set up by NHSG. A review of the demand for the hub has been undertaken recently. Staff now only need to sign up for one session per week until the end of June, this will allow staff to increase the number of patients supported from their active case load.

Since lockdown, referrals have continued to be accepted onto waiting lists however, new cases have not been taken off. GPs have been asked to refer patients to the Grampian Psychological Resilience Hub for online self-help, c-CBT and self-referrals for Psychological First Aid. Whilst patients may be offered support, this is not the same as treatment and so there have been no changes to the waiting times. Most, if not all, clinicians have seen a significant drop in new referrals, however, this is very unlikely due to change in need and more likely to GPs being aware of referrals not being taken off waiting lists and uncertainty as to when this will happen so the likelihood is that referrals will start to increase.

Secondary care have contacted patients on their waiting lists listing a number of on-line supports and Apps due to the longer waiting times due to Covid and we are currently considering doing something similar.

3.13 Dentistry

The Public Dental Service (PDS) is currently providing emergency treatment only from two main sites in the city. Patients experiencing dental problems call their normal dentist and are triaged and given advice, or medication if necessary. If the person triaging deems the problem an emergency, they refer the patient to the Dental Information & Advice Line (DIAL). DIAL will arrange for a dentist to call the patient back and COVID RAG status is decided by the triaging dentist. Depending on that status the patient will be seen at one of the two emergency dental centers in the city. Near Me has been rolled out to the PDS. Staff who can work from home are doing so or are coming into the office on a reduced number of days.

Recent guidance from Scottish Government outlining the phased recovery plan for General Dental Practitioners (GDP's) outlines three phases of recovery. Phase 1 will see the Urgent Dental Care Centres (UDCC's) increase the scope of treatments available to patients for acute and essential care. GDP's will remain closed to face-to-face patient consultation but will



INTEGRATION JOINT BOARD

be preparing to receive patients in phase 2. This entails opening up further PDS practices and planning is underway to enable this to happen. Phase 2 is separated into two further phases. Phase 2(a) will see all dental practices open for face-to-face consultation for patients in need of urgent care that can be provided using non-aerosol generating procedures. Phase 2(b) entails face-to-face consultation being expanded for patients that can be seen for routine care, including examination, and treatment that can also be provided using non-aerosol generating procedures. UDCCs will continue to see patients on referral for treatments involving aerosol generating procedures. Phase 3 envisages a limited introduction to aerosol generating procedures to dental practices, this will be dependent on evidence of risk and possible mitigation.

4. Implications for the Integration Joint Board

4.1. Equalities

Primary Care is a universal service and arrangements are made for it to include all areas of society.

4.2. Fairer Scotland Duty

There are no direct implications to the Fairer Scotland Duty arising from the recommendation in this report.

4.3. Financial

Any additional financial implications have been detailed in the Grampian Mobilisation Plan and we await confirmation from Scottish Government as to what level of additional funding we may receive to meet these costs. The Chief Finance Officer will bring forward a report to IJB in relation to the affect the overall response to Covid-19 will have on the IJB Budget.

4.4. Workforce

Staff have been asked to work differently as a result of the Covid-19 pandemic however this is being done sensitively in collaboration with staff. Most have embraced the new technology, in particular, wholeheartedly.

4.5. Legal

ACHSCP continue to deliver services with reference to the Coronavirus (Scotland) Act 2020.



INTEGRATION JOINT BOARD

4.6. Other

None.

5. Links to ACHSCP Strategic Plan

This report illustrates how the Primary Care services of ACHSCP have responded to the Covid-19 pandemic in particular in relation to the Personalisation aim delivering the right services, in the right place and at the right time.

6. Management of Risk

6.1. Identified risks(s)

Patients still experience ill health and require treatment and advice in a Covid-19 pandemic. There would be significant risk to their health and wellbeing, both now and in the future, if arrangements were not put in place to enable them to access services throughout this time.

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

This report links to risk 11 on the strategic risk register: -



There is a risk that the Coronavirus (Covid-19) outbreak leads to high numbers of incidences within the city, impacting public health and the delivery of essential health and care services through significantly increased demand and reduced workforce capacity. This reduced capacity arising as a result of frontline workforce absence and self-isolation requirements.

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

This report details the arrangements put in place for the continued safe delivery of Primary Care services to those who require them during the Covid-19 pandemic.



INTEGRATION JOINT BOARD

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



INTEGRATION JOINT BOARD

Date of Meeting	9 June 2020
Report Title	Grant to Independent Sector Organisation
Report Number	HSCP20.002
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Name: Anne McKenzie Job Title: Lead Commissioner Email Address: anne.mckenzie@nhs.net Phone Number: 07977519136
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	A. Direction to Aberdeen City Council

1. Purpose of the Report

- 1.1. The purpose of this report is to advise the Board of the commissioning intent for the independent sector organisation – Scottish Care - over the next three years, and to assure the Board that this intent is aligned to Aberdeen City Health and Social Care Partnership (ACHSCP) strategic aims.



INTEGRATION JOINT BOARD

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board (IJB)
- a) approve the expenditure of up to £394,371 (over a total of three years) to provide grant funding to the independent sector organisation.
 - b) makes the direction as attached at appendix A and instructs the Chief Officer to issue a direction to ACC to procure the service provided by ACVO.
 - c) notes the key focus of attention expected by the independent sector organisation during this time, and the opportunities that this offers to the AHSCP strategic aims, and transformational activity.

3. Summary of Key Information

- 3.1. The Aberdeen City IJB agreed in March 2017 to fund Scottish Care to act at the interface between the ACHSCP and independent sector providers of social care in Aberdeen City. The total value agreed amounted to £423,498. The term of this arrangement finishes on the 31st July 2020
- 3.2. The major role of the independent sector organisation within the business case submitted in 2017, was:
- to ensure active participation and leadership from the independent sector providers in developing and delivering care
 - to contribute to reshaping market provision
 - to ensure broad input from the independent sector in Aberdeen city in developing and testing new models of integrated care and support
 - to make use of local assets within the independent sector
 - to develop an effective relationship with the third sector
- 3.3 The independent sector organisation has delivered on the broad aims of the business case since this time. Working in partnership with the third sector, they continue to support market facilitation opportunities, and actively represent the independent sector during discussion and planning with the ACHSCP.



INTEGRATION JOINT BOARD

- 3.4** In September 2019, the Chief Officer presented a report to the IJB advising on the future delivery of Health and Social Care in Aberdeen, for the period of the current strategic plan. In the report, the Chief Officer outlined the need for accelerated pace of change, and the size of the challenge of true transformational change.
- 3.5** In September, the IJB also approved the Joint Strategic Commissioning approach, delivered by the lead commissioner. Strategic Commissioning is regarded to be a key component in delivering transforming the delivery of services. This requires a system wide approach, shifting demand from negative to value demand, and focussing on early intervention and prevention.
- 3.7** Market sustainability and the risk of market failure within the independent sector features within the IJB strategic risk register and remains at a high-risk level with a low tolerance of this risk. Risks to the sustainability of the independent sector are of particular concern currently, and the current pandemic focusses all of our attention on the vital role that providers of social care play within our integrated health and care system
- 3.8** All of the above suggest that continued partnership arrangements with the independent sector are of significant importance for the foreseeable future. Securing sufficient capacity is necessary to ensure delivery of the pace of transformation.
- 3.9** The local independent sector partners for integration team has submitted a business proposal for consideration by the lead commissioner. The proposal aligns future activity to the five workstreams outlined within the Chief Officer's report. The key themes of the outline proposal are as follows:
- Programme 1 – Demand Management. Focussing on working with care at home providers to ensure delivery against the key outcomes laid out in the revised contract, ensuring an enabling and asset-based approach to care provision which ensures that individual outcomes are met. For care homes, working in partnership to better understand demand for unscheduled care services and working closely with professional and operational teams to ensure that care needs are met by a suitably trained and sustainable workforce.



INTEGRATION JOINT BOARD

- Programme 2 – Early Intervention and Prevention. There are themes of early intervention and prevention which span both programme 1 and 2. Of particular relevance to this programme is encouraging providers to engage with locality activity – using an asset based approach for the delivery of care at home and exploring the opportunity for care homes to become an integrated part of local communities providing for example support for carers and addressing isolation.
- Programme 3 – Digital and data. The provision of care and support through appropriate use of technology underpins the ambition for the care at home and supported living arrangements for the future. Equally connectivity between care homes and for residents within care homes is being put to the ultimate test as we continue to provide services throughout the pandemic. Further work is required to explore barriers to implementation of digital delivery, whether this be due to connectivity, access to hardware or necessary skills and confidence amongst providers and service users
- Programme 4 – Conditions for change – the independent sector organisation will prioritise workforce related concerns through established support mechanisms. It is also essential that the organisation works in partnership with professional leaders to ensure a robust, vibrant and fit for purpose workforce within the independent care sector.
- Programme 5 – Infrastructure. The purpose of the delivery of a market position statement is to send a clear signal of intent from the partnership to the third and independent sector – both in terms of the people and infrastructure required to meet future demands. Developing and stabilising the market required to meet these demands is of paramount importance as is close partnership working between ACHSCP and the independent sector care provider organisations. Of equal importance is the work that the independent sector organisation will do to support the redesign of services including the potential for decommissioning.



INTEGRATION JOINT BOARD

- 3.10** It is therefore proposed that further investment is made in Scottish Care, for a further three-year period. Taking into consideration the financial pressures anticipated in the future, the IJB is requested to agree the following:

Funding over a 3-year period:

Year 1 - £149,383

Year 2 - £131,457

Year 3 - £113,531

Total value: £394,371

It is acknowledged that this presents a reduction in the monetary contribution made by the ACHSCP over the three-year period. It is anticipated that over this period of time, with market facilitation and continued improved working relationships, the interface between the ACHSCP and independent sector organisations will naturally strengthen. There is, however, an opportunity through the formal annual review to consider progress with this change. The annual review will be presented at the ACHSCP Strategic Commissioning Board, and any further recommendations will be made from this Board, to the Executive Programme Board, and ultimately the IJB if required.

- 3.11** Given the pace and scale of change, there will be a formal annual review of service delivered by Scottish Care, which will entail a review of progress against key milestones and the means by which this will be delivered over the coming year.

4. Implications for IJB

- 4.1 Equalities** - All contract award decisions are made taking equality factors into account. There are no specific equality implications with this report.
- 4.2 Fairer Scotland** – There are no direct implications for our Fairer Scotland Duty as a result of the recommendation in this report.
- 4.3 Financial** - Expenditure is within identified current budgets. There are no specific financial implications arising from this report, other than the ongoing grant which can be funded from within current budgets.



INTEGRATION JOINT BOARD

- 4.4 Workforce** - There are no specific workforce implications arising from this report.
- 4.5 Legal** - There are no specific legal implications arising from this report. All legal requirements in terms of procurement legislation will be met.
- 4.6 Other** – Nil

5. Links to ACHSCP Strategic Plan

This report links to all aims within the strategic plan and is clearly aligned to the Chief Officers report, and future transformational change



6. Management of Risk

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

This option links directly to strategic risk 1 – market sustainability

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

By strengthening the partnership working between Scottish Care and the ACHSCP, and by aligning this relationship around the key deliverables it is anticipated that the market will prioritise its activity appropriately and be strengthened through this alignment.

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



INTEGRATION JOINT BOARD

DIRECTION

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

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

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

Related Report Number: - HSCP20.002

Approval from IJB received on: -

Description of services/functions: -

To continue to provide the services currently as per the report, namely to continue to work at the interface between the Aberdeen City Health and Social Care Partnership and the independent care sector providers.

Reference to the integration scheme: - Annex 1 Part 2: Part 2: Social work services for adults and older people; Services and support for adults with physical disabilities and learning disabilities.

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

The procurement of care and support services within the independent sector contracts fits closely with all 5 strategic aims for ACHSCP: prevention; resilience; enabling; connections; and communities. It also links to Enabler 7.2, Principled Commissioning, and the commitment that all commissioned services enhance the quality of life for people and their carers.

Timescales involved: -

Start date: - 31st July 2020

End date: - 30th July 2023

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



Associated Budget:-

The business case notes a total spend of £394,371. Funding over a 3-year period:

Details of funding source: - current delegated IJB budgets

Availability: - Confirm

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



Aberdeen City Health & Social Care Partnership
A caring partnership



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

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INTEGRATION JOINT BOARD

Date of Meeting	09 June 2020
Report Title	Service User Representative on IJB
Report Number	HSCP.20.006
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Alison MacLeod Lead Strategy and Performance Manager alimacleod@aberdeencity.gov.uk 07741 237034
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	No

1. Purpose of the Report

- 1.1. The purpose of this report is to seek agreement to extend the term of office for the current Service User Representative on the Integration Joint Board (IJB) to 31 March 2021.

2. Recommendations

- 2.1. It is recommended that the IJB:
- a) Approves the extension of the term of office of the current Service User Representative on the IJB until 31 March 2021.

3. Summary of Key Information

- 3.1 The Health and Social Care Integration Scheme for Aberdeen City states that the non-voting membership of the IJB is set out in the IJB Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 and includes at least one service user residing in the area of the local authority.



INTEGRATION JOINT BOARD

- 3.2** The current Service User representative, Howard Gemmell's term of office on the IJB technically came to an end on 31st March 2019. It was intended to undertake a similar recruitment process for this vacancy as we did for the IJB carers representatives once that process was completed, however the this took longer than anticipated and was only completed in March 2020. The Covid-19 crisis then halted any progress we could make with the recruitment of a Service User representative.
- 3.3** The recruitment process for the IJB Carers Representatives consisted of a number of group meetings to ensure candidates understood the way the IJB worked and the expectations of their role, enabling them to pose questions to officers and allowing them to reach a conclusion in terms of comfortably putting themselves forward for the role. With Covid-19 still present in the community, it is suggested that now, and possibly not for some time to come, it is not appropriate to bring together some of the most vulnerable in society together for this purpose.
- 3.4** The carers representatives have just been appointed for three years, taking their term of office to 31st March 2023. It is proposed that the IJB Service User Representative should be offered an extension to their term of office taking him to 31st March 2021. We would intend to schedule a recruitment campaign to renew the Service User Representative term of office around November 2020 with a view to that term commencing from March 2021 for a 3-year period. This way we would have a staggered recruitment commitment going forward for both the Service User and the Carer representatives.
- 3.5** Legal advice on this extension was sought and we are advised that the extension proposed is possible but requires approval of the IJB. The proposal has been discussed with Howard Gemmell, the current Service User Representative and he is content with this.

4. Implications for the Integration Joint Board

4.1. Equalities

Having a Service User on the IJB aims to give equality of approach to decision making ensuring the voices of our service users are heard at the highest level of decision-making.

4.2. Fairer Scotland Duty

There are no direct implications to the Fairer Scotland Duty arising from the recommendation in this report.



INTEGRATION JOINT BOARD

4.3. Financial

There are no additional financial implications arising from the recommendation in this report. Any expenses in relation to the role of IJB Service User Representative will continue to be met as usual from existing budgets.

4.4. Workforce

There are no Workforce implications arising from the recommendations in this report. Officers will continue to provide support to the Service User Representative as happens currently.

4.5. Legal

By extending the term of office of the Service User Representative on the IJB we will continue to meet our obligations in the Integration Scheme by including at least one service user member residing in the area of the local authority.

4.6. Other

None.

5. Links to ACHSCP Strategic Plan

The recommendation in this report links directly to the partnership working and community empowerment aspect of the Strategic Plan ensuring that we are strengthening the voices of our communities in decisions about public services. It also links to the Personalisation aim. By taking account of Service User views we are helping to ensure people get the right care, in the right place at the right time.

6. Management of Risk

6.1. Identified risks(s)

If we do not extend the term of office for the current Service User Representative, there is a risk that service users residing in the area of the local authority will not be included in the decision making of the IJB and it may be some time before we can carry out a recruitment exercise to that role in a safe manner.



INTEGRATION JOINT BOARD



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

This report links to risk 5 on the strategic risk register: -

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

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

By involving Service Users in the decision making of the IJB we are meeting the requirements as set out in the Integration Scheme and ensuring service developments are person centred.

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



INTEGRATION JOINT BOARD

Date of Meeting	09 June 2020
Report Title	National Principles for Sustainability Payments to Social Care Providers during Covid19
Report Number	HSCP.20.004
Lead Officer	<i>Sandra Macleod</i>
Report Author Details	<i>Sandra Macleod Chief Officer samacleod@aberdeencity.gov.uk</i>
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	Direction to Aberdeen City Council

1. Purpose of the Report

- 1.1. The purpose of the report is to provide the Integration Joint Board (IJB) with information on the development of a consistent set of principles to ensure that the social care sector remains sustainable during the emergency response to COVID 19. These principles may result in a change to payment processes; all other contract and operational processes will remain in place.

2. Recommendations

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

- a) note the principles agreed nationally to support social care providers (as detailed in the report);
- b) agree to support the social care providers and fund this additional financial support from the initial mobilisation payment;
- c) agree to support payments above the available confirmed funding level of £1.018 million, providing the Chief Finance Officer is satisfied that additional funding will be recovered through the mobilisation plan; and



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- d) issue a Direction (as detailed in the Appendix to this report) to Aberdeen City Council to make the payments to the social care suppliers on the basis of the nationally agreed principles.

3. Summary of Key Information

- 3.1. Social Care Providers are facing considerable operational and financial challenges during the current COVID-19 pandemic. In order to protect social care providers financially, principles have been developed by Chief Finance Officers and agreed by COSLA Leaders and Scottish Government. They are based on the agreement from the Scottish Government that they will meet all reasonable additional provider costs as they are aligned to mobilisation plans. These principles will apply till the end of June 2020 when they will be reviewed. The reconciliation process will identify the payments which need to be made.

At this point, confirmation has not been received as to the level of funding which the Scottish Government will provide to fund these additional costs, although £50 million was distributed nationally to IJBs, via the NHS, on the 12 May 2020 using the NRAC\GAE formula. For Aberdeen City this amounts to £1.856 million. The funding letter from the Cabinet Secretary for Health and Sport indicates that these funds *'will support sustainability across the sector and ongoing provision of social care, while further work is undertaken to provide me with the necessary assurance for further allocations of funding to support additional costs'*.

It is proposed that these payments be funded from the £1.856 million which has been allocated initially to support social care, although this amount will be reduced by £838,000 in relation to the costs predicted to be spent over the first three months on additional care home capacity. This will leave £1.018 million available to support these payments.

At present there is uncertainty about the level of funding which will be provided to cover the mobilisation plans, which these costs form part of. In normal circumstances we would come back to the IJB and seek approval to increase this amount once the funding had been confirmed. However, in this case it is likely that funding will not be confirmed before the payments



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are made, although it is likely that direct costs such as these will be funded given the nationally agreed principles. Therefore, it is proposed that approval be provided for funding about the level of confirmed funding, on the understanding that the Chief Finance Officer is satisfied that these costs will be recovered fully through the mobilisation plan.

- 3.2. Contained in the principles are details of what Providers, Integrated Authorities, Local Authorities, Care at Home and community-based services are required to progress, as well as details on the effect that Covid19 has had on care home occupancy.

In terms of Providers, the principles outline that they are expected to complete a supplier relief form and declaration to confirm they will;

- Use any national relief and business grants they are eligible for in the first instance and ensure that payments are not received that duplicate support (<https://findbusinesssupport.gov.scot/coronavirus-advice/sources-of-funding>.)
- Consider where costs can be reduced in their business models such as redeployment of staff.
- Continue to employ and pay staff including for sickness in line with their organisations terms and conditions and ensure sub-contractors are paid.
- Agree an open book basis between commissioners and providers where sustainability payments have been made to ensure there is no duplication of support.
- On request, evidence that monies paid out have been used as intended. Where it has not monies paid out can be recovered by public bodies.

- 3.3. In relation to Integration Authorities and Local Authorities the principles outline that they will;

- Ensure arrangements are in place to support sustainability for the social care sector until the end of June when a further review will be undertaken.
- Ensure fast, regular payments are made to support providers cash flow.



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- Ensure any retrospective reconciliation is only completed where necessary and is done transparently and through discussion with providers.
- Work collaboratively across areas to share information to prevent duplication for providers.

3.4. In terms of Care Home Occupancy, the principles outline:

- The National Care Home Contract (NCHC) is a spot purchased contract with a payment made per resident per week, it does not contain any clauses to protect providers from financial unsustainability during COVID 19.
- Care Homes will be supported for sustainability by the Local Authority in the care homes boundary area and additional costs aligned to their mobilisation plans.
- Where a care home is impacted by a reduction in occupancy because it is clinically unsafe to admit people or due to a reduction in admissions caused by COVID 19 then a sustainability payment will be made to the care home.
- These payments are made on the basis that care homes continue to admit residents where they are able to.
- For care homes where the NCHC is in place, the payment will be made on the basis of 80% of the NCHC rate (this aligns with Clause A.7.1 and C.6 for temporary absence from a care home) excluding any provision for return for the provider or costs that can be reduced. The weekly payments are Residential Care - £508.63 per week and Nursing - £592 per week.
- These principles apply to voids caused by COVID 19 for places commissioned by the Local Authority or people funding their own care. No increased rate will be paid where a care home does not accept the NCHC rate or to account for care homes who charge higher self-funding fees.
- For other care home placements such as care homes for adults where the national arrangement is not in place a local agreement will be made using the same principles.
- Occupancy will be calculated locally by using data submitted by providers to commissioners of average occupancy of the three-month period prior to 23rd March 2020.



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- This will be reviewed on a monthly basis to ensure payments are responsive to changing occupancy levels in a care home.
- 3.5.** In terms of Care at Home and Community based services, the principles outline:
- As there is no national agreement for these services a local assessment will be undertaken to determine the impact of a reduction in payments to providers.
 - Sustainability payments will be based on a planned care approach to continue payments to providers in line with advice in SPPN5/2020 (<https://www.gov.scot/publications/coronavirus-covid-19-supplier-relief/>).
 - The payments will be agreed locally.
- 3.6.** In terms of Additional Costs for all social care providers, the principles outline:
- Providers will experience additional costs, most commonly increased staffing costs, sickness cost, infection control and Personal Protective Equipment.
 - Providers should identify and submit these additional costs on a template provided by the Authority.
 - Authorities should work with neighbouring areas to use the same cost template to reduce burden on providers.
 - Providers will be supported for additional costs by the Authority where they are registered.
 - Providers must ensure they can evidence the additionality of these payments.
 - Payment should be made in line with normal payment cycles with no delay to payment terms.
- 3.7.** In terms of retrospective reconciliation work, meetings have been held between representatives of the three Health and Social Care Partnerships, with the aim of having a consistent approach (as far as possible) to reconciliation of provider additional costs/sustainability payments. Officers have been working on a process that includes an application form, guidance for providers and a rationale for agreeing what will be paid. A joint Panel is to be set up to determine payments in the City and Shire. The process accords with all national guidance, including this document, COSLA



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guidance on commissioning during Covid, SPPN 04 and 05/2020
(https://www.cosla.gov.uk/_data/assets/pdf_file/0026/15569/coslaguidanceforcommissionedservices170420.pdf)

4. Implications for IJB

- 4.1. **Equalities** – there are no direct implications in relation to our duty under the Equalities Act 2010
- 4.2. **Fairer Scotland Duty** - there are no direct implications in relation to the Fairer Scotland Duty
- 4.3. **Financial** – These payments will be funded via the mobilisation plan, £1.856 million that has been allocated initially to support social care.
- 4.4. **Workforce** – there are no immediate workforce implications arising from this report.
- 4.5. **Legal** – there are no immediate legal implications arising from this report
- 4.6. **Other**- there are no other immediate implications arising from this report.

5. Links to ACHSCP Strategic Plan

- 5.1. This report is linked to the Strategic Plan, including the aims of prevention, personalisation and connections.

6. Management of Risk

6.1 Identified risks

There is a risk that some providers in the City will be faced with financial instability through their continued response to Covid19, due to increased costs, reduced occupancy whilst maintaining staffing levels. There is a financial risk that the monies allocated to the payments will not be sufficient.



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6.2 Link to risks on strategic or operational risk register:

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

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

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

This report details the mitigating action being taken to manage these risks, specifically the development of a consistent set of principles to ensure that the social care sector remains sustainable during the emergency response to COVID 19. The establishment of a joint Panel to determine payments in the City and Shire will also help mitigate the risks. In terms of the financial risk, it is proposed that approval be provided for funding regarding the level of confirmed funding, on the understanding that the Chief Finance Officer is satisfied that these costs will be recovered fully through the mobilisation plan.

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



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APPENDIX

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DIRECTION

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

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

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

Related Report Number: - HSCP.20.004

Approval from IJB received on: - tbc

Description of services/functions: -

1. Care Home Services-Additional Payments made under the basis of National Principles for Sustainability Payments to Social Care Providers during Covid19

Reference to the integration scheme: - Annex 2 Part 2-Services Currently Provided by Local Authority which are to be integrated-Care Home Services

Link to strategic priorities (with reference to strategic plan and commissioning

plan):-

This initiative ties closely with all 5 strategic aims for ACHSCP:
prevention; resilience; enabling; connections; and communities.



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Timescales involved: -

Start date: - 09.06.2020

End date: - 30.06.2020-The Principles will be reviewed at this stage.

Associated Budget: -

The Scottish Government has allocated £50 million to be distributed nationally to IJBs, via the NHS, on the 12 May 2020 using the NRAC\GAE formula. For Aberdeen City this amounts to £1.856 million. It is proposed that these payments be funded from the £1.856 million which has been allocated initially to support social care, although this amount will be reduced by £838,000 in relation to the costs predicted to be spent over the first three months on additional care home capacity. This will leave £1.018 million available to support these payments.

Availability: - Confirmed

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