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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board

Town House,
ABERDEEN 4 August 2020

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Virtual - Remote Meeting on TUESDAY, 11 AUGUST 2020 at 10.00 am.**

FRASER BELL
CHIEF OFFICER - GOVERNANCE

B U S I N E S S

1 Welcome from the Chair

Members are reminded that at an appropriate juncture prior to 2 hours duration of the meeting, there will be a recess for a comfort break.

DECLARATIONS OF INTEREST

2 Members are requested to intimate any declarations of interest (Pages 5 - 6)

DETERMINATION OF EXEMPT BUSINESS

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

STANDING ITEMS

4 Minute of Board Meeting of 9 June 2020 (Pages 7 - 12)

5 Draft Minute of Clinical and Care Governance Committee of 2 June 2020 (Pages 13 - 16)

6 Business Planner (Pages 17 - 20)

7 Chief Officer's Report

GOVERNANCE

8 Referral from ACC Urgent Business Committee - HSCP20.023 (Pages 21 - 28)

9 Standards Officer report - HSCP.20.013 (Pages 29 - 32)

10 Carers Expenses Policy - HSCP.20.016 (Pages 33 - 38)

PERFORMANCE AND FINANCE

11 Quarter 1 Financial Monitoring and Mobilisation Update - HSCP.20.024 - to follow

12 Strategic Risk Report - HSCP.20.012 (Pages 39 - 80)

TRANSFORMATION

13 Recovery - Operation Home First - HSCP.20.015 (Pages 81 - 108)

ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE

14 Grant Funding to Counselling Services - HSCP.20.017 (Pages 109 - 116)

15 Commissioned Day Services and Day Activities - HSCP.20.018 (Pages 117 - 132)

DATE OF NEXT BUSINESS

IJB Informal Workshop - Tuesday 18 August 2020 at 9.30am (Private)

IJB Meeting - Tuesday 8 September 2020 at 10.00am (Public)

IJB Informal Workshop - Tuesday 20 October 2020 at 9.30am (Private)

Website Address: https://www.aberdeencityhscp.scot/

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

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DECLARATIONS OF INTEREST

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

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

For example, I know the applicant / I am a member of the Board of X / I am employed by…
and I will therefore withdraw from the meeting room during any discussion and voting on that item.

OR

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

OR

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

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

OR

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

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

Aberdeen City Health & Social Care Partnership
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ABERDEEN, 9 June 2020. Minute of Meeting of the INTEGRATION JOINT BOARD.

Present:-	Councillor Sarah Duncan, Chair; Luan Grugeon, Vice Chair; and Kim Cruttenden, Councillor Lesley Dunbar, Alan Gray, John Tomlinson, Mike Adams, Jim Currie, Dr Howard Gemmell, Dr Caroline Howarth, Jenny Gibb, Maggie Hepburn, Alison Murray, Shona McFarlane, Chris Littlejohn, Graeme Simpson, Sandra MacLeod, Alex Stephen and Councillor John Cooke (as substitute for Councillor Gill Al-Samarai).
Also in attendance:-	Angela Scott (ACC Chief Executive), Michael Wilkie and Adrian Kolodziej (External Auditors, KPMG), Derek Jamieson and Kundai Sinclair (ACC Governance)
Apologies:-	Councillors Gill Al-Samarai and Philip Bell

The agenda and reports associated with this minute can be found here.

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

INTRODUCTION

1. The Chair welcomed all to the meeting and intimated this session would be recorded for public display afterwards.

DECLARATIONS OF INTEREST

2. There were no declarations.

DETERMINATION OF EXEMPT BUSINESS

3. The Chair advised that Article 15 would be considered with the press and public excluded and this was agreed.

MINUTE OF BOARD MEETING OF 12 MAY 2020

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

The Board resolved :-
to approve the minute as a correct record.

INTEGRATION JOINT BOARD
9 June 2020

BUSINESS PLANNER

5. The Board had before it the Business Planner.

The Chair advised on its importance to identify future business as the Board planned its exit from Covid-19 measures and resumed regular business.

The Board heard from the Chief Finance Officer that a degree of planning had been applied and suggested that a meeting may be suitable ahead of the planned 8 September 2020 meeting to both consider future reporting and present those reports already identified for presentation.

The Board resolved :-
(i) to note the content of the Business Planner; and
(ii) to direct the Chief Finance Officer and the Clerk to update the Business Planner in preparedness for return to regular business of the Board and its Committees.

RECOVERY: OPERATION HOME FIRST - HSCP20.007

6. The Board had before it a report from the Chief Officer, ACHSCP which provided an overview on the current progress towards recovery from the Covid-19 response stage along with the current priorities.

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

The Board resolved :-
to approve the recommendations.

ABERDEEN CITY PRIMARY CARE UPDATE - HSCP20.008

7. The Board had before it a report from the Chief Officer, ACHSCP which provided an update on the delivery of Primary Care and General Medical Services (GMS) during the current Covid-19 pandemic.

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The report recommended:-
that the Board note the contents of the report.

The Board resolved :-
to approve the recommendation.

GRANT TO INDEPENDENT SECTOR ORGANISATION - HSCP20.002

8. The Board had before it a report from the Chief Officer, ACHSCP which advised of the commissioning intent for the independent sector organisation – Scottish Care - over the next three years.

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

The Board resolved :-
to approve the recommendations.

SERVICE USER REPRESENTATIVE ON IJB - HSCP20.006

9. The Board had before it a report from the Chief Officer, ACHSCP which sought agreement to extend the term of office for the current Service User Representative.

The report recommended:-
that the Board approve the extension of the term of office of the current Service User Representative on the IJB until 31 March 2021.

The Board heard of the time delay in beginning the selection process for a replacement representative. The Chair expressed appreciation to the Service and Carer representatives on the Board and acknowledged their commitment and importance to Board business.

The Board resolved :-
to approve the recommendations.

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NATIONAL PRINCIPLES FOR SUSTAINABILITY PAYMENTS TO SOCIAL CARE PROVIDERS DURING COVID19 - HSCP20.004

10. The Board had before it a report from the Chief Officer, ACHSCP which provided information on the development of a consistent set of principles to ensure that the social care sector remains sustainable during the emergency response to COVID 19.

The report recommended:-
that the Board –
(a) note the principles agreed nationally to support social care providers (as detailed in the report);
(b) agree to support the social care providers and fund this additional financial support from the initial mobilisation payment;
(c) agree to support payments above the available confirmed funding level of £1.018 million, providing the Chief Finance Officer is satisfied that additional funding will be recovered through the mobilisation plan; and
(d) issue a Direction (as detailed in the Appendix to this report) to Aberdeen City Council to make the payments to the social care suppliers on the basis of the nationally agreed principles.

The Board resolved :-
to approve the recommendations.

EXTERNAL AUDIT FINAL REPORT 2019/2020 - HSCP20.010

11. The Board had before it a report from the External Auditor (KPMG) which presented the Annual Audit Report to the Members of Aberdeen Integration Joint Board and the Controller of Audit for the year ended 31 March 2020.

The report recommended:-
that the Board note the contents of the report.

The Board resolved :-
to approve the recommendation.

AUDITED FINAL ACCOUNTS 2019/20 - HSCP20.009

12. The Board had before it a report from the Chief Finance Officer, ACHSCP which presented Audited Final Accounts for 2019/20.

The report recommended:-

that the Board –
(a) consider and agree the Integration Joint Board's Audited Accounts for 2019/20, as attached at appendix A;
(b) instruct Officers to submit the approved audited accounts to NHS Grampian and Aberdeen City Council; and
(c) instruct the Chief Finance Officer to sign the representation letter, as attached at appendix B.

The Board resolved :-
to approve the recommendations.

MOBILISATION REPORT - HSCP20.011

13. The Board had before it a report from the Chief Finance Officer, ACHSCP which presented an update on the impact of COVID-19 on the IJB Medium Term Financial Framework and budget.

The report recommended:-
that the Board –
(a) notes the report and the estimated cost scenarios contained in Paragraph 3.10 and the potential impact on the IJB budget if additional funding is not provided to cover these estimated additional costs;
(b) notes the additional financial risk to the IJB budget and instructs the Chief Finance Officer to notify Aberdeen City Council and NHS Grampian of the increased risk in relation to their financial exposure to funding a shortfall in the IJB budget, subject to confirmation of funding not being received from the Scottish Government by 17 June 2020; and
(c) instructs the Chief Officer and Chief Finance Officer, if required, to develop options to close any financial shortfall as per the Integration Scheme and report these to an IJB meeting to be held by the end of the second week in August, once the quarter one financial position is finalised and there is more certainty on Scottish Government funding levels.

The Board resolved :-
to approve the recommendations.

2020/21 SUPPLEMENTARY PROCUREMENT WORK PLAN - HSCP20.001

14. The Board had before it a report from the Strategic Procurement Manager, ACC which presented a supplementary 2020/21 procurement work plan for expenditure on social care services, together with associated procurement business case, for approval.

The report recommended:-
that the Board –
(a) approves the expenditure for social care services as set out in the supplementary work plan at Appendix A;
(b) approves the award of contracts as set out in the procurement business case at Appendix B;
(c) makes the Direction, as attached at Appendix C;
(d) instructs the Chief Officer to issue the Direction to Aberdeen City Council (ACC); and
(e) agrees to accept a further report once the review of training and skills development services has been carried out; the target date for this being June 2021.

The Board resolved :-
to approve the recommendations.

IJB MEETING - TUESDAY 8 SEPTEMBER 2020 AT 10.00AM

15. The Board considered the date of its next meeting.

The Board resolved :-
to note the next planned meeting date of 8 September 2020, notwithstanding the decision within Article 13 which would see an additional meeting date before then.
- **COUNCILLOR SARAH DUNCAN, Chairperson**

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CLINICAL AND CARE GOVERNANCE COMMITTEE

ABERDEEN, 2 June 2020. Minute of Meeting of the CLINICAL AND CARE GOVERNANCE COMMITTEE. Present:- Councillor Lesley Dunbar Chairperson; and Kim Cruttenden, Councillor Sarah Duncan and Alan Gray.

In attendance: Martin Allan, Councillor Al-Samarai, Claire Duncan, Howard Gemmell, Graham Gauld,, Luan Grugeon, Maggie Hepburn, Caroline Howarth, Chris Littlejohn, Laura McDonald, Shona McFarlane, Sandra McLeod, Malcolm Metcalfe, Lynn Morrison, Kundai Sinclair, Alex Stephen, John Tomlinson and Emma Virasami.

DECLARATIONS OF INTEREST

1. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING OF 4 FEBRUARY 2020

2. The Committee had before it the minute of its previous meeting of 4 February 2020, for approval.

The Committee resolved:-
to approve the minute.

COVID-19 - ACHSCP MONITORING REPORT - HSCP20003

3. The Committee had before it a report Alison MacLeod, Lead Strategy and Performance Manager which sought to provide assurance to the Clinical and Care Governance Committee of the operational adjustments that have been put in place in response to the COVID-19 pandemic.

The report recommended:-
that the Committee note the contents of the report.

The Committee heard Alison McLeod advise (a) that the response to the Covid-19 pandemic covered a range of services across the partnership; (b) that the Dashboard was still in development and due to health colleagues undertaking COVID related activities, the data may not be entirely accurate or up to date; (c) that sections 3.4 and 3.5 of the report provided an overview of the wider public protection arrangements; and (d) that Appendix B (Datex) information gathered from NHS Grampian required to be updated and a review of this would be undertaken by the Clinical Care Group and include operational risk across all partners with any risks being escalated to this Committee to consider as and when required.

In response to questions from the Committee, the following was noted:-

- That an emergency meeting was called by staff in relation to staff absences in the Specialised Older Adult & Rehabilitation Services (SOARS) due to COVID and other underlying health issues, however absences were now reducing gradually and officers were constantly in discussion with colleagues in the Acute sector in relation to patient safety and the transferring of patients;
- That a review of Rehabilitation Services which commenced pre-COVID had been postponed to later in the year although Operation Homefirst was presently being undertaken and pathways were being developed;
- In relation to unmet need in adult social work in April, there was anecdotal evidence which showed that there was a reduction in care packages due to family members being furloughed and therefore able to care for their relatives; and
- In relation to post diagnostic support for dementia, the previous commissioned service did not allow staff to record and reflect national statistics, however a review had been undertaken and a new in-house care provision system would be implemented in due course to increase support.

The Committee resolved:-

(i) to approve the recommendation; and

(ii) to request that a COVID-19 monitoring report be submitted to the next meeting, noting that the Datex appendix information was an operational document and should not be included.

COVID 19 - RESPONSE IN CARE HOMES - HSCP20005

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

The report recommended:-
that the Committee note the contents of the report.

The Committee heard Emma Virasami provide an overview of the report (a) advising that clear regular contact with care home providers to manage the response to COVID and to manage the flow of information from the guidance and advice received from the Scottish Government was essential and had been undertaken; (b) made reference to the creation of the daily reporting form to identify any issues, following these up with phone calls to providers to escalate where appropriate, the information and advice contained within the providers webpage and the provider's huddles; (c) indicating that Adult Social Care Services had moved to a seven day work pattern ten weeks ago to support the Out of Hours Teams in anticipation of the increase in demand; (d) made reference to daily meetings with Public Health and the Care Inspectorate, along with Nursing Service

Management colleagues to agree mitigations to take forward; (e) outlining information relating to the three key areas of response, namely staffing, personal protective equipment and testing; and (f) intimating that feedback from providers revealed that the responsive measures put in place to support care homes had been well received.

In response to questions from members, the following was noted:-

- That a huge amount of operational work had been undertaken and there was a need to bed-in the relationships that have been developed along with the strategic planning around localities;
- That the 'parity of esteem' multi-agency model would continue to be used to support care homes within locality huddles;
- That officers having been reporting to the Scottish Government on a weekly basis regarding the status of care homes;
- That operational managers have the data information they need to take appropriate action as they see fit, the Scottish Government had sought details in terms of the processes undertaken including the lessons that have been learned to ensure that care homes were as safe as they could be, particularly as we were still in response phase; and
- That there was a downward trend in COVID-19 cases for staff within care homes.

Chris Littlejohn, Public Health provided a detail response in terms of the control measures that had been put in place, including cleaning, personal protective equipment usage, distancing and isolation measures. He also provided comprehensive information of the testing within care homes.

Emma Virasami provided an update in relation to the large-scale investigation within a care home, advising that various actions had been put in place and that all concerns were being addressed.

The Committee resolved:-

(i) to approve the recommendation; and

(ii) that an update report be submitted to the next meeting containing useful information and data in terms of the impact that testing would have, changes that have been made and the lessons learned in relation to the local care homes situation.

DATE OF NEXT MEETING

5. The Committee considered a date for its next meeting.

The Committee resolved:-

that the Clerk in liaison with the members, would identify a suitable meeting date for the end of July 2020, and that an appointment would be issued thereafter.

- COUNCILLOR LESLEY DUNBAR, Chairperson

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INTEGRATION JOINT BOARD BUSINESS PLANNER -
The Business Planner details the reports which have been instructed by the Committee as well as reports which the Functions expect to be submitting for the calendar year.

Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/ Status (RAG)	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
11 August 2020									
Standing Item	Chief Oficer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP	No Report		Weekly Updates continue to be provided to IJB Members.
24.03.2020	IJB Standing Orders Amendment	The Board resolved :- (i) to approve the recommendations; and (ii) to cancel meetings of the Risk Audit and Performance Committee and the Clinical Care Governance Committee until further notice.		Jess Anderson	ACC Legal	ACHSCP	Candidate for December	R	IJB 09.06.2020: Advised all meetings to return to normal Moved to 1st December IJB (AR) Verbal confirmation on 11.08.20
24.03.2020	Grampian-wide Strategic Framework for Mental Health and Learning Disability Service 2020-2025	The report recommended :- that the Board – a) approve the Grampian-wide Strategic Framework for Mental Health and Learning Disability (MHLD) 2020-2025 [appendix a]; b) note Aberdeen City Health and Social Care Partnership (ACHSCP), Aberdeenshire HSCP (ASHSCP) and Moray HSCP (MHSCP) plan to refresh their respective Mental Health and Learning Disability Strategy/(ies) for community-based services in 2022; c) instruct the Chief Officer to report back on the Performance Framework and Programme Transformation Plan to Aberdeen City IJB on the 25 June 2020, Aberdeenshire IJB on 24 June and Moray IJB on 26 June to provide assurance of detailed plans for service redesign, timelines and measures to monitor progress and sustainability.		Kay Dunn	Planning Manager Lead	ACHSCP	Candidate for December	D	Delayed due to CoVid-19 responses.
04.09.2019	Market Facilitation Update	Co-Vid-19 measures delay from 24/03/20		Anne McKenzie	Commissioning Lead	ACHSCP	Candidate for December	D	Delayed due to CoVid-19 responses.
13.01.2020	Carers Expense Policy	Co-Vid-19 measures delay from 24/03/20	HSCP20.016	Alison MacLeod	Performance Lead	ACHSCP			
22.01.20	Strategic Risk Register	On 21.01.2020, from the report Strategic Risk - HSCP 19.086The Board resolved :- (i)to approve recommendations (a) and (c) (ii)to note recommendation (b) and instruct the Chief Officer to obtain legal direction to revisit Risk 1 specifically in regards to 'Provider of Last Resort' and to report to the Board on 11 February 2020. IJB on 11.02 deferred until 24.03.20 - ALSO Bi-Annual - January and June	HSCP.20.012	Martin Allan	Business Lead	ACHSCP			
19.11.2019	Review of commissioned Day Care Services - an update	On 19.11.2019, The Board resolved:- (i)to note progress made with the review, and that a final recommendation will be made to the IJB in March 2020.	HSCP20.018	Anne McKenzie	Commissioning Lead	ACHSCP			
25.02.2020	Scottish Public Services Ombudsman - Revised Model Complaints Handling Procedure	To provide an update on the the updated Model Complaints Handling Procedure (MCHP) for Scottish Government, Scottish Parliament and Associ ated Public Authorities.	HSCP19117	Martin Allan	Business Lead	ACHSCP	Candidadte for September	D	CoVid-19 measures: consider Service Update or report to RAPC. MA advised that this will be delayed until September IJB.
11.08.2020	Operation Home First: Update on Recovery Plan	IJB 09.06.2020 - Note that a further report will come to future Risk, Audit and Performance Committees and Integration Joint Board meetings providing progress on Operation Home First and information about our next stage priorities in our recovery progress.	HSCP.20.015	Gail Woodcock	Transformation Lead	ACHSCP			
09.06.2020	Quarter 1 Financial Monitoring and Mobilisation Update	IJB 09.06.2020 -c) Instructs the Chief Officer and Chief Finance Officer, if required, to develop options to close any financial shortfall as per the Integration Scheme and report these to an IJB meeting to be held by the end of the second week in August, once the quarter one financial position is finalised and there is more certainty on Scottish Government funding levels.	HSCP20.024	Alex Stephen	Chief Finance Officer	ACHSCP			
12.06.2020	Grant Funded Counselling Services	The purpose of this report is to advise the Board of grant funding requirements for the financial year 2020/2021 to several counselling services, and to inform the Board of our intention to review the service activity and ensure it is aligned to the whole system provision of mental health services across Aberdeen City.	HSCP20.017	Anne McKenzie	Commissioning Lead	ACHSCP			
01.07.2020	Referal from Urgent Business Committee: Financial Resilience Recovery Plan - RES/20/101	ACC Urgent Business Committee ; (xxii) to agree that through the surplus noted at paragraph 3.53 of the report and the saving achieved from 2.20, above, £141,000 is set aside to support implementation of the actions within the Socio-Economic Rescue Plan; and (xxiii) to agree in light of (xi) above there is a requirement for substantial extra investment by the Scottish Government in social care as a matter of urgency, notes Bon Accord Care's successes are being undermined by lack of Scottish Government grant and calls upon the Scottish Government to properly finance social care in order that Council can invest in their workforce whilst targeting levels of current unmet need; and agrees this recommendation be referred to the Integration Joint Board for them to consider further action	HSCP20.023	Derek Jamieson	Governance	ACC			
15.06.2020	Standards Officer-Nomination	To update the IJB on a replacement Standards Officer	HSCP.20.013	Martin Allan	Business Lead	ACHSCP			
08 September 2020									
Standing Item	Chief Oficer Report	A regular update from the Chief Officer	HSCP20.014	Martin Allan	Business Lead	ACHSCP			Weekly Updates continue to be provided to IJB Members.
19.11.19	Training and Development Plan for IJB			Martin Allan	Business Lead	ACHSCP		D	
Standing Item	Annual Update Autism & Learning Disabilities	IJB 20200128 - move to June 2020		Kevin Dawson	Learning Disabilities Lead	ACHSCP		D	

	A	B	C	D	E	F	G	H	I	J
2	**Date Created**	**Report Title**	**Minute Reference/Committee Decision or Purpose of Report**	**Report Number**	**Report Author**	**Lead Officer / Business Area**	**ORGANISATION ACHSCP/ACC/NHSG**	**Update/ Status (RAG)**	**Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T**	**Explanation if delayed, removed or transferred**
21	26.03.2019	Diet, Activity and Healthy Weight	IJB 26.03.19 Article 17 - The Board instructed the Chief Officer that an annual update on ACHSCP GCGF is presented to the IJB, and (v) Instruct the Chief Officer that the Grampian consultation strategies for Tobacco and Diet, Activity and Healthy Weight are presented to the Board. To be reported to 23.06.20 meeting from PreAgenda on 29.01.20, then IJB on 11.02.20		Gail Woodcock	Transformation Lead	ACHSCP		D	
22	04.09.2019	Immunisations	Following comment at IJB on 03.09.2019, future reporting requested		Gail Woodcock	Transformation Lead	ACHSCP		D	
23	Standing Item	Review of Scheme of Integration	Annual review. IJB 20200128 move to June 2020		Jess Anderson	Chief Officer - Governance	ACC	Candidate for December	D	
24	19.11.2019	Review of Governance (ACC)	On 19.11.2019, the IJB resolved to note that Aberdeen City Council is currently reviewing its Scheme of Governance. A report on this will be submitted to Council on 2 March 2020. Council Officers will evaluate these changes and inform the IJB of any changes that will impact the business of the ACHSCP or the IJB and its sub-committees. This update will be brought to the IJB meeting immediately following the March 2020 Council meeting. IJB 28.01.20 - can be heard in June 2020		Fraser Bell	Chief Officer - Governance	ACC	Candidate for December	D	Jess Anderson: Review of Governance paper be provisionally moved to the September meeting? It may have to go to the December meeting depending on other deadlines tying in.
25	19.11.2019	Local Survey	On 19.11.2019, the IJB resolved to instruct the Chief Officer to bring forward a further report following publication of the results of the current national survey which are expected in April 2020 along with details of actions undertaken to address those areas of the survey which would benefit from improvement. This report will come to the June meeting of the IJB.		Alison MacLeod	Performance Lead	ACHSCP		D	
26	11.11.2019	Livingwell with Dementia			Alison MacLeod	Performance Lead	ACHSCP	Candidate for December	D	
27	Standing Item	Annual Report on Alcohol and Drug Partnership	IJB 20200128 - moved to June 2020		Simon Rayner	Alcohol & Drug Lead	ACHSCP			CoVid-19 measures : Report to next CCG then to IJB in September
28	30.09.2019	Social Care – Self-directed support: Transformational Funding 2019-21 and Reporting on Impact and Learning	To be reported to 23.06.20 meeting from PreAgenda on 29.01.20, then IJB on 11.02.20		Alison MacLeod	Performance Lead	ACHSCP		T	Going as Service Update March 2020
29	11.12.2018	Autism Strategy and Action Plan	IJB 11.12.18 Article 13 - The Board noted that progress reports on the implementation of the above would be provided annually, with updates to the Clinical Care and Governance Committee in the interim. Suggested April 2020, then To be reported to 23.06.20 meeting and combined with Annual Update (from PreAgenda on 29.01.20 and IJB on 11.02.20).		Kevin Dawson	Learning Disabilities Lead	ACHSCP		T	To be reported to 23.06.20 meeting and combined with Annual Update (from PreAgenda on 29.01.20) ; CoVid-19 measures : Report to CCG then Service Update to IJB
30	11.06.2019	MSG Self Evaluation for the Review of progress with Integration of Health and Social Care	IJB 11.06.2019 - Instructed the Chief Officer to provide an update on progress on delivery of the actions in March 2020. IJB 20200128 Move to June 2020		Alison MacLeod	Performance Lead	ACHSCP			CoVid-19 measures : Service Update to RAPC
31	Standing Item	Annual Report	The purpose of this report is to obtain IJB approval of the partnership's annual performance report for 2019-20 and its agreement that the approved report should be published and also presented to Aberdeen City Council and NHS Grampian for their information.		Alison MacLeod	Performance Lead	ACHSCP			
32	Standing Item	MSG & National Performance Report	Included within Annual Report	Included within Annual Report	Alison MacLeod	Performance Lead	ACHSCP			
33	Standing Item	Winter Plan	The Aberdeen City Health and Social Care Partnership is required to develop a "Winter Plan" each year to reflect arrangements to support activity over the winter period. The draft Winter Plan before the IJB for period 2019/20 is contained in Appendix One to this report.		Jason Nicol	SOARs Lead	ACHSCP			
34	22.01.2020	Update on Tasking & Coordinating Group Activity within ADP	On 21.01.2020, from the Update on the Alcohol and Drug Partnership Delivery Plan and Investment - HSCP.19.087, the Board resolved :- (i)to approve the recommendations, (ii)to note the creation of a Tasking and Coordinating Group (TCG) to expedite the required spending, and (iii)to instruct the Chief Officer to report on the status of the TCG activities to IJB on 8 September 2020.		Simon Rayner	Alcohol & Drug Lead	ACHSCP			
35	12.07.2020	ADP Funding Report	report seeks support for Alcohol and Drugs Partnership (ADP) investment plans that have been developed as a result of budget slippage and the impact and emergent issues from COVID 19	HSCP.20.019	Simon Rayner	Alcohol & Drug Lead	ACHSCP		D	Moved to September
36	25.02.2020	Scottish Public Services Ombudsman - Revised Model Complaints Handling Procedure	To provide an update on the the updated Model Complaints Handling Procedure (MCHP) for Scottish Government, Scottish Parliament and Associ ated Public Authorities.	HSCP19117	Martin Allan	Business Lead	ACHSCP		T	CoVid-19 measures: consider Service Update or report to RAPC. MA advised that this will be delayed until September IJB. Transferred from August IJB
37	**28/10/2020 (PROVISIONAL)**									
38	Standing Item	Chief Oficer Report	A regular update from the Chief Officer	HSCP20.014	Martin Allan	Business Lead	ACHSCP			Weekly Updates continue to be provided to IJB Members.
39	**01 December 2020**									
40	Standing Item	Chief Oficer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			
41	19.11.2019	Localities - Reshaping Community Services	On 19.11.2019, the IJB resolved (vi) to instruct the Chief Officer, to report back on the progress towards integrated locality working, on 1 December 2020.		Gail Woodcock	Transformation Lead	ACHSCP			

	A	B	C	D	E	F	G	H	I	J
2	**Date Created**	**Report Title**	**Minute Reference/Committee Decision or Purpose of Report**	**Report Number**	**Report Author**	**Lead Officer / Business Area**	**ORGANISATION ACHSCP/ACC/NHSG**	**Update/ Status (RAG)**	**Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T**	**Explanation if delayed, removed or transferred**
42	24.03.2020	Grampian-wide Strategic Framework for Mental Health and Learning Disability Service 2020-2025	The report recommended :- that the Board – a) approve the Grampian-wide Strategic Framework for Mental Health and Learning Disability (MHLD) 2020-2025 [appendix a]; b) note Aberdeen City Health and Social Care Partnership (ACHSCP), Aberdeenshire HSCP (ASHSCP) and Moray HSCP (MHSCP) plan to refresh their respective Mental Health and Learning Disability Strategy/(ies) for community-based services in 2022; c) instruct the Chief Officer to report back on the Performance Framework and Programme Transformation Plan to Aberdeen City IJB on the 25 June 2020, Aberdeenshire IJB on 24 June and Moray IJB on 26 June to provide assurance of detailed plans for service redesign, timelines and measures to monitor progress and sustainability.		Kay Dunn	Planning Manager Lead	ACHSCP		T	Transferred from 11th August IJB as per email from Alison MacLeod 24.06.20 (AR)
43	29.01.2020	Mental Health Delivery Plan	CoVid-19 measures : moved from 24/03/20 to 01/12/20	HSCP19113	Kevin D / Jenny Rae	Mental Health Lead	ACHSCP		T	
44	Standing Item	Review of Scheme of Integration	Annual review. IJB 20200128 move to June 2020		Jess Anderson	Chief Officer - Governance	ACC	Candidate for December	T	Transferred from 11th August IJB as per email from Alison MacLeod 24.06.20 (AR)
45	09.06.2020	Service User Representative on IJB	IJB 09.06.2020: Position extended until 31.03.2021, Report before then on update		Alison Macleod	Performance Lead	ACHSCP			
46	11.11.2019	Livingwell with Dementia			Alison MacLeod	Performance Lead	ACHSCP	Candidate for December	T	Transferred from 11th August IJB as per email from Alison MacLeod 24.06.20 (AR)
47	24.03.2020	IJB Standing Orders Amendment	The Board resolved :- (i) to approve the recommendations; and (ii) to cancel meetings of the Risk Audit and Performance Committee and the Clinical Care Governance Committee until further notice.		Jess Anderson	ACC Legal	ACHSCP		R	
48	**23 February 2021**									
49	Standing Item	Chief Oficer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			
50										
51	02.06.2020	Covid-19 Response - Lessons Learned	From an IJB Workshop		Sandra MacLeod	Chief Officer	ACHSCP			

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Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	11 August 2020
Report Title	Referral from ACC Urgent Business Committee
Report Number	HSCP.20.023
Lead Officer	Sandra Macleod, Chief Officer
Report Author Details	*Name: Derek Jamieson* *Job Title: Clerk to the Board* *Email Address: DerJamieson@AberdeenCity.gov.uk* *Phone Number: 01224523057*
Consultation Checklist Completed	*Yes*
Directions Required	*No*
Appendices	*a. Extract of Minute*

1. Purpose of the Report

1.1. To inform the Board of a referral made by a committee of Aberdeen City Council.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Instruct the Chief Officer – Finance (ACHSCP) to provide details of the relevant report(s) to the Chief Officer – Finance (ACC) for the City Growth & Resources Committee on 28 October 2020
b) Notes Recommendation (ix) of the Urgent Business Committee.

3. Summary of Key Information

3.1. On 30 June 2020, the paper 'Financial Resilience Recovery Plan - RES/20/10' was presented to the Aberdeen City Council (ACC) Urgent Business Committee (UBC). The report provided the UBC with a proposed recovery

plan to the current financial challenges that ACC faces in maintaining a balanced budget position for the financial year 2020/21 and the actions that will be required to achieve this position.

3.2. The report contained within its recommendations that the UBC *'(j) note the current position of the IJB and instructs the Chief Officer – Finance (ACC) to report the details of the IJB recovery plan to the City Growth & Resources Committee on 28 October 2020'.*

3.3. The UBC, following a Motion, agreed to that recommendation and further '*(ix) agree in light of recommendation (j) above there is a requirement for substantial extra investment by the Scottish Government in social care as a matter of urgency. Notes Bon Accord Care's successes are being undermined by lack of Scottish Government grant and calls upon the Scottish Government to properly finance social care in order that Council can invest in their workforce whilst targeting levels of current unmet need; and agrees this recommendation be referred to the Integration Joint Board for them to consider further action*.'

3.4. Members will recall that the subject of IJB finances and consideration of referral to Scottish Government were subject to discussion arising from the presentation of reports contained at Article 10 National Principles for Sustainability Payments to Social Care Providers during Covid19 - HSCP20.004, and Article 14 Mobilisation Report - HSCP20.011 of the IJB Meeting of 9 June 2020. Members were minded to not write to Scottish Government at that time and delay such consideration to a future meeting where the Medium Term Financial Forecast would be presented.

4. Implications for IJB

4.1. Equalities

There is no impact with implementing the recommendations of this report.

4.2. Fairer Scotland Duty

while there are no direct implications arising directly as a result of this report, the Fairer Scotland duty will be taken into account, where appropriate, within any subsequent report.

4.3. Financial

While there are no direct implications arising directly as a result of this report, financial implications will be taken into account by the Chief Finance Officer as appropriate.

4.4. Workforce

There are no direct implications arising directly as a result of this report here are no direct implications arising directly as a result of this report

4.5. Legal

There are no direct legal implications arising from the recommendations of this report.

4.6. Covid-19

There are no direct implications arising from the recommendations of this report.

5. Links to ACHSCP Strategic Plan

5.1. The Strategic Plan sets out the aims, commitments and priorities of the Partnership, in alignment with Community Planning Aberdeen's Local Outcome Improvement Plan, NHS Grampian's Clinical Strategy and Aberdeen City Council's Local Housing Strategy. Aberdeen City Health & Social Care Partnership and its governance body, the Integration Joint Board, have now been operating for over three years –and during this time, real progress has been made to integrate the health and social care services delegated from our partners, Aberdeen City Council and NHS Grampian.

6. Management of Risk

6.1. Identified risks(s): Reputational Damage

INTEGRATION JOINT BOARD

There is a risk that the IJB does not make representation to the Scottish Government to identify the issues and seek additional monies and later finds itself in financial difficulty.

This risk is mitigated in the actions of the Chief Finance Officer with the development of the Medium Term Financial Framework (MTFF) and the Long Term Financial Framework (LTFF). The risk is further mitigated by oversight of the financial position at both IJB and the Risk Audit and Performance Committee (RAPC).

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

The activities of the Chief Finance Officer help mitigate all of the risks on the IJB's Strategic Risk Register.

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

By ensuring that all Members of the IJB remain aware of the financial challenges that the ACHSCP and its respective partner organisations ACC and NHSG face currently, and are aware of.

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

URGENT BUSINESS COMMITTEE
30 JUNE 2020

FINANCIAL RESILIENCE RECOVERY PLAN - RES/20/101

9. With reference to article 5 of the minute of its previous meeting, the Committee had before it a report by the Director of Resources which provided a proposed recovery plan to the current financial challenges the Council faced in maintaining a balanced budget position for the financial year 2020/21 and the actions required to achieve that position.

The report recommended:-
that Committee –

(a) note the updated financial position contained within the report;
(b) note the requirement of the Council to make arrangements for the proper administration of its financial affairs, including the maintenance of a balanced budget;
(c) agree that using uncommitted usable General Fund reserves was not an appropriate solution to the immediate costs highlighted in the report, and that the Council must maintain its uncommitted reserves to meet future costs that are unknown, the likes of which have been highlighted by the World Health Organisations, detailed in Appendix 9;
(d) agree that Capital Receipts receivable continue to be set aside to fund Voluntary Severance / Early Retirement costs in line with the permissions granted by Scottish Government that end on 31 March 2021;
(e) agree that the initial estimate for the impact of the Covid-19 pandemic on the Council's capital financing requirement offers no opportunity to borrow for revenue purposes, even where permission has been granted by the Scottish Government;
(f) agree, in light of the removal of the statutory obligation to deliver 1,140 hours of early learning and childcare from August 2020, the Council takes steps to offset Covid-19 related costs to the value of £8m to support children and families by using the flexibility in the ELC Expansion specific grant funding;
(g) having regard to the equality and human rights impact assessments, incorporating the Fairer Scotland Duty, as set out in background papers, approve the revised commissioning intentions and service standards as described in Appendix 6, the related proposals at Appendix 7 and the revision to fees and charges set out in Appendix 8, to address the financial outturn position for 2020/21 and maintain a balanced budget, as summarised in paragraph 3.53;
(h) agree to the balance (£6.6m) of uncommitted ELC Expansion specific grant being held as a contingency against further Covid-19 related costs the Council is financially exposed to during the remainder of the financial year, and that the use of this contingency is delegated to the Chief Officer – Finance, following consultation with the Chief Executive and Convener of City Growth and Resources Committee;
(i) agree that in the event of future costs exceeding £6.6m and no further funding being receivable by the Council to cover those costs then instruct the Chief

Officer – Finance to report the situation to the City Growth & Resources Committee or an Urgent Business Committee if required;

(j) note the current position of the IJB and instructs the Chief Officer - Finance to report the details of the IJB recovery plan to the City Growth & Resources Committee on 28 October 2020;

(k) note the financial risk at Section 6 and acknowledges that the decision on 20 March 2020 to defer and limit collection and recovery action by the Council for Council debts cannot continue indefinitely, and agrees to recommence collection and recovery processes for all debts, with effect from 1 July 2020, and to continue to consider situations of hardship on a case by case basis;

(l) agree, in light of the financial situations presented by the Covid-19 pandemic described in the report, that in line with terms and conditions, the Council will not make any refunds for services altered as a result of its response to the pandemic;

(m) note the initial financial impact assessment on the General Fund Capital Programme for financial years 2020/21 to 2024/25, as set out in paragraph 3.115 and agrees to receive the reprofiled capital programmes as part of the Quarter 2 financial reporting;

(n) agree that the next scheduled report on financial performance will be the Quarter 2 report to City Growth & Resources Committee on 28 October 2020, with an earlier meeting of the Committee being requested by the Chief Officer – Finance, to present an interim report, if the circumstances require it;

(o) note the forecast outturn for the 2020/21 Housing Revenue Account as set out in Appendix 10; and

(p) note the forecast outturn for the 2020/21 Common Good as set out in Appendix 11.

The Convener moved, seconded by Councillor Boulton:-

That the Committee:-

(i) approve recommendations (a) to (n) as set out above;

(ii) note the initial forecast outturn for the 2020/21 Housing Revenue Account as set out in Appendix 10;

(iii) note the initial forecast outturn for the 2020/21 Common Good as set out in Appendix 11;

(iv) note that each local authority has been asked to administer a number of “grants” on behalf of the Scottish Government. Agrees the UK government has passported funds to the Scottish Government who have in turn provided the funding to support the actual payments to businesses and newly self-employed individuals, noting with disappointment however, no additional funding has been provided to cover the cost of administering them. Noting there has, however, been a cost to the Council as a range of staff have been diverted from their normal roles to support the payment processes;

(v) agree statistics from SPICe have revealed that, since 2013-2014, the SNP Scottish Government has cut the local government revenue budget at more than twice the rate that the Scottish Government’s own budget was cut in real terms;

(vi) note that research from the BBC shared data unit, that Covid-19 has left Aberdeen City Council as the second most disadvantaged Council in Scotland with a financial shortfall equivalent to £359 per resident;

(vii) agree to remove the Director of Commissioning post from this year's budget only, thus saving £79,000 whilst remaining committed to the Target Operating Model and maintaining the existing interim arrangements for the remainder of the year;
(viii) agree that through the surplus noted at paragraph 3.53 of the report and the saving achieved from (vii) above, £141,000 is set aside to support implementation of the actions within the Socio-Economic Rescue Plan; and
(ix) agree in light of recommendation (j) above there is a requirement for substantial extra investment by the Scottish Government in social care as a matter of urgency. Notes Bon Accord Care's successes are being undermined by lack of Scottish Government grant and calls upon the Scottish Government to properly finance social care in order that Council can invest in their workforce whilst targeting levels of current unmet need; and agrees this recommendation be referred to the Integration Joint Board for them to consider further action.

Councillor Yuill moved as an amendment, seconded by Councillor Alex Nicoll:-

That the Committee:-
(i) thank Council staff, key workers and others for the work they have been doing during the pandemic;
(ii) recognise that responding to the pandemic has and will put significant additional financial pressure on the Council;
(iii) believe that in these exceptional circumstances the cost to the Council of the pandemic response should be fully funded by government;
(iv) welcome the action being taken by the Finance Secretary in seeking permission from the UK Government to borrow up to £500 million to help meet the costs of the pandemic response;
(v) agree to contact the Scottish Government seeking the funding necessary to meet the financial shortfall of £9.536 million in 2020/21 identified in this report;
(vi) believe that, in this instance, decisions of the scale sought in the recommendations in this report should be made by the full Council and not an Urgent Business Committee comprising only five members; and
(vii) therefore agree to remit this report to a special meeting of the Council to be held no later than 14th July 2020.

On a division, there voted:- for the motion (3) – the Convener; the Vice Convener; and Councillor Boulton; for the amendment (2) – Councillors Alex Nicoll and Yuill.

The Committee resolved:-
(i) to thank all staff for their efforts as a result of COVID-19, and for the work undertaken to present the options before Committee for consideration; and
(ii) to adopt the motion.

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Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	11.08.2020
Report Title	IJB Standards Officer
Report Number	HSCP 20.013
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author Details	Name: Martin Allan Job Title: Business Manager Email Address: martin.allan3@nhs.net
Consultation Checklist Completed	*Yes*
Appendices	None

1. Purpose of the Report

1.1. To inform the IJB of the requirement to nominate a replacement Standards Officer to the Standards Commission.

2. Recommendations

2.1. It is recommended that the IJB:

Nominate the Legal Services Manager, as a replacement Standards Officer to the Standards Commission, as detailed in the report.

3. Summary of Key Information

IJB Standards Officer

3.1. Each body (the IJB is one) which comes under the Model Code of Conduct for Devolved Public Bodies is required to appoint a Standards Officer.

3.2. The Standards Officer's duties include providing training on the Model Code and maintaining the Register of Members' Interests.

3.3. The IJB on the 3rd of September 2019 nominated the Interim Democratic Manager of Aberdeen City Council to the Standards Commission. The nomination was subsequently approved.

3.4. The Interim Democracy Manager has taken up another job in the Council and the Chief Officer of Governance, Aberdeen City Council has appointed the Legal Services Manager (Jenni Lawson) to manage the Democratic Services Team within Governance (in the interim).

3.5. The IJB are being asked to consider nominating a new Standards Officer.

3.6. In the interim between nomination and approval by the Standards Commission any queries in relation to the Model Code can be directed to the Chief Officer of Governance.

4. Implications for IJB

4.1. **Equalities –** while there are no direct implications arising directly as a result of this report, equalities implications will be taken into account by the Standards Officer.

4.2. **Fairer Scotland Duty –** while there are no direct implications arising directly as a result of this report, the Fairer Scotland duty will be taken into account, where appropriate, by the Standards Officer.

4.3. **Financial** – while there are no direct implications arising directly as a result of this report, financial implications will be taken into account by the Standards Officer.

4.4. **Workforce -** there are no direct implications arising directly as a result of this report.

4.5. **Legal -** this report ensures compliance with the Model Code of Conduct for Devolved Public Bodies by seeking a nominated Standards Officer.

4.6. **Other -** there are no direct implications arising directly as a result of this report.

5. Links to ACHSCP Strategic Plan

5.1. The Strategic Plan sets out the aims, commitments and priorities of the Partnership, in alignment with Community Planning Aberdeen's Local Outcome Improvement Plan, NHS Grampian's Clinical Strategy and Aberdeen City Council's Local Housing Strategy. Aberdeen City Health & Social Care Partnership and its governance body, the Integration Joint Board, have now been operating for over three years – and during this time,

real progress has been made to integrate the health and social care services delegated from our partners, Aberdeen City Council and NHS Grampian. Part of the Governance around the IJB is the role that the Standards officer undertakes, as detailed in the report.

6. Management of Risk

6.1. Identified risks(s): Reputational Damage.

6.2. Link to risks on strategic or operational risk register: The Standards Officer role will help to mitigate all of the risks on the IJB's Strategic Risk Register, however the main risk that the Officer's role will help mitigate is "There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care"

6.3. How might the content of this report impact or mitigate these risks: Ensuring that all Members of the IJB are properly trained on the Model Code of Conduct, including the registration of interests will help mitigate the risk of reputational damage.

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

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Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	11th August 2020
Report Title	Carers Expenses Policy
Report Number	HSCP.20.016
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Name: Alison MacLeod Job Title: Lead Strategy and Performance Manager Email Address: alimacleod@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	A. Carers Expenses Policy

1. Purpose of the Report

1.1. The purpose of this report is to seek approval from the IJB for the Aberdeen City Carers Expenses Policy.

2. Recommendations

2.1. It is recommended that the IJB:

a) Approves the Carers Expenses Policy contained in Appendix A for use in Aberdeen City.

3. Summary of Key Information

3.1. In February 2019 the Ministerial Steering Group (MSG) produced a report entitled “Review of Progress with Integration of Health and Social Care”. Proposal 6.3 of the of that report was “We will support carers and representatives of people using services better to enable their full

involvement in integration". To achieve an 'Exemplary' rating against that proposal within the self-evaluation framework would be that "Carers and representatives of people using health and social care services will be supported by partnerships to enable meaningful engagement with their constituencies. This will support their input to Integration Joint Boards, strategic planning groups and locality arrangements for integration. This would include, for example, receipt of IJB papers with enough time to engage other carers and people using services in responding to issues raised. It would also include paying reasonable expenses for attending meetings."

3.2. The Coalition of Carers in Scotland (CoCiS) has shared their Best Practice Expenses Policy for carer representatives (which could also be used for service user representatives). The two IJB Carers representatives for Aberdeen City IJB were appointed in March 2020. The current Service User representative is in post until March 2021 at which point a new Service Representative will be appointed.

3.3. The CoCiS Expenses Policy has been considered and used as a template for the development of the Aberdeen City Carers Expenses Policy and this is attached at Appendix A. Although it is entitled "Carers Expense Policy ACHSCP deem it only fair that the benefits therein should be extended to the Service User representative as all are unpaid and expected to undertake the same role. This extension is confirmed within the policy. Ensuring our carers and service users representatives are not out of pocket will encourage attendance at meetings and further enhance the contribution they make to IJB decision making.

4. Implications for IJB

4.1. **Equalities** – there are no direct implications for Equalities in relation to this report.

4.2. **Fairer Scotland Duty** – this report provides a means of reimbursement for carers and service user representatives attending IJB and other integration meetings ensuring that undertaking this role does not disadvantage them financially.

4.3. **Financial** – it is estimated that carers and service users' expenses will be minimal and can be accommodated from the additional funding we receive from the Scottish Government to deliver the Carers Act.

4.4. **Workforce** – there will be minimal workforce implications in relation to the processing and payment of any expenses claims. The nominated point of contact will be an existing member of staff – the Development Officer (Service User and Carer Engagement).

4.5. **Legal** – there are no direct legal implications arising from the recommendations in this report. Adopting the Expenses Policy will help meet the "Exemplary" rating within the MSG Self Evaluation Framework.

4.6. **Covid-19** – provision of a laptop and other communication tools will support attendance at virtual IJB meetings whilst social distancing measures remain in place for Covid-19.

4.7. **Other** – none.

5. Links to ACHSCP Strategic Plan

5.1. Value and Support Unpaid Carers is a commitment under the Prevention aim within the Strategic Plan.

6. Management of Risk

6.1. Identified risks(s)

Not having an Expenses Policy for Carers and Service Users may impact on their ability to contribute fully and effectively to IJB decision-making.

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

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

INTEGRATION JOINT BOARD

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

The approval of a Carers Expenses Policy will support carers and service users attending IJB and contributing to the decisions it makes.

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

Who is the expenses policy for?
This policy is for unpaid carer representatives who are appointed as a member of the Aberdeen City Health and Social Care Partnership Integration Joint Board (IJB) as per the Standing Orders 3b), c) and d) and any associated groups or committees. It can also be used for other unpaid representatives on IJBs, such as service users.

Why does this expenses policy exist?
This policy ensures that any unpaid carer or other representatives who are members of the IJB and associated groups or committees are not out of pocket as a result of carrying out their duties (as defined in the Public Bodies (Joint Working) (Scotland) Act 2014).

When does this expenses policy apply?
This expenses policy applies to enable unpaid carer and other representatives to undertake the work required in their capacity as IJB members. This includes preparatory work for, and attendance at:

- IJB meetings (including Workshop and Development Sessions)
- Strategic Planning Groups
- Locality Groups
- Other associated groups or committees
- IJB related duties and events (e.g. meeting a community group to explain the Strategic Commissioning Plan)

What expenses are included in this policy?

The following are included but prior approval must be sought before any expense is incurred

- **Travel costs**
  - public transport (excludes first class travel - receipts to be provided)
  - mileage (45p/mile)
  - parking (receipts to be provided)
  - taxi costs - where public transport arrangements are not suitable (receipts to be provided)
- **Subsistence (where no meals or refreshments are provided)**
  - Reimbursement of reasonable lunch expenses as per current Local Council guidelines (receipts to be provided)
  - Reimbursement of reasonable dinner expenses as per current Local Council guidelines (receipts to be provided)
  - Overnight accommodation and reimbursement of reasonable expenses for overnight stays, if and when required, as per current Local Council guidelines (receipts to be provided)

- **Preparatory work and administration to carry out duties**
  - IT / communication costs (e.g. phone / iPad / laptop) although a Council owned laptop will normally be loaned for the period of tenure NB: there will be a requirement to agree to abide by the relevant policies in relation to use of IT equipment, data protection etc.

- **Replacement care / care cover**
  - for attendance at IJB meetings
  - for attendance at other meetings/events relating to role
  - for travel times to meetings
  - for preparation time (if and when required – to be discussed and agreed in advance)

- **Loss of income to attend meetings**
  - Where appropriate, loss of earnings income to attend IJB meetings will be considered (to be discussed and agreed in advance – NIHR Guidelines for public involvement in health and social care research could help inform these discussions).
  - Any potential impact on social security benefits to be considered and discussed.

  Example: one HSCP has allocated resources to their local carers centre to enable carers to support other carers around strategic planning. This allows carers to be recompensed on a sessional basis to support engagement.

What is the process for claiming expenses?

- A named contact person will be identified to support communication, completion and agreement of all expenses claims.
- Expenses forms will be provided in electronic or paper format before or at each meeting / event to claim travel and subsistence expenses (receipts to be provided).
- For preparatory and administrative costs, reimbursement of costs as spent.
- For replacement care and loss of income reimbursement, discussion and agreement with named contact person in advance.
- All expenses will be paid in accordance with normal expenses processing deadlines following receipt of a properly completed expenses claim form. However, to ensure equity of involvement and engagement, if required immediate payments may be made. A payment schedule with dates of reimbursement will be provided.
- Payments will be made via BACS transfer where possible. Bank details will require to be provided to enable payment. Where BACS payment is unsuitable alternative payment arrangements (such as cheque/cash) can only be agreed by the Chief Finance Officer.

Reviewing this policy

This policy will be reviewed annually with the relevant recipients. Any proposed changes to this policy will be discussed with those covered by the policy before implementation.

Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	11.08.20
Report Title	Strategic Risk Register
Report Number	HSCP 20.012
Lead Officer	Sandra Macleod, Chief Officer
Report Author Details	Name: Martin Allan Job Title: Business Manager Email Address: martin.allan3@nhs.net
Consultation Checklist Completed	*Yes*
Appendices	a. Strategic Risk Register

1. Purpose of the Report

1.1. To present the Integrated Joint Board (IJB) with the latest version of the Aberdeen City Health & Social Care Partnership's (ACHSCP) Strategic Risk Register.

2. Recommendations

2.1. It is recommended that the IJB approve the revised Strategic Risk Register in the Appendix to the report.

3. Summary of Key Information

Updates on Strategic Risk Register

3.1. During the period when the IJB was meeting less frequently due to the Partnership's response to the Covid-19 pandemic, IJB members were receiving updates from the Chief Officer on the strategic risks and how the risks have been affected by the pandemic and how the Partnership has been mitigating against the risks and introducing new controls. The Strategic Risk Register has been updated to reflect the changes (as detailed in the Appendix to the report).

3.2. Since the Strategic Risk Register was last submitted to the IJB, a specific risk on Covid 19 was drafted which the Leadership Team considered. This risk was drafted early on in the response to the pandemic and provided details of controls (such as governance structures) and mitigating actions (such as deployment of staff to care homes). Officers in the Partnership have been providing IJB members with weekly updates on the strategic risks and details of action taken in regards to the pandemic have been embedded into the strategic risks. This approach has consolidated the Covid-19 risks into the overall Strategic Risk Register. It is proposed that the IJB workshop scheduled for the 20th of October will provide members with the opportunity to discuss the strategic risks, along with strategic planning.

3.3. Members of the IJB will notice that strategic risk 2 "There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and projects an overspend" has been raised from High to Very High to emphasise that until the funding and costs for COVID-19 are confirmed the risk of a financial shortfall in relation to the IJB finances is increased.

Implications for IJB

3.4. **Equalities –** while there are no direct implications arising directly as a result of this report, equalities implications will be taken into account when implementing certain mitigations

3.5. **Fairer Scotland Duty –** while there are no direct implications arising directly as a result of this report, the Fairer Scotland duty will be taken into account, where appropriate, where implementing certain mitigations

3.6. **Financial** – while there are no direct implications arising directly as a result of this report financial implications will be taken into account when implementing certain mitigations.

3.7. **Workforce -** there are no direct implications arising directly as a result of this report.

3.8. **Legal -** there are no direct implications arising directly as a result of this report.

3.9. **Other -** there are no direct implications arising directly as a result of this report.

INTEGRATION JOINT BOARD

4. Links to ACHSCP Strategic Plan

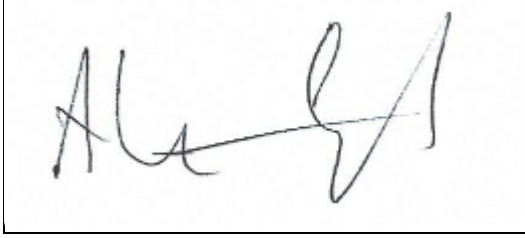
4.1. Ensuring a robust and effective risk management process will help the ACHSCP achieve the strategic priorities as outlined it its strategic plan, as it will monitor, control and mitigate the potential risks to achieving these. The Strategic Risks have been aligned to the Strategic Plan 2019-2022.

5. Management of Risk

5.1. **Identified risks(s):** all known risks

5.2. **Link to risks on strategic or operational risk register:** all risks as captured on the strategic risk register.

5.3. **How might the content of this report impact or mitigate these risks:** Ensuring a robust and effective risk management process will help to mitigate all risks.

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

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Aberdeen City Health & Social Care Partnership

A caring partnership

Strategic Risk Register

Revision	Date
1.	March 2018
2.	September 2018
3.	October 2018 (IJB & APS)
4	February 2019 (APS)
5.	March 2019 (IJB)
6.	August 2019 (APS)
7.	October 2019 (LT)
8.	November 2019 (IJB workshop)
9.	January 2020 (ahead of IJB)
10	March 2020
11	July 2020

Aberdeen City Health & Social Care Partnership

A caring partnership

Introduction & Background

This document is made publicly available on our website, in order to help stakeholders (including members of the public) understand the challenges currently facing health and social care in Aberdeen.

This is the strategic risk register for the Aberdeen City Integration Joint Board, which lays the foundation for the development of work to prevent, mitigate, respond to and recover from the recorded risks against the delivery of its strategic plan.

Just because a risk is included in the Strategic Risk Register does not mean that it will happen, or that the impact would necessarily be as serious as the description provided.

More information can be found in the Board Assurance and Escalation Framework and the Risk Appetite Statement.

Appendices

- Risk Tolerances
- Risk Assessment Tables

Colour – Key

Risk Rating	Low	Medium	High	Very High
Risk Movement		Decrease	No Change	Increase

Risk Summary:

1	There is a risk that there is insufficient capacity in the market (or appropriate infrastructure in-house) to fulfil the IJB's duties as outlined in the integration scheme. This includes commissioned services and general medical services.	**High**
2	There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and projects an overspend.	**Very High**
3	There is a risk that the outcomes expected from hosted services are not delivered and that the IJB does not identify non-performance in through its systems. This risk relates to services that Aberdeen IJB hosts on behalf of Moray and Aberdeenshire, and those hosted by those IJBs and delivered on behalf of Aberdeen City.	**High**
4	There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed to maximise the full potentials of integrated & collaborative working. This risk covers the arrangements between partner organisations in areas such as governance; corporate service; and performance.	**Low**
5	There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally-determined performance standards as set by the board itself. This may result in harm or risk of harm to people.	**Medium**

6	There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care	**Medium**
7	Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system	**High**
8	There is a risk that the IJB does not maximise the opportunities offered by locality working	**High**
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.	**Very High**
10	There is a risk that ACHSCP is not sufficiently prepared to deal with the impacts of Brexit on areas of our business, including affecting the available workforce and supply chain.	**High**

- 1 -	
Description of Risk: 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. Commissioned services in this context include third and independent providers of care and supported living and independent providers of general medical services, community optometry and general dental services. Additional pressures from other parts of the system also add to market instability. For example, recruitment of care staff within a competing market, reduction of available beds and the requirement to care for more complex people at home. Most recently, sustainability for providers of both care at home and care homes has been compromised by the impact of COVID-19, including access to the necessary PPE and associated costs incurred, staff availability due to blanket testing and the occupancy levels within some of our care homes.	
Strategic Priority: Prevention and Communities	**Leadership Team Owner:** Lead Commissioner
Risk Rating: low/medium/high/very high **HIGH**	**Rationale for Risk Rating:** • There have been several experiences of provider failure in the past and this has provided valuable experience and an opportunity for learning. There is unmet need in the care sector evidenced by out of area placements and use of agency staff which would indicate that there are insufficient skills and capacity to meet the needs of the population • There are difficulties in recruiting to vacant GP positions within the city which has led to GP practices closing • Discussion with current providers and understanding of market conditions across the UK and in Aberdeen locally. • Impact of Living Wage on profitability depending on some provider models (employment rates in Aberdeen are high, care providers have to compete within this market) • The impact of Covid-19 on providers is not yet fully quantifiable. Bed occupancy has reduced and costs have increased potentially through maintaining existing staffing levels and procuring PPE.
Risk Movement: increase/decrease/no change **NO CHANGE 20.07.20**	

	• The impact of Covid-19 on independent GP practices, community optometrists and general dental practitioners is not yet fully quantifiable. Should supply of these contracted services reduce due to financial constraints and businesses fail, there may be insufficient capacity to provide services to patients. The responsibility to ensure patients have access to these services rests with the Partnership. **Rationale for Risk Appetite:** As 3rd and independent sectors are key strategic partners in delivering transformation and improved care experience, we have a low tolerance of this risk. It is suggested that this risk tolerance should be shared right throughout the organisation, which may encourage staff and all providers of primary health and care services to escalate valid concerns at an earlier opportunity.
• **Controls:** • Robust market and relationship management with the 3rd and independent sector and their representative groups, building a sense of shared risk, in an environment where people operate in a respectful and responsible fashion. In particular, with a sense of etiquette in the way in which businesses conduct themselves • GP Contracts and Contractual Review and GP Sustainability Risk Review - workforce and role review in primary care. • Funding arrangements which take into account the annual increase to support payment of the Scottish Living wage • Contact monitoring arrangements – regular exchange of information between contracts and providers and progressing new contracts	• **Mitigating Actions:** The IJB's commissioning model has an influence on creating capacity and capability to manage and facilitate the market • The development of virtual provider huddles • The development of the local PPE hub • Consortium of providers purchasing PPE • Risk fund set aside with transformation funding • Approved Reimaging Primary Care Vision and re-purposing the Primary Care Improvement Plan from August 2020.

• Clinical and care governance processes – and the opportunity to provide assurance, including assurance that all appropriate leadership team members and staff have undertaken Adult Protection training. • Leadership team monthly discussion of operational and strategic risk – to ensure shared sense of responsibility and approach to potential challenging situations. • Close working between partnership (social work, medical and nursing practitioners), care inspectorate, and public health directorate • Clinical and Health Protection Scotland Guidance for social care settings. •	• Implementation of GMS contract • Remodelling of 2C practices • Interim financial support from Scottish Government for community optometrists and general dental practitioners. • Provider of last resort – Bon Accord Care • The development of risk predictor tools in association with the care inspectorate, and individual team escalation plans • Reconciliation process – working on a pan Grampian approach • Develop and implement the Residential Care Providers Early Warning System (once returned to new normal) with monthly returns from providers using MS Forms to gather intelligence and report to all relevant parties. • Intervention by Scottish Ministers and Public Bodies where financial failure evident • Grampian PH Team to provide advice on all aspects of prevention, testing and management of Covid incidences All care home staff offered weekly Covid testing
Assurances:	**Gaps in assurance:**

• Market management and facilitation • Inspection reports from the Care Inspectorate • Contract monitoring process, including GP contract review visit outputs. • Daily report monitoring • Clinical oversight group – daily meetings • Good relationships with GP practices • Links to Dental Practice Advisor who works with independent dentists • Links to the Eye Health Network and Clinical Leads for Optometry in Shire & Moray and the overall Grampian Clinical Lead	• Market or provider failure can happen quickly despite good assurances being in place. For example, even with the best monitoring system, the closure of a practice can happen very quickly, with (in some cases) one partner retiring or becoming ill being the catalyst. • Market forces and individual business decisions regarding community optometry and general dental practitioners cannot be influenced by the Partnership. • We are currently undertaking service mapping which will help to identify any potential gaps in market provision
Current performance: • Most social care services are commissioned from care providers. Commissioning is the largest part of our budget and accounts for over £100 million of our available budget. • Additional costs incurred by residential providers to be supported by initial mobilisation funding provided by SG. Where care homes cannot occupy beds due to Covid-19 infection levels or other reasons, sustainability payments will be made to ensure the market is supported. • GPs and their practice teams are open as usual during the pandemic but are operating a triage system using telephone and video appointments. Remote consulting initiatives such as **Attend Anywhere** and the use of **GMEDs**, and the **OOH's** base were activated to encourage cross sector working. All non-urgent home visits have been suspended and all remaining visits are conducted either by the	**Comments:** • National Care Home Contract uplift for 2016/17 was 6.4% and 2.8% 2017/18.. NCHC uplift has been awarded for 2019/20. For other services (CAH, SL, Adult Res) a national agreement for a 3.3% uplift has exceptionally been agreed this year. • IJB agreed payment of living wage to Care at Home providers for 2016/17, 2017/18 and 2018/19 • During the Covid-19 outbreak, the Care Inspectorate have scaled back inspection and complaints handling activity. This will allow providers to focus on support for commissioning bodies during the pandemic but may increase the risk that market failure is difficult to predict. • Relationships between partnership and providers and between different providers have advanced over the past few months and there are good examples of providers working innovatively to support clients.

practice themselves or by the City Visiting or Hospital at Home services in order to deliver a safe and contained service. Most visits are undertaken by the practice. City Visiting are focusing their work on Covid patients although they are now undertaking a small number of visits from 17 practices. Hospital at Home continue to take referrals. • Community optometrists and general dental practitioners have been closed during lockdown but have been providing an emergency triage service for their own patients who have emergency or urgent need. They are reopening on a phased basis but it could be some time before aerosol generated procedures can be performed in the community. At the moment these procedures are being provided by the Public Dental Service.	• Collaborative working between providers including consortium for PPE purchase • Positive feedback from providers over the level of support offered to them. • Continuing to progress the tender for Care at Home and Supported Living •
-2-	
Description of Risk: There is a risk of IJB financial failure and projecting an overspend, due to demand outstripping available budget, which would impact on the IJB's ability to deliver on its strategic plan (including statutory work).	
Strategic Priority: Prevention and Communities	**Leadership Team Owner:** Chief Finance Officer
Risk Rating: low/medium/high/very high **VERY HIGH**	**Rationale for Risk Rating:** • If the partnership does not have sufficient funding to cover all expenditure, then in order to achieve a sustainable balanced financial

Risk Movement: increase/decrease/no change*:* **INCREASE 20/07/20**	position, decisions will be required to be taken which may include reducing/stopping services • If the levels of funding identified in the Medium Term Financial Framework are not made available to the IJB in future years, then tough choices would need to be made about what the IJB wants to deliver. It will be extremely difficult for the IJB to continue to generate the level of savings year on year to balance its budget. • The major risk in terms of funding to the Integration Joint Board is the level of funding delegated from the Council and NHS and whether this is sufficient to sustain future service delivery. There is also a risk of additional funding being ring-fenced for specific priorities and policies, which means introducing new projects and initiatives at a time when financial pressure is being faced on mainstream budgets. • The cost of the IJB's (Covid-19) mobilisation plan is still to be fully determined. An initial payment of £1.85 million was received from the SG in May to support additional costs with a significant part of this now allocated to support sustainability of the commissioned providers. Until the funding and costs for COVID-19 is confirmed the risk of a financial shortfall in relation to the IJB finances is increased. **Rationale for Risk Appetite:** The IJB has a low-moderate risk appetite to financial loss and understands its requirement to achieve a balanced budget. The IJB recognises the impacts of failing to achieve a balanced budget on Aberdeen City Council & its bond – an unmanaged overspend may have an impact on funding levels.

	However the IJB also recognises the significant range of statutory services it is required to meet within that finite budget and has a lower appetite for risk of harm to people (low or minimal).
Controls: • Financial information is reported regularly to the Risk, Audit and Performance Committee, the Integration Joint Board and the Leadership Team • Risk, Audit & Performance receives regular updates on transformation programme & spend. . • Approved reserves strategy, including risk fund • Robust financial monitoring and budget setting procedures including regular budget monitoring & budget meeting with budget holders. • Budgets delegated to cost centre level and being managed by budget holders. • Medium-Term Financial Strategy reviewed and approved at the IJB in March 2020.	**Mitigating Actions:** • The Leadership Team are committed to driving out efficiencies, encouraging self-management and moving forward the prevention agenda to help manage future demand for services. Lean Six Sigma methodology is being applied to carry out process improvements. • An early review has been undertaken of the financial position and was reported in June to the IJB. These figures will be firmed up and the chief officer and chief finance officer have been asked to report back to the IJB in August with options to close any shortfall
Assurances:	**Gaps in assurance:**

• Risk, Audit and Performance Committee oversight and scrutiny of budget under the Chief Finance Officer. • Board Assurance and Escalation Framework. • Quarterly budget monitoring reports. • Regular budget monitoring meetings between finance and budget holders.	• The financial environment is challenging and requires regular monitoring. The scale of the challenge to make the IJB financially sustainable should not be underestimated. • Financial failure of hosted services may impact on ability to deliver strategic ambitions. •
Current performance: • Year-end position for 2019/20 • The impact of the coronavirus on the finances of the IJB are largely unknown. Some of these financial consequences will receive additional funding from the Scottish Government, and an initial payment in support of mobilisation was received in May 2020. However, at this time although some additional costs are known, many are yet to be determined. The level and timing of any further funding is currently unknown.	**Comments:** • Regular and ongoing budget reporting and management scrutiny in place. • Budget monitoring procedure now well established. • Budget holders understand their responsibility in relation to financial management. • Scottish Government Medium Term H&SC Financial Framework – released and considered by APS Committee.
- 3 –	
Description of Risk: There is a risk that hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure and that the IJB fails to identify such non-performance through its own systems and pan-Grampian governance arrangements. This risk relates to services that Aberdeen IJB hosts on behalf of Moray and Aberdeenshire, and those hosted by those IJBs and delivered on behalf of Aberdeen City.	
Strategic Priority: Prevention and Connections.	**Leadership Team Owner:** Chief Officer
Risk Rating: low/medium/high/very high **HIGH**	**Rationale for Risk Rating:** • Considered high risk due to the projected overspend in hosted services • Hosted services are a risk of the set-up of Integration Joint Boards.

Risk Movement: (increase/decrease/no change): **NO CHANGE 20.07.2020**	**Rationale for Risk Appetite:** • The IJB has some tolerance of risk in relation to testing change.
Controls: • Integration scheme agreement on cross-reporting • North East Strategic Partnership Group • Operational risk register	**Mitigating Actions:** • This is discussed regularly by the three North East Chief Officers • Regular discussion regarding budget with relevant finance colleagues. • Chief Officers should begin to consider the disaggregation of hosted services.
Assurances: • These largely come from the systems, process and procedures put in place by NHS Grampian, which are still being operated, along with any new processes which are put in place by the lead IJB. • North East Group (Officers only) led by the 4 pan-Grampian chief executives. The aim of the group is to develop real top-level leadership to drive forward the change agenda, especially relating to the delegated hospital-based services. • A new role and remit for the Chairs and Vice Chairs of the three IJBs to come together. This is under development. • Both the CEO group and the Chairs & Vice Chairs group meet quarterly. The meetings are evenly staggered between groups, giving some six weeks between them, allowing progressive work / iterative work to be timely between the forums. The dates are currently being arranged	**Gaps in assurance:** • There is a need to develop comprehensive governance framework for hosted services, including the roles of the IJB's sub-committees.

• Operation Homefirst-Closer joint working across the 3 Health and Social Care Partnerships and the Acute Sector.	
Current performance: • The projected overspend on hosted services is a factor in the IJB's overspend position. This may in future impact on the outcomes expected by the hosted services. • Hosted services includes SOARS, Sexual Health and from 1/4/20, Mental Health and Learning Disability Services. All three have been impacted by the Coronavirus pandemic with covid positive patients at Woodend now transferred to ARI, Sexual Health Services temporarily relocated to Foresterhill Campus and a reduction of beds for LD patients at Cornhil with more reliance on community approaches.	**Comments:** • It is noted that NHS Grampian are currently undertaking an internal audit on the governance of hosted services.
- 4 –	
Description of Risk: There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed in order to maximise the full potential of integrated & collaborative working to deliver the strategic plan. This risk covers the arrangements between partner organisations in areas such as governance arrangements, human resources; and performance.	
Strategic Priority: Prevention, Resilience and Communities.	**Leadership Team Owner:** Chief Officer

Risk Rating: low/medium/high/very high **Low** **Risk Movement:** (*increase/decrease/no change)* **Decreased 20.07.2020**	**Rationale for Risk Rating:** • Considered medium given the experience of nearly three years' operations since 'go-live' in April 2016. • However, given the wide range and variety of services that support the IJB from NHS Grampian and Aberdeen City Council there is a possibility of services not performing to the required level. **Rationale for Risk Appetite:** There is a zero tolerance in relation to not meeting legal and statutory requirements.
Controls: • IJB Strategic Plan-linked to NHS Grampian's Clinical Strategy and the Local Outcome Improvement Plan (LOIP) • IJB Integration Scheme • IJB Governance Scheme including 'Scheme of Governance: Roles & Responsibilities'. • Agreed risk appetite statement • Role and remit of the North East Strategic Partnership Group in relation to shared services • Current governance committees within IJB & NHS. • Alignment of Leadership Team objectives to Strategic Plan **RESILIENCE:** • The Grampian Local Resilience Partnership is part of the NSRRP. It is chaired by the Chief Executive of NHS Grampian and is the local forum for the Category 1 and 2 Responders including Aberdeen City Council; Aberdeenshire Council; The Moray Council; NHS Grampian; Police	**Mitigating Actions:** • Regular consultation & engagement between bodies. • Regular and ongoing Chief Officer membership of Aberdeen City Council's Corporate Management Team and NHS Grampian's Senior Leadership Team • Regular performance meetings between ACHSCP Chief Officer, Aberdeen City Council and NHS Grampian Chief Executives. • Additional mitigating actions which could be undertaken include the audit programme and bench-marking activity with other IJBs. • In relation to capital projects, Joint Programme Boards established to co-produce business cases, strategic case approved by IJB and economic, financial, commercial, management case approved by NHSG Board and ACC Committees

Scotland; Scottish Fire & Rescue Service; Scottish Ambulance Service; HM Coastguard; SEPA; MOD; and SSEN • Strategic Response Team • Tactical Response Team • Operational Response Team	
Assurances: • Regular review of governance documents by IJB and where necessary Aberdeen City Council & NHS Grampian. A review of the Scheme of Governance commenced in June 2019 and will be reported to the IJB in November 2019.	**Gaps in assurance:** • None currently significant though note consideration relating to possible future Service Level Agreements.
Current performance: • Most of the major processes and arrangements between the partner organisations have been tested for over two years of operation and no major issues have been identified. • A review of the Integration Scheme has been undertaken and the revised scheme has been approved by NHSG, Aberdeen City Council & Scottish Government. However this does not remove the risk as processes within the IJB and partner organisations will continue to evolve and improve. • The Grampian LRP set up the Grampian Coronavirus Assistance Hub, a new website and phoneline providing information to people all across Grampian on how to access social, practical and emotional support COVID-19.	**Comments:** • Nothing to update on the narrative for the risk.
- 5 –	

<table>
<tr><td colspan="2">Description of Risk: There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by national and regulatory bodies and those locally-determined performance standards as set by the board itself. This may result in harm or risk of harm to people.</td></tr>
<tr><td>Strategic Priority: Prevention, Resilience, Personalisation, Connections and Communities.</td><td>Leadership Team Owner: Lead Strategy & Performance Manager</td></tr>
<tr><td>Risk Rating: low/medium/high/very high

MEDIUM</td><td rowspan="2">Rationale for Risk Rating: Service delivery is broad ranging and undertaken by both in-house and external providers. There are a variety of performance standards set both by national and regulatory bodies as well as those determined locally and there are a range of factors which may impact on service performance against these. Poor performance will in turn impact both on the outcomes for service users and on the reputation of the IJB/partnership.

Rationale for Risk Appetite:
The IJB has no to minimal tolerance of harm happening to people as a result of its actions, recognising that in some cases there may be a balance between the risk of doing nothing and the risk of action or intervention.</td></tr>
<tr><td>Risk Movement: (increase/decrease/no change)

NO CHANGE 20.07.2020</td></tr>
<tr><td>Controls:
Clinical and Care Governance Committee and Group
Risk, Audit and Performance Committee
Performance and Risk Management Group
Performance Framework
Risk-assessed plans with actions, responsible owners, timescales and performance measures monitored by dedicated teams
Linkage with ACC and NHSG performance reporting</td><td>Mitigating Actions:
Fundamental review of key performance indicators reported
Review of systems used to record, extract and report data
Review of and where and how often performance information is reported on and how learning is fed back into processes and procedures.
On-going work developing a culture of performance management and evaluation throughout the partnership</td></tr>
</table>

• Annual Report • Chief Social Work Officer's Report • Ministerial Steering Group (MSG) Scrutiny • Internal Audit Reports • Links to outcomes of Inspections, Complaints etc. • Contract Management Framework	• Production of Performance Dashboard, presented to a number of groups, raising profile of performance and encouraging discussion leading to further review and development • Recruitment of additional temporary resource to drive performance and risk management process development • Performance now a standing agenda item on Leadership Team meetings
Assurances: • Joint meeting of IJB Chief Officer with two Partner Body Chief Executives. • Agreement that full Dashboard with be reported to both Clinical and Care Governance Committee and Audit & Performance Committee. Lead Strategy and Performance Manager will ensure both committees are updated in relation to the interest and activity of each. • Annual report on IJB activity developed and reported to ACC and NHSG • Care Inspectorate Inspection reports • Capture of outcomes from contract review meetings. • External reviews of performance. • Benchmarking with other IJBs.	**Gaps in assurance:** • Formal performance reporting has not been as well developed as we had hoped. Focus/priorities have changed. Operation Home First is now driving a whole new suite of performance indicators although there are challenges in getting access to the data held by NHSG. Our key indicators will change and a refreshed performance and Risk Management Group will lead the development of these. • Work on understanding extent of operational performance reporting has stalled due to Covid 19 however will be picked up again as part of the Operation Home First reporting referred to above. • Further work required on linkage to ACC, NHSG and CPA reporting.

Current performance:	Comments:
• Performance reports submitted to IJB, Audit and Performance Systems and Clinical and Care Governance Committees. • Performance and Risk Management Group terms of reference and membership revised and regular meetings are now scheduled and taking place. • Various Steering Groups for strategy implementation established and reviewing performance regularly. • Performance data discussed at team meetings. • Close links with social care commissioning, procurement and contracts team have been established • IJB Dashboard nearing completion. Dashboard has been shared widely. **Covid-19 Interim Arrangements** • The Terms of Reference-Interim Clinical and Care Governance Group CCGG)/Clinical Care Risk Management Group (CCRM)-were approved by the Leadership Team and the Clinical Care and Governance Committee. • Remit of Group-The interim Group will consider: CCRM dashboard and real-time risk management/ Social care equivalent dashboard/risks, with each sector continuing to manage their own dashboard ahead of the fortnightly meeting. Representatives from the sectors will present/provide assurance to this Group • Covid/ Non-Covid related clinical and care risks and assurance - this will include taking cognisance of any new related guidance, impact of deployment/ interim ways of working, oversight of the disease	• During the Covid-19 outbreak, Healthcare Improvement Scotland has reduced the reporting requirements placed on partnerships so that resources are freed up to support frontline critical functions. It will be important to maintain scrutiny of performance data however so that the risk can continue to be mitigated. • **Annual Performance Report** - In relation to performance related to 2019/20, the intention is to prepare and publish the ACHSCP Annual Performance Report as usual although there is doubt over the availability of full year data due to ISD and Health Intelligence colleagues being diverted onto Covid-19 specific work. This may not necessarily be of the size or design originally intended due to the restricted availability of normal resource

modelling and impact of this, recovery/renewal phase (services that have been stopped/services to start first) etc • Confirmation will be made at August IJB that we are now reverting to normal Standing Orders. • Additional NHSG support from Medical, Nursing Director and Public Health re care homes via Grampian oversight group.	
- 6 –	
Description of Risk: There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, decision making, delegation and delivery of services across health and social care.	
Strategic Priority: All	**Leadership Team Owner:** Communications Lead
Risk Rating: low/medium/high/very high **Medium**	**Rationale for Risk Rating:** • Governance processes are in place and have been tested since go live in April 2017. • Budget processes tested during approval of 3rd budget, which was approved.
Risk Movement: (*increase/decrease/no change)* **No Change 20.07.2020**	**Rationale for Risk Appetite:**

	Willing to risk certain reputational damage if rationale for decision is sound.
Controls: • Leadership Team • IJB and its Committees • Operational management processes and reporting • Board escalation process • Standards Officer role	**Mitigating Actions:** • Clarity of roles • Staff and customer engagement – recent results from iMatter survey alongside a well-establish Joint Staff Forum indicate high levels of staff engagement. • Effective performance and risk management • To ensure that ACHSCP have a clear communication & engagement strategy, and a clear policy for social media use, in order to mitigate the risk of reputational damage. • Communications lead's membership of Leadership Team facilities smooth flow of information from all sections of the organisation • Robust relationships with all local media are maintained to ensure media coverage is well-informed and accurate and is challenged when inaccurate/imbalanced.
Assurances: • Role of the Chief Officer and Leadership Team • Role of the Chief Finance Officer • Performance relationship with NHS and ACC Chief Executives • Communications plan / communications manager	**Gaps in assurance:** None known at this time
Current performance: • Communications Officer in place to lead reputation management	**Comments:**

• Regular and effective liaison by Communications Lead with local and national media during pandemic to: 1) mitigate potentially harmful media coverage of Partnership and care providers during the emergency; and 2) secure significant positive media coverage of effective activity by the Partnership and its partners during the Covid crisis, highlighting necessary changes to working practices and the work of frontline staff • Partnership comms presence on the NHSG Comms Cell • Close liaison with ACC and NHSG comms teams to ensure consistency of messaging and clarity of roles	• Communications strategy and action plan in place and being led by the HSCP's Communications Manager • Communication and Engagement Group being strengthened by selection of 'Communications' Champions' across ACHSCP comprising of staff across the partnership to support us in ensuring key messages/internal news items are timely, appropriate and wide-reaching • External and internal websites are regularly updated with fresh news/information; both sites continue to be developed and refined • Locality leadership groups being established to build our relationship with communities and stakeholders • Regular Chief Officer (CO) and Chief Executives (Ces) meeting supports good communication flow across partners as does CO's membership of the Corporate Management Teams of both ACC and NHSG
- 7 –	
Description of Risk: Failure of the transformation to delivery sustainable systems change, which helps the IJB deliver its strategic priorities, in the face of demographic & financial pressures.	
Strategic Priority: All	**Leadership Team Owner:** Transformation Lead
Risk Rating: low/medium/high/very high **HIGH**	**Rationale for Risk Rating:** • Recognition of the known demographic curve & financial challenges, which mean existing capacity may struggle

Risk Movement: (*increase/decrease/no change)* **NO CHANGE 20.07.2020**	• This is the overall risk – each of our transformation programme work streams are also risk assessed with some programmes being a higher risk than others. **Rationale for Risk Appetite:** • The IJB has some appetite for risk relating to testing change and being innovative. • The IJB has no to minimal appetite for harm happening to people – however this is balanced with a recognition of the risk of harm happening to people in the future if no action or transformation is taken. • Although some transformation activity has speeded up due to necessity during the covid period, other planned activity such as plans to increase staff attendance has not been possible as a direct result of Covid implications.
Controls: • Transformation Governance Structure and Process • Risk, Audit & Performance Committee – quarterly reports to provide assurance of progress • Programme Board structure: Executive Programme board and portfolio programme boards are in place.	**Mitigating Actions:** • Programme management approach being taken across whole of the transformation programme • Transformation team in place and all trained in Managing Successful Programmes methodology • Regular reporting to Executive Programme Board and Portfolio Programme Boards • Regular reporting to Risk, Audit & Performance Committee and Integration Joint Board

	• Increased frequency of governance processes during Covid period – weekly Executive Programme Boards and engagement and involvement of wider LT through daily LT huddles • A number of plans and frameworks have been developed to underpin our transformation activity across our wider system including: Programme for Transformation, Primary Care Improvement Plan, Action 15 Plan and Immunisation Blueprint. • Transformation team amalgamated with public health and wellbeing to give greater focus to localities, early intervention and prevention.
Assurances: • Risk, Audit and Performance Committee Reporting • Robust Programme Management approach supported by an evaluation framework • IJB oversight • Board escalation process • Internal Audit has undertaken a detailed audit of our transformation programme. All recommendations from this audit have now been actioned. • The Medium Term Financial Framework prioritises transformation activity that could deliver cashable savings • The Medium Term Financial Framework, Operation Home First aims and principles, and Programme of Transformation have been mapped to demonstrate overall alignment to strategic plan.	**Gaps in assurance:** • There is a gap in terms of the impact of transformation on our budgets. Many of the benefits of our project relate to early intervention and reducing hospital admissions, neither of which provide earlier cashable savings. • Impact on our ability to evidence the impact of our transformation: documenting results from evaluations and reviewing results from evaluations conducted elsewhere allows us to determine what works when seeking to embed new models.
Current performance: • Demographic financial pressure is starting to materialise in some of the IJB budgets.	**Comments:**

• **Covid-19 Developments** Some transformation has taken place at an accelerated pace out of necessity to meet immediate demands of the Covid-19 situation. Examples of this include the rapid introduction and scale up of Near Me; the use of Microsoft Teams for remote meetings; roll out of additional technology to enable remote working; changes to the Immunisation Service, moving services such as nursing into locality operational teams etc. Some transformation activity that has been paused includes work to reduce sickness absence and use of locum staff. While some of the planned mitigations have been put in place to support staff, clearly with the levels of absence as a result of the pandemic and the pace at which it has been moving, it is difficult to undertake and measure impacts of any change in this area. The pace of other pieces of work such Action 15, PCIP and remodelling of 2C practices has slowed at the current time, although some aspects of these pieces of work have progressed • Home First - a number of projects aligned with Operation Home First and our strategic plan is placing a renewed focus on how we structure our resources. • Accelerated delivery of Vaccination program.	
- 8 –	
Description of Risk There is a risk that the IJB does not maximise the opportunities offered by locality working	

Strategic Priority: All	**Leadership Owner:** Chief Officer
Risk Rating: low/medium/high/very high **HIGH** **Risk Movement:** (*increase/decrease/no change)* **NO CHANGE 20.07.2020**	**Rationale for Risk Rating:** • Localities are in an early, developmental stage and currently require strategic oversight so are included in this risk register. Once they are operational, they will be removed from the strategic risk register as a stand-alone item and will be included in the wider risk relating to transformation (risk 7). **Rationale for Risk Appetite:** The IJB has some appetite to risk in relation to testing innovation and change. There is zero risk of financial failure or working out with statutory requirements of a public body.
Controls: • IJB/Risk, Audit and Performance Committee • Locality Empowerment Groups • Strategic Planning Group	**Mitigating Actions:** • Continued broad engagement on locality working.
Assurances: • Strategic Planning Group	**Gaps in assurance** • Progress of developing and delivering locality plans.
Current performance:	**Comments:**

• Locality Empowerment Groups commenced in March 2020. Engagement and involvement has been challenging as a result of physical distancing requirements due to Covid
• The groups have continued to meet virtually during this time.
• The response to Covid has enabled improved connections across our communities including volunteers, third sector and public sector agencies
• Work is ongoing jointly with Aberdeen City Council as part of Aberdeen Together to reduce complexity and duplication across the community and locality planning system.
	• The LLGs will ensure locality plans align to the broader Aberdeen Community Planning plans and will use existing networks to maximise the potential of community and front line staff engagement. They will work alongside operational locality delivery teams
	• A further report on the implementation of the Localities was submitted to the IJB in November 2019.
	As we move into the next phase of our community response in **Covid-19 Update**
	• partnership with the City Council and linked to the Care for People group, locality development and locality working has been identified as one of 5 priority working groups.
	• All staff have now been aligned to a locality. This locality alignment is being built on through a number of projects including:
	  • Operation Homefirst USC priority workstream is testing and developing a locality-based MDT model of delivery – hospital at home and enhanced community support.
	  • Multi-Disciplinary Teams – through Aberdeen Together a test of change is being developed which will see conditions put in place for Aberdeen City Council and ACHSCP staff who support staff in a community in Aberdeen to work in a more joined up manner in order to improve outcomes in a number of areas including health and wellbeing
	  • The Neighbourhood lead model that was implemented as part of the initial Covid Response is being developed with a view to it being embedded within our business as usual structures

	• Nursing services have been more fully aligned around people in localities.
- 9 –	
Description of Risk: 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.	
Strategic Priority: All	**Leadership Team Owner:** People & Organisation Lead
Risk Rating: low/medium/high/very high **VERY HIGH** **Risk Movement:** (*increase/decrease/no change)* **NO CHANGE 20/07/2020**	**Rationale for Risk Rating:** • The current staffing complement profile changes on an incremental basis over time. • However the number of over 50s employed within the partnership (by NHSG and ACC) is increasing (i.e. 1 in 3 nurses are over 50). • Current high vacancy levels and long delays in recruitment across ACHSCP services. • Inability to fill vacancies **Rationale for Risk Appetite:** • Risk should be able to be managed with the adoption of agile and innovative workforce planning structures and processes
Controls:	**Mitigating Actions**:

• Clinical & Care Governance Committee reviews operational risk around staffing numbers • Revised contract monitoring arrangements with providers to determine recruitment / retention trends in the wider care sector • Establishment of Organisational Development Working Group • Establishment of Performance Dashboard (considered by the Risk, Audit and Performance and Clinical and Care Governance Committees as well as the Leadership Team)	• ACHSCP Workforce Plan • Active engagement with schools to raise ACHSCP profile (eg Developing the Young Workforce, Career Ready) • Active work with training providers and employers to encourage careers in Health and Social Care (eg Foundation Apprenticeships/Modern Apprenticeships through NESCOL, working with Department for Work and Pensions) • Greater use of commissioning model to encourage training of staff • Increased emphasis on health/wellbeing of staff • Increased emphasis on communication with staff • Greater promotion of flexible working • increased collaboration and integration between professional disciplines, third sector, independent sector and communities through Localities. • Increased monitoring of staff statistics (sickness, turnover, CPD, complaints etc) through Performance Dashboard, identifying trends. • Developing greater digitisation opportunities, e.g. using Text Messaging to shift emphasis from GPs to increased use of Texts for pharmacology
Assurances: • ACHSCP Workforce Plan	**Gaps in assurance** • Need more information on social care staffing for Performance Dashboard • Information on social care providers would be useful to determine trends in wider sector-For Performance Dashboard
Current performance: • Workforce planned developed for health and social care staff. Information expected from Scottish Government during over the next few months which	**Comments:** • Health & Care (Staffing) (Scotland) Act This Act offers opportunities and risks to the Partnership. Development of guidance at both national and local level has been paused during Covid. Once work resumes, this strategic risk will need further review

should help improve workforce planning across all partnerships. • High levels of locum use and nursing vacancies in the psychiatry service, • 6 secondary schools have been visited by members of the Leadership Team between November 2019 and February 2020 • ACHSCP sickness absence rates to be updated and reported through the Performance Dashboard.	• **Covid-19 Update** The emergency has resulted in a requirement for employees to embrace new methods of carrying out their duties, whether this has involved 7-day rostering, remote working or increased flexibility and mobility. Some employees have been redeployed to pressured services during the pandemic. As we move into the next phase of our community response in partnership with the City Council and linked to the Care for People group, locality development and locality working has been identified as one of 5 priority working groups. There is uncertainty regarding the challenges coming in the winter period specifically around managing any local increase in Covid cases, flu outbreak, and increase in health issues caused by lockdown health debt. These could all have an impact on how staff are utilised in the coming months.

- 10 -

Description of Risk: There is a risk that ACHSCP is not sufficiently prepared to deal with the impacts of Brexit on areas of our business, including affecting the available workforce and supply chain.

Whilst the impact on health and social care services of leaving the EU is impossible to forecast, it is clear that a number of issues will need to be resolved. Key areas for health and social care organisations to consider include: staffing; medical supplies; accessing treatment; regulation (such as working time directive and procurement/competition law, for example); and cross border issues.

Strategic Priority: Resilience and Communities.	**Executive Team Owner:** Business Manager
Risk Rating: low/medium/high/very high **HIGH**	**Rationale for Risk Rating:** • There is still a high level of uncertainty around 'Brexit' as impacts are difficult to forecast.

Risk Movement: (*increase/decrease/no change)*

NO CHANGE 20.07.2020

Controls:	**Mitigating Actions:**
• NHSG have held a voluntary survey of EU nationals. ACC currently undertaking a survey of all staff to gather similar information. • NHSG - An initial operational assessment has been undertaken. A BREXIT co-ordinating group established with executive leadership. Engagement with staff who may be impacted by withdrawal of UK from the EU. Co-ordination with professional leads across Scotland and at SG - procurement, medicines, staff and resilience • ACC- A Brexit Steering Group has been established. The Partnership is a member of this Group. • National Procurement of NHS National Services Scotland has been working with Scottish Government, NHS Scotland Health Boards, DHSC and suppliers to try to minimise the impact of EU Exit on the supply of Medical Devices & Clinical Consumables. Activities range from increased stock holding in items supplied from our own National Distribution Centre to UK wide participation in centralised stock building and supplier preparedness.	• Mitigating actions have been developed on a national and local level through Scottish Government guidance and the ACC and NHSG EU exit steering groups respectively. These actions are linked to the Scottish Planning Assumptions (based on the reasonable worst case scenario-no deal). The assumptions are: • Travel, Freight and Borders • Disruption of Services • Information and Data Sharing • Demonstrations and Disorder • Remote and Rural Scotland • Scottish Workforce • As the Partnership does not directly employ staff, The Chief Officer will work closely with partners to ensure that as implications become clear the Partnership are able to best represent and meet the needs of all staff.

• The Partnership has established an Incident Management Team (IMT) ahead of daily reporting being re-established. The IMT will report through both the ACC and NHSG routes, as required.	• The Partnership's Business Continuity Planning process is established which will identify key services to prioritise in any contingency event. •Review ALEO contingency plans. Request evidence of risk assessment and mitigation from ALEOS for assurance of ability to deliver against contract. This is being considered and scrutinised through the ALEO Hub governance arrangements. •Survey of providers asking key questions on preparedness. • The Partnership have taken part in reporting any EU exit implications through both the NHSG and ACC routes. The reporting timescales were roughly the same (around the previous 3 political deadlines in March, April and October 2019). No EU exit implications were reported by the Partnership at these times.
Assurances: • Understanding that current legislation will remain in effect immediate post Brexit	**Gaps in assurance:** • Uncertainty of final trade agreement with EU.
Current performance: Aberdeen City Council have restarted their EU Exit Working Group and will meet on the 28th of July 2020. The purpose of the Group is detailed below: The EU-Exit Group will support the Senior Responsible Owner (SRO) to identify, plan and manage the impacts of the EU-Exit affecting the Council (ACC) and its Partner Organisations. The Group will provide CMT Stewardship and the SRO with assurance that risks are identified, assessed and that plans are in place to mitigate the impacts as far as is practical. The Group will	**Comments:** • ACHSCP colleagues will need to ensure continued engagement with ACC and NHSG working groups.

review and manage EU Exit risks contained within the Risk Register and recommend when risks should be escalated and/or de-escalated in accordance with Risk Management Policy and Guidance. The Group will also identify opportunities arising from an EU Exit and share these with the relevant Functions, Clusters and/or Partner Organisations. In terms of NHSG, the Partnership is working closely with the Head of Procurement. The latest update is that resumption of the planning activities at a national level have re-commenced. The hub that was set up on freight route contingencies and the building of contingency stock at national level are in the process of being re-initiated. It was also noted from prior Brexit preparations and from Covid19 supply response lessons learned that the Social Care Sector supply chain for Care Homes was less prepared and had been provided with co-ordinated support for PPE etc from National Procurement on behalf of the Scottish Government. The possibility of this type of support being provided through the exit from the EU is also being discussed.	

Appendix 1 – Risk Tolerance

Level of Risk	*Risk Tolerance*
Low	Acceptable level of risk. No additional controls are required but any existing risk controls or contingency plans should be documented. Chief Officers/Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.

Medium	Acceptable level of risk exposure subject to regular active monitoring measures by Managers/Risk Owners. Where appropriate further action shall be taken to reduce the risk but the cost of control will probably be modest. Managers/Risk Owners shall document that the risk controls or contingency plans are effective. Chief Officers/Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. Relevant Chief Officers/Managers/Directors/Assurance Committees will periodically seek assurance that these continue to be effective.
High	Further action should be taken to mitigate/reduce/control the risk, possibly urgently and possibly requiring significant resources. Chief Officers/Managers/Risk Owners must document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. Relevant Chief Officers/Managers/Directors/Executive and Assurance Committees will periodically seek assurance that these continue to be effective and confirm that it is not reasonably practicable to do more. The IJB's may wish to seek assurance that risks of this level are being effectively managed. However the IJB's may wish to accept high risks that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public
Very High	Unacceptable level of risk exposure that requires urgent and potentially immediate corrective action to be taken. Relevant Chief Officer/Managers/Directors/Executive and Assurance Committees should be informed explicitly by the relevant Managers/Risk Owners. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. The IJB's will seek assurance that risks of this level are being effectively managed. However the IJB's may wish to accept opportunities that have an inherent very high risk that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public

Aberdeen City Health & Social Care Partnership

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Appendix 2 – Risk Assessment Matrices (from Board Assurance & Escalation Framework)

Table 1 - Impact/Consequence Definitions

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Patient Experience	Reduced quality of patient experience/ clinical outcome not directly related to delivery of clinical care.	Unsatisfactory patient experience/clinical outcome directly related to care provision – readily resolvable.	Unsatisfactory patient experience/clinical outcome, short term effects – expect recovery <1wk.	Unsatisfactory patient experience/ clinical outcome; long term effects –expect recovery >1wk.	Unsatisfactory patient experience/clinical outcome, continued ongoing long term effects.
Objectives/ Project	Barely noticeable reduction in scope, quality or schedule.	Minor reduction in scope, quality or schedule.	Reduction in scope or quality of project; project objectives or schedule.	Significnt project over-run.	Inability to meet project objectives; reputation of the organisation seriously damaged.
Injury (physical and psychological) to patient/ visitor/staff.	Adverse event leading to s minor injury not requiring first aid	Minor injury or illness, first aid treatment required.	Agency reportable, e.g. Police (violent and aggressive acts). Significnt injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Complaints/ Claims	Locally resolved verbal complaint	Justifie written complaint peripheral to clinical care.	Below excess claim. Justifie complaint involving lack of appropriate care.	Claim above excess level. Multiple justifie complaints	Multiple claims or single major claim. Complex justifie complaint.
Service/ Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service.	Short term disruption to service with minor impact on patient care.	Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service.	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility. Disruption to facility leading to significant "knock on" effect.
Staffing and Competence	Short term low staffing level temporarily reduces service quality (< 1 day). Short term low staffing level (>1 day), where there is no disruption to patient care.	Ongoing low staffing level reduces service quality **Minor error** due to ineffective training/implementation of training.	Late delivery of key objective/ service due to lack of staff. **Moderate error** due to ineffective training/ implementation of training. Ongoing problems with staffing levels	Uncertain delivery of key objective /service due to lack of staff. **Major error** due to ineffective training/implementation of training.	Non-delivery of key objective/ service due to lack of staff. Loss of key staff. **Critical error** due to ineffective training / implementation of training.
Financial (including damage/loss/ fraud)	Negligible organisational/ personal financial loss (£<1k).	Minor organisational/ personal financial loss (£1-10k).	Significnt organisational / personal financial loss (£10-100k).	Major organisational/personal financial loss (£100k-1m).	Severe organisational/ personal financial loss (£>1m).
Inspection/Audit	Small number of recommendations which focus on minor quality improvement issues.	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating. Critical report.	Prosecution. Zero rating. Severely critical report.
Adverse Publicity/ Reputation	Rumours, no media coverage. Little effect on staff morale.	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale/ public attitudes.	Local media – long-term adverse publicity. Significnt effect on staff morale and public perception of the organisation.	National media/adverse publicity, less than 3 days. Public confidnce in the organisation undermined. Use of services affected.	National/International media/ adverse publicity, more than 3 days. MSP/MP concern (Questions in Parliament). Court Enforcement. Public Enquiry/FAI.

Table 2 - Likelihood Definitions

Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Probability	• Can't believe this event would happen • Will only happen in exceptional circumstances.	• Not expected to happen, but definte potential exists • Unlikely to occur.	• May occur occasionally • Has happened before on occasions • Reasonable chance of occurring.	• Strong possibility that this could occur • Likely to occur.	This is expected to occur frequently/in most circumstances more likely to occur than not.

Table 3 - Risk Matrix

Likelihood	Consequences/Impact				
	Negligible	**Minor**	**Moderate**	**Major**	**Extreme**
Almost Certain	Medium	High	High	V High	V High
Likely	Medium	Medium	High	High	V High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

References: AS/NZS 4360:2004 'Making It Work' (2004)

Table 4 - NHSG Response to Risk

Describes what NHSG considers each level of risk to represent and spells out the extent of response expected for each.

Level of Risk	Response to Risk
Low	Acceptable level of risk. No additional controls are required but any existing risk controls or contingency plans should be documented. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.
Medium	Acceptable level of risk exposure subject to regular active monitoring measures by Managers/Risk Owners. Where appropriate further action shall be taken to reduce the risk but the cost of control will probably be modest. Managers/Risk Owners shall document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. Relevant Managers/Directors/Assurance Committees will periodically seek assurance that these continue to be effective.
High	Further action should be taken to mitigate/reduce/control the risk, possibly urgently and possibly requiring significnt resources. Managers/Risk Owners must document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. Relevant Managers/Directors/Executive and Assurance Committees will periodically seek assurance that these continue to be effective and confirm that it is not reasonably practicable to do more. The Board may wish to seek assurance that risks of this level are being effectively managed. However NHSG may wish to accept high risks that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significnt incidents(s) of regulatory non-compliance, potential risk of injury to staff and public.
Very High	Unacceptable level of risk exposure that requires urgent and potentially immediate corrective action to be taken. Relevant Managers/Directors/Executive and Assurance Committees should be informed explicitly by the relevant Managers/Risk Owners. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. The Board will seek assurance that risks of this level are being effectively managed. However NHSG may wish to accept opportunities that have an inherent very high risk that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significnt incidents(s) of regulatory non-compliance, potential risk of injury to staff and public.

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Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	11 August 2020
Report Title	Recovery: Operation Home First
Report Number	HSCP.20.015
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Gail Woodcock Transformation Lead gwoodcock@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	a. Flash Reports

1. Purpose of the Report

1.1. The purpose of this report is to provide an overview to the Integration Joint Board (IJB) on the current position and priorities of our Covid-19 response and steps towards recovery.

2. Recommendations

2.1. It is recommended that the IJB notes the current progress towards progressing Operation Home First in the city, in line with our strategic plan, and notes that further reports will be brought to IJB as we move beyond our initial Covid-19 response, and as specific decisions are required.

3. Summary of Key Information

Background

3.1. In March 2020, the Aberdeen City Health and Social Care Partnership (ACHSPC) Medium Term Financial Framework (MTFF) was agreed at IJB. This reflected the ambition of the IIB as identified through the Programme

of transformation and the Strategic plan. The IJB were made aware of the financial challenges that 2020/21 would bring and 5 key objectives were shared in which would be the focus on the delivery through 2020/21. These 5 objectives were linked to both the Strategic Plan and the Programme of Transformation.

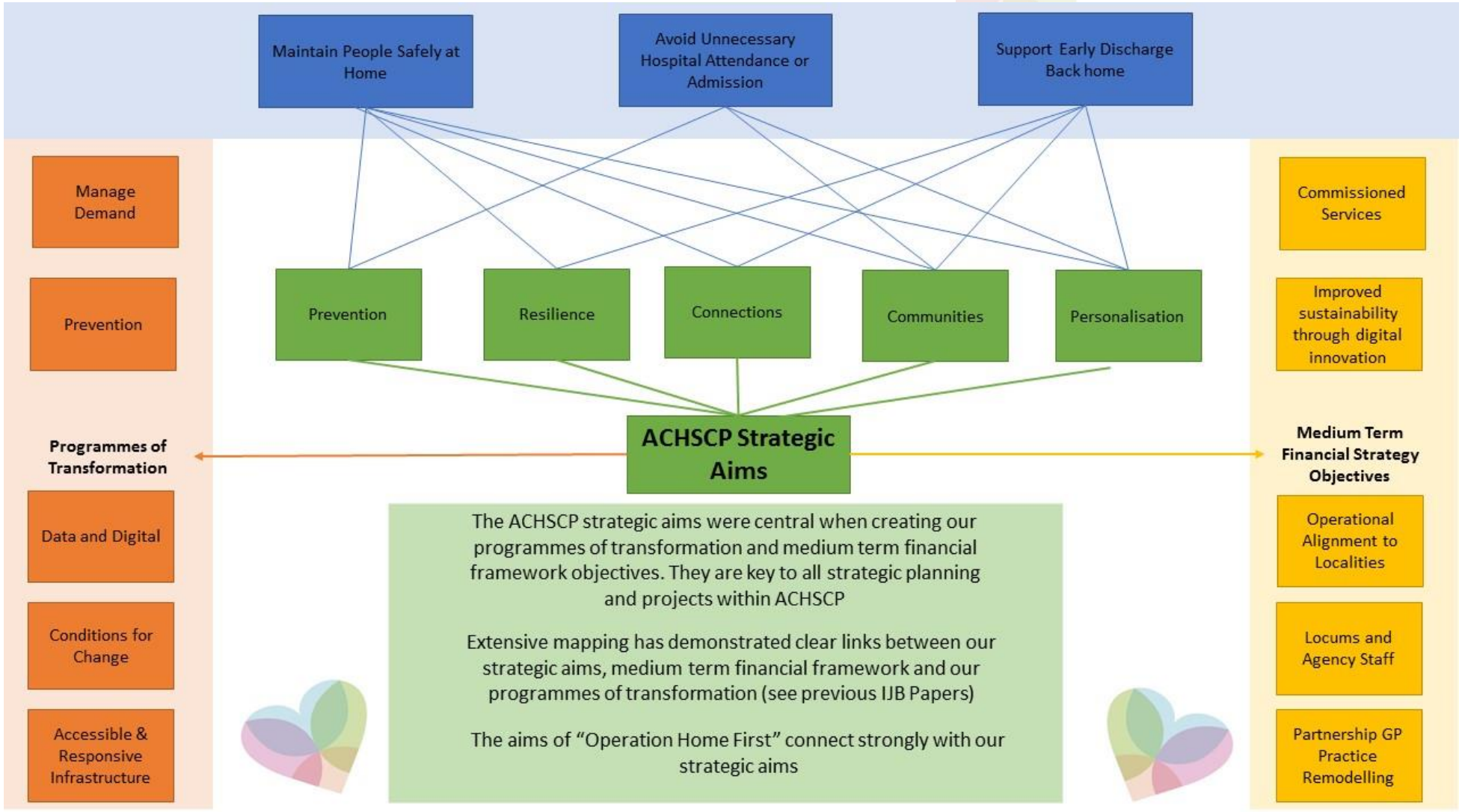
3.2. March 2020 also brought with it the Covid-19 pandemic and the past 4 months have been firmly set in response phase across the health and social care system in Aberdeen City. Currently we find ourselves in response phase, while many partners are already marching towards recovery. Within this current context as a whole system we have sought to understand what has changed; to embed what has been positive, to look forward and understand our new starting position.

3.3. In May 2020 IJB received a report which set out the initial response to the current pandemic and highlighted some of the changes that had been put in place as part of the initial response. Assurance was provided that these changes are aligned with our planned strategic direction, and indeed in many cases had enabled us to accelerate the delivery of our ambitions.

3.4. Our response and recovery work continues, at pace, as we continue to ensure that we are able to provide the very best care as we continue to live with the virus.

3.5. This report sets out the relationships between our Medium Term Financial Framework and specifically the five priority objectives that were at the heart of the framework, our agreed Programme of Transformation, and the ambitions and activities of Operation Home First, both in terms of the initial response and current ongoing response. The report also provides an update on some of our ongoing activities.

3.6. The diagram on the following page demonstrates the clear links between the aims of Operation Home First, and our own strategic priorities, which then in turn influenced the creation of the Medium-Term Financial Framework and our transformation programmes.


Maintain People Safely at Home
Avoid Unnecessary Hospital Attendance or Admission
Support Early Discharge Back home
Manage Demand
Prevention
Prevention
Resilience
Connections
Communities
Personalisation
Commissioned Services
Improved sustainability through digital innovation
Programmes of Transformation
ACHSCP Strategic Aims
Medium Term Financial Strategy Objectives
Data and Digital
Conditions for Change
Accessible & Responsive Infrastructure
Operational Alignment to Localities
Locums and Agency Staff
Partnership GP Practice Remodelling
The ACHSCP strategic aims were central when creating our programmes of transformation and medium term financial framework objectives. They are key to all strategic planning and projects within ACHSCP
Extensive mapping has demonstrated clear links between our strategic aims, medium term financial framework and our programmes of transformation (see previous IJB Papers)
The aims of "Operation Home First" connect strongly with our strategic aims

Operation Home First

3.7. The ambition of Operation Home First is to maintain people safely at home; avoiding unnecessary hospital attendance or admission; and to support early discharge back home after essential specialist care.

3.8. Operation Home First is being delivered through a whole system collaboration, including ACHSCP, Aberdeenshire Health and Social Care Partnership (AHSCP), Health and Social Care Moray (MHSCP) and NHS Grampian (NHSG). Key performance indicators continue to be developed and will as part of this for example include:

- Preventing admission to hospital for care home residents
- Reduction in emergency 'front door' attendances

3.9. The principles of Operation Home First have significant alignment with our strategic plan:

○'Home First' for all care	○Working within the agreed strategic direction set out by the IJBs & NHS Grampian	○Focus on outcomes for people	○Whole system working and improving primary/secondary care joint working
○Maintain agile thinking and decision making	○Retain flexibility to respond to surge (covid/winter)	○Work within constraints of segregation/ shielding/ physical distancing measures/ reduced hospital bed base	○Maximise digital solutions

3.10. As set out in the initial recovery report considered by IJB in May 2020, there were eleven transformations that were initial responses to the Covid-19 emergency. These are:

- Closure of care of the elderly beds at ARI
- Shifting workforce and beds to Woodend
- Moving GMED from ARI to Health Village
- Collective GP Response Calls
- NHS Near-Me

- Closure of and shift of learning disability beds at Cornhill
- Increased outreach from hospital-based services to support community-based care pathways
- Reduction in minor injury and community beds
- Reduction in A&E attendance due to shared intention of community support
- Hospital @ Home and Virtual Ward capacity due to consultant access.

3.11. Some of these changes have now been embedded and other activities are now ongoing to further embed these changes and continue to deliver the objectives of Operation Home First and hence our own strategic priorities. Some of these have been done within the partnership, and others within Acute or across the wider system.

Current projects which are underway to respond to, maximise benefits from and ensure that these changes are embedded are outlined in the following table (Note those shaded reflect the five MTFF objectives.)

Project	Strategic Links	Description	Links to initial changes in response to Covid19 and OHF Principles
Care of elderly pathways	**MTFF:** NA **Transformation Programme:** Prevention / Demand Management	Ensure effective and streamlined pathways for frail and elderly out of Woodend Hospital into the community – at home or a homely setting.	Initial Changes: • Closure of care of the elderly beds at ARI • Shifting workforce and beds to Woodend OHF Principles: • Outcomes for people • Whole system working
Respiratory pathways post covid support; spirometry work; MCN developing	**MTFF:** NA **Transformation Programme:** Prevention / Demand Management	Ensure effective and streamlined pathways for those with respiratory issues so that they can receive the support they need in the community – at home or a homely setting, and self-managing where suitable.	Initial Changes: • Increased outreach from hospital based services to support community-based care pathways OHF Principles: • Outcomes for people • Whole system working
Hospital at home scale up	**MTFF:** Operational alignment to localities **Transformation Programme:** Demand Management	We started with this service which initially provided supported discharge, allowing people to come out of hospital earlier than previously would have been the case. During the last few months, we continue to work on expanding the service so that more people can be supported to not only come out of hospital sooner, but also can receive some acute care at home (where appropriate) rather than going into a hospital setting. Clearly this approach not only has benefits in terms of reducing the need for hospital beds which is particularly important at the current time when we need to ensure physical distancing, but the approach is also helpful in terms of overall patient wellbeing and for reducing rehabilitation times. Early evaluation has found the friends and family (unpaid carers) prefer their loved ones being cared for at home rather than hospital, and this coupled with the reduced risk of infections that exist as a result of being in hospital are key benefits of this approach.	Initial Changes: • Increased outreach from hospital based services to support community-based care pathways • Hospital @ Home and Virtual Ward capacity due to consultant access. OHF Principles: • Home first for all care • Outcomes for people • Whole system working • Flexibility for surge • Work within constraints
Mental health services – transforming the service following a reduction in bed base	**MTFF:** Locums and agency staff **Transformation Programme:** Demand Management, Conditions for Change	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 in Seafield Hospital (Moray), Inverurie Hospital, Inverurie, Banchory Hospital (Aberdeenshire) and the Royal Cornhill Hospital (Grampian-wide and North of Scotland) further compounded by the reduction in beds across the wider Grampian-wide Acute Care System.	Initial Changes: • Closure of and shift of learning disability beds at Cornhill OHF Principles: • Home first for all care • Outcomes for people • Whole system working • Flexibility for surge • Work within constraints
Public health messaging – KWTTT, immunisations	**MTFF:** NA **Transformation Programme:** Prevention	A number of changes have happened as a result of the COVID-19 situation: there have been fewer attendances at A&E and in General Practice settings. This change in behaviour has been for a number of reasons, however some of these changes have meant that people have effectively managed their conditions by themselves and received health and social care support without using tradition face to face methods. A robust social media plan has supported this – making sure that we are communicating the right social media messages at the right time. This work will continue to be	Initial Changes: • Reduction in A&E attendance due to shared intention of community support • Changes in public behaviour, maintaining of positive behaviours OHF Principles: • Home first for all care

Project	Strategic Links	Description	Links to initial changes in response to Covid19 and OHF Principles
		developed through a multi-channel health promotion plan – reiterating national and regional advice and providing local information where appropriate.	• Outcomes for people • Maximise digital solutions
Technology/ digital health • **Near me roll out** • **Remote monitoring**	**MTFF:** Improved sustainability through digital innovation **Transformation Programme:** Data & Digital	The roll out of Near Me digital consultations has seen a significant growth during the Covid-19 period, with Grampian continuing to one of the highest users of this technology. Work is continuing to embed this as a sustainable and effective way of working as well as spreading it to more health and social care services.	Initial Changes: • NHS Near Me OHF Principles: • Home first for all care • Outcomes for people • Maximise digital solutions
Green hubs – CTACs	**MTFF:** NA **Transformation Programme:** Demand Management	Around 16,000 people in Grampian have been identified as having an existing medical condition that puts them at the highest clinical risk of severe illness from COVID-19, requiring them to sustain a strict period of isolation (shielding) to protect their health. This necessitated the formation of stringent "green" pathways in the community to enable them to receive the care that they need during the pandemic, such as phlebotomy, would care and any relevant chronic disease monitoring. This were known as "Green Community Hubs for Shielding Patients". There is an opportunity to align work ongoing for green community hubs, to provide further services in line with the Primary Care Improvement Plan (transfer of community treatment and care services (CTACS) from GP practice to HSCPs) and with work relating to Elective Care (i.e. pre-op assessment bloods taken in the community)	Initial Changes: • Home-visits for shielding people; green areas within practices • Interim hubs for immunisations, and sexual health services being delivered in one Aberdeen Community. OHF Principles: • Outcomes for people • Work within constraints of shielding • Whole system working
Integrated Access Point	**MTFF:** Improved sustainability of services **Transformation Programme:** Demand Management, Data & Digital	As we move into the next phase of our COVID response, "Aberdeen Together" are considering the best ways to support the people in our communities. One of these approaches is to consider the potential development of an Integrated Access Point – which would be an integrated access point (using a range of channels) for handling requests and needs of people across some of our health and social care services. The aim would be to make it easier for people to receive the right support at the right time in a person-centred way. It will also aim to ensure that staff can maximise their time spent caring for those in need. During the current, scoping stage, we are working with colleagues to understand how people currently access services, in order to understand which services, or parts of services might benefit from being included in an Integrated Access Point. We are also reviewing feedback and will be supporting focus groups involving people in our communities to find out which channels would be most suitable from a person-centred perspective to access services when support is required.	Initial Changes: • NA – scoping stage OHF Principles: • Maximise digital solutions • Focus on outcomes for people
Partnership GP Practice Remodelling	**MTFF:** Partnership GP Practice Remodelling **Transformation Programme:** Accessible and Responsive Infrastructure	Enhancing the sustainability and efficiencies of our Partnership managed General Practices (also known as 2C practices). Work is progressing to develop a blue-print for how our Partnership managed GP practices may operate in the future. This work takes consideration of the patient profile as well as seeking to achieve a model which helps to minimise the need for additional locums and agency staff. The significant steps forward in relation to virtual consultations provide new opportunities for this area of service design.	Initial Changes: • Collective GP Response Calls • Moving GMED from ARI to Health Village OHF Principles: • Focus on outcomes for people • Maintain agile thinking • Work within constraints • Maximise digital solutions
Connecting Aberdeen (digital)	**MTFF:** Improved sustainability through digital innovation **Transformation**	Reducing the gap of people in our communities who do not have digital access and are therefore not able to benefit from digital health and social care support	Initial Changes: • Near Me OHF Principles: • Focus on outcomes for people

Project	Strategic Links	Description	Links to initial changes in response to Covid19 and OHF Principles
	Programme: Data & Digital		• Maximise digital solutions
Stepped Care Approach • **Daily locality USC huddles**	**MTFF:** NA **Transformation Programme:** Manage Demand / Prevention	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 so that all citizens get the right level of support at the right time by the right person. 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)	
Reablement at home or homely environment first	**MTFF:** NA **Transformation Programme:** Manage Demand / Prevention	To ensure that all reablement is delivered at home or in a homely environment at all possible times rather than extending hospital stays for this purpose.	<u>Initial Changes:</u> • Closure of care of the elderly beds at ARI • Increased outreach from hospital-based services to support community-based care <u>OHF Principles:</u> • Home First for all care • Focus on outcomes for people • Work within constraints (reduced hospital bed base)
Rosewell flow	**MTFF:** NA **Transformation Programme:** Manage Demand / Prevention	The project will help ensure that recent reductions in delayed discharge and improvements in patient flow is maintained despite a reduction in available beds and increasing activity. It will include looking at options for improved flow (interim beds); admissions to care homes; respite provision and creating plans for a short-notice surge facility if required. This is linked to the delivery of our collective mobilisation plan, Operation Home First, which seeks to embed pathways changed during the Covid19 response to ones which can adjust to living with covid and winter surge across the system.	<u>Initial Changes:</u> • Closure of care of the elderly beds at ARI • Increased outreach from hospital-based services to support community-based care <u>OHF Principles:</u> • Home First for all care • Retain flexibility to respond to surge • Focus on outcomes for people • Work within constraints (reduced hospital bed base)
Strategic Commissioning Review	Medium Term Financial Framework Objective	Commissioning is the largest part of our budget and accounts for over £100 million of our available budget. A Strategic Commissioning Board has been established to review our contracts and the services which we commission. The focus of the Board is to ensure that we continue to adopt the principles of our strategic commissioning approach. Recommendations from this Board will be escalated to the Executive Programme Board (EPB) and IJB as appropriate. Commissioning decisions will continue to be made at the Integration Joint Board throughout the financial year. The work of the Board is aligned to both strategic plan, strategic commissioning plan and medium-term financial plans The current focus of attention includes the commissioning of care at home and supported living contract. The final submission date for this contract was the 30th June and work has commenced to evaluate these submissions in advance of the final award. The new arrangements will be in place in November 2020. The Board will be pleased to understand that there has been a good response to this tender, despite COVID-19. We believe that the level of response is partly attributed to the collaborative approach we have taken throughout the process. The procurement of Carer Support services is also underway and new arrangements will be in place at the beginning of September.	<u>OHF Principles</u> • 'Home First' for all care • Focus on outcomes for people • Whole system working and improving primary/secondary care joint working • Work within constraints of segregation/ shielding/ physical distancing measures/ reduced hospital bed base • Maximise digital solutions

Project	Strategic Links	Description	Links to initial changes in response to Covid19 and OHF Principles
		Finally, work continues to model the provision of day care and day opportunities. It is acknowledged that this work is taking a significant amount of time, but the implications of COVID-19 on what has traditionally been a buildings based service, and our requirement to ensure that any service we commission is provided in a way which reduces the risk of transmission of the disease calls again for significant change. An update report on progress with this work will be available for the IJB members on the 11th August.	
Locums and agency	Medium Term Financial Framework Objective	**Locums and Agency Staff –** This objective sought to reduce the use of locum and agency staff within the partnership to reduce the level of spend primarily in Woodend Hospital, Mental Health community services and medical practices directly managed by the partnership. This included a focus on understanding and improving staff absences to reduce the reliance on supplementary staff. This objective has been difficult to drive forward since March due to increased staff absence as a result of the ongoing COVID-19 situation where staff have been both directly affected by the virus and have also had to self isolate where there was a risk of virus transmission.	• Whole system working and improving primary/secondary care joint working • Work within constraints of segregation/ shielding/ physical distancing measures/ reduced hospital bed base
Operational alignment of staff to Localities	Medium Term Financial Framework Objective	There continues to be positive progress towards the delivery of this objective. By the end of March, all staff were aligned to a locality and were aware of which locality they were aligned to. Community nursing services have been reconfigured based on smaller areas within localities and are moving towards being aligned to patients based on where they live rather than by which GP practice they are registered with. Work is ongoing to develop improved integrated team working, focussed around localities, including with providers and with partner services. Hospital at Home (H@H) - have increased patient capacity by 5 (total of 15 virtual 'beds') supporting more people to receive hospital level care in their own homes. All City GP practices can refer to H@H. City Visiting team (urgent care element of the PCIP) - have increased capacity and are supporting 16 GP practices across the city to provide home visits Number of admissions to H@H between 23rd March - 30th June is 174, with an average Length of stay 6.0 days.	• 'Home First' for all care • Working within the agreed strategic direction set out by the IJBs & NHS Grampian • Focus on outcomes for people • Whole system working and improving primary/secondary care joint working
Improved Sustainability of services through digital innovation	Medium Term Financial Framework Objective	This objective seeks to improve the sustainability of services and reduce the impact on primary and secondary care. It includes the implementation of initiatives such as Care Messenger and ARMED. **ARMED** - ARMED solution combines pioneering predictive analytics modelling with innovative wearable technology and health and social care data. Cost benefit analysis of using "ARMED" Predictive TEC within in Very Sheltered Housing – a cohort of people with a higher level of needs than in initial Lorburn study. Project is part of a National collaborative - testing the model in a range of settings (rural/urban/SIMD), need & age range. To reduce the number of falls at Cloverfield Grove VSH by 20% by 30/06/20. Paused on 13/03/20 because of Covid 19. Planned review end of July 2020. **Care Messenger** - Care Messenger is a communication messaging system that allows citizens to connect with friends, family and other services by using technology to send messages and pictures from your mobile or computer to the citizens smart television. Reducing the gap of people in our communities who do not have digital access and are therefore not able to benefit from digital health and social care support. Currently scoping is underway to determine the feasibility of implementing locally.	• Focus on outcomes for people • Maximise digital solutions

4. Implications for IJB

4.1. **Equalities:** The content of this paper aligns with our Strategic Plan, for which a full equalities and human rights impact assessment has been undertaken. The assessment, on the whole, was positive in relation to the Strategic Plan's impact on equality and diversity within Aberdeen City.

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

4.3. **Financial**: There are no specific financial implications directly as a result of this report, however the report is clearly aligned with the ACHSCPs Medium Term Financial Framework. Specific projects with financial implications will be brought as separate reports to IJB as and when decisions are required.

4.4 **Workforce:** Required workforce changes will continue to be progressed in consultation with affected staff and in partnership with our staff side and trade union reps in line with usual process on a project by project basis. During the Covid-19 response stage, staff side and trade unions have been integral members within our operational governance decision making processes.

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

4.6 **Other -** NA

5. Links to ACHSCP Strategic Plan

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

- **Prevention:** maintaining safe services for those who are shielding will prevent potential negative health impacts if this vulnerable group were to contract COVID-19; closure and shift of LD beds at Cornhill, aligned with Action Plan for Learning Disabilities.
- **Resilience:** retaining the ability to respond to Covid demand; closure of Care of the Elderly beds at ARI; shifting workforce and beds to Woodend; moving GMED from ARI to Health Village; collective GP response calls; improved

access to commissioned pathways; reduction in minor injury and community beds; and the reduction in A&E attendances due to shared intention of community support will all build resilience into our system

- **Personalisation**: avoidance of admission and delays at discharge, continuing to improve delayed discharge experience; adopting home first principles for all care; increasing outreach from hospital-based services to support community-based care pathways; and the scaling up of Hospital @Home and virtual ward capacity due to consultant access will help to ensure that people get the right care in the right place at the right time.
- **Connections:** responding to prolonged periods of physical distancing; and the use of Near-me (digital consultation system) will help people stay connected within their communities and reduce social isolation.
- **Communities:** person centred care within community settings with the removal of barriers between primary and secondary care will help develop a divers and sustainable care provision.

It is highlighted that due to the nature and circumstances of the initial COVID response, most of the activities and principles that we are seeking to embed align most closely with the prevention, resilience and personalisation aims within our strategic plan, however there are aspects of these activities which cover more than one aim.

We anticipate that the transformations will directly affect the following Strategic Plan indicators and progress will be tracked and reported to Risk, Audit and Performance Committee:

- Reduced attendances at A&E
- Increase % of people living independently in the community
- Improved healthy life expectancy
- Increase in % of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life
- Increase in % of adults supported at home who agree that their health and social care services seemed to be well coordinated
- Increase in % of adults receiving any care or support who rate it as excellent or good
- Increase in number of people with positive experience of care provided by their GP practice

The table on the following page further reinforces these links:

Transformation Programme of Work	Sub Programmes	Operation Home First and MTFF Projects	Links to Strategic Aims	Links to Strategy Enablers
Demand Management	Unscheduled Care Action 15 Primary Care Improvement Plan (PCIP) Hosted Services Immunisations	Hospital at Home Scale Up Stepped Care Approach Commissioning	Resilience Personalisation Communities	Medium Term Financial Strategy (MTFS) Commissioning
Prevention	Locality Development Links Approach Resilient, Included & Supported (RIS) Alcohol & Drugs Partnership plan (ADP)	Care of Elderly Pathways Respiratory Pathways Mental Health Services Public Health Messaging	Prevention Resilience Connections Communities	MTFS
Data & Digital	Front line service technology Back office digitisation	Technology/ digital health Improved Sustainability of services through digital innovation	Prevention Resilience Personalisation Connections	MTFS Workforce
Conditions for Change	Lean Six Sigma Workforce Plan Staff digital & Estates Operationalisation of Localities	Stepped Care Approach Connecting Aberdeen Operationalisation of Localities Locums and agency	Resilience Connections Communities	MTFS Workforce Infrastructure
Accessible & Responsive Infrastructure	Place Shaping Place Planning	Partnership GP Practice s remodelling Green Community Hubs	Prevention Connections	Infrastructure

6. Management of Risk

6.1. Identified risks(s)

The main risk is that the positive transformations that have taken place during the last few weeks are unable to sufficiently embed within our culture and system. Other risks include staff willingness to adopt new ways of working, support from staff partnership/ trade unions, and the public. These risks will be identified and mitigations identified and put in place on a project by project basis. Overall mitigations in relation to risks around staff and public acceptance will be via ongoing and active engagement and a co-production approach as far as possible.

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

This report links to Risk 11 on the Strategic Risk Register: - There is a risk that the Coronavirus (Covid-19) outbreak leads to high numbers of incidences within the city, impacting public health and the delivery of essential health and care services through significantly increased demand and reduced workforce capacity. This reduced capacity arising as a result of frontline workforce absence and self-isolation requirements. Operation Home First is the beginning of our recovery from the initial phase of the Covid-19 pandemic, ensuring services can continue to be delivered in a safe, but transformed way, whilst also preparing to be equipped for any future re-emergence of virus within the community.

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

Appendices – Flash Reports (crtl & click to jump to page)

Flash Report – Care of Elderly Pathways 15

Flash Report – Hospital @ Home Scale Up 16

Flash Report – Mental Health Services (*transforming service after bed base reduction)* 17

Flash Report – Public Health Messaging 18

Flash Report – Technology and Digital Health *(NHS Near Me & Remote Monitoring)* 19

Flash Report – Green Community Hubs for Shielding People (CTAC) 20

Flash Report – Integrated Access Point 21

Flash Report – Partnership GP Practices (2C) Remodelling 21

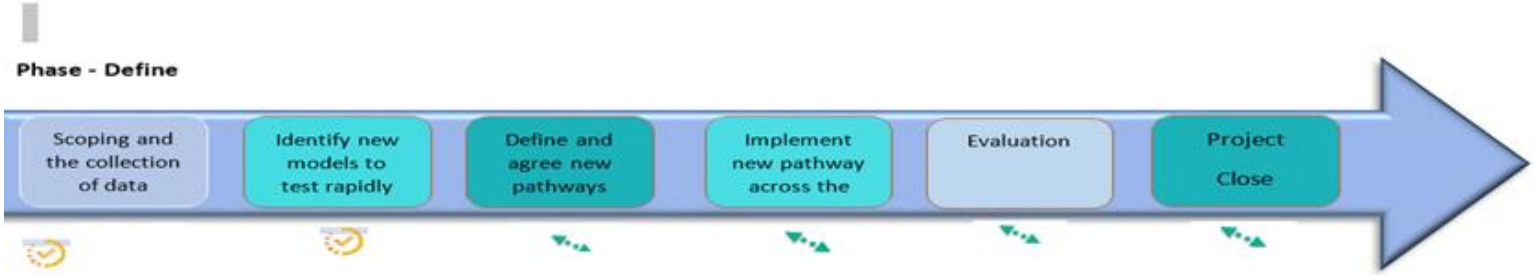
Flash Report – Connecting Aberdeen (Digital) 23

Flash Report – Stepped Care Approach *(daily locality unscheduled care huddles)* 24

Flash Report - Reablement at Home or Homely Environment First 25

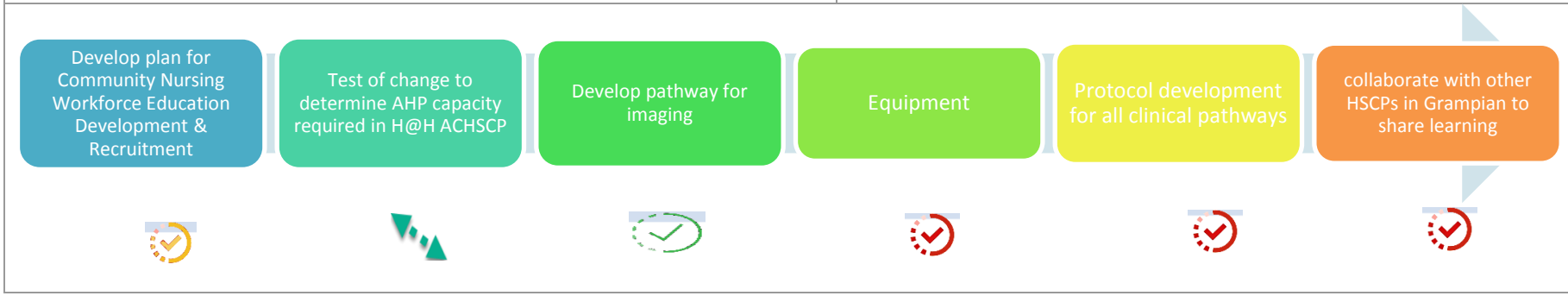
Flash Report – Rosewell Flow 27

Flash Report – Care of Elderly Pathways

Name of project: Elderly Care Pathways	**Objective of project:** Design a service model required going forward that is consistent of the ambitions of Operation Home 1st and identify whole-system actions required to achieve this model.
Context: Operation Home 1st is the next phase in the response to COVID- 19 across Grampian. 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. The redesign of the elderly care pathways is one of a number of ambitions.	**The challenge:** There is currently an unsustainable demand on services with the need to redesign care of elderly pathways across the system. 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.
Next steps • Agree high level pathway across the whole system • Scoping and the collection of data (including capturing patient/ carer experience) to inform new pathways • Agree new models of care to rapidly test	**Success criteria:** • Agreed and collective approach across Acute and 3 HSCP • Realign and upskill for workforce to support deliver of care throughout new pathway • Reconfiguration of beds across the system complete • Efficient and streamlined flow across the whole system
	

Flash Report – Hospital @ Home Scale Up

Name of project: Hospital at Home	**Objective of project:** to scale-up and develop the H@H service to reach its full potential in providing acute level care and treatment in people's own homes/homely setting, thereby preventing admission to hospital.
Context: • Reduction in acute geriatric hospital beds • Older adults requiring longer phase of treatment/recovery post-covid • National drive to support all boards/to develop H@H services • OHF ambition is to maintain people safely at home, preventing unnecessary admission to hospital and support early discharge • Substantive Consultant Geriatrician input to H@H team	**The challenge:** • Supporting the advanced practice education and training requirements of the existing workforce within Aberdeen City HSCP • Redistribution of resource to and within community services • Access to imaging services & monitoring equipment • Other services changing and adapting systems may have impact on capacity for H@H
Next steps • Developing competence levels of the existing Nursing workforce with underpinning advanced clinical practice knowledge • Development of a med-long term plan for developing the Nursing workforce i.e. to grow our own • Development of AHP capacity in H@H for each locality to support responsive H@H level care. • Develop pathways for accessing imaging and protocols for clinical care to support a higher level of patient acuity e.g. IV and O2 therapies for HF, COPD • Procurement of monitoring equipment	**Success criteria:** • Increase number of admission avoidance referrals from GP practices to H@H requiring Acute Care and Treatment • Reduction in acute presentations at front door services in older adults with frailty • Appropriately skilled and educated workforce



Flash Report – Mental Health Services (*transforming service after bed base reduction)*

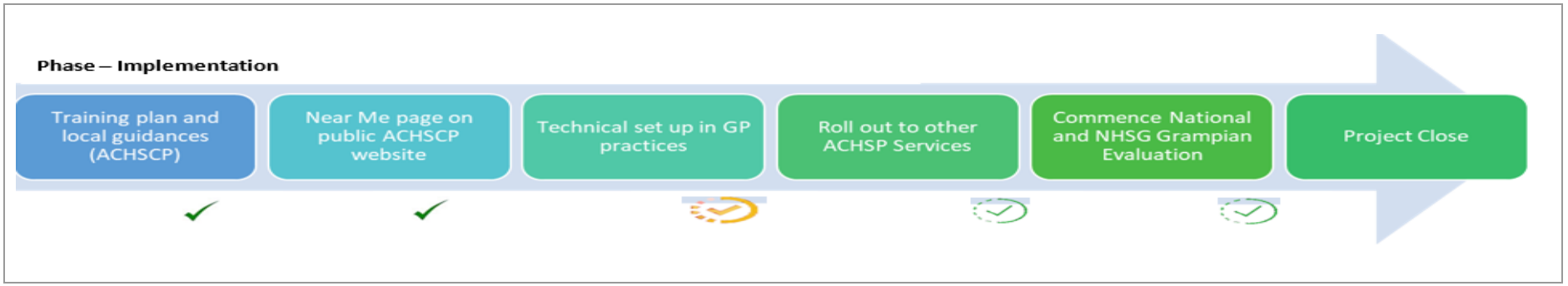
Name of project: Grampian-wide Mental Health Services (transforming service after bed base reduction)	**Objective of project:** to ensure a sustainable model of care whilst we deliver a protracted response to COVID-19 with a significant reduction in available beds in inpatient services for Mental Health in Seafield Hospital (Moray), Inverurie Hospital (Aberdeenshire), Inverurie (Aberdeenshire), Banchory Hospital (Aberdeenshire) and the Royal Cornhill Hospital (Grampian-wide and North of Scotland) 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.
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 • Embed the close and shift of Learning Disability inpatient services to the main RCH site • Embed the increased outreach from hospital-based to community based care pathway, and • Embed improved access to commissioned pathways	**The challenge:** changes will require the ongoing support of NHSG and Aberdeen City, Aberdeenshire and Moray IJBs. Staffside and the respective Medical / Nursing Committees are expressing formal concerns regarding the changes to the Older Adult Pathway. Additional concern has been expressed with regard to the short timeline which they feel does not enable the usual extensive consultation (3 months minimum up to 6 months for Major Service Change) or time for coproduction. These concerns will be reviewed in the context of the work previously carried out by the Alliance.
Next Steps: • Scope equipment and costs to fully embed Near Me • Full Option Appraisal for LD at RCH approved by SORT • Report on actions and risks from Aberdeen City, Aberdeenshire and Moray CMHT and RCH work streams and compete an Older Adult Pathway delivery plan • Undertake assessment for costed Enablement Works • Engage with Staff Partnership, patients and the public on draft plans. Including mapping of services and linkages with other system wide huddles	**Success criteria:** • 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)

Flash Report – Public Health Messaging

Name of project: Public Health Messages (Operation Home First)	**Objective of project:** to implement a social media plan to ensure the public and key stakeholder were aware of the latest information in relation to public health messages from the HSCP
Context: • Creation of a coordinated social media plan with partners to ensure the public were aware of crisis support, changes to services and ways to maintain wellbeing during the Coronavirus outbreak. • Promotion of – immunisation location change and importance, Test & Protect, key messages from the partnership around shielding, ACC crisis line, know who to turn to and volunteer support and NHS Near Me evaluation survey. Updates to ensure people knew the NHS/HSCP is still able to help people who did not have Coronavirus symptoms. General useful updates. • Dedicated staff members with a remit around social media to ensure content was timely and up to date. • A number of other communication methods were used to reach those not on social media, such as poster distributions and sharing information via local community groups.	**The challenge:** 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.
Next steps • Continue to have dedicated staff members within partnership working with key stakeholders to plan content and share/post relevant information. • Promote HSCP so more of the public engage (include on email signatures, HSCP communications etc.) • Continue to identify alternative ways to reach those without technology (radio/tv ads, flyers in public spaces) • Continue to share key public health messages tailored to current situations in the community e.g. alcohol consumption, social isolation. • Sharing good news stories about initiatives that keep people well in communities. Such as Health Improvement Fund Annual Report, afternoon tea deliveries for people who were shielding.	**Success criteria:** • Over 200 new "likes" on Facebook since start of lockdown. • Thank You for participating in volunteer's week post reached over 8000 people, 7 shares and 12 likes. One of the volunteer videos received 2.3k views. • First NHS Near Me survey post reached almost 7000 people, 18 shares and 5 likes on Facebook. • First location change of immunisation post reached over 8000 people, 41 shares, 9 likes on Facebook. • Most posts receive engagement but not always as high as previously mentioned successes. • HIF annual report reached over 20,000 people, 20 shares and 19 likes on Facebook and the Evening Express ran a 2-page article. • One key public health message on Twitter had 34 retweets and 31 likes.

Flash Report – Technology and Digital Health *(NHS Near Me & Remote Monitoring)*

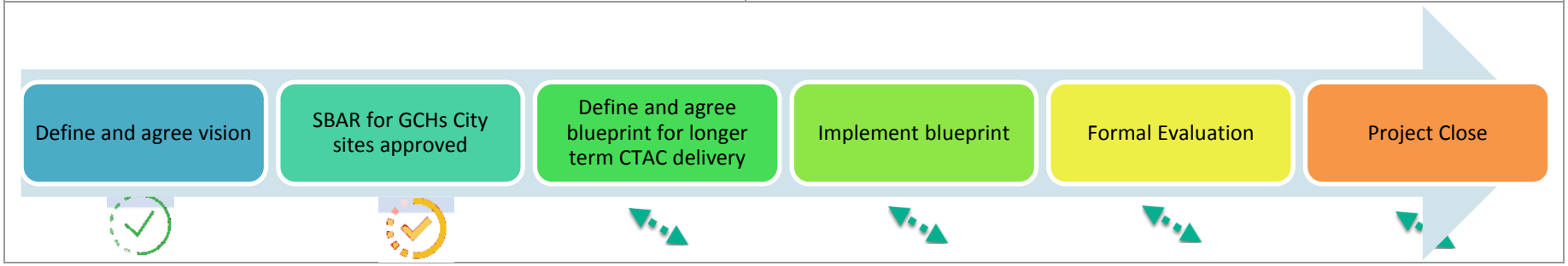
Name of project: Near Me Roll Out Aberdeen City	**Objective of project:** To rapidly scale up virtual video consultation within health and social cares services.
Context: Aberdeen City Health and Social Care Partnership are currently working collaboratively with NHS Grampian, Aberdeenshire HSCP and Moray 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.	**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.
Next steps • Training for local Near Me leads on new national reporting tool • Contribute to national evaluation • Further roll out of IT infrastructure awaiting delivery end of July 2002 • Care Home Scale up in line with national programme in line with guidance from the Care Inspectorate.	**Success criteria:** • 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 Week 16 stats: ❖ **636** calls – **165** consultation hours (GP, Community Nurses, Link Practitioners, Podiatry, OT, Physio, SALT and Orthotics).



Flash Report – Green Community Hubs for Shielding People (CTAC)

Name of project: Green Community Hubs (GCHs) for Shielding People	**Objective of project:** to implement green community hubs for shielding people in several sites across Aberdeen City, with a long-term view to strategically aligning work relating to shielding patients; the delivery of community treatment and care services; and the delivery of elective care community hubs.
Context: • Creation of stringent "green" pathways in the community to enable shielding patients to access essential nursing care; • 2018 General Medical Services Contract in Scotland requires delivery of community treatment & care (CTAC) services by ACHSCP; • Operation Home First priority to ensure increased outreach from hospital-based services to support community-based care pathways i.e. elective care assessments in community	**The challenge:** Increasing demand for CTAC services, due to factors including increasing co-morbidities and an ageing population. There is also a lack of space within many GP Practices: delivering GCHs and CTACs services needs to be aligned long-term with plans for premises (i.e. 10-year lifespan).Remote/virtual consultations by secondary care have increased demand for bloods in the community. Preparation is required for a possible second surge which may require rapid access to GCHs in future.

Next steps	Success criteria:
• Submission of GCHs SBAR to Operation Home First Huddle • Implementation of Green Community Hubs within Aberdeen City • Development of a blueprint for longer term delivery of CTAC services from identified sites and further possible “spokes”	• Increased capacity and resilience in general practice; • Quicker access to CTAC services for patients, including choice of location and appointments; • Reduction in patient attendance at hospital i.e. for pre-assessment bloods;



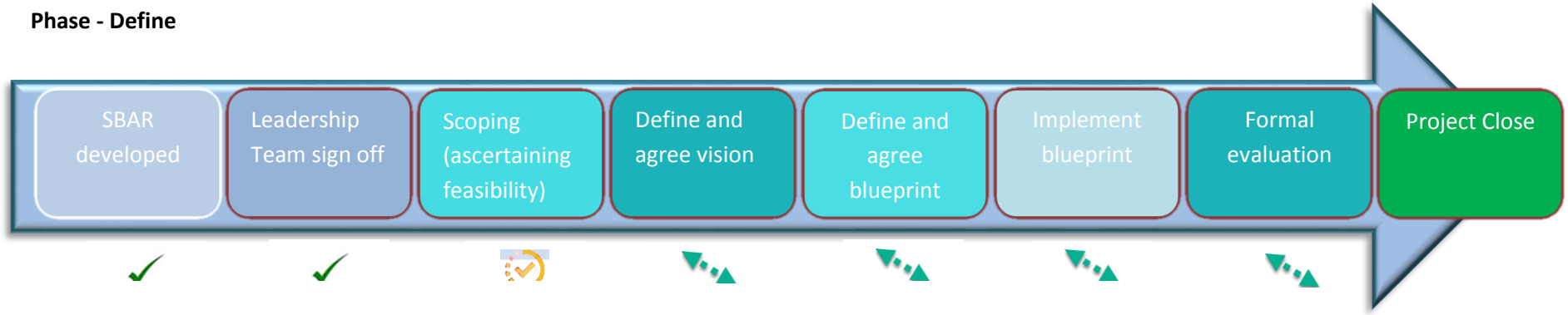
Flash Report – Integrated Access Point

Name of project: **Integrated Access Point**	**Objective of project:** Scope the feasibility of developing and implementing a single point of contact for handling requests across health and social care services.
Context: The recent partnership working 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. An Integrated Access Point may be one enabler towards providing accessible and seamless care for the people of Aberdeen.	**The challenge:** 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 services 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.

Next steps	Success criteria:
• Disseminate information to services • Finalise data collection templates • Begin scoping • Develop public engagement plan	• Streamlining the number of entry points into the health and social care system and onward referral processes, thus improving efficiencies

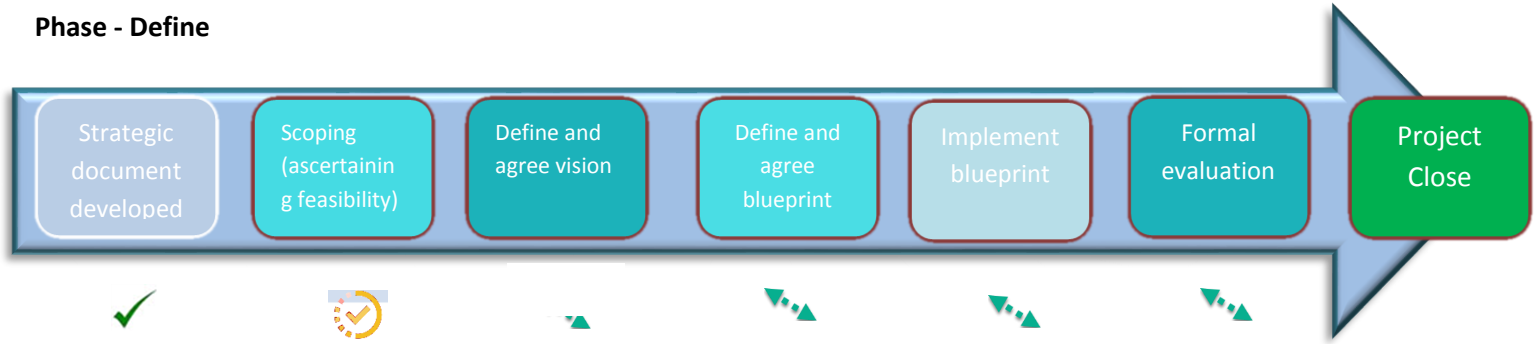
Timeline

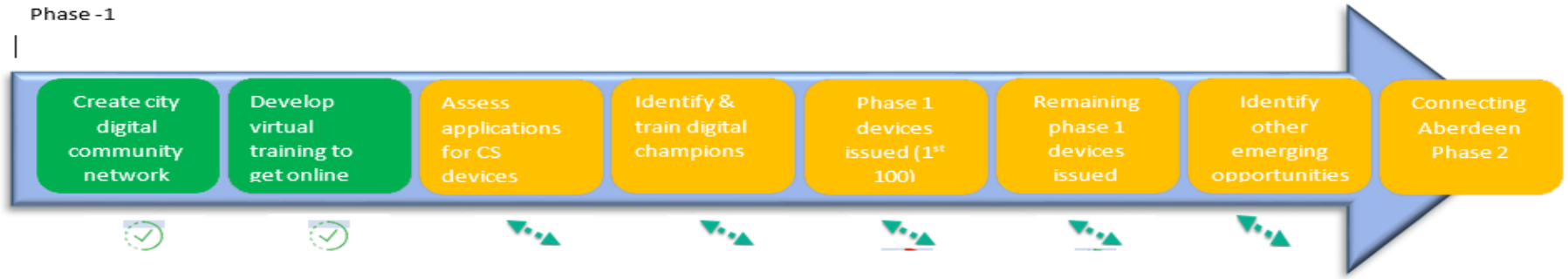
Phase - Define



Flash Report – Partnership GP Practices (2C) Remodelling

Name of project:	Objective of project:
Partnership GP Practice Remodelling	Improving the sustainability, efficiency and effectiveness of the 2C General Practices in Aberdeen City

Context: Aberdeen City Health & Social Care Partnership are currently responsible for the delivery of six 2C General Practices. Compared to the traditional independent General Practice model, this allows more autonomy over how improvements can be made to enhance the sustainability, efficiency and effectiveness of the service.	**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 is not fit to meet these challenges and as such, remodelling is necessary whilst still ensuring patient safety and staff satisfaction.
Next steps • Scoping • Agree high-level options • Organise workshop with Practice staff • Develop public involvement plan	**Success criteria:** • 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)
Timeline **Phase - Define** 	

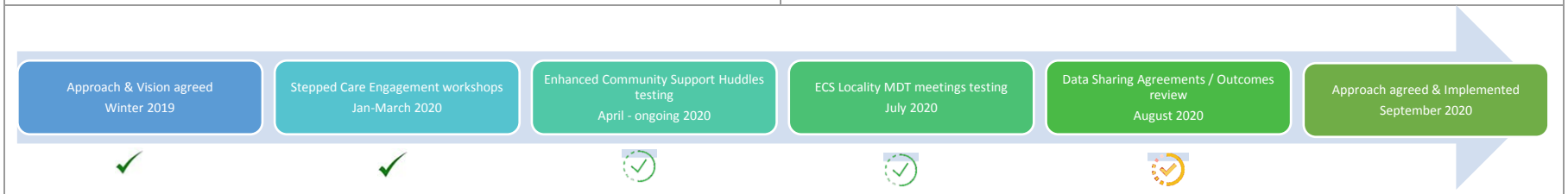
Name of project: Connecting Aberdeen	**Objective of project:** to increase digital connectivity and literacy for people in our communities so that they are able to access services digitally
Context: Working collaboratively with Aberdeen City Council and community organisations to identify people in our communities who are not digitally connected or digitally literate, to prioritise our support, and respond to other digital connectivity challenges. Devices have been allocated through a national programme.	**The challenge:** Those who are not digitally connected are often socially isolated. The first priority cohort are those who are shielding, have no/ limited digital connectivity and are on low incomes. Challenges around providing devices and training to these individuals while maintaining strict physical distancing.
Next steps • Confirm first cohort to receive devices and support • Confirm community digital champions • Supply devices and training – training to include how to access Near me • Gather feedback	**Success criteria:** • 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.
Timeline 	

Flash Report – Stepped Care Approach *(daily locality unscheduled care huddles)*

Name of project: Stepped Care Approach for Unscheduled Care
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 so that all citizens get the right level of support at the right time by the right person. 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: Following the agreement to adopt the stepped care approach in 2019 and the successful testing and adoption of Hospital at Home and West Visiting. The project continued to develop the layers via 3 workshops in Jan-March 2020. Tests of change were identified however following emergency measures which put in place during the response to Covid crisis via Operation Rainbow, the MDT triage and allocation huddles were implemented immediately. An additional layer was added at this point in recognition that many older people who are currently well or have long term conditions may find their resilience compromised. Linking people up to local resources may help to ensure people emerge as fit and able as possible.	**The challenge:** • 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 • Identifying the most appropriate community based & local resources to meet individual requirements. • Ensuring the resources available reflected and matched citizen needs. • Keeping community-based resources at the forefront in decision making thus allowing for a more rounded step down from service input.
Next steps • Tests of change continue with lunchtime Triage and Allocation Huddles for professionals to rapidly problem solve and access each other services. • Enhanced Community Support MDT Locality meetings across the 3 localities to be tested • Agreement on format and representation to be agreed • Communication and engagement plan to be drafted and implemented • Data & patient stories to be collated and reviewed to inform model & next steps • Data Impact Assessment and Information Sharing to be negotiated and agreed • Proactive case finding and community resource MDT huddles established.	**Success criteria:** • Faster access to care and support • Improved care pathway for those requiring care eg. reduced onwards referrals, increased ACPs • Increased staff satisfaction, empowerment & professional development • Reduced / avoided hospital admissions (ED / AMIA) • Sustainable model of primary care (MDT approach) • Higher inclusion of community based resources when stepping down from service. • Improvement of patient experience when stepping down from service. • Improved cross sector working.



Flash Report - Reablement at Home or Homely Environment First

Name of project: Advanced Care and Enablement	**Project Manager: Susie Downie / Helen Chisholm**

Objective of project: To ensure care is provided at home or in a homely environment as a first choice. There is an opportunity to build on advanced clinical skills and enablement skills to ensure that home first is prioritised at the earliest possible opportunity. This workstream will align with the stepped care approach being progressed in the city, and will bring together a range of services including nursing and AHPs as well as care at home support.

Context: This workstream is at an early stage of discussion. The idea behind this is to focus in on a challenge which overlaps two other projects -*Enhanced Community Support* and *Hospital at Home* - both of which are part of the **Stepped Care Approach** to Unscheduled Care. This piece of work seeks to consolidate the progress made so far and focuses on supporting the workforce to be able to deliver this new approach.

The challenge:

- Ensure that individuals are getting the right support at the right time in their home or homely setting.
- Potential duplication of effort when working as an MDT with individuals

Next steps

Agreed workplan and deliverables for this workstream as well as identifying the key stakeholders. This piece of work should focus on 2 topics.

1. Development of capacity and skills within the localities to be able to embed the Stepped Care Approach specifically the Hospital at Home approach within the localities. This would require a variety of tasks to ensure this can be achieved.

2. Increasing understanding & sharing of roles across the multi-disciplinary team within the Enhanced Community Support huddles. Allowing for opportunities to both learn from each other, the breaking down of barriers and increasing capacity through the key worker model eg. sharing of tasks as appropriate

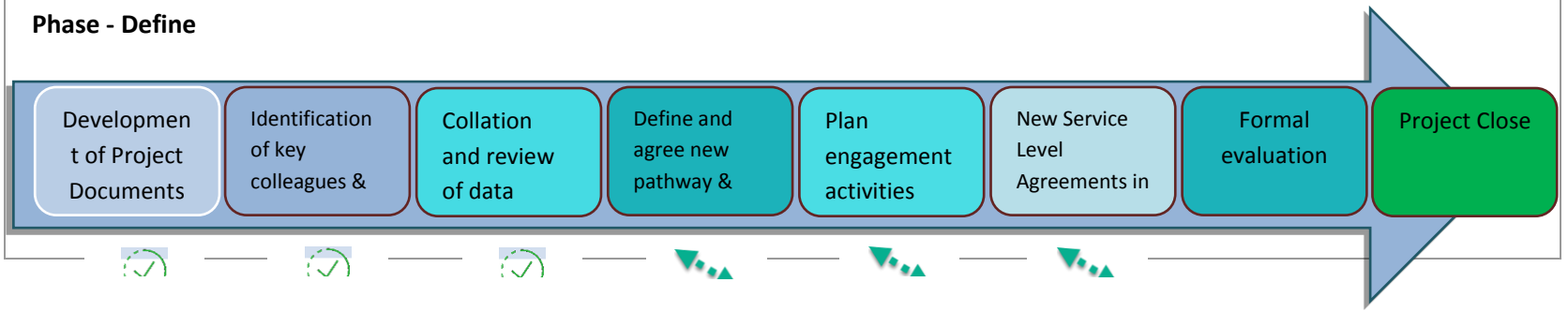
Success criteria:

- Appropriately skilled and educated workforce enabled to embed the stepped care approach within localities
- Better outcomes for our citizens
- To have greater understanding across the multi-disciplinary team in roles and responsibilities
- Reduction in length of stay in hospital as people are able to receive services at home
- Reduction in emergency admissions as people are cared for in a proactive and enabling manner with rapid access to support as and when they need it

Flash Report – Rosewell Flow

Name of project: Rosewell Flow	**Objective of project:** Implementation of a new integrated service delivery model at Rosewell (60 beds in total) to support system wide flow through the older people's pathway and to prevent admissions to hospital from within our communities and aligned to the Home First vision.
Context: As Operation Rainbow comes to an end in June 2020, a Re-Mobilisation Plan was developed and submitted to the Scottish Government, explaining the approach moving forward which includes implementing Operation Home First which supports care being provided closer to home as appropriate. As part of the COVID-19 response 20 beds within Rosewell which were allocated to residential respite have been temporarily realigned to support COVID-19 surge capacity and whole system flow.	**The challenge:** Reduced bed base across the city, and in addition the demands placed upon the whole system are anticipated to rise exponentially as mobilisation plans are implemented and as public confidence in engaging with services grows, in addition anticipated pressures and preparation required in relation to winter surge planning . Within Rosewell some of the bed base is currently unoccupied; however the consequence of repurposing the 20 residential respite beds requires us to seek an alternative solution for the delivery of planned residential respite within the city of Aberdeen.
Next steps • Establish task and finish/Implementation groups and identify key colleagues and stakeholders (Rosewell Commission & Day Care/Respite Provision) • Collation of relevant data to inform service delivery model • Completion of project documentation, including Terms of Reference, Implementation/Risk and Communications Plans • To begin development of the agreed pathway into Rosewell • Alternative models for respite will be developed in consultation with providers and cared for/carers • Plan communications and engagement with those directly and indirectly impacted by the planned changes	**Success criteria:** • An agreed pathway into Rosewell for step up or step down care • Commission documentation and alternative solution for planned residential respite completed and submitted to the ACHSCP Executive Programme board on 5th August 2020 • Alternative solution for planned residential respite identified and fully operational • A model which focuses on achieving people's outcomes with discharge home being the focus and maximises flow through efficient and effective delivery

Phase - Define



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