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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Risk Audit and Performance Committee

Town House,
ABERDEEN 27 October 2020

RISK, AUDIT AND PERFORMANCE COMMITTEE

The Members of the **RISK, AUDIT AND PERFORMANCE COMMITTEE** are requested to meet in **Virtual - Remote Meeting on TUESDAY, 3 NOVEMBER 2020 at 10.00 am.**

FRASER BELL
CHIEF OFFICER - GOVERNANCE

BUSINESS

TERMS OF REFERENCE

DECLARATION OF INTERESTS

- 1 Members are requested to intimate any declarations of interest (Pages 9 - 10)

DETERMINATION OF EXEMPT BUSINESS

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

STANDING ITEMS

- 3 Minute of Previous Meeting of 23 September 2020 (Pages 11 - 14)

- 4 Business Planner (Pages 15 - 16)

GOVERNANCE

- 5 Asset Management Strategic Statement - HSCP.20.055 (Pages 17 - 26)

6 Alcohol and Drug Partnership Funding - HSCP.20.059 (Pages 27 - 60)

PERFORMANCE

7 Performance - Operation Home First - Aberdeen City Priority Projects - HSCP.20.056 (Pages 61 - 100)

CONFIRMATION OF ASSURANCE

8 Confirmation of Assurance

Should you require any further information about this agenda, please contact Derek Jamieson, tel 01224 523057 or email derjamieson@aberdeencity.gov.uk



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

RISK, AUDIT AND PERFORMANCE COMMITTEE TERMS OF REFERENCE

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.



ABERDEEN CITY INTEGRATION JOINT BOARD

RISK, AUDIT AND PERFORMANCE COMMITTEE TERMS OF REFERENCE

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 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.



ABERDEEN CITY INTEGRATION JOINT BOARD

RISK, AUDIT AND PERFORMANCE COMMITTEE TERMS OF REFERENCE

6. Meeting Frequency

- (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 AP's functions and powers.

7. 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.

8. 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;
 - c) IJB Chief Finance Officer;
 - d) Chief Officer – Finance, ACC;
 - e) Director of Finance, NHSG;



ABERDEEN CITY INTEGRATION JOINT BOARD

RISK, AUDIT AND PERFORMANCE COMMITTEE TERMS OF REFERENCE

- 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.

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



ABERDEEN CITY INTEGRATION JOINT BOARD

RISK, AUDIT AND PERFORMANCE COMMITTEE TERMS OF REFERENCE

- (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) 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 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.
- (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.



ABERDEEN CITY INTEGRATION JOINT BOARD

RISK, AUDIT AND PERFORMANCE COMMITTEE TERMS OF REFERENCE

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.

10. Review

- (1) The Terms of Reference will be reviewed annually to ensure their ongoing appropriateness in dealing with the business of the IJB.
- (2) As a matter of good practice, the Committee should expose itself to periodic review utilising best practice guidelines.

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.



Risk, Audit and Performance Committee

Minute of Meeting

Wednesday, 23 September 2020
10.00 am Virtual - Remote Meeting

- Present: John Tomlinson (Chair) ; and Luan Grugeon, Councillor Gill Al-Samarai, Councillor Philip Bell and Alex Stephen (Chief Finance Officer, ACHSCP)
- Also in attendance: Susie Downie, Dr Calum Leask, Alison Macleod, Grace Milne, all ACHSCP, John Forsyth (Solicitor), Derek Jamieson (Clerk) both ACC.
- Apologies: Sandra Macleod, Chief Officer, ACHSCP

DECLARATIONS OF INTEREST

1. There were no Declarations of Interest.

DETERMINATION OF EXEMPT BUSINESS

2. There was no exempt business.

MINUTE OF PREVIOUS MEETING OF 26 AUGUST 2020

3. The Committee had before it the draft minute of its last meeting on 26 August 2020.

The Chair reminded Members that as indicated at Article 5, Strategic Risk Register – HSCP.20.027, Recommendation (iii), a Workshop would be held on 20 October 2020.

The Committee resolved :-

to approve the minute as a correct record.

BUSINESS PLANNER

4. The Committee had before it the Business Planner.

The Committee heard from the Chief Finance Officer, ACHSCP who indicated that business had now been caught up since the pandemic shutdown period.

RISK, AUDIT AND PERFORMANCE COMMITTEE

23 September 2020

Members enquired of the reporting of Hosted Services and heard that a future report would be brought to the Committee or the IJB.

The Committee resolved: -

- (i) to note the Business Planner; and
- (ii) to note that information on Hosted Services would be brought to the Committee or IJB in due course.

DIRECTIONS TRACKER - HSCP20.042

5. The Committee had before it a report from the Chief Finance Officer (CFO), ACHSCP which presented an overview of Directions instructed to Aberdeen City Council (ACC) and NHS Grampian (NHSG) to date.

The Committee heard that the provisions of Directions to the partners, ACC and NHSG, was a legislative direction and the manner by which services were delivered for the Partnership. This process had been refined to develop a process to capture, record and manage all Directions issued and ACHSCP could report they were the first HSCP to follow the directions process and record it this way.

Members provided comment on the Directions Tracker and indicated its usefulness to the Committee.

The CFO indicated that the comments and suggestions were appreciated and would be adopted within the presentation format of future iterations of the Decisions Tracker.

The Committee heard from the Chief Internal Auditor who advised that the preparation and presentation of the Decisions Tracker was an outstanding Audit Recommendation and would now be closed.

Members discussed the frequency at which they would wish to examine the Decisions Tracker in a meaningful manner.

The report recommended :-

that the Committee note the contents of this report.

The Committee resolved :-

- (i) to note the contents of the report;
- (ii) to note the closure of the associated Internal Audit Recommendation; and
- (iii) to direct the Chief Finance Officer to report on the Directions Tracker every 6 months.

RISK, AUDIT AND PERFORMANCE COMMITTEE

23 September 2020

TRANSFORMATION EVALUATION - HSCP20.040

6. The Committee had before it a report from the Chief Finance Officer, ACHSCP which provided an update on the proposed approach to evaluating the impact of the Operation Home First elements of the Partnership's refreshed transformation programme priorities.

The Committee heard from the Research and Evaluation Lead, ACHSCP who presented the proposed approach to evaluating the impact of Operation Home First elements of the refreshed transformation priorities.

The Committee heard that Transformation continued to be aligned to the Strategic Aims and the developed five programmes of transformation, the Medium-Term Financial Framework and the Performance Data Dashboard.

The Committee also heard from the Strategy and Performance Lead, ACHSCP who indicated that plans were already underway to ensure the refreshed Strategic Plan 2020-2025 also aligned to the continuing Transformation Programme.

It was intended that a meeting take place very shortly with the Chair and Vice Chair of the IJB to discuss early intentions on this piece of work and that future reporting would follow to the IJB and its Committees.

The report recommended :-

that the Committee note the information provided in this report.

The Committee resolved :-

- (i) to approve the recommendation;
- (ii) to note the approach to the evaluation of the impact of Operation Home First; and
- (iii) to note the plans for refreshing the Strategic Plan – 2022/2025.

CONFIRMATION OF ASSURANCE

7. The Committee indicated they had received Assurance from the reports presented.

- **JOHN TOMLINSON, Chair.**

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	A	B	C	D	E	F	G	H	I	J
1	RISK and AUDIT PERFORMANCE COMMITTEE BUSINESS PLANNER The Business Planner details the reports which have been instructed by the Committee as well as reports which the Functions expect to be submitting for the calendar year.									
2	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	Directorate	Update/ Status (RAG)	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
33	3 November 2020									
34	Standing Item	Review of relevant Audit Scotland reports	Good practice to see national position		Alex Stephen	Chief Finance Officer	ACHSCP		R	No Audit Scotland Report activity
35	Standing Item	Transformation Programme Monitoring	Quarterly Reporting		Alison Macleod	Lead Strategy and Performance Manager	ACHSCP		R	Contained with OHF Report
36	11.08.2020	Recovery - Operation Home First Perf Indicators	Recovery - Operation Home First - HSCP.20.015 On 11.08.2020, the IJB directed (iii)to present the intended Performance Indicators to the Risk Audit and Performance Committee.		Alison Macleod	Lead Strategy and Performance Manager	ACHSCP		D	This report will form part of the wider OHF Performance Indicators and will be reported on 6 January 2021
37	26.08.2020	Asset Management Strategy	RAPC Duties Report - HSCP.20.030 On 26.08.2020, the RAPC instruct the Chief Officer to provide a report on Asset Management Strategy to the Committee on 3 November 2020.	HSCP.20.055	Chief Officer	Chief Finance Officer	ACHSCP			
38	08.09.2020	ADP Funding Redistribution	ADP Annual Report - HSCP.20.038: 08.09.20 IJB Decision - (iv)to instruct the Chief Officer, ACHSCP to present a report on redistribution of funding aligned to ADP approved workstreams to the Risk, Audit and Performance Committee on 3 November 2020	HSCP.20.059	Chief Officer	ADP Lead	ACHSCP			
39	08.10.2020	Internal Audit Report AC2027: Social Care Commissioned Services – Contract Monitoring	To present the outcome from the planned audit of Contract Monitoring for Social Care Commissioned Services that was included in the 2019/20 Internal Audit Plan for Aberdeen City Council.		Colin Harvey	Internal Audit	ACC		D	Governance reporting requires this report be presented t ACC Risk and Audit Committee prior to RAPC, this will be presented on 26 January 2021
40	08.10.2020	Performance – Operation Home First – Aberdeen City Priority Projects	To provide an update on the performance of the Aberdeen City Priority Projects relating to Operation Home First (OHF).	HSCP.20.056	Alison MacLeod	Lead Strategy and Performance Manager	ACHSCP			
41	Standing Item	Review of Code of Conduct	Per APSC Terms of Reference		Jess Anderson	Legal	Governance		T	Transfer to 26 January 2021 when included as part of wider IJB Governance during which Chairs will be consulted.
42										
43	26 January 2021									
44	Standing Item	Strategic Risk Register	Bi-Annual - August and February		Martin Allan	Business Manager	ACHSCP			
45	Standing Item	Financial Monitoring Report	Nov-19 (IJB), Feb (APS)		Alex Stephen	Chief Finance Officer	ACHSCP			
46	Annual	Internal Audit Plan	RAP to review and approve annual Audit Plan		Colin Harvey	Interim Chief Internal Auditor	Governance			

	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	Directorate	Update/ Status (RAG)	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
2										
47	23.09.2020	Hosted Services	On 23.09.2020 RAPC: (ii) to note that information on Hosted Services will be brought to the Committee or IJB in due course.		Anne McKenzie	Chief Finance Officer	ACHSCP			
48	19.10.2020	COVID-19, Social Care and Human Rights: Impact Monitoring Report	In summer 2020, the Scottish Human Rights Commission carried out monitoring research into the impact of the COVID-19 pandemic, and how it has been managed, on people's rights in the context of care at home and support in the community. This report shares the findings of that research							
49										



RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	3 rd November 2020
Report Title	Asset Management Strategic Statement
Report Number	HSCP20.055
Lead Officers	Alex Stephen, Chief Finance Officer
Report Author Details	Alison MacLeod, Lead Strategy and Performance Manager alimacleod@aberdeencity.gov.uk 07741 237034
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	Appendix A: Asset Management Strategic Statement

1. Purpose of the Report

The purpose of this report is to submit Aberdeen City Health and Social Care Partnership's Asset Management Strategic Statement for noting which completes the outstanding recommendation from the 2017 Internal Audit AC1724 on Post Integration Review.

2. Recommendations

2.1. It is recommended that the Risk, Audit and Performance Committee:

- a) Note the Aberdeen City Health and Social Care Partnership's Asset Management Strategic Statement and the fact that this represents completion of the final recommendation the 2017 Internal Audit AC1724 on Post Integration Review.



RISK, AUDIT AND PERFORMANCE COMMITTEE

3. Summary of Key Information

Background

- 3.1. Internal Audit AC1724 on Post Integration Review was undertaken in 2017. The objective of this audit was to provide assurance over whether integration objectives were on line to be achieved.
- 3.2. 2.3.7 of the audit states “There is no capital plan for the IJB at present: input is instead provided to the Partners’ capital planning processes. The IJB needs to determine the asset requirements to support the Strategic Plan and will need to identify and seek to incorporate any major changes to existing programmes at an early stage, as lead times for delivery could be significant. The recommendation was that “The IJB should develop an asset management strategy”.
- 3.3. The development of an Asset Management Strategy has been delayed over the years due to capacity issues and prioritisation of work. Upon reflection, 3 years after the audit, the IJB does not need an Asset Management Strategy as it is not responsible for assets. Our strategic planning approach is that there is only one strategy for the IJB and that is the Strategic Plan. We are on the verge of beginning consultations for the refresh of the current Strategic Plan and asset management will be considered as part of that.
- 3.4. In the meantime, what has been developed is an Asset Management Strategic Statement which describes how Aberdeen City Health and Social Care Partnership (ACHSCP) influences the Asset Management Strategies of its statutory partners i.e. Aberdeen City Council (ACC) and NHS Grampian (NHSG) and its wider partners such as commissioned social care providers.
- 3.5. The Asset Management Strategic Statement is contained in Appendix A to this report. Internal Audit colleagues have confirmed that the development of this closes off the final recommendation from Audit AC1724.

4. Implications for IJB

- 4.1. **Equalities** – one of the principles of the Asset Management Strategic Statement is accessibility to ensure there is equal access to buildings for all patients and clients.
- 4.2. **Fairer Scotland Duty** - There are no implications on our Fairer Scotland Duty as a direct result of the Asset Management Strategic Statement.



RISK, AUDIT AND PERFORMANCE COMMITTEE

- 4.3. **Financial** – all costs relating to asset management are met from within existing budgets. Asset rationalisation should contribute to delivery of our Medium-Term Financial Framework going forward.
- 4.4. **Workforce** – existing resource will deliver on the commitments within the Asset Management Strategic Statement.
- 4.5. **Legal** -There are no direct legal implications arising from the recommendations of this report.
- 4.6. **Other** - NA

5. Links to ACHSCP Strategic Plan

- 5.1. The Asset Management Strategic Statement supports service delivery to ultimately achieve the aims within our strategic plan. More specifically it links to the Enabler of “Modern and Adaptable Infrastructure”.

6. Management of Risk

6.1. Identified risks(s)

There is a risk if we do not influence the planning and management of the assets we use to deliver services that these will not be fit for purpose or sustainable for the future.

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



The Asset Management Strategic Statement links to Risk 1 on the Strategic Risk Register “There is a risk that there is insufficient capacity in the market (or appropriate infrastructure in-house) to fulfil the IJB’s duties as outlined in the integration scheme. This includes commissioned services and general medical services”.

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

Ensuring that we deliver the actions noted in the Asset Management Strategy Statement will help ensure current assets are managed and used appropriately and also plan our need for assets in the future.



RISK, AUDIT AND PERFORMANCE COMMITTEE

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



Strategic Statement - Asset Management – October 2020

1. Background

Aberdeen City Health and Social Care Partnership (ACHSCP) service delivery takes place mainly in four types of physical location: -

1. In a person's own home
2. In a social care establishment – either in-house or in a commissioned service.
3. In a Hospital i.e. Woodend and Royal Cornhill Hospital
4. In a Primary Care setting e.g. Aberdeen Health and Care Village, Community Health Centres or GP Practices.

ACHSCP do not own any of these assets. There is nothing in the Public Bodies (Joint Working) (Scotland) Act 2014 or the Aberdeen City Scheme of Integration that allows for assets to be owned as ACHSCP is not a legal entity.

Social Care establishments are owned either by Aberdeen City Council (ACC), by the commissioned provider, or by a third-party landlord whom the commissioned provider has a lease agreement with.

Hospitals are part of the NHS Grampian (NHSG) Estate and Primary Care premises are owned either by NHSG or private contractors.

ACHSCP work with our statutory partners – ACC and NHSG – to plan the best use of these assets in line with ACHSCP current and future needs and our partners Asset Management Plans.

ACHSCP asset requirements will be articulated as part of our Service Delivery Plans and our Strategic Commissioning and Strategic Plans.

2. Scheme of Integration in relation to Assets

The Scheme of Integration has a section in relation to the use of capital assets as they relate to integration functions. It states: -

- That ownership of capital assets will continue to sit with each Party (statutory partner).
- If the IJB decides to fund a new capital asset from revenue funds, then ownership of the resulting asset shall be determined by the Parties (statutory partners).

- The Strategic Plan will drive the financial strategy and will provide the basis for the IJB to present proposals to the Parties (statutory partners) to influence capital budgets and prioritisation.
- A business case with a clear position on funding is required for any change to the use of existing assets or proposed use of new assets. The Chief Officer of the IJB is to develop business cases for capital investment for consideration by NHS Grampian and the Council as part of their respective capital planning processes.
- The Chief Officer of the IJB will liaise with the relevant officer within each Party (statutory partner) in respect of day to day asset related matters including any consolidation or relocation of operational teams.
- It is anticipated that the Strategic Plan will outline medium term changes in the level of budget allocations for assets used by the IJB that will be acceptable to the Parties (statutory partners).
- Any profits or loss on sale of an asset will be held by the Parties (statutory partners) and not allocated to the IJB.
- Depreciation budgets for assets used on delegated functions will continue to be held by each Party (statutory partner) and not allocated to the IJB operations in scope.
- The management of all other associated running costs (e.g. maintenance, insurance, repairs, rates, utilities) will be subject to local agreement between the Parties (statutory partners) and the IJB.

3. Asset Management Principles

Our key asset management principles are: -

- Quality
- Accessibility
- Rationalisation

We aim to give the client or patient as good an experience as possible and that includes the building environment where they either reside, permanently or temporarily, or visit for GP or clinic appointments or day support services.

In line with the Personalisation aim in our Strategic Plan, ACHSCP plans to deliver services as close to areas of need as possible so that they are in the right place, at the right time.

In terms of commissioned social care services our vision is to commission the service as a whole package including the asset required. Our Strategic Commissioning Plan articulates our commissioning needs and our Market Position Statement will describe how we work with providers to develop the market conditions to meet these needs. We will work with the market to develop assets from which high quality and appropriate services can be delivered. The aim will be to commission services delivered from premises which the provider will either own or lease. ACHSCP will cover the cost of the premises as part of the commissioning budget. ACHSCP will have no direct responsibility in terms of the premises but the quality of the environment within which the service is delivered will be managed via the contract for the commissioned service.

Premises costs are a necessary part of overall service delivery costs. In line with our Medium-Term Financial Framework and our Transformation Programme we aim to maximise service delivery whilst minimising costs. As such, an important aspect of our Asset Management Strategic Statement is the principle of rationalisation, where we will keep our premises requirements under continual review with the aim of using as few premises as possible whilst still meeting client and patient need.

4. Covid-19

The global pandemic of 2020 has impacted on some of the decisions we have to make in terms of premises. Physical distancing measures have reduced bed availability, increased infection prevention and control measures are required, and patient and client usage of services has changed. All of these have impacted on the way we design and deliver services and we are reviewing our asset requirements in light of this.

5. Working with our Statutory Partners in Asset Management

5.1 Aberdeen City Council Asset Management Framework

The Aberdeen City Council Asset Management Framework is aligned with corporate goals and objectives and managed in an active, effective and efficient manner.

The Property Asset Management Framework sets out how property asset management is delivered to enable the authority to meet its long-term corporate goals and objectives. The Framework forms part of a three-document approach to property asset management. Comprising:

1. Property Asset Management Policy
2. Property Asset Management Framework / Strategy
3. Property Asset Management Action Plan

The Strategic Asset and Capital Plan Board has overall responsibility for assets, with the Heads of Land & Property Assets and Policy, Performance & Resources tasked with the delivery of the overall strategy. The Strategic Asset and Capital Board has an oversight and stewardship role for the delivery of the Strategic Infrastructure Plan (SIP) and the Council's Non-Housing Capital Plan. The Board provides strategic direction and makes decisions, where relevant, on Council assets and strategic infrastructure proposals, and as such provides stewardship to the delivery of the Council's Corporate Asset Management Plan (CAMP) and associated Asset Management Plans.

ACHSCP work with colleagues in ACC Property and Assets to ensure the current assets that we use are managed appropriately and that our future needs are considered in their asset management process.

Most of the Council assets utilised for social care provision are not used directly by ACHSCP in-house services. 99% of adult social care services are externally commissioned and the services are delivered on premises either owned or leased by the commissioned provider. Should an externally commissioned service utilise an ACC asset there tends to be a formal lease agreement and maintenance etc. is arranged directly between ACC as the Landlord and the Provider as the lessee.

5.2 NHS Grampian Asset Management Plan

NHS Grampian's Asset Management Group (AMG) continuously reviews the status of the Board's infrastructure plans including:

- Major site developments
- Primary Care Premises Strategy
- Strategic Risk Assessments

The NHS Grampian Primary Care Premises Plan sets out the key overall priorities as assessed by the NHSG Primary Care Premises Group (PCPG). The plan is reviewed and updated annually prior to submission to the NHS Grampian Asset Management Group. This review is undertaken in conjunction with ACHSCP.

Small improvement grants can offset the need for major redevelopments, but there comes a point when the condition of a building and the volume of activity they can sustain requires a new build to be planned. As such the PCPG agrees priorities across Grampian for capital investment

The NHSG Primary Care Premises Group has representation from across ACHSCP including:

- Clinical Lead
- Primary Care Lead GP Services
- Primary Care Lead – Dentistry, Optometry, Pharmacy & Psychology
- Programme Manager (Capital)
- Buildings and Admin Support Services Manager

Through membership of AMG and PCPG, ACHSCP are able to influence decisions and planning in relation to assets.

5.3 Capital Programme Boards

There are three Capital Programme boards in place to oversee the four capital projects that are being developed by NHSG to benefit service delivery for ACHSCP. These include:

- Denburn/ Greenferns (overseen by the City Programme Board)
- North Corridor
- Countesswells (Overseen by the City Programme Board)
- Danestone

These boards have a wide representation from ACHSCP and both strategic partners, including from Leadership Team, Property and Assets, Primary Care and Social Care. The boards review progress on all capital projects ensuring the strategic vision for service delivery will be achieved.

Currently we are only progressing those projects that are currently funded i.e. Denburn/Greenferns and Countesswells. Work has been undertaken on other projects, but this has been paused pending funding decisions.

The Covid-19 situation described at section 3. above has led us to review our needs for major asset developments and the strategic needs assessment within the Outline Business Case for Denburn/Greenferns is currently being reviewed in light of our current needs post pandemic.

6. Directions

There is an established mechanism whereby IJB can formally request one or both of the Statutory Partners to take action in relation to assets. This is achieved via a Direction made in relation to a decision taken at an IJB meeting. The use of Directions is governed by the Scheme of Integration and the implementation of Directions is monitored by the Risk Audit and Performance Committee of the IJB.

7. Actions and Timelines

ACHSCP will continue to work in partnership with ACC, NHSG and commissioned providers in relation to the building assets they use. This will be done on an ongoing basis by

- Continuing to input into the Asset Management Plans of ACC and NHSG
- Including infrastructure requirements in the Service and Strategic Plans
- Continuing to oversee Capital Programme Boards to ensure any new build projects are fit for Health and Social care services.
- Continuing to promote the use of Improvement Grants where appropriate.
- Refreshing our Strategic Commissioning Plan to clarify commissioning requirements
- Developing a Market Position Statement to help shape the market in relation to asset requirements.

Specific actions to deliver on this Asset Management Strategic Statement are: -

Action	By When	By Who
Refreshed OBC Denburn/Greenferns	October 2020	Strategy Lead
Develop Market Position Statement	December 2020	Lead Commissioner
Review Primary Care Premises Plan	October 2021	Strategy Lead
Refreshed Commissioning Plan	March 2022	Lead Commissioner
Refreshed Strategic Plan	March 2022	Strategy Lead
Refresh Service Delivery Plans	March 2022	Strategy Lead

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RISK AUDIT AND PERFORMANCE

Date of Meeting	3 rd November 2020
Report Title	Alcohol and Drug Partnership Funding
Report Number	HSCP.20.059
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author Details	Name: Simon Rayner Job Title: ADP Lead Email Address: simon.rayner@nhs.net Phone Number: 07910171129
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	1. Project Summaries 2. Progress Monitoring

1. Purpose of the Report

- 1.1. This report seeks support for Alcohol and Drug Partnership (ADP) investment plans that have been developed as a result of budget slippage and the impact of emergent issues as a result of COVID 19

2. Recommendations

- 2.1. It is recommended that the Committee:
- a) Approve the proposals and agree that the APD progresses developments

3. Summary of Key Information

- 3.1. On the 3rd Sept 2019 the IJB agreed investment by the Alcohol and Drug Partnership (ADP) of £1.3m. Good progress has been made toward recruitment and an annual report was presented to the IJB on the 8th Sept 2020. Due to some posts taking longer to fill than expected and the impact of COVID 19 on recruitment and operationalising plans the ADP has



RISK AUDIT AND PERFORMANCE

incurred slippage on planned investments. Further, due to COVID 19 some planned projects are no longer feasible or desirable in the short term and have therefore been reprioritised to ensure that resources are being utilised where there is evidenced need.

- 3.2. The request from the AHSCP Chief Finance Officer was for the ADP to engage and develop ideas that could 1) be deployed quickly 2) meet emergent short-term needs.
- 3.3. As with other projects that have been funded as tests of change, if successful, longer term recurring funding will be identified through service redesign and transformation as the ADP seeks to move towards a strategy based on earlier intervention. This is line with the “Alcohol and Drug Partnership (ADP) Investment Plan: Programme for government 2018-19: additional investment in services to reduce problem drug and alcohol use” agreed by the IJB on 11th Dec 2018.
- 3.4. These projects will be taken forward using Community Planning Partnership Improvement Methodology to demonstrate progress and outcomes.
- 3.5. Members of the ADP, including people with lived experience, the AHSCP and wider services were asked for ideas and suggestions which were then developed further.
- 3.6. The Scottish Government published its national drug and alcohol strategy in November 2018: **Rights, Respect, Recovery** which allowed us to ensure strategic fit with developing priorities. Funding allocated to ADPs is to locally deliver the national strategy: [Rights, Respect, Recovery](#). The IJB is accountable for the financial governance of this investment.
- 3.7. The ADP membership has representatives of:
 - Police Scotland
 - Scottish Prison Service
 - Aberdeen City Council (including Elected Members)
 - NHS Grampian Public Health
 - Aberdeen City Health and Social Care Partnership
 - Scottish Fire and Rescue Service
 - Aberdeen’s 3rd Sector Interface (ACVO)
 - Civic Forum
 - Aberdeen In Recovery (people with lived experience of addictions)



RISK AUDIT AND PERFORMANCE

The ADP works in partnership with:

- Public, localities, communities of interest and service users
- Community Planning Partnership; specifically, Community Justice Board, Integrated Children's Services Board, Resilient, Included and Supported Group
- Public Health and Managed Clinical Network for Sexual Health and Blood Borne Viruses
- Aberdeen Health and Social Care Partnership staff

- 3.8.** ADPs, although required by the Scottish Government, are non-constituted bodies and as such governance and scrutiny are provided by the IJB. ADP officers are employed through the IJB. The scope of an ADP is wider than adult health and social care and therefore the ADP also sits as group within the Community Planning Partnership as an Outcome Improvement Group (OIG). Adult alcohol and drug treatment services are the responsibility of the Health and Social Care partnership
- 3.9.** The Scottish Government published its national drug and alcohol strategy in November 2018: Rights, Respect, Recovery which allowed us to ensure strategic fit with developing priorities.
- 3.10.** The ADP has developed a framework for investment based on Scottish Government priorities and local performance. The IJB is accountable for the governance of this investment. This was ratified by the IJB on 11 December 2018.
- 3.11.** The ADP has established and prioritised 13 Improvement Aims within the LOIP based on local need with an overall stretch aim of the "Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026"
- 3.12.** The ADP established a Delivery Framework within five work streams to incorporate the Improvement Aims, national priorities from Rights, Respect and Recovery and "single system" objectives such as service development and improvement. These themes are:



RISK AUDIT AND PERFORMANCE

Theme 1: Whole-Family Approach

Theme 2: Reducing Harm, Morbidity and Mortality

Theme 3: Service Quality Improvement

Theme 4: Supporting Recovery

Theme 5: Intelligence-Led Delivery

3.13. Progress against the Delivery Plan can be found at Appendix 2

3.14. Projects that have been revised are:

Ref	Narrative	Sum to be redeployed
1	Executive Programme – this sought to invest £50k in CPD for senior officers in relation to drug and alcohol issues and to underpin proposals by Public Health Scotland to support a “whole-system” approach to the topic. It is proposed that this funding is utilised on emergent themes and the programme revisited next year when face-to-face CPD can be undertaken and Public Health Scotland are available. This will retain the ethos of developing innovative thinking to addressing complex system wide issues	£50,000
2	Localities Development Worker – this sought to fund a 1 year post at a cost of £43k to help facilitate community development of ideas and projects to take forward within the Local Outcome Improvement Plan. It is proposed that this funding is utilised to deal with more immediate emergent issues and the community development element is support from within “in-house” capacity.	£43,000
3	GP Vision Programme – this sought to invest £10k annually in licence fees to upgrade Vision to enable recall and flagging of at risk patients. This aspiration has been superseded by natural system improvements.	£10,000
4	In the initial version of the financial plan we had an unallocated sum of £100k this has been revised as of October 21 to indicated unallocated available funding in 20/21 as £182k	£182,000



RISK AUDIT AND PERFORMANCE

5	Slippage on operationalising funded posts is estimated at £43k. Recruitment process has been reactivated and the assumption is that costs will be incurred from November onwards.	£43,000
6	Localities Funding - as per update report to IJB in Dec 2019 funding of £300k that had been allocated equally to the three city localities was to be moved to be distributed through the Health Improvement Fund (HIF) process from August 2020. As there have been emergent issues in localities and new opportunities, in particular in relation to young people affected by substance use, drug and alcohol A&E attendances and prison liberations it is proposed to use £50k from each of the three localities to support initiatives to support communities.	£150,000
7	In total this equates to £478k (of which £10k is recurring) to be redeployed towards supporting emergent community themes and supports Operation Home First.	<u>£478,000</u>

3.15. The ADP Lead has spent time engaging with a range of stakeholders in developing ideas that fit with the overall ADP Delivery Plan objectives. The proposals have all been presented to the ADP members. The ADP now has a list of prioritised and scalable projects to progress as and when funding is available. There are some uncertainties and assumptions regarding finance that require clarification.

3.16. Proposed projects are:

Ref	New Projects	Cost
a)	Public Protection Learning and Development	£25,000
b)	Young People Resilience Hub (@ 9 months)	£79,000
c)	Prison Throughcare (@ 24 months)	£70,000
d)	Link worker A&E (@ 14 months*)	£46,000
e)	IT for drug and alcohol services	£50,000
f)	Drug Death Prevention - Accommodation Technology	£70,000
g)	Fast Track BBV Test and Treat	£65,000
	Total	£405,000
	Balance	£73,000



RISK AUDIT AND PERFORMANCE

*Depending on contract advice

The ADP have agreed that, due to timescales and social distancing, projects proceed as proposals, and that once high level agreement is achieved, fuller engagement with people with lived experience and other stakeholders is supported

4. Implications for IJB

4.1. Equalities

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

4.2. Fairer Scotland Duty

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

4.3. Financial

No direct financial costs to HSCP

4.4. Workforce

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

4.5. Legal

Contractual issues with existing providers



RISK AUDIT AND PERFORMANCE

4.6. Covid-19

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

5. Links to ACHSCP Strategic Plan

5.1. This report seeks to support both the ACHSCP Strategic Plan and the ADP Delivery Plan and support the most vulnerable people impacted by drugs and alcohol through supporting Prevention, Resilience and Connections. The primary direct link is with the Prevention Aim and the commitment of addressing the factors that cause inequality in outcomes in and across our communities.

6. Management of Risk

6.1. Identified risks(s)

The main risk is from delay in agreeing priority investment whilst people continue to be harmed from the impact of alcohol and drugs

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

The main risk relates to not achieving the transformation that we aspire to, and therefore our ability to sustain the delivery of our statutory services within the funding available. The resultant risk is that the Integration Joint Board fails to deliver against the strategic plan.

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

Risk 5. "There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet performance standards or outcomes as set by regulatory bodies."



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



RISK AUDIT AND PERFORMANCE

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

This report seeks to take forward projects that help invest ADP funding in projects that can be delivered quickly, meet needs of Operation Home First and the local requirements of the ADP.

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



RISK AUDIT AND PERFORMANCE

APPENDIX 1

a) Public Protection Learning and Development £25k

Evidence shows us that there are multiple cross cutting issues such as correlations between domestic abuse, alcohol use, child protection, adults at risk, drug related deaths, child neglect amongst many others

In June the Chairs and Lead Officers of four groups with roles in relation to public protection, Child Protection Committee, Adult Protection Committee, Alcohol and Drugs Partnership and the Violence Against Women Partnership, met jointly to discuss areas of common interest and to explore cross cutting themes. This was generally felt to have been a positive meeting and that emergent themes of risk management, data, cross cutting practice and a need for Public Protection learning and development were evident.

This proposal seeks to support system wide thinking and approaches to public protection to ensure a more preventative response to harm. Success will be gauged by the emergent data and plans that allow us to support Aberdeen Together and ensuring that cross cutting issues are routinely embedded in a whole systems approach to public protection.

To help support the joint Learning and Development approach the ADP is proposing to invest £25k into this area to help support:

- Resources to support senior officers outlining public protection strategic groups, their role and their interface
- Enhance the Getting It Right For Every Child (GIRFEC) website to host all L&D materials for professionals and to provide information to the public about public protection issues
- Commission L&D tutorials from specialists in their topics utilising local experts to ensure that it bespoke to Aberdeen
- Link in with national campaigns such as the current Safe Spaces campaign re domestic abuse

Those involved in developing this have been:

- Chief Social Work Officer
- Service Manager, Integrated Children & Family Services



RISK AUDIT AND PERFORMANCE

- Chairs and Lead officers of the APC, CPC, ADP, VAWP

Proposed funding source: use £25k of funding earmarked for Senior Officer CPD

This proposals supports with the ADP Delivery Plan Workstream 1 theme of **Whole Family Approach** to reducing and preventing harm, and with the AHSCP Strategic Plan intention of working with partners to achieve positive health outcomes for people and address the preventable causes of ill-health in our population.

b) Young People Resilience Hub – alcohol and drugs £79k

The COVID-19 pandemic has seen a significant change in the needs of children and families and Community Planning Partners had to quickly and proactively respond.

Children and Family Services identified that some children and young people would require a level of targeted support beyond that possible through schools' digital and enhanced contact and from planned contact with Children's Social Work professionals.

As a response three resilience hubs for young people were formed, combining, education, social work and community resources. The hubs, in recognition of the links between child poverty and neglect/family breakdown provide practical support which has been a critical success factor of the hub model.

During 6 weeks between 7th April and 12th May substance use was raised 91 times as an emergent issue / theme.

Data from the hubs clearly shows how the family environment is impacting on children and young people and highlights a need to link more fully with colleagues in health and across the Alcohol and Drugs Partnership in order to develop an appropriate local response.

The APD is proposing to invest in three workers aligned to each hub for a period of nine months. After this time a review take place to consider longer term requirements.

Workers will be procured from the Third Sector

3 x young people resilience workers @ £35k for nine months £79k



RISK AUDIT AND PERFORMANCE

Those involved in developing this have been:

- Chief Social Work Officer
- Chief Education Officer

This proposal fits with the ADP Delivery Plan **Workstream 1** theme of Whole Family Approach to reducing and preventing harm, and with the AHSCP Strategic Plan intention of working with partners to achieve positive health outcomes for people and address the preventable causes of ill-health in our population.

c) Prison Through Care £70k

Proposal is to create a worker to engage with people being released from prison to ensure they actively accessed the appropriate services to maintain their recovery and wellbeing in the community. There have been seven drug related deaths of people liberated from prison within the last two months.

The worker would engage with people identified at the case management board who would require help to access relevant support. Discussions with the individuals would start in prison prior to release and would aim to have a plan to ensure all identified actions were complete. This would include benefits, health and recovery service, housing, counselling, practical support and any others identified. The aim of this worker is not to provide ongoing long term support but to case manage and ensure access to support is achieved.

The worker will be procured from the Third Sector.

1x Key worker for Prison @ two years £70k

Those involved in developing this have been:

- Head of Offender Outcomes, Scottish Prison Service, HMP & YOI Grampian
- Development Team Leader, Aberdeen City Council, Housing Access and Support



RISK AUDIT AND PERFORMANCE

This proposal fits with the ADP Delivery Plan **Workstream 2** theme of Reducing Harm, Morbidity and Mortality, and with the AHSCP Strategic Plan to support Connections and Resilience.

d) Link Worker – A&E

Proposal is to invest in a Link Worker to be based at the Emergency Department (ED) for test of change; they will be part of Primary Care network of support; help reduce the underlying causes of potential readmission across the full remit of Link Worker role: finance, housing, domestic abuse, drugs, alcohol, health and wellbeing etc. Data indicates:

- Alcohol related admissions dropped during COVID but are increasing and return to pre COVID 40 per week
- Using SPARRA data we see a significant number of patients at risk of alcohol related re-admission
- Twenty-seven (57%) Aberdeen postcode areas are above Scottish average for generating alcohol related admissions (deprivation)
- 2550 emergency alcohol related hospital admissions in 6 months to May 2016 (SPARRA) generated by 1117 people in Aberdeen City. 10 GP practices have 56% of the at risk of alcohol related readmission patients (SPARRA)
- About 30% of GP referrals to alcohol services don't appear
- We tracked back 2-year activity of 85 alcohol related deaths. 2977 bed days cost of £1.5m
- We have information about alcohol related admissions but not information about drug related admissions and in particular drug related overdoses
- Non-fatal overdose is a strong indicator for future fatal overdose.
- An assertive outreach team is being formed in the City to engage with people at risk of drug related death; there is an increasing list of risk criteria
- NHS Lothian have a scheme whereby specialist drug services are alerted when there is a drug overdose admission; the service then undertakes outreach to the individual

Those involved in developing this have been:

- AHSCP Senior Leadership Team
- Primary Care Lead GP Services
- Senior Operational Response Team



RISK AUDIT AND PERFORMANCE

- Divisional Operational Manager, Division of USC (ED, Acute Med, Short Stay Med, H@N, S&C)

This proposal fits with the ADP Delivery Plan **Workstream 2** theme of Reducing Harm, Morbidity and Mortality, and with the AHSCP Strategic Plan to support Connections and Resilience. The proposal also supports Operation Home First in seeking to reduce admission to A&E and make better use of existing commissioned pathways.

e) IT Funding

There are 75 specialist drug and alcohol staff working in services who have access to four laptops, but this is predominantly Medical and Pharmacy staff.

An IT review has been undertaken for health and social care staff by MH&LD Support Manager. We require to get our community staff to a standard where they can proactively work flexibly moving forward, link into MS team meetings & online training, access clinical data from home and use NHS Near me. At present all their IT equipment is desktop computers in their existing offices which they now have limited access due to following social distancing guidance.

IT kit - £50k

Those involved in developing this have been:

- Frontline and Admin Staff
- Social Work Service Manager
- Substance Misuse Service Operational Management Team
- Assistant Service Manager MH, LD and SMS

This proposal fits with the ADP Delivery Plan **Workstream 4 theme** of Service Quality Improvement, and with the AHSCP Strategic Plan to support Prevention, Connections and Resilience.

f) Drug Death Prevention - Accommodation Technology

This proposal seeks to develop the use of tele-healthcare technology to prevent drug related deaths. By using existing kit that is used to help support older, frail and vulnerable people we seek to undertake a research project to evaluate the use of such technology in preventing drug related deaths. By using breathing,



RISK AUDIT AND PERFORMANCE

movement and vital signs trackers we aim to provide an early warning of when individuals encounter potentially life-threatening symptoms. Kit will be linked to response services and in particular an “on call” service delivered by Bon Accord Care and funded by ACC Housing Service.

This proposal will be supported from independent research undertaken by Chair of the National Drug Death Taskforce.

ADP funding will support the purchase of kit (£60k) and the research (£10k). The response service will be funded by ACC Housing Service.

Those involved in developing this have been:

- Development Team Leader, Aberdeen City Council, Housing Access and Support
- Bon Accord Care
- Professor of Substance Use, University of Stirling

This proposal fits with the ADP Delivery Plan **Workstream 2** theme of Reducing Harm, Morbidity and Mortality, and with the AHSCP Strategic Plan to support Prevention, Connections and Resilience.



RISK AUDIT AND PERFORMANCE

g) Fast Track BBV Test and Treat

This proposal seeks to fund the purchase of a mobile testing machine that will be able to be used to test for Blood Borne Viruses. Currently when a test is taken it is sent to virology labs for processing with the results taking up to 7 days to be available. Depending on the result further appointments are then required to follow up and initiate treatment.

This machine can be used to be near patients, produce results in 60 – 90 minutes which can allow treatment, if required, to be initiated immediately.

Data shows that through COVID the number of people accessing clean injecting equipment has dropped. Currently we don't know what this means – it could mean people are re-using equipment and / or sharing equipment which increase the risks of infection.

Glasgow currently has a significant outbreak of HIV amongst their drug using population. HEP C continues to be a prevalent blood borne virus within our population, with the Scottish Government setting eradication as a high level ambition.

This proposal will allow testing, results and treatment to be undertaken within 1 appointment whilst the patient is attending our Integrated Drug Service.

This proposal will run as a test of change and supports the principles of Operation Homefirst as well as giving us an “early warning” system for a potential outbreak of HIV or HEPc and allow appropriate Health Protection action to be undertaken.

The ADP funding will support the purchase of a testing machine and testing cartridges – this will cost £65k. Public Health Research will undertake evaluation of the project. The Peter Brunt Centre Liver Service will support and lead the development.

Those involved in developing this have been:

- Managed Clinical Network for Sexual Health and BBVs
- Substance Misuse Service
- Public Health Researcher



RISK AUDIT AND PERFORMANCE

This proposal fits with the ADP Delivery Plan **Workstream 2** theme of Reducing Harm, Morbidity and Mortality, and with the AHSCP Strategic Plan to support Prevention

Appendix 2

Progress Monitoring

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

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

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

Page 43

- 1) Established and prioritised 13 Improvement Aims within the LOIP based on local need with an overall stretch aim of the “**Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026**”
- 2) The ADP established a Delivery Framework within five work streams to incorporate the Improvement Aims, national priorities from Rights, Respect and Recovery and “single system” objectives such as service development and improvement. These themes are:

Theme 1: Whole-Family Approach

Theme 2: Reducing Harm, Morbidity and Mortality

Theme 3: Service Quality Improvement

Theme 4: Supporting Recovery

Theme 5: Intelligence-Led Delivery

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

Theme 1: Whole-Family Approach

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

Page 44

Improvement Charters		Status	Progress	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21
All data updated monthly																	
	Increase the % of Care experienced children and young people receiving educational and support input on alcohol / drugs issues by 2021	Agreed by CP Board - Sept	TW/SR	4	4	4						4	4				

	100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021	Agreed by CP Board - Sept	GM/L M/SR	4	4	4						4	4				
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Commentary: Aug 2020

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

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

Theme 2 Reducing Harm, Morbidity and Mortality

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

support our ambition for our strategy to be rooted in community action		alcohol and drugs in line with ADP Framework.		
2e Fund, in line with ADP specification, 1x Custody Link Worker up to the value of £80,000 over a two year fixed period to support continuity of treatment and care between community and justice (previously agreed – included for context)	Feb 2020	Worker in post working with staff in Kittybrewster, identifying underlying health and wellbeing issues, linking with Primary Care	Chris Smillie / ACHSCP	This post is filled but delayed due to requirement for normal police checks and then restrictions due to COVID. Near Me being looked as an alternative model.

Improvement Charters		Status	Progress	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21
All data updated monthly																	
1	Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2021.	Agreed by CP Board - Sept	TS/SR	6	6							6	6				
2	Reduce the number of births affected by drugs by 0.6 %, by 2022	Agreed by CP Board - Sept	SR	4	4												
3	Increase by 100% the number of Alcohol brief interventions (ABI)	Agreed by CP	TS	6	6							6	6				

	delivered in Aberdeen City by 2021	Board - Sept															
4	Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2021.	Agreed by CP Board - Feb	SR/LA	5	5							6	6				
5	Increase the number of alcohol licensed premises awarded Best Bar None status by 2021.	Agreed by CP Board - Sept	MH	5	5							6	6				
6	Increase % of the population who feel informed about using alcohol responsibly by 2021	Agreed by CP Board - Feb	GR	5	5							6	6				
7	Increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2021	Agreed by CP Board - Feb	SR	5	5							6	6				
8	Increase by 10% the percentage of adults in Aberdeen City who are non drinkers or drink alcohol in a low risk way by 2021.	Going to CP Board June 21							Charter required								

9	Increase the uptake of alcohol treatment by improving access to alcohol services and ensuring they are local, integrated and targets areas of greatest need by 10% year on year by 2021	Going to CP Board June 21														Charter required	
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Commentary: Aug 2020

- We have made good progress in developing our Assertive Outreach team. We have successfully recruited a lead co-ordinator from Police Scotland and are in the process of finalising data sharing agreements between partners. This will allow... We are in the final stages of contracting of contracting two assertive outreach workers for to provide a frontline response for the most at risk of drug related death.
- Good progress in recruiting to a joint ADP / Violence Against Women Partnership Post to improve tenancy retention, support women and pathways for those vulnerable to gender based violence.
- We have also been successful in recruiting a Band 7 nurse to work as an Advanced Nurse Practitioner. This post will across our services providing a service to
- We have also been successful in recruiting a Clinical Lead GP for Substance Use. This post will help provide leadership across primary care to develop consistency and practice and provide decision support and quality assurance.
- Due to COVID it is proposed to reinvest funding ear-marked for an ADP specification a Locality Based Development Worker. This is on the basis that it is unlikely that face-to-face development work will be able to be undertaken and this would mean that the funds would be under-utilised whilst there is evident unmet need in the community.
- Due to COVID planned work with Public Health Scotland to examine and develop a “whole-system” approach to drug and alcohol issues has been impacted. This has a significant impact on the work we had been planning in relation to whole population approaches to harmful alcohol consumption.

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

Theme 3 Service Quality Improvement

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

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

	Service Objectives – 3 Year	Outputs	Who will be responsible?	Progress Update	RAG
1	<ul style="list-style-type: none"> Increase number of women engaged in the service Increase uptake of male and female contraception 	Support the roll out and use the Vision/ EMIS Guideline and ensure that associated tasks are identified and	All Drugs / Primary care clusters	Services have predominantly been invested in developing response to COVID.	

	<ul style="list-style-type: none"> • Increase the number of people who have sexual health education input • Increase the number of medicine reviews • Increase distribution of naloxone • Increase uptake of BBV testing 	taken forward through the MDT Recovery Meeting			
2	BBV's Support the efforts to reduce risks associated with injecting behaviour and collaborate on the agenda to eradicate Hepatitis C by ensuring increase in the uptake and consistency of DBST and BBV treatment across the team.	Increase uptake of BBV testing / treatment within team. Ensure staff trained, supported, and confident	All		
3	As a minimum undertake an annual recovery meeting to review whole practice patient population.	MDT Recovery Meetings recorded	Drugs / Primary care clusters		
4	Retention Develop and Support innovation to reduce the discharge rate from the service.	Ensure cases are appropriately managed and reviewed to ensure service is safe, effective, person centred Ensure that there are opportunities for those at risk to reduce harm and improve health and wellbeing outcomes.	Drugs		
5	Naloxone – Support culture of naloxone being available for all forms of opiod use including prescribed medications and ensure that all service users (including family and significant others) are supplied naloxone and routinely reoffered.	Increase distribution of naloxone. Ensure staff trained, supported, and confident	All		
6	Demonstrate improvement and utilisation of the Alcohol Hubs in line with remit	Baseline data improvement in uptake. Hospital admission data related to each Hub	Alcohol		
7	Increase the uptake of IAS and increase service caseload by 20% each year.	Caseload data. Duration of engagement	Alcohol		
9	*Waiting Times (SMS) – Current target 90% of patients to start treatment within 21 days of treatment. Production of Monthly Waiting Times Reports. Identify issues and develop plan to resolve.	Ensure cases are appropriately managed and reviewed to ensure service is safe, effective, person centred and can meet obligations to waiting time standard	All		
10	*Performance Monitoring (SMS) – Produce Performance review report for each SMS cluster and Service Level report. Data to be	Ensure data requested is supplied accurately and on time	All		

	reviewed with Team Leaders and action plans put in place as required.	National Quality Principles / Quality assurance measures (TBD) are reported			
11	*Customer Feedback (SMS) – Review Quality & performance measures as part of performance report which would include Service User Feedback & outcomes for Service Users.	Seek service user feedback from surveys, observed practice, shadowing, “you said, we did” etc	All		
12	*Drug & Alcohol Related Deaths & Complaints – Ensure learning from DRDs/ Complaints are shared with all staff – distribution via email and Shared Learning Events.	Review forms are completed in conjunction with supervisor Cases / learning discussed at Communication meeting / team meetings, clinical forums	All		
13	Contribute to service development, implementation and reporting of Quality Assurance Framework and the National Quality Principles, Grampian Clinical Development and Governance Framework.	Participation / contribution to clinical leadership, observed practice, shadowing, supervision	All		
14	Support the implementation of the Scottish Government Daisy (Drug and Alcohol Information system).	Ensure data requested is supplied accurately and on time.	All		
15	Take forward recommendations in relation to “The Delivery of Psychological Interventions in Substance Misuse Services in Scotland Report”.	Staff have training plans. Staff have access to supervision and coaching. Staff use and are supported to use core behavioural skills. Trauma is recognised in and discussed in care formulations and discussed in supervision.	All		

*IJB level objectives

Commentary: Aug 2020

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

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

Theme 4 Supporting Recovery

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

Page 55

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

	<p><i>their community by 2021.</i></p>																																
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Commentary: Aug 2020

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

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

Theme 5 Intelligence-led Delivery

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

Commentary: Aug 2020

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

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

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RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	3 rd November 2020
Report Title	Performance – Operation Home First – Aberdeen City Priority Projects
Report Number	HSCP.20.056
Lead Officers	Alex Stephen, Chief Finance Officer
Report Author Details	Alison MacLeod, Lead Strategy and Performance Manager alimacLeod@aberdeencity.gov.uk 07741 237034
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	Appendix A: Situation Report Updates and Flash Reports for OHF Priority Projects

1. Purpose of the Report

The purpose of this report is to provide an update on the performance of the Aberdeen City Priority Projects relating to Operation Home First (OHF).

2. Recommendations

2.1. It is recommended that the Risk, Audit and Performance Committee:

- a) Note the information provided in this report

3. Summary of Key Information

Background

3.1. At its meeting on 9th June 2020, the IJB were updated on creating the environment in which positive change can be maintained whilst living with Covid-19. This approach is known as Operation Home First which is being delivered jointly by the three Health and Social Care Partnerships in



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Grampian along with NHS Grampian Acute Services. Each partner having responsibility for a number of priority projects.

- 3.2. A further report was presented to the Risk Audit and Performance meeting of 23rd September 2020 which detailed the priority projects relating to Operation Home First which are being progressed by Aberdeen City Health and Social Care Partnership (ACHSCP) and how these align to the strategic plan, the five programmes of transformation, and the Medium Term Financial Framework.
- 3.3. The report on 23rd September 2020 also detailed how Operation Home First as a whole would be evaluated across Grampian, noting that a performance Dashboard would be developed by the end of October 2020.
- 3.4. Whilst that work is ongoing, ACHSCP continue to monitor the delivery of the priority projects it has responsibility for. These include four that are part of the Grampian wide evaluation and a further seven that are local priorities: -
 1. Frailty Pathway
 2. MH/LD Service Transformation
 3. Older Adult Mental Health Pathway
 4. Immunisations
 5. Digital
 - a. Health Visiting
 - b. Implementation of NearMe
 6. Locality Empowerment and Engagement
 7. Community Treatment and Care Services (CTAC)
 8. 2C Redesign
 9. Implementation of new Care at Home Contract
 10. Stepped Care Approach
 11. Aberdeen Together
 - a. Holistic Locality Planning
 - b. Integrated Access Point
 - c. Multi-disciplinary Intervention Team
- 3.5. Appendix A details the latest Situation Report for these projects along with the latest Flash Reports. Points of note are: -



RISK, AUDIT AND PERFORMANCE COMMITTEE

- Special IJB meeting approved the proposal for a new integrated service to be delivered at Rosewell House as part of the Frailty Pathway with Aberdeen City Council (ACC) as the registered provider
- Paper on Mental Health (Care and Treatment) (Scotland) Act 2003 in relation to detentions to be shared to determine how to deal with these within the Frailty Pathway.
- There is a risk of clinical challenge to the Older Adults Mental Health Pathway which means this may be delayed.
- Delivery of the Flu Immunisation Programme has been challenging with last minute changes to the process for issuing appointment letters causing delays in patients getting letters which is impacting attendance rates. This could impact on the timescale it takes to deliver the programme and the costs.
- There was a presentation at the IJB Workshop on 20th October on 2C Redesign, the final report will be submitted to the December IJB meeting.
- Implementation of the Care at Home Contract is progressing well.

4. Implications for IJB

- 4.1. **Equalities** - The content of this paper aligns with our Strategic Plan, for which a full equalities and human rights impact assessment has been undertaken. The assessment, on the whole, was positive in relation to the Strategic Plan's impact on equality and diversity within Aberdeen.
- 4.2. **Fairer Scotland Duty** - There are no implications as a direct result of this report.
- 4.3. **Financial** – Transformation is key to ensuring financial sustainability of the partnership. Funding for delivery of the ACHSCP OHF priorities has been identified from existing budgets.
- 4.4. **Workforce** – Resource for delivery of the ACHSCP OHF priorities has been identified from existing.
- 4.5. **Legal** -There are no direct legal implications arising from the recommendations of this report.
- 4.6. **Other** - NA



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5. Links to ACHSCP Strategic Plan

5.1. The ACHSCP priorities within the Operation Home First portfolio seek to directly contribute to the delivery of the aims and enablers within the strategic plan:

Project	Strategic Aim
Frailty Pathway	Prevention, Resilience, Personalisation
MH/LD Service Transformation	Prevention, Resilience, Personalisation
Older Adult Mental Health Pathway	Prevention, Resilience, Personalisation
Immunisations	Prevention
Digital Implementation of NearMe & Health Visiting	Digital Transformation
Locality Empowerment and Engagement	Connections, Communities
Community Treatment and Care Services (CTAC)	Prevention, Personalisation
2C Redesign	Personalisation
Implementation of new Care at Home Contract	Prevention, Resilience, Personalisation
Stepped Care Approach	Prevention, Resilience, Personalisation
Aberdeen Together: - Holistic Locality Planning Integrated Access Point Multi-disciplinary Intervention Team	Connections, Communities Personalisation Prevention, Resilience, Personalisation

6. Management of Risk

6.1. Identified risks(s)

Risks relating to the Transformation Programme are managed throughout the transformation development and implementation processes. The Executive Programme Board and portfolio Programme Boards have a key role to ensure that these risks are identified and appropriately managed. High level risks to programme delivery and mitigating actions are identified within progress reports reported on a regular basis to the Risk, Audit and Performance Committee.

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

The main risk relates to not achieving the transformation that we aspire to, and the resultant risk around the delivery of our strategic plan, and therefore our ability to sustain the delivery of our statutory services within the funding available.



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



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

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

9. There is a risk that if the system does not redesign services from traditional models in line with the current workforce marketplace in the city, this will have an impact on the delivery of the IJB Strategic Plan.

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

This paper updates the Risk, Audit and Performance Committee information on the progress of the Aberdeen City priority areas within Operation Home First that will help provide assurance of whether these are performing as expected.

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



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Appendix A. SIT Report Update & Flash Reports for the ACHSCP Priority Projects as at 26th October 2020

1. Frailty Pathway

Key Updates	New Risk/Issues/Escalations
Frailty Pathway	
<ul style="list-style-type: none"> • Further revision of the frailty pathway plan and associated timelines, at the end of last week (w/c19/10/20) the programme plan along with current actions have been revised with new timelines. • Responsible and actioning officers need to be identified for all workstreams. Still to confirm for Aberdeenshire. • The programme meeting structures, and meeting schedules will be revised • Frailty pathway FAQ document circulated with briefing on Friday 2nd October 2020 • Special IJB meeting outcome – Approved the proposal that the new integrated service to be delivered at Rosewell House with the care Inspectorate with Aberdeen City Council (ACC) as the registered provider; to develop a specific Service Level Agreement (SLA) with Bon Accord Care (BAC) to reflect the new arrangements; and to vary both the lease of the building and the current contract with BAC to reflect these changes. • Mental Health (Care and Treatment) (Scotland) Act 2003 in relation to detainments. Paper to be shared with sub group on Friday 9th October with suggestion options. Teresa Waugh and Kay Dunn developing. 	<p>Capacity needs to be created in Roswell House. COVID outbreak in Rosewell House. SRO aware of all new risks & issues</p>



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<p>Name of project: Frailty Pathway</p>	<p>Report author: Heather Tennant Date of report: 23/10/2020</p>
<ul style="list-style-type: none"> • Objective of project: Agree a redesigned frailty service delivery model. Informing this will include reviewing available data/information on activity levels prior to COVID in this patient cohort such as occupied bed days, length of stay, occupancy, workforce and variety of conditions supported to inform the new model. • A robust, co-produced and cross-system redesign, which meets people’s outcomes and is aligned to the Home First vision across City and Shire. • Transfer of resource to follow activity across the frailty pathway in Aberdeen City and Aberdeenshire 	
<p>Context: Operation Home 1st is the next phase in the response to COVID- 19 across Grampian.</p> <p>All 3 HSCPs working closely with the Acute sector will begin to expand services and provide more services in, or close to people’s homes.</p> <p>The redesign of the Frailty Pathway is one of a number of key ambitions.</p>	<p>The challenge: There is currently an unsustainable demand on services with the need to redesign care of elderly pathways across the system.</p> <p>The bed base is now reduced across the whole system due to bed base reconfiguration within ARI, DGH, Woodend and Community Hospitals in Aberdeenshire and Moray. This provides an opportunity to realign resources to support new Home 1st models.</p>
<p>Next steps</p> <ul style="list-style-type: none"> • Frailty pathway co – designed and outcomes in progress with streamlined frailty pathway overview model now agreed, working on the next level of detail and aligned documentation including standard operating procedures. • Continuation of communication and engagement activities, including weekly briefing • Programme implementation plan refreshed. Meeting on Tuesday 27th of October 2020 with Chief Officers and members of the project delivery team. • Julie Warrender has been seconded into the role of Transition Lead to progress and lead the implementation of the Rosewell Integrated Health and Care Facility. • Progressing with the new registration for Rosewell House with the Care Inspectorate 	<p>Success criteria:</p> <ul style="list-style-type: none"> • Agreed a collective approach across Acute and 3 HSCP’s • Realign and upskill for workforce to support delivery of care throughout new pathway • Reconfiguration of beds across the system complete • Positive patient and staff experience • Efficient and streamlined flow across the whole system.



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2. Mental Health

Key Updates	New Risk/Issues/Escalations
MH/LD Service Transformation	
<p>Unscheduled care report completed and approved by SLT 14/10/2020 (paper will be updated and submitted 28/10/20 with update for noting) and enablement costings or circa 30K to be resourced.</p>	
Older Adult Mental Health Pathway	
<p>Final report approved by OHF 14/10/2020 with implementation expected to be by the end of November (paper will be updated and submitted 28/10/20 with update for noting), However, as there is still a risk of clinical challenge this may be delayed. Consultation and response from with Mental Welfare Commission received 08/10/2020 and shared with MHL D Huddle 13/10/2020. First OAMH Implementation group by City completed 15/10/2020. Awaiting confirmation of dates from other areas.</p> <p>SRO updated on Friday 2nd of October</p>	



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Name of project: MH/LD System Wide		Report Author: Kay Dunn / Isla McGlade	Date of report: 26.10.2020
Objective of project: to ensure a sustainable model of care whilst we deliver a protracted response to COVID-19 with a significant reduction in available beds in inpatient services for Mental Health across Grampian further compounded by the reduction in beds across the wider Grampian-wide Acute Care System. The project will consider all actions in line with the MH Transformation Programme work and strategy.			
<p>Context: the following emergency measures were put in place during Phase 1: Operation Rainbow and will now be embedded in Phase 2: Operation Home First: Embed Near Me; close and shift of Learning Disability inpatient services to the main RCH site; the increased outreach from hospital-based to community based care pathway, and improved access to commissioned pathways.</p>		<p>The challenge: Support of, NHSG and City, Aberdeenshire and Moray IJBs & Staffside to implement change. Formal concerns by clinical staff re. Changes to the Older Adult Pathway-delay of decision-making until reassurance is given. Need to support staff with training / equipment to ensure embedding of technology in place of face-to-face where possible</p>	
<p>Next Steps:</p> <ul style="list-style-type: none"> Older Adult Works Stream Report submitted to OHF SLT 14/10/20, 3 queries raised and responded to, a final document for noting for OHF SLT on 28/10/20. Report approved. Unscheduled Care Work Stream report completed and submitted to SLT 14/10/20 1 query raised and responded to. Report approved. Older Adult Work Stream Report and data on admissions to Mucik/Skene shared with Mental Welfare Commission. Announced MWC visit to Fyvie (formerly Muick) 3/11/2020 9am Near Me Practice Guidance for MHL D to be completed by revised timeline end of October 2020 following reviewed timeline. At request of SRO update on OHF will now be reported to the next Transformation Board Meeting in November 2020. Write paper for Intensive Psychiatric Care Unit (IPCU) usage. 		<p>Success criteria:</p> <ul style="list-style-type: none"> Embed Near me (timely access) Embed close and move of Learning Disability inpatient service at Royal Cornhill Hospital (safe and equitable services) Increased outreach from hospital-based to community-based services (patient centred and equitable services) Improved access to commissioned pathways (timely and efficient) 	



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3. Immunisations

Key Updates	New Risk/Issues/Escalations
Immunisations	
Flu Immunisations	
<p><u>Flu Delivery</u></p> <ul style="list-style-type: none"> Appointment letters in most cases continue to arrive on the day or after appointments which is creating a backlog within the city. Additional resource has been identified to support the Grampian team dealing with appointments New flu line number went live at 9am on 20th October which will have additional lines to deal with patients rebooking Within the city continue to experience daily staffing issues due to sickness/self-isolating Additional resource been identified through sport Aberdeen to support logistics of flu delivery <p>Attendances at clinics is being captured and recorded electronically to health intelligence.</p> <p><u>Delivery</u></p> <p>Patients from Torry, Kincorth and Westburn have started to be invited to appointments, however, due to problems with issuing appointment as below this has resulted in attendance being significantly reduced</p> <p><u>Systems and Processes</u></p> <p>Ongoing issue in relation to sending out appointments for clinics. Due to SIRS not identifying 18 – 64 at risk correctly we have had to resort to mail merging which has generated an additional cost and pressure on an already stretched workforce. In addition, there are significant delays in receiving the extracted patient information from e health to generate letters which is leaving patients very little notice of appointments</p>	<p>SRO aware and escalated to NHS Grampian wide team</p> <p>That flu delivery will continue for longer due to problem with appointments</p> <p>That budgeted costs for flu delivery will be higher due to issue with appointments</p> <p>That patients will not receive sufficient notice of appointment time</p> <p>Insufficient resource to coordinate 9 venues during school holidays</p>



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Key Updates	New Risk/Issues/Escalations
<p>Implementation of vision anywhere as solution to input patient vaccine information into GP IT systems has been delayed. Anticipated go live to be 9th November.</p> <p><u>Workforce</u></p> <p>Significant strain on small team coordinating flu clinics</p> <p><u>Communications</u></p> <p>National flu campaign has been delayed and will now not start until 8th October</p> <p>Question and answer briefing shared with elected members/ community councils and IJB</p> <p>Information session taken place with Locality empowerment groups</p>	



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Name of programme: Immunisations	Report Author: Jo Hall Date of report: 26.10.20
Objective of project: to support the health of Aberdeen Citizens by modernising the delivery of vaccinations, empowering local decision making and providing services at the right time in the right place to meet patient needs	
Context 2018 GMS Contract - It is a requirement that by 31 st March 2022, Aberdeen City Health and Social Care Partnership have taken over the responsibilities for administering immunisations within the city.	The Challenge <ul style="list-style-type: none"> • Workforce- availability of sufficient staff to cover immunisation clinics • Premises - designing delivery models that are safe, effective, and able to continue delivery in a pandemic-situation • Systems – having digital solutions that are fit for purpose to support the appointment process and uptake recording • Data – uptake data is provided for some vaccines on a weekly basis; however, this is on a city-wide basis so unable to identify trends across the city to make improvements to service delivery. • Vaccines – assumptions being made on timescales in relation to availability of covid vaccine
Success Criteria <ul style="list-style-type: none"> • Greater access and Inclusion for the citizen of Aberdeen by providing person centred service (right time in right place) • Ability to plan better and meet variations in demand as a city immunisation service. • Improved uptake of immunisations within the city 	
Progress Flu Imms <ul style="list-style-type: none"> • Delivery commenced 29th September • Due to system issues with generating appointment letters we have had to implement contingency which has delayed letters being issued to patients. We continue to experience issues with patients receiving appointment letters in time. • Evaluation was developed and capturing feedback from 20 patients per day 	Next Steps Flu imms <ul style="list-style-type: none"> • Delivery of flu clinics - schedule to continue to be refined based on available workforce and venues. • Put solution in place in conjunction with NHSG to address risk in relation to delay in patients receiving appointment letters • Continue to implement communication plan Routine Imms



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- Workforce been identified for mass immunisation clinics and continuing to identify workforce going forward
- Venues for mass immunisations – layout is working effectively to ensure patient flow and we are receiving positive information.
- System – delay in implementation of vision anywhere by 5 weeks
- Flu Communications Plan – flu comms plan being implemented. National flu campaign was delayed and commenced on 8th October

Routine Imms

- **People** - Recruitment for posts ongoing – job profile being refined and ongoing discussions with HR (Imms Coordinator x 2 WTE/ business support coordinator/ business support administrator/ Imms Nurses)
- **Venue** – continue to work with partners to progress relocation into community assets. Progressing access agreement for Tillydrone Hub which will collocate service within community hub.

- Premises – continue discussions with partners in relation to collocation of routine immunisation service.
- People – Agree timescales in relation to organisational change process for implementing redesign of immunisation teams

Covid Vaccine

- Governance arrangements in relation to Covid vaccine programme needs to be developed and approved by start November
- Develop delivery models to include walk and drive through clinics



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4. Digital

Key Updates	New Risk/Issues/Escalations
Digital	
The ordering of IT infrastructure & hardware through NHS procurement, is now back to BAU. Teams will be required to provide a budget code when ordering.	



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Name of project: Health Visiting Digitisation (part of the Digital programme)	Report Author: Eve Whyte Date of report: 20/10/20
Objective of project: - Move ACHSP Health Visiting from a paper-based case record and scheduling to a digital Platform called Morse.	
<p>Context: The Health Visiting Service offers a service to assess the developmental health and wellbeing of all children between the ages of ten days - five years (or when the child starts school). Within this time, the Health Visitor acts as the named person for the child and will intervene where additional support is required, the Health Visitor is central to any further interventions. The named person service is a central part of the Scottish Government's 'Getting it right for every child' (also known as GIRFEC) policy, the national approach in Scotland to improving outcomes and supporting the wellbeing of our children - The aim of this project is to support the health visitors from a digital perspective</p>	<p>The Challenge</p> <ul style="list-style-type: none"> ● 100 health visitors – 12000 paper records ● Decide Technologies – Complete ● Procure Software & Devices – Complete ● Implement Software - Complete ● Rollout Ipad devices – Incomplete Keyboards still an issue ● Rollout scheduling appointments – Complete ● Rollout Forms (child digital record) – GIFIC Forms Complete. a couple of other electronic forms are yet to be launched ● Back scanning paper records – On hold dependency on another project
<p>Next Steps Agreed back scanning with vendor Launch last of forms Keyboards and perhaps wireless headset</p>	<p>Success Criteria</p> <ul style="list-style-type: none"> ● Complete Device Equipment Rollout ● Complete Forms ● Back scan all paper records
<p>Progress/Updates since last report Handover done James Maitland is the new PM – New board meetings set up Support Resource ehealth funding investigated – Original funding 11 months, Pulling together a report which indicates is we need to extend the support resource . This is being worked on buy Heather Tennant and Alex Robertson from E-Health</p>	



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<p>Name of project: Near Me Roll Out Aberdeen City (part of the Digital programme)</p>	<p>Project Manager: James Maitland/Heather Tennant Date of report: 20/10/2020</p>
<p>Objective of project: To rapidly scale up virtual video consultation within health and social cares services.</p>	
<p>Context: Aberdeen City Health and Social Care Partnership are currently working collaboratively with NHS Grampian, Aberdeenshire HSCP and Moray HSCP to transform the way people are accessing health and care services. In response to COVID-19, a 12 week scale up plan was launched on 9 March 2020.</p>	<p>The challenge: Aberdeen City had only a handful of GPs who had accessed the video conferencing platform. Virtual waiting rooms would be required to be set up for all practices. A training plan was required for scale and investigation of the technical set up of all practice areas. The first priority scale-up was within Primary care. Barriers to increase scale up include a lack of equipment, current models of care, and patient and clinician confidence using new technology.</p>
<p>Next steps</p> <ul style="list-style-type: none"> • Deployment of the New tool for updating NHS email associated with Near Me has been delayed and is expected to go live by w/c 26th October, this will enable NHSG colleagues to update their email address from nhs.net to nhs.scot • Approval for access to the Local Tableau reporting has been provided and local leads will be provided with log in details for reporting 	<p>Success criteria:</p> <ul style="list-style-type: none"> • Increase in citizens able to access near me virtual consultations • maintain current user statistics for Aberdeen city • increase number of other ACHSCP services using Near me • users reporting positive experience of using Near me <p>Week 32 stats 11th October – 17th October 2020:</p> <ul style="list-style-type: none"> ❖ 262 consultations – 80.7 consultation hours (GP, Community Nurses, Link Practitioners, Podiatry, OT, Physio, SALT and Orthotics)



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5. Locality Empowerment & Engagement

Key Updates	New Risk/Issues/Escalations
Locality Empowerment and Engagement	
<ul style="list-style-type: none"> Facilitated session to identify opportunities to encourage uptake of flu 05/10/20 Invites sent for session to finalise shared purpose 7/10/20 and changes to CTAC 15/10/20 CTAC session delivered on 15/10/20 Weekly bulletin sent out 19/10/20 	



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Name of project: Locality Empowerment and Engagement/Public Messaging	Report Author: Elaine McConnachie/Charmaine Mackenzie/Anna Gale/Shamini Omnes Date of report: 22/10/2020
Objective of project: To establish Locality Empowerment Groups (LEGs) across the three localities and ensure people are kept informed of key public health messages via social media and other platforms	
Context: Public Health Messaging <ul style="list-style-type: none"> Creation of a coordinated social media plan with partners to ensure relevant and up-to-date info is shared. Dedicated staff members with a remit around social media to ensure content is timely and up to date. LEGs <ul style="list-style-type: none"> Establishment of three Locality Empowerment Groups (LEGs) 	The challenge: Public Health Messaging <ul style="list-style-type: none"> Not everyone has access to digital technology and not everyone follows HSCP on social media. Information is constantly changing and need to ensure it is kept up to date. LEGs <ul style="list-style-type: none"> Ensuring LEGs are demographically representative of Aberdeen City population LEGs being used as consultation bodies as opposed to following a co-production approach and not able to influence change Reliance on connecting with people digitally for development of LEGs with face to face limited at present due to COVID Systems not set up to engage with people as they wish e.g. permissions to access zoom, facebook etc.
Next steps: Public Health Messaging <ul style="list-style-type: none"> Continue to work with key stakeholders to plan content and share/post relevant information. LEGs <ul style="list-style-type: none"> Ensure implementation of LEG action plan to establish LEGs in each locality including; communication plan, governance, reporting and project plan for LEGs involvement in key projects Visualisation of shared purpose Sessions to discuss, agree and develop data profiles, discuss and agree representation from LEGs on Strategic Planning Group; awareness of ALLIANCE event -People at Centre of engagement Involve LEGs in the development of the next strategic plan 	Success criteria: Public Health Messaging <ul style="list-style-type: none"> Increase followers on Facebook over the next 2 weeks (+5) and twitter (+10) LEGs <ul style="list-style-type: none"> LEGs demographically representative of Aberdeen LEG participants feel valued and engaged with process LEGs established in each locality



RISK, AUDIT AND PERFORMANCE COMMITTEE

Progress/Updates since last report

Public Health Messaging

- Promotion of – Track and Trace; Protect Scotland App, COVID-19 guidance updates; update of flu vaccination; Locality Empowerment Groups (newsletter; Learning from COVID; Care at Home; Community Hosting; Shared Purpose); CTAC; World Menopause Day; Sober October;
- Increased engagement on social media – 20 new followers on Twitter, 41 new likes on Facebook.

LEGs

- 164 people registered an interest in LEGs.
- Weekly update shared with LEGs and on social media.
- CTAC session held (15.10.20), feedback shared with group and survey sent out.
- Care at Home survey sent out.
- Session held (22.10.20) with 8 members to create a visual statement to help people understand the purpose of LEGs.
- Further recruitment and engagement with staff groups took place.
- Draft timeline for LEGs involvement in next strategic plan in place.



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6. CTAC

Key Updates	New Risk/Issues/Escalations
Community Treatment & Care Services	
<ul style="list-style-type: none"> • Sub-groups established; public survey to go-live week commencing 19/10/20. • GP workshop undertaken 30.09.2020; follow up workshops commence 12.09.20 • Public & practice engagement ongoing; • Recruitment progressing to some roles (1 x B7 and 1 x B3) • Premises options workshops to commence this week 	NA



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Name of project: Community Treatment & Care Services (CTAC)		Report Author: Sarah Gibbon Date of report: 26.10.2020	
Objective of project: to implement the transition of CTAC services to ACHSCP delivery in Aberdeen City, in conjunction with select secondary care services as a part of the elective care programme (i.e. secondary care generated phlebotomy). <i>Useful background information on CTAC service can be found @ here</i>			
Context		The Challenge	
<ul style="list-style-type: none"> • 2018 GMS Contract: delivery of CTAC by ACHSCP by 01.04.20 • Operation Home First: priority to ensure increased outreach from hospital-based services to support community-based care pathways • Secondary Care: Requirement to deliver 600 secondary care generated phlebotomy appointments in the community by October 2020. 		<ul style="list-style-type: none"> • Demographics: Increasing demand for CTAC services; increasing co-morbidities; ageing population • Workforce: decreasing capacity of existing GP workforce; recruitment & retention difficulties • Pandemic Proof: designing services that are safe, effective and able to continue delivery in a pandemic-situation 	
Success Criteria: Increased capacity / resilience Less service disruption in event of “second surge” Increased convenience for patients (choice of location/ appointment times) Reduction in patient attendance at hospital			
Progress since Last report		Next Steps	
<ul style="list-style-type: none"> • College Street: operational for imms; increasing capacity to release Carden/Whinhill • Health Village: acute phlebotomy & paediatrics live; shared capacity • Workforce: progression of recruitment to B7 Team Leader; progression of recruitment to 1 WTE B3 HCSW for Denburn to cover natural vacancy • Premises: workshop 1/2 to take place 27.10.20 • Comms & OD: public survey live and has received over 500 responses; mini-workshops with GPs underway; initial workshop with LEGs complete • IT & Systems: agreement that expansion of the central booking system in place for secondary care hubs will be possible to include CTAC services; analysis of stakeholder requirements undertaken. 		<ul style="list-style-type: none"> • CTAC Service Specification: development of a city-wide, locality-based service specification for CTAC (including evaluation plan, communications & public involvement plan, and workforce plan) for longer-term delivery of CTAC from identified centralised sites (December 2020). • Workforce: confirmation of who will TUPE (central); collect ELI information; begin 1-1s with affected staff and incoming employer. • Premises: identification of short-list options for central locality as a priority • Comms & OD: analysis of survey; follow up focus groups; development of staff engagement • IT & Systems: ensure scale-up of existing booking system; link with e-consult and Vision Anywhere; explore possibilities for online booking 	



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7. 2C Redesign

Key Updates	New Risk/Issues/Escalations
2C Redesign	
<ul style="list-style-type: none"> • Submission of IJB report expected to be delayed to December 2020. • IJB workshop undertaken 20.10.20; • Progressing developing internal proposal from 2C Practice staff 	<p>Risk: There is a risk that staff resign from the 2C practices. A business continuity plan is being developed to mitigate against this possibility.</p> <p>Issue: Staff at 2C Practices have formally expressed they are unhappy with the process. A series of smaller group workshops with support from organisational development are planned to help support this change management.</p>

<p>Name of project: Partnership GP Practice Remodelling</p> <p>Report Author: Sarah Gibbon. Date of report: 26/10/20</p>	<p>Objective of project: Improving the sustainability, efficiency and effectiveness of the 2C General Practices in Aberdeen City</p>
<p>Context: This project seeks to remodel the six 2C General Practices in Aberdeen City to provide a sustainable model of service delivery that is person centred, takes cognisance of the learning and serviced delivery changes from the COVID pandemic, is high quality, affordable, in line with the new GMS contract and the Partnerships Strategic Plan.</p>	<p>The challenge: The numbers of General Practitioners in Aberdeen City are steadily declining, whilst the population increases, associated with increasingly complex health and social care needs. The current model of delivery may not be the most</p>



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	optimal to meet these challenges and as such, remodelling is necessary whilst still ensuring patient safety and staff satisfaction.
Next steps <ul style="list-style-type: none"> • Governance: Business case considered at IJB Pre Agenda; IJB Workshop 20.10.2020; IJB December 2020; • Stakeholder Engagement: 2C Staff Q&A and briefing have been circulated. • Programme Plan: Further development of programme plan to include processes to implement recommendations of IJB report. 	Success criteria: <ul style="list-style-type: none"> • Improvements in: what services are delivered (such as exploring usage of asynchronous consulting); where services are delivered (such as scaling up and embedding NearMe for remote consultations; and who delivers services (such as multi-disciplinary teams as outlined in the Primary Care Improvement Plan) and how services are delivered i.e. improved sustainability

8. Care @ Home Implementation

Key Updates	New Risk/Issues/Escalations
Implementation of new Care at Home Contract	
<ul style="list-style-type: none"> • Transfer of packages is underway. • GCC is now a legal entity and registered with Companies House. • Contract still to be signed. • Systems agreed for block payments. • Principles and contract value agreed. • Outcome based assessments being tested. • Daily 8.30 huddles in place. 	



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Key Updates	New Risk/Issues/Escalations
<ul style="list-style-type: none"> Contract variations to be agreed next week and contract signed. IJB approval in principle. Communication to clients to be sent as a matter of urgency once contract signed. Staff continue to speak to clients re SDS options and movement of provider TUPE information still to be received from 3 organisations. Joint letter issued from ACHSCP, Consortium, TU's to encourage providers LD colleagues arranging provider meetings to ensure detailed handover of information for clients. 	<p>Disclosure Scotland awaiting confirmation of fast-track process for TUPE staff.</p> <p>CM2000 requirements to be scoped.</p> <p>Communication to clients to be sent asap – increased anxiety</p>

Name of project: Care at Home Implementation	Report Author: Jayne Boyle Date of report: 26/10/2020
Objective of project: To implement the new care at home contract by the 1 st November 2020 and ensuring all necessary systems and process are in place and effectively communicated.	
<p>Context: ACHSCP was required to review current arrangements because of the term of the current contract. The IJB agreed an extension until December 2020. Our strategic plan is the key driver – delivering the right care at the right time in the right way, improving people’s personal resilience so that they can cope with and potentially improve their health and well-being. Having the opportunity to remain connected to their community and friends is pivotal to this.</p>	<p>The challenge:</p> <ul style="list-style-type: none"> Moving from task-based commissioning to outcome based Demand outstrips our available capacity due to a time and task focussed approach. Low use of technology Asset based approach to the provision of care Our teams are not currently arranged within localities and therefore we minimise the opportunities for integrated working. There has been a level of market instability within Care at Home in particular Our current arrangements do not foster a culture of collaboration.



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<p>Next steps</p> <ul style="list-style-type: none"> • Implementation of successful communications plan • The development and implementation of an organisational development plan, including both ACHSCP and provider teams • The necessary adjustments to systems and processes including assessment of needs across a locality team, financial arrangements, recording arrangements • Refreshing and agreeing pathways, using recent outcomes focussed pathways as the basis for this refresh • The successful transition of care packages, recognising that some packages will be impacted by the revised definition of care at home and supported living. This transitional phase will provide an opportunity for packages to be reviewed and the group needs to ensure that there is sufficient capacity to do this • Evaluation and Measurement plan 	<p>Success criteria:</p> <ul style="list-style-type: none"> • Contract is successfully implemented on time • Care packages successfully transferred • Staff are engaged fully and work in a collaborative manner as part of a locality <p>Further benefits to be agreed via Evaluation plan</p>
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9. Stepped Care Approach

Key Updates	New Risk/Issues/Escalations	
<p>Stepped Care Approach</p> <ul style="list-style-type: none"> • H@H -Part Time GP has started and have 5 day PT consultant geriatrician input – plan FT consultant led team by end of November. • ECS- Nurses now attending huddles on a regular basis. • Nationally there is a redesign of urgent care. • A lot of communication will come about this so both local and national communication will be in tandem and help shift thinking. • SWSC – Engagement plan needed to strengthen linkages between the tiers. Mental health and wellbeing a priority subject. 		



RISK, AUDIT AND PERFORMANCE COMMITTEE

Key Updates	New Risk/Issues/Escalations
<ul style="list-style-type: none"> • Meeting with admin across the ECS huddles to agree roles • New template to capture information/actions from lunchtime huddles agreed • New OT pathways for BAC and CAARS • Grampian-wide H@H workshop with NHS Healthcare Improvement Scotland took place and was well attended. Outputs to be shared and used locally 	<p>BAC referrals inefficiency from meetings – template agreed to resolve this.</p>

Name of project: Stepped Care Approach for Unscheduled Care	Report Author: Susie Downie Date of report: 26/10/2020
Objective of project: to deliver a coordinated response to unscheduled care needs across Aberdeen City through early identification and management of patients using a multi-disciplinary approach within localities. The approach primarily aims to reduce hospital admissions by providing rapid assessment and diagnostics within the community enabling a decision to be made whether treatment and care can be delivered at home or whether hospital admission is most appropriate for the individual. (the stepped care approach incl. linkages to H@H)	
Context In order to effectively respond to unscheduled care in the city, agreement to adopted stepped care approach in 2019 including the H@H and West visits models. Staff engagement sessions were run and the new model has been being tested since April 2020 during the response to Covid crisis via Operation Rainbow, the MDT triage and allocation huddles were implemented immediately. A prevention workstream 'Stay Well Stay Connected' was begun in July 2020 to increase community resilience. Linking people up to local resources may help to ensure people emerge as fit and able as possible.	The Challenge <ul style="list-style-type: none"> • Lack of a coordinated approach across services to Unscheduled Care which potentially causes an increased number of those admitted via ED and AMIA. • Large volume of referrals between professionals causing additional work • Data sharing between partners requires an effective IT solution or process. Work is underway to remove barriers to effective care and reduced room for error and duplication for patients with urgent needs. Data Protection Impact Assessment is being progressed to mitigate risk. • To have a sustainable model which copes with surge/winter capacity.



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<p>Next Steps</p> <ul style="list-style-type: none"> • H@H scale up workforce planning progressing using driver diagram to identify key actions and timelines • Consideration of longer-term GP input. • Improved communications and engagement for Stepped care approach to inform staff and wider stakeholders of work so far. Stakeholder analysis to completed and subgroup to be formed. • Proactive case finding and community resource MDT huddles established and continuing tests of change. • Admin support being sourced and embedded within current processes. • Data Impact Assessment and Information Sharing to be finalised – delayed by IG, NHSG due to capacity. 	<p>Success Criteria</p> <ul style="list-style-type: none"> • Respond effectively to unscheduled demand • Prompt access to appropriate care & support • Improve locality opportunities & choice • Flexible, empowered & Skilled locality workforce • Streamlined referral pathways • Engagement & Participation of those who live in localities • Right care, in the right place, delivered by the right person (Home first mentality)
<p>Progress/Updates since last report</p> <ul style="list-style-type: none"> - Initial evaluation scoping and alignment to Operation Home First has been completed. Data reports to be set up via Trakcare. - Progress has been made regarding H@H medical input. We are aiming to move to a consultant-led model by end of November. On an interim basis, from October onwards part time GP and 5-day part time consultant geriatrician will be providing medical cover. This supports better communication with GP colleagues and wider general practice and community insights. - End of life / Palliative care cases agreed to be brought to weekly MDT to ensure planned support and care. - Agreement on dataset for measurement and evaluation 	

10. Aberdeen Together

Key Updates	New Risk/Issues/Escalations
Aberdeen Together	
<p><u>Holistic Locality Planning</u></p> <ul style="list-style-type: none"> • Final stage of review. Currently draft report being completed and will be shared when ready with Sandra Macleod, Andy Macdonald and Angela Scott for considerations. 	



RISK, AUDIT AND PERFORMANCE COMMITTEE

Key Updates	New Risk/Issues/Escalations
<ul style="list-style-type: none"> Review paper shared and to feedback by 26/10/20 Potential delay on raising RAID and OD checklist over project timeline. <p><u>Integrated Access</u></p> <ul style="list-style-type: none"> Proposal for Integrated Access Point to be written into customer service language 1/10/20 Citywide bid for phase 2 of Connecting Aberdeen submitted 5/10/20 Meeting to discuss testing of online weight management resources in conjunction with phase 2 Connecting Aberdeen <p><u>Multi-disciplinary Intervention Teams</u></p> <ul style="list-style-type: none"> Sessions planned for w/c 26th October with operational staff. Neighbourhood leads report to go to AT meeting this coming week. 	

Name of project: Aberdeen Together. Workstream: Holistic Locality Planning	Report Author: Shamini Omnes Date of report: 23/10/2020
Objective of project: To review the effectiveness of locality planning and delivery across the city	



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<p>Context</p> <p>There is an opportunity to improve on locality planning and delivery following move from 4 to 3 localities with different partners e.g. Housing, ASG, Social Work. A Scottish service redesign methodology is being used e.g. User Journey mapping and Empathy mapping tools, analysis of policy, reports to propose options to identify where improvement of locality planning and delivery can be considered. This work is also reflecting on the continued development and establishment of Locality Empowerment groups.</p>	<p>The Challenge</p> <ul style="list-style-type: none"> • Understanding of different structures and objectives with communities and various partners • Supporting communities with problem statements e.g. I do not know how to get involved in decision making processes; understanding and identifying needs; prioritisation of needs based on different plans • Improve engagement with communities (geography and communities of interest) • Supporting partners with early intervention and prevention on population health and wellbeing outcomes. • Potential delay on raising RAID and OD checklist over project timeline
<p>Next Steps</p> <ul style="list-style-type: none"> • Feedback to draft Integration of Locality planning model for CPA and AHSCP paper by 26th Oct. • A communication and engagement plan to be developed. 	<p>Success Criteria</p> <ul style="list-style-type: none"> • Improved engagement and empowerment with communities based on development and establishment of Locality Empowerment groups • Communities and stakeholders (geography and interest) have an improved awareness of assets, opportunities and challenges • Co-production of locality plans with communities.
<p>Progress/Updates since last report</p> <ul style="list-style-type: none"> • Produced a stakeholder and connections list • Completed a user journey mapping and empathy mapping • Shared, discussed RAID and OD checklist with project group. Agreed on a simpler version of risk assessment ; a follow up session with Organisational and Development Facilitator (AHSCP) at meeting date to be confirmed. 	

<p>Name of project: Aberdeen Together. Workstream: Integrated Access Point</p>	<p>Project Manager / Report Author: Elaine McConnachie Date of report: 19/10/2020</p>
<p>Objective of project: The recent partnership approach across Aberdeen City Health and Social Care Partnership and Aberdeen City Council, under the theme “Aberdeen Together” has enabled many improvements to be put in place, at pace, during the initial Covid response. As we move into our next period of response, this collaboration is continuing and has identified several workstreams which could benefit from a wider system support including; Integrated Access, MDIT and Holistic Localities.</p>	



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<p>Context: Integrated Access An Integrated Access Point may be one enabler towards providing accessible and seamless care for the people of Aberdeen</p> <p>Connecting Aberdeen Working collaboratively with Aberdeen City Council and community organisations to identify people in our communities who are not digitally connected or digitally literate, to prioritise support and respond to other digital connectivity challenges. Devices have been allocated through a national programme.</p>	<p>The challenge: Integrated Access The health and social care landscape is complex and as such, may be difficult to navigate for people who need to access services. There are upwards of 40 service areas delegated to ACHSCP, with each varying in both referral routes (such as self-referral; referral by professional; or referral by significant other) and referral modes (such as face-to-face conversation; letter; online form or telephone conversation). Streamlining how these services are accessed would help achieve some of the key ambitions of the integration agenda, including people having accessible services and receiving care seamlessly.</p> <p>Connecting Aberdeen Those who are not digitally connected are often socially isolated. Challenges around identifying individuals, providing devices and training to these individuals while maintaining physical distancing. Identifying the scale and nature of the issue e.g. numbers of people not connected; lack of skills, ownership of suitable devices, access to broadband.</p>
<p>Next steps; Integrated Access</p> <ul style="list-style-type: none"> • Recommendations of scoping be approved by Aberdeen Together • Recommendations presented to Senior Leadership Team <p>Connecting Aberdeen</p> <ul style="list-style-type: none"> • Provide support to digital champions (DC) through creation of local network of DCs. • Evaluation of project in conjunction with SCVO • Complete baseline to identify who is connected across Aberdeen • Allocation of devices for phase 2 of project – Phase 2 has been released with confirmation focus will be on households with children and young people and care leavers • Agree to undertake mapping of LOIP project charters and present to next City Digital group. 	<p>Success criteria: Integrated Access</p> <ul style="list-style-type: none"> • Streamlining the number of entry points into the health and social care system and onward referral processes, thus improving efficiencies <p>Connecting Aberdeen</p> <ul style="list-style-type: none"> • Increase in citizens able and confident to access near me virtual consultations and other digital health and social care supports • Reduction in number of citizens traditionally at risk of not being digitally connected. • Reduction in social isolation through citizens being able to keep in touch virtually with friends/family and participation in online activities <p>What's Happened? Integrated Access</p> <ul style="list-style-type: none"> • Scoping completed recommendations presented to Integrated Access Group <p>Connecting Aberdeen</p> <ul style="list-style-type: none"> • Confirmation received that additional 100 devices allocated to Aberdeen (still part of Phase 1) will arrive Oct • Citywide bid for Aberdeen submitted 05/10/20

<p>Name of project: Aberdeen Together. Workstream: Multi-disciplinary Intervention Teams (MDIT)</p>	<p>Project Manager / Report Author: Anna Gale Date of report: 23/10/2020</p>
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<p>Objective of project: The recent partnership approach across Aberdeen City Health and Social Care Partnership and Aberdeen City Council, under the theme “Aberdeen Together” has enabled many improvements to be put in place, at pace, during the initial Covid response. As we move into our next period of response, this collaboration is continuing and has identified several workstreams which could benefit from a wider system support including; Integrated Access, MDIT and Holistic Localities.</p>	
<p>Context: Working in a more holistic, joined up way is a key enabler for delivering services focused on improving person-centred outcomes. Fundamental to this development will be empowered staff being involved in the co-production of how the multi-disciplinary teams can function and what needs to be put in place to encourage strong relationship-based practice. Following an options appraisal, it was agreed to focus on regeneration areas given the opportunities for greater collaborative working and improved outcomes for citizens enabling a place-based approach tackling the socio-economic and wider determinants of health. This was further refined to the Tillydrone area given the opportunities that the new community hub presents. A workshop was held (09.09.20) to inform, engage with and gain buy-in from key management and other stakeholders into the MDIT process and way forward.</p>	<p>The challenge: Staff across AHSCP and ACC are already involved in a number of multi-disciplinary teams. Therefore, the challenge is not to create additional teams, it is to co-produce with staff actions which will create the conditions for change to enhance joint working.</p> <p>Neighbourhood Leads The neighbourhood leads model was crucial in our ability to effectively manage the crisis as a city. Therefore, the challenge is to sustain an effective model which allows a step up/step down approach to managing emergency responses</p>
<p>Next Steps MDIT</p> <ul style="list-style-type: none"> Work with staff from across ACHSCP and ACC in Tillydrone to understand what’s required to explore and provide insight into what’s required to create the conditions so that individuals, teams, services, partners and other organisations can work even more effectively across services and partners to the benefit of the person at the heart of service delivery. <p>Neighbourhood Leads Discussion paper to be shared with Aberdeen Together</p> <p>Progress/Updates since last report -Invites circulated for 2 workshops taking place on 27th and 29th October. Including staff from a range of services including community nursing, housing, financial inclusion, community development, adult social care.</p>	<p>Success criteria:</p> <ul style="list-style-type: none"> Increased staff and citizen satisfaction Improve efficiencies Reduced duplication Streamlined processes and practices



RISK, AUDIT AND PERFORMANCE COMMITTEE

Flash Report

Operation Home First Evaluation

Lead Calum Leask	Sponsor(s) OHF Steering Group	Reporting period wc 12/10/20 – wc 26/10/20	Overall RAG	Green
Key milestones	<ul style="list-style-type: none"> -Commission agreed by OHF Steering Group (02/09/2020) -OHF priorities established (18/09/2020) -Evaluation working group operational (01/10/2020) -Completed initial contact with all priority areas (14/10/2020) 		Items for escalation to OHF Steering Group	None
Key updates				
Description	Date	RAG	Owner	Comments
Thematic analysis of OHF staff survey completed	23/10/20	Completed	A Gilmartin	To be presented at 4/11/20 steering group
Collaboration with national Health Boards to measure service activity on Home Oxygen Service (part of Respiratory pathway)	20/10/20	In Progress	D Sage	
Case study methodology developed for Stay Well Stay Connected workstream (part of Stepped Care Approach)	15/10/20	Completed	C Leask	None
Operational Tableau dashboard in development	09/10/20	In Progress	R Scott	R Scott sharing link for initial prototype on 27/10/20
Acceptability data capture tool for Enhanced Community Support workstream (part of Stepped Care Approach) developed	23/10/20	Completed	A Gilmartin	
Risks & Issues				
Risk / Issue	Severity	Action	Owner	
None				



RISK, AUDIT AND PERFORMANCE COMMITTEE

SIT Report – As one document

Key Updates	New Risk/Issues/Escalations
Frailty Pathway	
<ul style="list-style-type: none"> • Further revision of the frailty pathway plan and associated timelines, at the end of last week (w/c19/10/20) the programme plan along with current actions have been revised with new timelines. • Responsible and actioning officers need to be identified for all workstreams. Still to confirm for Aberdeenshire. • The programme meeting structures, and meeting schedules will be revised • Frailty pathway FAQ document circulated with briefing on Friday 2nd October 2020 • Special IJB meeting outcome – Approved the proposal that the new integrated service to be delivered at Rosewell House with the care Inspectorate with Aberdeen City Council (ACC) as the registered provider; to develop a specific Service Level Agreement (SLA) with Bon Accord Care (BAC) to reflect the new arrangements; and to vary both the lease of the building and the current contract with BAC to reflect these changes. • Mental Health (Care and Treatment) (Scotland) Act 2003 in relation to detainments. Paper to be shared with sub group on Friday 9th October with suggestion options. Teresa Waugh and Kay Dunn developing. 	<p>Capacity needs to be created in Roswell House. COVID outbreak in Rosewell House. SRO aware of all new risks & issues</p>



RISK, AUDIT AND PERFORMANCE COMMITTEE

Key Updates	New Risk/Issues/Escalations
MH/LD Service Transformation	
<p>Unscheduled care report completed and approved by SLT 14/10/2020 (paper will be updated and submitted 28/10/20 with update for noting) and enablement costings or circa 30K to be resourced.</p>	
Older Adult Mental Health Pathway	
<p>Final report approved by OHF 14/10/2020 with implementation expected to be by the end of November (paper will be updated and submitted 28/10/20 with update for noting), However, as there is still a risk of clinical challenge this may be delayed. Consultation and response from with Mental Welfare Commission received 08/10/2020 and shared with MHL D Huddle 13/10/2020. First OAMH Implementation group by City completed 15/10/2020. Awaiting confirmation of dates from other areas.</p> <p>SRO updated on Friday 2nd of October</p>	



RISK, AUDIT AND PERFORMANCE COMMITTEE

Key Updates	New Risk/Issues/Escalations
Immunisations	
<p>Flu Immunisations</p> <p>Flu Delivery</p> <ul style="list-style-type: none"> • Appointment letters in most cases continue to arrive on the day or after appointments which is creating a backlog within the city. Additional resource has been identified to support the Grampian team dealing with appointments • New flu line number went live at 9am on 20th October which will have additional lines to deal with patients rebooking • Within the city continue to experience daily staffing issues due to sickness/self-isolating • Additional resource been identified through sport Aberdeen to support logistics of flu delivery <p>Attendances at clinics is being captured and recorded electronically to health intelligence.</p> <p><u>Delivery</u></p> <p>Patients from Torry, Kincorth and Westburn have started to be invited to appointments, however, due to problems with issuing appointment as below this has resulted in attendance being significantly reduced</p> <p><u>Systems and Processes</u></p> <p>Ongoing issue in relation to sending out appointments for clinics. Due to SIRS not identifying 18 – 64 at risk correctly we have had to resort to mail merging which has generated an additional cost and pressure on an already stretched workforce. In addition, there are significant delays in receiving the extracted patient information from e health to generate letters which is leaving patients very little notice of appointments</p>	<p>SRO aware and escalated to NHS Grampian wide team</p> <p>That flu delivery will continue for longer due to problem with appointments</p> <p>That budgeted costs for flu delivery will be higher due to issue with appointments</p> <p>That patients will not receive sufficient notice of appointment time</p> <p>Insufficient resource to coordinate 9 venues during school holidays</p>



RISK, AUDIT AND PERFORMANCE COMMITTEE

Key Updates	New Risk/Issues/Escalations
<p>Implementation of vision anywhere as solution to input patient vaccine information into GP IT systems has been delayed. Anticipated go live to be 9th November.</p> <p><u>Workforce</u></p> <p>Significant strain on small team coordinating flu clinics</p> <p><u>Communications</u></p> <p>National flu campaign has been delayed and will now not start until 8th October</p> <p>Question and answer briefing shared with elected members/ community councils and IJB</p> <p>Information session taken place with Locality empowerment groups</p>	
Digital	
<p>The ordering of IT infrastructure & hardware through NHS procurement, is now back to BAU. Teams will be required to provide a budget code when ordering.</p>	
Locality Empowerment and Engagement	
<ul style="list-style-type: none"> Facilitated session to identify opportunities to encourage uptake of flu 05/10/20 Invites sent for session to finalise shared purpose 7/10/20 and changes to CTAC 15/10/20 CTAC session delivered on 15/10/20 Weekly bulletin sent out 19/10/20 	



RISK, AUDIT AND PERFORMANCE COMMITTEE

Key Updates	New Risk/Issues/Escalations
Community Treatment and Care Services (CTAC)	
<ul style="list-style-type: none"> • Sub-groups established; public survey to go-live week commencing 19/10/20. • GP workshop undertaken 30.09.2020; follow up workshops commence 12.09.20 • Public & practice engagement ongoing; • Recruitment progressing to some roles (1 x B7 and 1 x B3) <p>Premises options workshops to commence this week</p>	
2C Redesign	
<ul style="list-style-type: none"> • Submission of IJB report expected to be delayed to December 2020. • IJB workshop undertaken 20.10.20; <p>Progressing developing internal proposal from 2C Practice staff</p>	
Implementation of new Care at Home Contract	
<ul style="list-style-type: none"> • Transfer of packages is underway. • GCC is now a legal entity and registered with Companies House. • Contract still to be signed. • Systems agreed for block payments. • Principles and contract value agreed. • Outcome based assessments being tested. • Daily 8.30 huddles in place. <ul style="list-style-type: none"> • Contract variations to be agreed next week and contract signed. IJB approval in principle. • Communication to clients to be sent as a matter of urgency once contract signed. • Staff continue to speak to clients re SDS options and movement of provider • TUPE information still to be received from 3 organisations. Joint letter issued from ACHSCP, Consortium, TU's to encourage providers • LD colleagues arranging provider meetings to ensure detailed handover of information for clients. 	<p>Disclosure Scotland awaiting confirmation of fast-track process for TUPE staff.</p> <p>CM2000 requirements to be scoped.</p> <p>Communication to clients to be sent asap – increased anxiety</p>



RISK, AUDIT AND PERFORMANCE COMMITTEE

Key Updates	New Risk/Issues/Escalations
Stepped Care Approach	
<ul style="list-style-type: none"> • H@H -Part Time GP has started and have 5 day PT consultant geriatrician input – plan FT consultant led team by end of November. • ECS- Nurses now attending huddles on a regular basis. • Nationally there is a redesign of urgent care. • A lot of communication will come about this so both local and national communication will be in tandem and help shift thinking. • SWSC – Engagement plan needed to strengthen linkages between the tiers. Mental health and wellbeing a priority subject. • Meeting with admin across the ECS huddles to agree roles • New template to capture information/actions from lunchtime huddles agreed • New OT pathways for BAC and CAARS <p>Grampian-wide H@H workshop with NHS Healthcare Improvement Scotland took place and was well attended. Outputs to be shared and used locally</p>	<p>BAC referrals inefficiency from meetings – template agreed to resolve this.</p>
Aberdeen Together	
<u>Holistic Locality Planning</u>	
<ul style="list-style-type: none"> • Final stage of review. Currently draft report being completed and will be shared when ready with Sandra Macleod, Andy Macdonald and Angela Scott for considerations. • Review paper shared and to feedback by 26/10/20 • Potential delay on raising RAID and OD checklist over project timeline. 	
<u>Integrated Access</u>	
<ul style="list-style-type: none"> • Proposal for Integrated Access Point written into customer service language • Citywide bid for phase 2 of Connecting Aberdeen submitted 5/10/20 • Meeting to discuss testing of online weight management resources in conjunction with phase 2 Connecting Aberdeen 	



RISK, AUDIT AND PERFORMANCE COMMITTEE

Key Updates	New Risk/Issues/Escalations
<p><u>Multi-disciplinary Intervention Teams</u></p> <ul style="list-style-type: none">• Sessions planned for w/c 26th October with operational staff.• Neighbourhood leads report to go to AT meeting this coming week.	

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