

Public Document Pack



Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board

Town House,
ABERDEEN 1 September 2020

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Virtual - Remote Meeting on TUESDAY, 8 SEPTEMBER 2020 at 10.00 am.**

FRASER BELL
CHIEF OFFICER - GOVERNANCE

B U S I N E S S

1 Introduction

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 11 August 2020 (by Additional Circulation)

5 Draft Minute of Risk, Audit and Performance Systems Committee of 26 August 2020 (by Additional Circulation)

- 6 Draft Minute of Clinical and Care Governance Committee of 28 July 2020 (Pages 5 - 8)
- 7 Business Planner (Pages 9 - 10)
- 8 Chief Officer's Report - HSCP.20.031 (Pages 11 - 20)

GOVERNANCE

- 9 Board Development and Governance Contingency Plan - HSCP20.032 (Pages 21 - 28)
- 10 IJB Draft Records Management Plan - HSCP20.033 (Pages 29 - 70)
- 11 Annual Performance Report - HSCP.20.034 (Pages 71 - 104)
- 12 Alcohol and Drug Partnership (ADP) Annual Report - HSCP.20.038 (Pages 105 - 142)

PERFORMANCE AND FINANCE

- 13 Progress Update on MSG Self Evaluation Action Plan - HSCP.20.035 (Pages 143 - 158)

TRANSFORMATION

- 14 Immunisations - HSCP.20.037 (Pages 159 - 172)

DATES OF NEXT BUSINESS

IJB Meeting - Tuesday 28 October at 10.00am

CCG Meeting – Tuesday 22 September at 10.00am (Private)

RAPC Meeting – Wednesday 23 September at 10.00am

IJB Workshop (Planning & Risk) – Tuesday 20 October at 9.30am (Private)

IJB Meeting – Tuesday 28 October 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.



CLINICAL AND CARE GOVERNANCE COMMITTEE

ABERDEEN, 28 July 2020. Minute of Meeting of the CLINICAL AND CARE GOVERNANCE COMMITTEE. Present:- Councillor Lesley Dunbar Chairperson; and Kim Cruttenden, Councillor Sarah Duncan and Alan Gray.

In attendance: Claire Duncan, Graham Gauld, Dr Howard Gemmell, Alison MacLeod, Mark Masson, Sandra McLeod, Grace Milne, Lynn Morrison, Kenny O'Brien, Graeme Simpson, Kundai Sinclair, Alex Stephen and Emma Virasami.

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 AND APOLOGIES

1. The Chairperson welcomed everyone to the meeting.

Apologies for absence were intimated on behalf of Malcolm Metcalfe and Laura McDonald.

DECLARATIONS OF INTEREST

2. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING OF 2 JUNE 2020, FOR APPROVAL

3. The Committee had before it the minute of its previous meeting of 2 June 2020, for approval.

The Committee resolved:-
to approve the minute.

DATA MONITORING REPORT - HSCP.20.020

4. The Committee had before it a report by Grace Milne, Development Officer, which provided data and information the Clinical and Care Governance Group wished to highlight in relation to operational activity being undertaken within Aberdeen City Health & Social Care Partnership during the COVID-19 pandemic. The report provided assurance that operational activities were being delivered and monitored effectively and that patients, staff and the public were being kept safe whilst receiving high quality services.

CLINICAL AND CARE GOVERNANCE COMMITTEE

28 July 2020

The report recommended:-

that the Committee note the contents of the report.

The Committee heard Graham Gauld provide an overview of the key information from the report.

In response to a question regarding Specialised Older Adult & Rehabilitation Services (SOARS), Sandra Mcleod advised that meetings of the short life working group which was established to consider sickness and absence issues had been postponed during the pandemic, however it was intended to progress these and a summary report to include an action plan would be submitted to the next meeting of the Committee for consideration.

Claire Duncan provided an update in relation to Adult Support and Protection referrals, which included details around service reinstatement and Day Care Centre services.

The Committee resolved:-

- (i) to approve the recommendation; and
- (ii) to note that a report on the SOARS sickness/Absence issues would be submitted to the next meeting of the Committee in September 2020.

COVID-19 RESPONSE IN CARE HOMES: UPDATE - HSCP.20.021

5. The Committee had before it a report by Emma Virasami, Service Manager, Older People & Physical Disability Care Management, which provided an update on activities undertaken to support care homes during the response to COVID-19 and to provide assurance in relation to the monitoring, scrutiny and support arrangements.

The report recommended:-

that the Committee note the contents of the report.

In response to questions from members, the Committee heard from Emma Virasami who provided an update position in terms of care homes, including visiting changes (outside only); communication with care providers, Public Health and the Care Inspectorate; legislative issues in the Coronavirus (Scotland) number 2 Act and the current situation at Riverside Care Home.

Claire Duncan referred to the situation at Riverside Care Home and provided a progress update in terms of contingency planning, management recruitment including leadership support plans to ensure a good outcome for the home and the follow-up Care Inspectorate inspection, which was imminent.

The Committee resolved:-

- (i) to approve the recommendation; and

CLINICAL AND CARE GOVERNANCE COMMITTEE

28 July 2020

- (ii) to thank all staff involved in the preparation of the comprehensive report which provided assurances, including Grampian Public Health colleagues.

COVID 19 - ASSURANCE REGARDING NATIONAL CARE HOME GUIDANCE AND DIRECTION - HSCP.20.022

6. The Committee had before it a joint report by Kenny O'Brien, Service Manager and Anne McKenzie, Lead Commissioner which provided assurance that in the context of the care home sector, national guidance and instruction was implemented appropriately at a local level.

The report recommended:-

that the Committee note the information contained within the report.

Kenny O'Brien (a) advised that the Chair of the Integrated Joint Board had requested that a report be provided to the Clinical and Care Governance Committee in this regard; (b) indicated that the report summarised national guidance issued regarding testing for those discharged from hospital for admission to care homes and PPE guidance for the care home sector; and (c) highlighted key changes in hospital discharge testing guidance and Partnership action.

The Committee resolved:-

- (i) to approve the recommendation; and
 (ii) to thank officers for the helpful and clear content within the report.

ITEMS WHERE FURTHER ASSURANCE IS REQUIRED

7. The Committee considered whether there were any items where further assurance was required.

The Committee resolved:-

- (i) to note that an update report in relation to Riverside Care Home would be submitted for consideration, following feedback from the Care Inspectorate inspection;
 (ii) to note that a report relating to Testing and Tracing would be submitted to the next meeting of the Committee in September 2020 for consideration;
 (iii) to note that the IJB would be considering a future report in relation to changes in process and access to GP services to determine whether it is suitable for members of the public in light of the COVID-19 situation; and
 (iv) to note that the IJB would also be considering reports which monitors the effectiveness and impact of digitalisation and remote services.

CLINICAL AND CARE GOVERNANCE COMMITTEE
28 July 2020

ITEMS WHERE ESCALATION IS REQUIRED TO THE IJB

8. The Committee did not have any items where escalation was required to the Integrated Joint Board.

- **COUNCILLOR LESLEY DUNBAR, Chairperson.**

A	B	C	D	E	F	G	H	I	J	
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.										
1										
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	08 September 2020									
4	Standing Item	Chief Officer Report	A regular update from the Chief Officer; on 11.08.20 IJB noted that members had received regular written updates from the Chief Officer, ACHSCP during the period of the pandemic which enabled appropriate understanding and scrutiny and that written reports from the Chief Officer would resume.	HSCP.20.031	Martin Allan	Business Lead	ACHSCP			Weekly Updates continue to be provided to IJB Members.
5	19.11.19	Training and Development Plan for IJB		HSCP.20.032	Martin Allan	Business Lead	ACHSCP			
6	Standing Item	Annual Update Autism & Learning Disabilities	IJB 20200128 - move to June 2020, then to September 2020		Kevin Dawson	Learning Disabilities Lead	ACHSCP	Candidate for February	D	Delayed due to CoVid-19 responses; will be reported on 23.02.2020
7	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 December	D	Delayed due to CoVid-19 responses; will be reported on 01.12.2020
8	04.09.2019	Immunisations	Following comment at IJB on 03.09.2019, future reporting requested	HSCP.20.037	Gail Woodcock	Transformation Lead	ACHSCP			
9	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 October	D	Delayed due to CoVid-19 responses; will be reported on 28.10.2020
10	Standing Item	Annual Report on Alcohol and Drug Partnership	IJB 20200128 - moved to June 2020	HSCP.20.038	Simon Rayner	Alcohol & Drug Lead	ACHSCP			CoVid-19 measures : Report to next CCG then to IJB in September
11	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		R	Contained within Op Home First Reports
12	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	Candidate for February	T	To be reported to 23.02.20 meeting (delayed by CoVid) and combined with Annual Update (from PreAgenda on 29.01.20) ; CoVid-19 measures : Report to CCG then Service Update to IJB
13	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, then deferred to September	HSCP.20.039	Alison MacLeod	Performance Lead	ACHSCP			
14	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.	HSCP.20.034	Alison MacLeod	Performance Lead	ACHSCP			
15	Standing Item	MSG & National Performance Report	Included within Annual Report	Included within Annual Report	Alison MacLeod	Performance Lead	ACHSCP		D	Included within Annual Report
16	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		R	AHSCP Operation is part of Op Home First and NHSG Winter Plan to be circulated as a Service Update
17	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		R	Included within Annual Report.
18	18.08.2020	IJB Records Management Plan	To present the IJB with a draft Records Management Plan and associated documents for approval and onward submission to the National Records of Scotland.	HSCP20.033	Martin Allan	Business Lead	ACHSCP			
19	Early October 2020 (if required)									
20	11.08.2020	Finance Report	(ii) to agree to the Chair calling a special meeting of the IJB, in accordance with Standing Order 9, should the funding position confirmed by the Scottish Government in October not cover the requirements of the Integration Joint Board;		Alex Stephen	Chief Finance Officer	ACHSCP			
21	28/10/2020 (PROVISIONAL)									
22	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			Weekly Updates continue to be provided to IJB Members.
23	05.08.2020	Supplementary Procurement Plan			Jean Stewart-Coxton	Strategic Procurement Manager	ACC			
24	13.08.2020	2C ReDesign	A report on 2C Redesign following Workshop input		Lorraine McKenna	Primary Care Lead	ACHSCP			
25	11.08.2020	Commisioned Day Services and Day Activities	On 11.08.20, the IJB agreed ... (viii) to notes that final recommendations for future delivery will be made to the IJB in October 2020.		Anne McKenzie	Commisioning Lead				
26										
27	13.08.2020	Lessons Learned from Pandemic Response			Sandra Macleod	Chief Officer	ACHSCP			
28										

A	B	C	D	E	F	G	H	I	J
Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/ Status (RAG)	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
29	01 December 2020								
30	Standing Item	Chief Officer Report	A regular update from the Chief Officer	Martin Allan	Business Lead	ACHSCP			
31	Standing Item	Review of Scheme of Integration	Annual review. IJB 20200128 move to June 2020, then to September then December 2020	Jess Anderson	Chief Officer - Governance	ACC			
32	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; then deferred to December	Fraser Bell	Chief Officer - Governance	ACC			
33	11.11.2019	Livingwell with Dementia	On 11.08.2020, IJB moved from September 2020 to December	Alison MacLeod	Performance Lead	ACHSCP			
34	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. CoVid-19 measures: consider Service Update or report to RAPC. MA advised that this will be delayed until September IJB. Transferred from August IJB	Martin Allan	Business Lead	ACHSCP			
35	19.11.2019	Localities - Reshaping Community	On 19.11.2019, the IJB resolved (vi) to instruct the Chief Officer, to report back on the	Gail Woodcock	Transformation	ACHSCP			
36	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.	Kay Dunn	Planning Manager Lead	ACHSCP		T	Transferred from 11th August IJB as per email from Alison MacLeod 24.06.20 (AR)
37	29.01.2020	Mental Health Delivery Plan	CoVid-19 measures : moved from 24/03/20 to 01/12/20	HSCP19113	Kevin Dawson	Mental Health Lead	ACHSCP		T
38	Standing Item	Review of Scheme of Integration	Annual review. IJB 20200128 move to June 2020	Jess Anderson	Chief Officer - Governance	ACC			T
39	09.06.2020	Service User Representative on IJB	IJB 09.06.2020: Position extended until 31.03.2021, Report before then on update	Alison Macleod	Performance Lead	ACHSCP			
40	11.11.2019	Livingwell with Dementia		Alison MacLeod	Performance Lead	ACHSCP			T
41	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.	Jess Anderson	ACC Legal	ACHSCP			R
42	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.	Kay Dunn	Planning Manager Lead	ACHSCP			
43	04.09.2019	Market Facilitation Update	Co-Vid-19 measures delay from 24/03/20	Anne McKenzie	Commissioning Lead	ACHSCP			D
44	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.	Jess Anderson	ACC Legal	ACHSCP			R
45	11.08.2020	Strategic Risk Report	On 11.08.2020, (i)to note the revised Strategic Risk Register in the Appendix to the report, (ii)to note the intended Planning and Risk Workshop on 20 October 2020 and request Member's feedback ahead of then to inform the content of the session; and (iii)to direct the Chief Officer to submit an amended report to the IJB on 1 December 2020.	Martin Allan	Business Lead	ACHSCP			
46	23 February 2021								
47	Standing Item	Chief Officer Report	A regular update from the Chief Officer	Martin Allan	Business Lead	ACHSCP			



INTEGRATION JOINT BOARD

Date of Meeting	08 September 2020
Report Title	Chief Officer's Report
Report Number	HSCP.20.031
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	No
Appendices	Mental Health Delivery Plan on a page

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. Locality Empowerment Groups

Following the COVID19 outbreak, work was initially paused however this was restarted in June with the aim to recruit more members onto the Locality Empowerment Groups (LEG's) and to re-connect with those already signed up. When asked if people wanted to re-connect the response was overwhelmingly



INTEGRATION JOINT BOARD

positive and therefore three online sessions were held in July with 40 people taking part. A report summarising feedback and next steps has been compiled and shared with approximately 150 people who have expressed an interest to join the Locality Empowerment groups.

<https://www.aberdeencityhscp.scot/globalassets/information-session---july-2020-easy-read.pdf>.

Based on feedback to ensure regular communication and to focus on the development of LEGs, weekly updates are being provided. There have been suggestions from members of the LEGs on plans for next steps which include; awareness sessions on the Partnership, creation of a shared purpose and group agreement, a demographic survey to ensure the LEGs are representative of the population of Aberdeen, establishing a Facebook page and virtual projects where people can get involved in and stay connected during this time while supporting people who do not have this access.

<https://www.aberdeencityhscp.scot/globalassets/leg-newsletter---august.pdf>

Consideration has been given as to how the LEGs continue to develop, building on the numerous opportunities around citizenship that have arisen as a result of the pandemic. These include encouraging people to sign up to the Operation Home First newsletter. A session to discuss how we keep people well for longer in their communities and plans for a review of day care have been scheduled for September.

Colleagues across community planning have supported with recruitment and raising awareness of the development of Locality Empowerment groups.

Connections with our third sector colleagues have also strengthened by supporting the engagement of volunteers that came forward during the pandemic and involving new volunteers through the SALTIRE awards and North East Scotland College in the development of LEGs.

3.2 Outcome of Care at Home and Supported Living Tenders

These tenders were live in March at the beginning of Covid19, and The Partnership responded to providers requests to delay the final submission date and also reduced the complexity of the tenders.

The final submission date for the tenders was extended to the 30th June, all responses have now been evaluated and contracts awarded following a mandatory standstill period. Twenty-four providers have been awarded to the Supported Living framework.



INTEGRATION JOINT BOARD

The Care at Home contracts for each locality have been awarded to My Care Grampian as lead bidder for a consortium comprising: Blackwood Homes and Care, My Care Grampian, Bon Accord Care, Cornerstone Community Care, Archway, Paramount Care (Scotland), Penumbra, Inspire (Partnership Through Life), Aberdeen Cyrenians, Voluntary Service Aberdeen. A distinct legal entity called “Granite Care Consortium Ltd” is being created, which will then register with the Care Inspectorate and become the registered service provider. An implementation group has been established to work with the service provider, care management and the contracts team to oversee the transition to the new arrangements.

3.3 Family Wellbeing Centres

A report entitled “Supporting the wellbeing of children and families as we move through the Routemap and beyond” was presented to Aberdeen City Executive Group for Public Protection on 23 June 2020. The Group fully endorsed the proposal to establish three multi-agency Family Wellbeing Hubs for children aged 0-18 and their families. A tendering process to deliver these Hubs will be taken forward and reported through Aberdeen City Council’s governance processes.

At the start of lockdown, to ensure the safety and wellbeing of vulnerable children, the Council established three “wellbeing hubs” to provide flexible and agile support to children and families where there were elevated levels of concern. The hubs were located in each of the City’s three priority areas – Northfield, Tillydrone and Torry.

Given the critical need to address the mental health and wellbeing needs of children and families the Leads of each agency met to accelerate planning around a sustainable model. The group quickly agreed a proposed direction of travel which was fully aligned with the recommendation of the Mental Health Taskforce report 2019 and delivery of the Local Outcome Improvement Plan.

An Oversight & Enabling Group & Enabling Group (comprising of Senior Officers from Education, Health, Children’s Social Work and Community Services) was established to coordinate further rapid development of the concept of whole family hub support. The Oversight & Enabling Group has taken initial responsibility for the establishment of 3 provisions. The intended outcomes of the “hubs” are strongly aligned to:

Projects detailed in the Local Outcome Improvement Plan
Aberdeen City - Child Poverty Action Plan
Locality Plans in which the Hubs will be situated.



INTEGRATION JOINT BOARD

All partners – Aberdeen City Council; Aberdeen City Health & Social Care Partnership and NHS Grampian - have committed to working collaboratively to deliver the hubs. The development of the Hubs will be taken forward on a joint commissioning basis with each partner committing resource to be aligned to the delivery of the Hubs.

The “hubs” will be multidisciplinary and will be integrated across education children’s social work, health and community services, as recommended by the National Mental Health Task Force and Independent Care Review. The approach will be holistic, addressing financial, practical, and emotional support needs of families by providing support through skilled relationships. Team members will be knowledgeable in child and human development, the impact of poverty and will apply a child centred, family minded and community focused approach.

Regional Updates

4.1 Community Mental Health Delivery Plan 2020 - 2023

During 2019/20 the Community Mental Health Service Undertook a series of consultation events with partners, staff, service providers, service users and carers to jointly look at developing our Community Mental Health Delivery Plan for Aberdeen City. This included:

- collating views on the existing community service provision
- exploring how to enhance services to meet the needs of communities

The “Plan on a Page” (Appendix A) agreed aims and 15 areas of improvement. The Delivery Plan was finalised and published in February 2020

Covid19 has had an impact both positively and negatively on our ability to address our improvement action plan, however the following developments can be reported:

- **Direct Access – Creation of Community Mental Health & Wellbeing Workers** - A business case for the creation of Community Mental Health & Wellbeing Workers and paid peer support has been developed to provide “Direct Access First point of contact for Mental health Services” building on the principle of “Ask Once, Get Help Fast”. The business case has received initial approval from the Action15 Steering Group. This will now proceed to the Leadership Team prior to being presented to the IJB for final approval.
- **Improved Patient Pathways** – Intentions to improve patient pathways have been brought forward and escalated as part of emergency response



INTEGRATION JOINT BOARD

measures for Covid19. Revised and streamlined Adult and Older Adult Patient Pathways are now in place, and these will continue to be reviewed and evolved.

- **Improve and Promote “Know who to turn to”** information for Mental Health & Wellbeing as part of the Covid-19 response continues to be improved and promoted.
- **Alternative Treatment options through Digital Solutions** - work has been undertaken to roll out the use of Attend Anywhere throughout Mental Health Services to provide alternative treatment options through digital solutions. With additional IT equipment, this roll-out will continue over the next few months with further training and promotion in the use of the system.

4.2 NHS Grampian Winter Plan

The winter period can be challenging for health and social care services. Demand for services can be very high and the ability and capacity of teams and resources to respond is often tested. This winter, such challenges will be even greater as we continue to live with Covid-19 and anticipate a potential second wave.

On 17th August 2020, NHS Grampian wrote to the Chief Officer of Aberdeen City Health and Social Care Partnership clarifying the timeline for development of the Grampian Winter Plan for 2020/21. This letter asked that we review and update the Partnership’s Winter Plan by 31st August 2020 using the template provided by them.

The template is based on formats used in previous years with slight amendments to reflect the Covid-19 environment. Supporting information was also provided to reflect lessons learned from last winter, potential winter scenario from the Academy of Medical Science, and winter related assumptions from the Remobilisation Plan submitted to Scottish Government on 31st July 2020 which included activity related to Operation Home First.

All ACHSCP services contributed to the Remobilisation Plan and the content of the Winter Plan was further developed through consultation with key partners (e.g. ACC Roads, Bon Accord Care, Scottish Care and ACVO) with final operational approval gained through the ACHSCP Leadership Team.



INTEGRATION JOINT BOARD

Following submission of the draft Winter Plan to NHS Grampian on 31st August 2020, there will be a Cross System Planning Meeting week commencing 7th September to review all sector plans and identify any gaps. The Grampian Winter Plan will then progress through the NHS Grampian System Leadership Team and onwards to the NHS Grampian Board for final sign off on 1st October 2020. Once the Plan has been signed off by NHS Grampian then it will be included in a Service Update to all members of the IJB.

The ACHSCP Winter Plan will be a standing item weekly at the Leadership Team meetings. This will ensure that the Winter Plan is being implemented and is appropriately managing demand pressures as winter 2020/21 progresses.

6 Implications for IJB

- 6.1 Equalities – there are no implications in relation to our duty under the Equalities Act 2010
- 6.2 Fairer Scotland Duty - there are no implications in relation to the Fairer Scotland Duty
- 6.3 Financial – there are no immediate financial implications arising from this report.
- 6.4 Workforce – there are no immediate workforce implications arising from this report.
- 6.5 Legal – there are no immediate legal implications arising from this report
- 6.6 Other- there are no other immediate implications arising from this report.

7 Links to ACHSCP Strategic Plan

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



INTEGRATION JOINT BOARD

8 Management of Risk

8.1 Identified risks

The updates provided link to the Strategic Risk Register in a variety of ways, specifically to the strategic risks of locality working and hosted services.

8.2 Link to risks on strategic or operational risk register:



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

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.

8-There is a risk that the IJB does not maximise the opportunities offered by locality working.

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

The Chief Officer will monitor progress towards mitigating the areas of risk closely and will provide further detail to the IJB should she deem this necessary

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

This page is intentionally left blank

Community Mental Health Delivery Plan & Actions on a Page



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.”



- 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



This page is intentionally left blank



INTEGRATION JOINT BOARD

Date of Meeting	8 September 2020
Report Title	Board Development and Governance Contingency Plan
Report Number	HSCP.20.032
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	No
Appendices	Board Development Plan

1. Purpose of the Report

- 1.1. The purpose of the report is to provide the Integrated Joint Board (IJB) with a Development Plan for Members of the Board and an outline of proposals to be taken to ensure the continuity of Board governance matters if there is a requirement to revert to earlier Phases of the Scottish Government’s Route Map for Covid-19.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:
- (a) Approve the outline Development Plan for IJB Board Members as appended to this report; and
 - (b) Approve the proposals to ensure continuity of governance matters if there is a requirement to revert to earlier Phases of the Scottish Government’s Route Map for Covid-19, as detailed in the report.



INTEGRATION JOINT BOARD

3. Summary of Key Information

Development Plan for IJB Board Members

- 3.1. IJB Board Members have been considering their own development since the Board was first established. Information gleaned by the work of Martha Simpson through Harvey McMillan and supplemented by the output from the last informal IJB Workshop on 9 June, 2020 and the informal catch up of Board members on 16th of June have helped shape the draft proposals contained in the Appendix to this report.
- 3.2. From the sessions in June, some of the main areas that Board members have identified were:
- Get an understanding of what's happened in the Covid response phase and 'take stock'
 - Be mindful of the impact on staff wellbeing and resilience after response
 - Being impressed at the flexibility shown in the Covid response
 - Get an understanding of which changes were necessitated by response and are effective and should be kept
 - A level of confusion about the purpose of informal sessions
 - Concern that the Board is not allowing meaningful engagement on decisions
 - The volume of Board papers and the length of meetings
 - Unclear about how they get strategic assurance without detailed operational information
- 3.3. Looking back at the information gathered at the start of the Board development exercise, many of these issues were raised then too. Themes about challenging supportively, being braver and the difference between strategic and operational scrutiny came through strongly then too.
- 3.4. Based on the above, key areas for development that have been outlined by Board Members include Masterclasses on the following:
- Conversational Intelligence
 - Handling difficult conversations and conflict
 - Clarifying the boundary between strategic and operational



INTEGRATION JOINT BOARD

- 3.5. Looking ahead Martha Simpson and her team will assist in the development of an 'effective performance framework' for the IJB which will assist the IJB in maintaining good practice once the work with Harvey Macmillan is complete.
- 3.6. It is proposed that except for the individual coaching, which is still continuing, the Board will resume development sessions with Martha and her team from November 2020 onwards.
- 3.7. This will focus initially on delivering online conversational intelligence over 4 sessions, each of 1.5-hour duration in November. Martha Simpson will liaise with Aberdeen City Council's Committee Team regarding finding suitable dates for these.

Board Governance Continuity

- 3.8. The IJB at its meeting on 24th March, 2020 considered a report from the Chief Officer - Governance, Aberdeen City Council which outlined required changes to the Board's Standing Orders to enable virtual meetings of the Board and remote attendance of Board members. The Board agreed changes to the Standing Orders and that the Boards' Committees be cancelled and that matters of business of strategic importance (as referenced in the Board's Business Planner) should be arranged in discussion with the respective Chief Officer/Chief Financial Officer and the respective Chairs and progressed via a Board meeting.
- 3.9. The Scottish Government in May published their Route Map for moving out of Lockdown, and in order to ensure continuity of governance matters if there is a requirement to revert to earlier Phases of the Route Map, it is proposed that the following proposals be implemented by the IJB:
 - 3.9.1. Greater use of Microsoft Teams - virtual meetings of Board and Committees - keeping in mind the wellbeing of Board members and staff who support the meetings. It is proposed that virtual meetings



INTEGRATION JOINT BOARD

of the Board and its Committees will continue for the foreseeable future.

- 3.9.2. Information Bulletins - production of bulletins to keep IJB members informed i.e. weekly update as an example. Key is to maintain information flow with Members.
- 3.9.3. Board Reports - ensuring that only matters of business of strategic importance (as referenced in the Board's Business Planner) will be submitted to the Board and its committees. A reduction in agenda items will allow Members increased opportunity to scrutinise the more important/urgent reports.
- 3.9.4. As we move through the phases of the Routemap and learn to "live with Covid" it is proposed that we retain the IJB's governance arrangements as is and avoid action like stopping the Committees of the Board if possible. If there is a need to stop the Committees then it is proposed to retain meetings of the IJB and that the Board fulfil the remits of the Committees.

4. Implications for IJB

- 4.1. **Equalities** – there are no implications in relation to our duty under the Equalities Act 2010
- 4.2. **Fairer Scotland Duty** - there are no implications in relation to the Fairer Scotland Duty
- 4.3. **Financial** – there are no immediate financial implications arising from this report.
- 4.4. **Workforce** – there are no immediate workforce implications arising from this report.
- 4.5. **Legal** – there are no immediate legal implications arising from this report
- 4.6. **Other**- there are no other immediate implications arising from this report.



INTEGRATION JOINT BOARD

5. Links to ACHSCP Strategic Plan

- 5.1. The Board development plan is linked to the overall delivery of the Strategic Plan.

6. Management of Risk

6.1. Identified risks

There is a risk that if the Board do not approve a development plan then their role in challenging supportively and scrutinising the Chief Officer and Leadership Team at a strategic level could be diminished.

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:

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

6-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.



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



INTEGRATION JOINT BOARD

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. The Board's development plan (once approved and implemented) will help the members of the IJB to challenge supportively and scrutinise the Chief Officer and the Leadership Team at a strategic level.

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

Brief update on revised options for IJB Development

Coaching: Coaching will continue as planned

Development Days planned pre-COVID

Here is what we had previously agreed:

1. A half day with the IJB and Sandra's senior team on Strategic and Operational boundaries and expectations
2. Full day - Day 1 of the Introduction to Conversational Intelligence
3. A full day on Handling Conflict and Difficult Conversations
4. And a full day on Leading Change

Recent discussions in the light of COVID

1. A half day with the IJB and Sandra's senior team on Strategic and Operational boundaries and expectations.
It feels that this remains an important day and the proposal is to leave it until early 2021 in the hope that we can have this face to face. The size of this group could be up to 40. The alternative is to do it over a number of small group discussions, but it is likely that there would still be a need for a whole group conversation, so that would require additional time.
2. Full day - Day 1 of the Introduction to Conversational Intelligence.
This has been recently delivered successfully over 4 x 1.5 hour sessions for another client organisation. Due to the size of the board (around 20) it is thought the best way to deliver this would be to run 2 cohort which would take the group maximum down to 10; and would offer the benefit of people having more choice about dates.
There was a thought that one of the groups running in an evening timeslot might make diary management available for some; but this would need to be the consensus of the IJB, or we would go with two day-time cohorts. We anticipate this would run weekly from early November until mid December as follows. I have utilised 10th November as you already have that on your calendars.

	Week 1	Week 2 – 10 th November	Week 3	Week 4	Week 5
Session	1	2	3	4	
Session		1	2	3	4

It would be critical to attend all 4 sessions as it is too disruptive to the flow of the learning if someone misses a session and can't understand the activities of week 4 for example because they missed week 3.

3. A full day on Handling Conflict and Difficult Conversations. The discussion is to leave this into February and decide by then if it is possible to do it in an on site session; or similarly over 4 x 1.5 hour sessions.
4. In the light of the significant change the Board has recently led, it was felt that a day on Leading Change was less useful now. So we were asked to look at whether or not we can use the remaining time available could more usefully focus on consolidating the learning of the Board to date; and additionally accommodate some work around a learning framework as a legacy for future Board members as you think about Succession Planning. This could

include pulling together some work specific to the Induction of Board members, the feasibility of a buddy system for new members, and a summary or signposting to some materials used. We are happy to look at this within existing resources if this would be useful to the Board.

Decisions to be taken

1. Agree C-IQ Introduction as 4 x 1.5 sessions
2. Agree to leave half day on Strategic and Operational clarity to beginning of 2021 (Jan/Feb)
3. Agree to leave Day on Handling Conflict and Difficult Conversations until Feb/March 2021
4. Agree to use any balance of time to provide a Learning Framework as described in 4 above.

With these agreements we will move to confirm dates as quickly as possible. We will schedule dates for the C-IQ sessions now simply to enable calendars to be confirmed due to the challenge of scheduling busy diaries.

Martha Simpson

July 2020



INTEGRATION JOINT BOARD

Date of Meeting	08.09.2020
Report Title	IJB Records Management Plan
Report Number	HSCP20.033
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Name: Martin Allan Job Title: Business Manager Email Address: martin.allan3@nhs.net
Consultation Checklist Completed	Yes
Appendices	<ul style="list-style-type: none"> • IJB Records Management Plan • IJB File Plan • IJB Business Classification Scheme • IJB Records Management Policy • Memorandum of Understanding between Aberdeen City Council and the IJB

1. Purpose of the Report

- 1.1. To present the IJB with a draft Records Management Plan and associated documents for approval and onward submission to the National Records of Scotland.

2. Recommendations

- 2.1. It is recommended that the IJB:
- (a) Approve in principle, the draft IJB Records Management Plan and associated documents outlined in Appendices A to E to this report;
 - (b) Agree to instruct the Chief Officer, to finalise the Plan and documents following the meeting of Aberdeen City Council’s Information Governance Group on the 14th of September, 2020; and



INTEGRATION JOINT BOARD

(c) Agree to forward the Plan and documents to the National Records of Scotland by the required deadline of 31st October 2020.

3. Summary of Key Information

- 3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 added Integrated Joint Boards (IJB) to the Schedule of the Act. Chief Officers (CO) are, therefore, required to develop and submit a Plan setting out the arrangements they have in place to manage their public records. It is important to note that the 'public records' of the IJB are those which are created and managed on behalf of the CO in the course of carrying out his/her duties. In reality, this amounts to a very small amount of records that the IJB "manages".
- 3.2. The Partnership have been liaising with the National Records of Scotland and an agreed deadline for the submission of the IJB's Plan is the 31st of October 2020.
- 3.3. Aberdeen City Integration Joint Board is fully committed to compliance with the requirements of the Public Records (Scotland) Act. The IJB will therefore follow procedures that aim to ensure that all of its officers employees of constituent authorities supporting its work, contractors, agents, consultants and other trusted third parties who create public records on behalf of the authority, or manage public records held by the authority, are fully aware of and abide by this plan's arrangements.
- 3.4. Information underpins the Board's over-arching strategic objective and helps it meet its strategic outcomes. Its information supports it to: demonstrate accountability; provide evidence of actions and decisions; assist with the smooth running of business and help build organisational knowledge.
- 3.5. Good recordkeeping practices lead to greater productivity as less time is taken to locate information. Well managed records will help the Board make: better decisions based on complete information; smarter and smoother work practices; consistent and collaborative workgroup practices and better resource management, support for research and development; and preservation of vital and historical records.
- 3.6. Under the terms of the Public Records (Scotland) Act 2011, a number of public bodies, including Councils and Integration Joint Boards are required to submit a Records Management Plan (RMP) to be agreed by the Keeper of the Records of Scotland. The Records Management Plan must set out



INTEGRATION JOINT BOARD

and evidence proper arrangements for the management of the authority's public records.

- 3.7.** As mentioned at 3.1 above, the IJB creates a relatively small number of records in its own right. The IJB does not own or operate any ICT resources and instead uses the infrastructure of Aberdeen City Council for day to day management of its records. Details of the type of records that the IJB holds are outlined in the File Plan attached at Appendix B to this report.
- 3.8.** In order to formalise the arrangements between the IJB and the Council, a Memorandum of Understanding (Appendix E) has been drafted that confirms that all records of the IJB will be held by the Council on behalf of the IJB. All records of the IJB will be subject under the terms of this agreement to all relevant policies and procedures of the Council applying to records management functions and together with any relevant data sharing agreements. The Council agrees that it will manage records held on behalf of the IJB in line with the Council's Records Management Plan. This means these records are held by the IJB rather than the council for purposes of freedom of information legislation and, to the extent that they contain personal data, this means the IJB is the controller of that personal data and the Council acts as the IJB's data processor. It is worth noting that the IJB does not receive many Freedom of Information requests. The process for dealing with these requests is that the Chief Officer would prepare a response for consultation with the Chair and Vice-Chair of the Board to approve. Freedom of Information requests for the Partnership (rather than the IJB) are dealt through either the Council or NHS Grampian route, depending on the subject matter.
- 3.9.** It is agreed that it is the responsibility of the IJB to ensure its office holders and members will be kept up to date with the structure and procedures applying to management of its records by means of relevant training and information sessions. The Council will keep the IJB informed as to any changes in its own records management arrangements and supporting policies, procedures and guidance.
- 3.10.** Also attached as appendices are: The IJB's Records Plan (appendix A); the IJB Business Classification Scheme (Appendix C); and the IJB's Records Management Policy (Appendix D). All these documents are required by the National Records of Scotland as a suite of supporting documents to the Plan.



INTEGRATION JOINT BOARD

- 3.11.** Aberdeen City Council's Information Governance Group at its meeting on the 23rd July, 2020 considered and approved the Memorandum of Understanding and requested that the Plan and associated documents be submitted to its next meeting on the 14th of September, 2020.



INTEGRATION JOINT BOARD

3.12. Given that the next meeting of the Information Governance Group is after this meeting of the IJB, and that the deadline set by the National Records of Scotland (31/10/2020) is before the next scheduled meeting of the IJB, it is proposed that the IJB approve the Plan and documents in principle and instruct the Chief Officer, to finalise the Plan and submit to the National Records of Scotland by the required deadline.

4. Implications for IJB

- 4.1. Equalities** – there are no direct implications arising directly as a result of this report.
- 4.2. Fairer Scotland Duty** – there are no direct implications arising directly as a result of this report.
- 4.3. Financial** – there are no direct implications arising directly as a result of this report.
- 4.4. Workforce** - there are no direct implications arising directly as a result of this report.
- 4.5. Legal** - this report ensures compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 by drafting an IJB Records Management Plan and supporting documents.
- 4.6. Other** - there are no direct implications arising directly as a result of this report.

5. Links to ACHSCP Strategic Plan

5.1. The Strategic Plan sets out the aims, commitments and priorities of the Partnership, in alignment with Community Planning Aberdeen's Local Outcome Improvement Plan, NHS Grampian's Clinical Strategy and Aberdeen City Council's Local Housing Strategy. Aberdeen City Health & Social Care Partnership and its governance body, the Integration Joint Board, have since the beginning of integration made progress to integrate the health and social care services delegated from our partners, Aberdeen City Council and NHS Grampian. Part of the Governance around the IJB is the management of the IJB's records, as detailed in the report.





INTEGRATION JOINT BOARD

6. Management of Risk

6.1. **Identified risks(s):** Reputational Damage.

6.2. **Link to risks on strategic or operational risk register:** The production of the IJB's Records Management Plan will help to mitigate all of the risks on the IJB's Strategic Risk Register, however the main risk that it will help mitigate is "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"

6.3. **How might the content of this report impact or mitigate these risks:** Ensuring that all Members of the IJB and staff within the Partnership are properly trained on records management and information governance, will help mitigate the risk of reputational damage.

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



Aberdeen City Health & Social Care Partnership
A caring partnership



RECORDS MANAGEMENT PLAN

Aberdeen City Integration Joint Board

Aberdeen City Integration Joint Board
ACHSCPEnquiries@aberdeencity.gov.uk





About the Public Records (Scotland) Act 2011

In order to improve the quality of record keeping by named Scottish public authorities, the Public Records (Scotland) Act 2011 (PRSA) came into force on the 1st January 2013, and requires the Aberdeen City Integration Joint Board to submit a Records Management Plan (RMP). This must be agreed by the Keeper of the Records of Scotland and must clearly set out proper arrangements for the way an authority manages public records, created in any format, when performing its functions.

This document is the Records Management Plan of Aberdeen City Integration Joint Board and is to be submitted to the Keeper of the Records of Scotland in April 2019.

About the Aberdeen City Integration Joint Board

The Public Bodies (Joint Working) (Scotland) Act 2014 provides a framework for the effective integration of adult health and social care services. Its policy ambition is to:

“...improve the quality and consistency of services for patients, carers, service users and their families; to provide seamless, joined-up quality health and social care services in order to care for people in their own homes or a homely setting where it is safe to do so; and to ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer term and often complex needs, many of whom are older.”

To realise this ambition, the Aberdeen City Health and Social Care Partnership (the Integration Authority) was established with a remit to engage with the people who use our services, their carers, our workforce, the third and independent sectors and community representatives in the planning and delivery of integrated adult health and social care services that will make a positive difference to the health and wellbeing of our City's population.

The Aberdeen City Health & Social Care Partnership is overseen by the Aberdeen City Integration Joint Board. Operational services as delegated to the Aberdeen City Health & Social Care Partnerships are overseen by the respective Records Management Plans of Aberdeen City Council and NHS Grampian. Management of these records will conform to these Records Management Plans.

This Records Management Plan relates to the records of the Aberdeen City Integration Joint Board. The Aberdeen City Integration Joint Board create a small number of records in relation to its function as a Board (for example, data relating to the Strategic Plan, Board & Committee papers and minutes; and correspondence by the Chief Officer, Chief Finance Officer and Clinical Director (GP)). It has been determined that all IJB records are held electronically.



The Plan

The scope of the Plan applies to all records irrespective of age, format, the technology used to create and store them, or the type of information they contain.

Each section lists evidence in support of the Aberdeen City Integration Joint Board's activities. Where relevant, details of further development work to deliver the necessary requirements of the Act are outlined. The evidence package is included in Appendix 1.

This plan will be reviewed every year (or sooner if new legislation, codes of practices or national standards are to be introduced).

Record Management Plan Elements

The RMP sets out the overarching framework for ensuring that IJB records are managed and controlled effectively.

The RMP considers all 14 elements as advised in the Keeper's Model RMP and supporting guidance material. The 14 elements are:

1. Senior management responsibility
2. Records manager responsibility
3. Records management policy statement
4. Business classification
5. Retention schedules
6. Destruction arrangements
7. Archiving and transfer arrangements
8. Information security
9. Data protection
10. Business continuity and vital records
11. Audit trail
12. Competency framework for records management staff
13. Assessment and review
14. Shared information

RMP Element Description	Aberdeen City Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 1: Senior management responsibility: Section 1(2)(a)(i) of the Act specifically requires a RMP to identify the individual responsible for the management of the authority's public records. An authority's RMP <u>must</u> name and provide the job title of the senior manager who accepts overall responsibility for the RMP that has been submitted.</p> <p>It is vital that the RMP submitted by an authority has the approval and support of that authority's senior management team. Where an authority has already appointed a Senior Information Risk Owner, or similar person, they should consider making that person responsible for the records management programme. It is essential that the authority identifies and seeks the agreement of a senior post-holder to take overall responsibility for records management. That person is unlikely to have a day-to-day role in implementing the RMP, although they are not prohibited from doing so.</p> <p>As evidence, the RMP could include, for example, a covering letter signed by the senior post-holder. In this letter the responsible person named should indicate that they endorse the authority's record management policy (See Element 3).</p>	<p>The Chief Officer has senior responsibility for all aspects of the IJB's Records Management, and is the corporate owner of this document.</p> <p>The Chief Officer is also the Board's Senior Information Risk Owner (SIRO).</p> <p>The Chief Officer chairs the Leadership Team, which has strategic responsibility for the Health and Social Care Partnership.</p>	<p>IJB Decision (date)</p> <p>Covering letter to Keeper from CO (date)</p>	<p>No further development required. Measure fully implemented and evidenced.</p>



RMP Element Description	Aberdeen City Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 2: Records manager responsibility:</p> <p>Section 1(2) (a)(ii) of the Act specifically requires a RMP to identify the individual responsible for ensuring the authority complies with its plan. An authority's RMP <u>must</u> name and provide the job title of the person responsible for the day-to-day operation of activities described in the elements in the authority's RMP. This person should be the Keeper's initial point of contact for records management issues. It is essential that an individual has overall day-to-day responsibility for the <u>implementation</u> of an authority's RMP. There may already be a designated person who carries out this role. If not, the authority will need to make an appointment. As with element 1 above, the RMP must name an individual rather than simply a job title. It should be noted that staff changes will not invalidate any submitted plan provided that the all records management responsibilities are transferred to the incoming post holder and relevant training is undertaken. This individual might not work directly for the scheduled authority. It is possible that an authority may contract out their records management service. If this is the case an authority may not be in a position to provide the name of those responsible for the day-to-day operation of this element. The authority must give details of the arrangements in place and name the body appointed to carry out the records management function on its behalf. It may be the case that an authority's records management programme has been developed by a third party. It is the person operating the programme on a day-to-day basis whose name should be submitted.</p>	<p>The Operational Officer responsible for records management is the Aberdeen City HSCP's Business Manager.</p> <p>Responsibilities include:</p> <ul style="list-style-type: none"> • Managing the IJB's records • Reviewing and implementing operational policies and procedures in line with the RMP • Ensuring relevant health and social care staff have records management training, where required 	<p>IJB Minute (date)</p> <p>Signed MOU between ACC and IJB</p> <p>Minute of ACC Information Governance Group (date)</p> <p>Covering letter to Keeper from CO</p>	



RMP Element Description	Aberdeen City Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 3: Records management policy statement: The Keeper expects each authority's plan to include a records management policy statement. The policy statement should describe how the authority creates and manages authentic, reliable and useable records, capable of supporting business functions and activities for as long as they are required. The policy statement should be made available to all staff, at all levels in the authority. The statement will properly reflect the business functions of the public authority. The Keeper will expect authorities with a wide range of functions operating in a complex legislative environment to develop a fuller statement than a smaller authority. The records management statement should define the legislative, regulatory and best practice framework, within which the authority operates and give an overview of the records management processes and systems within the authority and describe how these support the authority in carrying out its business effectively. For electronic records the statement should describe how metadata is created and maintained. It should be clear that the authority understands what is required to operate an effective records management system which embraces records in all formats.</p> <p>The records management statement should include a description of the mechanism for records management issues being disseminated through the authority and confirmation that regular reporting on these issues is made to the main governance bodies. The statement should have senior management approval and evidence, such as a minute of the management board recording its approval, submitted to the Keeper. The other elements in the RMP, listed below, will help provide the Keeper with evidence that the authority is fulfilling its policy.</p>	<p>The IJB approved the Records Management Policy on (date). This is a broad statement of intent documenting the IJB's approach to records management through reference to legislation and good records management principles. The context of this plan is that IJB records will be managed by Aberdeen City Council and as such will be covered by their records management policies and protocols. To support this, a memorandum of understanding is in place.</p>	<p>IJB Records Management Policy Minute of IJB (date) MOU</p>	



RMP Element Description	Aberdeen City Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 4: Business classification</p> <p>The Keeper expects an authority to have properly considered business classification mechanisms and its RMP should therefore reflect the functions of the authority by means of a business classification scheme or similar.</p> <p>A business classification scheme usually takes the form of a hierarchical model or structure diagram. It records, at a given point in time, the informational assets the business creates and maintains, and in which function or service area they are held. As authorities change the scheme should be regularly reviewed and updated.</p> <p>A business classification scheme allows an authority to map its functions and provides a structure for operating a disposal schedule effectively.</p> <p>Some authorities will have completed this exercise already, but others may not. Creating the first business classification scheme can be a time-consuming process, particularly if an authority is complex, as it involves an information audit to be undertaken. It will necessarily involve the cooperation and collaboration of several colleagues and management within the authority, but without it the authority cannot show that it has a full understanding or effective control of the information it keeps.</p> <p>Although each authority is managed uniquely there is an opportunity for colleagues, particularly within the same sector, to share knowledge and experience to prevent duplication of effort.</p> <p>All of the records an authority creates should be managed within a single business classification scheme, even if it is using more than one record system to manage its records. An authority will need to demonstrate that its business classification scheme can be applied to the record systems which it operates.</p>	<p>The IJB has developed a Business Classification Scheme (BCS) modelled on the BCS format used by Aberdeen City Council which identifies the classes of its records through functions and transactions.</p>	<p>IJB Business Classification Scheme</p> <p>IJB Minute (date)</p> <p>IGG Minute (date)</p>	



RMP Element Description	Aberdeen City Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 5: Retention schedules</p> <p>Section 1(2) (b)(iii) of the Act specifically requires a RMP to include provision about the archiving and destruction or other disposal of the authority’s public records.</p> <p>An authority’s RMP <u>must</u> demonstrate the existence of and adherence to corporate records retention procedures. The procedures should incorporate retention schedules and should detail the procedures that the authority follows to ensure records are routinely assigned disposal dates, that they are subsequently destroyed by a secure mechanism (see element 6) at the appropriate time, or preserved permanently by transfer to an approved repository or digital preservation programme (See element 7).</p> <p>The principal reasons for creating retention schedules are:</p> <ul style="list-style-type: none"> • to ensure records are kept for as long as they are needed and then disposed of appropriately • to ensure all legitimate considerations and future uses are considered in reaching the final decision. • to provide clarity as to which records are still held by an authority and which have been deliberately destroyed. <p>“Disposal” in this context does not necessarily mean destruction. It includes any action taken at the agreed disposal or review date including migration to another format and transfer to a permanent archive.</p> <p>A retention schedule is an important tool for proper records management. Authorities who do not yet have a full retention schedule in place should show evidence that the importance of such a schedule is acknowledged by the senior person responsible for records management in an authority (see element 1). This might be done as part of the policy document (element 3). It should also be made clear that the authority has a retention schedule in development.</p> <p>An authority’s RMP <u>must</u> demonstrate the principle that retention rules are</p>	<p>Day-to-day responsibility for the implementation of the IJB Records Management Plan File Plan lies with the Information Governance Team of Aberdeen City Council. The memorandum of understanding sets out the relationship and governance which supports this.</p>	<p>Records Management Policy File Plan MOU ACC Document Retention Schedules and Lifecycle Protocols</p>	



consistently applied across all of an authority's record systems.			
RMP Element Description	Aberdeen City Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 6: Destruction arrangements</p> <p>Section 1(2) (b)(iii) of the Act specifically requires a RMP to include provision about the archiving and destruction, or other disposal, of an authority's public records.</p> <p>An authority's RMP <u>must</u> demonstrate that proper destruction arrangements are in place.</p> <p>A retention schedule, on its own, will not be considered adequate proof of disposal for the Keeper to agree a RMP. It must be linked with details of an authority's destruction arrangements. These should demonstrate security precautions appropriate to the sensitivity of the records. Disposal arrangements must also ensure that all copies of a record – wherever stored – are identified and destroyed.</p>	<p>Any destruction of IJB records, in all formats, will be undertaken in accordance with Aberdeen City Council's document destruction arrangements.</p> <p>All IJB records are created and stored electronically</p>	<p>IJB File Plan MOU</p>	



RMP Element Description	Aberdeen City Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 7: Archiving and transfer arrangements</p> <p>Section 1(2)(b)(iii) of the Act specifically requires a RMP to make provision about the archiving and destruction, or other disposal, of an authority’s public records.</p> <p>An authority’s RMP <u>must</u> detail its archiving and transfer arrangements and ensure that records of enduring value are deposited in an appropriate archive repository. The RMP will detail how custody of the records will transfer from the operational side of the authority to either an in-house archive, if that facility exists, or another suitable repository, which <u>must</u> be named. The person responsible for the archive should also be cited.</p> <p>Some records continue to have value beyond their active business use and may be selected for permanent preservation. The authority’s RMP <u>must</u> show that it has a mechanism in place for dealing with records identified as being suitable for permanent preservation. This mechanism will be informed by the authority’s retention schedule which should identify records of enduring corporate and legal value. An authority should also consider how records of historical, cultural and research value will be identified if this has not already been done in the retention schedule. The format/media in which they are to be permanently maintained should be noted as this will determine the appropriate management regime.</p>	<p>IJB records are stored and maintained through Aberdeen City Council’s records management systems</p> <p>The Business Classification Scheme and File Plan identify the nature of the records the IJB creates and holds. The memorandum of understanding .provides the framework in which ACC policy towards archiving and transfer will apply to IJB records within the context of the Records Management Policy.</p>	<p>MOU</p> <p>IJB Business Classification Scheme</p> <p>IJB File Plan</p> <p>IGG Minute</p> <p>IJB Minute</p>	



RMP Element Description	Aberdeen City Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 8: Information Security</p> <p>Section 1(2) (b)(ii) of the Act specifically requires a RMP to make provision about the archiving and destruction or other disposal of the authority's public records.</p> <p>An authority's RMP <u>must</u> make provision for the proper level of security for its public records.</p> <p>All public authorities produce records that are sensitive. An authority's RMP <u>must</u> therefore include evidence that the authority has procedures in place to adequately protect its records. Information security procedures would normally acknowledge data protection and freedom of information obligations as well as any specific legislation or regulatory framework that may apply to the retention and security of records.</p> <p>The security procedures <u>must</u> put in place adequate controls to prevent unauthorised access, destruction, alteration or removal of records. The procedures will allocate information security responsibilities within the authority to ensure organisational accountability and will also outline the mechanism by which appropriate security classifications are linked to its business classification scheme.</p>	<p>The IJB will follow and comply with Aberdeen City Council policy and procedures in terms of arrangements for the security for systems, devices, information sharing platforms etc.</p> <p>All staff that work with IJB records will remain employees of either Aberdeen City Council or NHS Grampian. As such they will be subject to the policies and procedures of their employer, i.e. Aberdeen City Council Information Security policies or NHS Grampian Information Security Policies.</p>	<p>ACC Information Security Policy</p> <p>NHSG Information Security Policy</p>	



RMP Element Description	Aberdeen City Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 9: Data protection</p> <p>The Keeper will expect an authority’s RMP to indicate compliance with its data protection obligations. This might be a high level statement of public responsibility and fair processing.</p> <p>If an authority holds and process information about stakeholders, clients, employees or suppliers, it is legally obliged to protect that information. Under the Data Protection Act, an authority must only collect information needed for a specific business purpose, it must keep it secure and ensure it remains relevant and up to date. The authority <u>must</u> also only hold as much information as is needed for business purposes and only for as long as it is needed. The person who is the subject of the information <u>must</u> be afforded access to it on request.</p>	<p>The Records Management Policy sets out the IJB commitment to data protection.</p> <p>IJB Data Protection Officer</p>	<p>IJB Privacy Notice and Council & NHS Data Sharing agreement.</p>	



RMP Element Description	Aberdeen City Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 10: Business continuity and vital records</p> <p>The Keeper will expect an authority's RMP to indicate arrangements in support of records vital to business continuity. Certain records held by authorities are vital to their function. These might include insurance details, current contract information, master personnel files, case files, etc. The RMP will support reasonable procedures for these records to be accessible in the event of an emergency affecting their premises or systems.</p> <p>Authorities should therefore have appropriate business continuity plans ensuring that the critical business activities referred to in their vital records will be able to continue in the event of a disaster. How each authority does this is for them to determine in light of their business needs, but the plan should point to it.</p>	<p>IJB's records are managed in accordance with the Council's Business Continuity and vital records arrangements.</p> <p>Although we do not keep paper records we do have a plan for business continuity for identified IJB vital records. This includes copies of:</p> <ul style="list-style-type: none"> • Integration Scheme • Strategic Plan • List of membership and relevant contact numbers • Business Continuity Plan 	<p>Electronic information is held on Council IT systems which are supported by off-site backup and in some cases also by disaster recovery capabilities.</p> <p>Access to NHSG BCP Documents?</p>	



RMP Element Description	Aberdeen City Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 11: Audit trail</p> <p>The Keeper will expect an authority’s RMP to provide evidence that the authority maintains a complete and accurate representation of all changes that occur in relation to a particular record. For the purpose of this plan ‘changes’ can be taken to include movement of a record even if the information content is unaffected. Audit trail information must be kept for at least as long as the record to which it relates.</p> <p>This audit trail can be held separately from or as an integral part of the record. It may be generated automatically, or it may be created manually.</p>	<p>All IJB records with an ongoing lifecycle are subject to a review protocol. Examples would include the Strategic Plan, the Strategic Risk Register and all policies approved by the IJB.. These review protocols are routinely annual and are documented as a new record is created. All these records are reported through the ACC Committee management process and retained and stored according to the ACC records management protocols</p>	<p>ACC Records Management Policy and Plan</p>	



RMP Element Description	Aberdeen City Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 12: Competency framework for records management staff</p> <p>The Keeper will expect an authority's RMP to detail a competency framework for person(s) designated as responsible for the day-to-day operation of activities described in the elements in the authority's RMP. It is important that authorities understand that records management is best implemented by a person or persons possessing the relevant skills.</p> <p>A competency framework outlining what the authority considers are the vital skills and experiences needed to carry out the task is an important part of any records management system. If the authority appoints an existing non-records professional member of staff to undertake this task, the framework will provide the beginnings of a training programme for that person.</p> <p>The individual carrying out day-to-day records management for an authority might not work for that authority directly. It is possible that the records management function is undertaken by a separate legal entity set up to provide functions on behalf of the authority, for example an arm's length body or a contractor. Under these circumstances the authority must satisfy itself that the supplier supports and continues to provide a robust records management service to the authority.</p>	<p>Training for staff who have records management roles or undertake records management activities remains the responsibility of the employing bodies Aberdeen City Council and NHS Grampian</p> <p>Staff who are managing IJB records are employed by either Aberdeen City Council or NHS Grampian, and have received the relevant training for their role.</p>	<p>ACC Records Management Plan</p> <p>NHSG Records Management Plan</p> <p>Annual Assurance Statement that relevant staff have undertaken training?</p>	



RMP Element Description	Aberdeen City Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 13: Assessment and review</p> <p>Section 1(5) (i)(a) of the Act says that an authority must keep its RMP under review.</p> <p>An authority's RMP <u>must</u> describe the procedures in place to regularly review it in the future.</p> <p>It is important that an authority's RMP is regularly reviewed to ensure that it remains fit for purpose. It is therefore vital that a mechanism exists for this to happen automatically as part of an authority's internal records management processes.</p> <p>A statement to support the authority's commitment to keep its RMP under review must appear in the RMP detailing how it will accomplish this task.</p> <p>Read further explanation and guidance about element 13 – http://www.nas.gov.uk/recordKeeping/PRSA/guidanceElement13.asp</p>	<p>The IJB will undertake an annual review of the RMP which will be documented and recorded through the ACC Committee management process.</p> <p>Any proposed changes will also be reported through the ACC Information Governance Group to ensure all proposed changes are in accordance with ACC policies and procedures and that the Memorandum of Understanding is still validated.</p>	<p>Minutes of IJB meetings</p> <p>Minutes of IGG meetings</p>	



RMP Element Description	Aberdeen City Integration Joint Board (IJB) Compliance Statement	Evidence	Further Development
<p>Element 14: Shared Information</p> <p>The Keeper will expect an authority’s RMP to reflect its procedures for sharing information. Authorities who share, or are planning to share, information must provide evidence that they have considered the implications of information sharing on good records management.</p> <p>Information sharing protocols act as high level statements of principles on sharing and associated issues, and provide general guidance to staff on sharing information or disclosing it to another party. It may therefore be necessary for an authority’s RMP to include reference to information sharing protocols that govern how the authority will exchange information with others and make provision for appropriate governance procedures.</p> <p>Specifically the Keeper will expect assurances that an authority’s information sharing procedures are clear about the purpose of record sharing which will normally be based on professional obligations. The Keeper will also expect to see a statement regarding the security of transfer of information, or records, between authorities whatever the format.</p>	<p>Information is held by the Council, Health Board and IJB.</p> <p>Data sharing agreements are in place and new ones are planned on specific areas including sharing of performance information at a granular level to support forward planning.</p>	<p>All Data Sharing Agreements</p>	<p>.</p>

This page is intentionally left blank

Function Level 1	Activities Level 2	Sub-Activities Level 3	Sub-Activities Level 4	Trigger: What action triggers the retention period?	Retention period	Action - what happens at the end of this period	Legislative / Business Reason for retention policy	Location of information e.g. shared drive, business system name etc..please specify
Governance	Decision Making	Board	Scheme of Delegation		permanent	retain	business requirement	shared drive
			Integration Scheme		permanent	retain	business requirement	shared drive
			Financial Regulations		permanent	retain	business requirement	shared drive
Governance	Decision Making	Board Meetings	Agendas	date of meeting	6 years	Retain master record in Archives; copies should be destroyed Local Government (Scotland) Act 1973, s 50C Local Government (Access to Information) Act 1985	business requirement	ACC's Committee Services Management Programme
			Petitions	date of meeting	6 years	Retain master record in Archives; copies should be destroyed Local Government (Scotland) Act 1973, s 50C Local Government (Access to Information) Act 1985	business requirement	ACC's Committee Services Management Programme
			Terms of Reference		permanent	retain	business requirement	shared drive
			Standing Orders		permanent	retain	business requirement	shared drive
			Code of Conduct		permanent	retain	business requirement	shared drive
			Declarations of Interest	date member leaves office	10 years	review for archival need	business requirement	ACC's Committee Services Management Programme
			Directions		permanent	retain	business requirement	shared drive
			Minutes	date of meeting	6 years	Retain master record in Archives; copies should be destroyed Local Government (Scotland) Act 1973, s 50C Local Government (Access to Information) Act 1985	business requirement	ACC's Committee Services Management Programme

Function Level 1	Activities Level 2	Sub-Activities Level 3	Sub-Activities Level 4	Trigger: What action triggers the retention period?	Retention period	Action - what happens at the end of this period	Legislative / Business Reason for retention policy	Location of information e.g. shared drive, business system name etc..please specify
			Questions and Answers	date of meeting	6 years	Retain master record in Archives; copies should be destroyed Local Government (Scotland) Act 1973, s 50C Local Government (Access to Information) Act 1985	business requirement	ACC's Committee Services Management Programme
			Reports to meetings	date of meeting	6 years	Retain master record in Archives; copies should be destroyed Local Government (Scotland) Act 1973, s 50C Local Government (Access to Information) Act 1985	business requirement	ACC's Committee Services Management Programme
Governance	Strategy, Policy and Planning	Developing Strategy	Strategic Plan	date of meeting	6 years	Retain master record in Archives; copies should be destroyed Local Government (Scotland) Act 1973, s 50C Local Government (Access to Information) Act 1985	business requirement	ACC's Committee Services Management Programme
Governance	Risk Management	Risk Monitoring and Assessment	Strategic Risk Register	date of meeting	6 years	Retain master record in Archives; copies should be destroyed Local Government (Scotland) Act 1973, s 50C Local Government (Access to Information) Act 1985	business requirement	ACC's Committee Services Management Programme
Resources	Finance	Accounts and Audit	Published Annual Accounts and Financial Statement	date of meeting	6 years	Retain master record in Archives; copies should be destroyed Local Government (Scotland) Act 1973, s 50C Local Government (Access to Information) Act 1985	business requirement	ACC's Committee Services Management Programme

Function Level 1	Activities Level 2	Sub-Activities Level 3	Sub-Activities Level 4	Trigger: What action triggers the retention period?	Retention period	Action - what happens at the end of this period	Legislative / Business Reason for retention policy	Location of information e.g. shared drive, business system name etc..please specify
			Published Annual Performance Report	date of meeting	6 years	Retain master record in Archives; copies should be destroyed Local Government (Scotland) Act 1973, s 50C Local Government (Access to Information) Act 1985	business requirement	ACC's Committee Services Management Programme
			Published Annual Audit Report	date of meeting	6 years	Retain master record in Archives; copies should be destroyed Local Government (Scotland) Act 1973, s 50C Local Government (Access to Information) Act 1985	business requirement	ACC's Committee Services Management Programme

This page is intentionally left blank

Aberdeen City Integration Joint Board

Business Classification Scheme

Aberdeen City Integration Joint Board (IJB) recognises the importance and benefits of organising its information in such a way that facilitates business efficiency and information management.

In organising its information through classifications, the IJB is able to operate within a structure which improves access, storage and management of its information. To realise this, the IJB complies with Aberdeen City Council's Records Management policies as they host the records on the IJB's behalf. All records owned by the IJB are in either paper or electronic formats

IJB records although managed according to the Aberdeen City Council records and information management policies and processes, continue to be owned by the IJB and are uniquely identifiable as such within the Council's systems. A Memorandum of Understanding, agreed and signed by the relevant officers of both the Council and the IJB, is in place and confirms the arrangements between the two parties.

The Business Classification Scheme is detailed below.

Ownership and management of the IJB Business Classification Scheme is the responsibility of the IJB Chief Officer. Ongoing maintenance and oversight of IJB records are devolved to the Business Manager, who administers the processes which support the IJB business.

Governance arrangements for the IJB Business Classification Scheme is the responsibility of the Council's Information Management Team. Any requests for changes have to be made via this team.

It is recognised that changes will be required on a regular basis at lower levels of the IJB File Plan. Therefore, this is a delegated responsibility to the Business Manager who is responsible for managing and administering the work of the IJB.

Level 1 Function	Level 2 Activity	Level 3 Sub-Activity	Level 4 Transaction	Notes
Governance	Decision Making	Board	Scheme of Delegation	
			Integration Scheme	
			Financial Regulations	
			Contact details	
			Correspondence	
Governance	Decision Making	Board Meetings	Agendas	
			Membership	
			Petitions	
			Terms of Reference	
			Standing Orders	
			Code of Conduct	

			Declarations of Interest	
			Directions	
			Minutes	
			Questions and Answers	
			Reports to meetings	
			Administration	
			Business Planning	Attendance records, meeting dates, schedules
Governance	Decision Making	Committee Meetings	Agendas	
			Membership	
			Petitions	
			Terms of Reference	
			Minutes	
			Questions and Answers	
			Reports to meetings	
			Administration	
			Business Planning	Attendance records, meeting dates, schedules
Governance	Decision Making	IJB Development	Attendance Records	
			Minutes	
			Briefing Notes	
			Presentation documents	
Governance	Decision Making	Committee Development	Attendance Records	
			Briefing Notes	
			Presentation Documents	
Governance	Decision Making	Leadership Team Development	Attendance Records	
			Briefing Notes	
			Presentation Documents	
Governance	Strategy, Policy and Planning	Developing Strategy	Strategic Plan	
Governance	Risk Management	Risk Monitoring and Assessment	Strategic Risk Register	
Governance	Risk Management	Business Continuity	Leadership Team cover arrangements	
Resources	Finance	Accounts and Audit	Published Annual Accounts and Financial Statement	
			Published Annual Performance Report	
			Published Annual Audit Report	
Engagement	Access to Information	FOISA and the EIRs	Published Information and Publication Scheme	
Engagement	Internal and External Engagement	Events	Invitations and attendance sheets	
			Presentations	
Engagement	Internal and External Engagement	Annual Conference	Invitations and attendance Records	
			Presentations	
Engagement	External Engagement	Complaints	IJB Complaints records	



RECORDS MANAGEMENT POLICY

Aberdeen City Integration Joint Board

ABSTRACT

The purpose of this policy is to support the creation, capture and management of authentic, reliable, and useable records that possess integrity, and support and enable business activity for the Aberdeen City Integration Joint Board (IJB) for as long as required.



Contents

1. Introduction	2
2. Context	Error! Bookmark not defined.
3. What is Records Management?	2
4. Principles	3
Our Records	4
5. Scope:	5
3. Policy Statement and Commitment.....	2
4. Roles & Responsibility	6
Legislation, Regulation and Standards.....	6
Storage:	6
Management:.....	7
Disposal:	7
Reporting Records Management Issues:	8
Review	8
Revision History	8



1. Introduction

The Aberdeen City Health and Social Care Partnership (ACHSCP) formally came into existence in February 2016 with the approval of its Integration Scheme by Scottish Ministers. The Integration Joint Board (IJB) – the Partnership’s board of governance, strategy and scrutiny – became responsible for its delegated health and social care functions on the 1st of April 2016. This record management policy relates to the Integration Joint Board.

A records management policy statement underpins effective management of an authority's records and information. It demonstrates to employees and stakeholders that managing records is important to the authority and serves as a mandate for the activities of the records manager.

2. What is Records Management?

Records management can be defined as the process whereby an organisation manages its records, whether created internally or externally and in any format or media type, from their creation or receipt, through to their destruction or permanent preservation.

Records management is about placing controls around each stage of a record’s lifecycle, at the point of creation (through the application of metadata, version control and naming conventions), during maintenance and use (through the management of security and access classifications, facilities for access and tracking of records), at regular review intervals (through the application of retention and disposal criteria), and ultimate disposal (whether this be recycling, confidential destruction or transfer to the archive branch for permanent preservation). By placing such controls around the lifecycle of a record, we can ensure they demonstrate the key attributes of authenticity, reliability, integrity and accessibility, both now and in the future.

3. Policy Statement and Commitment

It is the policy of the Aberdeen City Integration Joint Board to maintain authentic, reliable and useable records, which are capable of supporting business functions and activities for as long as they are required.



4. Principles

1. IJB records must be accurate, authoritative and comprehensive in content in order to provide reliable evidence of IJB business.
2. IJB records must be adequate for the IJB business they support and based on good quality data, in accordance with either the Council or NHS Grampian's information governance policies (dependent on originating source)
3. IJB records must be titled and referenced in a manner consistent and relevant to the business activity to ensure that they can be easily retrieved, understood and managed.
4. IJB records should be created in fixed formats where ever possible.

Authenticity

- An authentic record is one that can be proven to:
 - be what it claims to be;
 - have been created or sent by the person stated to have created or sent it; and
 - have been created or sent when stated.

Reliability

- A reliable record is one:
 - whose contents can be trusted as a full and accurate representation of the transactions, activities or facts to which they attest; and
 - which can be depended upon in the course of subsequent transactions or activities.

Integrity

- A record that has integrity is one that is complete and unaltered

Useability

- A useable record is one:
 - that can be located, presented and interpreted within a reasonable timescale;
 - connected to the business process or transaction that produced it; and
 - has the necessary metadata, for example identifiers, format, and storage location.



5. Our Records

A record is recorded information, in paper or electronic format, created or received and maintained by the IJB in the transaction of business or the conduct of affairs and kept as evidence of such activity. Records include, but not exhaustively:

- Directions
- Accounts
- Strategies and policies
- Annual reports
- Minutes
- Reports
- Any IJB complaints

For the purposes of the IJB, a record is recorded information that has been created or received by the IJB in the regular course of its business activities or in the pursuance of legal transactions.

As such, all records are the property of the IJB. This applies regardless of the physical location of the record, or whether it is held in off-site storage (i.e. deposited with a 3rd party organisation specifically contracted to store information on behalf of the IJB), in a partner organisation asset (Council or NHS Grampian) or within a service provider's system.

We retain records that provide evidence of our functions, activities and transactions, for:

- **Operational Use** – to serve the purpose for which they were originally created, to support our decision-making processes, to allow us to look back at decisions made previously and to learn from previous successes and failure, and to protect the organisation's assets and rights.
- **Internal and External Accountability** – to demonstrate transparency and accountability for all actions, to provide evidence of legislative, regulatory and statutory compliance and to demonstrate that all business is conducted in line with best practice. IJB records constitute an auditable account of the Board's activities, which provides evidence of the business, actions, decisions and resulting policies formed by the organisation.
- **Historical and Cultural Value** – to protect and make available the corporate memory of the organisation to all stakeholders and for future generations.



Records represent a vital asset, which support the daily functions of the IJB and protect the interests and rights of staff, service users, patients and members of the public who have dealings with this authority. Effective record keeping supports efficiency, consistency and continuity of work and enables the IJB to deliver a wide range of sustainable services.

It ensures that the correct information is:

- Captured
- Stored
- Maintained
- Retrieved and destroyed
- Preserved in accordance with business need, statutory and legislative requirements. Records management is an essential part of enabling the IJB to achieve priority outcomes that reflect what is most important to the people and communities of Aberdeen City.

6. Scope:

The IJB Record Management Policy applies to:

- All records which are created received and managed in the course of IJB business (IJB Records) This includes paper and electronic records in all formats, for example hardcopy documents and files, visual images, audio recordings, and electronic information including emails, social media content, webpages and digital documents.
- It also applies to IJB data held in the devices, systems, applications and storage media of partner organisations (particularly NHS Grampian and Aberdeen City Council), in web based and remotely hosted services, as well as personal computers, laptops, tablets and mobile phones.
- This policy covers any individual with access to the IJB's information and records, including (but not limited to):
 - All voting and non-voting members and any other Council or NHS Grampian officer when acting in IJB business; and
 - All third parties and contractors performing a statutory IJB function or service



7. Roles & Responsibilities

The lead responsible officer for records management in the Aberdeen City Integration Joint Board is the Chief Officer. With the support of the Business Manager, they have responsibility for ensuring compliance with this records management policy. The partnership's Leadership Team provides the governance framework within which this compliance is evidenced.

The Aberdeen Integration Joint Board is the owner of all IJB records, including those created by Council or NHS Grampian employees, volunteers, people on work placements and elected members, contractors or consultants when acting in IJB business.

8. Legislation, Regulation and Standards

This policy and associated records management guidance have been developed within the context of national legislation, professional standards, and codes of practice. Specifically this includes:

- Public Records (Scotland) Act 2011
- Data protection legislation including GDPR (General Data Protection Regulation) and the UK Data Protection Act 2018
- Freedom of Information (Scotland) Act 2002
- Code of Practice on Records Management issued under Section 61 of the Freedom of Information (Scotland) Act 2002
- BS ISO 15489-1:2016 Information and documentation – Records management
- The records management policies and procedures of key partners, particularly Aberdeen City Council and NHS Grampian.

In addition, some records will be subject to other legislation or requirements covering their specific subject area.

9. Storage:

IJB records must be adequately protected and stored securely to prevent unauthorised access.



Electronic IJB records must be stored on either the Council or NHS Grampian's network in folder structures clearly identified for IJB business or in valid electronic record keeping systems.

Physical IJB records no longer needed for immediate or routine use should be sent to the Aberdeen City Council Records Centre for storage and management.

IJB records must always be retrievable for business, performance, audit and public rights of access purposes up until they are destroyed.

10. Management:

The IJB does not have its own IT system, associated storage equipment and infrastructure. As such it must rely on both the Aberdeen City Council and NHS Grampian's assets for the day-today administration of its business.

The IJB business records categories identified at 5 above, are exclusively electronic in nature and are managed through Aberdeen City Council's records management policies and protocols. To support this, a Memorandum of Understanding has been documented and signed by the relevant parties from the Council and the IJB.

IJB records must have access controls and audit logging in place that are appropriate to the sensitivity and risk of their content.

Primary IJB records which have been published (meetings, minutes, reports) must remain accessible and usable for as long as they are required to be solely managed, retained and archived under the Aberdeen City Council's information governance policies.

Secondary IJB records which have been created for the purposes or for the attention of IJB business (e.g. accounts, emails, complaints) will be subject by the hosting organisation's respective information governance policies.

IJB records must not be distributed or copied unnecessarily.

11. Disposal:

No IJB record may be destroyed without appropriate authorisation and due regard to both legal obligations.



All destructions of IJB records must be logged by the disposing business unit. This log must be kept for no less than 20 years on a rolling basis.

- **Primary IJB records:** must never be destroyed – they will be held permanently.
- **Secondary IJB records:** must be destroyed securely, in compliance with the hosting organisation procedures.

12. Reporting Records Management Issues:

The records management statement should include a description of the mechanism for records management issues being disseminated through the authority and confirmation that regular reporting on these issues is made to the main governance bodies.

13. Review

This policy will be reviewed annually or sooner if required.

14. Revision History

Date	Revision	Created By
19.02.2019	Initial Draft	S. Gibbon
21.07.20	Second Draft	N. Buck



Appendix 1 – Definitions

**Aberdeen City
Integration Joint
Board**

The Aberdeen City Integration Joint Board is responsible for the integration of health and social care services in Aberdeen City. This includes the planning and delivery of integration arrangements and delegated functions. The IJB is commonly referred to as the Aberdeen City Health and Social Care Partnership – this is the public facing aspect of the Aberdeen City Integration Joint Board

Format

Records can be created in multiple formats including: paper files, hand-written notes, emails and correspondence, audio / visual recordings, digital documents, systems, data, databases, images, photographs and videos.

Record

IJB records are defined as information that has been created, received and maintained by the IJB, either in the course of its business, or in order to provide evidence of its activities. It is important that records are retained for certain periods of time for legal or business reasons

**Records
Management**

Records management establishes policies and standards for maintaining diverse types of records throughout their lifecycle, from creation to storage and retention, until eventual archival or destruction.

Vital Records

Vital records are the documents and other types of information which are essential to enable the Aberdeen City Integration Joint Board to fulfil its functions and conduct its activities effectively.

Memorandum of Understanding: Aberdeen City Council and Aberdeen City Integration Joint Board

Under the terms of the Public Records (Scotland) Act 2011, a number of public bodies, including Councils and Integration Joint Boards are required to submit a Records Management Plan (RMP) to be agreed by the Keeper of the Records of Scotland. The Records Management Plan must set out and evidence proper arrangements for the management of the authority's public records.

The Aberdeen City Integration Joint Board ('the IJB') creates a relatively small number of records in its own right which are listed in Appendix A. The IJB does not own or operate any ICT resources and instead uses the infrastructure of Aberdeen City Council ('the Council') for day to day management of its records.

The signatories to this agreement confirm that all records of the IJB will be held by the Council on behalf of the IJB. All records of the IJB will be subject under the terms of this agreement to all relevant policies and procedures of the Council applying to records management functions and together with any relevant data sharing agreements. The Council agrees that it will manage records held on behalf of the IJB in line with the Council's Records Management Plan. This means these records are held by the IJB rather than the Council for purposes of freedom of information legislation and, to the extent that they contain personal data, this means the IJB is the controller of that personal data and the Council acts as the IJB's data processor.

It is agreed that it is the responsibility of the IJB to ensure its office holders and members will be kept up to date with the structure and procedures applying to management of its records by means of relevant training and information sessions. The Council will keep the IJB informed as to any changes in its own records management arrangements and supporting policies, procedures and guidance.

Signed on behalf of Aberdeen City Integration by Sandra Macleod, Chief Officer, Aberdeen Health and Social Care Partnership

Signature:
Date:

Signed on behalf of Aberdeen City Council by

Signature:
Date:

This page is intentionally left blank



INTEGRATION JOINT BOARD

Date of Meeting	8 th September 2020
Report Title	Annual Report 2019-20
Report Number	HSCP.20.034
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Name: Alison MacLeod Job Title: Lead Strategy and Performance Manager Email Address: alimacleod@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	A. Annual Report 2019-20

1. Purpose of the Report

- 1.1. The purpose of this report is to obtain Integration Joint Board approval of the Annual Performance Report (APR) 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.

2. Recommendations

- 2.1. It is recommended that the IJB:
- a) Approve the Annual Performance Report 2019-20.
 - b) Agree that the Annual Performance Report 2019-20 should be published on the partnership's website.
 - c) Instruct the Chief Officer to present the approved Annual Performance Report to both Aberdeen City Council and NHS Grampian.



INTEGRATION JOINT BOARD

- d) Instruct the Chief Officer to bring forward an Appendix to the Annual Performance Report containing benchmarked data on the national and MSG performance indicators when these are available to the October meeting of the IJB.

3. Summary of Key Information

- 3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 obliges the integration authority to prepare an Annual Performance Report for the previous reporting year which in this case is 1st April 2019 to 31st March 2020. The performance report therefore relates to the first year of the IJB's current Strategic Plan.
- 3.2. The APR must outline a description of the extent to which the arrangements set out in this plan have achieved, or have contributed to achieving, the national health and wellbeing outcomes.
- 3.3. Neither the legislation nor accompanying guidance prescribes a specific template to be used for the APR. Each partnership can design its own format to best explain and illustrate its performance. The design of this year's report is based mainly on the very visual and easy read format used for the Strategic Plan.
- 3.4. In February 2019, the Ministerial Strategic Group (MSG) undertook a Review of Progress with Integration, which set out that Integration Authorities should improve the consistency and read across of their Annual Performance Reports. In line with this, we have previously agreed that we would report against national and MSG performance indicators in a common tabular format which allows easy benchmarking and comparisons across Scotland. The data for these indicators is collated by Public Health colleagues who cleanse, double check and verify the data prior to publishing for national use. This year, these colleagues have been diverted onto work specifically in relation to Covid-19 so have not had the time to devote to the national indicators. Although data is available it is not yet deemed robust enough and we have been advised it cannot be used for comparison purposes or publication at this time. In light of this situation, the Strategic Commissioning and Improvement Network (SCIN) subgroup



INTEGRATION JOINT BOARD

of Health and Social Care Scotland (HSCS), has facilitated a common agreement amongst all partnerships in Scotland in relation to how APRs will look this year, and some common references that will be included. Our APR is in line with that agreement.

- 3.5.** As reported to IJB previously, regardless of the robustness of this year's data, there are doubts as to the validity of some of the National and MSG Indicators, but we are obliged to report on them. Last year we reported them in an Appendix and our intention is to do the same this year but only when we are advised that the national data is sufficiently robust for publication. The proposal is that the Annual Report as per Appendix A is published immediately upon approval and that when the national and MSG indicators are available the Appendix to the report is developed, submitted to IJB for approval and subsequently added to the published version. This is one of the reasons why we have kept the design of the report this year "in-house" as this will make it easier and more cost effective to add the appendix and re-publish at a later date.
- 3.6.** The IJB will recall that in September 2019 we undertook a Local Survey. The purpose of the local survey was to gather the views of ACHSCP patients and clients and establish a baseline for measuring delivery of the refreshed Strategic Plan. The survey will be repeated in 2022 and the two sets of results compared. Some of the questions used in the survey directly relate to the national performance indicators and we have used this information to inform the Annual Performance Report although this is only a snapshot and, at this time we cannot show trends or comparisons.
- 3.7.** Other local data and commentary has been included where relevant and this is laid out following the format of the Strategic Plan itself, detailing achievements against each of the five Strategic Aims and the five Enablers. There is also a section on Governance and our priorities for next year with space for the Appendices when they become available.
- 3.8.** The proposed Annual Performance Report for 2019/20 is contained in Appendix A.



INTEGRATION JOINT BOARD

4. Implications for IJB

- 4.1. **Equalities** – the annual report demonstrates the positive impact health and social care services is having on people with some protected characteristics such as age, disability etc.
- 4.2. **Fairer Scotland Duty** – this report has no direct implications in relation to the Fairer Scotland Duty, it does however, demonstrate positive impacts in relation to tackling health inequalities.
- 4.3. **Financial** – There are no direct financial implications arising from the recommendations of this report. All services are delivered within existing agreed budgets.
- 4.4. **Workforce** – There are no direct workforce implications arising from the recommendations of this report. All services are delivered by existing workforce under the terms and conditions of the employing organisation.
- 4.5. **Legal** – under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 we have a statutory obligation to publish an Annual Performance Report. Whilst, due to governance arrangements we are unable to publish within the stipulated timescale (4 months after the end of the financial year i.e. 31st July 2020), we are in a similar situation to many partnerships and there is an acceptance at government level that this is the case. If the Annual Performance Report was not to be approved and published, we would be in breach of our legal obligation which would damage the reputation of the IJB and give rise to uncertainty around its performance.
- 4.6. **Other** – none.

5. Links to ACHSCP Strategic Plan

- 5.1. The Annual Performance Report demonstrates the progress made in the first year of our refreshed Strategic Plan.



INTEGRATION JOINT BOARD

6. Management of Risk

6.1. Identified risks(s)



There is a risk that we breach our legal obligation under the Public Bodies (Joint Working) (Scotland) Act 2014 (as described at 4.5 above) and also that we are not transparent and open about our performance.

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

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

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

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

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

This page is intentionally left blank



Page 77



Aberdeen City Health & Social Care Partnership

A caring partnership



Annual Report 2019 - 2020

Contents

- Introduction
- Your Feedback
- Strategic Plan Dashboard
- Performance against our Strategic Aims
- Performance against our Enablers
- Governance
- Priorities for Next Year
- Appendix



Introduction

This annual performance report reflects the progress Aberdeen City Health and Social Care Partnership has made in the first year of our latest Strategic Plan i.e. 2019/20. Progress is measured using both local and national data as well as case studies and customer feedback.

Normally we would compare our performance on the National and MSG Indicators against the previous financial years and the Scottish national average. This year, however, due to data analysts being diverted onto Covid-19 work, the national data is not yet complete enough to allow this form of reporting or comparisons. We intend to publish an appendix to this report at a later date when the national average is available.

We continue to follow the principles of good governance which includes examining our governance structures to ensure they meet these requirements. Our governance structures provide a direct 'line of sight' for our IJB and our two partner organisations, Aberdeen City Council and NHS Grampian, delivering the assurances they need that Aberdeen City Health and Social Care Partnership is delivering on its commitments as they expect.

The delivery of transformation, service re-design and new ways of working does not come without risk. It is our task to manage those risks and our Strategic Risk Register identifies the risks to the achievement of our strategic aims and the accompanying controls and mitigating actions which helps us manage these risks whilst simultaneously maximising the opportunities they present.

We recognise, as a partnership, that our goals cannot be achieved without the involvement of the people using our services, as well as the unpaid carers who support many vulnerable people across the city. In September 2019, we reported the findings of our Local Survey, which asked people about their experiences of our services and to describe their own health and wellbeing. These findings are used to support our performance against nine of the national indicators. The national Health and Care Experience Survey is normally used to support benchmarking of these indicators but due to the Covid-19 pandemic, the results of this is not available for this report.

With Aberdeen City Health and Social Care Partnership in pandemic response mode since March 2020, this year's annual performance report (covering April 2019-March 2020) is subject to the impact of COVID19 and therefore is more concise than in previous years. Due to the pandemic, some members of staff who contribute to and are responsible for information illustrating our partnership's effectiveness, have been redeployed into different roles to support our response and meet the needs of our communities. Our next annual performance report, April 2020-March 2021, will outline the effect of the Covid-19 pandemic across our services and communities, and will highlight ways in which integrated partnership working has moved ahead at pace and scale, whilst keeping people safe and ensuring person-centred care.

Your Feedback

- ♥ In September 2019 ACHSCP undertook a local survey as a benchmark to provide data to measure the impact of the strategic plan.
- ♥ A total of 452 interviews were completed which equates to a response rate of 21%. Most respondents were retired and living in a care home or sheltered housing.
- ♥ To the right we have extracted some key indicators – some things to be proud of, and others where we need to improve.
- ♥ As well as the ratings, we got 53 pages worth of free text comments which we will use to celebrate success and improve service provision.
- ♥ We plan to repeat the survey in 2022 and directly compare results to demonstrate performance against our Strategic Plan.



91%

satisfaction with home care

86%
satisfaction with health and social care overall



90%

agree that support helps them live as independently as possible

We spoke to a number of our service users about their experiences of health and social care support. You can see their stories by scanning this code:



68%

say it is hard for them to get motivated to look after their own health



53%

don't take part in any community activities

6%

of care recipients also care for another - usually for more than 50 hours a week



Your Feedback

Positive

- ♥ This is a happy place.
- ♥ Staff are very caring.
- ♥ My doctor is very good and comes out to me.
- ♥ All the people who come in are excellent
- ♥ I go to care group twice a week.
- ♥ I have access to clubs etc. with transport available from the sheltered housing.
- ♥ There's bingo and afternoon teas and exercises etc. every week.

Negative

- ♥ It would be better if we had the same staff – there seem to be lots of changes
- ♥ There are not enough staff to cope so there are delays.
- ♥ I feel rather down sometimes.
- ♥ I would like to get out more.
- ♥ We need more activities
- ♥ Travel is a problem

Strategic Plan

How do we know we are progressing?



This year we developed a Performance Dashboard to demonstrate performance against our Strategic Aims. Whilst there has been significant development, work is still ongoing to make this fit for purpose. It is now updated monthly with live local data. Built on Tableau software, it is user friendly and very visual. Indicators continue to be developed and refined as priorities change. For 2020/21 we are considering measures that will demonstrate how we are delivering against the new ways of working introduced as a result of the COVID19 Pandemic.

Prevention

Working with our partners to achieve positive health out-comes for people and address the preventable causes of ill-health in our population

Page 83

The **Breastfeeding Friendly Scotland Scheme**, which aims to normalise breastfeeding and encourage mothers to breastfeed while out and about, is being implemented across Aberdeen city. There is an initial focus to sign up all businesses in Tillydrone and this is being supported by a peer support scheme with a number of peer supporters in Tillydrone already signed up.

Training and Awareness Raising has led to reduced incidents of malnutrition within Care Homes.

Influenza Immunisation uptake rates remain steadily comparable with the Scotland's Average, encouragingly there has been significant increase in uptake in pregnant and in clinical risk patients and childhood ranges in 19/20.

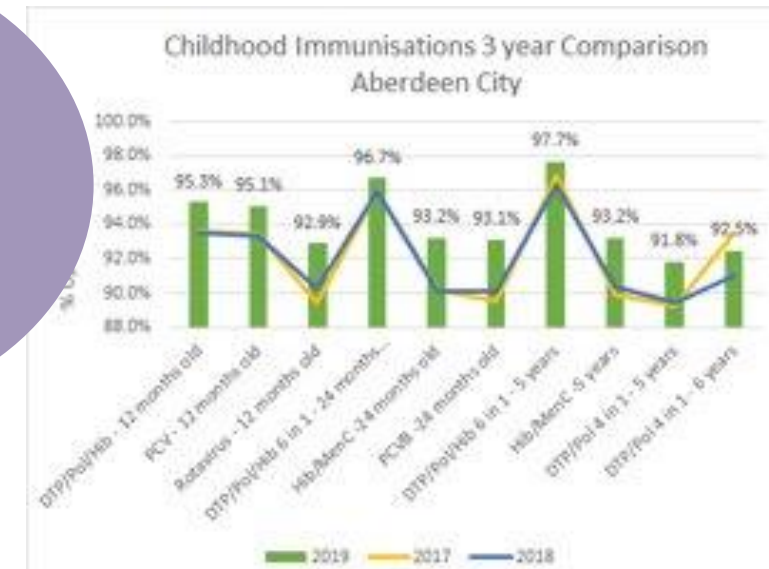
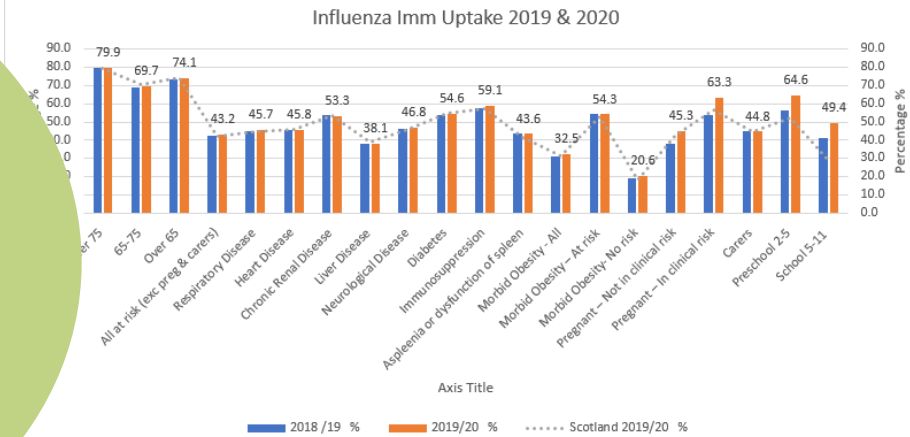
Adult Weight Management

Further development of the Adult Weight Management website, which includes self-management tools and resources as well as signposting to nationally approved information.

Hospital at Home

cover all City GP practices and now have a total of 15 virtual beds.

Childhood Immunisation uptake rate per cohort increased across all immunisations for 2019 as against previous year.



Prevention

Working with our partners to achieve positive health out-comes for people and address the preventable causes of ill-health in our population

Fast Track Cities

At a civic reception in February the Lord Provost signed a charter for Aberdeen City to become a Fast Track City joining a global partnership pledged to achieving progress on HIV prevention, diagnosis and treatment. A high-level action plan has been developed with partners and in conjunction with Our Positive Voice, a peer support group for people living with HIV, work to consult and implement the action plan is now underway.



Grampian Sexual Health

is a pan Grampian, ACHSCP hosted service providing holistic and comprehensive sexual health care. The service provided 36,476 patient contacts in 2019/20, with 20,655 seen face to face (f2f) and 15,821 telephone/video contacts including telephone triage, representing 43% of activity. Overall activity increased 12% in 2019.

The Seaton Project

This is a set of individual projects which have been supported by the Public Health and Wellbeing Team with the aim of increasing health and wellbeing opportunities for the older residents of an area on the Scottish Index of Multiple Deprivation with significant health inequalities and life expectancy 5 years below the City average. Projects include a singing group, a Lunch Club and a Seated Exercise Group run in conjunction with Aberdeen Sports Village.



over 55's welcome

Ongoing work to support **Primary Care Alcohol Hubs** and reduce impact on acute hospital settings is taking place in two GP surgeries in Aberdeen. GPs refer directly to specialist services who offer to link in to practices and support people in their community, reducing time for GP and potential hospital admissions

Link workers have been trained to deliver **Alcohol Brief Interventions** this provides city wide action to ensure discussions are taking place to help people understand safe drinking, the impact on mental health from consuming too much alcohol and offer of specialist support if needed.

A pathway to support direct referrals from ARI to specialist alcohol service has been established to allow people who have identified as requiring support, usually, for relatively acute alcohol dependence, The Integrated Alcohol service provides a smooth transition from hospital to support at home to reduce alcohol intake and prevent further admissions.



During 2019/20 the Community Mental Health Service undertook a series of consultation events with partners, staff, service providers, service users and carers to jointly look at developing our Community Mental Health Delivery Plan for Aberdeen City. This included collating a wide range of views on the existing community service provision and how we could enhance this further to meet the needs of our residents within their communities. Our **Strategic Vision** would 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".

As part of the Community Mental Health Delivery Plan, our aim around Prevention is to ensure People are supported to enjoy the best possible mental health & wellbeing. Our delivery plan actions to support this aim include:

- To explore the creation of Community Mental Health & Wellbeing Workers. This will link into the Primary Care Improvement plan which focuses on releasing capacity for General Practitioners, as well promoting Action 15 objectives to divert services away from A&E and Custody.
- To improve & promote "Know who to turn to" information for Mental Health & Wellbeing, with a local leaflet which has been developed and distributed to all existing patients and promoted further within the ACHSCP Website. Further work will be developed in future to work with partners to showcase local supports.
- To promote the use of electronic tools to enhance wellbeing activities in Communities – This includes a project 'Enhancing Lives through Technology Project' first piloted by Occupational Therapists in the Older Adult Mental Health Service in Aberdeenshire which explores the benefits of combining the introduction of technology with specialised OT early intervention & prevention programmes and strategies. This work is now being developed further for the use in Aberdeen City.

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

OUR ACTIONS



Prevention

Working with our partners to achieve positive health out-comes for people and address the preventable causes of ill-health in our population

Prevention

Working with our partners to achieve positive health out-comes for people and address the preventable causes of ill-health in our population



68% say that they can sometimes feel a bit down, which makes it harder for them to look after their own health and wellbeing

Drug related death continues to be a significant challenge for the City. Due to relaxation in laws for supplying Naloxone, we have supported some organisations who are not drug services to supply **Naloxone** and we will continue to expand this. The review and learning group has also increased partner representation to support a collaborative approach to addressing the number of deaths.

Substance Misuse
An assertive **Outreach Team** is being formed to support the most vulnerable and ensure they can have easy access the most appropriate support quickly. We anticipate this will reduce the number of deaths and burden on GP and hospital admissions as those most at risk will be identified through recent flags with partners, sought out and supported to access the relevant services.

“Know who to turn to”
information on Mental Health & Wellbeing, via a local leaflet which has been developed and distributed to all existing patients and promoted further on the ACHSCP Website. Further work will be developed in future to work with partners to showcase local supports.

Community Mental Health & Wellbeing Workers
This will link into the Primary Care improvement plan which focuses on releasing capacity for General Practitioners, as well promoting Action 15 objectives to divert services away from ED and Custody.



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.

The number of unpaid carers who report they feel supported has risen year on year from 37% in 2017/18, to 40% in 2018/19 to **58%** in 2019/20

38% say that their caring role has had a negative impact on their own health and wellbeing.



In 2019 the chair of the IJB signed a charter to pledge commitment for Aberdeen Health & Social Care Partnership to work with a number of other organisations in helping Aberdeen become a **Sustainable Food City** (now called Sustainable Food Places). Sustainable Food Places aims to help people and places share challenges, explore practical solutions and develop best practice on key food issues to drive positive food change. Granite City Good Food group have developed an action plan to support implementation of the charter goals.

82% of adults in Aberdeen City reported that they were able to look after their health well or quite well. This is an area of focus for future improvement

90% agreed that the health and social care services they received helped them to live as independently as possible

The **Disabled Adaptations Group** continues to meet to maximise the use of adapted properties across tenures in the City. The group is a partnership between ACC Housing, the Private Sector Grant team and a number of Registered Social Landlords operating in Aberdeen.

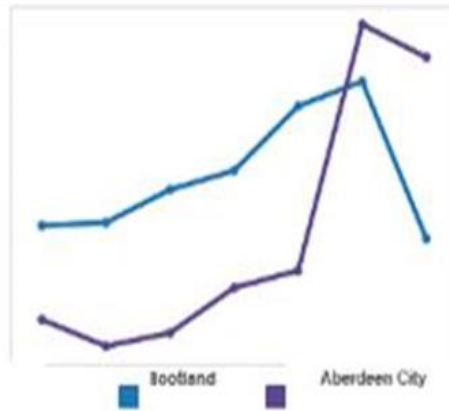


Resilience

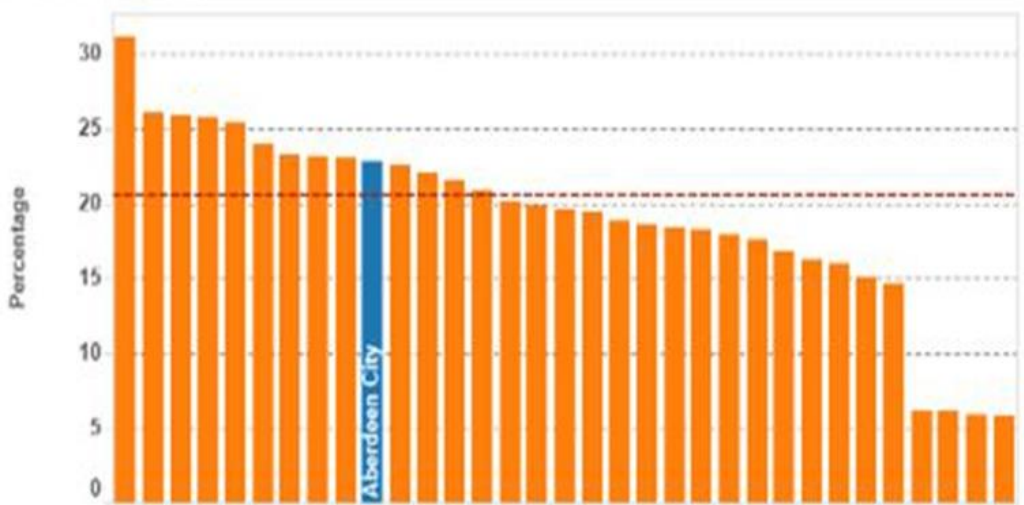
Working with our partners to support people so that they can cope with, and where possible, overcome the health and wellbeing challenges they may face.

Falls rate per 1,000 population aged 65+.

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Aberdeen City	19	19	19	20	20	23	23
Scotland	21	21	21	21	22	23	20



2019/20:
Bar graph shows data for



Additional Information for 2019/20:

Number of Falls	611
Population	35,532

Stepping Forward Together is a community-based group consisting of people living in the community with experience of/an interest in falls prevention, health and social care professionals and third sector partners. The group emerged from the co-production labs delivered to the partnership by Governance International and features as a case study on their website. <http://www.govint.org/good-practice/case-studies/stepping-forward-together/> Our work continues to go from strength to strength. From February 2018 until March 2020 we had visited 16 groups in Aberdeen, speaking to over 260 individual people about falls prevention. SFT has 8 active, volunteer "falls Ambassadors" who go out to visit different groups and speak about their experience of having a fall, how they got the help they needed and what self management options are available in Aberdeen City. The project has been showcased in numerous different places (including our own AHSCP Conference last year) and we were due to speak about it at the "2020 International Forum on Quality and Safety in Healthcare" in April, which was sadly cancelled. SFT has remained active as a group throughout the COVID pandemic. The Falls Ambassador who volunteers with our Airyhall Library Group has kept in touch with group members on a weekly basis throughout Lockdown. SFT Ambassadors have continued sharing information on our Facebook page and have acted as a group of "critical friends" when we have needed some feedback from the people living in the community about ongoing work. They are currently helping us test the "LifeCurve App" which we hope will be a useful addition to a number of self management initiatives. We have kept in touch via virtual meetings and telephone conversations and look forward to a time when we can start

Resilience



Living Well with Diabetes

Tackling Scotland's health record and narrowing health inequalities are persistent challenges that require concerted, sustained, comprehensive approaches.

The Living well with Diabetes project applies the co-production principals which has led to development of peer supporters and 3 peer support groups. The Peer Supporters live and volunteer across different neighborhoods from Torry to Deeside, they manage diabetes ranging from 29 years to being newly diagnosed. They proactively offer IT skills and experiences for example being part of a research network as well as addressing health literacy supporting each other in this. They share all this with the Peer Support groups they facilitate with support from staff.

The Peer Support group meetings are held in an informal setting where new updates are exchanged and shared with support from staff and third sector partners. People are also empowered to confidently use a self-management online tool called My Diabetes, My Way; co-produce and pilot cooking sessions working with CFINE. The group have also influenced the review of the Diabetes MCN website and shared learnings at the Discover Digital event; The range of topics and concerns discussed allude to understanding of inequalities and self-management which individuals and staff work together to resolve or ensure support is addressed adequately.

Do you have or care for someone
living with

**TYPE 2
DIABETES**



Peer-Support Group!

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.



Joint working between **ACC Housing** and ACHSCP led to the Supported Hospital Discharge project was launched in December 2019. The project introduced 13 rooms in 11 sheltered housing settings across the City and provides interim accommodation for people who are delayed in hospital awaiting a care package. Up to 31 March, 15 people have used the service. The total bed days saved by getting these people out of hospital to a more appropriate setting has been 445 days. Using the 'minimum bed day cost' of a hospital bed, which is £279 per day over £124,000 has already been saved

We have signed up to the **Housing and Dementia Framework** which highlights the partnership working between ACC Housing, ACHSCP and the third sector.

Exchange Street Clinic for men who have sex with men continued with record numbers of attendees in 2019, in collaboration with Alcohol and Drugs Action, increasing access to testing, treatment and prevention for HIV and STIs.

Our focus continues to be on a personalised approach to providing **post diagnostic support**. We have radically revised the way we deliver this, embedding it in practice across teams. We now have up to 400 staff across the partnership, as a whole, trained to a skilled level and able to deliver PDS at the point of need. All people who are newly diagnosed have access to a resource pack with information that has been co-produced with people living with dementia.


Healthier Seaton
In 2019, engagement with parents in Seaton was undertaken to understand what mattered to them in relation to health and wellbeing, 42 parents completed a survey or spoke with a community health worker. The main areas identified were healthy eating, cooking on a budget, mental health, finances and budgeting and having safe spaces to play outdoors. A project, 'Seaton Young Parents' then applied for Health Improvement Funding to deliver health promoting activities such as healthy cooking and First aid.



94% said that services help them to feel safe and secure



94% agree that they have their dignity respected



92% are satisfied with GP Services



90% agreed that the health and social care services they received helped them to improve or maintain their quality of life





89% agree that where they receive treatment and support suits their needs

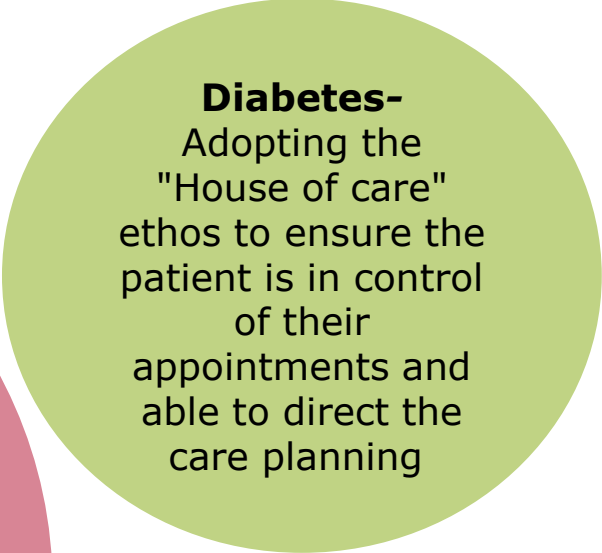


97% agreed that community-based health and social care services are available to them

Personalisation




Stepped Care Approach to managing Unscheduled and Preventive Care in the City - we held a series of 3 key stakeholder workshops Jan-Mar 2020 to inform and support the Implementation of our Stepped Care Approach. We are now testing Locality based multi-disciplinary huddles which serve as a referral point, reducing hand-offs between services and ensuring a more responsive service to patients in a timely fashion




Diabetes-
Adopting the "House of care" ethos to ensure the patient is in control of their appointments and able to direct the care planning



2698 Self Directed Support assessments were completed in 2019/20



Trialled a **dietetic-led, remote, digital service for children and families with Cow's Milk Protein Allergy**. This evaluated positively, resulting in more patients being seen in a timely manner, by the right person, at a time and place which suited the patient. It also resulted in significant savings in the prescribing budget



Connections



40-year-old male referred by GP, unemployed for a number of years as a result of severe anxiety and chronic suicidal ideation preventing him from being active in the community. He was quite heavily dependent on alcohol and felt unable to complete his benefits paperwork without support due to his anxiety. He was quite isolated, with very little social contact, and he identified himself that his physical health could be better particularly his oral health.

Initial priority for him was support in completing ESA paperwork. Subsequently he was supported to register with a dentist, apply for an Access2Leisure membership, referred to the Foyer Impact Programme, Fair Start Scotland Project, Reach Out for additional activities, and ACIS for counselling. He has now started thinking about getting back into employment and is being proactive in finding courses to support his development in relation to this.

16% are lonely often or all of the time

Aberdeen Links Case Studies

Comments from Link Workers:
It is important to take the time to listen to people, get to know them, and hear what is really going on for them to be able to support them efficiently in a person-centred way.

There is much inequality in our communities and to even begin to address that we need to tackle the root causes - poor physical and mental health, poverty, poor education and employment opportunities etc.

49-year-old woman currently living in her family home with her husband and two grown up children. They had lived abroad for 10 years where she had built a stable life with various jobs, a crafting business and a good social group. Since returning to Aberdeen she has struggled to develop the same social network here and had been seeing the Psychological Therapist before starting with the link service. Her husband works away for up to six weeks at a time leaving her feeling lonely and isolated. The idea of getting back into work was daunting. A volunteering opportunity was arranged with Befriend A Child-and she was supported throughout the application and interview process. A personal development programme with Momentum was also arranged which will support with gaining employment, meeting new people and confidence building. She was supported to apply for a job online and given information on how to set up her own Etsy business.



Connections

74-year-old man referred by his GP as he has a diagnosis of Alzheimer's Dementia and his wife was struggling to support him alone. Referral made to 'Forget me not' – a group specific to those with dementia - and Bon Accord Care to receive support with home adaptations such as telecare and community alarms. He now attends day sessions three times a week which gives him activities tailored to his needs and which he enjoys. It also allows his wife to get time to herself to complete her own tasks. The sensors fitted to the home has given his wife peace of mind as she will be alerted if he leaves the property.

There are now 3 active diabetes peer support groups in Aberdeen City which are peer supported by the patients themselves. They have all had training on peer support and now help train other peers. The peer support groups are fully supported by the wider diabetes team and DM Consultants.

46-year-old woman referred by her GP unemployed for a number of years due to assuming a caring role for both her father, who is now deceased, and now her mother, who has recently been diagnosed with dementia. She feels that she has given up her own life to care for her parents and has therefore lost some of her own independence and identity. She has become quite isolated as a lot of her friendships were through work and other activities which she can no longer afford. She was referred to the Carers Service at VSA and was supported to apply for the Short Breaks fund which she used to purchase a gym membership and get a massage. She was also supported to contact care management who have now formally allocated a care manager to her mother whose care has now been increased to give her more of a break. Small tools have been introduced including a pictorial phone to make it easier for her to be contacted by her mother directly when she is not there. She is sleeping better and has one full day a week to herself.



73% of 60-69 age group took part in no activities

Showcase Events

On the 12th June 2019 a showcase event was held at Hazlehead Park Cafe. The aim of the event was to celebrate the fantastic work going on across Aberdeen to improve health and wellbeing. Eleven projects that were supported by HIF attended to showcase how they have utilised the fund to develop gardening and outdoor projects. The event aimed to inspire people, to learn something new and establish new connections. Gardening and outdoor projects were chosen as evidenced health benefits such as being physically active; supporting mental wellbeing; providing a social opportunity as well as access to grow healthy produce.



Volunteering

Volunteering plays a significant part in creating a more sustainable approach to health and social care. Volunteers help build stronger relationships between services and communities supporting integrated care, improving public health and reducing health inequalities. The support volunteers provide can be of value especially to those who rely most heavily on services such as people with multiple long-term conditions. It provides benefits not just to service users and wider communities but also to volunteers themselves in terms of enhanced health and wellbeing. It is estimated that 70,500 people volunteer in Aberdeen

The **Health Improvement Fund** seeks to improve health and wellbeing in communities across Aberdeen. The Fund is awarded through community grants of up to £5000. In 2019/2020 77 projects were funded – here's a few examples

Grow Cook Connect

The Grow Cook Connect event was developed and delivered by the partnership work of 2 city food groups: Aberdeen Health and Social Care Partnership (AHSCP) Granite City Good Food Group and the executive group of the Aberdeen Community Food Network. The event aimed to inspire and celebrate food growing, cooking and community cafes across Aberdeen City. With 65 people in attendance the event resulted in an increased awareness of the vast array of food activities taking place alongside current challenges, these will now be considered by partners for future improvement



Local Empowerment Groups

Following the IJB's endorsement to move from 4 Locality Leadership Groups to 3 Locality Empowerment Groups (LEGs) in November 2019, a media campaign took place to recruit citizens, the response was very positive resulting in 75 people expressing an interest. Informal engagement sessions then took place across the City to start the process to co-design LEGs with an aim to improve population health and wellbeing. A report summarising feedback and next steps was shared with on-going engagement now reaching 135 people who have registered an interest.

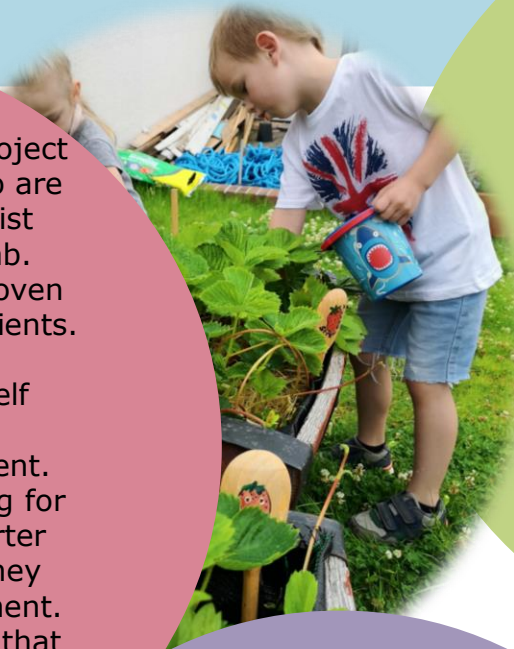
**COULD YOU
IMPROVE THE
HEALTH AND
WELLBEING OF
YOUR COMMUNITY?**

Community

Community

Artroom is an exciting arts project which works with patients who are undergoing intensive specialist stroke and neurological rehab. Taking part in art has been proven to improve the wellbeing of patients. This project aims to build independence and restore self confidence in a way that complements medical treatment. The group received HIF funding for art materials, including a starter pack for taking home after they leave the ward and for equipment. This was specialist equipment that could work around patients' limitations that would enhance their creative journey.

Page 96



Greener Living @ the hub - after successfully running cooking classes with support from HIF, Middlefield Community Project decided to start growing their own fruit and vegetables to be used in the cooking classes. As well as the cooking classes the produce is used in the community café, for snacks in the nursery and to be given out to the local community. The funding was used to purchase a greenhouse, raised vegetable beds and grow tables. The group have 17 volunteers along with nursery children, children from the after school club and the youth club who all help out on a regular basis.



Lochside Academy received money from HIF to bring a board game to promote wellbeing to life. The game was created and designed by an S2 pupil at Lochside Academy to update an older, less interactive game. His idea was to create a game which requires those playing to travel from Marischal College to Lochside Academy via landmarks like Union Square and Aberdeen Beach. Throughout the game, players are able to pick up "choice cards" with positive wellbeing messages enabling them to move forward a number of squares. The choice cards can be made to suit any topic or theme that the young people would like to discuss, meaning the game is suitable for use across the Lochside Academy ASG, from primary to secondary school. The pupil had the idea for it to be printed on large, durable poster material so that those playing the game can complete the journey from Marischal College to Lochside Academy interactively.

Stocket Grange Lunch Club - Staff at Stocket Grange sheltered housing complex applied for funding to enable them to expand their lunch club with a focus on healthy eating. The lunch club has grown from just 8 people attending to 25-30 people. Funding was used to purchase cooking equipment such as casserole dishes and serving spoons to ensure that more people could attend.





Progress against our Enablers

Empowered Staff

In the past year, there have been two main areas of focus in implementing the workforce plan.

The first of these has been to continue to work towards reducing sickness absence in targeted areas and to reminding Managers of the various absence management protocols, and procedures that are in place in NHSG and ACC to support staff attendance.

We have also continued to create and promote a wide range of healthy working lives activities across the city, with a focus on stress and anxiety reduction. Towards the end of the year we submitted our portfolio for the gold healthy working lives award and the results of this external accreditation are awaited.

The second area of significant progress, has been in raising the profile, of health and social care as career of choice.

The partnership attended many careers events in Aberdeen and Aberdeenshire schools to proactively promote careers. This has been extended to close working with job centre plus to meet 'job ready' clients and hosting apprentices within the partnership.

CONNECT Conference took place 9th October 2019 at Pittodrie, which saw more staff and partners engaged with the event.

Principled Commissioning

In the past 12 months we have developed a shared strategic commissioning approach with ACC, with a framework based upon the seven principles and adopted these principles as we review current contracts. In particular, we have a focus on co production and co design with providers and service users. We have outcomes - macro (organisational / population) and micro (individual) - within our sights and a good example of this will be the care at home contract.

Our ambition for the future is to create strong links between the Strategic Plan and commissioning activity. We also aim to develop a Market Position Statement to try and strengthen engagement with the local market and in so doing improve market knowledge and market sustainability.

Digital Transformation

MORSE – Health Visitor Digitisation launched (Eve) A new mobile way of working for 100 Health Visitors has been rolled out in Aberdeen City. MORSE is a mobile caseload management tool and community digital record for children ages 0-5. Health Visitors have been issued with iPads to enable them to assess and support children in the community setting alongside their parents, accessing and recording records digitally.

The Partnerships digital journey with Microsoft O365 continued further with the roll out of Microsoft Teams. In collaboration with Aberdeen City Council, the teams roll out included the creation of new Team sites for Partnership services as well as adhoc Team sites to improve communication in projects. To assist in the roll out, staff volunteers were extensively trained as Digital Champions through Microsoft and Aberdeen City Council.

Scotlands Service Directory was embedded within the Aberdeen City Health and Social Care Partnerships website at the start of February 2020 and has received over 700 page views to date. The directory provides details of all NHS Health services alongside Health and Wellbeing services across Scotland.

Sustainable Finance

Total Budget	NHS	Council	Specific	Total
2019-20	236.4	90.9	4.7	332.0

The breakdown of spend across all of our activities in 2019-20 is shown below.

	2019-20	2018-19	2017-18
Older People, Physical	78.5	74.3	72.9
Set Aside Services	46.4	46.4	41.3
Primary Care Prescribing	40.8	40.3	41.4
Primary Care	41.1	38.9	37.2
Learning Disabilities	35.1	34.6	31.3
Community Health Services	34.8	31.6	31.4
ACHSCP share of Hosted Services	24.2	22.3	21.7
Mental Health and Substance Misuse	20.2	20	20
Transformation	3.9	5.6	5
Criminal Justice	4.7	5.1	4.7
Housing	1.5	1.9	1.9
Out of Area Placements	2.0	1.7	1.5
Head Office/Admin	1.8	0.2	-0.5
Cost of Services	335.0	322.9	309.8

The accounts for the year ended 31 March 2020 show a usable reserves position of £2,601,896. The reserves are being used for our transformation programme as agreed through our Medium Term Financial Framework.

	2019-20	2018-19	2017-18
Total Reserves	2.6m	5.6m	8.3m

The IJB has a notional budget representing the use of acute health services by the city's residents. It is envisaged that effective integrated service provision in our communities and localities will, over time, reduce the use of these acute health services. NHS Grampian has advised that for the past year, the partnership's use of these services had decreased as indicated below and that there had also been a budget increase due to movements in the price per bed days for the services.

Table 6.7

	2019-20	2018-19	2017-18
Set Aside			
Budget	46.4m	46.4m	41.3m
Days used	137,732	143,055	142,349

A proposed budget for 2020/2021 which outlined budget pressures, budget reductions and an indicative budget position for the next five financial years was presented to a special meeting of the IJB on 10 March 2020 by the Chief Finance Officer

Modern and Adaptable Infrastructure

Over 2019-20, ACHSCP continues to work collaboratively with our partners (ACC and NHSG) to identify the buildings; equipment; technologies and transport links which are essential to delivering successful, integrated, community-based health and social care services. Our work in this area is underpinned by the NHS Grampian Asset Management Plan; the General Medical Services Premises Plan, and the ACC Asset Management plan.

Importantly, we are working through updating our premises plan to reflect the requirements of the new GMS contract and the implementation of the Primary Care Improvement Plan. Whilst an intention of the Strategic Plan had been to create a stand-alone infrastructure plan, on reflection infrastructure requirements would be more thoroughly considered if included in each of the service delivery plans.



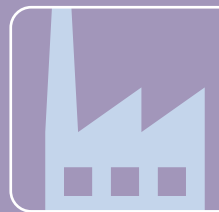
North

- The refreshed Initial Agreement for the north corridor was sent to SG CIG on 11th October 2019, which included a refresh of the Strategic, Economic, Financial, Commercial and Management Cases. Feedback is still awaited.
- Continued involvement in Elective Care Programme opportunities with colleagues, including Community Treatment and Care Services (CTAC's), which also includes city and shire boundaries work



Central

- Outline Business Case for Denburn was agreed by the NHSG Board under delegated powers in April 2019.
- Full Business Case is being developed .
- Design of new Greeferns facility at an advanced stage which is a blue print for future fully adaptable buildings.



South

- Approval received from IJB in March to progress with an innovative model of health and social care to provide interim services to the new community of Countesswells, in conjunction with independent pharmacy.
- Developing a strategic outline case for a community campus in conjunction with partners from Aberdeen City Council

**Unannounced Care Inspection
ACHSCP Learning Disability Housing Support Service
July 2019**

From the inspection the service was graded as;

Quality of care and support

4 Good

Quality of Staffing

not assessed

Quality of Management and Leadership

4 Good

People could be confident that their care plan would describe how their needs would be met and that it would reflect their wishes and choices. The sample of plans we looked at during the inspection contained lots of information about peoples health needs and how they were to be supported. At the time of the inspection the group manager was reviewing these to ensure they were more outcome focussed.

There was lots of very good evidence of staff working closely with multi disciplinary professionals to ensure peoples health and wellbeing needs were being met.

Recommendations

1. The provider should review the format of the support plans and review documents ensuring that these clearly demonstrate the input of service users, families and are outcome focussed.
2. The provider should review the training available to staff to ensure that staff have the skills to meet the individual needs of service users.
3. The provider should develop and put in place an improvement plan for the service, identifying key areas to be improved, this should involve service users, families, staff and key stakeholders.

During the inspection they met with seven people who were using the service directly, met others when they were visiting places where people stayed and spoke with six relatives by telephone. Comments included:

"I am very happy, they are very good to X, they genuinely seem to care, they were very good at supporting X through his grief when his Mum died, more like family than staff, I feel content that X is there."

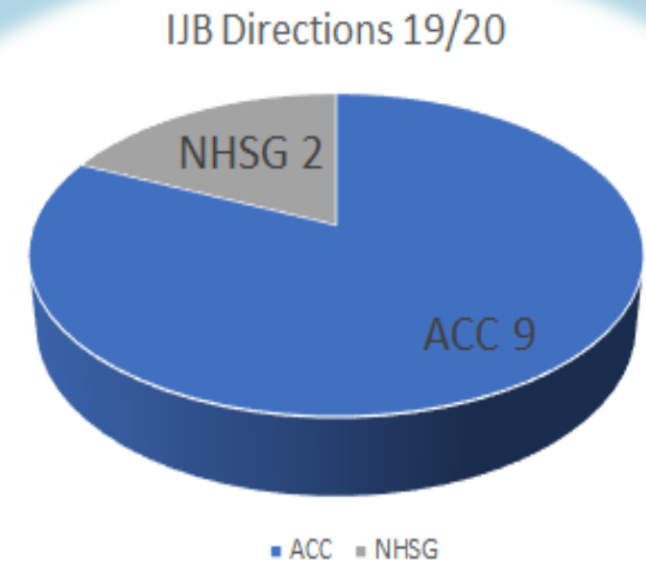
"I am involved with recruiting staff, interviewing staff and I have given ideas such as scenarios for discussion as well as choosing questions to be asked. The support is ok, I am more independent now, they don't force me they help me along with it, I am quite happy with the way things are, the staff are respectful and treat me well, I have a say and I'm involved in my six monthly reviews."

"I am very pleased, the staff are very compassionate, I am kept up-to-date, regular reviews, they do very well with the resources they have."

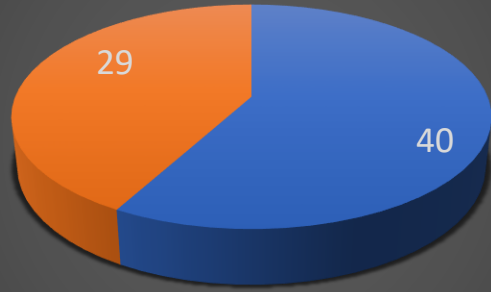
Governance

Our **Strategic Risk Register** is reviewed regularly. In August 2019 the Audit and Performance Systems Committee undertook one of its regular deep dives on four of the Strategic Risks - those in relation to performance standards, reputational damage, preparedness for Brexit and the relationship with partner organisations. In January 2020 the IJB approved a revised Risk Appetite Statement and a Revised Risk Register. Towards the end of the year a specific risk in relation to Covid-19 was developed

In March 2019 the Ministerial Strategic Group (**MSG**) for Health and Social Care requested that every Health Board, Local Authority and IJB undertake a **Self-Evaluation** of their performance against a range of recommendations. This was submitted to MSG on 15th May 2019 and the submission was endorsed by the IJB at their meeting on 11th June 2019. Our performance was rated as 45% at Exemplary level, 41% at Established level and 14% at Part Established level. The IJB requested that the Chief Officer provide an update on progress on delivery of the actions in March 2020 and this indicated that of the 31 actions, 25 (80%) had been completed within the timescale. Of the 6 outstanding actions, two are related to our revised Scheme of Governance which is not due to be presented to IJB until December 2020. One is related to public consultation on our Annual Performance Report and the final three are related to the creation of Carer and Service User Focus Groups all of which were postponed due to Covid-19.



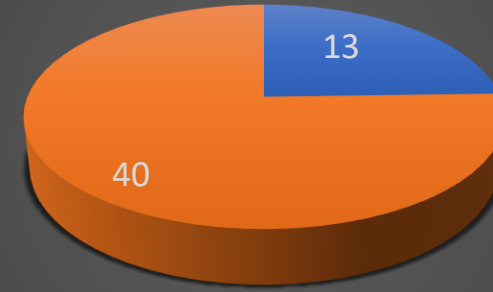
Social Care Complaints 19/20



■ Stage 2 complaints ■ Stage 1 Complaints

55.07%
Completed in
time

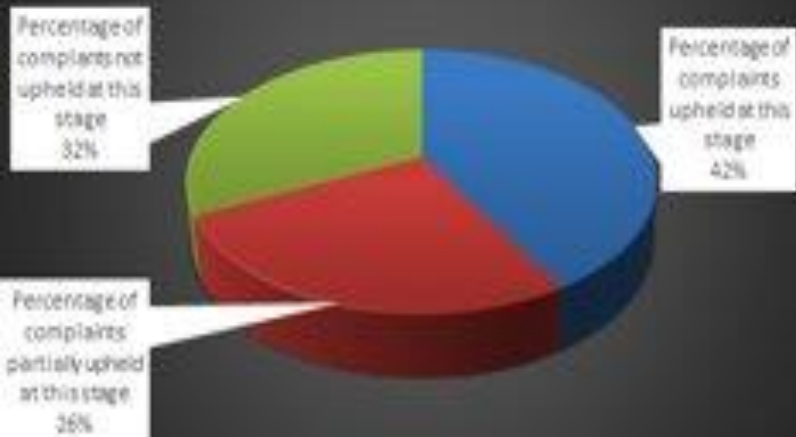
Social Care Complaints 19/20



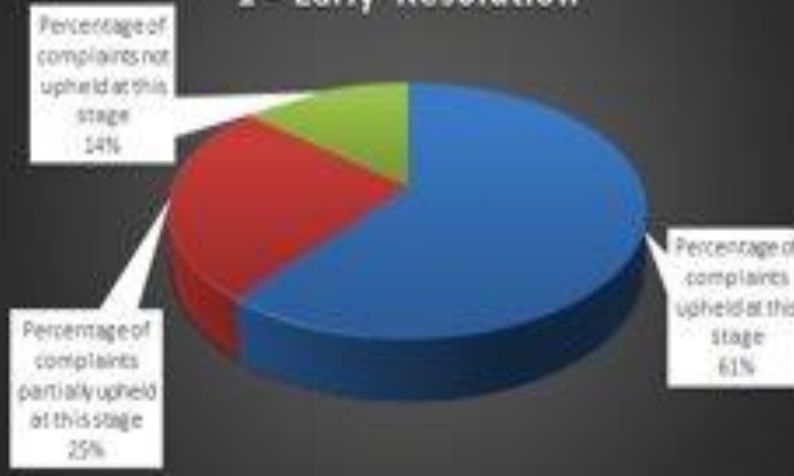
■ Upheld ■ Not upheld

Governance

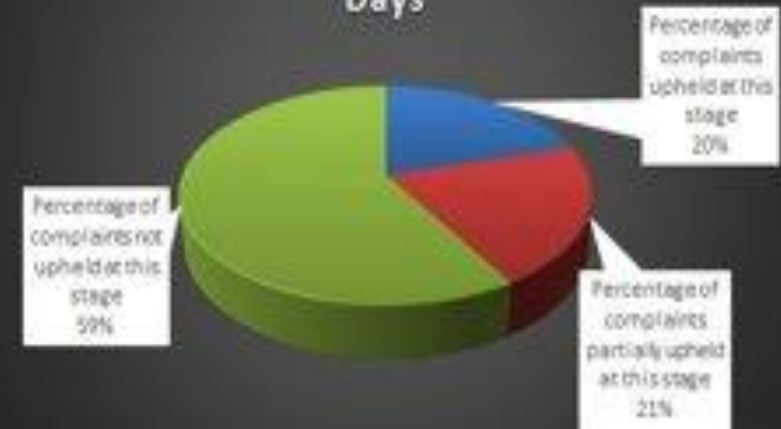
Health Complaints Escalated from Stage 1 to Stage 2



Health Complaints Managed at Stage 1 - Early Resolution



Health Complaints Managed at Stage 2 - To be Resolved within 20 Working Days



Priorities for Next Year

- Review of Covid19 response and lessons learned
- How Covid19 has accelerated service redesign and transformational change
- New Performance Measures for new service landscape
- Digital and Technology use
- Preparedness for Winter
- Delivery of Operation Home First
- Impact on staff and organisation

National Indicators benchmarked against previous years and Scottish Average with commentary to follow once available

MSG Indicators benchmarked against previous years and Scottish average with commentary to follow once available



INTEGRATION JOINT BOARD

Date of Meeting	8 September 2020
Report Title	Alcohol and Drug Partnership (ADP) Annual Report
Report Number	HSCP20.038
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Simon Rayner, Alcohol and Drugs Lead, SMS Planning and Operational Manager Simon.Rayner@nhs.net 07910171129
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	Appendix 1 - ADP Timeline Appendix 2 - Progress Monitoring

1. Purpose of the Report

This report provides the Integrated Joint Board (IJB) with an annual report of the work of the Alcohol and Drug Partnership (ADP) and seeks to highlight particular progress and challenges. This report was requested by the IJB on the 2nd Sept 2019.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) Notes the progress of the ADP in delivering its stated remit and objectives
- b) The IJB holds a workshop about drugs and alcohol issues in the City and the work of the ADP

3. Summary of Key Information

3.1. The Scottish Government published its national drug and alcohol strategy in November 2018: **Rights, Respect, Recovery** which allowed us to ensure strategic fit with developing priorities. Funding allocated to ADPs is to



INTEGRATION JOINT BOARD

locally deliver the national strategy: [Rights, Respect, Recovery](#). The IJB is accountable for the financial governance of this investment.

- 3.2.** The ADP membership has representatives of:
- Police Scotland
 - Scottish Prison Service
 - Aberdeen City Council (including Elected Members)
 - NHS Grampian Public Health
 - Aberdeen City Health and Social Care Partnership
 - Scottish Fire and Rescue Service
 - Aberdeen's 3rd Sector Interface (ACVO)
 - Civic Forum
 - Aberdeen In Recovery (people with lived experience of addictions)

The ADP works in partnership with:

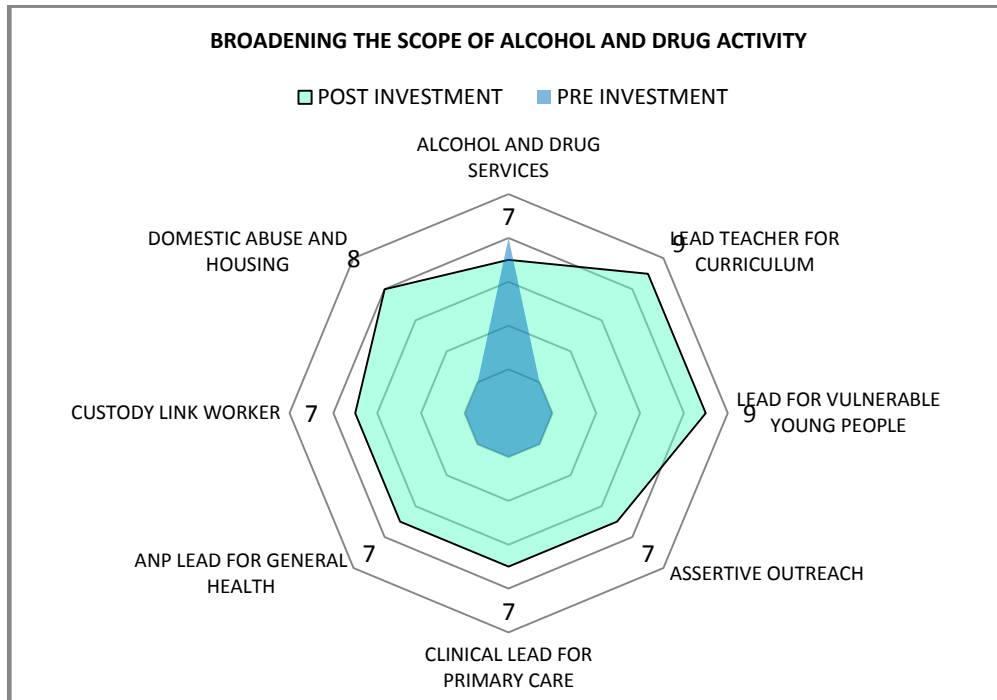
- Public, localities, communities of interest and service users
 - Community Planning Partnership; specifically Community Justice Board, Integrated Children's Services Board, Resilient, Included and Supported Group
 - Public Health and Managed Clinical Network for Sexual Health and Blood Borne Viruses
 - Aberdeen Health and Social Care Partnership staff
- 3.3.** ADPs, although required by the Scottish Government, are non constituted bodies and as such governance and scrutiny are provided by the IJB. ADP officers are employed through the IJB. The scope of an APD is wider than adult health and social care and therefore the ADP also sits as group within the Community Planning Partnership as an Outcome Improvement Group (OIG). Community adult alcohol and drug treatment services are the delegated responsibility of the Health and Social Care partnership.
- 3.4.** Appendix 1 provides a Timeline of key ADP / IJB and Scottish Government milestones and activity.
- 3.5.** Over the past year the ADP has sought, through its improvement work and investments, to broaden the scope of activity to ensure a "whole system" approach to alcohol and drugs.

The ADP has invested Programme For Government funding in a number of posts that help push the agenda as illustrated in the chart below, with a



INTEGRATION JOINT BOARD

broader response to prevention, early intervention and treatment, with more diverse investment away from just specialist drug and alcohol services.



Progress has been made in establishing posts and improvement projects with most achievement being pre-COVID.

3.6. Appendix 2 shows the progress made in relation to Programme for Government investment and Improvement Projects. Key points in are:

- Recruitment has progressed despite COVID
- A number of projects are being reviewed on the basis of post-COVID feasibility and addressing emergent un-met needs
- Main challenge is ability to move at pace during current operational restrictions

3.7. FINANCE

On the 3rd Sept 2019 the IJB agreed investment by the Alcohol and Drug Partnership (ADP) of £1.3m. Due to some posts taking longer to fill than expected and the impact of COVID 19 on recruitment and operationalising plans the ADP has incurred slippage on planned investments. Final written confirmation is still to be received on the level of funding to be received by the ADP this financial year. Progress on investment continues to be made



INTEGRATION JOINT BOARD

and an update on recruitment and performance is contained in the annual report. Further, due to COVID 19 some planned projects are no longer feasible or desirable in the short term and have therefore been reprioritised to ensure that resources are being utilised where there is evidenced need.

Members of the ADP, including people with lived experience, the AHSCP and wider services were asked for ideas and suggestions which were then developed further. The challenge was for the ADP to engage and develop ideas that could 1) be deployed quickly 2) meet emergent short term needs.

The ADP Lead has spent time engaging with a range of stakeholders in developing ideas that fit with the overall ADP Delivery Plan objectives. The ADP now has a list of prioritised and scalable projects to progress as and when funding is available. The ADP proposes to work within officer level powers to deploy this resource in line with the above criteria and in line with Scottish Government priorities.

As with other projects that have been funded as tests of change, if successful, longer term recurring funding will be identified through service redesign and transformation as the ADP seeks to move towards a strategy based on earlier intervention. This is in line with the “Alcohol and Drug Partnership (ADP) Investment Plan: Programme for government 2018-19: additional investment in services to reduce problem drug and alcohol use” agreed by the IJB on 11th Dec 2018.

3.8. KEY DATA

Alcohol and drugs continue to have a significant effect on the health and wellbeing of the local population. In 2019 there were 49 suspected drug related deaths. This is slight improvement on previous years.

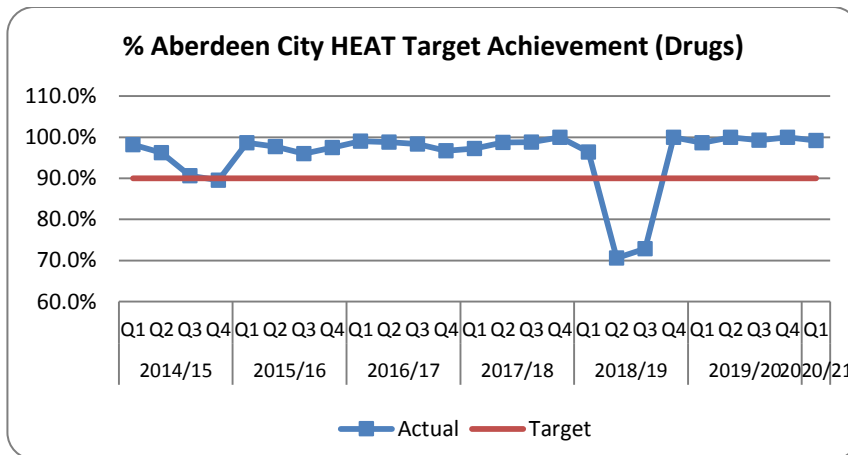
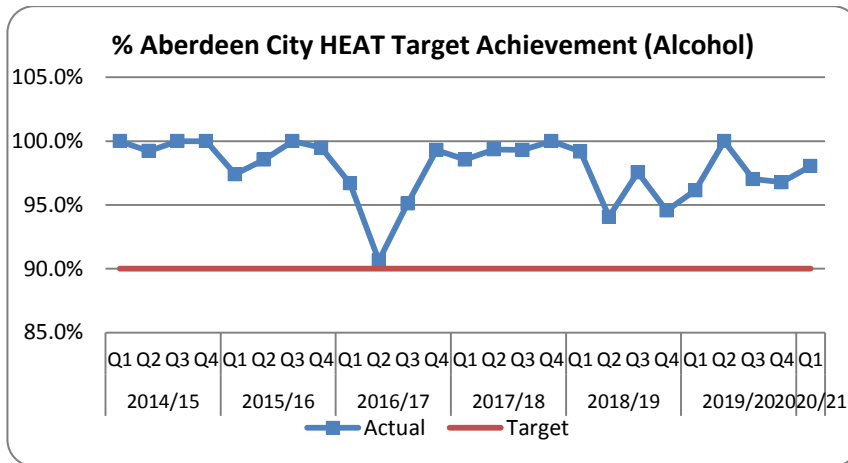
On a number of key measures Aberdeen is an outlier compared to the rest of Scotland. The negative impact of drugs and alcohol are city wide but have a disproportionately negative impact in areas of deprivation.

During COVID we have been reporting using a dashboard to keep partners updated. The full dashboard is available at Appendix 3. This dashboard contains data required by the Scottish Government and the Chief Officers Group.

In terms of key measures our drug and alcohol services have continued to meet Local Delivery Plan HEAT Waiting Times Targets:



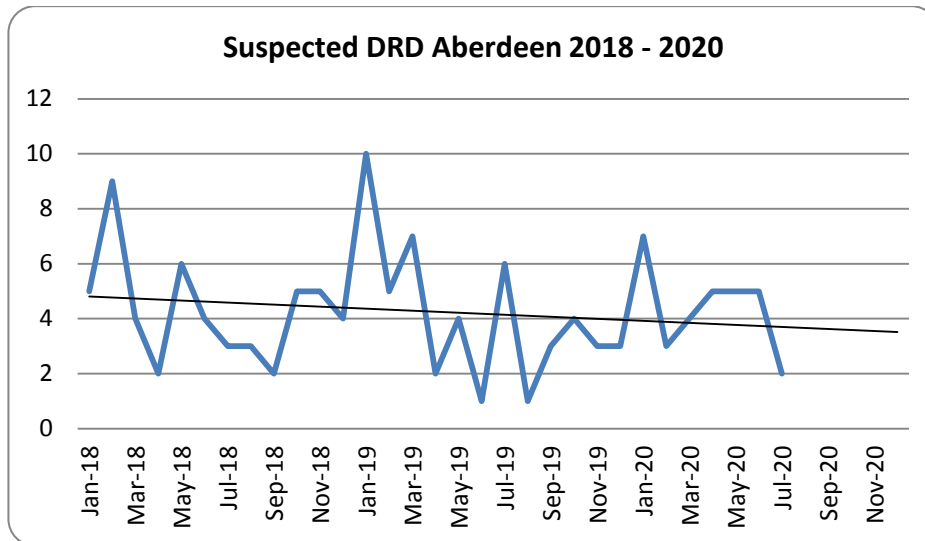
INTEGRATION JOINT BOARD



In relation to our overall Stretch Aim: “Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026” we are seeing some small impact on reducing drug related deaths, however national figures for comparison for 2019 are delayed until Dec 2020. Likewise health survey figures for alcohol consumption are not currently updated.



INTEGRATION JOINT BOARD



3.9. IMPACT OF COVID

We have not been able to take forward a number of initiatives due to the impact of COVID:

- Working with Public Health Scotland in developing a Whole System approach to alcohol and drugs
- The development programme we had planned to take forward with senior officers

One of the main challenges faced has been trying to engage with vulnerable people and ensure health protection messages are communicated. Most people who use our services do not have access to internet or digital equipment.

During COVID we have managed to make some progress:

- Our services have remained open to drug and alcohol referrals and have developed innovative responses including home and postal delivery of medication and harm reduction packs
- The ADP moved to part of other protection groups under the Chief Officer’s Group (COG): Violence Against Women’s Partnership, Child Protection Committee, Adult Protection Committee. This has allowed the ADP to become more focussed on emergent risks and trends and contribute towards a joint dashboard in relation to drug and alcohol harms. A joint meeting was held between the Chairs and Lead Officers of the four protection groups which proved to be useful in examining cross-cutting themes and issues.



INTEGRATION JOINT BOARD

3.10. USING TELE-HEALTHCARE TO PREVENT DRUG RELATED DEATHS

In August 2019 a piece of research commissioned by the ADP was published looking at the scoping a Review of Tele-healthcare in Preventing Drug Related Overdose. The report was picked up nationally by the Society for the Study for Addictions. As a consequence of the work a national group has been set up with national proposals as part of the Scottish drug Research Network and Drug Death Taskforce. Aberdeen was awarded further funding from CORRA foundation to undertake an oxygen monitoring initiative related to this. Report available on request.

3.11. DEVELOPING ASSERTIVE OUTREACH

During the autumn of 2019 a group comprised of representatives from NHS Grampian, Social Work, Police Scotland, ACC Housing Access and Support, ACC Information Governance reviewed 10 drug related deaths that had occurred in 2018. This study confirmed that individuals at risk of drug related deaths, who are not engaged in substance use services, have multiple other life problems that are apparent to other public service partners.

There are multiple points of information held on a number of systems but no single agency has an oversight of the whole set of information or the circumstances, vulnerabilities or risks faced by individuals. Concerns are being raised and shared but concerted action is required to reduce risk and preserve life.

The way we organise ourselves and work (currently) separately makes it harder to reduce risk and demand. Services already can and do share information as evidenced from this review – the issue is what is then done with this in practical application e.g. multi-agency discussion to pull threads together and co-ordinate action.

We are going to develop a pro-active “forum” into which agencies can pool intelligence and work to reduce risk and ultimately reduce demand on our services.

This piece of work has been used to establish the development of an Assertive Outreach Team that will proactively engage with the most at risk. Report available on request.

3.12. WINTER NALOXONE OUTREACH TO HOMELESS PEOPLE

During winter of 2019/2020 nursing staff undertook joint work with Police Scotland and Housing Support / Turning Point Scotland colleagues by going out on the streets to engage with street beggars and rough sleepers.



INTEGRATION JOINT BOARD

Staff were able to provide harm reduction packs, naloxone kits and fast-track appointments to people. This initiative was recognised nationally and generated some positive local front page media coverage.



4. Implications for IJB

4.1. Equalities

- This work will have a positive impact on communities and service users through additional service capacity, improved access to support and improved service quality.
- This work will have a positive impact on staff in relation to investment in training, professional development and increased staff numbers.
- This work will have no negative impact on employees, service users or other people who share characteristics protected by The Equality Act 2010

4.2. Fairer Scotland Duty

This work will have a positive impact on reducing the inequalities of outcome which result from socio-economic disadvantage.

4.3. Financial

No direct financial costs to HSCP

4.4. Workforce



INTEGRATION JOINT BOARD

No direct impact to workforce of HSCP; positive impact for third sector workforce; positive impact for staff in alcohol and drug services

4.5. Legal

Contractual issues with existing providers

4.6. Covid-19

Positive impact on Operation Home First; aim to reduce harm to vulnerable groups impacted as a result of COVID19.

5. Links to ACHSCP Strategic Plan

- 5.1. This report seeks to support both the ACHSCP Strategic Plan and the ADP Delivery Plan and support the most vulnerable people impacted by drugs and alcohol through supporting Prevention, Resilience and Connections.

The primary direct link is with the Prevention Aim and the commitment of addressing the factors that cause inequality in outcomes in and across our communities.

6. Management of Risk

6.1. Identified risks(s)

There is a risk if the IJB do not scrutinise the activity of the ADP, that people in Aberdeen with drug and alcohol problems will not receive appropriate support within the funding available and rates of drug and alcohol deaths continue to impact on our services and communities.

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



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

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



INTEGRATION JOINT BOARD

This report seeks to give assurance to the IJB that progress is being made by the ADP towards its strategic objectives and outcomes.

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



INTEGRATION JOINT BOARD

Appendix 1

ADP Timeline

June 2018

- Alcohol, Drugs and tobacco established as one of Scotland's six top public health priorities

August 2018

- Scottish Government gave Alcohol and Drug Partnerships (ADPs) across Scotland additional recurring funding as part of its Programme for Government. For Aberdeen City that equated to £666,404 per year. The IJB is accountable for the financial governance of this investment.

November 2018

- The Scottish Government published its national drug and alcohol strategy in November 2018: [Rights, Respect, Recovery](#) which allowed us to ensure strategic fit with developing priorities..

December 2018

- The ADP developed a framework for investment based on Scottish Government priorities and local performance. Ratified by the **IJB** on 11 December 2018.

February 2019

- ADP established and prioritised 13 Improvement Aims within the LOIP based on local need with an overall stretch aim of the "**Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026**"
- ADP renews and refreshes its Role and Remit

June 2019

- ADP Delivery Framework agreed with five work streams to incorporate the Improvement Aims, national priorities from Rights, Respect and Recovery and "single system" objectives such as service development and improvement.

September 2019

- September 2019 the **IJB** approved the Business Case to allow investment of £1.3m to be progressed and directions to ACC and NHSG to be made accordingly.

July 2019

- Drug Death Taskforce established by Scottish Government



INTEGRATION JOINT BOARD

November 2019

- Chief Officer of ACHSCP, Chief Executive of ACC and the Director of Public Health NHSG support the ADP to become an early adopter of a Whole System Approach as part of Public Health Scotland reform programme. This will seek to activate public health capacity and ADP objectives across the ACHSCP

January 2020

- To help mitigate against associated risks the **IJB**, on the 21st January 2020, supported three broad actions to mitigate against underspend.

February 2020

- Scottish Drug Deaths Crisis Conference Wednesday 26 February

April 2020

- Joint letter from the Minister for Public Health, Sport and Wellbeing and the Interim Chief Medical Officer for Scotland on the need to maintain service-level provision of alcohol and drug services throughout the COVID-19 pandemic.

May 2020

- Scottish Government funding letter received
- Letter from Scottish Government regarding the distribution of naloxone by non-drug treatment services.

July 2020

- Funding received from Drug Death Taskforce for 3 projects

September 2020

- ADP Annual Report to IJB
- Proposal regarding further utilisation of slippage and under spends
- ADP Annual Report Due to Scottish Government

Appendix 2

Progress Monitoring

This action plan captures progress against investment of ADP funds allocated by the Scottish Government via the 2018/19 Programme for Government investment of £666,404 per year. The investments were agreed by the ADP 31st May 2019 and ratified by the Health and Social Care Partnership Integrated Joint Board in Sept 2019

The ADP has developed a framework for investment based on Scottish Government priorities and local performance. The IJB is accountable for the governance of this investment. This was ratified by the IJB on 11 December 2018. This report highlights progress to date on taking the ADP agenda.

The Scottish Government published its national drug and alcohol strategy in November 2018: [Rights, Respect, Recovery](#) which allowed us to ensure strategic fit with developing priorities.

1) Established and prioritised 13 Improvement Aims within the LOIP based on local need with an overall stretch aim of the “**Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026**”

2) The ADP established a Delivery Framework within five work streams to incorporate the Improvement Aims, national priorities from Rights, Respect and Recovery and “single system” objectives such as service development and improvement. These themes are:

Theme 1: Whole-Family Approach

Theme 2: Reducing Harm, Morbidity and Mortality

Theme 3: Service Quality Improvement

Theme 4: Supporting Recovery

Theme 5: Intelligence-Led Delivery

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

Theme 1: Whole-Family Approach

What will we do?	Timescale	How will we know it is working?	Who will be responsible?	Progress Update	RAG
1a We will fund, in line with ADP specification, a Support Teacher part time for 12 months to develop resources and develop staff at the value of up to £45,000	Jan 2020	Worker in post with a focus on 100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021	Eleanor Sheppard / Integrated Children's Services	Recruited and in post. Development work started. COVID plan developed. Framework developed	
1b We will fund, in line with ADP specification, a Lead Child and Family SW for 24 months to develop resources and develop staff at the value of up to £120,000	Feb 2020	Increase the % of Care experienced children and young people receiving educational and support input on alcohol/ drugs issues by 2021	Tam Walker / Integrated Children's Services	Recruited and in post. Development work started. SWOT analysis of current services and pathways	

Page 118

Improvement Charters		Status	Progress	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21
All data updated monthly																	
Increase the % of Care experienced children and young people receiving educational and support input on alcohol / drugs issues by 2021	Agreed by CP Board - Sept	TW/SR	5	5	5												
100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021	Agreed by CP Board - Sept	GM/LM /SR	5	5	5												

Commentary: Aug 2020

Very pleased to have manage to recruit during COVID. Work has begun on a multi-agency City wide framework for managing substance use and young people. This will be coming out or consultation in Sept. This will encompass universal and targeted specialist support for young people affected by their own or someone else's substance use. A specific action plan for managing substance use and young people during COVID as part of the ADP Public Protection role has been developed. A specific dashboard is being developed.

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

Theme 2 Reducing Harm, Morbidity and Mortality

What will we do?	Timescale	How will we know it is working?	Who will be responsible?	Progress Update	
2a Procure from the 3rd sector, in line with ADP specification, 2 x Assertive Outreach Workers for a fixed period of 2 years at a value of up to £135,000 to work with homelessness, rapid housing, overdose prevention	Feb 2020	2 x Assertive Outreach workers in post working as part of housing / homeless support and as part of an assertive harm reduction team	ACC	Discussions with provider progressed Finalising KPIs and contract signing.	
2b Fund in conjunction with Violence Against Women Funding, in line with ADP specification, a Housing / Domestic Abuse Worker at the value of up to £30,000 per year to improve tenancy retention, support women and pathways	March 2020	Worker in post developing pathways: increase in women in service, improved links with housing	ACC	This post has been recruited and person started.	
2c Fund, line with ADP specification, a Band 7 RGN Advanced Nurse Practitioner Nurse up to the value of £59,256 to improve general health and respond to increasing presentations of poor general health from older drug users across the sector	March 2020	Nurse in post developing improved healthcare provision to at risk patients	NHS G / ACHSCP	This post has been recruited and person starting in Sept	
2d Fund, for a fixed period of 12 months, in line with ADP specification a Locality Based Development Worker at the value of up to £43,177.to help support and engage localities to develop improvements and delivery ADP priorities and to support our ambition for our strategy to be rooted in community action	Feb 2020	Worker in post supporting the Localities develop responses to alcohol and drugs in line with ADP Framework.	ACC	Through review it is proposed that alternative investment is made. See report	
2e Fund, in line with ADP specification, 1x Custody Link Worker up to the value of £80,000 over a two year fixed	Feb 2020	Worker in post working with staff	Chris Smillie / ACHSCP	This post is filled but delayed	

period to support continuity of treatment and care between community and justice (previously agreed – included for context)		in Kittybrewster, identifying underlying health and wellbeing issues, linking with Primary Care		due to requirement for normal police checks and then restrictions due to COVID. Near Me being looked as an alternative model.	
---	--	---	--	---	--

Improvement Charters		Status	Progress	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21
All data updated monthly																	
1	Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2021.	Agreed by CP Board - Sept	TS/SR	6	6												
2	Reduce the number of births affected by drugs by 0.6 %, by 2022	Agreed by CP Board - Sept	SR	4	4												
3	Increase by 100% the number of Alcohol brief interventions (ABI) delivered in Aberdeen City by 2021	Agreed by CP Board - Sept	TS	6	6												
4	Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2021.	Agreed by CP Board - Feb	SR/LA	5	5												
5	Increase the number of alcohol licensed premises awarded Best Bar None status by 2021.	Agreed by CP Board - Sept	MH	5	5												

6	Increase % of the population who feel informed about using alcohol responsibly by 2021	Agreed by CP Board - Feb	GR	5	5												
7	Increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2021	Agreed by CP Board - Feb	SR	5	5												
8	Increase by 10% the percentage of adults in Aberdeen City who are non drinkers or drink alcohol in a low risk way by 2021.	Going to CP Board June 21						Charter required									
9	Increase the uptake of alcohol treatment by improving access to alcohol services and ensuring they are local, integrated and targets areas of greatest need by 10% year on year by 2021	Going to CP Board June 21															Charter required
10	Increase the uptake and retention of people in the Justice System with drug and alcohol problems in specialist services by 100% by 2021.	Agreed by CP Board – July 19	SR	6	6												

Commentary: Aug 2020

- We have made good progress in developing our Assertive Outreach team. We have successfully recruited a lead co-ordinator from Police Scotland and are in the process of finalising data sharing agreements between partners. This will allow... We are in the final stages of contracting of contracting two assertive outreach workers for to provide a frontline response for the most at risk of drug related death.
- Good progress in recruiting to a joint ADP / Violence Against Women Partnership Post to improve tenancy retention, support women and pathways for those vulnerable to gender based violence.
- We have also been successful in recruiting a Band 7 nurse to work as an Advanced Nurse Practitioner. This post will across our services providing a service to

- We have also been successful in recruiting a Clinical Lead GP for Substance Use. This post will help provide leadership across primary care to develop consistency and practice and provide decision support and quality assurance.
- Due to COVID it is proposed to reinvest funding ear-marked for an ADP specification a Locality Based Development Worker. This is on the basis that it is unlikely that face-to-face development work will be able to be undertaken and this would mean that the funds would be under-utilised whilst there is evident unmet need in the community.
- Due to COVID planned work with Public Health Scotland to examine and develop a “whole-system” approach to drug and alcohol issues has been impacted. This has a significant impact on the work we had been planning in relation to whole population approaches to harmful alcohol consumption.

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

Theme 3 Service Quality Improvement

What will we do?	Timescale	How will we know it is working?	Who will be responsible?	Progress Update	RAG
a Social Worker to work within the AHSCP Integrated Alcohol Service up to the value of up to £49,000 per year Extension of alcohol hubs by two this will increase capacity and establish alcohol services in areas of greatest need with a plan to link longer term to Community Care and Treatment Hubs.	Feb 2020	Worker in post supporting the development of the Alcohol Hubs; Demonstrate improvement and utilisation of the Alcohol Hubs in line with remit	ACC / Substance Misuse Service	Progressing to recruitment stage	Yellow
a Band 6 nurse to work in the Integrated Alcohol Service up to the value of £50,276 per year	Feb 2020	Worker in post supporting the development of the Alcohol Hubs; Demonstrate improvement and utilisation of the Alcohol Hubs in line with remit	NHS G / Substance Misuse Service	Appointed	Green
iii 12 GP sessions per year and 12 Consultant GI Sessions per year	March 2020	GP sessions in place supporting the development of the Alcohol Hubs; Demonstrate improvement and utilisation of the Alcohol Hubs in line with remit	NHS G / Practices / Substance Misuse Service	Consulting / paused	Yellow
3b continue to fund the existing Alcohol Hubs at a value of £12,000 for the provision of 12 GP sessions and 12 Consultant GI sessions per year	Existing	GP sessions in place supporting the development of the Alcohol Hubs; Demonstrate improvement and utilisation of the Alcohol Hubs in line with remit	NHS G / Practices / Substance Misuse Service	Continuing	Green
3c fund, line with ADP specification, four Band 6 nurses to work in the Integrated Drug Service up to the value of £50,276 per year each to increase capacity and to	April 2020	Additional nursing in post; service capacity re-aligned; improvement work progressing		Appointed	Green

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

	Service Objectives – 3 Year	Outputs	Who will be responsible?	Progress Update	RAG
1	<ul style="list-style-type: none"> • Increase number of women engaged in the service • Increase uptake of male and female contraception • Increase the number of people who have sexual health education input • Increase the number of medicine reviews • Increase distribution of naloxone • Increase uptake of BBV testing 	Support the roll out and use the Vision/ EMIS Guideline and ensure that associated tasks are identified and taken forward through the MDT Recovery Meeting	All Drugs / Primary care clusters	Services have predominantly been invested in developing response to COVID.	
2	BBV's Support the efforts to reduce risks associated with injecting behaviour and collaborate on the agenda to eradicate Hepatitis C by ensuring increase in the uptake and consistency of DBST and BBV treatment across the team.	Increase uptake of BBV testing / treatment within team. Ensure staff trained, supported, and confident	All		
3	As a minimum undertake an annual recovery meeting to review whole practice patient population.	MDT Recovery Meetings recorded	Drugs / Primary care clusters		

4	Retention Develop and Support innovation to reduce the discharge rate from the service.	Ensure cases are appropriately managed and reviewed to ensure service is safe, effective, person centred Ensure that there are opportunities for those at risk to reduce harm and improve health and wellbeing outcomes.	Drugs		
5	Naloxone – Support culture of naloxone being available for all forms of opioid use including prescribed medications and ensure that all service users (including family and significant others) are supplied naloxone and routinely reoffered.	Increase distribution of naloxone. Ensure staff trained, supported, and confident	All		
6	Demonstrate improvement and utilisation of the Alcohol Hubs in line with remit	Baseline data improvement in uptake. Hospital admission data related to each Hub	Alcohol		
7	Increase the uptake of IAS and increase service caseload by 20% each year.	Caseload data. Duration of engagement	Alcohol		
9	*Waiting Times (SMS) – Current target 90% of patients to start treatment within 21 days of treatment. Production of Monthly Waiting Times Reports. Identify issues and develop plan to resolve.	Ensure cases are appropriately managed and reviewed to ensure service is safe, effective, person centred and can meet obligations to waiting time standard	All		
10	*Performance Monitoring (SMS) – Produce Performance review report for each SMS cluster and Service Level report. Data to be reviewed with Team Leaders and action plans put in place as required.	Ensure data requested is supplied accurately and on time National Quality Principles / Quality assurance measures (TBD) are reported	All		
11	*Customer Feedback (SMS) – Review Quality & performance measures as part of performance report which would include Service User Feedback & outcomes for Service Users.	Seek service user feedback from surveys, observed practice, shadowing, “you said, we did” etc	All		
12	*Drug & Alcohol Related Deaths & Complaints – Ensure learning from DRDs/ Complaints are shared with all staff – distribution via email and Shared Learning Events.	Review forms are completed in conjunction with supervisor Cases / learning discussed at Communication meeting / team meetings, clinical forums	All		
13	Contribute to service development, implementation and reporting of Quality Assurance Framework and the National Quality Principles, Grampian Clinical Development and Governance Framework.	Participation / contribution to clinical leadership, observed practice, shadowing, supervision	All		
14	Support the implementation of the Scottish Government Daisy (Drug and Alcohol Information system).	Ensure data requested is supplied accurately and on time.	All		

15	Take forward recommendations in relation to “The Delivery of Psychological Interventions in Substance Misuse Services in Scotland Report”.	Staff have training plans. Staff have access to supervision and coaching. Staff use and are supported to use core behavioural skills. Trauma is recognised in and discussed in care formulations and discussed in supervision.	All		
*IJB level objectives					

Commentary: Aug 2020

- Services have predominantly been invested in developing response to COVID. A number of actions have been undertaken:
- Including postal and doorstep delivery of injecting equipment, medicines, food and naloxone kits.
- Referral routes into drug and alcohol services have remained open albeit there has been a slight dip in alcohol referrals. Drug treatment referrals have remained constant.
- Contact with service users has mostly been via phone calls with some work undertaken via packages such as Near Me. Many people with drug and alcohol problems don't have the resources to engage in digital based services. ADA have been able to supply some people with phones and SIM cards. We funded ADA to have a freephone number for their Helpline.
- Cases have all been assessed and scored on a RAG basis relating to risk

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

Theme 4 Supporting Recovery

What will we do?	Timescale?	How will we know it is working?	Who will be responsible?	Progress Update	RAG
4a grant fund, in line with ADP specification, Aberdeen In Recovery (Scottish Charity number SC049125) up to the value of £40,000 per year Grant Fund Aberdeen In Recovery to provide peer led recovery support group and undertake a range of groups, activities. AiR recently became established as a registered charity with OSCR.	Jan 2020	Grant fund in place, agreement in place; reporting and feedback from AiR.	ACHSCP / ADP	Funding in place. AiR continuing to operate through COVID albeit in a limit form. Awaiting data reporting	

Page 128

Improvement Charters:		Status	Progress	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21
All data updated monthly																	
<i>Increase number of people undertaking recovery from drug and alcohol issues who are being supported to maintain drug / alcohol free lives in their community by 2021.</i>	<i>Going to CP Board June 21</i>															<i>Charter required</i>	

Commentary: Aug 2020

- AiR have plans to develop their "Living Well With ORT" programme, develop peer Naloxone distribution and

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

Theme 5 Intelligence-led Delivery

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

Commentary: Aug 2020

- ADP Development Programme - this sought to invest £50k in CPD for senior officers in relation to drug and alcohol issues and to underpin proposals by Public Health Scotland to support a “whole-system” approach to the topic. It is proposed that this funding is utilised on emergent themes and the programme revisited next year when face-to-face CPD can be undertaken and Public Health Scotland are available. This will retain the ethos of developing innovative thinking to addressing complex system wide issues
- Localities Funding - as per update report to IJB in Dec 2019 funding of £300k that had been allocated equally to the three city localities was to be moved to be distributed through the HIF process from August 2020. As there have been emergent issues in localities and new opportunities, in particular in relation to young people affected by substance use, drug and alcohol A&E attendances and prison liberations. It is proposed to use £50k from each of the three localities to support initiatives to support communities.

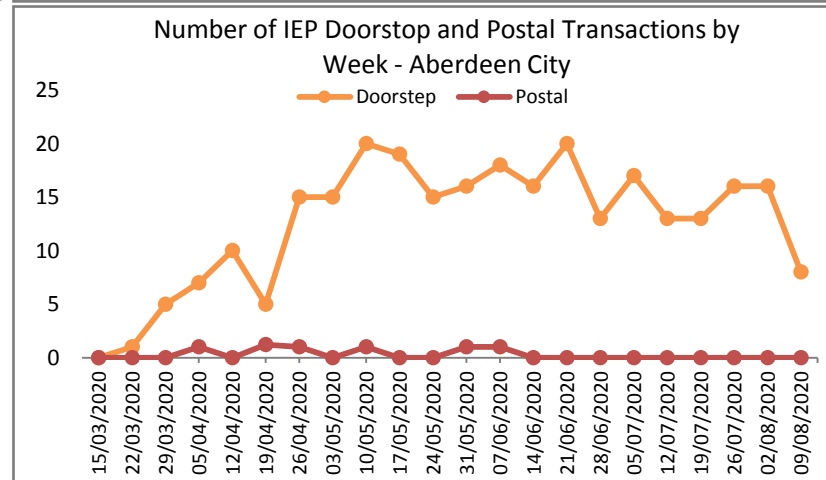
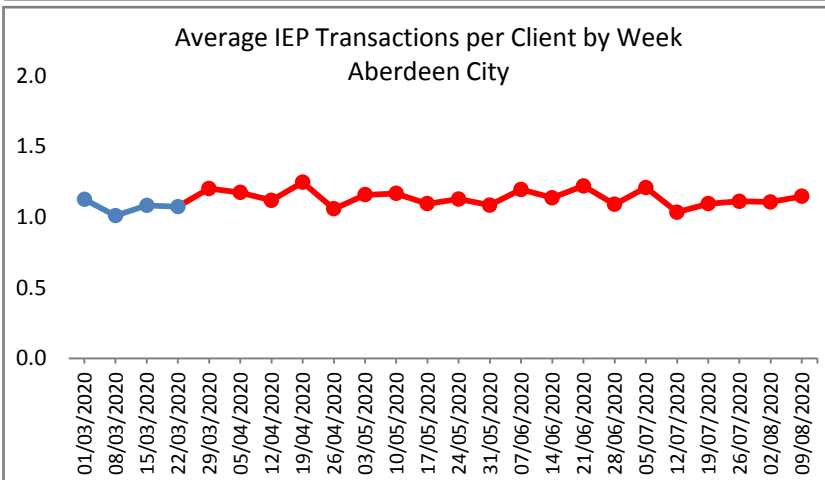
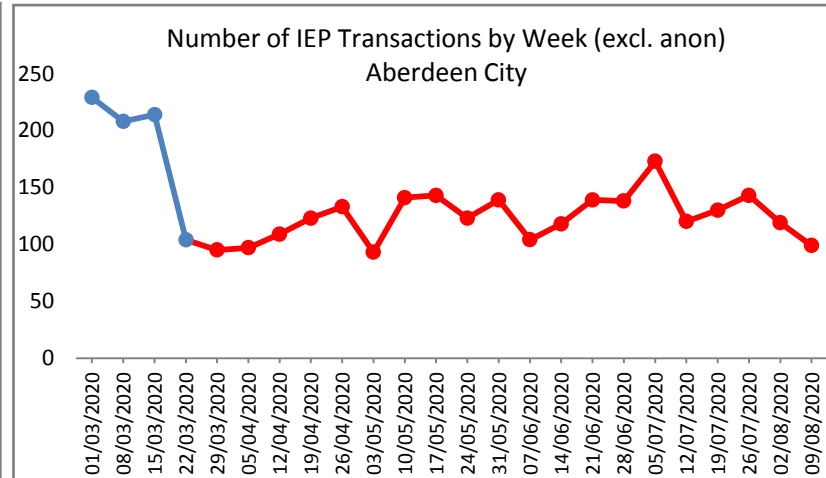
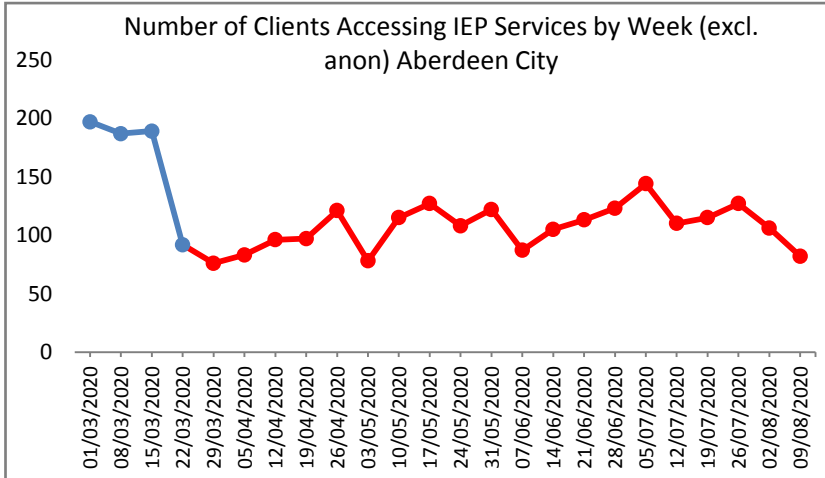
Score	Stage of Project	Description
1	Project area identified and agreed	Project has been identified as a priority from the Local Outcome Improvement Plan or Locality Plan
2	Project Charter and team in place	Draft Improvement Project Charter has been developed (rationale, initial aims, scope, resources, timescales, measures, expected outcomes) and project team formed.
3	Understanding baseline of current system	Current system is being analysed- applying tools such as process mapping; cause & effect diagrams etc to understand processes and people, including readiness for change and analysis of baseline data
4	Project Charter is endorsed by Community Planning Aberdeen Management Group	Knowledge of the system and other evidence of what could work have been brought together into a theory of change. This has been articulated in a final Improvement Project Charter which has been shared with the appropriate strategic leadership group e.g. Community Planning Aberdeen Management Group. (A driver diagram may also be developed to support this stage.)
5	Change ideas and project measures developed	Range of specific change ideas developed further, measurement plans established and initial PDSAs are being planned
6	Testing underway	Testing strategy developed and is being deployed. Data being gathered and analysed (e.g. through use of run charts)
7	Initial indications of improvement	Anecdotal evidence or feedback that changes are resulting in improvement can be reported.
8	Improvements achieved	Evidence of improvements shows in project measures and has been reported to Community Planning Aberdeen Management Group. Implementation and Spread plans are being developed and deployed.
9	Sustainable improvement	Implementation plans have been deployed for key changes. Spread plans are developed if appropriate. Data indicates sustainability of impact of changes implemented in system.
10	Project complete	The aim has been met or exceeded and improvement sustained and spread where appropriate. Changes are now part of business as usual.

Aberdeen City ADP – Weekly Dashboard

Week commences on a Thursday for all data unless stated otherwise

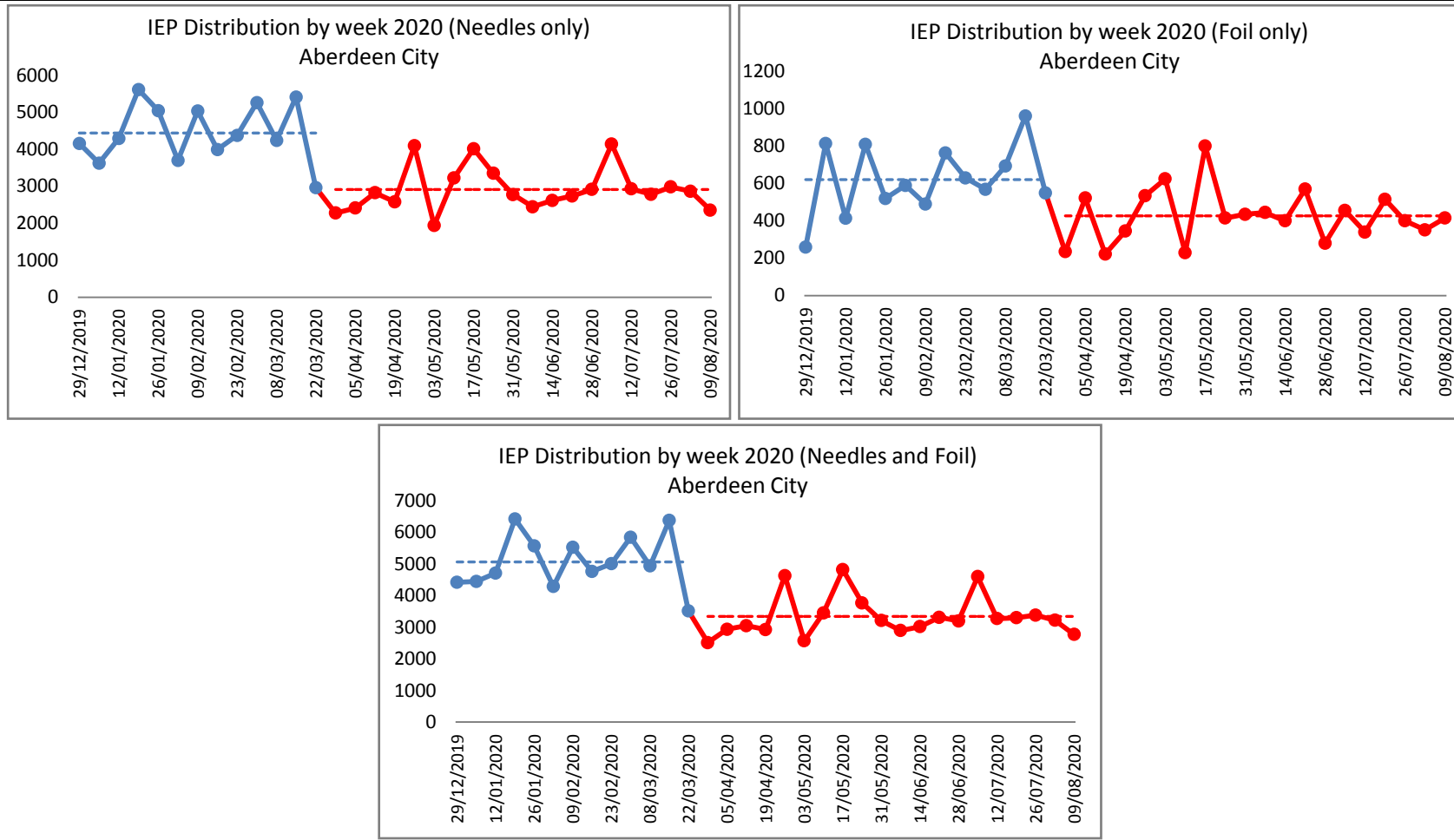
IEP Distribution

The data presented in the charts below details Injecting Equipment Provisions (IEP) in Aberdeen City ADP per week since the beginning of March 2020. A new process of doorstep deliveries and postal supplies has been implemented recently and data is starting to build for this provision. This data is live time so will be up to date when it is pulled after the week end. The number of clients chart excludes anonymous clients but these figures are recorded locally and account for around 3% of all transactions. ***This data is week commencing on a Sunday due to requirements from other departments.***



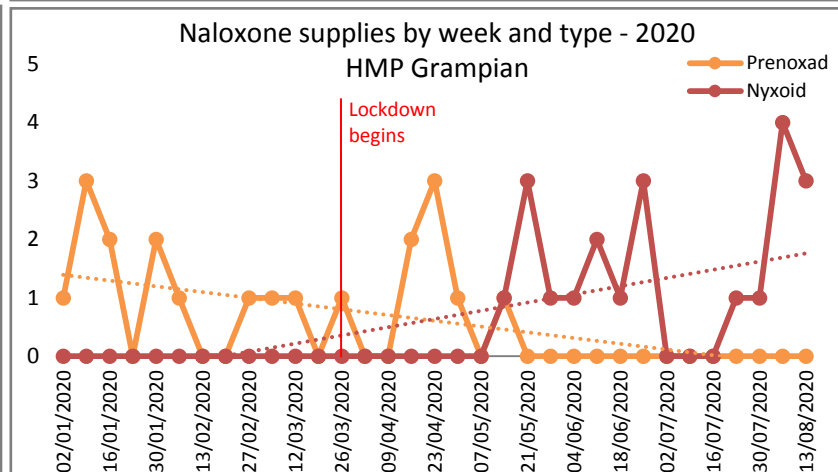
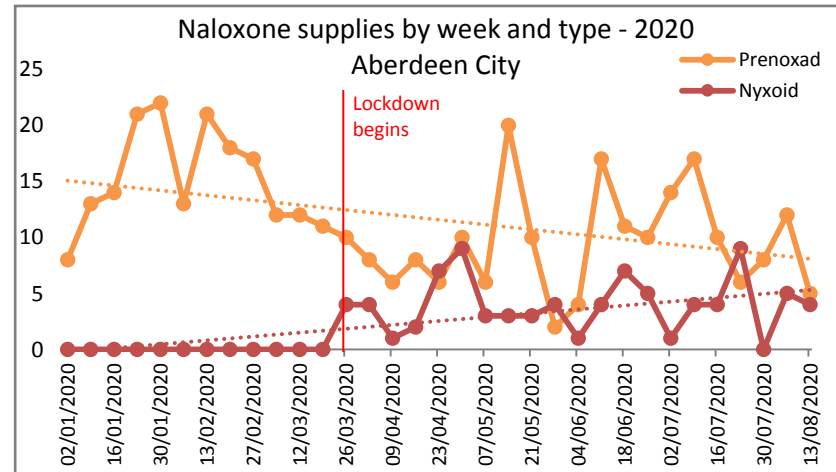
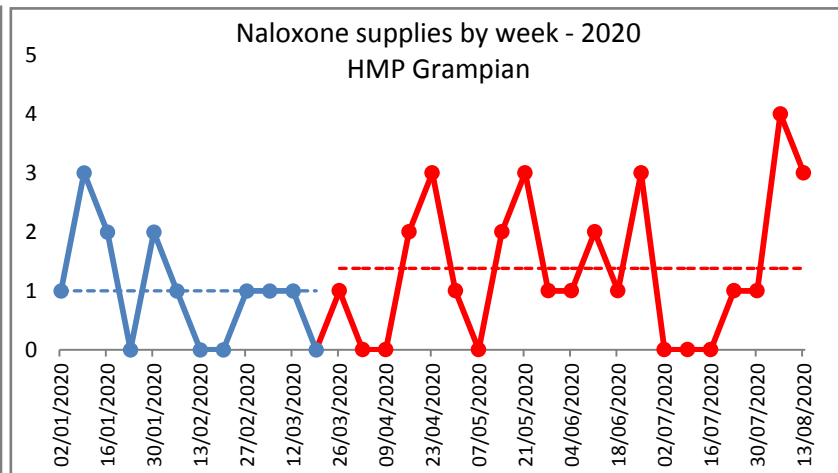
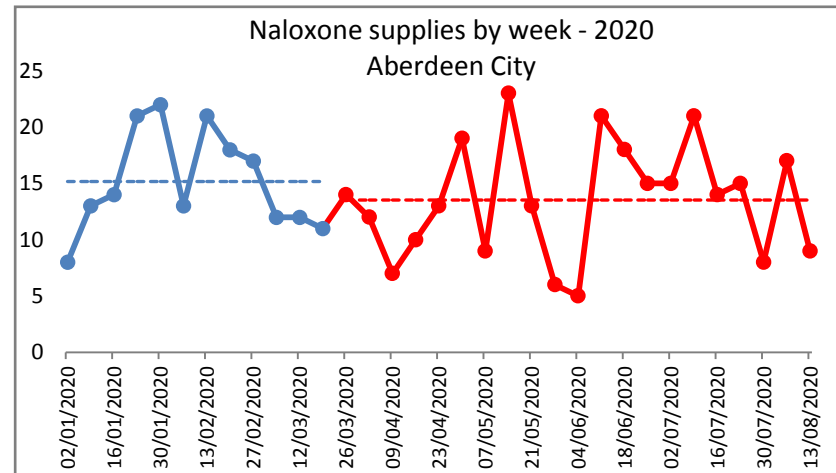
IEP Type

The data presented in the charts below details the types of Injecting Equipment Provisions (IEP) distributed in Aberdeen City ADP per week since the beginning of March 2020. Needle data is the combination of all syringes and barrels distributed. The blue dotted line shows the average distribution pre-lockdown per week, and the red dotted line shows the average post-lockdown per week. The averages for needles were 4438.77 pre-lockdown and 2911.65 post; giving a health debt of -1527.12. Average for foil was 620.92 pre-lockdown and 426.8 post-lockdown; the health debt is -194.12. Overall for needles and foil the average pre-lockdown was 5059.7 per week and 3338.45 per week post; this is a health debt of -1721.24 This data is live time so will be up to date when it is pulled after the week end. ***This data is week commencing on a Sunday due to requirements from other departments.***



Naloxone Supplies

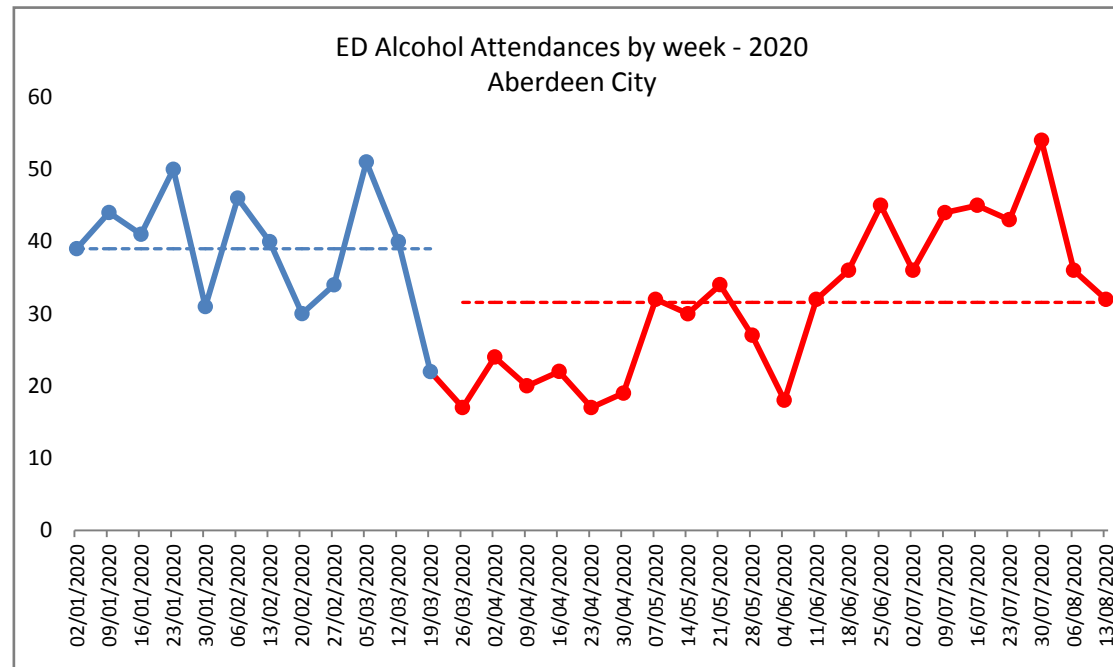
The data presented in the chart below is the number of Naloxone kits distributed to persons at risk, family/friends and service workers per week since the beginning of 2020, in Aberdeen City and HMP Grampian. The blue dotted line shows the average Naloxone supplies pre-lockdown and the red dotted line shows the average supplies post-lockdown. For Aberdeen City community supplies the average pre-lockdown was 15.17 per week and post is 13.52; this is a health debt of -1.64. For HMP Grampian, pre-lockdown average was 1 per week and post-lockdown is 1.38 per week; this is a health debt of +0.38. The nasal Naloxone Nyxoid became available in Grampian late March 2020; the bottom charts show the supply of Nyxoid against Prenoxad. This data can take a couple of weeks to be uploaded onto the Neo360 system therefore the more recent weeks' data could be higher.



ED Presentations - Alcohol

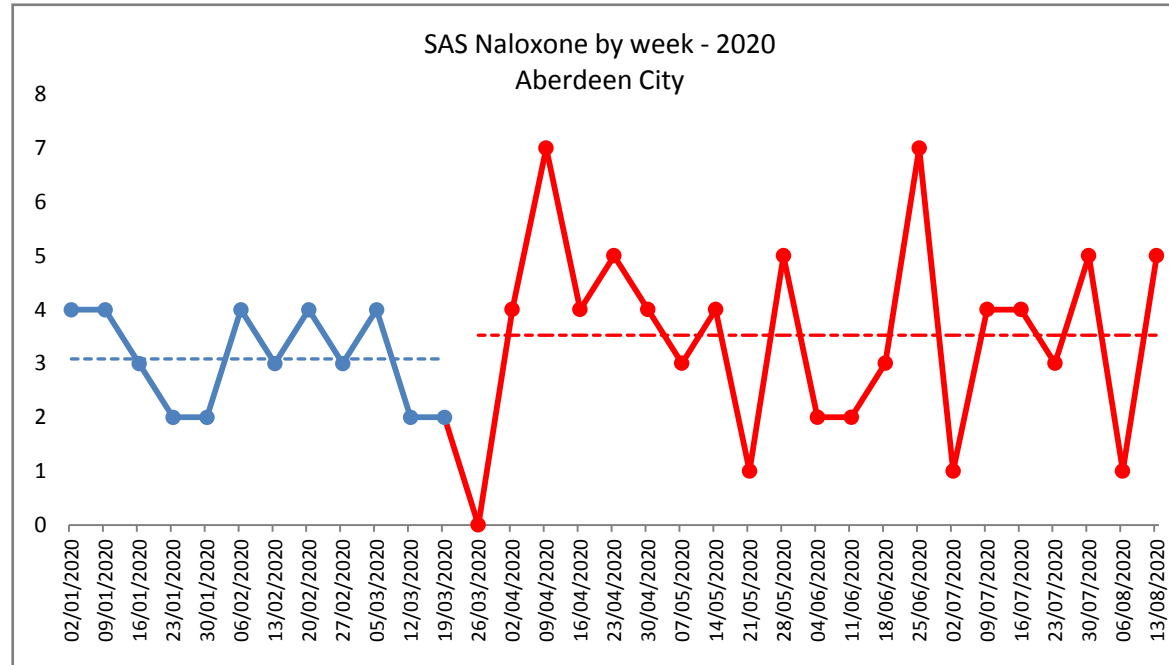
The data presented in the chart below is the number of Emergency Department presentations in Aberdeen City (ARI and RACH) since the start of 2020. The blue dotted line shows the average ED attendances pre-lockdown at 39 per week, and the red dotted line shows the average attendances post-lockdown at 31.7 per week. This is a health debt of -7.43.

This data can take a number of weeks to be uploaded due to the processes within A&E. It is also not 100% accurate as it is extracted using common alcohol related terms in the presenting complaint and some ICD-10 codes. We do not have a way to extract this information for drugs currently.



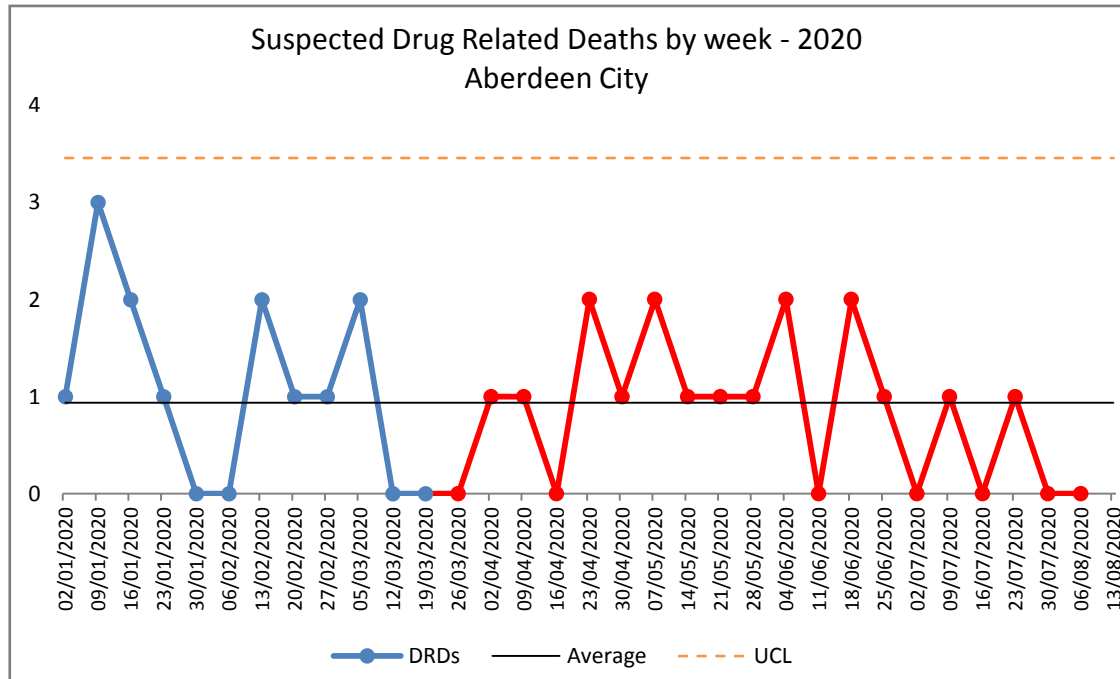
SAS Naloxone Administration

The data presented in the chart below is the number of incidents the Scottish Ambulance Service attends where Naloxone is administered by them since the start of 2020. The blue dotted line shows the average Naloxone SAS administrations pre-lockdown at 3.08 per week, and the red dotted line shows the average administrations post-lockdown at 3.52 per week; this is a health debt of +0.44. This data has a two day lag and is received daily.



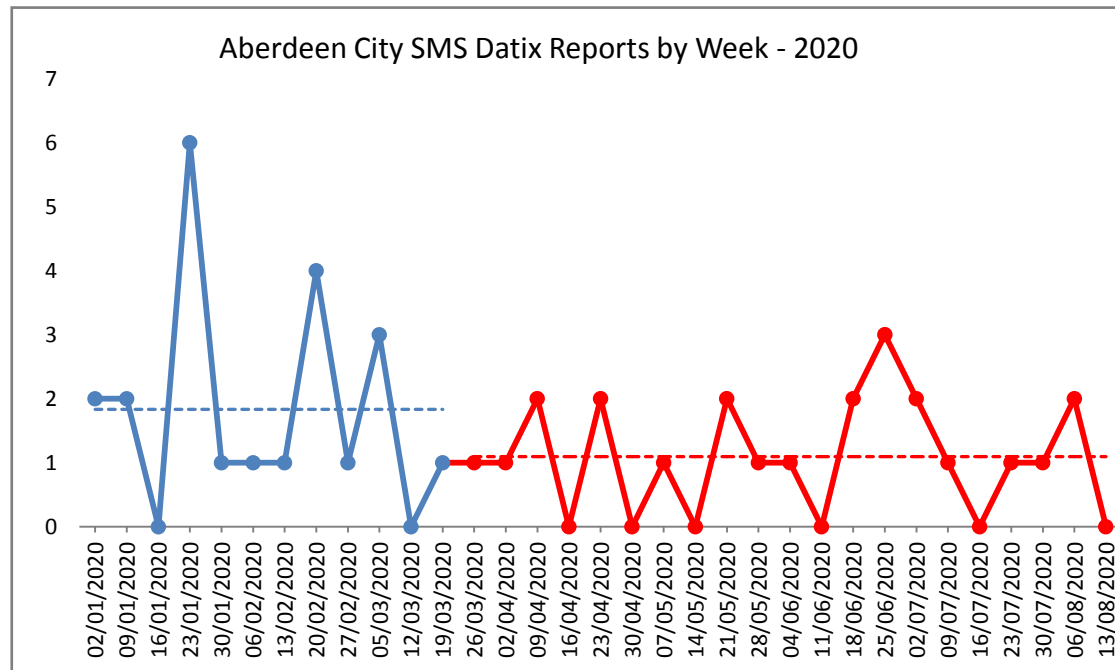
Drug Related Deaths

Data for Drug Related Deaths (DRDs) is collected and analysed through National Records Scotland. The data and figures are not finalised until summer of the following year; therefore any 2020 figures will not be confirmed until summer 2021. Please note all of the following figures are suspected DRDs and must be treated with caution. Please do not share these figures any wider than the members of the COG. A control chart has been used here to assist with the accuracy of this data.



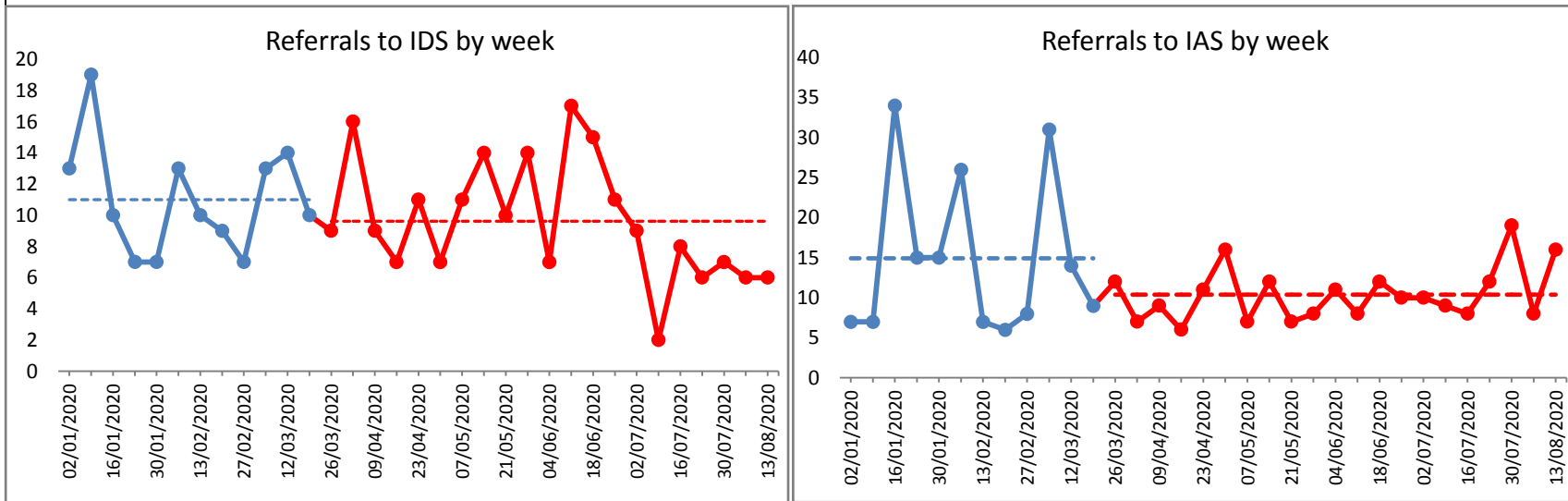
Datix Reports – Incidents in Service

Datix reports are raised within the Substance Misuse Service (SMS) when an event or incident led to or could have led to an undesirable outcome. It allows the service to review these incidents, analyse the circumstances surrounding them and learn from them to improve the service and prevent future incidents of a similar nature. The blue dotted line shows the average reports pre-lockdown at 1.83 per week, and the red dotted line shows the average reports post-lockdown at 1.1 per week; this is a health debt of -0.74. The data is based on the adverse event date; it is very minimal for SMS however we will monitor this weekly to ensure the service is still operating safely and effectively.



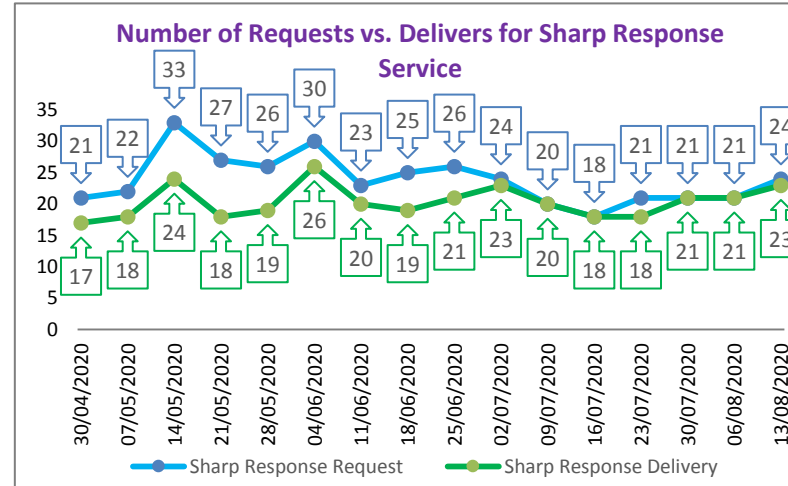
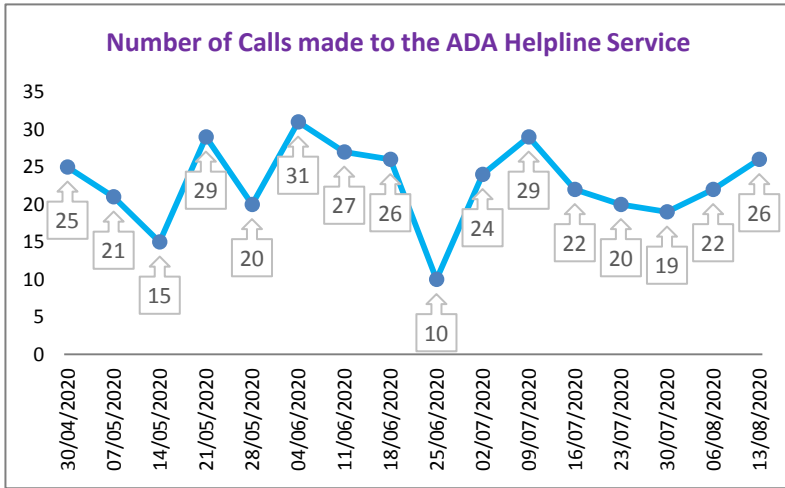
Referrals to Substance Misuse Service

The data presented in the chart below is the number of referrals the Substance Misuse Service has received into their integrated drug (IDS) and alcohol (IAS) services. The blue dotted line shows the average number of referrals per week pre-lockdown and the red dotted line shows the average number per week post-lockdown. The IDS pre-lockdown average was 11 per week, and post-lockdown is 9.62 per week; this is a health debt of -1.38. The IAS pre-lockdown average was 14.92 per week, and post-lockdown is 10.38 per week; this is a health debt of -4.54. There can be a several day delay on this data dependant on administrative capacity.



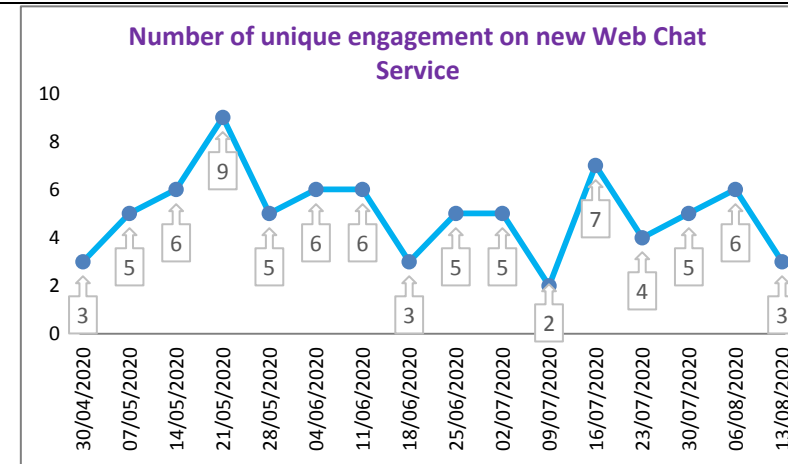
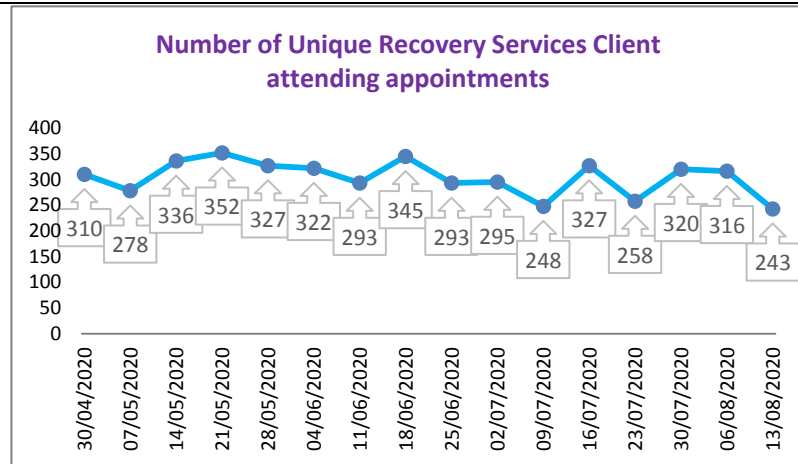
ADA Performance

Data was requested from ADA related to the services they are providing during the Coronavirus outbreak. Historic data was unavailable therefore these charts will develop in the coming weeks, week commencing on a Thursday. More information is summarised for each analysis.



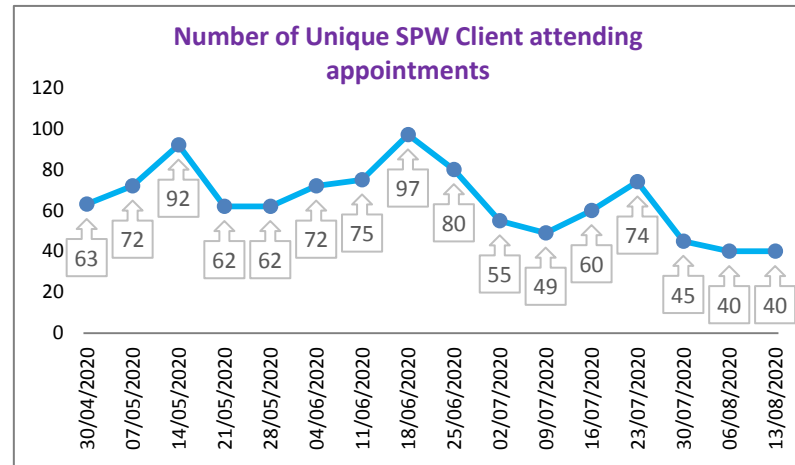
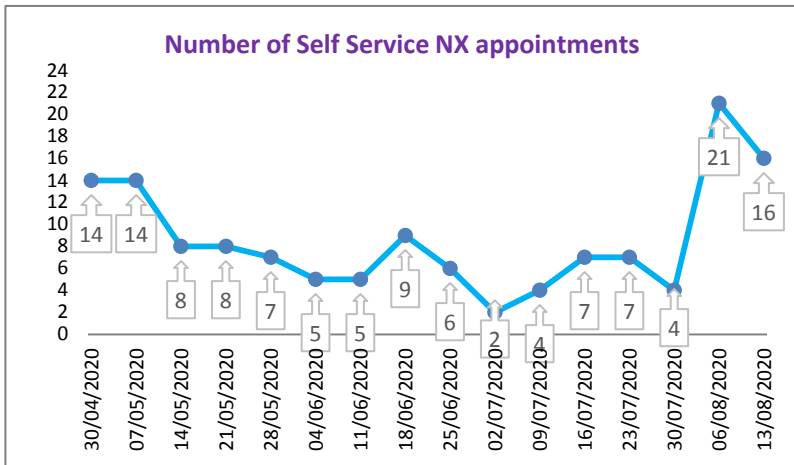
Figures indicating the number of calls received to the ADA Helpline number. Our helpline number is 01224 594700 (or 07927192706). The Helpline operates 10.30am-1pm and 2pm-5pm Monday to Friday. At weekends it is 12pm-1pm and 2pm-5pm

Self-service Needle Exchange; As a result of the lockdown due to Coronavirus, we now offer a self-service needle exchange option. This comprises a cabinet with 2 types of pre-made needle packs located within our static site needle exchange service based at Hadden Street (which is open Mon-Fri 1030-1 & 2-5 and Sat/Sun 12-1 & 2-5). There is also the option of self-service drop off for used needles and syringes at the same site.



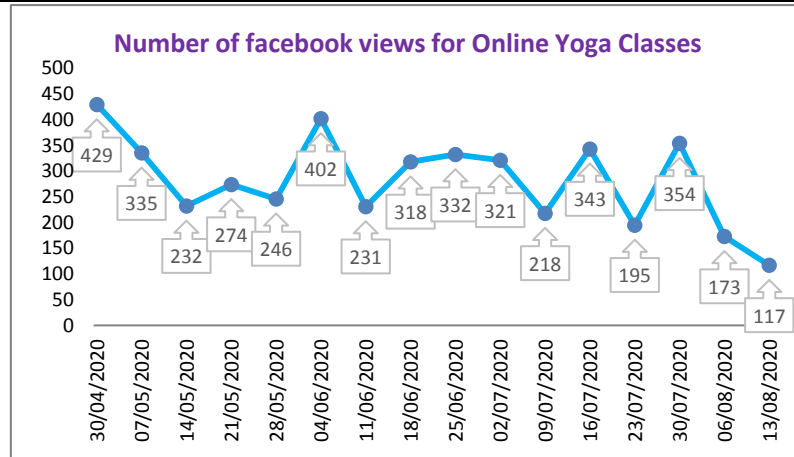
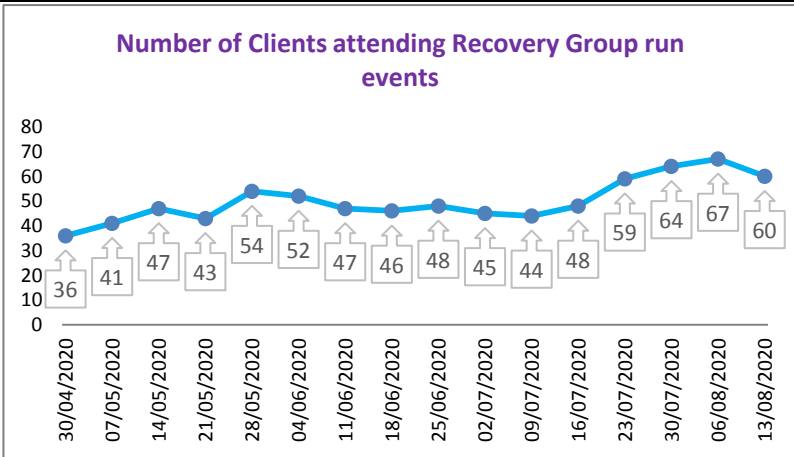
As a result of Coronavirus ADA have moved all Structured Work (Treatment) to Zoom along with other platforms supporting clients where face to face is not possible at the moment. All Clients with alcohol and/or drugs issues are contacted regularly to maintain a supportive platform.

Web Chat service, brought online at the start of the COVID-19 lockdown is just starting. The service is available 7 days a week from 12pm-1pm and 2pm-5pm. Operating as a hosted platform and linked to www.alcoholanddrugsaction.org.uk provide ADA with the ability to Chat in Real-time with existing or first time contacts seeking advice or support.



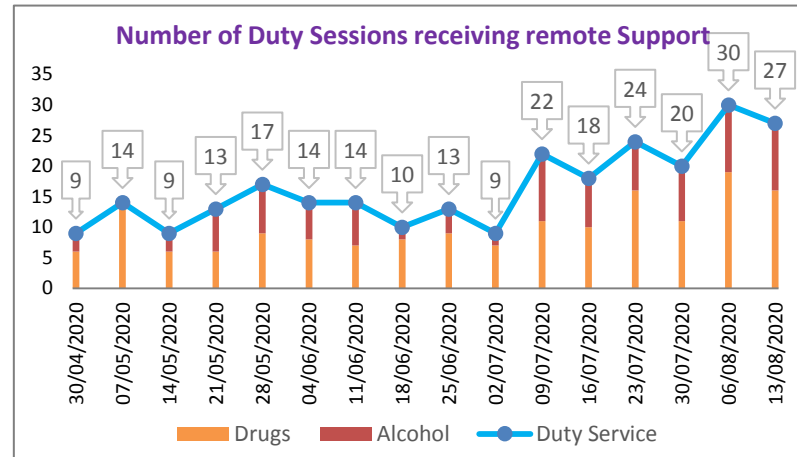
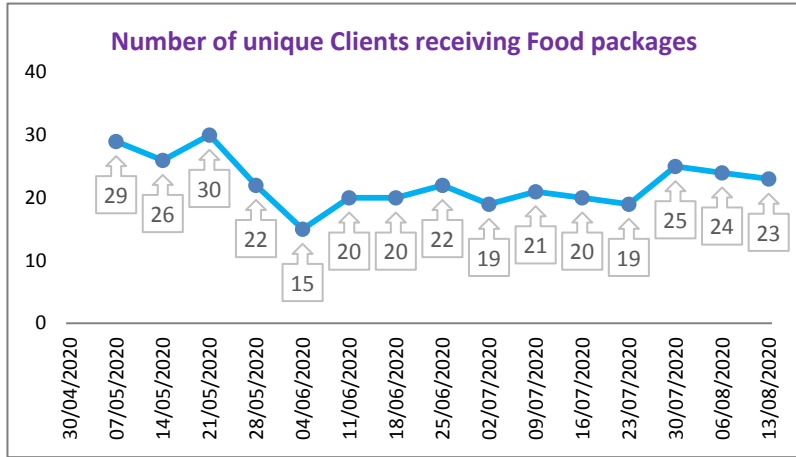
Self-service Needle Exchange: As a result of the lockdown due to Coronavirus, we now offer a self-service needle exchange option. This comprises a cabinet with 2 types of pre-made needle packs located within our static site needle exchange service based at Hadden Street (which is open Mon-Fri 1030-1 & 2-5 and Sat/Sun 12-1 & 2-5). There is also the option of self-service drop off for used needles and syringes at the same site.

As a result of Coronavirus we now call those open Structured Preparatory Work (SPW) clients rather than see them face to face. SPW is for those clients who have issues with alcohol and/or drugs (or who are supporting a loved one who has these issues) and who are at a stage where they wish a more regular and planned approach to the support that they require (e.g. appointment based rather than drop in via duty).



Coronavirus has had a considerable impact on a number of our Groups. Activity Groups have stopped for now. ADA have moved to adopt the Zoom platform to help maintain contact with Clients in many areas. Support Groups such as ADAPT have now moved to Zoom and new Daily Check in Groups are getting off the ground. Yoga Classes run by ADA members are posted online to Facebook and proving very successful.

Yoga Classes; Amber Clarkson, member of the Recovery Service Team has recorded a Weekly Yoga session, this is live on Facebook weekly. This is proving popular. Amber is a qualified Yoga Instructor with 250+ hour teacher training course plus additional training certificates. Classes started mid-March.
<https://www.facebook.com/AlcDrugsAction/videos/>



ADA have now started to deliver food packages to support Clients struggling at this time.

DUTY. As a result of the lockdown ADA are operating a Remote contact service to Clients. Clients attending ADA or calling will have their details passed to a member of the DUTY Team working from home, the team member will call the Client and provide support by phone.



INTEGRATION JOINT BOARD

Date of Meeting	8 th September 2020
Report Title	Progress Update on MSG Self Evaluation Action Plan
Report Number	HSCP.20.035
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Name: Alison MacLeod Job Title: Lead Strategy and Performance Manager Email Address: alimacleod@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	A. MSG Self Evaluation Action Plan – Progress Report as at August 2020

1. Purpose of the Report

- 1.1. The purpose of this report is to provide an update on progress on the delivery of the actions in the MSG Self Evaluation Action Plan as at August 2020.

2. Recommendations

- 2.1. It is recommended that the IJB:
- a) Notes the progress made on delivery of the actions within the MSG Self Evaluation Action Plan.

3. Summary of Key Information

- 3.1. The Ministerial Strategic Group (MSG) is a key strategic decision taking group in relation to transformational change in health and community care in Scotland.



INTEGRATION JOINT BOARD

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



INTEGRATION JOINT BOARD

features. It was agreed with NHS Grampian and Aberdeen City Council that the partnership would complete one submission on behalf of all three organisations. This was submitted to MSG on 15th May 2019 and the submission was endorsed by the IJB at their meeting on 11th June 2019 when it was also requested that the Chief Officer provide an update on progress on delivery of the actions in March 2020. This report was deferred as a result of revised IJB meeting arrangements in response to the Covid-19 pandemic.

- 3.7.** Appendix A contains the latest progress report. Of the 31 Actions, 25 (80%) have been completed within the target timescales. Of the six outstanding actions, two are related to our revised Scheme of Governance which is now not due to be presented to the IJB until December 2020. One is related to public consultation on our Annual Performance Report and the final three are related to the creation of Carer and Service User Focus Groups.
- 3.8.** In terms of the locality discussions on the 2018/19 Annual Report, by the time the annual report was published in September 2019, it was felt the time had passed for these discussions. The plan was to hold these discussions during the development of the 2019/20 Annual Report with the outcome of the discussions being captured within the report itself, however, the Covid-19 pandemic did not allow this. An online session did take place with the Strategic Planning Group and we are planning online sessions with the Locality Empowerment Groups in the Autumn of 2020 to assist with identifying locality specific priorities for the development of the Locality Plans.
- 3.9.** Three of the seven are in relation to the creation of Carers Reference Groups. Recruiting the IJB Carer Representatives took longer than anticipated and we wanted them to be fully involved in the creation of the groups. In addition, we saw merit in aligning the establishment of the groups with the creation of the Locality Empowerment Groups. The formation of these groups has been delayed due to Covid-19 however we are currently in discussions around how to progress this using technology.



INTEGRATION JOINT BOARD

4. Implications for IJB

- 4.1. **Equalities** – this report has no direct implications in relation to equalities.
- 4.2. **Fairer Scotland Duty** – this report has no direct implications in relation to the Fairer Scotland Duty.
- 4.3. **Financial** – there are no direct financial implications arising from the recommendations of this report.
- 4.4. **Workforce** – there are no direct workforce implications arising from the recommendations of this report.
- 4.5. **Legal** – there are no direct legal implications arising from the recommendations in this report.
- 4.6. **Other** – none.

5. Links to ACHSCP Strategic Plan

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

6. Management of Risk

6.1. Identified risks(s)

The improvement actions support progress on integration therefore will mitigate a number of Strategic Risks.

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



The improvement actions support progress on integration therefore will mitigate a number of Strategic Risks.



INTEGRATION JOINT BOARD

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

The improvement actions support progress on integration therefore will mitigate a number of Strategic Risks.

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

This page is intentionally left blank

MSG SELF-EVALUTION ACTION PLAN



Aberdeen City Health & Social Care Partnership

A caring partnership

	Proposed Improvement Action	Lead	Timescale	Progress Update
1.1	Further cohorts of partnership colleagues will participate in the Systems Leadership training.	Chief Officer	Mar 20	Opportunities to participate in the System Leadership programme have been widely publicised throughout the partnership and managers have been encouraged to promote this to their teams. 24 managers from ACHSCP have attended so far with 4 booked on the March course and a further 10 nominated for future cohorts (not yet scheduled). Complete
1.1	2019-2020 objectives for those colleagues who report to someone in the Leadership Team will be aligned with strategic plan objectives	Leadership Team	Jun 19	All staff objectives for 2019/20 are aligned to the Strategic Plan. Complete.
1.1	Fulfil short-term (within year one) actions set out in Empowered Workforce Plan 2019-2021 (reduce sickness, turnover, set individual objectives in line with strategic plan, monitor team performance against objectives, develop succession plan).	Leadership Team	Mar 20	Sickness absence rates: - ACC employed staff - current, LY NHSG employed staff – current, LY Turnover Team objective setting, team performance and the development of succession plans were all specific personal objectives for each of the Leadership Team and were monitored by the Chief Officer at the quarterly performance meetings. Complete
1.2	Chief Officer to discuss as part of her performance review with the Chief Executives of Aberdeen City Council and NHS Grampian ways in which the evaluation of statutory relationships can be judged exemplary	Chief Officer	Sep 19	The Chief Officer meets regularly with the Chief Executives of NHSG and ACC. Early discussions on this topic took place at the June meeting and this will continue to be explored further at future meetings. Complete

MSG SELF-EVALUATION ACTION PLAN



Aberdeen City Health & Social Care Partnership

A caring partnership

	Proposed Improvement Action	Lead	Timescale	Progress Update
1.3	Chief Officer to undertake an IJB membership review to consider which other key integration partners, for example, housing and independent sectors should be IJB members	Chief Officer	Mar 20	The review will be completed at the same time as the review of the Scheme of Governance which will be presented to the IJB in December 2020
1.3	Providers and Partners Network to evaluate cross-sector relationships and impacts	Lead Commissioning Manager	Mar 20	An evaluation of the provider network sessions over the past year has been circulated. The evaluation has centred on the providers appreciation of the different sessions rather than specifically on relationships. At each session there is a “round table” discussion and feedback favours this opportunity as good to excellent. There have been several collaborative and co-design workshops throughout the year and anecdotal evidence suggests that these have enabled furthered collaboration and conversations between providers. This work will continue. Complete
1.3	Providers and Partners Network to develop agreed actions on how best to promote and sustain good relationships across all sectors, organisations and staff roles	Lead Commissioning Manager	Mar 20	There have been discussions at the city-wide Aberdeen Provider’s Network around market shaping which have included taking a baseline of the feelings around inclusivity, and clarity of roles and responsibilities. Our risk session covered business etiquette, and how we manage risk. Market facilitation continues, on an ongoing basis. We have worked in collaboration with providers during the design of our care at home contract and these sessions have been well received. We held a

MSG SELF-EVALUATION ACTION PLAN



Aberdeen City Health & Social Care Partnership

A caring partnership

	Proposed Improvement Action	Lead	Timescale	Progress Update
				<p>session for CEOs and Board members on the 13th January 2020 and there were in excess of 80 delegates in attendance. Also in attendance was a recognised leader in market sustainability within the third sector who provided us with feedback on the session, including “There was good knowledge in the room. Providers appear to feel involved and valued”. Again, this work will continue.</p> <p>Complete</p>
2.3	More up-to-date information of set-aside usage is to be provided. Better analysis of this usage is to be developed, including an improved understanding of which partnership initiatives and developments have led to reduced usage and whether this is an episodic or sustainable improvement.	Chief Finance Officer/ Deputy Director Finance NHS Grampian	Mar 20	<p>A process has been developed by the modernisation team to review the large hospital services. This process includes representation from the three IJBs, Acute and the Councils. Conversations are ongoing around improving the set aside information which is based on data collated nationally.</p> <p>Complete</p>
3.4	The Commissioning Lead will submit a report to the IJB in August on a jointly developed commissioning approach which includes an outcome performance framework	Lead Commissioning Manager	Aug 19	<p>A report was approved at the IJB meeting in September 2019. The approach has been developed in conjunction with Aberdeen City Council. A similar report was approved by full council in August 2019.</p> <p>Complete</p>
3.4	The Commissioning Lead will submit a report to the IJB in August on a jointly developed approach to market facilitation	Lead Commissioning Manager	Aug 19	<p>Market facilitation is ongoing. The process of market facilitation and market sustainability was incorporated in the report approved by IJB in September. We have committed to producing a market position statement</p>

MSG SELF-EVALUATION ACTION PLAN



Aberdeen City Health & Social Care Partnership

A caring partnership

	Proposed Improvement Action	Lead	Timescale	Progress Update
				by July 2020 and will be taking our 3-year Strategic Commissioning plan to IJB in November. Complete
3.4	The Commissioning Lead will submit a three-year commissioning plan to the IJB in November of this year	Lead Commissioning Manager	Nov 19	The three-year commissioning plan was approved by the IJB in November. Complete
3.4	The CFO will reflect any of the decommissioning decisions from the commissioning plan within the 2020/21 revenue budget which will be submitted to the IJB board in March 2020.	Chief Finance Officer	Mar 20	Any decommissioning decisions agreed by the IJB will be included in the Medium-Term Financial Framework. Complete
3.5	Completion of the initial strategic reviews and evaluation of the process to enable learning to be developed for the next phase of reviews	Chief Officer	Mar 20	The Mental Health strategy review has been completed (report due to be submitted to IJB in March 2020). Learning from that is being carried forward to other reviews. Complete
4.2	Chief Finance Officer to identify where the IJB's public reporting, particularly in relation to the local authority and health board could be improved.	Chief Finance Officer	Mar 20	An annual report on IJB activities was submitted to both ACC Elected Members and the NHSG Board. Complete
4.3	IJB development programme to be implemented; partially delivered by externally commissioned support	Chief Finance Officer	Oct 19	The contract to provide the IJB with externally commissioned support was awarded in August 2019 with work commencing in October. Complete
4.3	Chief Officer to review IJB membership with possibility of involving other key integration partners from, for example, the housing and independent sectors	Chief Officer	Mar 20	The review will be completed at the same time as the review of the Scheme of Governance which will be presented to the IJB in December 2020.
4.4	An internal audit is being undertaken on our directions processes and any recommendations will be implemented accordingly.	Chief Finance Officer	Mar 20	The review is complete, and the actions have been agreed and are in the process of being implemented. Complete

MSG SELF-EVALUATION ACTION PLAN



Aberdeen City Health & Social Care Partnership

A caring partnership

	Proposed Improvement Action	Lead	Timescale	Progress Update
4.5	Review Terms of Reference and membership of Clinical and Care Governance Committee and Group	AHP Lead	Jun 19	This action is now complete .
4.5	Review available data that underpins clinical and care governance to ensure that safe and robust assurance is being provided to the Committee at all times	Clinical Director	Sep 19	Weekly Clinical and Care Management meetings have been in place since Jan 2019. Focus has been on Health services that feed into Datix. Work is ongoing to develop the information feed from Social Care into this process. The membership of the Clinical and Care Governance Group has been reviewed to include more operational leads to produce reports and attend that meeting. This then allows Leadership Team Colleagues (Leads for Nursing, AHP and Social Work) to attend the Committee in their professional lead's capacity which in turn allows the services to take more ownership of their risks. The reporting process has also been revised with more use of pre-populated templates which allow services to see where there may be risks. Any new risk or significantly worsening risk will now require a separate report to the group and the same report can then be used at the committee with the report author invited to attend the committee to speak to it. Complete
4.5	Review clinical and care governance risk management process to strengthen real-time oversight of risks and mitigations	Clinical Director	Sep 19	The new arrangements are continuing to bed in and any issues identified which may require further changes to the framework will be addressed on an

MSG SELF-EVALUTION ACTION PLAN



Aberdeen City Health & Social Care Partnership

A caring partnership

	Proposed Improvement Action	Lead	Timescale	Progress Update
				ongoing basis. A joint development session between the Committee and the Group is being planned with a focus around data and this will also provide an opportunity for reflection and identification of any further areas for improvement. Complete
4.5	Monitor effectiveness of new clinical and care governance framework	Clinical Director	Mar 20	The new arrangements are now deemed to be working well but further review will form part of the ongoing monitoring arrangements. Complete
5.1	Lead Strategy and Performance Manager to evaluate accessibility (design/language/subject matter) of report to wider population	Lead Strategy and Performance Manager	Mar 20	Feedback received from the Integration Data Advisor from the Scottish Government. Feedback will be used to inform future reports. Complete
5.1	The partnership's annual report will be promoted at locality-specific meetings to enable a full and transparent discussion of the partnership's progress in implementing its strategic plan and delivering improved outcomes	Lead Strategy and Performance Manager	Mar 20	The locality consultation sessions which were planned for developing the Annual Performance Report for 2019/20 had to be cancelled due to Covid-19 however an online session did take place with the Strategic Planning Group. We are planning online sessions with the Locality Empowerment Groups in the Autumn of 2020 to assist with identifying locality specific priorities for the development of the Locality Plans.

MSG SELF-EVALUTION ACTION PLAN



Aberdeen City Health & Social Care Partnership

A caring partnership

	Proposed Improvement Action	Lead	Timescale	Progress Update
5.2	Ensure that the annual report includes good practice initiatives and successes and the opinion of those individuals/carers who have seen better outcomes as a result	Lead Strategy and Performance Manager	Aug 19	A section entitled "That was the year that was" is included in the Annual Report which details good practice initiatives and successes. The opinions of carers were collated via our Carers Conversation Event and our Carers Survey and the results of these have informed the Annual Report and the review of the Carers Strategy. Complete
6.1	Co-ordinate engagement activities across functions and localities	Lead Strategy and Performance Manager	Mar 20	The dedicated Development Officer for Service User and Carer Engagement is the key link for coordination of all engagement activity across the partnership. Complete
6.2	Strengthen the involvement of carers/users in strategic planning and commissioning.	Lead Strategy and Performance Manager	Mar 20	One of the Enablers to our Strategic Plan is Principled Commissioning which includes a commitment to "commissioning practices including solutions co-designed and co-produced with partners and communities". The dedicated Development Officer for Service User and Carer Engagement is working with the Lead Commissioning Manager to ensure that Service Users and Carers are involved in the design and delivery of services. The re-commissioning of Care at Home and Supported Living, Living Well with Dementia, and the recommissioned Adult Carers Support Service are all early examples. Complete

MSG SELF-EVALUATION ACTION PLAN



Aberdeen City Health & Social Care Partnership

A caring partnership

	Proposed Improvement Action	Lead	Timescale	Progress Update
6.2	Adopt a partnership-specific public engagement policy	Lead Strategy and Performance Manager	Mar 20	A Public engagement policy has been developed and is in the process of being adopted for use. Complete
6.2	Establish service user/carer reference groups to support our IJB user and carer representatives	Lead Strategy and Performance Manager	Mar 20	IJB reps have now been recruited. The next step is to cultivate a series of reference groups which will support them in their work and perhaps foster interest and enthusiasm for future IJB rep recruitment. These groups will be a mixture of existing, newly formed and virtual groups to encourage as wide participation as possible. The formation of these groups has been delayed due to Covid-19 however we are currently in discussions around how to progress this using technology.
6.2	Co-ordinate (better) the partnership's engagement with the people who use our services, their carers and wider communities	Lead Strategy and Performance Manager	Mar 20	It is hoped this improved coordination will come from the establishment of the Carer and Service User Reference Groups. The dedicated Development Officer will oversee the groups and provide the coordinating role. He will also be fully involved in the development of the new locality arrangements to ensure the groups work effectively within these. The formation of these groups has been delayed due to Covid-19 however we are currently in discussions around how to progress this using technology.

MSG SELF-EVALUATION ACTION PLAN



Aberdeen City Health & Social Care Partnership

A caring partnership

	Proposed Improvement Action	Lead	Timescale	Progress Update
6.3	Establish 'carer' and 'user' reference groups to facilitate better discussions about experiences and outcomes and to provide representatives with a mechanism for wider dissemination of IJB-related information	Lead Strategy and Performance Manager	Mar 20	IJB reps have now been recruited. Next step is to cultivate a series of reference groups which will support them in their work and perhaps foster interest and enthusiasm for future IJB rep recruitment. These groups will be a mixture of existing, newly formed and virtual groups to encourage as wide participation as possible. The formation of these groups has been delayed due to Covid-19 however we are currently in discussions around how to progress this using technology.
6.3	Evaluate the user/carer representative role and the impact it has on the understanding of other users and carers about health and social care integration matters	Lead Strategy and Performance Manager	Sep 19	The outgoing IJB Carers representatives undertook exit interviews where their views of the role, positive and negative, were captured. This was used to develop a revised role profile with much augmented information available to anyone considering undertaking the role. The Coalition of Carers in Scotland report Equal Expert and Valued was also used. Dedicated induction, training and support mechanisms are being considered to ensure the new representatives have a clear understanding of their role and are equipped to undertake it. Complete

This page is intentionally left blank



INTEGRATION JOINT BOARD

Date of Meeting	8 September 2020
Report Title	Immunisations
Report Number	HSCP20.037
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Gail Woodcock Transformation Lead gwoodcock@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	No

1. Purpose of the Report

- 1.1. The purpose of this report is to provide an update on our immunisation plans, including the redesign of the immunisations service, our approach towards delivering the vaccination transformation programme, and our plans for delivering mass vaccinations over the coming months.

2. Recommendations

- 2.1. It is recommended that the IJB notes the update on immunisation delivery in Aberdeen as set out in this report and requests an update report to be brought back to IJB following on from this years flu programme.

3. Summary of Key Information

Background

- 3.1. Immunisation is one of the most effective public health interventions in the world for saving lives and promoting good health. Immunisation helps protect against serious diseases and once we have been immunised, our



INTEGRATION JOINT BOARD

bodies are better able to fight these diseases if we come into contact with them.

- 3.2.** In Aberdeen there are currently two separate staffing teams within the health and social care partnership delivering immunisations to school age and preschool children. General practice currently delivers immunisations to adults and some children with complex needs.
- 3.3.** Over the last few months, significant work has been ongoing to redesign the immunisations service in Aberdeen. There are a number of drivers for this:
- In 2017, as part of the commitment to reduce GP workload, it was agreed that vaccinations previously delivered through GP practice would progressively move away from a model based on GP delivery to a model based on dedicated community teams. It is a requirement that by April 2022, the responsibility for administering vaccinations in the city sits with the ACHSCP. This is included in our Primary Care Improvement Plan, and aspects of this have been considered and approved in a number of reports to IJB over the last year.
 - We are seeking to improve immunisation uptake levels in Aberdeen.
 - The current processes around immunisation delivery offers limited choice and flexibility to those requiring vaccination.
- 3.4.** There are a number of vaccination workstreams:
- Pre-school programme – transferred from GP provision in 2019
 - School based programme – delivered through ACHSCP
 - Travel vaccination and travel health advice – planned to transfer 2021/22 (not included within the scope of this report)
 - Influenza programme – preschool transferred from GP provision in 2019, adult to transfer from GP provision in 2020
 - At risk and age group programmes (shingles, pneumococcal, hepatitis B) – planned to transfer from GP provision in 20/21



INTEGRATION JOINT BOARD

- Covid19 mass vaccination planning

Current Plans

- 3.5.** As part of our planning the following vision has been identified “*We will support the health of Aberdeen Citizens by modernising the delivery of vaccinations, empowering local decision making and providing services at the right time in the right place to meet patient needs.*”
- 3.6.** The service redesign of our immunisation’s delivery seeks to deliver against the following objectives:
- **Objective 1**
Implement a new model of delivery, which is coproduced and based on local decision-making and leadership. New operational arrangements will be established as business as usual, reflecting the needs of the population in regard to accessibility.
 - **Objective 2**
Ensure any transformation in delivery is achieved without any adverse impact on safety or sustainability of current / existing vaccination programmes
 - **Objective 3**
Ensure that the necessary systems and infrastructure (e.g. IT, data and premises) are in place to support new models of delivery
 - **Objective 4**
Ensure that new models of delivery are sufficiently resourced and sustainable
 - **Objective 5**
Improve uptake of vaccinations across the city



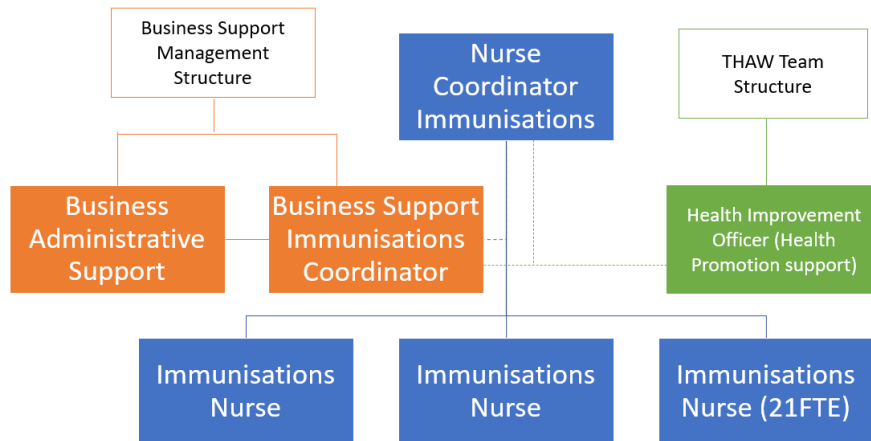
INTEGRATION JOINT BOARD

Organisational Redesign

- 3.7.** The redesign of the immunisation service will see a change from several disparate teams to a single team working across the three HSCP locality areas. The core team will administer pre-school, school and adult immunisations throughout the year, and this will be supplemented by wider nursing workforce during peak immunisation delivery periods.
- 3.8.** The development of an immunisation team allows increased consistency in programme delivery enabling implementation of city-wide protocols covering discussion, recording and follow-up with patients and parents on immunisation. Team development also facilitates staff education, training and updating, problem solving and has been found to yield efficiencies in staffing requirements to deliver programmes.
- 3.9.** A simpler management structure will provide a clear line of accountability for programme performance and governance and avoid unnecessary duplication of management functions and costs.
- 3.10.** The city-wide immunisation team would be distinct from teams delivering school nursing and health visiting, allowing sufficient resource across all three areas to deliver on the requirements of CEL 13. A separate workstream is progressing the requirements of CEL 13.
- 3.11.** Where organisational changes are required through this work, this will be progressed through the agreed organisational change processes.
- 3.12.** The proposed structure seeks to maximise the time that nursing staff can spend delivering immunisations, with support being put in place from business support and public health teams to coordinate delivery and provide health promotion support. This integrated structure maximises the skill sets from three professional teams within the partnership in support of the effective, safe and efficient delivery of immunisations:



INTEGRATION JOINT BOARD



3.13. Additional nursing, coordination and administrative support will be brought in on a temporary basis during peak mass immunisation periods.

Locations of immunisation delivery

3.14. Historically immunisation delivery takes place in GP practices. For a number of reasons, this is not currently possible, and our plans set out delivery locations as follows:

- **Routine immunisations for adults and secondary age children-** Immunisations will be delivered from several community hubs. At least one based in each locality, and ideally in each priority community (identified within the Community Planning Aberdeen Local Outcome Improvement Plan) all with car parking, as well as a city centre venue close to main transport links.
- **School age immunisations:** Agreement has been reached with Aberdeen City Council's education department to deliver school age immunisations within primary schools. There will be changes to how these are delivered as a result of the current pandemic
- **Mass immunisations (flu and Covid19):** These will be delivered in a number of community spaces including sports halls, churches and other large open venues that can allow for social distancing and minimise any risks.



INTEGRATION JOINT BOARD

- 3.15.** To ensure that ability to travel is not a blockage to immunisation uptake, our service redesign plan includes the provision of a mobile community solution. This will allow immunisations to be delivered where people live, such as care homes and sheltered housing, and will be particularly valuable at peak flu delivery periods, these will be advertised pop up locations that the wider community will be able to take advantage of.

Planning for mass vaccinations

- 3.16.** Peak immunisations periods for influenza and mass immunisations such as Covid will require an enhancement to the core model and will include the scale up of immunisation nursing staff and venues for delivery during these at peak periods. (A similar but further enhanced model is planned to be used for the Covid vaccine when available).
- 3.17.** It has recently been announced on the 7th August 2020 that the cohorts targeted for immunisations will be increased in 2020 to include:
- All those over the age of 55 (increasing potentially to all those over the age of 50 subject to vaccine availability)
 - All people identified as shielding and those living in a household with someone identified as shielding

*Note that some of the above cohorts would already have been in a clinical risk that would entitle them to a flu vaccination.

- 3.18.** The delivery timescales of the various cohorts entitled to flu vaccination will be phased linked to the delivery process of the vaccines. Different cohorts will receive different types of the vaccine.
- 3.19.** These changes will mean that the number of people entitled to the flu vaccination in Aberdeen is anticipated to increase by around 35%. This will result in the need for additional staff and an increased time period for the vaccine delivery. The full implications are currently being worked through.
- 3.20.** Additional costs associated with the increased cohorts for flu and resources required to deliver the Covid19 Vaccination (when available) has been identified within the NHS Grampian remobilisation plan.



INTEGRATION JOINT BOARD

Process and information management

- 3.21.** The changes proposed for the delivery of the vaccination programme offer the opportunity for us to deliver services differently. Over time and as recruitment and redesign of workforce allow, we would look to move the service to provide patients with choice as to when they would wish to attend clinics which will include some evenings and weekends.
- 3.22.** A number of improvements in system recording are being led at a national level, including pulling information directly from GP digital systems, in particular Shingles, Pneumococcal and Flu vaccine history and cohorts to Practitioner Services Division / Scottish Immunisation and Recall System (SIRS). This will reduce the need for local practice-based searches and increase efficiency of the service processes.
- 3.23.** There are limitations around the current digital and recall systems used, and work is ongoing to put in place alternative systems until a longer-term solution is available.
- 3.24.** Our future plans would also see us implement an online booking system for appointments. The city's immunisation service redesign has a digital workstream and this work will continue to be scoped.
- 3.25.** The current health protection measures that are in place due to the current pandemic also require us to change the delivery process for immunisations. Immunisation nurses will require to wear PPE, additional cleaning will be required, and all those requiring vaccination will require to adopt physical distancing. Managing the flow of patients effectively will be key to maximising how many patients can be vaccinated in any given time period.

Increasing immunisation uptake levels

- 3.26.** Immunisation uptake performance has and continues to be difficult to access, in an accurate and timely manner. Locally, additional processes are



INTEGRATION JOINT BOARD

being put in place in order to be able to identify the impact of our interventions.

3.27. The table below set out the target uptake levels for the different flu patient cohorts for this year. Note these targets are set nationally and are linked to anticipated vaccine supply:

Flu Patient Cohort	% Uptake target based on vaccine supply 2020/21
All adults at risk (excl. Pregnant women and carers)	75%
Over 65	75%
Pregnant not in a clinical risk group	75%
Pregnant in a clinical risk group	75%
Carers	60%
Pre-school 2-5 years	65%
5-11 Years School Children	65%

3.28. Communication about the importance of vaccination in general and the importance of those eligible receiving their flu vaccination, this year in particular will be essential to encourage uptake. To support this, we are developing a comprehensive communications plan – this includes engaging with local people including using a range of media types, and through a range of channels including local press and social media. Key messages which will be covered over the next few weeks include:

- Reminding parents to look out for flu forms coming home in children's school bags.
- General reminders about the importance of immunisations.
- Calls for qualified staff to assist in providing immunisations.
- Information about how people will be kept safe, using physical distancing arrangements, when they receive their vaccination.



INTEGRATION JOINT BOARD

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. The assessment, on the whole, was positive in relation to the Strategic Plan's impact on equality and diversity within Aberdeen City.

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:

A detailed costing of the programme has been developed and is summarised below (note that this will continue to be refined as the programme is implemented and any significant changes will be brought back to IJB as required):

(£'000)	2020/21	2021/22	Recurring	Notes
STAFFING				
Immunisations Coordinator (2WTE)	103,488	106,593	109,790	Band 6
Business Support Coordinator (1WTE)	32,551	33,528	34,533	Band 4
Immunisation Nurses (21 WTE)	873,117	899,311	926,290	Band 5
Business Support (1WTE)	26,647	27,446	28,270	Band 2
Health Improvement Officer	-	-	-	Band 5 (costs covered through THAW team)
Seasonal Workforce (Flu - 1268 days)	46,150	47,535	48,961	
PREMISES				
Lease for Tillydrone Community Hub	4,000	4,000	4,000	Estimate
Access Agreement costs for Torry Sports Centre	12,000	12,000	4,000	Estimate/ Torry Hub costs - 2020/21 proportion to be costed to remobilisation plan.
Venues for flu immunisation centres	6,000	6,000	6,000	2020/21 proportion to be costed to remobilisation plan
Cleaning costs for immunisation centres	4,000	4,000	4,000	2020/21 to be costed to remobilisation plan
Mobile Unit	90,000	10,000	10,000	potential for developer contributions/endowments
EQUIPMENT				



INTEGRATION JOINT BOARD

Pharmacy Fridges/Freezers	11,000	1,100	1,100	2020/21 proportion to be costed to remobilisation
Equipment, gloves, syringes, PPE etc	14,500	6,500	6,500	2020/21 £7,000 proportion costed to remobilisation
Disposables and Stationery	7,200	7,200	7,200	
ICT				
Digital Devices x 10	12,000	-	-	
Mobile Phones x 10 standard handsets (for additional staff)	830	720	720	
Digital solution for online bookings		30,000		potential for innovation funding
SIRS	8,000	8,000	8,000	
Other/ misc	6,098			
TOTAL	1,251,483	1,203,933	1,199,364	
Agreed Finances/Core				
PCIP - Pre School	240,000	240,000	240,000	N32203
Core Budget - School	175,000	175,000	175,000	N35050
Approved Business cases - Adult	775,385	460,008	460,008	N33001
Approved Business Case - Maternity	55,000	55,000	55,000	N33348
PCIP other		273,925	269,356	
	1,245,385	930,008	930,008	
Estimated additional costs as a result of additional measures due to COVID that will be costed against remobilisation	35,000			
Difference***	0	0	0	

*The above costs have not included any costs associated for a COVID vaccine delivery and the additional cohorts for flu vaccine as recently announced

** The financial projections for 2021/22 onwards will be refined based on learning from 2020/21

****The costs are based on whole year costs rather than part year costs for 2020/21. It is highlighted that the profile of the spend is geared towards the autumn/ winter period in alignment with the delivery of the flu vaccination.

4.4 Workforce: Required workforce changes will continue to be



INTEGRATION JOINT BOARD

progressed in consultation with affected staff and in partnership with our staff side colleagues in line with usual organisational change process. During the Covid-19 response stage, staff side and trade unions have been integral members within our operational governance decision making processes.

4.5 Legal: There are no specific implications as a direct result of this report.

4.6 Other - NA

5. Links to ACHSCP Strategic Plan

5.1. The areas of work progress referred to in this report directly align with the delivery of our strategic plan. Specifically:

Prevention: the delivery of our vaccination programme directly seeks to address the preventable causes of ill health in our population.

Personalisation: the vision of our immunisations service redesign seeks to *“providing services at the right time in the right place to meet patient needs.”*

Connections: The shift in immunisation delivery into community hubs will help us to develop meaningful community connections with local people which will seek to improve immunisation uptake levels.



INTEGRATION JOINT BOARD

6. Management of Risk

6.1. Identified risks(s)

A number of key risks have been identified in relation to the programme of work set out in this report:

Description	Mitigation
The funding for the delivery of immunisations which would previously have been the responsibility of GP practices is proposed to come from PCIP funds and has been approved through our IJB governance processes. There is a risk that the funding previously outlined by the SG against which we have been developing our PCIP plans, including immunisations may not be available during this financial year.	Recent correspondence from Scottish Government has reduced the level of this risk. Timescales for putting our mass flu vaccination in place from October 2020, requires us to continue to progress our existing plans to move vaccination delivery away from GP practices during the current year.
We are unclear when a COVID-19 immunisation may be available, if it is ready by autumn we may be able to plan delivery during flu. This will result in an adjustment to our staffing levels and number of venues.	We will continue to receive national updates nationally
Inability to recruit immunisation nurses and retain them	Proactively advertising vacant posts. Existing bank nurses
Time to recruit and train nurses	Ongoing proactive advertising of vacant posts.
Availability of sufficient staff to mentor nurses on the training programme	Vaccination Programme Manager will support if required.
Unable to source sufficient venues in the community to deliver immunisations	Discussion ongoing – a number of venues have now been secured.



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



INTEGRATION JOINT BOARD

incidences within the city, impacting public health and the delivery of essential health and care services through significantly increased demand and reduced workforce capacity. Immunisation will help to address preventable causes of ill health in our population. This report also outlines the high-level plans for how we will deliver a Covid19 vaccination, when one becomes available.

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

This page is intentionally left blank