

# Public Document Pack



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

To: Members of the Integration Joint Board

Town House,  
ABERDEEN 16 March 2021

## INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Virtual - Remote Meeting on TUESDAY, 23 MARCH 2021 at 10.00 am.**

FRASER BELL  
CHIEF OFFICER - GOVERNANCE

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

- 1 Welcome from the Chair

### **DECLARATIONS OF INTEREST**

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

### **DETERMINATION OF EXEMPT BUSINESS**

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

### **STANDING ITEMS**

- 4 Minute of Board Meeting of 23 February 2021 (Pages 5 - 12)
- 5 Business Planner (Pages 13 - 14)
- 6 Chief Officer's Report - HSCP.21.020 (Pages 15 - 26)

## **GOVERNANCE**

- 7 Integration Joint Board Membership - HSCP.21.022 (Pages 27 - 32)
- 8 Integration Joint Board Scheme of Governance - Annual Review - HSCP.21.019  
(Pages 33 - 86)
- 9 Inclusion of Integration Joint Boards as Category 1 Responders under Civil Contingency Act 2004 - HSCP.21.028 (Pages 87 - 96)

## **PERFORMANCE AND FINANCE**

- 10 Inspection of justice social work services - HSCP.21.024 (Pages 97 - 136)
- 11 Medium Term Financial Framework (MTFF) - HSCP.21.025 (Pages 137 - 194)

## **ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE**

- 12 Grant Funding to Counselling Services 2021-22 - HSCP.21.021 (Pages 195 - 200)
- 13 Reduction in Notional Rent - HSCP.21.030 (Late Paper)

## **DATE OF NEXT MEETING**

- 14 IJB Meetings - all Virtual  
**Tuesday 25 May 2021 at 10.00am**  
Tuesday 6 July 2021 at 10.00am  
Tuesday 24 August 2021 at 10.00am  
Tuesday 2 November 2021 at 10.00am  
Wednesday 15 December 2021 at 10.00am  
Tuesday 25 January 2022 at 10.00am  
Tuesday 29 March 2022 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](mailto:derjamieson@aberdeencity.gov.uk)

## **DECLARATIONS OF INTEREST**

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

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

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

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

**OR**

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

**OR**

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

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

**OR**

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

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



ABERDEEN, 23 February 2021. Minute of Meeting of the INTEGRATION JOINT BOARD.

Present:- Councillor Sarah Duncan, Chair; Luan Grugeon, Vice Chair; and Councillor Philip Bell, Kim Cruttenden, Councillor Lesley Dunbar, John Tomlinson, Mike Adams, Councillor John Cooke, Jim Currie, Dr Howard Gemmell, Dr Caroline Howarth, Jenny Gibb, Maggie Hepburn, Alison Murray, Shona McFarlane, Graeme Simpson, Sandra MacLeod, Alex Stephen and Dr Malcolm Metcalfe.

Also in attendance:- Kundai Sinclair (Solicitor) and Angela Scott (Chief Executive) and Derek Jamieosn (Clerk).

Apologies:- Alan Gray and Chris Littlejohn

The agenda, reports and meeting recording associated with this minute can be found [here](#).

Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.

### INTRODUCTION

1. The Chair welcomed everybody to the meeting and introduced Alan Chalmers, the proposed new IJB Service User Representative as would be discussed at Agenda Item 9 (Service User Representative on IJB – HSCP.21.018).

### DECLARATIONS OF INTEREST

2. The Chair sought any Declarations of Interest.

Dr Howarth, Clinical Director, ACHSCP, declared an interest with regards to the 2C Remodelling Project as referenced within the Chief Officer's Report – HSCP.21.017 at Article 8 and stated an intention to leave the meeting during any discussion on the subject.

**The Board resolved :-**  
to note the declaration.

**INTEGRATION JOINT BOARD**  
23 February 2021

**DETERMINATION OF EXEMPT BUSINESS**

3. The Chair advised that whilst Article 10 – Annual Procurement Plan – HSCP.21.008 was a public document, Article 13 contained exempt appendices and sought Member’s opinion on whether they were able to consider the recommendations in public or would wish to discuss the exempt reports then make a decision.

Members indicated they would wish to consider the exempt reports prior to consideration of the recommendations.

**The Board resolved :-**

to discuss Agenda Item 10 - Annual Procurement Plan - HSCP.21.008 (Public) during the public session then move to private session to discuss Agenda Item 13 - Annual Procurement Plan - HSCP.21.008 (Exempt Papers) prior to consideration of the recommendations.

**MINUTE OF BOARD MEETING OF 27 JANUARY 2021**

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

Members commented on Article 10 - Vaccinations Update - HSCP.21.005 and referenced the very good recording of the experience at the P&J Live Arena that had been made and published as suggested and further suggested this be circulated for Members viewing.

**The Board resolved :-**

to approve the minute as a correct record.

**DRAFT MINUTE OF RISK, AUDIT AND PERFORMANCE SYSTEMS COMMITTEE  
OF 26 JANUARY 2021**

5. The Board had before it the draft minute of the last meeting of the Risk, Audit and Performance Committee.

Members heard that a verbal update had been provided to the Board on 27 January 2021 whilst the Minute was being prepared.

**The Board resolved :-**

to note the draft minute.

**INTEGRATION JOINT BOARD**

23 February 2021

**DRAFT MINUTE OF CLINICAL AND CARE GOVERNANCE COMMITTEE OF 12  
JANUARY 2021**

6. The Board had before it the draft minute of the last meeting of the Clinical Care and Governance Committee (CCGC).

Members heard from the Chair, CCGC who intimated there were no matters to specifically highlight.

**The Board resolved :-**

to note the draft minute.

**BUSINESS PLANNER**

7. The Board had before it the Business Planner.

Members heard from the Chief Finance Officer (CFO), ACHSCP that today's Agenda items were reflected within the Planner and those items suggested for delay, transfer or removal were highlighted.

The CFO reminded members that following the last meeting of the Board, intended reporting had been reviewed and was now reflected in this planner, however further review would continue in this 'live document'.

Members discussed future reporting and made suggestion as to amendments.

**The Board resolved :-**

- (i) to transfer the intended report at Line 20 – 2C progress Update – to the IJB Meeting on 25 May 2021;
- (ii) to transfer the intended report at Line 31 - Criminal Justice Review – to the IJB Meeting on 23 March 2021;
- (iii) to include a Governance Report on Membership at the IJB Meeting on 23 March 2021; and
- (iv) to otherwise note the Business Planner.

**INTEGRATION JOINT BOARD**  
23 February 2021

**CHIEF OFFICER'S REPORT - HSCP.21.017**

8. The Board had before it the report from the Chief Officer, ACHSCP which presented an update on ACHSCP activities.

Members heard an overview of the report which highlighted the steady delivery of the flu vaccination together with the continued capture of learning within the Partnership and NHS Grampian to assist with planning for future pandemic vaccinations.

The Chief Officer (CO) advised members of receipt of the completed Care inspectorate Report 'Inspection of Justice Social Work service' which had been circulated to Members prior to the meeting.

The CO advised members of the compliments and appreciation of assistance expressed by the Care Inspectorate during their inspection.

**The report recommended :-**

that the Board note the content of the report.

**The Board resolved :-**

- (i) to approve the recommendation; and
- (ii) to acknowledge, in advance of a formal report to the IJB on 23 March 2021, the phenomenal work of the Lead Social Worker and the Criminal Justice Team provided during preparation of the Criminal Justice Inspection report.

**As indicated at Article 2, Declarations of Interest, Dr Howarth absented herself during presentation of updates on the 2C Remodelling Project and then rejoined the meeting.**

**SERVICE USER REPRESENTATIVE ON IJB - HSCP.21.018**

9. The Board had before it the report from the Chief Officer, ACHSCP which presented an update on the appointment of a new IJB Service User Representative.

Members heard a summary of the report from the Lead Strategy and Performance Manager, ACHSCP who provided compliment on the work carried out by the existing Member, Dr Howard Gemmell who had provided considerable input and expertise to the selection procedure and intended to assist mentor the new appointee for a short period.



**INTEGRATION JOINT BOARD**

23 February 2021

The Chair and Vice Chair both intimated their acknowledgement of the contribution and assistance provided by Dr Gemmell during his extended and committed period as the IJB Service User Representative.

Dr Gemmell was appreciative of all the remarks made and was complimentary on the work carried out by the Board to date and wished his replacement and the Board every success in the future.

**The report recommended :-**

that the Board -

- (i) approve the appointment of a new Service User Representative for a three-year term from March 2021 to March 2024; and
- (ii) formally note appreciation for the work undertaken by Howard Gemmell, the outgoing Service User Representative.

**The Board resolved :-**

To approve the recommendations.

**REVISED MODEL COMPLAINTS HANDLING PROCEDURE - HSCP.21.015**

**10.** The Board had before it the report from the Chief Officer, ACHSCP which presented the revised Model Complaints Handling Procedure (MCHP) for the Aberdeen City Integration Joint Board (IJB).

Members heard from the Business Lead that the procedure introduced standardised processes to the handling of complaints which complies with Scottish Public Services Ombudsman's (SPSO) revised guidance.

The SPSO had set a deadline of 1 April 2021 for each IJB to submit their reviewed procedure to them for approval and subsequent publication.

Members heard that it was intended to present a clearer format for understanding of all persons who may wish to make a complaint.

Members commented on the challenges that less able-bodied individuals often encountered during such processes and referenced the anomaly and lack of authority around extending deadlines as referenced.

Members were assured that both issues would be considered when completing the MCHP.

## INTEGRATION JOINT BOARD

23 February 2021

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

that the Board -

- (a) approve Appendix A, - the revised Aberdeen City Integration Joint Board's Complaints Handling Procedure, and Appendix B, the summarised customer-facing guide which provides information for customers on how we handle complaints; and
- (b) note that any presentational issues contained in the Appendices will be resolved ahead of submission to the SPSO; and

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

- (i) to approve the recommendations; and
- (ii) to instruct that the finalised, approved SPSO version be circulated to the IJB Members.

## **CARE AT HOME - HSCP.21.014**

11. The Board had before it the report from the Chief Officer, ACHSCP which provided an update with regards to the implementation and delivery of an outcomes focussed Care at Home provision.

The report followed a referral by the Clinical and Care Governance Committee from its meeting on 12 January 2021, as referenced at Article 6, Item 9 of this Agenda.

Members heard from the Lead Commissioner who advised that the reason for referral was to provide better understanding and assurance regarding delivery of this service.

Members were advised of the successful and safe transition of services from old to new provider which was remarkable during the current pandemic and winter period service delivery.

It was confirmed that delivery of the transition was not without considerable learning which had identified significant work streams to ensure a collaborative, efficient and safe system continued to be developed. This involved review of care packages in a risk assessed way and ensured best use of all workforce and technical skills.

Members advised that they were very appreciative of the assurance given in the update report which also identified considerable attention to unmet demand.

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

that the Board note the report

**INTEGRATION JOINT BOARD**  
23 February 2021

**The Board resolved :-**

to approve the recommendation.

**ANNUAL PROCUREMENT PLAN - HSCP.21.008 (EXEMPT PAPERS)**

**13.** The Board continued discussions from Article 12 – Annual Procurement Plan – HSCP.21.008 in private and considered the exempt reports provided.

**The report recommended :-**

that the Board -

- (a) approve the expenditure for social care services as set out in the annual work plan at Appendix A;
- (b) approve the award or extension of contracts as set out in the procurement business cases, at Appendix B; and
- (c) Make the Direction, as attached at Appendix C, and instructs the Chief Officer to issue the Direction to Aberdeen City Council.

**The Board resolved :-**

to approve the recommendations.

- **Councillor SARAH DUNCAN, Chair.**

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A	B	C	D	E	F	G	H	I	J
<b>INTEGRATION JOINT BOARD BUSINESS PLANNER -</b> The Business Planner details the reports which have been instructed by the Committee as well as reports which the Functions expect to be submitting for the calendar year.									
Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/ Status (RAG)	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
<b>23 March 2021</b>									
4	Standing Item	Chief Officer Report	A regular update from the Chief Officer	HSCP.21.020	Martin Allan	Business Lead	ACHSCP		
5	Bi-Annual	IJB Membership and Appointment of Chair and Vice-Chair	To confirm Membership of the IJB and appointment of Chair and Vice-Chair	HSCP.21.022	Derek Jamieson	Chief Officer	ACHSCP		
6	Standing Item	Medium Term Financial Fraemework (MTFF)		HSCP.21.025	Alex Stephen	Chief Finance Officer	ACHSCP		
7	27.01.2021	IJB Scheme of Governance - Annual Review - HSCP.21.007	On 27.01.2021, (vii)to instruct that all amendments and additions to the documents agreed at (i) to (iv) be proof read and amended as required and presented in 'track change format' to the IJB on 23 March 2021 for approval.	HSCP.21.019	Kundai Sinclair	ACC Legal			
8	13.01.2021	Inspection of justice social work services	Following publication of Care Inspectorate Review, update to be reported to IJB On 23.02.2021, direction to take to 23 March 2021 Meeting	HSCP.21.024	Sandra Macleod	Chief Officer	ACHSCP		
9	17.12.2020	Annual Grant Fund Request	To advise grant funding requirements for the financial year 2021/2022 to several counselling services	HSCP.21.021	Anne McKenzie	Commissioning Lead	ACHSCP		
10	09.03.2021	Reduction in Notional Rent		HSCP.21.030	Alex Stephen	Chief Finance Officer	ACHSCP		
<b>25 May 2021</b>									
13	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP		
14	09.06.2020	Supplementary Work Plan 2020/2021	09.06.2020 IJB : e) Agrees to accept a further report once the review of training and skills development services has been carried out; the target date for this being June 2021						
15	08.09.2020	Immunisations - HSCP.20.037	3. Summary of Key Information (iii)to instruct the Chief Officer, ACHSCP to present an Evaluation and Lessons Learned report to the Board on 25 May 2021.						
16	01.12.2020	Stay Well , Stay Connected	Focusing on short break opportunities in Aberdeen. A report to discuss and develop opportunities and ideas for H&SC colleagues, providers, communities.		Anne McKenzie	Commissioning Lead	ACHSCP		
17	01.12.2020	2C Progress Update	IJB re HSCP.20.049 ; (iv)to request that an update on the outcomes of the procurement process is brought back to the IJB in March 2021.		Sandra MacLeod	Chief Officer	ACHSCP		
18	04.09.2019	Market Facilitation Update	Co-Vid-19 measures delay from 24/03/20		Anne McKenzie	Commissioning Lead	ACHSCP	On 01.12.2020 delayed to June 2021	
19	Standing Item	Risk Register	Bi-annual Repoprtng - May and November 2021		Martin Allan	Business Lead	ACHSCP		
20	03.02.2021	Independent Review of Adult Social Care in Scotland (Feeley Report)	Following publication of SG Report , update to be reported to IJB, on 23.02.2021, delayed until 23.02.2021		Sandra Macleod	Chief Officer	ACHSCP	D	This report will be deferred to 6 July 2021, after Local Government Elections to allow SG update on intentions
21	10.03.2021	Adult Protection Committee Biennial Report	To update IJB on this Biennial Report		Claire Duncan	Lead Social Worker	ACHSCP		
22	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, then on 28.10.2020 transferred to 01.12.20, then on 23.02.2021 delayed to May 2021		Alison MacLeod	Performance Lead	ACHSCP	D	This report awaits SG discussion before preparation and is deferred to 6 July 2021
23	13.01.2021	Equality Outcomes	Aon 13.01.2021 at IJB PreAgenda, intimation of report to be submitted		Alison Macleod	Performance Lead	ACHSCP		
24	Standing Item	Review of Scheme of Integration to incorporate Review of ACC Governance (delayed from June 2020)	Annual review. IJB 20200128 move to June 2020, then to September then December 2020. On 02.10.20 The Board resolved :- to amalgamate the intended 'Review of Governance (ACC)' report referenced at Line 21 on the Planner with the intended 'Review of Scheme of Integration' referenced at Line 20 on the Planner. On 28.10.20 the Board agreed to defer this report until 23.02.2021 to allow consultation with the Constituent Authorities		Jess Anderson	Chief Officer - Governance	ACC		Due to operational response to pandemic, this report Delayed until 25 May 2021
25	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	Report to CCG then Service Update to IJB	Due to operational response to pandemic, this report Delayed until 25 May 2021 as a Service Update
26	21.01.2020	Fast Track Cities	On 21.01.20 from ; Fast Track Cities - HSCP.19.081 ; and instruct the Chief Officer to provide an update on progress in January 2021.		Elaine McConnachie	Public Health Coordinator	ACHSCP	Delay around pandemic activities, to be presented when full year update.	Due to operational response to pandemic, this report Delayed until 25 May 2021
27	02.06.2020	Covid-19 Response - Lessons Learned	From an IJB Workshop		Sandra MacLeod	Chief Officer	ACHSCP		Due to continuing pandemic and operational response, this report Delayed until 25 May 2021
28	19.11.2019	Local Survey	On 19.11.2019, the IJB resolved to instruct the Chief Officer to bring forward a further report following publication of the results of the current national survey which are expected in April 2020 along with details of actions undertaken to address those areas of the survey which would benefit from improvement. This report will come to the June meeting of the IJB, then on 28.10.2020 transferred to 01.12.20, then on 23.02.2021 to 25.05.2021		Alison MacLeod	Performance Lead	ACHSCP		
<b>06 July 2021</b>									
30	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP		
31	Standing Item	Chief Social Work Officers Annual Report	To present the Chief Social Work Officer annual report.		Graham Simpson	Integrated Children's and Family Services	ACC		

	A	B	C	D	E	F	G	H	I	J
	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/ Status (RAG)	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
2										
32		IJB Whistleblowing policy	IJB Whistleblowing policy		Martin Allan	Business Lead	ACHSCP			
33	10.03.2021	Social Work Justice Delivery Plan	To present the Delivery Plan following the recent JSW Inspection Report		Claire Duncan	Lead Social Worker	ACHSCP			
34	<b>24 August 2021</b>									
35	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			
36	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		Alison MacLeod	Public Health Coordinator	ACHSCP	Initially delayed due to CoVid-19 responses;		<b>Due to operational response to pandemic, this report was delayed and will be issued as a Service Update (Target - August 2021)</b>
37	11.11.2019	Livingwell with Dementia	On 23.02.2021, IJB moved this report to 24 August 2021		Alison MacLeod	Performance Lead	ACHSCP			
38										



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	23 <sup>rd</sup> March 2021
<b>Report Title</b>	Chief Officer's Report
<b>Report Number</b>	HSCP21.020
<b>Lead Officer</b>	Sandra MacLeod
<b>Report Author Details</b>	Name: Sandra MacLeod Job Title: Chief Officer Email Address: <i>samacleod@aberdeencity.gov.uk</i> Phone Number: 01224 523107
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	Appendix A - 2-C Remodelling Summary Investigation Points

### 1. Purpose of the Report

- 1.1. The purpose of the report is to provide the Integration 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.



## INTEGRATION JOINT BOARD

### 3. Summary of Key Information

#### Local Updates

#### 3.1. **Aberdeen City Health and Social Care Partnership Strategic Plan**

IJB will be aware that the current Strategic Plan runs to March 2022 and that we plan to undertake a thorough refresh of this in light of COVID-19, the Independent Review of Adult Social Care, and the planned refresh of both the Local Outcome Improvement Plan (LOIP) and NHS Grampian's Clinical Strategy, both also due this year.

3.2. The ambition for the refreshed Strategic Plan is that it will be coproduced with our communities from the outset and throughout in order that it will reflect what matters most to them and hence lead to more targeted improved outcomes. Without pre-empting the outcome of the coproduction, we expect the plan will demonstrate our continued focus on prevention and early intervention from a person-centred perspective. We also anticipate that it will detail different ways of working across the wider system and that there will be a focus on human rights and inequality. Our aim is that the Strategic Plan will be succinct and high-level supported by other strategic documents related to finance, workforce, commissioning, assets, community engagement and participations and service specific delivery plans.

3.3. In effect the development of the Locality Empowerment Groups (LEGs) and the new arrangements for Locality Planning approved by both the IJB and the Community Planning Aberdeen Board in December 2020 was the start of the refresh process. Since December 2020, the LEGs, have continued to meet regularly following a programme intended to support them on the journey towards enabling them to fully participate in the coproduction process.

3.4. The programme began with a look at data specific to each locality and continues with the LEGs identifying priorities specific to their area which will feed into both Priority Neighbourhood and Locality Plans and ultimately the refreshed LOIP in July 2021.





## INTEGRATION JOINT BOARD

- 3.5.** The intention is then to focus on those strategic changes which are specific to health and social care ensuring that these local priorities are also relevantly reflected in the Aims and Commitments in the Strategic Plan.
- 3.6.** It is recognised that partners, staff and IJB members may also benefit from support along this journey. An initial workshop with staff has been scheduled for the end of March and more will be scheduled for later in the year as the plan develops. We have planned a series of five short seminars for the Leadership Team and IJB members running from March to September. Partners will be involved in the process via the existing scheduled meetings of the Strategic Planning Group, but we will also reach out via existing networks such as the Aberdeen Providers Forum, and the various commissioning groups for Care Homes, Care at Home, Stay Well Stay Connected etc.

The key timetable is as outlined below: -

Activity	Date
Staff Workshop reviewing priorities identified by LEGs	23 <sup>rd</sup> March 2021
Review of achievement from our current Strategic Plan – Aims, Commitments and Priorities <b>(IJB/LT Session)</b>	23 <sup>rd</sup> March 2021
Discussion on context and key drivers – LOIP, NHSG, PHS, Feeley Report etc. <b>(IJB/LT Session)</b>	6 <sup>th</sup> April 2021
Data – Population Needs Assessment, National Indicators, Benchmarking <b>(IJB/LT Session)</b>	26 <sup>th</sup> May 2021
Locality Plans Finalised	June 2021
Discussion at <b>Strategic Planning Group</b> on Locality Plans and how these might feed into Strategic Plan refresh.	7 <sup>th</sup> July and 18 <sup>th</sup> August 2021
Outcomes – building on the discussion to date and the content of the Locality Plans, what Aims, Commitments and Priorities would we reflect in a refreshed Strategic Plan <b>(IJB/LT Session)</b>	21 <sup>st</sup> September 2021
Consultation with <b>Strategic Planning Group</b> on outcome of LT/IJB sessions	29 <sup>th</sup> September 2021
Impact – consider the framing of the outcomes into simple, easily understood and focused messages which has the same impact that public health messaging had during COVID to bring about changes in behaviour <b>(IJB/LT Session)</b>	19 <sup>th</sup> October 2021



## INTEGRATION JOINT BOARD

Consultation with <b>Strategic Planning Group</b> on outcome of LT/IJB sessions	10 <sup>th</sup> November 2021
Draft Strategic Plan finalised for IJB Papers	24 <sup>th</sup> November 2021
Draft Strategic Plan approved at IJB Meeting	15 <sup>th</sup> December 2021
Consultation on Draft Strategic Plan with <b>Strategic Planning Group</b>	22 <sup>nd</sup> December 2021
Statutory Public Consultation	Jan – Feb 2022
Final Strategic Plan for IJB Papers	28 <sup>th</sup> February 2022
Final Approval of Strategic Plan	29 <sup>th</sup> March 2022

### 3.7. 2C Remodelling – Investigation

This investigation was commissioned by Alex Stephen, Chief Finance Officer/Depute Chief Officer of Aberdeen City Health and Social Care Partnership (ACHSCP) following a complaint in relation to the 2C redesign decision. An independent external investigator was selected to undertake the investigation.

3.8. The aim of the investigation was to establish all the facts relevant to the points made in the complaint and to give the complainant a full, objective and proportionate response that represents the final position. Appendix A summarises the points investigated.

3.9. In relation to the investigation, four recommendations were made by the investigator and are as follows, along with the response to the complainant:

**Recommendation 1** - Consider providing refresher training to IJB members on the completion of Register of Interests.

IJB Response – refresher training will be organised.

**Recommendation 2** - Consider using staff surveys rather than votes in future staff consultations and be clear about the purpose of the consultation with staff from the outset.

IJB Response – this will be taken on board for any future consultations with staff.

**Recommendation 3** - Consider making equality and human rights impacts assessments publicly available as standard practice.



## INTEGRATION JOINT BOARD

IJB Response – procedures will be updated to reflect this requirement.

**Recommendation 4** - Consider regular reviews of ACHSCP complaints handling procedures to ensure details remain accurate and up to date and to review complaints handling processes to ensure that staff are following the complaints procedure consistently.

IJB Response – the details have been updated and the IJB has recently approved a new complaints handling policy.

### Regional Updates

#### **3.10. Transition from NHSG Operation Snowdrop**

A verbal report on the above will be given by the Chief Officer at the 23 March 2021 IJB meeting.

### National Updates

#### **3.11. Adult Support and Protection (ASP) Inspection Programme-Information on proposal to delay resumption of programme**

The planned resumption of the Adult Support and Protection Joint Inspection Programme was paused by the Care Inspectorate in January 2021 due to pressures resulting from the pandemic. However, on 3<sup>rd</sup> March 2021, a letter was received from Jeane Freeman, Cabinet Secretary for Health & Sport, informing that the 12-month inspection programme would recommence from March 2021 and the Health & Social Care Partnerships would be formally advised of this by the Care Inspectorate in due course. The Link Inspector for Aberdeen has advised that some Partnerships have requested this inspection for their area so it is highly likely that ASP inspections will start there and then move on to other areas thereafter. It is therefore unclear when the Aberdeen inspection will go ahead and at this time no formal notification has been received.

Preparatory work has already commenced with the drafting of the self-evaluation by each agency. Partners will then pull together a multi-agency self-evaluation. This will enable us to see a true reflection of our practice here in Aberdeen across partners and identify any issues that we need to address.



## INTEGRATION JOINT BOARD

Intensive file quality assurance activity is also underway. A fortnightly meeting with the leads for adult protection from NHS, Police and HSCP will oversee this work and report progress through the Adult Protection Committee, Clinical and Care Governance Committee (CCGC) and the Chief Officers Group. Learning from the recent Justice Inspection will be invaluable in the preparation for this upcoming inspection but we recognise this is a joint inspection and all partners require to work closely together to achieve a positive outcome. A report will be presented to a future CCGC to give more detail on the preparatory work.

### 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. **Covid-19** – The update on Operation Snowdrop contains information regarding the Partnership's response to the COVID-19 19 pandemic.
- 4.7. **Unpaid Carers** – There are no implications relating to unpaid carers in this report.
- 4.8. **Other**- there are no other immediate implications arising from this report.

### 5. Links to ACHSCP Strategic Plan

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



## INTEGRATION JOINT BOARD

### 6. Management of Risk

**6.1. Identified risks(s)** - The updates provided link to the Strategic Risk Register in a variety of ways, as detailed below.

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

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



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

4-There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed to maximise the full potentials of integrated & collaborative working. This risk covers the arrangements between partner organisations in areas such as governance; corporate service; and performance.

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.

**6.3. 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)

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## Appendix A 2-C Remodelling Summary Investigation Points

Reference	Governance	Complaint	Statement	Service Delivery	Investigated	Finding
	<b>IJB Decision</b>					
1	Officers misled the board during the meeting	Yes			Yes	Not upheld
2	- False statements (included in transcript)	Yes			No (removed from complaint)	-
3	- Conduct of the Chair	Yes			Yes	Not upheld
4	- Did not afford enough weight to patient care	Yes			Yes	Not upheld
5	<ul style="list-style-type: none"> <li><b>Conflict of interest:</b> conflicts of interest arising from presence of certain members of the Leadership Team/ACHSCP management; access to information at OAMP</li> </ul>	Yes			Yes	Not upheld
-	<ul style="list-style-type: none"> <li><b>Stop the process/delay the decision:</b> most correspondence stated that the decision should be deferred, revoked or that OAMP should be removed from the scope of the project</li> </ul>		Yes		No	-
	<b>Service and Model</b>					
A	<ul style="list-style-type: none"> <li><b>OAMP not unsustainable:</b> queries stating OAMP is a stable, well-functioning practice which was not suffering from sustainability issues</li> </ul>		Yes		Yes	Comments included in investigatory report
-	<ul style="list-style-type: none"> <li><b>Benefit of 2c for OAMP:</b> as the traditional funding model doesn't make it viable with low prevalence of chronic disease, OAMP should remain 2c practice</li> </ul>		Yes		No	-
-	<ul style="list-style-type: none"> <li><b>Northfield/Mastrick Precedence:</b> correspondences referencing a perceived reduction in services and increase in disadvantages to the Northfield/Mastrick communities following their procurement process</li> </ul>		Yes		No	-

## Appendix A 2-C Remodelling Summary Investigation Points

Reference	Governance	Complaint	Statement	Service Delivery	Investigated	Finding
-	<ul style="list-style-type: none"> <li><b>Risks following GP resignations:</b> several correspondences, highlighting the potential impact of the resignations on clinical services</li> </ul>			Yes	No	-
6	<b>Timing</b>					
	<ul style="list-style-type: none"> <li><b>Rushed:</b> correspondences from staff, and some from the public, state that the timescales for the remodelling process were rushed and during the summer holidays</li> </ul>	Yes			Yes	Not upheld
	<ul style="list-style-type: none"> <li><b>During a pandemic:</b> several correspondences question the timing of the project, during the COVID-19 pandemic</li> </ul>	Yes			Yes	Not upheld
	<b>Consultation</b>					
7	<ul style="list-style-type: none"> <li><b>Staff:</b> queries around how staff were consulted; how their views were considered; and how the ultimate recommended option did not reflect the views of the staff; ignoring staff opinions; impacts of stress on wellbeing</li> </ul>	Yes			Yes	Partially upheld * Recommendation 1
8	<ul style="list-style-type: none"> <li><b>Patients:</b> queries around a lack of consultation and engagement; lack of opportunities for patients to design the service</li> </ul>	Yes			Yes	Not upheld
	<b>Privatisation</b>					
-	Much of the correspondence from members of the public indicated a misconception of the “privatisation” of the GP practice,		Yes		No	-
	<b>Equalities and Fairer Scotland</b>					
9	<ul style="list-style-type: none"> <li><b>Assessment:</b> queries on whether an EHRIA or Fairer Scotland assessment and what consideration has been made for equalities; what the possible impacts are</li> </ul>	Yes			Yes	Partially upheld *Recommendation 3



**Appendix A 2-C Remodelling Summary Investigation Points**

Reference	Governance	Complaint	Statement	Service Delivery	Investigated	Finding
-	<ul style="list-style-type: none"> <li><b>Personal impact:</b> several of the patient queries highlighted concerns for the quality of their own care and how this would be impacted</li> </ul>			Yes	No	-
	<b>Positive feedback for practice</b>					
B	<ul style="list-style-type: none"> <li><b>Personal experience:</b> patients raised positive feedback on the service received to date from OAMP; stating good relational continuity and high levels of care</li> </ul>		Yes		Yes	Comments included in investigatory report
10	<b>Complaints Process not being followed</b>	Yes			Yes	Upheld *Recommendation 4

\* Please refer to section 3.9 in the covering report for the recommendations and the IJB response.

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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	23 March 2021
<b>Report Title</b>	IJB Membership and Appointment of Chair and Vice-Chair
<b>Report Number</b>	HSCP.21.022
<b>Lead Officer</b>	Sandra MacLeod, Chief Officer
<b>Report Author Details</b>	Derek Jamieson Committee Services Officer DerJamieson@AberdenCity.gov.uk 01224 523057 (not in use)
<b>Consultation Checklist Completed</b>	<b>Yes/No</b>
<b>Directions Required</b>	No
<b>Appendices</b>	None

### 1. Purpose of the Report

- 1.1. The purpose of this report is to confirm membership of the Aberdeen City Integration Joint Board (IJB) and to appoint the Chair and Vice-Chair of the Board.
- 1.2. Membership requirements are contained within the IJB Standing Orders.

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:
  - a) Endorse the nomination of membership to the Integration Joint Board as proposed by Aberdeen City Council at paragraph 3.2 and NHS Grampian at paragraph 3.3 for the period to 31 March 2023;
  - b) Endorse the appointment of the Chair and Vice-Chair as proposed at paragraph 3.4 of this report for the period to 31 March 2023; and
  - c) Instruct the Chief Officer, ACHSCP to reconsider these arrangements by report to the IJB prior to 31 March 2023.



## INTEGRATION JOINT BOARD

- 2.2.** Members are asked to consider the requirements of the IJB Standing Orders and obligations of the constituent authorities in consideration of this report. These are outlined at section 3.1 of this report.

### 3. Summary of Key Information

- 3.1.** Aberdeen City IJB Standing Orders (SO) prescribe the following in respect of Voting Members and Chair/Vice-Chair ;

#### **Standing Order 2. Membership**

- (1) The IJB shall include the following voting members:-  
(a) Four councillors nominated by the Council; and  
(b) Four members nominated by the NHS Board, of whom three shall be non-executive directors and one an executive director.

#### **Standing Order 3. Appointment of Chair and Vice Chair**

- (1) The Chair shall be appointed by one of the constituent authorities for an appointing period not exceeding two years.
- (2) The Council and the NHS Board shall alternate which of them shall appoint the Chair in each successive appointing period.
- (3) The constituent authority which does not appoint the Chair must appoint the Vice Chair for that appointing period.
- (4) The constituent authority may change the person appointed by that authority as Chair or Vice Chair during the appointing period for the remaining period.
- (5) The constituent authorities may only appoint from their membership set out under paragraph 2(1)(a) and (b) above. An appointee of the NHS Board must be a non-executive member.

#### **Standing Order 4. Term of Office of Members**

- (1) The term of office of IJB members shall be such period as the IJB shall determine which shall not exceed three years.
- (2) A member appointed under paragraphs 2 (2) (a) - (c) above shall remain a member for as long as they hold the office in respect of which they are appointed.



## INTEGRATION JOINT BOARD

- (3) At the end of a term of office set out under paragraph (1) above, a member may be reappointed for a further term of office.
- (4) This paragraph is subject to paragraphs 6 (resignation of members) and 7 (removal of members) below.

**3.2.** On 25 February 2021, Aberdeen City Council (ACC) nominated the following Councillors to (continued) membership of the IJB :-

Councillor Philip Bell  
Councillor John Cooke  
Councillor Lesley Dunbar  
Councillor Sarah Duncan

**3.3.** On 17 February 2021, NHS Grampian (NHSG) nominated the following NHSG Board Members to (continued) membership of the IJB :-

Kim Cruttenden  
Alan Gray  
Luan Grugeon  
John Tomlinson

**3.4.** ACC currently appoint the role of Chair which will conclude on 31 March 2021, at which time the role of Chair and Vice-Chair should 'swap' constituent authorities.

NHSG have nominated Luan Grugeon to carry out the role of Chair whilst ACC have nominated Councillor Sarah Duncan to carry out the role of Vice-Chair.

## **4. Implications for IJB**

### **4.1. Equalities**

This report has no implications on the IJB's duty under the Equality Act 2010.

### **4.2. Fairer Scotland Duty**

This report has no direct implications.



## INTEGRATION JOINT BOARD

### 4.3. Financial

This report has no implications.

### 4.4. Workforce

This report has no implications.

### 4.5. Legal

This report ensures the IJB complies with its obligations under the Integration Scheme and Standing Orders.

### 4.6. Covid-19

This report has no implications.

### 4.7. Unpaid Carers

This report has no implications.

## 5. Links to ACHSCP Strategic Plan

5.1. Membership appointment to the IJB and identification of Chair and Vice-Chair are essential to allow the IJB to operate and continue delivery and oversight of the plan.

## 6. Management of Risk

### 6.1. Identified risks(s)

There are no identified risks associated with this report.

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



## INTEGRATION JOINT BOARD

*These will be added once your report has final approval for submission to committee.*

Alex Stephen  
(Chief Finance Officer)

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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	23 March 2021
<b>Report Title</b>	IJB Scheme of Governance - Annual Review
<b>Report Number</b>	HSCP.21.007
<b>Lead Officer</b>	Sandra MacLeod, Chief Officer
<b>Report Author Details</b>	Kundai Sinclair Solicitor kusinclair@aberdeencity.gov.uk 01224 523283
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	Appendix A: Revised Risk, Audit and Performance Committee Terms of Reference Appendix B: Revised Clinical and Care Governance Committee Terms of Reference Appendix C: Revised Standing Orders Appendix D: Revised Roles and Responsibilities Protocol

### 1. Purpose of the Report

- 1.1. At the Integration Joint Board (IJB) meeting on 27 January 2021, the IJB instructed that all amendments and additions to the documents attached at the Appendices to this report be proof read and amended as required and presented in 'track change format' to the IJB on 23 March 2021 for approval. The IJB is being asked to review and accept the changes as instructed.

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:
- a. Approves the revised Risk, Audit and Performance Committee Terms of Reference, as outlined in Appendix A.



## INTEGRATION JOINT BOARD

- b. Approves the revised Clinical and Care Governance Committee Terms of Reference, as outlined in Appendix B.
- c. Approves the revised Standing Orders, as outlined in Appendix C.
- d. Approve the revised Roles and Responsibilities Protocol, as outlined in Appendix D.
- e. Note that Aberdeen City Council reviewed its Scheme of Governance documents at the Council meeting on 3 March 2021. The changes that impact on the business of the ACHSCP or the IJB and its sub-committees are outline in paragraph 3.5.
- f. Endorse the extension of Councillor Lesley Dunbar and John Tomlinson's term of office as respective Chairs of the IJB's sub-committees as proposed in paragraph 3.7.3.
- g. Instructs the Chief Officer to scope the potential for Hybrid IJB (or any of its sub-committees) meetings and bring a paper detailing the options to the IJB for consideration.
- h. Note that the Integration Scheme review has been delayed to take account of recommendations arising from the Independent Review of Adult Social Care.

### 3. Summary of Key Information

#### Background

- 3.1 The IJB's Scheme of Governance has been reviewed as part of the annual review of the governance documents of the IJB. The Scheme of Governance documents were last reviewed in 2019.
- 3.2 Due to Covid-19, this year's review was conducted virtually. The IJB Chief Officer, IJB Chief Finance Officer, along with people from the Aberdeen City Health and Social Care Partnership (ACHSCP), Aberdeen City Council (ACC) and NHS Grampian (NHSG); as well as the Chair and Vice Chairs of the IJB and its sub-committees were consulted as part of the review.



## INTEGRATION JOINT BOARD

- 3.3 These individuals carried out an initial review and made a number of formatting, clarification and substantive changes to the Scheme of Governance documents.

### Roles and Responsibilities Protocol

- 3.4 The Roles and Responsibilities Protocol outlined in Appendix D sets out the delegations from the Partners to the IJB. It also clarifies the remit and responsibilities of the Chief Officer, Chief Finance Officer and Clinical Director. Minor changes have been made to the style and formatting of the Protocol, including amendments to section 1.1 in order to reflect the date of when the Protocol will be approved.
- 3.5 The only significant change can be found in section 4.1.6. This section has been added to reflect the Chief Officer's new delegation from Aberdeen City Council following its recent review of its Scheme of Governance at the Council meeting on 3 March 2021. The change is in relation to a future designation of the Integration Joint Board as a Category 1 Responder under the Civil Contingencies Act 2004. The Civil Contingencies Act 2004 is yet to come into force; however, having this delegation outlined within the Roles and Responsibility Protocol will minimise any delays of future implementation.

### Terms of Reference

- 3.6 The proposed changes to the terms of reference documents outlined in Appendix A and B have been made to ensure that the Committees remain robust and reflect how they operate in practice. The changes are tracked in the respective appended documents below.

### IJB's Standing Orders

- 3.7 The IJB's Standing Orders set out how the IJB operates and how decisions are made. The proposed changes to the Standing Orders are outlined in Appendix C.
- 3.7.1 *Changes to Standing Order 11 - Remote Meetings*  
The major change to this document can be found in Standing Order 11 (SO11). On 24 March 2020, the IJB agreed to add a new temporary SO11 which was designed to streamline the IJB's decision-making structure in light of the Covid-19 pandemic, as well as UK and Scottish Government advice for people to restrict social contact. The IJB also instructed the Chief Officer to



## INTEGRATION JOINT BOARD

ensure that during the annual review of the IJB's Scheme of Governance the temporary SO11 be permanently incorporated into the IJB's Standing Order.

### 3.7.2 *Changes to Standing Order 15 – Conduct of Meetings*

SO11 now replaces SO15 (6) and provides more clarity on remote meetings. It is recommended that SO15 (6) be deleted in order to avoid duplication.

### 3.7.3 *Changes to Standing Order 25 – Committees*

SO25 (2) states that “*The IJB must appoint the Chair of each committee it establishes for an appointing period not exceeding two years.*” It is proposed that the Standing Order be amended to allow the term of office for the Chair and Vice Chair of RAP and CCG to be extended for a further year – allowing them to sit in office for a period not exceeding three years. This extension is in line with the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

Subject to the IJB approving the amendment of SO25 (2) the IJB members are being asked to endorse the extension of Councillor Lesley Dunbar and John Tomlinson's term of office, as respective Chairs of the IJB's sub-committees, for a further year. Councillor Dunbar is the current Chair of the CCG committee her appointment is meant to conclude on 26 March 2021. John Tomlinson is the current Chair of the RAP committee his appointment is meant to conclude on 11 June 2021. It is proposed that Councillor Dunbar's term of office be extended until 26 March 2022 and John Tomlinson's term of office be extended until 11 June 2022.

### 3.7.4 *Changes to Standing Order 29 – Deputations*

In order to provide clarity in relation to the decision-making process for deputations, minor changes have been made to Standing Order 29 (1), (5), (6) and (8).

#### Hybrid Meetings

- 3.8 Due to a lack of facilities, the IJB or any of its sub-committee meetings can be held either in person or fully remotely. Previously, there were no issues conducting meetings either in person or fully remotely. However, with the Scottish and UK Government's proposals for the relaxation of lockdown there have been increased enquiries about the possibility of the IJB or any of its sub-committees holding hybrid meetings. A hybrid meeting is a meeting where some of the attendees join from a venue specified in the meeting invite and another part attend remotely using audio and video conferencing technology in order to participate fully. The IJB is being asked to instruct the Chief Officer



## INTEGRATION JOINT BOARD

to scope the potential for hybrid IJB meetings and bring a paper detailing the options to the IJB for consideration.

### Integration Scheme

- 3.9 The Integration Scheme was last reviewed in March 2018 by Aberdeen City Council and NHS Grampian. The scheme must be reviewed at least once every five years. As such, the next review must take place by March 2023. Officers had begun the process of reviewing the Integration Scheme earlier than required by law in 2020. This review was disrupted by the COVID-19 pandemic but continued to progress.
- 3.10 In the meantime, the Scottish Government has published its Independent Review of Adult Social Care. This review made significant recommendations about Adult Social Care and IJB governance. If these are adopted, the Integration Scheme will very likely require revision. It is unlikely that the Scottish Government will indicate which recommendations (if any) they plan to adopt before the Scottish Parliament elections in May 2021.
- 3.11 There is a significant risk that if the ongoing review of the Integration Scheme is completed now that the Integration Scheme will require to be reviewed a second time in 2021 to take account of the Independent Review's recommendations. This would involve a duplication of efforts on the part of officers preparing the revised scheme and Members of Aberdeen City Council and the NHS Grampian Board in discussing and approving the new scheme. As such, the decision has been taken to delay the review of the Integration Scheme to a later date to allow for any recommendations to be included. This delay will have no impact on service delivery or operations.

## 4 Implications for IJB

- 4.1 **Equalities** – there are no equalities implications arising from this report.
- 4.2 **Fairer Scotland Duty** – there are no Fairer Scotland Duty implications arising from this report.
- 4.3 **Financial** – there are no financial implications arising from this report.
- 4.4 **Workforce** – there are no workforce implications arising from this report.
- 4.5 **Legal** – the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 requires the IJB to have scheme of governance documentation.



## INTEGRATION JOINT BOARD

Section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires that the Integration Scheme be reviewed within a 5-year period of the previous review.

4.7 **Other** – there are no other implications arising from this report.

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

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

### 6 **Management of Risk**

#### 6.2 **Identified risks(s)**

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

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

Risk number 4 of the strategic risk register.



There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed to maximise the full potentials of integrated & collaborative working. This risk covers the arrangements between partner organisations in areas such as governance; corporate service; and performance.



## INTEGRATION JOINT BOARD

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

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

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

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



**ABERDEEN CITY INTEGRATION JOINT BOARD**

**TERMS OF REFERENCE**

**RISK, AUDIT AND PERFORMANCE COMMITTEE**

**Table of Contents**

1.	Introduction .....	2
2.	Constitution .....	2
3.	Chairperson .....	2
4.	Quorum.....	3
5.	Attendance at Meetings .....	3
6.	Meeting Frequency .....	3
7.	Conduct of Meetings .....	4
8.	Authority.....	4
9.	Reports by Officers .....	4
10.	Duties.....	5
11.	Reporting Arrangements.....	7
12.	Review .....	7



**ABERDEEN CITY INTEGRATION JOINT BOARD**

**TERMS OF REFERENCE**

**RISK, AUDIT AND PERFORMANCE COMMITTEE**

**1. Introduction**

- (1) The Risk, Audit & Performance (RAP) Committee is identified as a Committee of the Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the Committee will be considered as an integral part of the Standing Orders.
- (2) The RAP Committee of the IJB and will be a Standing Committee of the Board.
- (3) The purpose of the Committee is to provide assurance to the IJB on the robustness of the Partnership's risk management, financial management, service performance and governance arrangements, including for the avoidance of doubt, Services hosted by Aberdeen City's IJB on behalf of other integration authorities.
- (4) The Chief Finance Officer shall be the operational lead for the RAP Committee.

**2. Constitution**

- (1) The IJB shall appoint four members to the RAP Committee all of whom shall have voting rights. These members shall be nominated by each partner. Each partner shall nominate two members.
- (2) The IJB may appoint such additional members to the RAP Committee as it sees fit. These may consist of one Patient Representative and one Carer's Representative, neither of whom shall have voting rights.
- (3) A voting member who is unable to attend a meeting must arrange insofar as possible for a suitably experienced substitute, who is a member of the appropriate constituent authority, to attend in their place. This substitute shall have voting rights.
- (4) A non-voting member who is unable to attend a meeting may arrange for a suitable substitute to attend the meeting in their place.

**3. Chairperson**



**ABERDEEN CITY INTEGRATION JOINT BOARD**

**TERMS OF REFERENCE**

**RISK, AUDIT AND PERFORMANCE COMMITTEE**

- (1) The Committee will be chaired by a non-office bearing voting member of the IJB and will rotate between NHS Grampian and Aberdeen City Council.
- (2) Where the Chair is unable to attend a meeting, any substitute attending in their place shall not preside over the meeting.
- (3) The Chair shall be appointed by the IJB for a period not exceeding ~~two~~ three years.

**4. Quorum**

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

**5. Attendance at Meetings**

- (1) The principal advisers to the Committee who shall be required to attend as a matter of course shall be:
  - (a) Chief Officer;
  - (b) Chief Finance Officer; and
  - (c) Chief Internal Auditor.
- (2) Other professional advisors and senior officers are required as a matter of course and shall attend meetings at the invitation of the Committee. These persons may include, but are not limited to:
  - (a) External Audit;
  - (b) IJB Lead Strategy and Performance Manager;
  - (c) IJB Lead Transformation Manager;
  - (d) IJB Business Manager; and
  - (e) IJB Commissioning Lead.
- (3) The Committee may co-opt additional advisors as required.
- (4) The IJB Chief Finance Officer shall be the Lead Officer for the RAP Committee. Their role is to ensure that committee reports are submitted in a timely manner and monitored prior to the committee date.

**6. Meeting Frequency**



**ABERDEEN CITY INTEGRATION JOINT BOARD**

**TERMS OF REFERENCE**

**RISK, AUDIT AND PERFORMANCE COMMITTEE**

- (1) The Committee will meet at least four times each financial year. There should be at least one meeting a year, or part thereof, where the Committee meets the External and Chief Internal Auditor without other Senior Officers present.
- (2) Except where required by statute, no item of business shall be considered at a meeting unless a copy of the agenda including the item of business and any associated report has been issued and open to members of the public seven days before the Committee date or, by reason of special circumstances which shall be recorded in the minute, the Chair is of the opinion that the item should be considered as a matter of urgency and at such stage of the meeting as the Chairperson shall determine.
- (3) In the event that an item of business has to be considered on an urgent basis, a meeting may be called at 48 hours' notice by the Chair following consultation with the Chief Finance Officer. The Urgent Business meeting shall retain all the RAP's functions and powers.

(4) The Committee shall agree to set specific dates for developmental workshops/activities which will be held each year.

**7. Conduct of Meetings**

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

**8. Authority**

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

**9. Reports by Officers**

- (1) Reports must be produced in draft to the following officers for consultation in accordance with the published timetable prior to being accepted onto the RAP Committee final agenda:-
  - a) Chair of the RAP Committee;
  - b) IJB Chief Officer;



**ABERDEEN CITY INTEGRATION JOINT BOARD**

**TERMS OF REFERENCE**

**RISK, AUDIT AND PERFORMANCE COMMITTEE**

- c) IJB Chief Finance Officer;
  - d) Chief Officer – Finance, ACC;
  - e) Director of Finance, NHSG;
  - f) Chief Officer – Governance, ACC; and
  - g) Clerk to the RAP Committee.
- (2) Aberdeen City Council's Leader(s) and Convener of the City Growth and Resources Committee shall be consulted on draft reports relating to the IJB Budget in line with the requirements of the IJB Budget Protocol.

**10. Duties**

The Committee shall:-

**Audit**

- (1) Review and approve the annual audit plans (internal and external) on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and escalating to the IJB as appropriate.
- (2) Monitor the annual work programme of Internal Audit, including ensuring IJB oversight of the function and programme to ensure this is carried out strategically.
- (3) Be aware of, and act on, Audit Scotland, national and UK audit findings and inspections/regulatory advice, and to confirm that all compliance has been responded to in a timely fashion.
- (4) The Committee shall present the minute of its most recent meeting to the next meeting of the IJB for information only.

**Performance**

- (5) Review and monitor the strategy for the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB. This includes ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against the national health and wellbeing outcomes, the associated core suite of indicators and other



**ABERDEEN CITY INTEGRATION JOINT BOARD**

**TERMS OF REFERENCE**

**RISK, AUDIT AND PERFORMANCE COMMITTEE**

local objectives and outcomes and for reporting this appropriately to the Committee and Board.

- (6) Review transformation and service quality initiatives. Monitor the transformation programme considering main—streaming, where appropriate.
- (7) Support the IJB in ensuring that the Board performance framework is working effectively, and that escalation of notice and action is consistent with the risk tolerance set by the Board.
- (8) Review the Annual Performance Report to assess progress toward implementation of the Strategic Plan.
- (9) Instruct Performance Reviews and related processes.
- (10) Support the IJB in delivering and expecting cooperation in seeking assurance that hosted services run by partners are working.

**Risk & Governance**

- (11) ~~Monitor the risk appetite and/or tolerance established by the Board Assurance Framework to ensure effective oversight and governance of the partnership's activities. The risk tolerance of the Committee is established by the Board Assurance Framework which itself is based on the Board's understanding of the nature of risk to its desired priorities and outcomes and its appetite for risk taking. This role will be reviewed and revised within the context of the Board and Committee reviewing these Terms of Reference and the Assurance Framework to ensure effective oversight and governance of the partnership's activities.~~
- (12) Ensure the existence of and compliance with an appropriate risk management strategy including: ~~Reviewing reviewing~~ risk management arrangements; receiving biannual Strategic Risk Management updates and undertaking in-depth review of a set of risks and annually review the IJB's risk appetite document with ~~the full Board.~~ recommendations being brought to the IJB.



**ABERDEEN CITY INTEGRATION JOINT BOARD**

**TERMS OF REFERENCE**

**RISK, AUDIT AND PERFORMANCE COMMITTEE**

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

**Financial**

- (15) Consider and approve annual financial accounts and related matters
- (16) Receive regular financial monitoring reports
- (17) Act as a focus for value for money.
- (18) Approve budget virements.

**11. Reporting Arrangements**

- (1) The RAP Committee will formally provide a copy of its minutes to the IJB for inclusion on the agenda of subsequent IJB meetings. These minutes will be made publicly available.
- (2) In accordance with the IJB's Standing Order 25 (11), the committee may refer or escalate an item of business to the next IJB meeting for consideration. The Clerk of the RAP committee shall make the necessary arrangements.

**12. Review**

- (1) As a matter of good practice, the Committee will continuously carry out a periodic review of its performance or business utilising best practice guidelines.
- (2) The Terms of Reference will be reviewed annually to ensure they reflect the aims, outcomes and business of the IJB.

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



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

**TERMS OF REFERENCE**

**RISK, AUDIT AND PERFORMANCE COMMITTEE**

~~(2) — The Terms of Reference will be reviewed annually to ensure their ongoing appropriateness in dealing with the business of the IJB.~~

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





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**ABERDEEN CITY INTEGRATION JOINT BOARD**  
**TERMS OF REFERENCE**  
**CLINICAL AND CARE GOVERNANCE COMMITTEE**

**Table of Contents**

1. Introduction .....	2
2. Constitution .....	2
3. Chairperson.....	3
4. Quorum .....	3
5. Attendance at meetings .....	3
6. Frequency of Meetings .....	5
7. Conduct of Meetings .....	5
8. Authority .....	5
9. Duties .....	6
10. Reporting Arrangements.....	6
11. Review.....	6



Aberdeen City Health & Social Care Partnership

*A caring partnership*

## **ABERDEEN CITY INTEGRATION JOINT BOARD**

### **TERMS OF REFERENCE**

#### **CLINICAL AND CARE GOVERNANCE COMMITTEE**



## **1. Introduction**

- (1) The Clinical & Care Governance Committee is identified as a Committee of the Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the Committee will be considered as an integral part of the Standing Orders.
- (2) The Committee will be known as the Clinical & Care Governance Committee (CCG) of the IJB and will be a Standing Committee of the Board.
- (3) The purpose of the Committee is to scrutinise reports in order to:
  - a) Provide assurance to the Integration Joint Board (IJB) on the systems for delivery of safe, effective, person-centred care in line with the IJB's statutory duty for the quality of health and care services.
  - b) Provide assurance to the IJB that clinical and care governance is being discharged within the Partnership in relation to the statutory duty for quality of care and that this is being led professionally and clinically with the oversight of the IJB.
  - c) Escalate any risks that require executive action or that pose significant threat to patient care, service provision or the reputation of the Partnership to the IJB.
- (4) The Clinical Director shall be the operational lead for the CCG Committee.

## **2. Constitution**

- (1) The IJB shall appoint four members to the CCG Committee all of whom shall have voting rights. These members shall be nominated by each partner. Each partner shall nominate two members.
- (2) The IJB may appoint such additional members to the CCG Committee as it sees fit. These may consist of one Public Representative, one Patient



**ABERDEEN CITY INTEGRATION JOINT BOARD**

**TERMS OF REFERENCE**

**CLINICAL AND CARE GOVERNANCE COMMITTEE**

Representative and one Carer's Representative, neither of whom shall have voting rights.

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

**3. Chairperson**

- (1) The Committee will be chaired by a non-office bearing voting member of the IJB and will rotate between NHS Grampian and Aberdeen city Council.
- (2) Where the Chair is unable to attend a meeting, any substitute attending in their place shall not preside over the meeting.
- (3) The Chair shall be appointed by the IJB for a period not exceeding ~~two~~ three years.

**4. Quorum**

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

**5. Attendance at meetings**

- (1) The principal advisers to the Committee are required to attend the Committee as a matter of course and shall be:-
  - (a) Chief Officer;
  - (b) Chief Social Work Officer;
  - (c) Chair of the Clinical and Care Governance Group;
  - (d) Clinical Director; and
  - (e) Professional Nursing Lead.
- (2) Other professional advisors and senior officers are required as a matter of course and shall attend meetings at the invitation of the Committee. These persons may include, but are not limited to:
  - (a) Chair of the Health and Safety Committee;



Aberdeen City Health & Social Care Partnership

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**ABERDEEN CITY INTEGRATION JOINT BOARD**

**TERMS OF REFERENCE**

**CLINICAL AND CARE GOVERNANCE COMMITTEE**



- (b) Chair of the Joint Staff Forum;
  - (c) Social Work Lead; and
  - (d) Allied Health Professional Lead.
- (3) The Committee may wish to co-opt additional advisers as required. This may include advisers from NHS Board Professional Committees, Managed Care Networks and Adult and Child Protection Committees.
- (4) Where a member is unable to attend a meeting, a named representative should attend in their place.
- (5) The Clinical Director shall be the operational lead for the CCG Committee. Their role is to ensure that committee reports are submitted in a timely manner and monitored prior to the committee date.
- (6) The Chief Social Work Officer will provide appropriate professional advice to the ~~Clinical and Care Governance~~ CCG Committee in relation to statutory social work duties in terms of the Social Work (Scotland) Act 1968. In their operational management role, the Chief Officer will work with and be supported by the Chief Social Work Officer with respect to quality of integrated services within the Partnership in order to then provide assurance to the IJB.
- (7) The Professional Leads nominated by NHS Grampian will be supported by NHS Grampian's Medical Director and Director of Nursing and Allied Health Professions through formal network arrangements. In their operational management role, the Chief Officer will work with and be supported by these Professional Leads with respect to quality of integrated services within the Partnership in order to then provide assurance to the IJB.
- (8) The Chief Officer has delegated responsibilities from both Chief Executives, for the professional standards of staff working in integrated services. The Chief Officer, relevant Lead Professionals and the Chief Social Worker will work together to ensure appropriate professional standards and leadership particularly during times of transition.



## 6. Frequency of Meetings

- (1) The Committee shall meet four times each financial year.
- (2) The Chair may, at any time, convene additional meetings of the Committee.
- (3) Except where required by statute, no item of business shall be considered at a meeting unless a copy of the agenda including the item of business and any associated report has been issued by the Clerk and open to members seven days before the Committee date unless, the Chair determines otherwise. or, by reason of special circumstances which shall be recorded in the minute, the Chair is of the opinion that the item should be considered as a matter of urgency and at such stage of the meeting as the Chairperson shall determine.
- (4) In the event that an item of business has to be considered on an urgent basis, a meeting may be called at 48 hours' notice by the Chair following consultation with the ~~Chief Finance Officer~~Clinical Director. The Urgent Business meeting shall retain all the ~~AP's CCG's~~ functions and powers.
- (5) Two development workshops/activities will be held each year. One of these will be a joint review session with the Clinical and Care governance group.

## 7. Conduct of Meetings

- (1) A calendar of Committee meetings, for each year, shall be agreed by the members and distributed to members by the clerk.
- ~~(2) The agenda and supporting papers shall be sent to members at least seven days before the date of the meeting by the clerk.~~
- ~~(3) Clerking support shall be provided by Aberdeen City Council.~~

## 8. Authority

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



Aberdeen City Health & Social Care Partnership

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## ABERDEEN CITY INTEGRATION JOINT BOARD

### TERMS OF REFERENCE

#### CLINICAL AND CARE GOVERNANCE COMMITTEE



#### 9. Duties

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

- (1) Agree the Partnership's clinical and care governance priorities and give direction to clinical and care governance activities.
- (2) Oversee the work of the Clinical and Care Governance Group and Staff Governance Groups – receiving a quarterly report for consideration and assurance, as necessary.
- (3) Review unresolved risks that require executive action or that pose significant threat to patient care, service provision or the reputation of the Partnership.
- (4) Contribute to the regular review of the Partnership's Risk Register from a clinical and care governance/staff governance perspective and escalate any risks to the IJB, NHS Grampian or Aberdeen City Council, as appropriate.

#### 10. Reporting Arrangements

- (1) The ~~Clinical and Care Governance~~ CCG Committee will formally provide a copy of its minutes to the IJB for inclusion on the agenda of subsequent IJB meetings. These minutes will be made publicly available.
- (2) In accordance with the IJB's Standing Order 25 (11), the committee may refer or escalate an item of business to the next IJB meeting for consideration. The Clerk of the RAP committee shall make the necessary arrangements. The Committee shall provide the IJB and any other relevant bodies or individuals with a written report on any matters which are agreed as requiring escalation. The Clerk will make the necessary arrangements.

#### 11. Review

- (1) As a matter of good practice, the Committee will continuously carry out a periodic review of its performance or business utilising best practice guidelines.



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

**TERMS OF REFERENCE**

**CLINICAL AND CARE GOVERNANCE COMMITTEE**



(1)(2) The Terms of Reference will be reviewed annually to ensure they reflect the aims, outcomes and business of the IJB.

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**ABERDEEN CITY INTEGRATION JOINT BOARD**  
**STANDING ORDERS**

Table of Contents

1.	Introduction .....	3
2.	Membership .....	3
3.	Appointment of Chair and Vice Chair .....	4
4.	Term of Office of Members .....	4
5.	Disqualification .....	4
6.	Resignation of Members .....	5
7.	Removal of Members .....	5
8.	Standing Orders .....	6
9.	Calling Meetings .....	6
10.	Notice of Meetings .....	7
11.	Remote Attendance .....	8
12.	Business .....	9
13.	Reports by Officers .....	9
14.	Quorum .....	10
15.	Conduct of Meetings .....	10
16.	Power and Duties of Chair .....	11
17.	Conflict of Interest .....	12
18.	Minutes .....	12
19.	Alteration or Revocation of Previous Decision .....	12
20.	Voting .....	12
21.	Substitutes .....	14
22.	Temporary Vacancies in Voting Membership .....	15
23.	Effect of Vacancy in Membership .....	15
24.	Expenses .....	16
25.	Committees .....	16
26.	General Powers of IJB .....	17



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



## **ABERDEEN CITY INTEGRATION JOINT BOARD**

### **STANDING ORDERS**

27.	Register of Interests and Code of Conduct .....	17
28.	Admission of Press and Public .....	17
29.	Deputations.....	18
	Appendix A: Guidance for Attending Remote Meetings via Microsoft Teams.....	19



## ABERDEEN CITY INTEGRATION JOINT BOARD

### STANDING ORDERS

#### 1. Introduction

- (1) The Aberdeen City Integration Joint Board (“the IJB”) comprises voting representatives of Aberdeen City Council (“the Council”) and the Grampian NHS Board (“the NHS Board”) (“the constituent authorities”) with non-voting advisory representatives.
- (2) These Standing Orders are made under The Public Bodies (Joint Working) (Scotland) Act 2014 and subordinate legislation and any provision, regulation or direction issued by Scottish Ministers shall have precedence over anything written here in the event of any conflict.

#### 2. Membership

- (1) The IJB shall include the following voting members:-
  - (a) Four councillors nominated by the Council; and
  - (b) Four members nominated by the NHS Board, of whom three shall be non-executive directors and one an executive director.
- (2) The IJB shall include the following non-voting members, with those at (e), (f) and (g) to be appointed by the NHS Board:-
  - (a) The Council’s Chief Social Work Officer;
  - (b) The IJB Chief Officer;
  - (c) The IJB Chief Finance Officer appointed under S95 of the Local Government (Scotland) Act 1973;
  - (d) A registered medical practitioner on the list of primary medical services performers prepared by the NHS Board;
  - (e) A registered nurse employed by the NHS Board or by a person or body with which the NHS Board has a contract; and
  - (f) A registered medical practitioner employed by the NHS Board and not providing primary medical services;
  - (g) A Public Health Consultant employed by the NHS Board.
- (3) The IJB must appoint, in addition, at least one member from each of the following groups:-
  - (a) Staff of the constituent authorities providing services under integration functions, of whom one shall be a trade union representative and one a partnership representative;
  - (b) Third sector bodies carrying out activities related to health or social care in the Council area;
  - (c) Service users living in the Council area; and
  - (d) People providing unpaid care in the Council area.



## ABERDEEN CITY INTEGRATION JOINT BOARD

### STANDING ORDERS

- (4) The IJB may appoint such additional members as it sees fit, but such members shall not be councillors or non-executive NHS Board members.
- 3. Appointment of Chair and Vice Chair**
- (1) The Chair shall be appointed by one of the constituent authorities for an appointing period not exceeding two years.
- (2) The Council and the NHS Board shall alternate which of them shall appoint the Chair in each successive appointing period.
- (3) The constituent authority which does not appoint the Chair must appoint the Vice Chair for that appointing period.
- (4) The constituent authority may change the person appointed by that authority as Chair or Vice Chair during the appointing period for the remaining period.
- (5) The constituent authorities may only appoint from their membership set out under paragraph 2(1)(a) and (b) above. An appointee of the NHS Board must be a non-executive member.
- 4. Term of Office of Members**
- (1) The term of office of IJB members shall be such period as the IJB shall determine which shall not exceed three years.
- (2) A member appointed under paragraphs 2 (2) (a) - (c) above shall remain a member for as long as they hold the office in respect of which they are appointed.
- (3) At the end of a term of office set out under paragraph (1) above, a member may be reappointed for a further term of office.
- (4) This paragraph is subject to paragraphs 6 (resignation of members) and 7 (removal of members) below.
- 5. Disqualification**
- (1) A person is disqualified from being a member of an **I**ntegration **J**oint **B**oard where the conditions specified in Article 8, paragraph (2) of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order



## ABERDEEN CITY INTEGRATION JOINT BOARD

### STANDING ORDERS

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

#### 6. Resignation of Members

- (1) A member may resign their membership of the IJB at any time by giving the IJB notice in writing.
- (2) A voting member of the IJB must inform the constituent authority which nominated them.
- (3) This section does not apply to the non-voting members listed in section 2 a to g.
- (4) Other non-voting members of the Board shall hold office during each three-year period until they are replaced by the appropriate nominating body.

#### 7. Removal of Members

- (1) If a member has not attended three consecutive meetings of the IJB and/or its sub-committees, and such absence is not due to illness or other reasonable cause as the Board may determine, the IJB may remove that member from office by providing them with one month’s notice in writing.
- (2) If a member acts so as to bring the IJB into disrepute or in a way which is inconsistent with the proper performance of the IJB’s functions or ~~the its~~ Code of Conduct for Members ~~of the ACHSCP~~, that conduct will be addressed in line with the IJB’s Code of Conduct for Members. ~~the IJB may remove that member from office with effect from such date as it may specify in writing.~~
- (3) If a member is disqualified during a term of office for a reason referred to in paragraph 5(1) above, they are to be removed from office immediately.



## **ABERDEEN CITY INTEGRATION JOINT BOARD**

### **STANDING ORDERS**

- (4) Where a Council or NHS Board member ceases for any reason to be a Councillor or an NHS Board member during the term of office, they are to be removed from office with effect from the day on which they cease to be a Councillor or an NHS Board member.
- (5) Subject to the above paragraphs, a constituent authority may remove a member which it nominated by providing one month's notice in writing to the member and to the IJB.

#### **8. Standing Orders**

- (1) All meetings of the IJB and its committees shall be regulated by these standing orders, which the IJB may amend as it so determines except that all requirements of The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 in relation to standing orders shall be met.
- (2) Any amendments to these standing orders shall be effective from the meeting following the one at which the changes were agreed.
- (3) Except where prohibited by statute, it shall be competent for any member at any time during a meeting to move the suspension of the whole or any specified part of these standing orders. Such a motion shall, if seconded, be put to the vote immediately without discussion.
- (4) A two thirds majority of voting members in attendance shall be required to suspend standing orders. For the avoidance of doubt, if the figure is not a whole number it shall be rounded up.
- (5) Standing orders shall be reviewed by the Board on an annual basis.
- (6) Non-material amendments can be made to Standing Orders by the Chief Officer, following consultation with the Chair and Vice Chair of the IJB, without the requirement to report to Board. Members shall be notified once such amendments have been completed.

#### **9. Calling Meetings**

- (1) The Chair may call a meeting of the IJB at such times as they see fit.
- (2) A request for a special meeting of the IJB to be called may be made by a requisition signed by at least five of the voting members, which shall



## **ABERDEEN CITY INTEGRATION JOINT BOARD**

### **STANDING ORDERS**

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

- (3) If the Chair refuses to call a meeting requisitioned under the above paragraph or does not call a meeting within seven days after the making of the request, the members who signed the requisition may call the meeting.
- (4) The business to be transacted at any requisitioned meeting shall be limited to the business specified in the requisition.
- (5) The IJB's annual calendar of meetings shall run from 1 April to 31 March of the following calendar year. A schedule of meetings shall be approved by the Board prior to 1 April of the new meeting year.

#### **10. Notice of Meetings**

- (1) Prior to each meeting of the IJB or one of its committees, a notice of meeting specifying the time, place and business to be transacted at it signed by the Chair or a member authorised to act on the Chair's behalf, shall be sent electronically to every member or sent to the usual place of residence of every member, so as to be available to them at least 7 calendar days before the meeting.
- (2) A failure to serve notice of a meeting on a member in accordance with the paragraph above shall not affect the validity of anything done at the meeting.
- (3) In the case of a meeting of the IJB called by members, the notice is to be signed by the members who requisitioned the meeting in accordance with paragraph 9(4) above.
- (4) The provisions of the Local Government (Access to Information) Act 1985 shall apply to meetings of the IJB.
- (5) In the event that an item of business has to be considered on an urgent basis, a meeting of the Board may be called at 48 hours' notice by the Chair following consultation with the Vice Chair and Chief Officer. The Urgent Business meeting would retain all the IJB's functions and powers, and these standing orders would apply.



## ABERDEEN CITY INTEGRATION JOINT BOARD

### STANDING ORDERS

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

#### 11. Remote Attendance

- (1) A member who is unable to be present for a meeting of the IJB or any of its sub-committees at the venue identified in the notice calling the meeting shall notifying the Clerk at least 3 days (or, if this is not possible, as soon as practicable) in advance of the meeting. The Chair (whom failing, the Vice Chair) may direct any Member who is unable to attend to be able to take part remotely in any way which reasonably allows the Members participation. For the avoidance of any doubt, such participation includes voting. A Member remotely participating in this way is referred to in this Standing Order as a "Remote Member".
- ~~(1)~~(2) Where the Chair is participating remotely, the Vice Chair will take the Chair, except in respect of Standing Order 11.7 where the Chair will take the Chair.
- a. The Member chairing the meeting must be physically present at the meeting venue, therefore where both the Chair and Vice Chair are participating remotely or have sent apologies, Members present at the meeting venue will appoint a Chair to chair the meeting from amongst their number.
- b. In the event that no agreement is reached between those Members present, the decision will be taken by means of a procedural motion.
- (3) Remote Members will be counted for the purposes of determining whether there is a quorum.
- (4) A Remote Member will cast their vote as if participating in a roll call vote.
- (5) Any Remote Member who has declared an interest in an item and withdrawn must pause/exit the video/communication link whilst the item is being considered. The Clerk will inform/re-invite the Remote Member (whether by email or otherwise) when to re-start the link and resume their participation.





## ABERDEEN CITY INTEGRATION JOINT BOARD

### STANDING ORDERS

- (2)(6) Any Remote Member must confirm that they are in a secure private location, and that no-one else is able to hear or view the proceedings from the device being used by that Remote Member, before they can participate in the Committee's consideration of any confidential and/or exempt item of business.
- (7) In exceptional circumstances, the Chair (whom failing, the Vice Chair) may direct that a meeting shall be conducted solely by means of the participation of Remote Members. Such a direction may be made during a meeting or otherwise.
- (8) The Guidance for attending remote meetings via Microsoft Teams is found in Appendix A below.

#### **4112. Business**

- (1) The notice of meeting shall include an agenda of items of business which shall be considered in the order in which they are listed except where the Chair, at his or her discretion, may determine otherwise.
- (2) Except where required by statute, no item of business shall be considered at a meeting unless a copy of the agenda including the item of business and any associated report has been open in advance to inspection by members of the public in terms of the Local Government (Scotland) Act 1973 or, by reason of special circumstances which shall be recorded in the minute, the Chair is of the opinion that the item should be considered as a matter of urgency and at such stage of the meeting as the Chairperson shall determine.

#### **132. Reports by Officers**

- (1) Reports must be produced in draft to the following officers for consultation in accordance with the published timetable prior to being accepted onto the IJB final agenda:-
  - (a) Chair of the IJB;
  - (b) Vice Chair of the IJB;
  - (c) Chief Officer, ACHSCP;
  - (d) Chief Finance Officer, ACHSCP;
  - (e) Chief Social Work Officer, ACC;
  - (f) Chief Executive, ACC;
  - (g) Chief Executive, NHSG;
  - (h) Chief Officer – Finance, ACC;



## ABERDEEN CITY INTEGRATION JOINT BOARD

### STANDING ORDERS

- (i) Director of Finance, NHSG;
  - (j) Chief Officer – Governance, ACC; and
  - (k) Clerk to the IJB.
- (2) Aberdeen City Council's Leader(s) and Convener of the City Growth and Resources Committee shall be consulted on draft reports relating to the IJB Budget in line with the requirements of the IJB Budget Protocol.

#### **4314. Quorum**

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

#### **4415. Conduct of Meetings**

- (1) At each meeting of the IJB, or one of its committees, the Chair of the Board or Committee, if present, shall preside.
- (2) If the Chair is absent from a meeting of the IJB the Vice Chair shall preside.
- (3) If the Chair and Vice Chair are both absent from a meeting of the IJB, a voting member chosen at the meeting by the other voting members attending the meeting shall preside.
- (4) No Vice Chairs shall be appointed to IJB committees. In the event that the Chair of a committee is absent, a voting member chosen at the meeting by other voting members attending the meeting shall preside.
- (5) If it is necessary or expedient to do so a meeting of the IJB, or of a committee, may be adjourned to another date, time or place.

~~(6) A member who is unable to be present for a meeting of the IJB or any committee at the venue identified in the notice calling the meeting shall be able to take part remotely in any way which allows their participation.~~

~~(7)~~(6) The provision of paragraph 145(5) shall not apply when the Board or committee had entered private session in which exempt or confidential business would be considered.



## ABERDEEN CITY INTEGRATION JOINT BOARD

### STANDING ORDERS

- ~~(8)~~(7) No filming, recording or use of cameras shall be permitted without the Board's prior consent.
- ~~(9)~~(8) Following the introduction of an item of business by the Chair, all members shall be entitled to ask questions and discuss the item as openly as possible.
- ~~(10)~~(9) When, in the opinion of the Chair, members have had a reasonable opportunity to consider the item of business, the Chair shall move to a determination of the matter.
- ~~(11)~~(10) Every effort shall be made by members to ensure that as many decisions as possible are made by consensus.
- ~~(11)~~ The Board shall schedule a dedicated budget meeting to consider and agree the IJB budget and adhere to the provisions set out in the IJB Budget Protocol.
- ~~(12)~~ Clerking support to the IJB and its sub committees shall be provided by Aberdeen City Council.

#### **4516. Power and Duties of Chair**

- (1) It shall be the duty of the Chair:-
- To preserve order and ensure that any member wishing to speak is given due opportunity to do so and to a fair hearing;
  - To call members to speak according to the order in which they caught his/her eye;
  - To decide on all matters of order, competency and relevancy;
  - To ensure that the sense of the meeting is duly determined; and
  - If requested by any member, to ask the mover of a motion or amendment to state its terms.
- (2) The Chair shall have authority to determine all non-substantive procedural matters during Board meetings following consultation with the Clerk, excepting the suspension of Sstanding eOrders as outlined in paragraph 8(3).
- (3) The ruling of the Chair on all matters in these sStanding Orders shall be final.



## ABERDEEN CITY INTEGRATION JOINT BOARD

### STANDING ORDERS

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

#### **4617. Conflict of Interest**

- (1) A member must disclose any direct or indirect pecuniary interest or other interest in relation to an item of business to be transacted at a meeting of the IJB, or of one of its committees, before taking part in any discussion on that item.
- (2) Where an interest is disclosed under the above paragraph, the member disclosing the interest is to decide whether, in the circumstances, it is appropriate for that member to take part in discussion of or voting on the item of business.

#### **4718. Minutes**

- (1) Draft Minutes from the IJB's sub-committees will be presented to the IJB for noting.
- (2) A record must be kept of the names of the members attending every meeting of the IJB or of one of its committees.
- (3) Minutes of the proceedings of each meeting of the IJB or a committee, including any decision made at that meeting, are to be drawn up and submitted to the subsequent meeting of the IJB or the committee for agreement after which they must be signed by the person presiding at that meeting.

#### **4819. Alteration or Revocation of Previous Decision**

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

#### **4920. Voting**

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



## **ABERDEEN CITY INTEGRATION JOINT BOARD**

### **STANDING ORDERS**

- (2) Each motion put to a meeting of the IJB shall be decided by a majority of the votes of those members attending and entitled to vote.
- (3) Motions and amendments thereto shall be moved and seconded. Movers shall be entitled to speak for ten minutes and all other members, including movers when summing up at the conclusion of debate, shall be entitled to speak for five minutes. No member shall speak more than once in debate, except the mover when summing up, and shall only move, second or support a motion or related amendment. A member shall be entitled, however, to ask a question.
- (4) Votes shall be taken by roll call except where an electronic voting system is available, in which case it shall be used in preference to any other method.
- (5) If the members of the IJB agree unanimously prior to a vote on any particular matter, a vote may be taken by a show of hands.
- (6) Where there is a tied vote, there shall be no casting vote afforded to the Chair or to any other member or group of members and in that event:-
  - (i) The Chair shall, call on the Chief Officer to outline the consequences of each potential outcome, to provide such clarification that may be appropriate or requested and to set out the ramifications to the IJB of withdrawing the matter and maintaining the status quo and, thereafter, to make a recommendation.
  - (ii) The Chair shall then immediately without further discussion call for a show of hands on the motion that is before the meeting.
  - (iii) If the result remains a tie, the Chair may:
    - (a) call a recess of the meeting for such period as the Chair thinks fit to allow members to further consider matters and once the meeting is reconvened defer to (ii) above; or,
    - (b) suspend further discussion on the issue of contention and defer the matter to the next meeting of the IJB; or
    - (c) where the Chair is of the view that a special meeting of the IJB requires to be convened in accordance with Standing Order 10.5, suspend further discussion on the issue of contention and defer the matter to that special meeting.



## ABERDEEN CITY INTEGRATION JOINT BOARD

### STANDING ORDERS

- (iv) Where, in the event that following the recess in terms of Standing Order (iii) (a) there is still a tied vote, the Chair shall, at his discretion, either; call a further recess in terms of the said Standing Order (iii) or chose to proceed with either option in terms of Standing Order (iii) (b) or Standing Order (iii) (c).
- (v) Once the meeting is reconvened in accordance with (iv) above and the matter has been discussed in terms of Standing Order 14, the Chair shall call for a show of hands in terms of Standing Order (ii). In the event of a tied vote the Chair shall determine whether the matters should be deferred in terms of Standing Order 6(iii) (b) or Standing Order (iii) (c). Where this is the case, he shall direct the Chief Officer to provide such clarification that may be appropriate or requested and to set out the ramifications to the IJB of withdrawing the matter and maintaining the status quo and bring that back to a future meeting.
- (vi) At a future meeting of the IJB in accordance with Standing Order (19)(i)(iii)(b) and (c), the matter shall be discussed in terms of the procedure set out in Standing Order 14 and the Chair shall invite members to vote in accordance with 19(4) above.
  - (a) If there remains—a tied vote the Chair shall direct the Chief Officer to provide such clarification that may be appropriate or requested together with the options available to the IJB, including an outline of the ramifications of remaining with the status quo and invoking the dispute procedure under the Integration Scheme.
  - (b)The Chair shall invite members to consider and discuss these options in terms of Standing Order 14 and vote in accordance with 19(4) above on the issue.
  - (c)In the event of a further tied vote, a vote will be put to members on whether to withdraw the matter, have status quo apply or determine that the dispute procedure under the Integration Scheme may be invoked.



## ABERDEEN CITY INTEGRATION JOINT BOARD

### STANDING ORDERS

- (1) A voting member who is unable to attend a meeting of the IJB or its sub-committees shall insofar as possible arrange for a suitably experienced substitute, who is a member of the appropriate constituent authority, to attend in their place with voting rights.
- (2) A non-voting member who is unable to attend a meeting of the IJB may arrange for a suitable substitute to attend the meeting in their place.
- (3) Where the Chair or Vice Chair is unable to attend a meeting of the IJB, any substitute attending in their place shall not preside over the meeting.

#### **2122. Temporary Vacancies in Voting Membership**

- (1) Where there is a temporary vacancy in the voting membership of the IJB, the vote which would otherwise have been cast by the member appointed to that vacancy may be cast by the other members nominated by the appropriate constituent authority.
- (2) Where, because of temporary vacancies, the number of members nominated by a constituent authority is one or zero and that constituent authority is to appoint the Chair, the Chair must be appointed temporarily by the other constituent authority.
- (3) Where a temporary vacancy, or the temporary appointment of the Chair in the circumstances set out in the paragraph above, persists for more than six months, the Chair of the IJB must notify the Scottish Ministers in writing of the reasons why the vacancy remains unfilled.
- (4) The Chief Officer shall determine an item of urgent business in consultation with the Chair/Vice Chair of the IJB and the Chief Executives of Aberdeen City Council and NHS Grampian during the period between the date of a Local Government Election and the appointment of voting members by Aberdeen City Council when the IJB does not have a quorum of members - on the basis that any such action shall be reported to the next meeting of the IJB as an item on the agenda.

#### **2223. Effect of Vacancy in Membership**

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





## ABERDEEN CITY INTEGRATION JOINT BOARD

### STANDING ORDERS

#### **2324. Expenses**

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

#### **2425. Committees**

- (1) The IJB may establish such committees as it may determine for the undertaking of its functions.
- (2) The IJB must appoint the Chair of each committee it establishes for an appointing period not exceeding ~~two~~three years.
- (3) The IJB may change the person appointed as Chair during the appointing period for the remainder of that period.
- (4) The Board Chair/Vice Chair shall not chair an IJB Committee.
- (5) The IJB shall appoint two voting members from each constituent authority to serve on each committee to ensure equal representation.
- (6) Any decision of a committee must be agreed by a majority of the votes cast by the voting members of that committee.
- (7) The IJB will review and alter the Terms of Reference of any of its committees annually, as part of its annual review of the Scheme of Governance. Before the annual review date of the Scheme of Governance, the IJB may alter the Terms of Reference at any time where it considers it necessary to do so. ~~The IJB may alter the Terms of Reference of any committee at any time.~~
- (8) All IJB members shall be entitled to receive committee papers and an open invitation shall be extended to members to attend Committee meetings.
- (9) The level of participation for non-committee members in these proceedings shall be at the discretion of the committee Chair, though non-committee members may not propose or second a motion or amendment, or vote.





## ABERDEEN CITY INTEGRATION JOINT BOARD

### STANDING ORDERS

- (10) Committee meetings shall be conducted in accordance with IJB standing orders.
- (11) Following agreement from a majority of members, a committee may refer or escalate an item of business to the next IJB meeting for consideration. The Clerk of the committee shall make the necessary arrangements.

#### **2526. General Powers of IJB**

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

#### **2627. Register of Interests and Code of Conduct**

- (1) The IJB Standards Officer shall keep and maintain a Register, which shall be open to public examination, in which all members shall record their interests and hospitality offered by virtue of their membership of the IJB. The Standards Officer shall be the officer so designated by the Standards Commission, following a nomination by the IJB.
- (2) All members shall be bound by the terms of the Model Code of Conduct for Devolved Public Bodies, provided for under the Ethical Standards in Public Life etc (Scotland) Act 2000. Members should not accept any gift or consideration of any kind as an inducement or reward for any action or inaction in relation to the IJB as to do so could result in that member having committed an offence under the Bribery Act 2010.

#### **2728. Admission of Press and Public**

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



## ABERDEEN CITY INTEGRATION JOINT BOARD

### STANDING ORDERS

- (2) The Public may be excluded from a meeting by resolution of the IJB when an item of business is being considered, if it is likely that Exempt Information would be disclosed to them which would fall within the categories specified in Part 1 of Schedule 7a of the Local Government (Scotland) Act 1973, as enacted by the Local Government (Access to Information) Act 1985. Any such resolution shall specify the part of the proceedings to which it relates, and the categories of exempt information involved shall be specified in the minutes. A report containing exempt information shall:
  - specify the category involved;
  - carry a restricted watermark; and
  - be printed on green paper.
- (3) The provisions of ~~the~~ the General Data Protection Regulation (GDPR) and Data Protection Act 1998 2018 shall apply to meetings of the IJB and any relevant reports shall:
  - be marked as containing data protected information;
  - carry a restricted watermark; and
  - be printed on green paper.

#### **2829. Deputations**

- (1) The competency of a deputation (in respect of Standing Orders 29 (6) (a) - (d) will be determined by Chair. If the Chair deems a deputation to be incompetent it will not be heard at the meeting.
- (2) Every request for a deputation must be in writing and submitted to the Clerk of the IJB or its subcommittees at least two working days before the meeting to which it relates.
  - (a) For example, for a meeting on a Thursday, requests must be received by the end of the Monday; and for a meeting on a Tuesday, requests must be received by the end of the previous Thursday.
- (3) In the event that a report has not been published to enable a deputation request to comply with the deadline set out in 24, deputation requests may still be submitted and put on to the agenda. In such instances, 24 would require to be suspended at the meeting for the deputation to be heard.
- ~~(4) The request must relate to a report on an agenda.~~



## ABERDEEN CITY INTEGRATION JOINT BOARD

### STANDING ORDERS

- ~~(5)~~(4) The request must state the report on which the deputation wants to be heard and the action (if any) the deputation would like the IJB or its sub committees to take in relation to the report.
- ~~(5)~~ A competent deputation request will be placed on the agenda for the relevant meeting of the IJB or its sub-committees.
- (6) The following deputation requests are not competent:
- (a) Deputations which fail to comply with 24;
  - (b) Deputations which relate to reports containing confidential information; ~~and~~
  - ~~(c)~~ Deputations which relate to the annual budget; ~~and~~
  - ~~(e)~~(d) Deputations which do not relate to a report on an agenda.
- (7) Deputations cannot consist of more than three people.
- (8) Deputations should not last for more than 10 mins, irrespective of the number of speakers.
- (9) No individual may form part of more than one deputation on the same matter.
- ~~(10)~~ A competent deputation request will be placed on the agenda for the relevant meeting of the IJB or its sub-committees.
- ~~(11)~~(10) Following the conclusion of the deputation, Board members will be given the opportunity to ask questions of the deputation for a maximum of ten minutes.



**Appendix A: Guidance for Attending Remote Meetings via Microsoft Teams**

This short guide is intended to assist you to participate in a remote meeting and is not a replacement for fuller Teams instruction provided by your constituent authorities.

You will have received an invitation from the Clerk in either Outlook (email) or Teams to participate in a Teams Meeting. You can join the meeting via your laptop/tablet or from a standard telephone.

**In advance of the meeting**

Members should:-

- Ensure that they have downloaded the agenda papers and saved these on their desktop for easy access.
- Inform the Clerk if they are unable to attend or may be late.
- Inform the Clerk if they have any query, or potential amendment to the minute to allow this to be considered and investigated in advance. (This should then be raised in the normal manner during the meeting).

**On the day of the meeting**

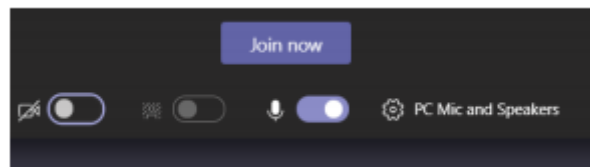
Members should:-

- Ensure they are located as close to their broadband router as possible or connect their computer direct to the router by cable.
- Join the Teams meeting 5 minutes before the start time.
- Ensure that their microphone remains at mute unless they have been invited to speak by the Chair.
- Activate their video camera (if possible).
- Ensure that any personal items on display in the background cannot be picked up on video camera.

**Access the meeting remotely**

Laptop/Tablet Device

Open your agenda for the meeting. Then open your invitation within Outlook email or Teams. Select Join and your screen will default to the Meeting. Select 'Join Now' and you have remotely joined the meeting.





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

### STANDING ORDERS

#### Telephone - Joining a Meeting

Call the telephone number in the Outlook appointment which has been sent to you and use the conference code provided in that invitation as set out below. You will be guided by the voice message.

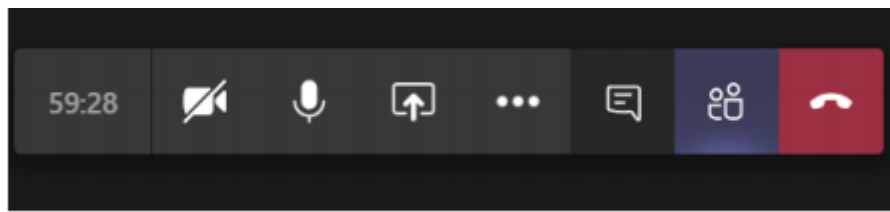
#### Join Microsoft Teams Meeting

+44 20 3443 9692 United Kingdom, London (Toll)

Conference ID: \*\*\*\*\*#

#### Joined the Meeting

If you have joined the meeting via Teams you will then see the *Options Bar* as per the image below (shows 8 options) – this should appear at the centre of the Teams screen. Thereafter you will see the *Options Bar*



#### From the right

- Hang Up / Terminate – Participants can terminate the call via the red handset which allows them to leave the meeting and re-join if they select the “join” button from the invitation.
- Show Participants (2nd from right) – Displays a list of all remote participant.
- Show Conversation (3rd from right) – This allows you to ‘chat’ with all other participants in the meeting. NB - this is NOT Private Chat but Meeting Chat. Private chat remains available via the Chat icon on the top left of the side.
- Ellipsis (more options) button (4th from right) provides a further 8 options as advised.
- Share (5th from right) provides sharing options.
- Microphone (6th from right), you can mute/unmute the microphone.
- Camera (7th from right), you can select camera on/ off.
- Timer (furthest left) shows the duration of the meeting.

#### How to participate



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## ABERDEEN CITY INTEGRATION JOINT BOARD

### STANDING ORDERS

You should use the 'hands' facility or Teams Chat facility (3rd from right on the options bar) to alert the Chair if you wish to participate. The Clerk will alert the Chair and the Chair will call your name.

#### **Viewing Agenda whilst in Remote Meeting**

You should already have your agenda open and can access this from Teams via the toolbar at the bottom of your screen. This will allow you to switch between Teams and your agenda.

#### **Declaring an Interest**

If you have declared an interest in a report and intend to leave the meeting during discussion at the appropriate time, you should hang up (using the telephone symbol on the Options Bar) in order to remove yourself from the meeting and the Clerk will reinvoke you when that business is concluded.

You should NOT re-join the meeting until you receive an invitation from the Clerk. This invitation will pop up on your screen, and you should select 'video call' from the two options given.

#### **Exempt/Confidential Business**

Prior to consideration of any item of exempt/confidential business you must confirm that you are in a secure private location, and that no one else is able to hear or view the proceedings from the device being used. If you are not in such an environment, then you will be unable to participate for those items of business and you will be required to leave the meeting.

At the end of the meeting, you should select 'hang up' from the Options Bar to leave the meeting.



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

### **Roles and Responsibilities Protocol**

#### **Table of Contents**

1	Introduction and Interpretation.....	2
2	Core Principles.....	2
3	Specific Powers Reserved for the Integration Joint Board .....	3
4	Operational Protocol - Specific Provisions of Directions to Officers in Accordance with the Partners Approved Schemes of Delegation .....	4



## **ABERDEEN CITY INTEGRATION JOINT BOARD**

### **Roles and Responsibilities Protocol**

#### **1 INTRODUCTION AND INTERPRETATION**

- 1.1 The Roles and Responsibilities (hereinafter referred to as the “Protocol”) was approved by Aberdeen City Integration Joint Board (hereinafter referred to as the “IJB”) on ~~19<sup>th</sup> November 2019~~ **23<sup>rd</sup> March 2021**. The Protocol sets out the powers conferred on the Integration Authority (the Aberdeen City Integration Joint Board) by the Public Bodies (Joint Working) (Scotland) Act 2014 (“the Act”) and what is delegated to the IJB from the Partners. It also clarifies the remit and responsibilities of the Chief Officer, the Chief Financial Officer and Clinical Director in respect of the operational management and deliverability of the integrated services as set out in the Scheme.
- 1.2 The Interpretation Act 1978 shall apply to the interpretation of this Protocol as it applies to the interpretation of an Act of Parliament.

#### **2 CORE PRINCIPLES**

- 2.1 Aberdeen City Council and NHS Grampian (hereinafter referred to as “the Partners”) delegated various functions to the IJB on 1<sup>st</sup> April 2016 under the Aberdeen City Integration Scheme. The Partners retain overall statutory responsibility for their respective functions delegated to the IJB, as the IJB are responsible for the strategic planning and resources provision for the functions set out in the Scheme.
- 2.2 The matters reserved to the IJB or its committees are mainly the strategic policy, the making of Directions and financial or regulatory issues requiring to be decided by the IJB, while the day to day operational matters are assigned to officers. The remit of officers of the IJB detailed at Section 4 is not exhaustive.
- 2.3 The Chief Officer will have delegated responsibility from the Partners for all matters in respect of the operation, development and implementation of policy unless specifically reserved to the IJB or other Committees, together with such statutory duties as may have been specifically and personally assigned to the Chief Officer. Such delegations are at all times to be exercised in accordance with the relevant law, and any of the Partner’s Financial Regulations, approved Schemes of Delegation and Standing Orders.
- 2.4 The Partners will be required to delegate to officers from both organisations specific delegated powers under Partners approved Schemes of Delegation (Delegated Powers), duties or responsibilities to enable them to discharge the





## **ABERDEEN CITY INTEGRATION JOINT BOARD**

### **Roles and Responsibilities Protocol**

operational elements of health and social care to deliver the IJB's Strategic Plan. Any officer using delegated powers will be fully accountable to the Chief Officer for their own actions and or decisions, who in turn shall be accountable to the Chief Executives of the Health Board and Council respectively.

### **3 SPECIFIC POWERS RESERVED FOR THE INTEGRATION JOINT BOARD**

- 3.1 The powers which are reserved to the IJB or its committees are comprised of those which must, in terms of statute, be reserved, and those which the IJB has, itself, chosen to reserve. Powers which are not reserved are delegated, in accordance with the provisions of the Integration Scheme and this Protocol.
- 3.2 The following is a comprehensive list of what is reserved to the IJB or any of its committees:
- a) any other functions or remit which is, in terms of statute or legal requirement bound to be undertaken by the IJB itself;
  - b) to establish such committees, sub-committees and joint committees as may be considered appropriate to conduct business and to appoint and remove Conveners, Depute Conveners and members of committees and outside bodies;
  - c) the approval of the Annual Budget, the Financial Strategy and the IJB's Integration Scheme;
  - d) the approval or amendment of the Standing Orders regulating meetings proceedings and business of the IJB and Committees and contracts in so far as it relates to business services, the engagement of consultants, or external advisors for specialist advice, subject to necessary approvals through the Partners Procurement Standing Orders, Schemes of Delegation and Procurement Regulations;
  - e) the approval or amendment of the Role and Responsibilities Protocol, detailing those functions delegated by the IJB to its officers;
  - f) the decision to co-operate or combine with other Integration Joint Boards in the provision of services other than by way of collaborative agreement;



## **ABERDEEN CITY INTEGRATION JOINT BOARD**

### **Roles and Responsibilities Protocol**

- g) the approval or amendment of the Strategic Plan including the Financial Plan;
- h) to deal with matters reserved to the IJB by Standing Orders, Financial Regulations and other schemes approved by the IJB; and
- i) to issue Directions to the Partners under sections 26 and 27 of the 2014 Act, in line with the Integration Scheme and legislative framework sitting around the CEO's of the Partners.
- j) the approval of the Clinical Care Governance Framework.

#### **4 OPERATIONAL PROTOCOL - Specific Provisions of Directions to Officers in Accordance with the Partners Approved Schemes of Delegation**

##### **4.1 Chief Officer**

- 4.1.1 The Chief Officer will act as the principal policy adviser to the IJB on matters of general policy and to assist Members to formulate clear objectives and affordable programmes having regard to changing priorities, directions to partners, statutory and financial requirements and community needs and expectations.
- 4.1.2 The Chief Officer will be held responsible and accountable for the strategic and operational management of all delegated functions including performance of all Services that form part of the Aberdeen Health and Social Care Partnership (the "AH&SCP") delegated by the Partners through and the Integration Scheme and their respective approved Schemes of Delegation, with the exception of Acute Services.
- 4.1.3 The Chief Officer is the Leader of the IJB's Senior Leadership Team and has overall responsibility for the following:-
  - a) the delivery of health and social care services as set out in the Integration Scheme;
  - b) implementing any Direction issued by the IJB to its Partners;
  - c) strategic management of services and resources;



## **ABERDEEN CITY INTEGRATION JOINT BOARD**

### **Roles and Responsibilities Protocol**

- d) strategy and Policy Development; and
- e) leading Improvement.

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

4.1.5 To discharge their duties, the Chief Officer shall:

- a) ensure that a corporate approach to the management and execution of the IJB's affairs is maintained and that advice to the IJB is given on a co-ordinated basis;
- b) monitor the performance of members of the Senior Leadership Team and their direct reports;
- c) give direction on the applicability of this Scheme and where appropriate that any officer shall not exercise a delegated function;
- d) appoint or make recommendations as to the engagement of consultants, external advisors or specialists pursuant to any decision taken by the IJB;
- e) consider and deal with any urgent issues arising;
- f) maintain good internal and external public relations;
- g) ~~the~~ lead the identification, planning and mitigation of risks affecting the IJB;
- h) provide for the provision of business continuity including identification of issues, business continuity planning, liaison with external bodies and putting in place arrangements to deal with business continuity issues;
- i) ensure compliance with duties under the Health and Safety at Work Act 1974 and other legislation relating to health and safety;



## ABERDEEN CITY INTEGRATION JOINT BOARD

### Roles and Responsibilities Protocol

- j) be the primary point of contact with the Health and Safety Executive in matters relating to the health and safety of premises or services;
- k) exercise all powers ancillary to or reasonably necessary for the proper performance of the Chief Officer's general duties and responsibilities, in line with Partner Schemes of Delegation;
- l) ensure that any Directions given by the IJB are legally competent;
- ~~m) set a legal budget and manage spend within this;~~
- ~~n)m) ensure safe services are delivered; and~~
- ~~e)n) comply with service statutory and regulatory requirements in terms of service delivery responsibilities.~~

4.1.6 Subject to future designation of the Aberdeen City Integration Joint Board as a Category 1 Responder under the Civil Contingencies Act 2004, to direct and ensure that coordinated and appropriate arrangements are in place to discharge the requirements of that Act and other relevant legislation.

#### 4.2 Chief Finance Officer

- 4.2.1 The Chief Finance Officer has overall responsibility for Finance including Audit; Financial Management; and any Procurement by the Health and Social Care Partnership
- 4.2.2 The financial limits as set by the terms of this Scheme shall be reviewed by the Chief Finance Officer in April each year and any proposed amendment reported to the IJB.
- 4.2.3 The Chief Financial Officer shall discharge his/her duties in accordance with the powers as delegated to them by the Partners under their respective approved Schemes of Delegation. In discharging his/her duties and in making any recommendation to the IJB, the Chief Financial Officer will demonstrate to the IJB that he/she have followed relevant Partner procedures and sought approval, where this is required.
- 4.2.4 The Chief Finance Officer shall:-



## **ABERDEEN CITY INTEGRATION JOINT BOARD**

### **Roles and Responsibilities Protocol**

- a) act as the Proper Officer responsible for the administration of the financial affairs of the IJB in terms of section 95 of the Local Government (Scotland) Act 1973;
- b) adhere to IJB and Partner Financial Regulations and relevant Codes of Practice of the Board for the control of all expenditure and income;
- c) monitor of the IJB's capital and revenue budgets during the course of each financial year and reporting thereon to the IJB;
- d) determine all accounting procedures and financial record keeping of the IJB, to ensure the IJB is fully compliant with the CIPFA Statement of Recommended Practice;
- e) subject to the approval of the Chief Officer and in conformity with any Financial Regulations and any approved policy, authorise the transfer of approved estimates from one head of expenditure to another, within a Service estimate, unless it is considered to materially affect the approved budget, in which case authorisation of the IJB will be sought. It is the Financial Regulations of the Partners which set out the rules in Virement;
- f) arrange the necessary insurances through CNORIS to protect the interests of the IJB (Directors and Officers cover) and make arrangements with CNORIS concerning claims handling and settlement of claims;
- g) have financial oversight of any procurement for the engagement of consultants, external advisors for specialist advice entered into directly by the Health and Social Care Partnership or the Chief Officer (but not procurement carried out on behalf of the Partnership or Chief Officer by a Council or Health Board); and
- h) be the primary point of contact with both internal and external audit and provide information as appropriate.

### **4.3 Clinical Director**

#### **4.3.1 The Clinical Director shall:**

- a) be the Clinical Lead of the IJB and the Clinical and Care Governance Committee.
- b) be a member of the Senior Leadership Team within ACHSCP; and



## **ABERDEEN CITY INTEGRATION JOINT BOARD**

### **Roles and Responsibilities Protocol**

- c) will report directly to the Chief Officer of the IJB.
- 4.3.2 The Clinical Director will be expected to provide leadership, advice and support to:
- a) the ACHSCP Senior Leadership Team;
  - b) staff working within ACHSCP services, and particularly medical practitioners and those working across primary and community care and within services hosted by or on behalf of the ACHSCP; NHS Grampian Medical Director and Medical Directorate colleagues and clinicians; in relation to clinical and care safety.
  - c) GPs and other NHS external contractors working within Aberdeen City and in partnership with those across all 3 Grampian ACHSCPs as required; and
  - d) the Integration Joint Board as a formal advisor to the Board on clinical and care matters.



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	23 <sup>rd</sup> March 2021
<b>Report Title</b>	Inclusion of Integration Joint Boards as Category 1 Responders under Civil Contingency Act 2004
<b>Report Number</b>	HSCP21.028
<b>Lead Officer</b>	Sandra MacLeod
<b>Report Author Details</b>	Name: Martin Allan Job Title: Business Manager Email Address: martin.allan3@nhs.scot Phone Number: 07870 998345
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	None

### 1. Purpose of the Report

- 1.1. The purpose of the report is to provide the Integration Joint Board (IJB) with information of the inclusion of IJB's as Category 1 Responders, in terms of the Civil Contingencies Act 2004 and an outline of the requirements that this inclusion involves.

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board (IJB):
- (a) Note the inclusion of IJB's as Category 1 Responders in terms of the Civil Contingencies Act 2004 (the 2004 Act); the requirements and the arrangements in place and planned to ensure that the IJB meets its requirements under the Act.
  - (b) Instructs the Chief Officer, as its Accountable Officer, to carry out on its behalf, all necessary arrangements to discharge the duties on the IJB under the 2004 Act.





## INTEGRATION JOINT BOARD

- (c) Instructs the Chief Officer to bring a report, annually, providing assurance on the resilience arrangements in place to discharge the duties on the IJB under the 2004 Act.
- (d) Agree whether to include a risk on the Strategic Risk Register relating to the IJB's requirements under the 2004 Act.

### 3. Summary of Key Information

#### 3.1. Inclusion of IJB's as Category 1 Responders under Civil Contingency Act 2004

- 3.1.1. As previously reported in the Chief Officer's report, the IJB submitted comments as part of the Scottish Government's consultation on whether IJB's should become Category 1 responders under the Civil Contingencies Act 2004. The IJB was supportive of this proposal. The Scottish Government have concluded their consultation, the results show that there were neither clear equality, operational nor strategic planning barriers to progressing the proposal and legislating for the IJB inclusion within the Civil Contingencies Act 2004 as Category 1 responders.
  - 3.1.2. The amendments to the Civil Contingencies Act 2004 were laid before the Scottish Parliament on Monday 18 January and approved. The Scottish Parliament have indicated that the legislation will come into effect on the 16th of March 2021.
  - 3.1.3. Representatives of the Scottish Government have also indicated that they plan to arrange training for IJB members (comprising a presentation and workshop) through their Resilience Department.
- 3.2.** To assist the IJB, some context about the Civil Contingencies Act 2004 is detailed below, along with details about regional and local resilience arrangements currently in place.
- 3.2.1. The Civil Contingencies Act 2004 (CCA), is supplemented by the Contingency Planning (Scotland) Regulations 2005 and "Preparing Scotland" Guidance. Taken together the law and guidance provides a consistent and resilient approach to emergency planning, response and recovery – which responders have used to develop good practice.





## INTEGRATION JOINT BOARD

3.2.2. The Act placed new duties and responsibilities on organisations. It defines an emergency as:

- an event or situation which threatens serious damage to human welfare;
- an event or situation which threatens serious damage to the environment;
- war, or terrorism, which threatens serious damage to the security of the UK.

3.2.3. The Act divides responders to an emergency into two categories, depending on the extent of their involvement in civil protection work.

### Category 1 Responders:

IJB's will now be added to this category.

These are the organisations at the core of an emergency response.

- Local authorities
- Police (including British Transport Police)
- Fire and Rescue Services
- The Scottish Ambulance Service
- National Health Boards
- The Scottish Environmental Protection Agency (SEPA)
- Maritime and Coastguard Agency

Category 2 Responders have statutory duties to co-operate and to share information with Category 1 Responders in the planning and response to major emergencies. These are organisations which, although not 'primary' responders, could potentially have a significant role. They include:

- Utilities (Scottish Water, gas and electricity distributors and telecommunications companies)
- Transport (airport operators, railway operators, Network Rail, roads companies, Transport Scotland)
- Harbour authorities
- Health and Safety Executive
- NHS National Services Scotland

3.3. In addition to formal statutory duties there is an increasing recognition that responders need to draw on the resources and abilities of their communities to help prepare for, respond to and recover from emergencies as effectively



## INTEGRATION JOINT BOARD

as possible. This is known as community resilience (and can be defined as “communities and individuals harnessing resources and expertise to help themselves prepare for, respond to and recover from emergencies, in a way that complements the work of the emergency responders”).

- 3.4.** The Aberdeen City area is part of a Regional Resilience Partnership (RRP) of which there are three in Scotland (the North RRP includes the Grampian area). They bring the organisations involved in dealing with emergencies together to plan for, and respond to, all kinds of emergencies. These multi-agency groups have robust plans in place to respond to all kinds of events, which are regularly tested in joint exercises and during real emergencies.
- 3.4.1. Within each RRP there are a number of Local Resilience Partnerships (LRP’s) determined by the RRP’s themselves. Aberdeen is a member of the Grampian LRP. The Grampian Local Resilience Partnership has high level strategic aims when dealing with incidents, including the following:
- Maximise the safety and wellbeing of people, places and communities across Grampian
  - Ensure the effective co-ordination of emergency response
  - Ensure effective communication with the public and partners;
  - Minimise the risk to emergency workers and partners;
- 3.4.2. The Grampian LRP also manages structures for planning and response and prepares plans for the management of risks.
- 3.5.** Both NHS Grampian and Aberdeen City Council as Category 1 Responders have established governance arrangements in place to enable them to meet the duties required under the Act (the specific duties are detailed below), which allows them to respond through the Grampian LRP and the North RRP.
- 3.6.** In terms of how this will be operationalised for the IJB, as explained in the consultation document, Chief Officers have already been contributing to local emergency and resilience planning, they have only formally done so through their roles as directors of Health Boards and Local Authorities and without the appropriate reference to their accountable officer status within the Integration Joint Boards.
- 3.7.** By including Integration Joint Boards as Category 1 responders, it ensures that where there is a risk of an emergency which will impact functions delegated to the Integration Joint Board, there will be formal coordinated



## INTEGRATION JOINT BOARD

and appropriate arrangements in place for: emergency planning; information sharing and cooperation with other responders; and joined up information sharing and advice for the public.

- 3.8. To put some local context to this, the Aberdeen City Health and Social Care Partnership has been liaising and working closely with both NHS Grampian (NHSG) and Aberdeen City Council (ACC), along with other resilience partners to ensure that the duties of Category 1 responders are adhered to.
- 3.9. Governance arrangements are in place within the Partnership, as well as good links and reporting arrangements to the governance structures in NHSG and ACC.
- 3.10. Turning to the specific requirements of Category 1 Responders, and how these will be operationalised in the Partnership, details are as follows:
- 3.11. **Assessing the risk of emergencies occurring and use this to inform contingency planning in the form of a Community Risk Register.**
  - 3.11.1. The Partnership links into governance structures relating to risks in both NHSG and ACC. This include being represented on Aberdeen City Council's Organisational Resilience Group (ORG) and NHS Grampian's Civil Contingencies Group (the Partnership's Business Manager attends these meetings).
  - 3.11.2. The ORG has a role to review and monitor the Place of Aberdeen risks within risk registers as they relate to organisational resilience.
  - 3.11.3. Part of the risk assessment is done through membership of the Grampian Local Resilience Partnership (GLRP), which identifies risks which are likely to manifest. The Partnership require to have controls in place to manage these risks, particularly the ability to respond to these in an emergency situation.
  - 3.11.4. Aberdeen City Council are currently reviewing the Place risks within its risk registers to ensure that the control actions listed are sufficient to mitigate risks.
  - 3.11.5. During this process, the Group will identify additional risks, based on risk assessment within operational areas, which may impact on the ability to respond.



## INTEGRATION JOINT BOARD

3.11.6. The result will be a Place risk register incorporating all risks relating to organisational resilience. The ORG will be responsible for managing these risks through its membership and liaison with other services not represented on the Group.

3.11.7. In relation to the above the IJB might want to capture a strategic risk in relation to this. ACC have the following wording which could be adapted “Risk that ACC can’t meet its responsibilities as a Category 1 Responder under the Civil Contingencies Act, 2004” If the IJB wish to have this risk on the Strategic Risk Register then officers will work on a draft risk to bring to the IJB at the earliest opportunity.

### **3.12. Put in place emergency plans.**

3.12.1. As mentioned above the Partnership/IJB is already a member of the GLRP which identifies risks which are likely to manifest in the area. The Partnership has governance structures and emergency plans to help mitigate these risks.

3.12.2. These include Senior Manager On Call governance documents and arrangements, and links into the equivalent structures in ACC and NHSG.

3.12.3. The Partnership is also represented on the Aberdeen City Care For People Group. The Aberdeen City Care for People Plan outlines that the Care For People Team will:

- provide of a focal point for information and assistance to families, friends and all those directly or indirectly affected by and involved in the incident;
- make arrangements that those affected receive appropriate information and assistance in a timely, co-ordinated manner;
- ensure that those affected get access to – and guidance on – the range of services from which people can make informed choices according to their needs;
- ensure that people are aware of, understand and can access the longer-term support which is available; and
- ensure that as far as possible, a seamless multi-agency approach to caring for people in emergencies is arranged.

3.12.4. The Aberdeen City Care For People Group is aligned to the Grampian LRP Care For People Sub Group.



## INTEGRATION JOINT BOARD

- 3.13. Create business continuity plans to ensure that they can continue to exercise critical functions in the event of an emergency** - The Partnership has a Civil Contingencies Group which comprises of representatives from across the Partnership. Within the remit of the Group is the requirement to monitor Business Continuity Plans across the Partnership, including an overarching Partnership Business Continuity Plan (BCP). The Partnership's Civil Contingencies Group's remit is to be revised to reflect the requirements of a Category 1 Responder and develop an action plan to monitor progress and action around these areas. The Group is aligned to the IJB's Risk, Audit and Performance Committee and minutes of the Group can be shared with members of the Committee via service updates.
- 3.14. Make information available to the public about civil protection matters, and maintain arrangements to warn, inform and advise the public in the event of an emergency** - The Partnership's Communications Manager is available to issue media releases and to answer any media enquiries relating to ACHSCP services which would be or could be impacted in an emergency, in close consultation with ACHSCP Leadership Team members. Proactive dissemination of important information would be via releases emailed directly to the local and national media. The ACHSCP websites, both internal and external, would also carry that information as soon as it becomes available, along with the Partnership's social media channels, in order to inform the public and our staff in a timely manner of important developments and updates. ACHSCP would also contribute to public information being released by our partner organisations, where appropriate. ACHSCP Communications would liaise throughout the emergency with our public sector partners, including the police, fire and rescue, neighbouring local authorities, the Scottish Government and other partner organisations as appropriate. IJB members, senior elected members of Aberdeen City Council, and appropriate senior management members at the city council and NHS Grampian would be kept informed in advance of information which was due to be released by ACHSCP into the public domain. A log would be kept of all information released internally and externally in order that an audit trail is maintained of all communications activity.
- 3.15. Share information with other local responders to enhance co-ordination** - As detailed above the Partnership is a member of various groups, including the GLRP, groups established in ACC and NHSG, and Aberdeen City Care For People. Through these Groups the Partnership and IJB can share information with other responders to enhance co-ordination.





## INTEGRATION JOINT BOARD

- 3.16. Co-operate with other local responders to enhance coordination and efficiency** - As detailed above the Partnership is a member of various groups, including the GLRP, groups established in ACC and NHSG, and Aberdeen City Care For People. Through these Groups the Partnership and IJB can share information with other responders to enhance co-ordination.
- 3.17. Next Steps** - In order to progress the above, it is proposed to hold an early meeting of the Partnership's Civil Contingencies Group to assist in the operationalisation of the Category 1 duties and to agree the amendments to the Group's Terms of Reference.
- 3.18.** In terms of informing the members of the IJB it is proposed that an annual resilience report be submitted to the IJB to provide assurance on the resilience arrangements in place within the Partnership/IJB in fulfilment of the IJB's duties as a Category 1 Responder under the Civil Contingencies Act 2004.
- 3.19.** Finally, in terms of governance, the Chief Officer will be carrying out these duties and roles and will have a presence at the Local Resilience Partnership and it is proposed that the following be added to the Chief Officer's ACC delegated powers :
- 3.20.** "With the inclusion of the Aberdeen City Integration Joint Board as a Category 1 Responder under the Civil Contingencies Act 2004, to direct and ensure that coordinated and appropriate arrangements are in place to discharge the requirements of that Act and other relevant legislation".
- 3.21.** To that end, it is recommended that the IJB: Instructs the Chief Officer, as the Accountable Officer, to carry out on its behalf, all necessary arrangements to discharge the duties on the IJB under the Civil Contingencies Act 2004 (the 2004 Act) and, instruct the Chief Officer to bring a report, annually, providing assurance on the resilience arrangements in place to discharge the duties on the IJB under the 2004 Act.
- 4. Implications for IJB**
- 4.1. Equalities** – there are no direct implications in relation to our duty under the Equalities Act 2010.
- 4.2. Fairer Scotland Duty** - there are no direct implications in relation to the Fairer Scotland Duty.



## INTEGRATION JOINT BOARD

- 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. **Covid-19** – The Partnership has been working closely with NHS Grampian and Aberdeen City Council during the response to the pandemic. This work builds on the collaborative working and systems put in place during the pandemic to ensure a continued co-ordinated response to the wellbeing of citizens across Aberdeen.
- 4.7. **Unpaid Carers** – There are no direct implications relating to unpaid carers in this report.
- 4.8. **Other**- there are no other immediate implications arising from this report.

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

- 5.1. The report links to the resilience and connections aims of the Strategic Plan 2019-2022.

### 6. **Management of Risk**

- 6.1. **Identified risks(s)** - The inclusion of IJB's as Category 1 Responders under the Civil Contingencies Act 2004 means that Aberdeen City IJB has identified duties that are required to undertake. There is a risk that these duties are not met.

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



At the highest level, the inclusion of IJB's as Category 1 Responders under the Civil Contingencies Act 2004 links to all the strategic risks on the Strategic Risk Register, with Risk 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" being the most relevant. The report suggests that the IJB might want to capture a risk as follows: "there is a risk that Aberdeen City IJB can't meet its responsibilities as a Category 1 Responder under the Civil Contingencies Act, 2004" Officers will draft a risk for the IJB to consider if agreed.



## INTEGRATION JOINT BOARD

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

The Partnership's Civil Contingency Group will monitor progress towards meeting the requirements of the Act and therefore mitigating the areas of risk and will provide further detail to the IJB through the provision of an Annual Report.

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





## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	23 <sup>rd</sup> March 2021
<b>Report Title</b>	Inspection of Justice Social Work service
<b>Report Number</b>	HSCP21.024
<b>Lead Officer</b>	Claire Duncan
<b>Report Author Details</b>	Lesley Simpson Service Manager LSimpson@aberdeencity.gov.uk
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	a. Care Inspectorate inspection report b. Draft Inspection action plan

### 1. Purpose of the Report

- 1.1. The purpose of this report is to highlight the recent publication by the Care Inspectorate of its inspection report in relation to the partnership's justice social work service.

### 2. Recommendations

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

- a) Note the contents of this report and the Care Inspectorate report as attached at Appendix A.
- b) Agree the contents of the inspection report action plan.
- c) Instruct the Chief Officer to facilitate a workshop for the IJB to have further discussion about the scope and performance of the justice social work service.



## INTEGRATION JOINT BOARD

- d) Agree that the justice social work delivery plan should be presented to a future meeting of the IJB for approval following consultation in respect of the draft plan.

### 3. Summary of Key Information

- 3.1. Aberdeen City Council was advised in November 2019 that an inspection of its justice social work (JSW) service with a particular focus on Community Payback Orders (CPOs) was to be undertaken by the Care Inspectorate.

The inspection was to be conducted in line with the [Inspection of Justice Social Work services in Scotland](#) guidance and evaluate the service against quality indicators drawn from the [Guide to Self-Evaluation for Community Justice in Scotland](#).

Notification of the commencement of the inspection triggered a 28-week inspection timeline which outlined the respective responsibilities of the Care Inspectorate and the justice service including:

- Submission of self-evaluation with supporting evidence
- Case file reading of approximately 100 files
- Meet with individuals who are (or have been) the subject of CPOs
- Meet with staff and other stakeholders

Formal notification was received from the Care Inspectorate in mid-March 2020, just prior to the scheduled engagement with clients from the service, that the inspection was to be put on hold because of the impending Covid-19 lockdown restrictions.

As the first lockdown eased, a dialogue in respect of next steps was initiated in September 2020 between Aberdeen City Council, Aberdeen City Health and Social Care Partnership and the Care inspectorate and it was jointly agreed that the inspection should be resumed in October. Given the ongoing lockdown restrictions it was agreed that the inspection methodology should adapt to current circumstances and so 1:1 conversations or group meetings were to be facilitated by either telephone or MS Teams.



## INTEGRATION JOINT BOARD

As part of their engagement with service users, the Care Inspectorate spoke with 46 individuals and were complimentary about the logistical arrangements that had been put in place to facilitate these telephone conversations, the back-up support that was available for those few occasions when scheduled phone-calls with individuals went unanswered and the value of the discussions themselves about people's experiences of the justice social work service.

Conversations with 14 justice service stakeholders were facilitated including Police Scotland; Aberdeen Foyer; MAPPA Co-ordinator; Moving Forward Making Changes (MFMC) Team Leader; Housing; Alcohol and Drug Partnership (ADP); a number of Unpaid Work (UPW) providers and a local Sheriff.

The Care Inspectorate spoke with 48 members of staff from the JSW workforce. These conversations were arranged on a peer group basis, for example, Support Workers, UPW staff, Social Workers and Senior Social Workers but also on a themed basis, for example, LSCMI/Best Practice Improvement groups, Women's service, Intervention Programmes ie Caledonian, Young People and general CPO.

In addition, a number of conversations were also held with senior leaders from across Aberdeen City Council and Aberdeen City Health and Social Care Partnership.

**3.2.** On Tuesday 23<sup>rd</sup> February 2021, the Care Inspectorate published its report of the inspection of the Justice Social Work service. The evaluation against selected quality indicators was as follows:

1.1	Improving the life chances and outcomes for people subject to a community payback order:	<b>Good</b>
2.1	Impact on people who have committed offences:	<b>Excellent</b>
5.2	Assessing and responding to risk and need:	<b>Good</b>
5.3	Planning and providing effective intervention:	<b>Very Good</b>
9.4	Leadership of improvement and change:	<b>Very Good</b>

**3.3.** Key messages from the report included the following:



## INTEGRATION JOINT BOARD

- The support provided by justice staff in Aberdeen is having a transformative impact on individuals subject to CPOs. Individuals experience compassionate, consistent, focused and flexible support that frequently exceeds their expectations and is enabling positive change.
- The service is delivering highly person-centred interventions. Staff work proactively to identify and remove barriers to engagement and provide a wide range of practical assistance.
- The clear focus on supporting individuals to address offending behaviour is an important strength. The service is investing in a full range of structured interventions and delivery is tailored to individual needs and risks.
- Leaders demonstrate a strong vision for transformational change that is supported by well-developed plans and ambitious targets. Core principles of early intervention and prevention permeate planning and delivery at all levels of the service.
- A strong commitment to continuous improvement is underpinned by an embedded improvement methodology. This is contributing to improved performance in the delivery of CPOs.
- Performance trends across almost all CPO measures are improving and individuals are being supported to achieve positive outcomes. Embedding the performance management framework offers potential to better demonstrate the difference the service is making to the lives of those on CPOs.
- There is a need to strengthen compliance in meeting expected timescales for assessments and plans. Work is also required to increase staff confidence in the use of accredited assessment tools, including assessment and analysis of risk of serious harm.

**3.4.** The Care Inspectorate have identified the following areas of improvement for the service to progress and complete:



## INTEGRATION JOINT BOARD

- To enable robust oversight and increased ability to demonstrate outcomes and impact, senior officers should ensure that the justice service delivery plan and performance management framework are agreed and implemented and associated reporting cycles established.
- To ensure the effective delivery of key processes, senior managers should further strengthen quality assurance mechanisms to support the consistent, confident and timely application of risk assessment and case planning processes, particularly those relating to risk of serious harm.

The Care Inspectorate has praised the service's capacity for improvement with its confidence in that assertion being grounded in 'the ambitious leadership and strong management capability' evident.

**3.5.** This very positive inspection report follows on from equally positive feedback that had been previously received from the Care Inspectorate in relation to the submitted self-evaluation and the case file reading. Key points from that earlier feedback included:

- Well written, well structured, good flow and content and good picture of what CJSW does.
- Honest and thorough
- Clear thread about improvement methodology
- Evidential and taking ownership of improvement
- Rational approach to practice and good understanding of services.
- Range of evidence across Quality Indicators.
- Some evidence lacks contextual details; some minutes of meetings not supplied

The evaluation of 111 case files was jointly undertaken by CI inspectors and four Senior Social Workers from the JSW service in early March. Initial feedback was that there were no unsatisfactory case files and that most of our case files are good, or very good and some are excellent. It was also reported that the service knows the client group with whom it works and that there is a good, professional relationship between individuals and practitioners.



## INTEGRATION JOINT BOARD

- 3.8** Following publication of the inspection report, the service is now required to submit an action plan by Tuesday 6<sup>th</sup> April showing how it will address the highlighted areas for improvement.

The service has already made significant progress in respect of its delivery plan, performance management framework, governance reporting and quality assurance framework and will provide the Care Inspectorate with the necessary assurance in respect of these.

- 3.9** There will be a period of consultation in respect of the draft justice social work delivery plan during the month of April. The revised delivery plan will then be presented to the IJB for approval.

- 3.10** The inspection report and action plan is also being presented to the Clinical and Care Governance Committee to allow consideration of the justice service's ongoing governance reporting requirements.

- 3.9** The Care Inspectorate has subsequently provided the service with another report in relation to the case file reading that was undertaken as part of the inspection methodology. This technical report complements the main inspection report and will be used by the service to support its continuous improvement activities.

### 4. Implications for IJB

**4.1.** Equalities

There are no Equalities issues arising from this report.

**4.2.** Fairer Scotland Duty

There are no implications arising from this report and the IJB's Fairer Scotland Duty.

**4.3.** Financial

There are no financial implications arising from this report.

**4.4.** Workforce

There are no workforce implications arising from this report.





## INTEGRATION JOINT BOARD

### 4.5. Legal

There are no legal implications arising from this report

### 4.6. Covid-19

There are no Covid-19 implications arising from this report

### 4.7. Unpaid Carers

There are no implications for unpaid carers arising from this report.

### 4.8. Other

There are no other implications arising from this report.

## 5. Links to ACHSCP Strategic Plan

- 5.1. The aims expressed within the partnership's Strategic Plan, "Prevention, Resilience, Personalisation, Connections and Communities" have a strong relevance to the function and operation of the justice social work service.

The published inspection report shows the extent to which this service is working with individuals who have complex needs and multiple disadvantages and supporting them to fulfil individual and statutory outcomes.

## 6. Management of Risk

### 6.1. Identified risks(s)

There are no obvious risks arising from this report and the Care Inspectorate's publication of its Aberdeen City justice social work inspection report.

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

The publication of regulatory inspection reports can have a reputational management impact. The relevant entry (6) in the strategic risk register is "There is a risk of reputational damage to the IJB and its partner





## INTEGRATION JOINT BOARD

organisations resulting from complexity of function, delegation and delivery of services across health and social care”.

Given the very positive inspection report there is no risk of reputational damage to the service or to the IJB/HSCP/ACC.

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

Given that there are no identified strategic or operational risks, it is envisaged that publication of the Care inspectorate’s report and the accompanying discussion of this across sectors and services will help raise the profile of the justice social work service, highlight the complex needs of the individuals with whom the service works and the good outcomes that are being achieved. All of this will make a positive contribution to the partnership’s reputational management activities.

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



# Inspection of justice social work services in Aberdeen

February 2021

## Contents

<b>Introduction</b>	<b>3</b>
<b>How we conducted this inspection</b>	<b>3</b>
<b>Context</b>	<b>5</b>
<b>Key messages</b>	<b>6</b>
<b>Achieving outcomes</b>	<b>7</b>
<b>Delivery of key processes</b>	<b>9</b>
<b>Impact and experience of community payback orders</b>	<b>14</b>
<b>Leadership</b>	<b>15</b>
<b>Preparation for the extension of the presumption against short sentences</b>	<b>17</b>
<b>Areas for improvement</b>	<b>17</b>
<b>Capacity for improvement</b>	<b>18</b>
<b>Appendix 1 - The six-point evaluation scale</b>	<b>22</b>
<b>Appendix 2 - The quality indicator model</b>	<b>24</b>
<b>Appendix 3 - Terms we use in this report</b>	<b>25</b>

## Introduction

The governance arrangements for justice services are set out in legislation, making local authorities responsible for delivering a range of services for those involved in the criminal justice system<sup>1</sup>. This includes the completion of reports for courts and the Parole Board and the supervision of individuals on statutory social work orders and licences. Statutory social work orders include community payback orders (CPO) that can be imposed by courts in Scotland as an alternative to a custodial sentence. A person subject to a CPO can be required to comply with the terms of a supervision requirement and/or undertake an unpaid work requirement. A supervision requirement is one of nine provisions available to the court that can be imposed as part of a CPO<sup>2</sup>. Unpaid work takes place in local communities and is for the benefit of the community. These are the two most commonly used requirements and someone on a CPO can be subject to one of these or both depending on circumstances outlined in a report provided to court by justice services and the decision of the court<sup>3</sup>. Guidance on the management and supervision of these is contained within National Outcomes and Standards<sup>4</sup> and CPO practice guidance<sup>5</sup>.

There has been significant change in justice social work over the last decade including the introduction of CPOs in 2011<sup>6</sup>. Effective community-based sentencing options are essential to the successful implementation of the Scottish Government's community justice strategy<sup>7</sup> and the extension of the presumption against short sentences. In this context, the Care Inspectorate has decided to focus inspections of justice services at the present time on how well CPOs are implemented and managed, and how effectively services are achieving positive outcomes.

## How we conducted this inspection

We began our inspection on 25 November 2019. We examined a self-evaluation report and supporting evidence provided by Aberdeen city health and social care partnership. An inspection team visited Aberdeen in early March 2020 and completed a review of a representative sample of the records of people who were or had been subject to a CPO during the two-year period prior to December 2019. This related to 110 records from a population of 1,436 individuals. As a consequence of the COVID-19 pandemic, the inspection in Aberdeen was suspended by the Care Inspectorate on 13 March 2020. We resumed our inspection activity in October 2020 and undertook the outstanding activities in accordance with public health guidance.

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<sup>1</sup> Social Work (Scotland) Act 1968, Criminal Justice (Scotland) Act 2003, Community Justice and Licensing (Scotland) Act 2010.

<sup>2</sup> In imposing a CPO, the court may include one or more of nine specific requirements. These are unpaid work or other activity requirement; offender supervision requirement; compensation requirement; programme requirement; residence requirement; mental health treatment requirement; drug treatment requirement; alcohol treatment requirement; and conduct requirement.

<sup>3</sup> A court report is not required if the CPO will contain only a level 1 unpaid work or other activity requirement.

<sup>4</sup> National Outcomes and Standards for Social Work Services in the Criminal Justice System, Scottish Government, 2010.

<sup>5</sup> Community Payback Order Practice Guidance, Scottish Government, 2019.

<sup>6</sup> Community Payback Orders were introduced by the Criminal Justice and Licensing (Scotland) Act 2010.

<sup>7</sup> National Strategy for Community Justice, Scottish Government, 2016.

This involved minor changes to the inspection methodology to enable us to talk to individuals using the service, staff and partners virtually using telephone calls and video conferencing facilities. Despite the gap, the scope and stages of inspection were unchanged. We spoke with 47 people subject to CPOs including those with a supervision requirement or an unpaid work order, or both. We undertook focus groups and interviews with key members of staff, partner agencies, stakeholders and senior managers with responsibility for the justice service.

During the inspection, we considered how well National Outcomes and Standards and practice guidance were being applied and what difference CPOs were making to the lives of individuals who were, or have been, subject to them. The scope of the inspection focused on:

- the ability of the justice service to demonstrate improved outcomes for individuals subject to CPOs
- how people subject to CPOs experience services
- key processes linked to CPOs, including quality of risk/needs assessment, planning and intervention
- leadership of justice services.

We used a quality indicator model (appendix 2) to consider how the service was performing against a number of quality indicators and we have provided evaluations using a six-point scale (appendix 1) for the following indicators.

- 1.1 improving the life chances and outcomes for people subject to a community payback order.
- 2.1 impact on people who have committed offences.
- 5.2 assessing and responding to risk and need.
- 5.3 planning and providing effective intervention.
- 9.4 leadership of improvement and change.

In the course of the inspection, we also explored the extent to which justice services were prepared for the extension of the presumption against short sentences.

For the purposes of this report, we refer to criminal justice social work services as **justice services** and at times **the service** as an abbreviation. We refer to people who are, or have been, subject to a CPO as **individuals**. Where we refer to staff, we mean justice workers who have responsibility for supervising the various requirements of a CPO unless referred to by their specific designation. Justice social workers have responsibility for supervising the various requirements of a CPO and are sometimes referred to as **supervising officers** to reflect their qualification, role and function. **Order supervisors** are responsible for the management of unpaid work requirements and **task supervisors** are responsible for supervising individuals on unpaid work placements. Aberdeen also employs **support workers**; paraprofessionals, not qualified in social work, who undertake a variety of community payback related tasks across the range of CPO teams. **Managers** refers to the justice service manager and senior social workers who oversee operational delivery. **Leaders** refers to those with strategic oversight of the service across the local authority and wider health and social care partnership.

## Context

Aberdeen is the third largest city in Scotland. With a population of 228,670, extending across 186 square kilometres, it is one of the most densely populated local authority areas. As a centre for the oil and gas industries over many years the city has prospered but is not without its difficulties. Sharp differences between affluent and deprived parts of the city bring inequalities, not just economically, but also in terms of health, wellbeing and social inclusion. Aberdeen also experiences high levels of drug and alcohol abuse and in 2019, had the joint 5th highest average annual rate of drug deaths of all local authorities in Scotland.<sup>8</sup> A generally strong local economy, resulting in high living costs, has also created challenges in recruiting to public services. This has required the justice service to work closely with local universities and human resources colleagues to maximise opportunities to recruit and retain staff.

Strategic priorities, including those for community justice, are embedded within the community planning Aberdeen local outcome improvement plan 2016-2026, which is reviewed and updated every two years. The plan was usefully informed by a comprehensive population needs assessment, and investment in early intervention and prevention is a core principle within strategic plans.

Justice services are devolved from Aberdeen city council to the Aberdeen city health and social care partnership. The services are delivered across three main sites with three dedicated CPO teams being based together at one of them. The work of the CPO teams is interconnected to a range of other teams which include the unpaid work team, the throughcare team and the **Connections women's centre**, which was established in 2015. A team of support workers also works across the teams to provide additional practical and emotional support to individuals on CPOs. Specialist, nationally-accredited programmes are delivered by the **Caledonian System** team and the Joint Sex Offender Project in a partnership which operates across the north-east of Scotland.

In 2018 -19, the justice service supervised 949 CPOs (755 individuals), the fifth highest rate in Scotland per 10,000 population. This was down from 1,151 (895 individuals) in 2017-18, reflecting the national downward trend in the number of orders imposed.

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<sup>8</sup> *Drug Related Deaths in Scotland in 2019*, National Records of Scotland, 2020

## Key messages

- The support provided by justice staff in Aberdeen is having a transformative impact on individuals subject to CPOs. Individuals experience compassionate, consistent, focused and flexible support that frequently exceeds their expectations and is enabling positive change.
- The service is delivering highly person-centred interventions. Staff work proactively to identify and remove barriers to engagement and provide a wide range of practical assistance.
- The clear focus on supporting individuals to address offending behaviour is an important strength. The service is investing in a full range of structured interventions and delivery is tailored to individual needs and risks.
- Leaders demonstrate a strong vision for transformational change that is supported by well-developed plans and ambitious targets. Core principles of early intervention and prevention permeate planning and delivery at all levels of the service.
- A strong commitment to continuous improvement is underpinned by an embedded improvement methodology. This is contributing to improved performance in the delivery of CPOs.
- Performance trends across almost all CPO measures are improving and individuals are being supported to achieve positive outcomes. Embedding the performance management framework offers potential to better demonstrate the difference the service is making to the lives of those on CPOs.
- There is a need to strengthen compliance in meeting expected timescales for assessments and plans. Work is also required to increase staff confidence in the use of accredited assessment tools, including assessment and analysis of risk of serious harm.

## Achieving outcomes

In this section, we look at the extent to which the justice service can demonstrate improving trends against clear performance measures and can show tangible results in improving the life chances and outcomes for individuals subject to community payback orders.

### How well are performance measures achieved?

A clear commitment to continuous improvement enabled the service to demonstrate consistent or improving performance trends across almost all CPO measures. In 2018/19, 76%<sup>9</sup> of first face-to-face contacts took place on the same day, or within one working day of an order being imposed, which was slightly better than the national average. Court and social work duty processes had been strengthened to drive further improvement. Induction rates were broadly in line with the national average and the timely commencement of **unpaid work** had significantly improved from 30% in 2016/17 to 70% in 2018/19. These positive developments reflected the effectiveness of a focused and sustained approach to quality assurance within the service.

A well embedded approach to continuous improvement was supporting staff and managers to meaningfully contribute to improvement activities. Through a coherent system of practice oversight groups, staff, supported by an information analyst, were making effective use of available performance data to identify improvement priorities. **Level of service/case management inventory (LS/CMI)** data was increasingly used to understand individual needs and to inform service design and delivery. Benchmarking performance against comparator and neighbouring authorities demonstrated a willingness to look outward and learn from others.

Quality assurance processes identified challenges in supporting individuals to complete unpaid work requirements within court-imposed timescales. The rate of timely completions had dropped from 83% in 2016/17 to 66% in 2018/19, below the national average of 74%. A review of practice undertaken by the service identified reduced staffing capacity linked to local recruitment difficulties. This was compounded by an increased demand for flexible unpaid work placements to enable individuals who had multiple and complex needs to undertake light duties or partial workdays. Managers were taking steps to address the issue by broadening the range of flexible placements for those on CPOs and by working across departments to attract internal candidates.

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<sup>9</sup>Nationally reported figure was amended following resolution of local inputting issue. Aberdeen updated figure (2018/19) is noted.

## How well are outcomes for individuals improving?

A highly motivated, **trauma-informed** staff group was working diligently to achieve positive outcomes for individuals, reflecting a strong commitment to relationship-based practice. Data from exit questionnaires demonstrated improved outcomes for individuals in relation to a range of factors that are known to support desistance from offending behaviour. Individuals reported significant improvements in relation to their use of drugs and alcohol, mental health, personal relationships, and housing. Importantly, individuals had also benefitted from opportunities to develop coping skills, which impacted positively on their self-esteem and self-management.

This was confirmed by our review of records. We found that most of the individuals within our sample evidenced positive changes in their circumstances during their CPO. The most notable improvements related to personal relationships, mental health and wellbeing, accommodation, finances, and reductions in the seriousness or frequency of offending behaviour. Almost all individuals who required additional support were better connected to community resources during their CPO.

A performance management board was bringing added rigour and oversight to two practice development forums - the Best Practice Group and the Practice Issues Group. Chaired by the lead for social work and supported by the planning and development manager, the board reported to the **clinical care and governance group** of the health and social care partnership. These arrangements were helping to strengthen the connection between operational practice and strategic governance. Leaders acknowledged that performance monitoring in the partnership was largely focussed on the national health and wellbeing outcomes with limited consideration of justice data measures beyond exception and annual reporting. To address this, a justice service delivery plan and supporting performance management framework had been developed and were awaiting finalisation and implementation.

Although improvement work had resulted in an increased number of exit questionnaires being completed by individuals ending their CPO during the first quarter of 2019/20, the service was not yet able to demonstrate consistent improvements in individual outcomes over time. Mechanisms to enable the service to systematically capture and review qualitative data at key assessment, planning and review stages were limited. The performance management framework and related datasets offered opportunities to increase the range, breadth and depth of measures for capturing and reporting on person-centric outcomes. Embedding these frameworks will be central in enabling leaders to raise the profile of the service, ensure oversight and demonstrate the impact of community payback orders.



## Delivery of key processes

In this section, we look at the extent to which the justice service recognises the need for help and support and provides this at the earliest opportunity. We consider the quality of assessment and planning and the range and quality of different types of intervention. We also look at how individuals are involved in key processes.

### How well do staff provide help and support?

The design and delivery of justice services was supporting early and intensive engagement with individuals, and staff clearly recognised the importance of providing timely access to help and support. The creation of a **predisposal team** located adjacent to Aberdeen sheriff court was helping to ensure that most individuals were seen on the same day, or within one day of their order being imposed. A responsive and pro-active team of support workers was providing individuals across all parts of the service with access to a wide range of practical assistance. This included help to arrange and attend appointments, support to apply for housing and benefits, and help to develop budgeting plans and address rent arrears. A duty system was in place to enable quick access to help from a support worker, supplemented by a senior social worker where a crisis response was required.

The service was working creatively with third sector and statutory partners to limit unnecessary contact with justice services through increased use of alternatives to CPOs. Available options included **diversion**, **structured deferred sentences** and the **problem-solving approach**, reflecting the commitment to early intervention and prevention outlined in the local outcome improvement plan. There was a clear commitment to continuity of relationships with staff for those with a **supervision** requirement. Wherever possible, individuals were allocated a social worker they knew, to build on existing connections and encourage engagement. In almost all instances, early recognition of need and proactive efforts by staff to remove barriers were supporting individuals to effectively engage with and carry out their CPOs.

The unpaid work service offered a broad range of placements and activities that catered to the varied needs of individuals. As well as offering evening and weekend sessions for those in employment, individual and short-day placements, light-duty options and women-only groups were available. Staff were described as helpful and approachable and were making efforts to accommodate individuals' needs and preferences. The service had made efforts to increase the availability of placements, however the current provisions were not always meeting the additional needs of young people, women and individuals with mental health and addiction issues. Offence-focused interventions designed to address the root causes of offending behaviour were being tailored to personal learning styles. Non-judgmental approaches from staff were enabling individuals to explore the factors underpinning their offending behaviour in a way that felt safe. Recognising the significant inequalities experienced by many individuals subject to CPOs, the service was

providing access to a variety of practical resources to enable individuals to engage with their CPO.

Efforts to offer tailored placements within the unpaid work service, coupled with recruitment issues had contributed to delays in some individuals starting their hours. Staff were alert to this and were considering how they might source additional support and reconfigure services to meet demand. Despite persistent efforts from justice staff, difficulty in accessing assessment and support from mental health services was an ongoing issue. Referral processes into traditional clinical pathways were noted to be inflexible. In the absence of access to specialist clinical advice, social workers struggled to know how to best support individuals with complex and enduring mental health needs. In a bid to promote an outreach approach, the health and social care partnership was piloting a mental wellbeing out-of-hours hub situated in the police custody suite. This alternative model targeted individuals who came to the attention of first responders and aimed to support a wider cultural shift from symptom management to early intervention and prevention. It was too early to demonstrate whether the outreach model was having an impact for individuals on CPOs.

### How well do staff assess risk and need?

Initial assessments of risk and need outlined within justice social work reports for court were helpfully informing decisions about individuals' suitability to undertake the requirements of a CPO. The majority of reports were high quality and most had been informed by appropriate collaboration with partner agencies. For individuals made subject to a CPO, a comprehensive assessment of risk and need was in place in almost every instance. We rated the majority of assessments that we read as good or better. Almost all the assessments reflected that staff had actively sought to involve the individual in the assessment process and that other partners had been appropriately consulted.

A range of specialist assessments were being undertaken to inform interventions. Individuals convicted of domestic abuse were assessed by a worker who was trained in the Caledonian System and the Spousal Abuse Risk Assessment<sup>10</sup> tool. Staff were also trained in the Risk Matrix 2000<sup>11</sup> and the Stable and Acute 2007<sup>12</sup> to support the assessment of individuals convicted of sexual offending.

Support for young people reflected a commitment to embedding the **Whole System Approach for Young People Who Offend**. Staff across justice and youth services were working jointly with police and the Scottish Children's Reporter Administration to ensure that, wherever possible, young people involved in offending were

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<sup>10</sup> The Spousal Abuse Risk Assessment (SARAv3) is a structured guide for spousal risk evaluations in individuals who are suspected of, or who are being treated for, spousal abuse.

<sup>11</sup> Risk Matrix 2000 (RM2K) is an actuarial risk assessment used to assess risk posed by individuals convicted of sexual offences.

<sup>12</sup> Stable and Acute 2007 is used to undertake a dynamic assessment of risks posed by individuals convicted of sexual offences.

supported to remain within children's rather than adult services. This had resulted in a significant reduction in the number of young people entering the adult criminal justice system and reflected a strong commitment to delivering best practice. To support this approach, staff within the youth and justice social work teams were trained in the application of a range of age-appropriate risk assessment tools.

Proportionate, risk-based information sharing was helpfully informing responses to risk and need within the service and across wider social work teams and multi-agency partners. Justice staff attended multi-agency public protection arrangement (**MAPPA**) meetings as well as adult support and protection and child protection case conferences as required. Staff were alert to the importance of timely information sharing to inform victim safety planning in cases involving domestic abuse. Multi-agency risk assessment conference (**MARAC**) arrangements were operating effectively.

Overall, unpaid work staff had access to information to help them allocate work placements or respond to emerging concerns about individuals' risks and needs. Managers recognised the need to further develop the consistent and timely application of the full range of functions within the LS/CMI assessment tool. Although it related to a relatively small number of assessments, staff lacked confidence in applying the processes associated with assessing and analysing risk of serious harm. More broadly, the service was committed to completing comprehensive assessments within the 20-day timescale required by National Outcomes and Standards. However, this was being achieved in just over half of cases. Quality assurance processes had previously identified these as areas for improvement and work was being taken forward through an LS/CMI improvement plan and the work of a LS/CMI champions group.

### How well do staff plan and provide effective interventions?

There were significant strengths in the planning and delivery of interventions. Practice was underpinned by a strong commitment to relationship-based practice and sustained investment in a range of evidence-based interventions designed to reduce involvement in offending behaviour. Almost all individuals had a **case management plan** in place, and we rated the quality of most plans that we read as good or very good. The quality of work to support the implementation of plans was good or better in most instances.

Staff across the service were delivering highly person-centred, holistic and trauma-informed interventions that were helping to improve outcomes for individuals on CPOs. As well as having an allocated social worker, many individuals received additional input from a proactive team of support workers. These support workers were providing practical and effective help to address a wide range of welfare needs. This included help to access addiction services, benefits and housing support. For almost all individuals, the intensity of supervision was commensurate with their

identified risks and needs, and staff were tenacious in their efforts to help individuals access the resources they required.

Across the service, there was a notable focus on helping individuals understand the impact of their offending behaviour. A range of well-established, offence-focused programmes were being delivered including **Moving Forward: Making Changes (MF:MC)** and the Caledonian programme. The **Respect** programme was available as an alternative to the Caledonian group for men with a conviction for domestic abuse who were in irregular employment or whose first language was not English. To help individuals fully prepare for and embed learning from their group work, the service was training all social workers to deliver the Caledonian programme and MF:MC case management materials. This was equipping staff to deliver robust and focused one-to-one interventions and was bringing a structured approach to their wider practice. Through these interventions, individuals were supported to address a wide range of offending-related issues including anger management, consequential thinking and victim empathy. As a result, individuals were demonstrating improved self-management and reduced levels of offending.

The unpaid work service was offering a broad range of flexible unpaid work opportunities. The majority of individuals had the opportunity to undertake **other activity** as part of their unpaid work requirement. This included access to training and employment support opportunities commissioned through **Aberdeen Foyer**; educational support from the adult learning and development team; and outdoor education activities through **Venture Trust**. When we reviewed records, we found that almost all the unpaid work placements were suitable and were supporting the majority of individuals to develop new skills. While other activity was being used flexibly, not all activities were experienced as purposeful. Individuals expressed a desire for access to digital learning opportunities and more placements that would encourage meaningful links with the community.

For women subject to CPOs, the Connections women's centre was offering responsive and bespoke support delivered in a safe and relaxed environment. Women using the service benefitted from access to a support worker and were actively involved in developing a personal plan. The structured, modular Connections programme delivered by the women's service was tailored to individual needs. This included input from a range of third sector and statutory partners, which was contributing to improved health and wellbeing. The service also facilitated individual unpaid work placements for women whose personal circumstances made it difficult for them to attend the central unpaid work facility. This flexible approach was supporting those women, who might otherwise have struggled to comply, to successfully complete their orders and move on from justice services.

Strong collaborative working between justice staff and partner agencies was supporting the development and implementation of case management plans. In most cases, individuals were referred to appropriate resources at the earliest opportunity and were able to access all required interventions. Effective referral

routes were in place to drug and alcohol services. Work to establish clear referral pathways and protocols with housing colleagues had resulted in significantly improved access to housing and housing support.

Managers had good oversight of practice and were undertaking regular quality assurance activities. These were consolidated through staff supervision, team meetings and practice development groups, reflecting a service commitment to learning and improvement. Staff had a good awareness of National Outcomes and Standards and their statutory responsibilities and were managing non-compliance and exercising discretion appropriately.

While there were clear strengths in relation to the quality of planning and interventions, there were opportunities to strengthen adherence to national guidance. The service was committed to producing case management plans in accordance with National Outcomes and Standards timescales but this was not being achieved consistently. In some instances, the frequency of reviews and home visits was below the level required. The service had already identified these as areas for improvement.

#### **How well do staff involve individuals in key processes?**

Staff were actively seeking the views of individuals at all stages and were working proactively and creatively to encourage engagement. Individuals were given clear information at the start of their CPOs, which helped them to understand what was expected of them. Non-judgemental attitudes from staff were supporting individuals to take responsibility for their offending behaviour. Flexible and person-centred approaches were enabling them to overcome obstacles and successfully complete their CPOs. **Statutory reviews** were being used to encourage them to reflect on their progress and provide feedback on the service they were receiving. Home visits were welcomed by individuals who felt that they provided additional opportunities to build relationships with staff. Although there was scope to further increase their usage, exit questionnaires were being used to capture individuals' views and staff clearly listened and responded to the feedback received. Data gathered from questionnaires was also being reviewed on a quarterly basis to identify areas for service improvement.

Wider feedback and input from individuals about specific projects and initiatives was being used to shape service delivery. Men attending unpaid work had been invited to work alongside third sector partners to develop a 'Confidence to Cook' course. Feedback from women about their experience of unpaid work had prompted the service to begin offering placements at the women's centre.

There was a clear aspiration among staff and managers to encourage individuals to actively participate in their orders and to further develop opportunities for meaningful engagement. Staff within the service were considering how they could build on

learning from efforts to establish a women's forum and how to maximise the involvement of individuals in the case management planning process.

## **Impact and experience of community payback orders**

This section focuses on the impact that justice services, including commissioned services, were having on the lives of those individuals who are, or have been, subject to a community payback order. It considers if individuals have benefitted from positive relationships with staff and what effect getting help and support has had on them.

The support provided by the justice service was having a transformative impact on the lives of individuals who were subject to CPOs. Almost all individuals were consistently and overwhelmingly positive about their relationships with staff from across all aspects of the justice service. Justice service staff were described as reliable, approachable, professional, genuine, and accepting. Relationships were characterised by the provision of compassionate, consistent, focused and flexible support that frequently exceeded individuals' expectations and, where required, extended beyond the life of the order. This consistent message was captured eloquently by one individual who noted "I kept expecting punishment, but I got help and I've come out a better person". Multiple individuals described their relationship with staff as the biggest catalyst for change in their lives.

Individuals on supervision were being consistently and effectively supported to address their offending behaviour. While some individuals had completed activities that were structured, in-depth and focused on their offence, others described less formal and supportive discussions about their offending behaviour. This indicated a tailored and person-centred approach. Almost all individuals reported that the non-judgemental approach of staff had enabled them to examine their behaviour, accept responsibility for their actions and begin to make positive changes. Structured group-work interventions, while challenging, were also experienced as satisfying and were supporting individuals to change their thinking and behaviour.

Individuals undertaking unpaid work gained a sense of worth, purpose and satisfaction from the activities, particularly when the work delivered obvious benefits to the community. In addition to offering opportunities to develop new skills, participation in unpaid work was providing helpful routine and reducing social isolation. Positive and constructive input from staff supported individuals to develop increasingly pro-social attitudes and perspectives. Individuals with additional needs appreciated the efforts unpaid work staff made to identify suitable placements that took account of their personal requirements. This had enabled them to successfully engage with their order and fulfil their commitment to the court.

The women's centre was experienced as a safe and accessible space providing access to social and emotional support for women and their children. Attendees



benefitted from opportunities to participate in a wide range of groups and activities and were supported to access wider welfare services. As a result of these inputs, women were experiencing improved physical and mental health and increased levels of confidence and safety.

## Leadership

### How well are leaders supporting improvement and change?

This part of our report examines the effectiveness of leaders in striving for excellence in the quality of justice services. We look at how well leaders provide governance and oversight and use performance management to drive forward service improvement, innovation and change. We also look at the extent to which leaders involve staff and partners and learn from others to develop services.

Leaders were ambitious and aspirational in their pursuit of transformational change. A vision to make Aberdeen ‘a place where all people can prosper’<sup>13</sup> was reflected in the local outcome improvement plan. This was informing and driving the priorities of the justice service, the community justice group and the health and social care partnership. The local outcome improvement plan was usefully informed by a population needs assessment and a specific justice needs assessment. This was helping to ensure that planning was evidence-based and delivery was targeted to the identified areas of need within the community. A bold commitment to early intervention and prevention was evident across the suite of strategic plans and this was reflected in a range of ambitious justice ‘stretch outcomes’.

Leaders within the health and social care partnership expressed a clear sense of ownership of justice social work. In the early days of the integration arrangements, the service was not as fully involved as it had expected to be. Concerted efforts had been made to redress this balance and there was an ongoing commitment to raising the profile and visibility of the service within the wider partnership. Leaders had directed the preparation of a justice service delivery plan that clearly demonstrated the alignment between justice priorities, local outcome improvement plan priorities and national outcomes. The creation of a lead for social work post within adult social work services had also brought a helpful focus to the justice service. Working alongside the chief social work officer, the post holder was a visible and vocal champion for the service in all key decision-making forums. This was strengthening strategic and operational links for justice services.

Both strategic and operational leaders were strongly committed to the ongoing improvement of the service. Efforts to embed performance management systems across the service were supporting data-led learning and improvement. A performance management board was established to replace ad hoc structures. This

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<sup>13</sup> Local Outcome Improvement Plan: 2016-26, Community Planning Aberdeen (2020) p3.

board's first priorities included development of the justice service delivery plan and an associated performance management framework. In addition, robust quality assurance was put in place. The board reviewed monthly reports from the two practice development groups, which provided oversight and scrutiny of performance, improvement and assurance. Clear governance structures were enabling annual and exception reporting from the performance management board to the clinical care and governance group. This coherent approach was supporting positive change and improved outcomes against national and local priorities.

At an operational level, managers had established a strong culture of continuous learning that was resulting in improved delivery of CPOs. The best practice and practice issues groups included staff representatives from across the range of justice teams and created useful space for review and reflection. These groups were delivering demonstrable improvements through a series of change projects relating to the use of LS/CMI, and the delivery of unpaid work and women's services. The service had invested heavily in training social work students through strong links with Robert Gordon University and the provision of an in-house practice teacher. This had aided recruitment and established a clear culture of learning within the service. This learning ethos was reinforced by a strong team of senior social workers who were actively driving development and improvement work across the service. Professional development was supported by access to training, supervision and practice-focused team meetings. Staff also had access to a coherent range of policies, procedures, and practice guidance to support compliance with statutory duties. Staff were actively encouraged and empowered to take on additional roles and responsibilities based on their areas of interest.

Health and social care integration arrangements and the clear commitment to ongoing improvement were contributing to effective relationships with key local and national justice stakeholders. Coherent governance aligned to strategic plans was underpinned by a strong improvement methodology. The decision to incorporate the **community justice outcome improvement plan** within the local outcome improvement plan had helped to raise the profile of justice services. This was contributing to a shared sense of purpose and ownership across partners by providing clarity about joint goals and measures. Partners were very positive about the quality of collaborative relationships, and the strong strategic approach from leaders was supporting effective links with justice services and increasing opportunities to work innovatively together.

Operational leaders were viewed by staff as visible and approachable. Staff and stakeholders felt that their views were sought and listened to as a result of the collegiate and participative leadership style demonstrated by managers. Encouragingly, staff had been involved in developing the justice service delivery plan.

Despite the efforts by leaders to increase the visibility of justice services, some staff questioned the extent to which the work of the justice service was seen and valued



by strategic leaders within the wider partnership. Leaders were alert to the need to finalise and implement the service delivery plan and associated performance management framework. Completing this work offers opportunities to re-engage with staff and partners to raise their awareness of the place and contribution of the justice service within the wider health and social care partnership.

## **Preparation for the extension of the presumption against short sentences**

The service had undertaken a profiling exercise in preparation for the extension of the presumption against short sentences (EPASS) on 4 July 2019. The purpose was to consider individuals' needs and review the service's capacity to meet any increased demand. This highlighted the need for increased staffing and more flexible and varied placements to accommodate increasing numbers of individuals with complex or additional needs. The service was recruiting task supervisors from across the local authority. In addition, they had started to reconfigure the service and invest in better equipment to enable them to broaden the range of available activities. This work to develop the service was ongoing as part of an unpaid work improvement plan.

The service had been collaborating with partners to increase the availability of alternatives to CPOs and this reflected a strong commitment to early intervention and prevention. This included the use of diversion, bail supervision, structured deferred sentences, and a problem-solving approach. Monthly data monitoring was in place to identify trends and track any potential impact on workload that might require resources to be redeployed. No significant increase in demand had been identified, other than a rise in court requests for assessments for restriction of liberty orders. While it remained too early to determine the impact of EPASS, the service was well placed to meet additional demands.

## **Areas for improvement**

- To enable robust oversight and increased ability to demonstrate outcomes and impact, senior officers should ensure that the justice service delivery plan and performance management framework are agreed and implemented, and associated reporting cycles established.
- To ensure key processes are effective, senior managers should further strengthen quality assurance to support consistent, confident and timely risk assessment and case planning processes, particularly those relating to risk of serious harm.

## Capacity for improvement

The service embraced the learning opportunities provided by our scrutiny and engaged fully with the inspection process, despite the very challenging circumstances of the pandemic. Notwithstanding the significant difficulties facing partnerships due to COVID-19, we were assured that the service was able to make improvements and was committed to pursuing excellence in service delivery.

Our confidence was grounded in the ambitious leadership and strong management capability that we observed across the service. A clear vision for transformational change was reflected in well-aligned strategic plans and supported by coherent governance structures. There was clear ownership of the service within the wider health and social care partnership. The development of the justice service delivery plan and performance management framework reflected leaders' ambitions to become a data-led service and offered opportunities to strengthen oversight. The creation of the lead for social work post had brought visibility to the service within strategic forums. Strong improvement methodology was driving a programme of performance management and service improvement. Supported by strong, values-driven leadership, a team of capable and committed senior social workers and staff were implementing a wide range of practice development activities that were contributing to ongoing improvements. This demonstrated that the culture of continuous learning permeated all aspects of the service.

The transformative impact of the consistent and individualised support that staff were providing to individuals on CPOs further demonstrated the strength of the service. In addition to addressing offending behaviour, relationship-based interventions reflected a clear commitment to meeting individuals' health and wellbeing needs. This evidence-based approach was supporting individuals to make positive changes in their lives and reflected the clear focus on improving outcomes. In combination, aspirational leadership, strong management, and an invested workforce leave the service well placed to pursue excellence and innovation in all aspects of their service delivery.

## Evaluations

### What key outcomes have we achieved?

1.1 Improving the life chances and outcomes for people subject to a community payback order

**Good**

#### Rationale for the evaluation

We found consistently positive or improving trends across key nationally-reported CPO performance indicators. Sustained quality assurance contributed to important improvements in some unpaid work measures. Operational staff and managers worked collaboratively within a coherent system of practice oversight groups, and were using performance data effectively to identify improvement priorities. There were challenges in completing unpaid work requirements within court-imposed timescales because of reduced staff capacity and increasing numbers of individuals with complex needs. Staff understood the impact of trauma, poverty and inequality and were strongly committed to supporting individuals to achieve positive outcomes. Feedback from questionnaires completed at the end of a CPO noted that respondents were treated with respect. Individuals indicated they had benefitted from opportunities to develop coping skills that had a positive impact on self-esteem and self-management. Similarly, our review of records and discussions with individuals on CPOs found positive changes in the lives of most individuals during their CPO. While the use of exit questionnaires was increasing, the service was not yet able to demonstrate consistent improvements in individual outcomes over time. Mechanisms to systematically capture and review qualitative data at key assessment, planning and review stages were limited. In recognition, a performance management framework had been developed and was awaiting agreement and implementation.

### How well do we meet the needs of our stakeholders?

2.1 Impact on people who have committed offences

**Excellent**

#### Rationale for the evaluation

The support provided by the justice service was having a transformative impact on the lives of individuals who were subject to CPOs. Almost all individuals were consistently benefitting from very positive relationships with staff across all aspects of the service. Staff treated individuals with genuine care and acceptance and were proactive and persistent in their efforts to provide help and support. Individuals told us that the level of help they received frequently exceeded their expectations and was a catalyst for positive change in their lives. Practice was underpinned by a very strong value base and clear commitment to a consistent, relationship-based approach. Interventions were highly person-centred and aimed to address the root causes of offending behaviour. Combined with a compassionate, flexible, and non-judgemental approach, they were supporting individuals to take increased responsibility and move away from offending behaviour. As a consequence, individuals experienced improved self-awareness, increased self-management skills and reduced levels of offending. The practical help, support and advice provided by

staff was contributing to improved physical and mental wellbeing and better life circumstances. Early recognition of need, and support to engage with appropriate services was resulting in more stable housing, decreased levels of drug and alcohol use, improved relationships, enhanced levels of safety, and improved confidence.

How good is our delivery of services?	
5.2 Assessing and responding to risk and need	<b>Good</b>
<p><b>Rationale for the evaluation</b></p> <p>Justice social work reports were high quality and helpfully informing sentencing options. Comprehensive assessments of risk and need were in place for almost every individual, and the majority of these were also high quality. A full range of specialist assessments were being undertaken to inform interventions, including age-appropriate assessments for use with young people. A strong commitment to involving the individual and collaborating with partner agencies was evident at every stage of the assessment process. Proportionate, risk-based information sharing was helpfully informing responses to identified risk and need within the service and across wider social work teams where appropriate. Although there was a service-level commitment to following national guidance, just over half of comprehensive assessments were completed within the expected 20-day timescale. There was a recognised need to strengthen compliance with assessment timescales and to further develop staff confidence in using the full range of functions within the LS/CMI assessment tool. This included assessing and analysing risk of serious harm.</p>	
5.3 Planning and providing effective intervention	<b>Very Good</b>
<p><b>Rationale for the evaluation</b></p> <p>There were major strengths in the planning and delivery of interventions across the service. Almost all individuals had a case management plan in place and these plans, along with the work being done to implement them, were consistently high quality. Staff demonstrated a very clear commitment to relationship-based practice. Proactive, tailored support was being offered to address a wide range of welfare needs, and staff made concerted efforts to encourage engagement and remove barriers to participation. In addition, there was a notable focus on supporting individuals to address their offending behaviour through the various group work programmes and robust one-to-one interventions. The unpaid work service was offering a broad range of flexible unpaid work opportunities that took account of the needs of individuals and supported skills development. The women's centre gave women access to responsive, bespoke support to address offending behaviour and their wider needs. Strong collaborative working between justice staff and a range of statutory and third sector partners was supporting development and implementation of case management plans. Staff were effectively managing non-compliance in line with statutory responsibilities and exercising discretion appropriately. Managers had good oversight of case management. Routine quality assurance measures were well established, reflecting a wider commitment to learning and improvement. The service recognised that adherence to National Outcomes and Standards in relation to key processes needed to improve. Case management plans were not being consistently completed within the 20-day timescales, and reviews and home visits</p>	

were not always taking place at the required frequency.

## How good is our leadership?

9.4 Leadership of improvement and change

**Very Good**

### Rationale for the evaluation

Leaders were ambitious and aspirational in their pursuit of transformational change. A coherent vision outlined in the local outcome improvement plan was shaping and driving the improvement priorities of the justice service. This was underpinned by a clear commitment to early intervention and prevention which permeated strategic plans and was reflected in a range of ambitious outcomes for the justice service. There was a clear sense of ownership of the justice service from chief officers, who were taking steps to raise the profile of the service within the health and social care partnership. A delivery plan had been developed to articulate priorities along with performance management structures to strengthen oversight of performance, improvement, and assurance activities. This reflected the strong commitment to continuous learning and improvement that permeated all levels of the service. Operational leaders had embedded a very strong culture of practice learning through a range of improvement initiatives. Staff at all levels were encouraged and empowered to take part in developing the service. This was contributing to better delivery of CPOs. Clarity about shared goals and measures was contributing to effective collaboration with partners. Some staff questioned whether the work of the service was seen and valued within the wider partnership. To address these concerns, leaders needed to finalise and implement the delivery plan and associated performance management frameworks to increase visibility and effectively demonstrate impact.

## The six-point evaluation scale

**The six-point scale is used when evaluating the quality of performance across quality indicators**

Excellent	Outstanding or sector leading
Very Good	Major strengths
Good	Important strengths, with some areas for improvement
Adequate	Strengths just outweigh weaknesses
Weak	Important weaknesses – priority action required
Unsatisfactory	Major weaknesses – urgent remedial action required

An evaluation of **excellent** describes performance which is sector leading and supports experiences and outcomes for people which are of outstandingly high quality. There is a demonstrable track record of innovative, effective practice and/or very high quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.

An evaluation of **very good** will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. While opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

An evaluation of **good** applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

An evaluation of **adequate** applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance, which is evaluated as adequate, may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect peoples' experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

An evaluation of **unsatisfactory** will apply when there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks which cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected, and their wellbeing improves without delay.

## The quality indicator model

The inspection team used this model to reach evaluations on the quality and effectiveness of services.

What key outcomes have we achieved?	How well do we jointly meet the needs of our stakeholders?	How good is our delivery of services for those involved in community justice?	How good is our operational management?	How good is our leadership?
<b>1. Key performance outcomes</b>	<b>2. Impact on people who have committed offences, their families and victims</b>	<b>5. Delivery of key processes</b>	<b>6. Policy, service development and planning</b>	<b>9. Leadership and direction</b>
1.1 Improving the life chances and outcomes of those with lived experience of community justice	2.1 Impact on people who have committed offences 2.2 Impact on victims 2.3 Impact on families	5.1 Providing help and support when it is needed 5.2 Assessing and responding to risk and need 5.3 Planning and providing effective intervention 5.4 Involving people who have committed offences and their families	6.1 Policies, procedures and legal measures 6.2 Planning and delivering services in a collaborative way 6.3 Participation of those who have committed offences, their families, victims and other stakeholders 6.4 Performance management and quality assurance	9.1 Vision, values and aims 9.2 Leadership of strategy and direction 9.3 Leadership of people 9.4 Leadership of improvement and change
	<b>3. Impact on staff</b>		<b>7. Management and support of staff</b>	
	3.1 Impact on staff		7.1 Staff training and development, and joint working	
	<b>4. Impact on the communities</b>		<b>8. Partnership working</b>	
	4.1 Impact on the community		8.1 Effective use and management of resources 8.2 Commissioning arrangements 8.3 Securing improvement through self-evaluation	
<b>10. What is our capacity for improvement?</b>				
Overall judgement based on an evaluation of the framework of quality indicators				



## Terms we use in this report

**Aberdeen Foyer** is an employability support service primarily for those on CPOs who have unpaid work and other activity requirements.

**Caledonian System** is an integrated approach to addressing domestic abuse that combines a court-ordered programme for men, aimed at changing their behaviour, with support services for women and children who have been victims of abuse.

**Case management plan** should be developed in collaboration with the individual and should seek to address the identified risks and needs and promote the strengths identified by the assessment process.

**Clinical care and governance group** is a subgroup of the clinical care and governance committee which reports to the integration joint board. The group scrutinises reports to provide assurance to the committee on the delivery and quality of safe, effective, person-centred care.

**Community justice outcome improvement plan** - the Community Justice (Scotland) Act 2016 places a duty on community justice statutory partners to produce this plan, which outlines local needs and priorities and the actions to address these.

**Connections women's centre** provides a range of support to women subject to CPOs in Aberdeen including the Connections programme to address offending related issues. The centre provides unpaid work opportunities, enables access to other agencies and hosts a drop-in service for domestic abuse victims.

**Diversion** can be imposed following a decision by the Crown Office Procurator Fiscal Service to divert a case for social work intervention with the aim of preventing further offending in cases involving young people, individuals being charged for the time, minor offences or where there is no overriding public interest for a prosecution.

**Local outcome improvement plan** outlines how the community planning partnership plans to deliver improved outcomes for its communities.

**Level of service/ case management inventory (LS/CMI)** is a risk/need assessment and management planning method for general offending. In Scotland, the LS/CMI approach has been developed to combine an actuarial approach with an evaluation of the pattern, nature, seriousness and likelihood of offending.

**MAPPA** is the acronym for multi-agency public protection arrangements put in place to manage the risk posed by registered sex offenders and other individuals who pose a high risk of harm to people and communities.

**MARAC** stands for multi-agency risk assessment conference arrangements, which are professional processes designed to identify and protect individuals from domestic abuse.

**Moving Forward: Making Changes (MF:MC)** is a behavioural programme providing interventions for men who commit sexual offences or offences with a sexual element.

**Other activity requirements** can be undertaken as part of an unpaid work requirement and provide an opportunity for individuals to undertake other rehabilitative activities that promote desistance from offending, for example alcohol or drug education, employability training, problem solving, interpersonal skills training and so on. Other activity must not exceed 30% of hours, to a maximum of 30 hours.

**Pre-disposal team** enables early engagement with people appearing in court, provides services to Aberdeen sheriff court and passes relevant information to justice and children's social work services.

**Problem-solving approach** is a collaborative approach combining the authority of the court with a range of community-based supports and interventions to reduce the use of short custodial sentences and reduce offending by taking a rehabilitative and supportive approach that is tailored to meet the needs of the individual.

**Respect** is an accredited programme for working one-to-one with perpetrators of domestic abuse.

**Statutory reviews** – National Outcomes and Standards indicate that case management plans should be reviewed and, where necessary, revised at regular intervals during the course of a CPO.

**Structured deferred sentences** allow individuals an opportunity to prove to the court that they can be of good behaviour and avoid further offending.

**Supervision** is one of nine provisions available to the court that can be imposed as part of a CPO. With the exception of unpaid work for individuals aged 18 and over, none of the CPO requirements can be imposed without the addition of a supervision requirement. Supervision requires the individual to attend appointments with a justice social worker for a specified period. The aim of supervision is to encourage compliance and reduce reoffending by engaging the individual in a process of change.

**Trauma-informed practice** is grounded in understanding and responding to the impact of trauma. It emphasises physical, psychological and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment.

**Unpaid work** is intended as an alternative to imprisonment, this takes place in local communities and is for the benefit of the community. Unpaid work can be imposed as a standalone requirement by means of a Level 1 or Level 2 order or can be imposed in conjunction with a range of other requirements, including supervision.

**Venture Trust (Scotland)** is a national charity providing intensive personal development programmes and outdoor activities to help reduce offending and support desistance.

**Whole System Approach for Young People Who Offend** is the Scottish Government's programme for addressing the needs of young people involved in offending. It aims to divert young people from statutory measures, prosecution and

custody through early intervention and robust community initiatives. It is aligned to the principles of the Getting it Right for Every Child approach.

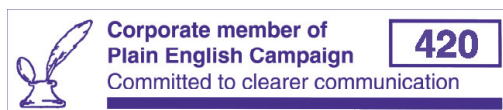
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## Justice Social Work Action Plan

Aberdeen City Council was advised in November 2019 that an inspection of its justice social work (JSW) service with a particular focus on Community Payback Orders (CPOs) was to be undertaken by the Care Inspectorate.

The inspection was to be conducted in line with the [Inspection of Justice Social Work services in Scotland](#) guidance and evaluate the service against quality indicators drawn from the [Guide to Self-Evaluation for Community Justice in Scotland](#).

On Tuesday 23<sup>rd</sup> February 2021, the Care Inspectorate published its report of the inspection of the Justice Social Work service; the evaluation against selected quality indicators was:

1.1	Improving the life chances and outcomes for people subject to a community payback order:	<b>Good</b>
2.1	Impact on people who have committed offences:	<b>Excellent</b>
5.2	Assessing and responding to risk and need:	<b>Good</b>
5.3	Planning and providing effective intervention:	<b>Very Good</b>
9.4	Leadership of improvement and change:	<b>Very Good</b>

Given its findings, the Care Inspectorate have identified the following areas of improvement for the service to progress and complete:

- To enable robust oversight and increased ability to demonstrate outcomes and impact, senior officers should ensure that the justice service delivery plan and performance management framework are agreed and implemented and associated reporting cycles established.
- To ensure the effective delivery of key processes, senior managers should further strengthen quality assurance mechanisms to support the consistent, confident and timely application of risk assessment and case planning processes, particularly those relating to risk of serious harm.

The action plan below shows how the service will meet these improvement requirements.

Objectives	Required Improvements	Key Improvement Measures	Lead Responsibility	Timescales
<ul style="list-style-type: none"> <li>To contribute to the creation of safer and fairer communities</li> <li>To fairly, effectively and proportionately implement court orders and release licences</li> <li>To reduce offending by promoting desistance</li> <li>To promote the social inclusion of people with convictions</li> </ul>	1) Justice service delivery plan is to be agreed and implemented.	1) Consultation on draft delivery plan to be undertaken during period 01/04/2021–30/04/2021.	Service Manager/Planning and Development Manager	April 2021.
		2) Revised delivery plan to be submitted to IJB for discussion and approval.	Service Manager/ Planning and Development Manager	25 <sup>th</sup> May 2021.
		3) Approved delivery plan to be presented to Community Justice group.	Service Manager/Planning and Development Manager	tbc
		4) Implementation of delivery plan to be overseen by Performance Management Board (PMB) with annual updates to Risk, Audit and Performance (RAP) Committee.	Service Manager/Planning and Development Manager	i) As of PMB meeting 23/06/2021 and monthly thereafter. ii) April/May 2022/23/24 RAP meetings
	2) Performance framework is to be agreed and implemented.	1) Draft JSW performance framework to be submitted to PMB, Senior Leadership Team, Executive Programme Board (EPB) and Risk, Audit and Performance Committee for approval	Service Manager/Planning and Development Manager	i) PMB meeting 29/03/2021 ii) SLT meeting April 2021 iii) EPB meeting April 2021 iv) RAP meeting 22/06/2021
		2) Framework KPI reporting to be standing item on PMB agendas.	Service Manager/Planning and Development Manager	As of 21/04/2021 and every monthly meeting thereafter.

Objectives	Required Improvements	Key Improvement Measures	Lead Responsibility	Timescales
		3) Annual performance framework report to be provided to the Risk, Audit and Performance (RAP) Committee.	Service Manager/Planning and Development Manager	August/September RAP meeting of each year for preceding financial year.
	3) Associated reporting cycles to be established	1) JSW specific governance framework to be put in place.	Service Manager/Planning and Development Manager	April 2021.
	4) Strengthen quality assurance to support consistent, confident and timely risk assessment and case planning processes	1) Existing QA framework to be revised to include specific reference to risk assessment and case planning processes and also Significant Incident Reviews (SIRs).	Service Manager/Planning and Development Manager	April – June 2021
		2) Governance reporting cycles to include QA feedback to PMB and Clinical and Care Governance Group	Service Manager/Planning and Development Manager	April 2021

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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	23 March 2021
<b>Report Title</b>	Medium Term Financial Framework (MTFF)
<b>Report Number</b>	HSCP21.025
<b>Lead Officer</b>	Alex Stephen, Chief Finance Officer
<b>Report Author Details</b>	Alex Stephen, Chief Finance Officer
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	Yes
<b>Appendices</b>	Appendix 1 - Financial Strategy Appendix 2a - Direction to Aberdeen City Council Appendix 2b - Direction to NHS Grampian Appendix 3 - Transformation Programme Update 2020/21 Appendix 4 - Leadership Team Objectives 2021/22

### 1. Purpose of the Report

- 1.1. To update the Integration Joint Board (IJB) on the final levels of funding delegated by Aberdeen City Council and NHS Grampian for health and social care activities in 2021/22 and to seek final approval of the medium-term financial framework.

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:
- a) Notes the anticipated financial out-turn for 2020/21 and the impact on the Reserves position of the IJB;



## INTEGRATION JOINT BOARD

- b) Notes the financial allocations proposed to be allocated by the partner organisations;
- c) Approves the 2021/22 budget and the Aberdeen City IJB Medium Term Financial Framework included as appendix 1 of this report;
- d) Notes the intention to earmark £2.5 million in a risk fund at the end of the financial year;
- e) Approve the Bon Accord Contract level for 2021/22 of £30,304,000 and budget assumptions noted in sections 3.17 and 3.18;
- f) Instruct the Chief Finance Officer to uplift the direct payments for clients with a staffing element included in their payment by 2.2% from the 1 May 2021 to cover the increase in the Scottish Living Wage;
- g) Instruct the Chief Finance Officer to negotiate uplifts for those Social Care providers not covered by the National Care Home Contract;
- h) Instruct the Chief Finance officer to apply a higher uplift should a higher national inflationary rate be agreed for direct payments and contracts not covered by the National Care Home Contract, on the proviso that additional funding is provided to cover any shortfall.
- i) Make the budget directions contained in appendix 2 of this report and instruct the Chief Finance Officer to issue these directions to the constituent authorities.

### 3. Summary of Key Information

#### Current Context

- 3.1 On the 10 March 2020, the IJB agreed its budget for 2020/21. In March 2020, no provision was made for the impact of the pandemic on the IJB Budget, as at that stage the impact on the finances and operation of the IJB



## INTEGRATION JOINT BOARD

were unknown. Since then the Partnership has been working with its partners, Aberdeen City Council, NHS Grampian and the third and independent sectors to support the health and social care system within Aberdeen. In the response to the pandemic the Partnership moved at pace to deliver the IJB's Strategic Plan, as many of the ambitions of this plan were beneficial in a context where social distancing made face to face contact difficult due to potential infection spread.

- 3.2 From a financial perspective the additional costs of COVID on the IJB\Partnership budget have been funded by additional funding from the Scottish Government. These amounts have been received throughout the financial year as the Local Mobilisation Plan was updated. At the end of December 2020, the IJB was forecasting an overspend of £3.4 million, however, this was largely in relation to funding which was still to be received from the Scottish Government. In January 2021 confirmation of additional funding was received from the Scottish Government to fully fund the requirements indicated on the Local Mobilisation Plan.
- 3.3 It is now forecast that Aberdeen City IJB will have an underspend and financial reserve at the end of the financial year. The reason for this being additional funding received which had not been factored into the financial monitoring position on 31 December 2020. A significant amount of this funding requires to be earmarked for the Primary Care Improvement Fund, Action 15 and Alcohol and Drugs Partnership Funds which are underspent but are needed in future financial years.
- 3.4 The IJB previously held a risk fund of £2.5 million and on the 10 March 2020, it was agreed that this level would be lowered, as an overspend was being forecast on the budget at that point. An improved financial position at the end of the financial year 2019/20 was reported and the risk fund was therefore reduced to £1.3 million. It is not anticipated that this risk fund will require to be used in the financial year 2020/21.
- 3.5 In terms of our medium term financial framework and delivering financial balance our focus was to be on redesign to make services more sustainable with a key enabler being the re-commissioning of the care at home contract and the strategic redesign and commissioning of the large hospital services for which the IJB has strategic planning responsibility. Of



## INTEGRATION JOINT BOARD

the savings agreed by the IJB on 10 March 2020, it is forecast that in the current year only those savings on commissioning and prescribing will not be achieved. The remainder of the savings have been delivered although perhaps not in the way originally intended and the Leadership Team will work to deliver these savings on a recurring basis. Any unachieved savings were funded through the Local Mobilisation Plan in 2020/21, as delivery of some of these savings would have had a significant impact on the response to the pandemic.

- 3.6 During the year additional costs have been incurred, largely in relation to providing supplier sustainability payments to social care providers, purchasing additional surge capacity, additional staffing and Personal Protection Equipment (PPE). These costs were all funded through the Local Mobilisation Plan. There were also indirect costs of COVID, such as additional care at home costs to keep people in their own homes and lost income through client contributions. The social care budget has gone through a significant period of change and it is important to establish whether these changes will be sustained longer term, as this exposes the IJB to the risk of new recurring costs, without there being a funding source.
- 3.7 To date the IJB has undertaken all of its activities, whether that be operational service delivery or transformation of services without having to approach either NHSG or Aberdeen City Council for additional funding, unlike many of the other Integration Joint Boards within Scotland. The changes put in place by the IJB through its previous transformation activities, along with good the cross-system relationships in Aberdeen, greatly helped in the response to the pandemic. Many of the projects in The Programme for Transformation updated in the last MTFF were delivered at pace during the first response period and further system transformation was taken forward to help prepare for the second wave of COVID. Appendix 3 provides an update on the transformation programme and a number of these projects are now categorised as business as usual.



## INTEGRATION JOINT BOARD

### Funding Context

3.8 In terms of the respective grant settlements:

- NHS Grampian received an increase in their financial allocations of 1.5%, which will be allocated to the IJBs in line with the methodology used in the current financial year. In 2021/22, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 1.5% over 2020/21 agreed recurring budgets. Additional funding of £869 million will be provided to support the ongoing response to the pandemic, and the approach to allocating this funding will be through the remobilisation plan.
- For each Council, the settlement and distribution mechanism results in a variation from the Scotland picture. For Aberdeen City Council (ACC) the impact was a cash increase in funding of £4.7m, however a like for like increase in core revenue funding of £1m, or 0.3%. ACC are required to generate £30.4 million savings in 2021-22 to balance their budget.
- Included within the local government financial settlement the Health Portfolio will invest a further £72.6 million in Local Authorities for investment in adult social care and integration. This takes the total funding transferred from the health portfolio to £883 million in 2021-22. The additional £72.6 million will support delivery of the Living Wage (£34 million), continued implementation of the Carers Act (£28.5 million) and uprating of free personal care (£10.1 million). The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2020-21 recurring budgets for adult social care services that are delegated.

3.9 These positions were agreed by the Council on 10 March 2021 and NHSG Budget Steering Group on 22 March 2021.



## INTEGRATION JOINT BOARD

	<b>ACC £'000</b>	<b>NHSG £'000</b>
Base Budget (including HRA) 2021/22	94,329	235,221
Increase in allocation (IJB share of additional NHSG grant income to cover pay awards etc)	0	2,100
Additional Funding (Aberdeen IJB share of £96 million)	2,700	0
<b>Provisional Funding 2021/22</b>	<b>97,029</b>	<b>237,321</b>

### Medium Term Financial Framework

3.10 In order to support the delivery of the IJB's Strategic Plan, a Medium-Term Financial Framework (MTFF) has been developed and is attached as appendix 1 of this report. A summary is shown below:

<b>Summary</b>	<b>2021/22 £'000</b>	<b>2022/23 £'000</b>	<b>2023/24 £'000</b>	<b>2024/25 £'000</b>	<b>2025/26 £'000</b>
Budget Pressures	10,281	9,136	9,366	9,601	9,845
Funding Estimates	(4,815)	(4,400)	(4,400)	(4,400)	(4,400)
	<b>5,466</b>	<b>4,736</b>	<b>4,966</b>	<b>5,201</b>	<b>5,445</b>
<b>Programme for Transformation:</b>					
Managing Demand	(2,466)	(850)	(350)	0	0
Conditions for Change	(500)	(250)	0	0	0
Accessible and responsive infrastructure	(2,500)	(2,136)	(3,116)	(3,701)	(3,945)
Data and Digital\Prevention	0	(1,500)	(1,500)	(1,500)	(1,500)
<b>Shortfall</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>





## INTEGRATION JOINT BOARD

- 3.11 This strategy is based on the funding assumptions which have arisen as a result of the current Scottish Budget process. The MTFF identifies the budget pressures which the IJB will face over the next seven financial years (although only five years are shown above) amounting to over £60 million and provides potential solutions which will be worked on during this timeframe to generate budget savings to close the forecast funding gaps in each year. The document is updated annually to reflect any changes to the baseline assumptions.
- 3.12 The issues of rising demand, increasing level of complexity of clients' need and rising prescription costs are well documented. The MTFF shows a direction of travel to reducing the financial pressures it is likely to face and balance the budget over the medium term. However, should the levels of funding identified not be made available to the IJB in future years from either or both partners, then more radical and robust choices will need to be made. Without the additional funding being made available significant reform is required to ensure health and social care is financially sustainable and able to meet its statutory duties.
- 3.13 The IJB considered a report on 24 March 2020 on the hosting of the Grampian-wide inpatient and specialist MHL D Services. These services are delegated, and operational responsibility transferred to Chief Officer on 1 April 2020. The report indicated that NHSG would underwrite any financial loss on inpatient and specialist MHL D Services for up to two financial years (from 1st of April 2020 to 31st of March 2022). The current forecast for these services is an overspend of £950,000. Work continues on the transformation of these services and identifying options to seek financial balance. A report will be brought back to IJB in December 2021.

### Programme of Transformation

- 3.14 It is essential not only that financial pressures which arise during the financial year are managed, but also that the financial savings required are delivered. During this budget process the Leadership Team have worked collaboratively to develop 'Leadership Team Objectives' which are aligned



## INTEGRATION JOINT BOARD

to our Programme of Transformation. Not only will these reduce the level of resource required, but they will also contribute towards the delivery of the IJB Strategic Plan. The financial aspects of the Programme for Transformation are described more fully in the MTF and appendix 4. The Risk, Audit and Performance Committee will receive monitoring information quarterly on progress towards achieving the savings required to deliver a balanced budget in 2021/22.

### Reserves

- 3.15 In last year's budget report mention was made of replenishing the risk fund back to £2.5 million in 2021/22 if possible. It is recommended that should the financial position allow at the end of the financial year that this reserve should be increased back to the £2.5 million. This will provide the IJB with funding to cover any adverse financial movements that occur and protect partners from having to provide additional funds.

### Implications and Funding Assumptions for Care Providers:

- 3.16 During the financial year 2021/22 significant levels of funding have been passported through to social care providers to support them with the additional costs of the pandemic. These arrangements are likely to continue whilst the Social Care sector continues to deal with the COVID Pandemic.

### Bon Accord Care

- 3.17 Bon Accord Care is an Arm's Length External Organisation (ALEO) of the Council. As the majority of the funding for Bon Accord Care comes from the IJB a breakdown of the final 2021/22 contract value is shown below

	<b>£'000</b>
2020/21 Contract Level	30,304
Pay Inflation	790
General Inflation	49





## INTEGRATION JOINT BOARD

Employers Pension Contributions	90
Savings required	(929)
<b>Total – 2021/22 Contract Level</b>	<b>30,304</b>

3.18 The contract level has been maintained at the 2020/21 level as the new contract indicates that the contract value will be flat cashed over the life of the contract. The Senior Officers in Bon Accord Care have indicated the savings will largely be delivered from reviewing their services which they have been working on for some time, general operational efficiencies and additional external income.

### Social Care Providers

- 3.19 Those providers covered by the National Care Home Contract (NCHC) will receive the level of uplift required per the nationally agreed contract renegotiation process. The current position is that this should see an increase in costs of 3.5%, however, this is still under negotiation.
- 3.20 For those providers not covered by the NCHC the IJB is required to agree its position. In previous years, the IJB has agreed to award an inflationary increase to these providers at the same level as the NCHC increase. The rationale for this was twofold, firstly these providers required additional funds to fund the Scottish Living Wage, secondly a number of these providers were struggling financially due to uplifts not being provided in previous financial years and the high costs of living in Aberdeen.
- 3.21 A number of these contracts have recently been retendered and this has updated the contracts rates. The cost profile for the majority of these suppliers is different from that assumed for care homes covered by the NCHC. The main cost driver is the Scottish Living Wage which is due to increase by 2.2% from 1 May 2021, however, it is important to note that not all the costs incurred by the providers are driven by this cost driver. Also, the providers are likely to face additional pension costs, with the employers' pension obligations. In terms of setting the budget a provision has been added for an average 2.2% annual increase.



## INTEGRATION JOINT BOARD

- 3.22 It is proposed for this financial year that instead of providing a flat uplift across the board, negotiations take place with each supplier led by the Commissioning, Procurement and Contracts Team of Aberdeen City Council. The basis of these negotiations will be to provide enough funding to ensure that the providers can pay the Scottish Living Wage from 1 May 2021. This may involve the providers having to make efficiencies themselves. The IJB continues to be committed to providing the Scottish Living Wage.
- 3.23 Finally, it is recommended that those clients who receive direct payments and employ their own support staff should receive an increase of 2.2% to provide funding to allow the Scottish Living Wage to be paid from 1 May 2021.
- 3.24 In the financial year 2020/21 the Scottish Government recommended a national inflationary rate be applied to all adult social care contracts not covered under the NCHC due to the impact of COVID on the social care sector. This also applied to direct payments. The additional cost of this uplift was funded by the Scottish Government. It is recommended that authority be provided to the Chief Finance Officer to apply a higher percentage than the 2.2% should a similar situation happen this financial year, on the proviso that additional funding is provided to cover any additional cost.

### 4 Implications for IJB

- 4.1 **Equalities** – The IJB must have due regard to protected characteristics under the Equality Act 2010. The budget proposals presented in this report have been subject to an Equality Impact Assessment where appropriate. The assessments identify any protected characteristics which are likely to be impacted and any associated mitigating actions. The Council have undertaken an assessment in regard to the funds coming across to the IJB.
- 4.2 **Fairer Scotland Duty** – there are no direct implications for the Fairer Scotland Duty. The Fairer Scotland Duty will be engaged as this report relates to the allocation of resources. The onward impact to the client will



## INTEGRATION JOINT BOARD

be mitigated through fair and equality-based commissioning, based on need.

- 4.3 Financial** – The financial implications are detailed throughout the report and appendix 1. Aberdeen City Council has a bond registered on the London Stock Exchange which requires the Council to have a credit rating that is reviewed annually. Management of budgets is a component of this assessment. Overspends and lack of recovery plans may have an impact on the credit rating.
- 4.4 Workforce** - Employees will receive the national agreed pay awards and any increments due. No redundancies have been anticipated or are expected in delivery of the savings. The impact on the workforce is something which will be continuing to be considered by the IJB as it develops and updates its strategic planning and commissioning plans after consultation with its Partners.
- Budget discussions and proposals have been led by the Leadership Team, including lead clinicians and professionals. A verbal overview of the Leadership Team objectives, which are linked to the transformation programme, was provided to the Joint Staff Forum. In addition, both our partner organisations – NHS Grampian and Aberdeen City Council have developed communication and engagement strategies for staff.
- 4.5 Legal** – The Chief Finance Officer for the Aberdeen City Health & Social Care Partnership is required to set out a balanced financial plan for services delegated to the Integration Joint Board in accordance with the integration scheme. Directions relating to this report are being issued in line with the legislation.
- 4.6 Clinical Safety and Effectiveness** - The savings options identified are not anticipated to have an impact on clinical or care governance. Should any clinical or care issues arise the Leadership Team will attempt to put mitigations in place to reduce these issues. Our IJB Clinical Director and Leads will be involved in the redesign proposals. The objectives which the Leadership Team are working on will be reported to the next meeting of the Clinical & Care Governance Committee and regularly thereafter.



## INTEGRATION JOINT BOARD

### 5 Links to ACHSCP Strategic Plan

5.1 This report and the Medium-Term Financial Framework have been drafted in order to support the IJB to deliver on its strategic plan.



### 6 Management of Risk

#### 6.1 Identified risk(s) and link to risk number on strategic register:

A risk of IJB financial failure with demand outstripping available budgets (risk #2).

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

This report seeks to set a provisional budget for the IJB, which will provide the budget managers with time to start work on delivering savings and services within their allocated budgets.

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



## **ABERDEEN CITY IJB**

# **MEDIUM TERM FINANCIAL FRAMEWORK**

**2021/22 – 2027/28**



## Contents

.....	
Executive Summary .....	4
Key areas identified to close the financial gap .....	5
1. Introduction .....	6
2. Key Principles .....	7
3. Context (National and Local) .....	8
Legislation Context .....	8
Scottish Government Context .....	8
National Demand Context (before COVID) .....	10
Local Context .....	11
4. Planning Assumptions .....	12
Reserve Position .....	12
5. Projected expenditure and new resources .....	14
Budget Assumptions .....	15
Pay Award – .....	15
Transitioning Children (Learning Disabilities) .....	15
Prescribing – .....	16
Demographics – .....	16
National Care Home Contract – .....	16
Scottish Living Wage on non-NCHC contracts .....	16
Carers Act – .....	17
Funding Adjustments – .....	17
6. Options to close the financial gap .....	18
Programme of Transformation .....	18
Managing Demand: .....	19
Conditions for Change: .....	19
Locums and Agency Staff .....	20
Data and Digital/Prevention: .....	20
Prescribing .....	21



7. Risk Assessment .....	22
Appendix 1: Services Provided by ACHSCP .....	24
Community Health Services (£35 million 2020/21) .....	24
Community Nursing Services .....	24
Allied Health Professionals .....	24
Public Health and Wellbeing .....	25
The Public Dental Services (PDS) .....	25
Hosted Services (£24.3 million 2020/21) .....	25
Learning Disabilities Services (£36 million 2020/21) .....	26
Mental Health & Addictions (£22 million 2020/21) .....	26
Older People and Physical & Sensory Disabilities (£80 million 2020/21) .....	27
Criminal Justice (£92,000 net – funded by ring-fenced grant) .....	27
Primary Care Prescribing (£39.2 million 2020/21) .....	27
Primary Care (£42.7 million 2020/21) .....	28
Set-Aside Notional Budget (£46.4 million 2020/21) .....	28





## Executive Summary

The seven-year financial framework sets out the forecast income and expenditure for the Integration Joint Board (IJB). Whilst the funding levels contained in this budget have only been set for one year (2021/22) we have based future projections on historic trends and planning assumptions on advice from our key partners.

An overview of seven-year financial framework is set out below:

Summary	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Budget Pressures	10,281	9,136	9,366	9,601	9,845	10,095	10,353
Funding Estimates	(4,815)	(4,400)	(4,400)	(4,400)	(4,400)	(4,400)	(4,400)
	<b>5,466</b>	<b>4,736</b>	<b>4,966</b>	<b>5,201</b>	<b>5,445</b>	<b>5,695</b>	<b>5,953</b>
<b>Programme for Transformation:</b>							
Managing Demand	(2,466)	(850)	(350)	0	0	0	0
Conditions for Change	(500)	(250)	0	0	0	0	0
Accessible and responsive infrastructure	(2,500)	(2,136)	(3,116)	(3,701)	(3,945)	(4,195)	(4,453)
Data and Digital\Prevention	0	(1,500)	(1,500)	(1,500)	(1,500)	(1,500)	(1,500)
<b>Shortfall</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Based on the projected income and expenditure figures the IJB will require to achieve savings between £4.7m and £6m over the next seven financial years. The aim of this strategic financial plan is to set out how the IJB would take action to address this financial challenge across the key areas noted overleaf:





## Themes identified in our Programme of Transformation to close the financial gap



### Managing Demand

This programme focuses on reducing unscheduled care and demand in a range of settings and services. It also aims to improve the delivery of services which add value for our communities. This portfolio will include work to allow people with complex needs to be cared for without the need to look out of area. It will also include influencing work to ensure that the future built environment is fit for purpose and fits with the changing needs of our population.



### Conditions for Change

Our workforce is our most important asset. It is important that our staff are supported to undertake their roles as well as possible. The roll-out of digital systems to support collaboration and increased flexibility will also be a key priority within this workstream, along with supporting operational staff to work



### Accessible and responsive infrastructure

Working with our partners to plan the future places and spaces that will be necessary to effectively deliver care pathways, will be key to the delivery of the IJB strategic plan.



### Data and Digital/Prevention

Digital and technology has the ability to increase efficiency and improve outcomes for people in our communities in a sustainable manner.

Prevention focuses on promoting healthy independent living and working with communities to build resilience and the ability to self-manage. The workstream will include the development and delivery of our locality plans.



## 1. Introduction

The Aberdeen City Health and Social Care Partnership (ACHSCP) has now been operating for almost five years. During this time significant progress has been made in terms of integrating the services delegated from its partners Aberdeen City Council (ACC) and NHS Grampian (NHSG).

The Aberdeen City Integration Joint Board (IJB) is the governing body of the ACHSCP and agrees an annual budget following the delegation of funding from its partners each financial year.

This Medium-Term Financial Framework (MTFF) aims to pull together in one place all the known factors affecting the financial position and sustainability of the organisation over the medium term. For the purposes of this financial strategy the medium term is defined as seven years, given the current uncertainty in public sector funding levels due to the financial impact of the COVID response.

There are three new risks which may impact on the IJB's budget over the next few financial years. The first is whether some of the changes in cost profile and services as a result of COVID are recurring and will receive additional funding, the second being what impact The Independent Review of Adult Social Care will have on the IJBs and their finances and the third is the impact of the health debt caused by COVID on our services. More certainty on these risks will start to materialise early in the new financial year.

This MTFF will establish the estimated level of resources required by the ACHSCP to operate its services over the next seven financial years and also estimate the level of demand pressures likely to be experienced by these services. It takes cognisance of the IJB's Strategic Plan and the Aberdeen City Health & Social Care Integration Scheme as well as any other strategies agreed by the IJB since it became operational. It will also take cognisance of the strategies, plans and policies of its partners where relevant to the operation of the delegated services.

The MTFF will assist in delivering the Strategic Plan, further improve strategic financial planning and maximise the use of resources across the medium term.



## 2. Key Principles

The IJB has established some key principles which it has been working to in relation to its financial planning:

- 1) The use of its resources must be aligned and help in the delivery of the priorities contained in the strategic plan.
- 2) Spending should be contained within the original budgets set during the budget-setting process; where this is not possible recovery plans will be required to cover any overspends to protect the partners' budget positions.
- 3) The transformation programme and activities approved by the IJB will seek to either manage increasing demand or generate financial savings.
- 4) Given the type of services provided and the reliance placed on these by service users the IJB may agree to fund 'double running costs' whilst the proof of concept and benefits are established of the transformation projects, providing this can be accommodated within current budgets.
- 5) There is a clear preference towards the delivery of recurring savings and that budgets should be balanced on a recurring basis, the use of one-off savings only being used where part of the overall MTF.
- 6) A strong preference for working in partnership with ACC, NHSG, the third sector and the other two Grampian IJBs to deliver the best and most efficient services possible within the financial allocations delegated.
- 7) A strong desire to engage and co-produce with communities to transform how care and support is delivered, ensuring lived experience is central in decision making

Information on the services provided by ACHSCP is shown in further detail in Appendix 1.



### 3. Context (National and Local)

#### Legislation Context

The Board's role and function is set out in the underpinning legislation – the *Public Bodies (Joint Working) (Scotland) Act 2014*. The purpose of the integration policy can be summarised as being necessary in order to reshape our whole health and care system in Scotland to enable us collectively to sustain good quality services at a time of unprecedented change and challenge – budgets are reducing, our population is ageing and we are contending with a reducing working age population and a reducing workforce supply – more than in any other time in recent memory. The system must change and adapt to the new pressures it faces and health and social care integration is seen as a key mechanism toward that.

IJBs were set up in order to change the patterns of behaviour, planning and delivery across health and social care and, in large part, to achieve change through an approach which challenges the status quo; deliberately setting strategy, planning and then, utilising delegated budgets, directing and commissioning the NHS and local authority partner organisations to deliver more joined-up, community-based models and in doing so, utilising resources 'locked' in traditional silos.

#### Scottish Government Context

The current Scottish Government has been clear that the integration of health and social care is one of its priorities. It has stated its intention to shift the balance of care from large hospitals into community settings and committed that more than half of frontline spending will be incurred in community health services by the end of this parliament.

The Scottish Government has also indicated that one of its priorities is the adoption of the Scottish Living Wage across the care sector. In this regard, additional funding has been allocated to the IJBs in each of the last five financial years to fund this policy commitment.

The General Practitioners (GP) Contract is negotiated between the British Medical Association (BMA) and the Scottish Government and was agreed for implementation from 1 April 2018.



In May 2021 the Scottish Government elections will take place and as result of these elections the priorities and spending commitments of the Scottish Government may change.





## National Demand Context (before COVID)

The demand for services is increasing as is evidenced by the following statistics:

- 1 in 4 adults has a long-term illness or disability;
- around 2 million people in Scotland have at least one long-term condition;
- people in Scotland are living longer, but more of those people over the age of 75 are living with a long-term condition and/or significant frailty; and
- overall the population of people over the age of 75 is expected to increase by 63% over the next 20 years.

The Scottish Government estimates that the need for health and care services will rise by between 18% and 29% between 2010 and 2030. Coupled with a shrinking working age population and the known workforce supply challenges, it is clear that the current model of health and care cannot be sustained and that it must change.

Audit Scotland undertook an early review into the changes being brought about through the integration of health and social care in its paper of March 2016. The report, *Changing Models of Health and Social Care*, set out the challenge of increasing demand for services and growth over the next 15 years in Scotland. Among the pressures identified in this were:

- 12% increase expected in GP consultations;
- 33% increase in the number of people needing homecare and a 31% increase in those requiring 'intensive' homecare;
- 35% increase in demand for long-stay care home places; and
- 28% increase in acute emergency bed days and a 16% increase in acute emergency admissions.

The Audit Scotland report went on to say that on the basis of these estimated increases in demand, there would need to be an increased annual investment of between £422 and £625 million in health and social care services in order to keep pace.

The independent report on Adult Social Care by Derek Feeley indicates that if the recommendations of the review were implemented, then spend on social care would need to increase by £0.66 billion per annum.

COVID has significantly altered and transformed parts of the Health and Social Care system and the statistics above will need to be reviewed to determine whether they are still valid.





## Local Context

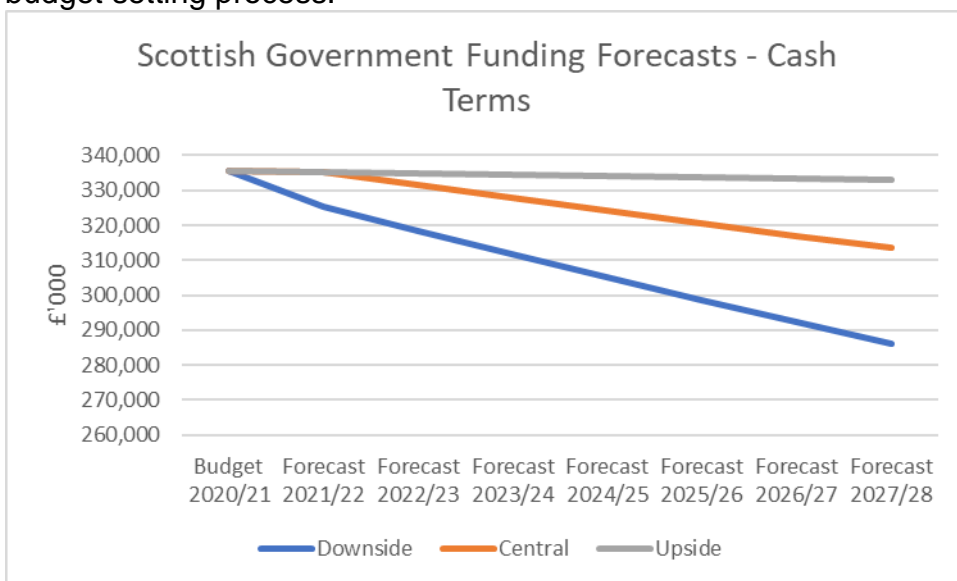
As with all public sector bodies our partners from whom the majority of our funds are received are facing financial challenges as a result of this period of financial constraint, with demand for budget outstripping the resources available and savings having to be identified annually to balance budgets. Both ACC and NHSG will require to make savings in future years to balance their revenue budgets.

The amount of funding available to both organisations is largely driven by the level of funding received from the Scottish Government through the grant settlement process.

In relation to Aberdeen City Council, their Medium-Term Financial Strategy (MTFS) sets out assumptions regarding the ongoing short-term implications of Covid-19 in terms of financial year 2021/22 and then goes on to make some informed assumptions for financial years 2022/23 – 2026/27. It is important to note that Scottish Parliament Elections are still scheduled to take place in May 2021 and it will be for any new government to determine its own priorities for the short, medium and long term.

It is recognised that much of the Council’s income is outside of its control, the assumptions that underpin their MTFS cannot, by definition, be exact, they are subject to refinement and change over time. Therefore, a series of scenarios should be used to describe a range of income possibilities. This current draft MTFS utilises three scenarios similarly used by the Office for Budget Responsibility. These scenarios will be refreshed regularly as part of the budget setting and strategic planning processes.

Illustrated within the MTFS is projected financial scenarios depending on the level of Scottish Government funding. What can be seen is that, notwithstanding the final budget allocations are still awaited, the graph below shows a broadly accurate picture for 2021/22 and shows the need for longer term financial planning beyond the annual budget setting process.





The IJB will be required to contribute to these financial gaps, as a key partner of ACC in cross-system working.

In Aberdeen City the majority of Adult Social Care Services are commissioned externally, either through third/independent sector providers or from Bon Accord Care, an Arm's Length External Organisation (ALEO) of ACC. Aberdeen City has one of highest average property prices in Scotland. This can impact on the commissioned services by making the costs of financing their assets more expensive than elsewhere in Scotland and by making it difficult for these organisations to recruit and sustain staffing levels due the high cost of living in the city.

ACHSCP also has difficulty recruiting to some professions with long-term vacancies particularly in community nursing, mental health and GPs. Within the city many practices have unfilled GP vacancies.

The level of demand for services is expected to increase year on year and when living with COVID the demand may end up in settings where it wasn't before, particularly care in the community and homely settings.

## 4. Planning Assumptions

### Reserve Position

The IJB is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973 and is classified as a local government body for accounting purposes by the Office for National Statistics (ONS). The IJB is able to hold reserves which should be accounted for in the financial accounts of the Board.

Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing;
- create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves; and
- create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.





The Chief Finance Officer has previously considered that a risk fund of £2.5 million should be maintained roughly equivalent to 1% of the budget less the set-aside funding. This risk fund was utilised in 2019/20 to cover the forecast overspend which reduced the reserve to £1.3 million. Given the improved financial position in 2020/21 it recommended that the risk fund be replenished to £2.5 million to provide a cushion to protect the partners from any adverse financial movements during the financial year.



## 5. Projected expenditure and new resources

This reflects the known commitments and income likely to be received in 2021/22. Each year cost pressures will arise during the financial year as service delivery moves to cope with demand. The main cost pressures which the IJB will face over the next five financial years are as follows:

	2021/22 £'000	2022/23 £'000	2023/24 £'000	2024/25 £'000	2025/26 £'000	2026/27 £'000	2027/28 £'000
<b>Budget Pressures</b>							
Pay Inflation	1,500	2,532	2,608	2,686	2,767	2,850	2,936
Transitioning Children - Learning Disabilities	631	650	670	690	711	732	754
Locums Woodend and Community Mental Health	500	0	0	0	0	0	0
Prescribing	0	1,500	1,500	1,500	1,500	1,500	1,500
Demographics 2% uplift	0	1,593	1,641	1,690	1,741	1,793	1,847
	<b>2,631</b>	<b>6,275</b>	<b>6,419</b>	<b>6,566</b>	<b>6,719</b>	<b>6,875</b>	<b>7,037</b>
<b>Funded from Local Mobilisation Plan in 2020/21</b>							
Unachieved savings 2020/21	1,750	0	0	0	0	0	0
Care at home	1,500	0	0	0	0	0	0
Lost income	1,000	0	0	0	0	0	0
	<b>4,250</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>New Requirements</b>							
National Care Home Contract (NCHC) 3.5%	1,477	1,521	1,567	1,614	1,662	1,712	1,763
Scottish Living Wage on non- NCHC 2.2%	865	1,340	1,380	1,421	1,464	1,508	1,553
Carers Act	1,058	0	0	0	0	0	0
	<b>3,400</b>	<b>2,861</b>	<b>2,947</b>	<b>3,035</b>	<b>3,126</b>	<b>3,220</b>	<b>3,316</b>
<b>Funding Adjustments</b>							
Uplift in Council Funding	(2,715)	(2,300)	(2,300)	(2,300)	(2,300)	(2,300)	(2,300)
Uplift in NHS Funding	(2,100)	(2,100)	(2,100)	(2,100)	(2,100)	(2,100)	(2,100)
	<b>5,466</b>	<b>4,736</b>	<b>4,966</b>	<b>5,201</b>	<b>5,445</b>	<b>5,695</b>	<b>5,953</b>



### Budget Assumptions

	<b>2021/22</b>	<b>2022/23 onwards</b>
Pay	NHS 3% to £25,000, 1% over £25,001  ACC, 2.5%	NHS 3%  ACC, 3%
Transitioning Children - Learning Disabilities	Average number of transitioning children by average cost of package	Average number of transitioning children by average cost of package
Locums	Estimation of additional cost	No cost anticipated
Prescribing	Estimate from Grampian Prescribing group	Previous increases in prescribing
Demographics 2% uplift	Being managed in current year	2% on older people's budget
Funded from Local Mobilisation Plan in 2020/21	Based on costs current being incurred	Not applicable
National Care Home Contract (NCHC) 3.5%	Based on previously agreed rate	Based on previously agreed rate
Scottish Living Wage on non- NCHC 2.2%	Increase in Scottish living wage costs 2020	3.5%
Carers Act	Additional carer funding	Additional funding now complete
Funding Adjustments	Based on Grant Settlement 2021/22	Based on estimated grant levels

**Pay Award** – For NHS staff earning less than £25,000 a provision of 3% has been made, for those earning more than £25,001 a provision of 1% has been made. For ACC staff 2.5% has been included. The pay award for neither the NHS or Council has been agreed and there is a chance it will be at a higher level than estimated.

**Transitioning Children (Learning Disabilities)** – Children transition into the adult learning disabilities section once they reach a certain age. At this point they are reassessed by the care managers from the adult learning disabilities team and a new care package is created reflecting eligibility criteria. Pressure has been experienced on this budget in this financial year and the number of children transitioning has been costed at £631,000 in 2021/22. Please note, this is only an estimate based on an



average care package; the care package for some transitioning children will be far higher than the average depending on the complexity of the disability.

**Prescribing** – The cost of the drugs prescribed by GPs usually increases year on year, although information from NHS Grampian's Pharmacy Group has indicated that no additional budget provision is required in 2021/22. The IJB has limited control over this budget, as it is unable to control the prices of drugs which are set nationally and influenced by factors such as supply and demand, currency movements and patents. It is also unable to control demand as it is a clinical decision as to whether a GP decides to prescribe a medicine. Aberdeen City already performs well nationally in terms of prescribing and has one of the lowest costs per head of population. This makes trying to generate efficiencies from this budget difficult.

**Woodend and Community Mental Health Locums** – An additional provision has been added to reflect the increased cost of this service. The number of locums reduced early in 2021/22, however, started to increase midway through the financial year particularly in community mental health. A review is being undertaken to move this service into localities and a provision has been provided to cover the additional costs pending completion of the review.

**Demographics** – Before someone is provided a care package they are assessed by care managers against the eligibility criteria. In Aberdeen City care is only provided to those who are assessed as having a high or very high need. The majority of the Adult Social Care clients are over 65 and given the number of over-65s is forecast to increase year on year, a provision has been added to cover the additional costs anticipated as a result of this.

**National Care Home Contract (NCHC)** – The National Care Home Contract is currently negotiated annually. There have been a number of discussions about whether there should be a move to local negotiations. The care home market is fragile with some homes closing or changing their business models to deal with the challenging business conditions in which they operate. The majority of the costs incurred by care homes are on staffing which is influenced by the Scottish Living Wage. The level of increase is unknown at present with the care homes seeking a level of increase which is not affordable to the Councils/IJBs. An increase of 3.5% has been costed for 2021/22 onwards.

**Scottish Living Wage on non-NCHC contracts** – Services are also commissioned which are not governed by the NCHC. These are tendered for locally. In previous years the level of increase agreed by the IJB has been the same as the NCHC increase. However, given the level of increase requested by the NCHC this would not be possible going forward and the level of increase costed is based on the level



of increase in the Scottish Living Wage (£9.30 per hour to £9.50 per hour) adjusted to reflect the staffing element of their costs.

**Carers Act** – Additional funding has been received to fund the financial implications of the Carers Act.

**Funding Adjustments** – In previous years additional funding has been transferred to the IJB through the NHS to deal with the Scottish Living Wage increases etc. This financial year the additional money is flowing through the Council's grant settlement.

For the financial year 2021/22 an additional £72.6 million has been added to the local government financial settlement at a national level. This equates to £2.7 million for Aberdeen City.

There is a risk in future years that it might not be possible for ACC to pass over additional funding to the IJB, given the requirement to balance future council budgets (see the graph in the local context section for further information).

NHSG received an increase in their financial allocations for 2020/21 of 1.5%. The NHSG Budget Steering Group has agreed to pass on Aberdeen City's share of this funding, which amounts to £2.1 million.



## 6. Options to close the financial gap

	2021/22 £'000	2022/23 £'000	2023/24 £'000	2024/25 £'000	2025/26 £'000	2026/27 £'000	2027/28 £'000
<b>Programme for Transformation</b>							
<b>Managing Demand:</b>							
Reshaping our approach to commissioning services	(2,466)	(500)	0	0	0	0	0
Out of Area Placements	0	(350)	(350)	0	0	0	0
	<b>(2,466)</b>	<b>(850)</b>	<b>(350)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Conditions for Change:</b>							
Locums and agency staff	(500)	(250)	0	0	0	0	0
	<b>(500)</b>	<b>(250)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Accessible and responsive infrastructure:</b>							
Whole system and connected remobilisation	(2,500)	(1,936)	(2,916)	(3,501)	(3,945)	(4,195)	(4,453)
Primary Care	0	(200)	(200)	(200)	0	0	0
	<b>(2,500)</b>	<b>(2,136)</b>	<b>(3,116)</b>	<b>(3,701)</b>	<b>(3,945)</b>	<b>(4,195)</b>	<b>(4,453)</b>
<b>Data and Digital\Prevention:</b>							
Prescribing	0	(1,500)	(1,500)	(1,500)	(1,500)	(1,500)	(1,500)
	<b>0</b>	<b>(1,500)</b>	<b>(1,500)</b>	<b>(1,500)</b>	<b>(1,500)</b>	<b>(1,500)</b>	<b>(1,500)</b>
<b>Total</b>	<b>(5,466)</b>	<b>(4,736)</b>	<b>(4,966)</b>	<b>(5,201)</b>	<b>(5,445)</b>	<b>(5,695)</b>	<b>(5,953)</b>

### Programme of Transformation

In recognising the impact of the financial position, we have in 2021/22 focused our Leadership Team objectives to align with the programme of transformation to deliver on redesign, savings and conditions for future progress. Further information is contained in appendix 4 of the budget report, on deliverables and measures.



## **Managing Demand:**

**Reshaping our approach to commissioning services – Aberdeen City** commissions the vast majority of its social care from care providers. Commissioning is the largest part of our budget and accounts for over £100 million of our available budget. COVID has substantially altered the demand and social care marketplace and at this stage it is too early to understand whether these changes are going to be permanent. There will also be work undertaken in relation to out of area placements to determine whether there are services locally that can be used.

A review will be undertaken of all social care spend and packages to determine whether these changes were temporary in response to COVID, whether they should or could be made permanent and how to fund these changes on recurring basis. The review will report through our Strategic Commissioning and Procurement Board which has been established to review our contracts and the services which we commission. The focus of this Board will not only be to deliver services of a better or equivalent quality than currently commissioned, but also to do so at less cost. Commissioning decisions will continue to be made at the Integration Joint Board throughout the financial year.

## **Conditions for Change:**

**Staff Health and Wellbeing** will be a priority and we will ensure a collaborative, compassionate and supportive approach to recovery. Staff will be given time, space and resources to recover from the pandemic and prepare for recovery and planning of next steps. No budget reduction is anticipated from this workstream, but it will be a high priority for the leadership team.





**Locums and Agency Staff** – A review of the use of locum and agency staff within the Partnership to reduce the level of spend primarily in Woodend Hospital and Mental Health Community Services. A cross-system group will be re-established to look at ways to fill these vacancies and where this is not possible consider redesigning services. The cross-system group has both management and clinical representation from the services identified above. Having clinical representation allows a balance to be maintained between reducing costs and clinical safety. In addition, we will place a strong focus on understanding and improving unplanned staff absences to reduce the reliance on supplementary staff. This will be aligned with service redesign to ensure we have workforce requirements which reflect available resource and future sustainable models of service delivery.

**Reshaping our relationship with communities** - we will focus on an integrated approach to the way we think about physical, mental and social health, supporting individuals to manage and improve their health and wellbeing and building resilient networks to ensure that there is joint planning and co-ordination of critical elements that impact health e.g. education, food, housing and transportation. We will embed our operational teams who are aligned to locality areas and complete work to align those using the opportunity to redesign structure models to bring service delivery in line with available resource. No further savings are planned from this, as these savings were included in the 2020/21 budget.

#### **Accessible and responsive infrastructure:**

**Whole system and connected remobilisation** - Remobilisation will be undertaken through a planned and measured approach to create stability and resilience across our health and care services and enable us to meet population needs and maximise the learning and changes we have implemented during the global pandemic response.

We will undertake a redesign of 2c practices to deliver a sustainable service based on patient profile, population needs assessment and available resource will be completed. If redesign is not achievable within resource, then a merge of practices to match resources will be undertaken.

#### **Data and Digital/Prevention:**

**Living and responding to COVID** - Community resilience will be key and together with our partners we will be focused on supporting the recovery of those communities most impacted by COVID and making wider communities more resilient and better placed to cope as we learn to rebuild and renew our health services, our communities, education and economy. Improved sustainability of commissioned





services across Aberdeen City to reduce impact on secondary and primary care and deliver better outcomes for people. Consider the impact of long Covid on our health and social care system.

**Prescribing** - The majority of the savings will come from seeking alternatives to medicines (social prescribing), ensuring our prescribing processes and management of patients using medicines is as efficient as it can be and also stopping the prescription of drugs where there is evidence of little clinical value. A cross-Grampian prescribing group provides recommendations to the Partnership on all prescribing matters. In addition, a key driver will be the use of technology to develop more efficient systems across community care which will impact on the key drivers.

### **Future Service Redesign**

All of the Partnership's senior teams have a focus on redesign of services and are constantly modifying service provision to ensure the best service is provided within the agreed budget. A workstream will be developed to determine where service redesign can happen which reduces the costs of service delivery and helps contribute towards closing the financial gap. Once these proposals are more fully developed, they will be incorporated within our Programme for Transformation.



## 7. Risk Assessment

The setting of any budget is the acceptance of the assumptions and risk underpinning the figures. The IJB has its own strategic risk register and the individual services hold operational risk registers. The leadership team has established that the major risks impacting on the MTFE are as follows:

- A significant level of funding has been spent nationally in supporting the whole population through the COVID Pandemic. At this stage it is unclear how this additional funding will be repaid and whether this will have an impact on public sector budgets and in turn funding for health and social care in future financial years.
- During the previous budget processes a significant level of turnover savings was added to the budget to reflect the current staffing levels; should these staffing levels improve then this could impact on the delivery of this saving. This is monitored during each budget monitoring and all posts are taken through a vacancy control process.
- The proposed pay increase for 2021/22 in this financial strategy is based on the information provided by the Scottish Government for planning purposes. This has not been agreed and there is a risk that the percentage agreed could be higher than anticipated.
- The prescribing budget is a high-risk budget for the IJB. Whilst the decisions to prescribe are made locally, the costs of the drugs and the agreement to introduce new drugs are made nationally. The impact of Brexit might either increase or decrease the price of drugs further than predicted.
- The increasing level of complexity of need for some of our clients means that major care packages might materialise during the year which we have not budgeted for. The same applies to patients who need out-of-area care and where a clinical decision has been made that this is in their best interests.
- The external care market is fragile, with NCHC providers looking for high inflationary increases to provide stability. These increases are negotiated nationally and may be higher than forecast. Should the national negotiation break down then it is likely that local agreements will need to be negotiated and given the high cost of living in Aberdeen this is likely to be more than what would be agreed nationally.



- The Carers Act and the free personal care to under-65s legislation will increase the demand for these services. Although additional funding has been received for these purposes, until fully implemented it will be difficult to determine whether the resources received are adequate.
- COVID has had a major impact on the majority of Health & Social Care services, in 2020/21 the financial risk of the additional costs of COVID was covered by the Scottish Government via additional funding. An element of this funding has been assumed in this financial strategy given the additional costs of COVID will cross financial years.
- There is a risk of increased demand for services, as a result of health debt caused due to COVID. Services are currently considering how best to manage this increased demand, but this may have an impact on future year budgets.
- The result of the Scottish Government election in May 2021 may change the spending priorities of the Scottish Government and impact on the level of funding available to IJBs in financial year 2021/22 and beyond.
- Local Government elections in May 2022, could impact on the priorities of the Council and the level of funding provided to the IJB in future financial years.
- The recommendations of the Derek Feeley report have substantial implications for adult social care and the IJB. At this stage it is not known which of these recommendations will be implemented and what the financial impact of these will be.

All these risks will be monitored and reviewed through the finance monitoring statements on a regular basis.



## **Appendix 1: Services Provided by ACHSCP**

Information on the services provided by ACHSCP is shown below:

### **Community Health Services (£35 million 2020/21)**

Includes budgets for the community health services for each locality, including district nursing, health visiting, allied health professionals, public health and the Public Dental Services (PDS).

### **Community Nursing Services**

The Community Nursing Service for Aberdeen City comprises district nursing, health visiting, school nursing and specialist nursing services. The service has approximately 500 staff (310 wte) delivering services to the population of Aberdeen City. District nurses provide both scheduled and unscheduled nursing interventions predominantly to the elderly population, those with a palliative diagnosis and end-of-life care. These services are delivered both in-hours and out of hours. Health Visitors provide universal services to the under-fives practice population in line with the Children and Young People's Act (2014). They also have a remit to deliver the child protection agenda, keeping some of the most vulnerable children safe from harm. School nurses deliver services to children and young people, including the vaccination programme under direction from the Scottish Government. Specialist nursing services deliver nursing interventions which require expert knowledge, and they support the work of the general nursing service.

### **Allied Health Professionals**

Allied health professionals (AHPs) are a distinct group of practitioners who assess, diagnose, treat and rehabilitate people of all ages, across health, education and social care, supporting many of our most vulnerable citizens across Aberdeen. They are experts in rehabilitation and enablement, supporting people to recover from illness or injury, manage pain and long-term conditions with a focus on maintaining and improving independence (including helping people to remain in work/return to work) and developing strategies for people to manage longer-term disabilities.

There are six AHP groups (200 staff) working across Aberdeen City HSCP: dietetics, occupational therapy, physiotherapy, podiatry, speech and language therapy and the prosthetics and orthotics service. These AHP services are delivered in a range of clinic, community and education settings, including in the person's own home or in care homes, and provide in-patient care to people in Specialist Older Adult and Rehabilitation services in Woodend, Horizons, Craig Court, Rosewell and



Clashieknowe. This team assess, diagnoses and treats over 45,000 new patients each year.

### **Public Health and Wellbeing**

The main function of members of the public health team is to promote population and community health and wellbeing (as opposed to personal care), addressing the wider determinants of health and health inequalities. They do this by working with, and through, policies and strategies, across agencies and boundaries, providing leadership to drive improvement in health outcomes and the reduction of health inequalities. Their predominant focus is on primary prevention and the wider determinants of health at population level and the range of team members use approaches and skills that include programme development, implementation and evaluation, assessing the impact of policies on people's health; project management, community engagement, and communication with a wide range of stakeholders. Whilst public health team members engage with a wide range of stakeholders, many of the programmes and outcomes they seek to influence and support relate to early years, children, and young people. Key national and local priorities for the public's health are alcohol, tobacco, mental wellbeing, diet, physical activity, and healthy weight. Team members work in and across localities as well as with local people in communities and multi-agency environments.

### **The Public Dental Services (PDS)**

The PDS provides NHS dental care for priority groups of patients across ten surgery sites in Aberdeen. In addition to core service delivery, the Aberdeen PDS provides the Minor Oral Surgery service for Grampian, providing sessional clinical input to the General Anaesthetic Clinic and has oversight of the Outreach provision for Dundee University undergraduates.

### **Hosted Services (£24.3 million 2020/21)**

A range of services provided on a Grampian-wide basis and managed by one lead IJB, Aberdeen City IJB being the lead for:

- Specialist Older Adult and Rehabilitation Services – comprising the Grampian Specialist Rehabilitation Service and the Specialist Older Adults Service across Aberdeen and Aberdeenshire. These services provide a range community rehabilitation, specialist medical consultant liaison (including community consultant geriatrician alignment) and specialist services – dealing with wheelchairs, prosthetics and orthotics across Grampian. There is also a significant medical in-reach service supporting the acute geriatric service within Aberdeen Royal Infirmary.



- Sexual Health Services – based at the Health Village but providing services across seven locations in Grampian.

The Moray and Aberdeenshire IJBs are the leads for the following services: Marie Curie Nursing Service, the Continence Service, Diabetes Managed Clinical Network, Chronic Oedema Service, Heart Failure Service, HMP Grampian Health Services, Police Forensic Examiners, Primary Care Contracts Team and GMED out-of-hours medical services.

### **Learning Disabilities Services (£36 million 2020/21)**

The service is committed to integrated working and providing a range of diverse and intensive person-centred services, to promote and support independent living, underpinned by individual and family/carer involvement.

In-house services (127 staff) provide housing support, care at home (on six sites) and a modern specialised day service at the Len Ironside Centre. They also commission a wide range of supported living, residential, care at home, respite, and day services; the current contract framework has 20 providers for Supported Living Services and 15 providers for Enhanced Supported Services.

The Care Management Team (18 staff) provide comprehensive assessment, care package commissioning and ongoing support for over 650 adults with learning disabilities and associated complex conditions and needs. This includes our Transitions Service that works closely with Children's Services in the planning and transfer of young people into adult services.

The multidisciplinary Health Team (20 staff - medical, nursing, psychology and allied health professionals) provide specialist health services to over 500 adults with complex and challenging needs.

### **Mental Health & Addictions (£22 million 2020/21)**

This includes the provision of services by NHS community mental health service and adult social care services. Within adult social care there are three mental health teams and one old-age psychiatry and rehabilitation team based at Cornhill Hospital. These teams provide social work, care management and a Mental Health Officer service to people with mental health difficulties and their families, in a hospital-based environment and within the community. In addition to this there are integrated teams





for drug and alcohol providing a clinical and care management service for individuals who experience substance misuse. Across these services in adult social care there are around 1,000 service users at any one time.

### **Older People and Physical & Sensory Disabilities (£80 million 2020/21)**

This is a care management service for individuals who are aged 65 years and over and for those with physical and sensory disabilities who are assessed as requiring care and support. Such services include provision of day care, care at home, residential care, sheltered and very sheltered housing, occupational therapy and provision of aids and adaptations. The service is made up of five care management teams providing services to 3,100 service users. The sensory disability services are commissioned from North East Sensory Services who have a social work team providing a statutory service to 135 people with a further 3,000 being provided support services.

### **Criminal Justice (£92,000 net – funded by ring-fenced grant)**

Criminal Justice Social Work provides statutory supervision and court reports from the age of 18. The aim of the service is to reduce the risk of reoffending and harm by those who are supervised in the community and assisting with rehabilitation and monitoring to those released from prison. The service is made up of four community teams, a throughcare team, a pre-disposal/court team, an unpaid work team, and a Women's Service. They also undertake group work programmes for those convicted of domestic abuse offences or sexual offences. At any one time around 1,500 clients are open to justice services.

### **Primary Care Prescribing (£39.2 million 2020/21)**

The cost of drugs prescribed by Aberdeen City GPs to patients covers medicines, dressings, appliances and stock order items prescribed in the community by GPs and other prescribers. Expenditure is impacted by a complex range of factors including how long drugs are patented, the availability of a drug, individual expensive drugs, and an increase in community-based care, amongst others.

Practice pharmacists work in tandem with GP practices to ensure prescribing is efficient and effective. Prescribers are also supported with the Grampian Joint



Formulary Scriptswitch software and regular guidance/input from the lead pharmacists.

### **Primary Care (£42.7 million 2020/21)**

Payments made to GPs for provision of services. The costs are largely dictated by the GPs' national terms & conditions of service from the GP contract. Aberdeen has 28 GP practices, providing general medical services to a population of 253,000 registered patients (1 Jan 2018). Whilst different contractual models operate across the city, all GP practices provide core general medical services together with a range of enhanced services. The above expenditure is drawn from the General Medical Services contract funding stream and represents the payments made to GP practices for the services provided to their registered list of patients.

### **Set-Aside Notional Budget (£46.4 million 2020/21)**

Budgets for large hospitals are managed by the Acute and Mental Health sectors of NHS Grampian. The IJBs have a notional budget representing the consumption of these services by residents. The IJBs are responsible for the strategic planning for these services as a result of the legislation which established the IJBs.

The services covered include:

- accident and emergency services at ARI and Dr Gray's - inpatient & outpatient;
- inpatient hospital services relating to general medicine, geriatric medicine, rehabilitation medicine, respiratory medicine, learning disabilities, old age psychiatry, general psychiatry;
- palliative care services provided at Roxburghe House, Aberdeen, and The Oaks, Elgin.

A process has been developed to review these services, which involves staff from acute and the IJBs and is expected to start reporting through the IJBs and NHSG soon.





## INTEGRATION JOINT BOARD

### DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014  
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The **ABERDEEN CITY COUNCIL** is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the Board's Strategic Plan, directions previous issued by the integration joint board and existing operational arrangements pending future directions from the Board.

**Approval from IJB received on:-** 23 March 2021

**Description of services/functions:-** All adult social care services covered by the Aberdeen City Integration scheme.

**Reference to the integration scheme:-** All services listed in Annex 2, Part 2 of the Aberdeen City Health and Social Care Integration Scheme. All functions listed in Annex 2, Part 1 of the Aberdeen City Health and Social Care Integration Scheme.

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

- Develop a consistent person centred approach that promotes and protects the human rights of every individual and which enable our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local community.
- Support and improve the health, wellbeing and quality of life of our local population.
- Promote and support self-management and independence for individuals for as long as reasonably possible.
- Contribute to a reduction in health inequalities and the inequalities in the wider social conditions that affect our health and wellbeing.
- Strengthen existing community assets and resources that can help local people with their needs as they perceive them and make it easier for people to contribute to helping others in their communities.

Prior to sending this direction, please attach a copy of the draft IJB minutes, original report and the completed consultation checklist.  
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- Support our staff to deliver high quality services that have a positive impact on personal experiences and outcomes.

**Timescales involved:-**

Start date: 01 April 2021

End date: 31 March 2022

**Associated Budget:-** The associated budget for these functions and services is £97.029 million.

This direction is effective from 1st April 2021.

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

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

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## INTEGRATION JOINT BOARD

### DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014  
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**GRAMPIAN HEALTH BOARD** is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the Board's Strategic Plan, directions previous issued by the integration joint board and existing operational arrangements pending future directions from the Board.

**Approval from IJB received on:-** 23 March 2021

**Description of services/functions:-** All community health services covered by the Aberdeen City Integration Scheme.

**Reference to the integration scheme:-** All services listed in Annex 1, Part 2 and appropriate services listed in Annex 3 of the Aberdeen City Health and Social Care Integration Scheme. All functions listed in Annex 1, Part 1 of the Aberdeen City Health and Social Care Integration Scheme.

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

- Develop a consistent person centred approach that promotes and protects the human rights of every individual and which enable our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local community.
- Support and improve the health, wellbeing and quality of life of our local population.
- Promote and support self-management and independence for individuals for as long as reasonably possible.
- Contribute to a reduction in health inequalities and the inequalities in the wider social conditions that affect our health and wellbeing.
- Strengthen existing community assets and resources that can help local people with their needs as they perceive them and make it easier for people to contribute to helping others in their communities.

Prior to sending this direction, please attach a copy of the draft IJB minutes, original report and the completed consultation checklist.  
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- Support our staff to deliver high quality services that have a positive impact on personal experiences and outcomes.

**Timescales involved:-**

Start date: 01 April 2021

End date: 31 March 2022

**Associated Budget:-**

The associated budget for these functions and services is £237m of which £23m relates to Aberdeen City's share for services to be hosted.

£46m is set aside for large hospital services.

This direction is effective from 1st April 2021.

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

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Appendix 3 - Transformation Programme Update 2020/21

Specific	Measurable	Attainable	Relevant	Timebound	Progress
<p>Reduction in additional spend by £1m (locum/agency) across Community Mental Health, Woodend and 2C GP practices, through application of collaborative system allocation panels to ensure adequate scrutiny, redesign and root cause analysis are undertaken.</p>	<p>£90k per month recurring savings will be monitored and evidenced.</p>	<p>Locum Allocation Panel (LAP) set-up and operational by April 2020.</p> <p>Focused support on absence reduction to high% areas.</p>	<ul style="list-style-type: none"> <li>• Review and redesign of all locum requirements.</li> <li>• Reduction in absence rates.</li> <li>• Management of AL and training by all services to prevent additional staffing.</li> </ul>	<p>February 2021</p>	<p>Locum and Agency costs combined are estimated to have reduced by £1.6 million (forecasting 20/21 spend based on 10 months figures). The LAP was set up, but regular meetings were suspended during Covid. Absence rates fluctuated during the year in response to the various stages of the pandemic however they currently sit at:</p> <p>NHS staff - 3.7% (Jan 21) compared to 4% (Apr 20)</p> <p>ACC staff - 4.85 average days lost per month (Mar 21) compared to 4.61 days (Mar 20)</p> <p>So the rate has decreased for NHS staff but increased for ACC staff which could be related to the Covid pandemic.</p> <p>Throughout the year all staff were encouraged to take annual leave as normal to support their wellbeing.</p>



**Appendix 3 - Transformation Programme Update 2020/21**

Specific	Measurable	Attainable	Relevant	Timebound	Progress
<p>Operational teams will be aligned to locality areas using existing staff resource and the opportunity to redesign structure models to bring service delivery in line with available resource.</p>	<ul style="list-style-type: none"> <li>• It is expected that 5 posts per month through turnover, vacancies and natural wastage will be removed from the establishment; with a total of 60 WTE reduction in resource by financial year end.</li> <li>• Reduction in travel costs.</li> <li>• Reduction in agency staff</li> <li>• Reduction in absence</li> </ul>	<p>£2,640k (£1,500K in year) recurring savings achieved by year end through natural wastage.</p>	<ul style="list-style-type: none"> <li>• Nursing, AHP, SW and Community Mental Health will be aligned to localities.</li> <li>• A review of referral pathways for Nursing, AHP and SW will be undertaken using a lean six sigma approach</li> <li>• Colocation will be encouraged; and expectation of reduction in sites required a consequence.</li> <li>• Digitalisation of community staff teams if funded through resource transfer/infrastructure from NHS</li> </ul>	<p>March 2021</p>	<p>Operational teams are aligned to localities however we were unable to complete structure redesign across the partnership within the year. Work has now been picked up again and it is hoped to be completed early in financial year 2021/22.</p> <p>Referral Pathways in relation to Enhanced Care, Hospital at Home, Care at Home, and Frailty were reviewed although the full Lean Six Sigma process was not employed due to Covid restrictions. Reviews of Day Care and Respite pathways are currently ongoing. Staff have been working differently during the pandemic and a review of site requirements has been postponed until restrictions are lifted and a full reassessment of requirements can be undertaken. Whilst some digitalisation took place out of necessity during the Covid pandemic, more planned work will be undertaken when staff are released from Operation Snowdrop priorities.</p>

**Appendix 3 - Transformation Programme Update 2020/21**

Specific	Measurable	Attainable	Relevant	Timebound	Progress
<p>Commissioned services will be reviewed across ACHSCP to ensure that the model of delivery is in-line with strategic commissioning plan and strategic aims of the IJB to bring a new reduction in spend to £2m across the financial year.</p>	<p>It is expected that a reduction in £2m will be achieved by financial year end; mindful this may not be achievable until Q3 &amp; Q4.</p>	<p>Commissioning task &amp; finish group set up to undertake review using demand management methodology.</p>	<ul style="list-style-type: none"> <li>• Care at home will be tendered in June 2020</li> <li>• Day care will be tendered in 2020</li> <li>• Mental Health commissioned services will be a reviewed</li> <li>• Grant services will be reviewed</li> </ul>	<p>March 2021</p>	<p>The Covid pandemic restricted our ability to review the range of commissioned services as originally planned.</p> <p>Care at Home was retendered and the new contract commenced 1<sup>st</sup> November 2020. Due to a significant shift in the requirement for community-based Health and Social Care services, including an increased demand for a responsive care at home delivery it has been challenging to balance capacity as initially tendered for, with the new levels of demand. As a result, financial savings have yet to be realised.</p> <p>Work is ongoing on designing day opportunities and respite services in collaboration with existing providers, service users and carers.</p> <p>A review of the commissioning of mental health services and grant funded services is planned for next financial year.</p>

Appendix 3 - Transformation Programme Update 2020/21

Specific	Measurable	Attainable	Relevant	Timebound	Progress
<p>A redesign of 2c practices to deliver a sustainable service, based on patient profile, population needs assessment and available resource.</p>	<p>Redesign or merging of practices will bring £0.5m savings in the financial year.</p> <p>Reduction in locum costs</p> <p>Reduction in GP appointments</p>	<p>A hub and spoke model of 2C delivery will be scoped.</p> <p>If this redesign is not achievable within resource, then a merge of practices to match resources will be undertaken.</p>	<ul style="list-style-type: none"> <li>• Task and finish group to be set up to scope feasibility.</li> <li>• Programme of delivery to be identified to achieve redesign/merge by August 2020.</li> <li>• NHS24 triage model to be used to reduce GP appointments/requirements</li> <li>• Model to have hubs which are based on population needs assessments for MDT</li> <li>• House of care model to be in hubs.</li> </ul>	<p>August 2020</p>	<p>Again, progress on this objective was delayed by the Covid pandemic but on 1<sup>st</sup> December 2020, the IJB approved a tendering exercise to identify a new provider or providers for the six 2C practices in Aberdeen City. The tender opportunity is now out to advert, and a new provider or providers should be identified by May 2021.</p> <p>Locum costs have reduced by £645,000.</p> <p>GP appointments were seriously affected by the Covid pandemic and are no longer an accurate measure of this objective.</p>

**Appendix 3 - Transformation Programme Update 2020/21**

<b>Specific</b>	<b>Measurable</b>	<b>Attainable</b>	<b>Relevant</b>	<b>Timebound</b>	<b>Progress</b>
Improved sustainability of commissioned services across Aberdeen City to reduce impact on secondary and primary care and deliver better outcomes for people.	<p>Reduction in GP call outs                      Reduction in A&amp;E attendances                      Reduction in medication errors                      Reduction in care home residents dying in hospital                      Reduction in prescribing items in care homes</p> <p>To save £500k beyond the NHS Forecast.</p>	<p>Task and finish group to commence scoping work and secure funding by 1<sup>st</sup> April 2020.                      Resource will be taken from current GP SLAs to fund redesign and support.                      Resource to be secured through legacy/grant applications</p>	<ul style="list-style-type: none"> <li>• NHS24/immediate model to be introduced across care homes.</li> <li>• E-Mar to be installed across all Aberdeen City care homes</li> </ul>	August 2020	<p>Service delivery in Care Homes was severely impacted by the Covid pandemic. For most of the year GPs were not visiting and we were unable to implement either an NHS24/immediate model or the E-Mar system. The Covid pandemic increased the number of care home deaths in general and artificially reduced the number of A&amp;E attendances.</p> <p>Work on this objective will be picked up again once the Care Homes are clear of the impact of Covid and staff have been released from Operation Snowdrop priorities.</p>

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Specific	Measurable	Attainable (Target)	Relevant	Key milestones/ workstreams	Timebound	Programme of Transformation
<p><b>Staff Health &amp; Wellbeing</b>                      Staff Health and Wellbeing will be a priority and we will ensure a collaborative, compassionate and supportive approach to recovery. Staff will be given time, space and resources to recover from the pandemic and prepare for recovery and planning of next steps.</p>	<ul style="list-style-type: none"> <li>• Absence rates and cause.</li> <li>• Agency/Bank costs and hours</li> <li>• Locum costs and hours.</li> <li>• Overtime costs and Time in Lieu hours.</li> <li>• Proportion of Annual Leave taken throughout the year.</li> <li>• Staff Survey results, 360-degree feedback, and Staff Turnover rate</li> <li>• Training compliance rates</li> <li>• Psychological support uptake rates</li> </ul>	<p>£0.5 million locums</p>	<ul style="list-style-type: none"> <li>• Refresh workforce plan</li> <li>• Reduction (or as a minimum, maintenance) of absence rates to pre-2019/20 levels.</li> <li>• Reduction of Agency hours and costs across all ACHSCP from 2019/20 baseline.</li> <li>• Reduction in locum costs and hours across all ACHSCP from 2019/21 baseline.</li> <li>• Reduction in overtime and additional hours across ACHSCP from 2019/20.</li> <li>• Monitoring by all services to ensure staff have access to and take planned and contracted annual leave.</li> <li>• A supportive work environment evidenced through staff survey and 360-degree feedback to line manager.</li> <li>• Ensure access to training and education programmes monitor compliance rates via appropriate systems.</li> <li>• Ensure access to psychological support is well communicated, encouraged and supported through evidence at team meetings, shared information and monitoring of staff absence due to mental health/psychological reasons.</li> </ul>	<p>Dashboard produced for each LT member to reflect all key measurables.</p> <p>Process set up to review against measurable targets, incorporating detail and analysis of data – monthly at CCG Group\H&amp;S Committee and quarterly at individual LT performance reviews.</p>	<p>Dashboard in place by 01.04.21</p> <p>Measurable targets achieved by 31.03.22.</p>	<p>Conditions for Change\Demand Management</p>

<p><b><u>Reshaping our relationship with communities</u></b>                  We will focus on an integrated approach to the way we think about physical, mental and social health, supporting individuals to manage and improve their health and wellbeing and building resilient networks to ensure that there is joint planning and co-ordination of critical elements that impact health e.g. education, food, housing and transportation</p> <p>We will embed our Operational teams who are aligned to locality areas and complete work to align those using the opportunity to redesign structure models to bring service delivery in line with available resource.</p>	<ul style="list-style-type: none"> <li>• Headcount v establishment</li> <li>• Travel costs</li> <li>• Space usage</li> <li>• Redesign of social work in line with locality working and system working across MHLD and Adults.</li> </ul>	<p>£2.466 million commissioning and reviews</p>	<ul style="list-style-type: none"> <li>• Redesign of Adult Social Work structure and pathways to reflect locality working and new pathways in place following commissioning changes.</li> <li>• Start to consider the implications of what new models of care and COVID have on the building used to deliver health and social care.</li> <li>• Monitor head count and whole time equivalent to determine the impact of 2019/20 and ensure that we maintain the 60 wte reduction in posts achieved through vacancy management in 2019/20.</li> <li>• Monitor, review and maintain reduction in travel costs compared to 2019/20 Costs.</li> <li>• A review of models of work regarding in office, at home, co-location and shared space to be undertaken by each LT member to identify current and future requirements and feed into review of the Capital Programme.</li> <li>• Develop plans for further community team digitisation and digital health and social care solutions.</li> </ul>	<p>Embed locality working across Nursing, AHP, ASW and Community Mental Health operational services.</p> <p>Undertake a review of referral pathways for Nursing, AHP and ASW and community Mental Health including consideration of a Single Access Point</p>	<p>Locality working in place by 30.09.21.</p> <p>Review complete by 31.03.22.</p>	<p>Conditions for Change</p>
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			<ul style="list-style-type: none"> <li>Identify where Lean Six Sigma could improve efficiencies across the system.</li> <li></li> <li>Start to consider what the future of rehabilitation services might look like in Aberdeen.</li> </ul>			
<p><b><u>Reshaping our commissioning approach</u></b>                  Commissioned services will be reviewed across ACHSCP to ensure that the model of delivery is in-line with our strategic commissioning plan and strategic aims of the IJB.</p>	<ul style="list-style-type: none"> <li>Older people’s residential bed availability and usage</li> <li>MH residential bed availability and usage</li> <li>LD residential bed availability and usage</li> <li>C@H capacity and usage</li> <li>Day Opportunities available and used.</li> <li>Planned Respite available and used.</li> <li>Number of Carers Supported</li> <li>Carer and Service User satisfaction rates</li> </ul>		<ul style="list-style-type: none"> <li>Contribute to the review of the national care home contract.</li> <li>Review LD and MH commissioning arrangements using demand management methodology.</li> <li>Further embed the new approach to care at home</li> <li>Monitor and review monthly capacity and occupancy in care homes to determine if shift in market position from 2019/20 pandemic.</li> <li>Review of grant funded organisations</li> </ul>	Re-tender Day Opportunities and Planned Respite following review.  Launch Market Position Statement  Evidence of shift in community support from bed-based provision.	30.04.21  30.06.21  31.03.22	Demand Management



<p><b><u>Whole system and connected remobilisation</u></b>                  Remobilisation will be undertaken through a planned and measured approach to create stability and resilience across our health and care services and enable us to meet population needs and maximise the learning and changes we have implemented during the global pandemic response.</p> <p>We will undertake a redesign of 2c practices to deliver a sustainable service based on patient profile, population needs assessment and available resource will be completed. If redesign is not achievable within resource, then a merge of practices to match resources will be undertaken.</p> <p>We will continue to review our Primary Care delivery, modernising and improving outcomes where possible.</p>	<ul style="list-style-type: none"> <li>• Number of GP practices in City</li> <li>• Practices stability rating (% at Green)</li> <li>• % services remobilised.</li> <li>• Immunisation figures increased across all age groups.</li> </ul>	Redesign or merging of practices will bring £0.250m savings in the financial year 2022/23.	<ul style="list-style-type: none"> <li>• Programme of delivery to be identified to achieve redesign/merge.</li> <li>• Model to have CTAC hubs which are based on population needs assessments for MDT</li> <li>• Primary, secondary and community care interface group to be established to share practice, innovation and build resilience across the city.</li> <li>• Planned programme for vaccinations delivered making maximum effectiveness and efficiency of resources.</li> <li>• Seek solutions to reduce health debt as a result of COVID.</li> <li>• Embed Frailty Pathway changes were working well and appropriate to do so</li> </ul>	Implementation of phase 1 redesign complete  Implementation of full blueprint complete  Progress on our Primary Care Improvement Plan  Design and implementation of immunisation delivery programme across ACHSCP	31.07.21  31.03.22  31.07.21  31.10.21	Accessible and responsive infrastructure

<p><b><u>Living and responding to COVID</u></b>  Community resilience will be key and together with our partners we will be focused on supporting the recovery of those communities most impacted by COVID and making wider communities more resilient and better placed to cope as we learn to rebuild and renew our health services, our communities, education and economy.</p> <p>Improved sustainability of commissioned services across Aberdeen City to reduce impact on secondary and primary care and deliver better outcomes for people.</p> <p>Consider the impact of long Covid on our health and social care system</p>	<ul style="list-style-type: none"> <li>• Unplanned Admissions</li> <li>• A&amp;E attendances</li> <li>• Delayed Discharges</li> <li>• No of prescribing items in care homes</li> <li>• Medication errors in care homes</li> <li>• No. of care home residents dying in hospital.</li> <li>• No. of GP call outs to care homes.</li> <li>•</li> </ul>		<ul style="list-style-type: none"> <li>• Near me and digital support to be introduced across Aberdeen City care homes.</li> <li>• E-Mar to be installed across all Aberdeen City care homes.</li> <li>• Care Home support team will be in place to work with providers to develop quality, efficiency and digital services.</li> <li>• Care home providers will continue to report into TURAS as standard operational practice.</li> <li>• Care Home oversight teams to operate within localities with triangulation of intelligence from HSCP/Public Health/Care Inspectorate to ensure early identification of risk and confirmation of action plans.</li> <li>• Care at home oversight team to operate as above within localities.</li> <li>• Wraparound MDTs for care home to be operational for all care homes with agreed expectations and ability to in</li> </ul>	<p>E-Mar to be installed across all Aberdeen City care homes. Task and finish group to commence scoping work and secure funding by 1st April 2021. Resource to be secured through legacy/grant applications.</p> <p>Care Home support group to be maintained.</p> <p>Embed Covid Vaccinations into routine immunisation programme.</p>	<p>31.08.21</p> <p>30.04.21</p>	<p>Digital &amp; Data</p>

			<p>reach specialist support when required.</p> <ul style="list-style-type: none"> <li>• Refresh the Primary Care Improvement Plan</li> <li>• Position to be agreed between GP practices and care homes as to shared understanding of support provided during a Covid outbreak or similar, with virtual ward rounds fully implemented during outbreak.</li> <li>• Once Covid has stabilised promote tests of change in relation to medication errors – see Report on the Medicines Improvement Project: Care Inspectorate: October 2020.</li> <li>• Consider the models of care required to support people with long Covid.</li> <li>• Work across the health and social care system to support the remobilisation, particularly in regard to any increased requirements for mental health services and support.</li> </ul>		31.08.21	
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