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Aberdeen City Health & Social Care Partnership

A caring partnership

<u>To</u>:   Members of the Audit and Performance Systems Committee

Town House,
ABERDEEN 16 September 2020

RISK, AUDIT AND PERFORMANCE COMMITTEE

The Members of the **RISK, AUDIT AND PERFORMANCE COMMITTEE** are requested to meet in **Virtual - Remote Meeting on <u>WEDNESDAY, 23 SEPTEMBER 2020 at 10.00 am</u>**.

FRASER BELL
CHIEF OFFICER - GOVERNANCE

B U S I N E S S

TERMS OF REFERENCE

DECLARATION OF INTERESTS

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

DETERMINATION OF EXEMPT BUSINESS

2   <u>Members are requested to determine that any exempt business be considered with the press and public excluded</u>

STANDING ITEMS

3   <u>Minute of Previous Meeting of 26 August 2020</u> (Pages 11 - 16)

4   <u>Business Planner</u> (Pages 17 - 18)

GOVERNANCE

5   <u>Directions Tracker - HSCP20.042</u> (Pages 19 - 26)

PERFORMANCE

6   <u>Transformation Evaluation - HSCP20.040</u> (Pages 27 - 58)

CONFIRMATION OF ASSURANCE

7   <u>Confirmation of Assurance</u>

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

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

RISK, AUDIT AND PERFORMANCE COMMITTEE TERMS OF REFERENCE

1. **Introduction**

   (1)   The Risk, Audit & Performance (RAP) Committee is identified as a Committee of the Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the Committee will be considered as an integral part of the Standing Orders.

   (2)   The RAP Committee of the IJB and will be a Standing Committee of the Board.

   (3)   The purpose of the Committee is to provide assurance to the IJB on the robustness of the Partnership's risk management, financial management, service performance and governance arrangements, including for the avoidance of doubt, Services hosted by Aberdeen City's IJB on behalf of other integration authorities.

   (4)   The Chief Finance Officer shall be the operational lead for the RAP Committee.

2. **Constitution**

   (1)   The IJB shall appoint four members to the RAP Committee all of whom shall have voting rights. These members shall be nominated by each partner. Each partner shall nominate two members.

   (2)   The IJB may appoint such additional members to the RAP Committee as it sees fit. These may consist of one Patient Representative and one Carer's Representative, neither of whom shall have voting rights.

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

   (4)   A non-voting member who is unable to attend a meeting may arrange for a suitable substitute to attend the meeting in their place.

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ABERDEEN CITY INTEGRATION JOINT BOARD

RISK, AUDIT AND PERFORMANCE COMMITTEE TERMS OF REFERENCE

3. Chairperson

(1) The Committee will be chaired by a non-office bearing voting member of the IJB and will rotate between NHS Grampian and Aberdeen City Council.

(2) Where the Chair is unable to attend a meeting, any substitute attending in their place shall not preside over the meeting.

(3) The Chair shall be appointed by the IJB for a period not exceeding two years.

4. Quorum

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

5. Attendance at Meetings

(1) The principal advisers to the Committee who shall be required to attend as a matter of course shall be:
    (a) Chief Officer;
    (b) Chief Finance Officer; and
    (c) Chief Internal Auditor.

(2) Other professional advisors and senior officers are required as a matter of course and shall attend meetings at the invitation of the Committee. These persons may include, but are not limited to:
    (a) External Audit;
    (b) IJB Lead Strategy and Performance Manager;
    (c) IJB Lead Transformation Manager;
    (d) IJB Business Manager; and
    (e) IJB Commissioning Lead.

(3) The Committee may co-opt additional advisors as required.

(4) The IJB Chief Finance Officer shall be the Lead Officer for the RAP Committee. Their role is to ensure that committee reports are submitted in a timely manner and monitored prior to the committee date.

6.   **Meeting Frequency**

(1)   The Committee will meet at least four times each financial year. There should be at least one meeting a year, or part thereof, where the Committee meets the External and Chief Internal Auditor without other senior officers present.

(2)   Except where required by statute, no item of business shall be considered at a meeting unless a copy of the agenda including the item of business and any associated report has been issued and open to members of the public seven days before the Committee date or, by reason of special circumstances which shall be recorded in the minute, the Chair is of the opinion that the item should be considered as a matter of urgency and at such stage of the meeting as the Chairperson shall determine.

(3)   In the event that an item of business has to be considered on an urgent basis, a meeting may be called at 48 hours' notice by the Chair following consultation with the Chief Finance Officer. The Urgent Business meeting shall retain all the AP's functions and powers.

7.   **Authority**

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

8.   **Reports by Officers**

(1)   Reports must be produced in draft to the following officers for consultation in accordance with the published timetable prior to being accepted onto the RAP Committee final agenda:-

   a) Chair of the RAP Committee;
   b) IJB Chief Officer;
   c) IJB Chief Finance Officer;
   d) Chief Officer – Finance, ACC;
   e) Director of Finance, NHSG;

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f) Chief Officer – Governance, ACC; and

g) Clerk to the RAP Committee.

(2)   Aberdeen City Council's Leader(s) and Convener of the City Growth and Resources Committee shall be consulted on draft reports relating to the IJB Budget in line with the requirements of the IJB Budget Protocol.

9.   Duties

The Committee shall:-

Audit

(1)   Review and approve the annual audit plans (internal and external) on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and escalating to the IJB as appropriate.

(2)   Monitor the annual work programme of Internal Audit, including ensuring IJB oversight of the function and programme to ensure this is carried out strategically.

(3)   Be aware of, and act on, Audit Scotland, national and UK audit findings and inspections/regulatory advice, and to confirm that all compliance has been responded to in timely fashion.

(4)   The Committee shall present the minute of its most recent meeting to the next meeting of the IJB for information only.

Performance

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

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(6)   Review transformation and service quality initiatives. Monitor the transformation programme considering main streaming, where appropriate.

(7)   Support the IJB in ensuring that the Board performance framework is working effectively, and that escalation of notice and action is consistent with the risk tolerance set by the Board.

(8)   Review the Annual Performance Report to assess progress toward implementation of the Strategic Plan.

(9)   Instruct Performance Reviews and related processes.

(10)   Support the IJB in delivering and expecting cooperation in seeking assurance that hosted services run by partners are working.

Risk & Governance

(11)   The risk tolerance of the Committee is established by the Board Assurance Framework which itself is based on the Board's understanding of the nature of risk to its desired priorities and outcomes and its appetite for risk-taking. This role will be reviewed and revised within the context of the Board and Committee reviewing these Terms of Reference and the Assurance Framework to ensure effective oversight and governance of the partnership's activities.

(12)   Ensure the existence of and compliance with an appropriate risk management strategy including: Reviewing risk management arrangements; receiving biannual Strategic Risk Management updates and undertaking in-depth review of a set of risks and annually review the IJB's risk appetite document with the full Board.

(13)   Approve the sources of assurance used in the Annual Governance Statement.

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

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Financial

    (15)   Consider and approve annual financial accounts and related matters

    (16)   Receive regular financial monitoring reports

    (17)   Act as a focus for value for money.

    (18)   Approve budget virements.

10.   Review

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

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

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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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Risk, Audit and Performance Committee

Minute of Meeting

Wednesday, 26 August 2020
10.00 am Virtual - Remote Meeting

Present: John Tomlinson (Chair) ; and Luan Grugeon, Councillor Gill Al-Samarai, Councillor Philip Bell, Sandra MacLeod and Alex Stephen

Also in attendance;   Kundai Sinclair (legal) and Derek Jamieson (Clerk)

The agenda, reports and meeting recording associated with this minute can be found here. Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.

DECLARATIONS OF INTEREST

1.   There were no Declarations of Interest.

DETERMINATION OF EXEMPT BUSINESS

2.   There was no exempt business.

MINUTE OF PREVIOUS MEETING OF 25 FEBRUARY 2020

3.   The Committee had before it the draft minute of its last meeting.

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

BUSINESS PLANNER

4.   The Committee had before it the Business Planner.

The Committee heard that all intended business since the last meeting in February 2020 had been updated to indicate the status of that requirement and how it had been discharged. Moving forward, the Planner would be presented in its regular format.

The Committee resolved :-
to note the content of the Business Planner.

RISK, AUDIT AND PERFORMANCE COMMITTEE
26 August 2020

STRATEGIC RISK REGISTER - HSCP 20.027

5.   The Committee had before it a report from the Chief Officer, ACHSCP which presented the latest version of the ACHSCP Strategic Risk Register.

The Committee heard from the Business Lead, ACHSCP who presented an overview of the Register and advised Members that a Planning and Risk Workshop would take place on 20 October 2020.

The Business Lead provided a specific update on Risk 6 – Reputational Damage and received comment from Members.

The Committee heard that the format of the Register had been developed from the Good Governance workshops and was of similar style to that used by the partner organisations.

The report recommended :-
that the Committee note the revised Strategic Risk Register in the Appendix to the report.

The Committee resolved :-
(i)   to approve the recommendation,
(ii)   to instruct the Chief Finance Officer to amend Risk 6 as provided during the meeting; and
(iii)   to note that a Risk and Planning Workshop will take place on 20 October 2020.

BOARD ASSURANCE & ESCALATION FRAMEWORK - HSCP.20.026

6.   The Committee had before it a report from the Chief Finance Officer, ACHSCP which presented a revised version of the IJB's Board and Escalation Framework (BAEF).

The Committee heard from the Business Lead, ACHSCP who provided an overview of the report, explained the BAEF and its appendix.

The Committee discussed the revised version and provided comment and feedback to the Business Lead.

RISK, AUDIT AND PERFORMANCE COMMITTEE
26 August 2020

The report recommended :-
that the Committee –
(a) approve the revised Board Assurance and Escalation Framework as
     attached in the appendix to this report; and
(b) note that the Framework will be reviewed by the Committee on an
     annual basis.

The Committee resolved :-
(i) to note the revised Board Assurance and Escalation Framework as attached in the
     appendix to the report,
(ii) to instruct the Chief Finance Officer to introduce amendments to the appendix as
     provided by the Members,
(iii) to approve the revised Board Assurance and Escalation Framework following
     amendment; and
(iv) to note that the Framework will be reviewed by the Committee on an annual basis.

RISK AUDIT AND PERFORMANCE COMMITTEE DUTIES REPORT - HSCP.20.030

7.   The Committee had before it a report from the Chief Finance Officer (CFO),
ACHSCP which presented a review of reporting for 2019-20 and an intended schedule
of reporting for 2020-21 to ensure that the Committee is fulfilling all the duties as set out
in its terms of reference.

The Chair advised Members the report was a straightforward presentation on how
duties had been fulfilled and would continue to be fulfilled.

The Committee heard from the CFO who provided a summary of the report which
provided details on the where and when reports had been provided to maintain
assurance. This included the period since March 2020 during which time reports
intended for the Committee had been discharged via the IJB.

The report recommended :-
that the Committee –
(a) note the content of the RAPC Duties report as attached at Appendix A and subject
     to amendments as provided by the Members; and
(b) instruct the Chief Finance Officer to present this report to the RAPC on an annual
     basis at the start of each financial year.

The Committee resolved :-
to approve the recommendations.

RISK, AUDIT AND PERFORMANCE COMMITTEE
26 August 2020

INTERNAL AUDIT ANNUAL REPORT - HSCP.20.028

8.   The Committee had before it a report from the Chief Internal Auditor which presented the Internal Audit Annual Report – 2019/20.

The Committee heard from the Interim Chief Internal Auditor who advised this year's report was slightly delayed due to the continuing pandemic. An update on outstanding work was provided together with mitigations and timelines.

The Interim Chief Internal Auditor was able to provide 'Reasonable Assurance' to the Committee on the work of the IJB and its Committees.

Members discussed the outstanding Asset Management Plan.

The Chief Officer, ACHSCP advised the Committee that this was now being considered along with Operation Home First which would identify where assets would be required and in which form. It was acknowledged that an Asset management plan had been outstanding for some time but indicated that a report could be presented to the Committee on the current position.

The report recommended :-
that the Committee –
(a) note the Internal Audit Annual Report 2019/20,
(b) note that the Chief Internal Auditor has confirmed the organisational independence of Internal Audit,
(c) note that there has been no limitation to the scope of Internal Audit work during 2019/20; and
(d) note the progress that management has made with implementing recommendations agreed in Internal Audit reports.

The Committee resolved :-
(i) to approve the recommendations; and
(ii) to instruct the Chief Officer to provide a report on Asset Management Strategy the Committee on 3 November 2020.

STRATEGIC PLAN DASHBOARD - HSCP.20.029

9.   The Committee had before it a report from the Chief Finance Officer, ACHSCP which provided an update on performance progress against the Strategic Plan, and further development of the Strategic Plan Dashboard.

The Committee heard from the Development Officer, ACHSCP who provided a summary of the report and the continuing development of the Dashboard.

RISK, AUDIT AND PERFORMANCE COMMITTEE
26 August 2020

The Committee heard that the aspiration was to make all relevant data available to all appropriate people across the multi-agency environment.

Members provided feedback on comment on the dashboard and presentation to enable enhancement and understanding of the Dashboard. The need for access to further to assess was intimated and the Development Officer advised any member who could not access the Dashboard to make contact.

The report recommended :-
that the Committee -
(a)   note the progress made against the Strategic Plan to date; and
(b)   note the further development work on performance indicators particularly to demonstrate delivery on Operation Home First.

The Committee resolved :-
to approve the recommendations

CONTRACTS REGISTER AND COMMISSIONING PLAN - HSCP.20.025

10.   The Committee had before it a report from the Chief Finance Officer, AHSCP which updated the committee on progress made to date against our Strategic Commissioning plan and its congruence with the contracts register.

The Committee heard from the Strategic Procurement Manager, ACC who provided a summary of the report and advised some changes had been instigated by the continuing pandemic. Whilst there had been some modifications, the plan remained largely the same as previously circulated.

The report recommended :-
that the Committee note the progress made against the plan during the year 2020 - 2021

The Committee resolved :-
To approve the recommendations.

CONFIRMATION OF ASSURANCE

11.   The Committee indicated they had received Assurance from the reports presented.
- **JOHN TOMLINSON, Chairperson**

RISK, AUDIT AND PERFORMANCE COMMITTEE
26 August 2020

	A	B	C	D	E	F	G	H	I	J
1	RISK and AUDIT PERFORMANCE COMMITTEE BUSINESS PLANNER The Business Planner details the reports which have been instructed by the Committee as well as reports which the Functions expect to be submitting for the calendar year.									
2	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	Directorate	Update/ Status (RAG)	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
33	23 September 2020									
34	Standing Item	Review of relevant Audit Scotland reports	Good practice to see national position		Alex Stephen	Chief Finance Officer	ACHSCP		R	No Audit Scotland Report activity
35	Standing Item	Transformation Programme Monitoring	Quarterly Reporting	HSCP.20.040	Gail Woodcock	Transformation Lead	ACHSCP			
36	Standing Item	Review of Code of Conduct	Per APSC Terms of Reference		Jess Anderson	Legal	Governance		T	Delayed until November
37	12.02.2020	Directions Tracker	To present an overview of Directions provided to ACC and NHSG	HSCP.20.RAP	Alison Macleod	Strategy and Performance	ACHSCP			
38	3 November 2020									
39	Standing Item	Review of relevant Audit Scotland reports	Good practice to see national position		Alex Stephen	Chief Finance Officer	ACHSCP			
40	Standing Item	Transformation Programme Monitoring	Quarterly Reporting		Gail Woodcock	Transformation Lead	ACHSCP			
41	11.08.2020	Recovery - Operation Home First - HSCP.20.015	On 11.08.2020, the IJB directed (iii)to present the intended Performance Indicators to the Risk Audit and Performance Committee.		Gail Woodcock	Transformation Lead	ACHSCP			
42	26.08.2020	RAPC Duties Report - HSCP.20.030	On 26.08.2020, the RAPC instruct the Chief Officer to provide a report on Asset Management Strategy to the Committee on 3 November 2020.		Chief Officer	Chief Finance Officer	ACHSCP			
43	08.09.2020	ADP Annual Report - HSCP.20.038	08.09.20 IJB Decsion - (iv)to instruct the Chief Officer, ACHSCP to present a report on redistribution of funding aligned to ADP approved workstreams to the Risk, Audit and Performance Committee on 3 November 2020		Chief Officer	ADP Lead	ACHSCP			
44										
45	26 January 2021									
46	Standing Item	Strategic Risk Register	Bi-Annual - August and February		Martin Allan	Business Manager	ACHSCP			
47	Standing Item	Financial Monitoring Report	Nov-19 (IJB), Feb (APS)		Alex Stephen	Chief Finance Officer	ACHSCP			
48	Annual	Internal Audit Plan	RAP to review and approve annual Audit Plan		Colin Harvey	Interim Chief Internal Auditor	Governance			
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Agenda Item 4

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Aberdeen City Health & Social Care Partnership
A caring partnership

RISK, AUDIT & PERFORMANCE

Date of Meeting	26.08.2020
Report Title	Directions
Report Number	HSCP.20.042
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author Details	Name: Grace Milne Job Title: Development Officer Performance and Strategy Email Address: gracemilne@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	a. Direction Tracker

1. Purpose of the Report

1.1. This report presents the Risk, Audit & Performance (RAP) Committee with an overview of Directions instructed to ACC and NHS to date.

2. Recommendations

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

a) Note the contents of this report.

3. Summary of Key Information

3.1 As per the Roles and Responsibilities Protocol of the IJB and its Committees, the IJB are obliged to "to issue Directions to the Partners under sections 26 and 27 of the 2014 Act, in line with the Integration Scheme and legislative framework sitting around the CEO's of the Partners.". This report is to provide Risk, Audit and Performance Committee

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the opportunity overview the Directions submitted to date and note the process to which this is maintained.

3.2 To date there have been 76 directions submitted since a tracker process was established. The tracker, as shown at Appendix A, shows when they were submitted to the parent organisations, the financial commitment, and the status of each direction. The majority of the directions issued by Integration Joint Board are to incur financial expenditure and are therefore centred around commissioning or our transformation programme.

3.3 The Tracker (Appendix A) is regularly used within the Chief Officer's performance meetings, ensuring overview from Chief Executives from the parent organisations and Chair and Vice Chair of IJB. The tracker is regularly updated by the leadership team and lead officers. There are two classifications of progress

1. Complete – the represents a direction where the date has expired and the direction is either no longer required or has been superseded by a new direction,

2. Ongoing – is used where the current direction is still valid.

4. Implications for IJB

4.1. **Equalities –** there are no direct implications arising from this report.

4.2. **Fairer Scotland Duty –** there are no direct implications arising from this report.

4.3. **Financial –** there are no direct implications arising from this report.

4.4. **Workforce -** there are no direct implications arising from this report.

4.5. **Legal –** there are no direct implications arising from this report.

4.6. **Other** – NA

5. Links to ACHSCP Strategic Plan

5.1. Ensuring that the RAP Committee has overview of the Directions process will help ensure that the IJB achieves the strategic aims and priorities as set out in the strategic plan.

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RISK, AUDIT & PERFORMANCE

6. Management of Risk

6.1. **Identified risk(s):** Good governance and ensuring that the IJB's committees are delivering on their roles and responsibilities are fundamental to the delivery of the strategic plan and therefore applicable to most of the risks within the strategic risk register.

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

6.3. **How might the content of this report impact or mitigate the known risks:** This report shows the progress which has been made in the directions and is part of our governance framework.

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

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Direction	Associated Budget	Report Title	Report Number	Approved at	EPB Approval of	Lead Officer		Date Submitted	Effective From	Effective Until	Status	Narrative
Implementing the integration scheme	NA	NA	NA	IJB 160416	NA	J. Proctor	ACC	NA (prior to process)	26.04.16	NA	Ongoing	Directions with set the IJB off delivering the integration scheme
Implementing the integration scheme	NA	NA	NA	IJB 160416	NA	J. Proctor	NHSG	NA (prior to process)	26.04.16	NA	Ongoing	Directions with set the IJB off delivering the integration scheme
Living Wage	NA	NA	NA	IJB 300816	NA	A. Stephen	ACC	NA (prior to process)	NA	NA	Complete	Incoporated in annual MTFF update
Primary Medical Services - prescribing	Invest to save	Financial Update 15/11	NA	IJB 151116	NA	A. Stephen	NHSG	NA (prior to process)	15/11/16	NA	complete	Incoporated in annual MTFF update
Alcohol & Drugs Services: procurement and contract extension	NA	Drugs and Alcohol Retendering	NA	IJB 151116	NA	C. Wilkie	ACC	NA (prior to process)	15/11/16	Completion of procurement	Complete	Commissioned Service updated
Transformation Projects	2,256,576.00	Transformation Progress Report	NA	IJB 151116	NA	G. Woodcock	NHSG	NA (prior to process)	01/04/16	31/03/17	Complete	All transformation projects now mainstreamed
Transformation Projects	2,218,875.00	Transformation Progress Report	NA	IJB 151116	NA	G. Woodcock	ACC	NA (prior to process)	01/04/16	31/03/17	Complete	All transformation projects now mainstreamed
Mental Health Commissioning: retendering and extending contracts	£3,060,253	Mental Health Commissioning	NA	IJB 310117	NA	C. Wilkie	ACC	NA (prior to process)	31/01/17	Completion of procurement	Complete	Commissioned Service updated
Budget 2017/18	95,680,000.00	Budget Report 2017/18	HSCP/17/007	IJB 070317	NA	A. Stephen	ACC	NA (prior to process)	01/04/17	NA	Complete	Reviewed Annually
Budget 2017/18	156,417,000.00	Budget Report 2017/18	HSCP/17/007	IJB 070317	NA	A. Stephen	NHSG	NA (prior to process)	01/04/17	NA	Complete	Reviewed Annually
Living Wage	1,950,000.00	Living Wage & Sleepovers	HSCP/17/011	IJB 280317	NA	A. Stephen	ACC	NA (prior to process)	01/04/17	U.F.N	Complete	All transformation projects now mainstreamed
Transformation Projects: Independent Sector	423,498.00	Transformation Decisions Required	HSCP/17/030	IJB 280317	NA	G. Woodcock	ACC	NA (prior to process)	01/04/17	31/03/20	Complete	All transformation projects now mainstreamed
Transformation Projects: Alzhiemer's PDS	104,000.00	Transformation Decisions Required	HSCP/17/030	IJB 280317	NA	G. Woodcock	ACC	NA (prior to process)	01/04/17	31/03/18	Complete	All transformation projects now mainstreamed
Transformation Projects: Mental Health Community Hubs	1,024,340.00	Transformation Decisions Required	HSCP/17/030	IJB 280317	NA	G. Woodcock	NHSG	NA (prior to process)	01/04/17	31/03/19	Complete	All transformation projects now mainstreamed
Transformation Projects: ThINC	73,775.00	Transformation Decisions Required	HSCP/17/030	IJB 280317	NA	G. Woodcock	NHSG	NA (prior to process)	01/04/17	31/03/18	Complete	All transformation projects now mainstreamed although continues to be reviewed
Interim Housing Proposal	46,723.00	Interim Housing Proposal	HSCP/17/042	IJB 060617	NA	Dorothy Askew	ACC	21.06.17	01/07/17	Until specified otherwise	Complete	All transformation projects now mainstreamed
3rd Sector Proposal	243,130.00	Transformation Decisions Required	HSCP/17/043	IJB 060617	61217	G. Woodcock	ACC	14.12.17	01/04/17	31/03/19	Complete	All transformation projects now mainstreamed although continues to be reviewed
Buurtzorg	£1,121,378 (proportional)	Transformation Decisions Required	HSCP/17/043	IJB 060617	NA	G. Woodcock	ACC	21.06.17	01/11/17	31/10/19	Complete	Project Closed - Staff members integrated in ACAH Team
Buurtzorg	£1,121,378 (proportional)	Transformation Decisions Required	HSCP/17/043	IJB 060617	NA	G. Woodcock	NHSG	21.06.17	01/11/17	31/10/19	Complete	Project Closed - Staff members integrated in ACAH Team
Enhanced Pharmacy Support	296,000.00	Transformation Decisions Required	HSCP/17/043	IJB 060617		G. Woodcock	NHSG	21.06.17	01/08/17	31/07/19	Complete	All transformation projects now mainstreamed although
Acute Care @ Home	£767,000 then	Transformation Decisions	HSCP/17/043	IJB 060617	08.11.2017	G. Woodcock	NHSG	01.12.2017	01/08/2017	TBC	Complete	All transformation projects now
SDS Uplift for Options 1 & 2	120,000.00	Living Wage Uplift for	HSCP/17/053	IJB 060617	NA	C. Simmers	ACC	21.06.17	1st April	Until specified	Complete	Incoporated in annual MTFF
Learning Disability Framework	£12.58 million	Learning Disability Framework	HSCP/17/068	IJB 150817	NA	K. Paton	ACC	280817	no later than 1st April 2018	31.12.2019	Complete	Commissioned Service updated
Aberdeen City Residential Nursing Home Provision	£2.9 million (capital)	Aberdeen City Residential Nursing	HSCP/17/066	IJB 150817	NA	J. Proctor	ACC	280817	15.08.2017	01.02.2018	Complete	Or when asset purchased.
Renewal of Interim Bed Funding	£397, 944.04 (years 1 & 2)	Renewal of Interim Bed Funding	HSCp.17.069	IJB 150817	NA	K. O'Brien	ACC	280817	01.12.2017	01.11.2019	Complete	All transformation projects now mainstreamed
Enhanced Carers Support Service	£191, 528 (2 years)	Transformation Decisions Required	HSCP.17.063	IJB 150817	NA	G. Woodcock	ACC	280817	01.10.2017	31.03.2019	Complete	All transformation projects now mainstreamed

Scheme of Assistance	£250,000 one-off funding	Scheme of Assistance	HSCP.17.108	IJB 121217	NA	J. Laing	ACC	141217	12.12.2017	31.03.2018	Complete	This was a one-off
Learning Disability	£12.58 mill + 36,000	Learning Disability Commissioning	HSCP.17.2013	IJB 121217	NA	J. Rae	ACC	19122017	SLF - 1.1.18 SDTE - 1.4.18	SLF - 31.12.20 SDTE- 31.03.20	Complete	Commissioned Service updated
Social Transport Extension	£87, 203	Transformation Decisions Required	HSCP.17.115	IJB 300118	17.01.18	G. Woodcock	ACC	200218	01.04.2018	31.03.2019	Complete	All transformation projects now mainstreamed where agreed
Living Well Cafes	£30,000 contribution	Transformation Decisions Required	HSCP.17.115	IJB 300118	17.01.18	G. Woodcock	ACC	200218	01.04.2018	31.03.2019	Complete	All transformation projects now mainstreamed where agreed
Befriending Service	£16, 000 contribution	Transformation Decisions Required	HSCP.17.115	IJB 300118	17.01.18	G. Woodcock	ACC	200218	01.04.2018	31.03.2019	Complete	All transformation projects now mainstreamed where agreed
Post Diagnostic Support Project	£84, 388.50	Transformation Decisions Required	HSCP.17.115	IJB 300118	17.01.18	G. Woodcock	ACC	200218	01.04.2018	31.12.2018	Complete	All transformation projects now mainstreamed where agreed
Skills, Development, Training & Employability	Within current LD budget	Learning Disability Commissioning	HSCP.17.116	IJB 300118	NA	J. RAe	ACC	200218	01.04.2018	31.03.2020	Complete	Commissioned Service updated
Intensive Support Service	Within current LD budget	Learning Disability Commissioning	HSCP.17.116	IJB 300118	NA	J. Rae	ACC	200218	01.10.2018	31.09.2021	Ongoing	
Mental Health Commissioning	Within current MH budget	Mental Health Commissioning	HSCP.17.116	IJB 300118	NA	C. Wilkie	ACC	200218	30.01.2018	30.01.2021	ongoing	
Financial Strategy	£97.367 million	Financial Strategy	HSCP.17.139	IJB 270318	NA	A. Stephen	ACC	09.04.18	01.04.2018	31.03.2019	Complete	Reviewed and updated each year.
Financial Strategy	The associated budget for these	Financial Strategy	HSCP.17.139	IJB 270318	NA	A. Stephen	NHSG	09.04.18	01.04.2018	31.03.2019	Complete	Reviewed and updated each year.
Commissioning Decisions Required	Existing operational budgets	Commissioning	HSCP.17.140	IJB 270318	NA	A. Macleod	ACC	09.04.18	01.04.2018	31.03.2019 31.03.2020	Complete	Reviewed at IJB191119
Funding to a Voluntary Organisation	£15,450	Funding to a voluntary organisation	HSCP.18.030	IJB 220518	NA	A. Macleod	ACC	05.06.18	01.04.2018	31.03.2019	Complete	Annual award of grant funding
Skills Framework (TSD) Updte	Within existing budgets + 2%	Skills Framework (TSD) Update	HSCP.18.033	IJB 220518	NA	J. Stewart-Coxon	ACC	05.06.18	22.05.2018	22.11.2018	complete	Commisfraned Service updated
BAC Contract	Within existing budgets	BAC Contract Review	HSCP.18.035	IJB 220518	NA	S. Shaw	ACC	05.06.18	01.08.2018	31.07.2024	Ongoing	Monitored through quarterly process.
GMS Services in Torry	See direction	GMS Services in Torry	HSCP.18.039	IJB 220518	NA	E. King	NHSG	05.06.18	01.08.2018	To be advised	Complete	Now a 2C pratice and operated through this mechanism
Kingswells Nursing Home	£2,356,125	Kingswells Nursing Home	HSCP.18.041	IJB 220518	NA	S. Shaw	ACC	05.06.18	22.05.2018	ongoing	Complete	Home now incorporated under BAC contract and monitoring
Kingswells Nursing Home	£802,106	Kingswells Nursing Home	HSCP.18.041	IJB 280818	NA	A. Stephen	ACC	04.09.18	28.08.2018	Ongoing	Complete	Home now incorporated under BAC contract and monitoring
Social Transport	£347,600	Transformation Decisions Required	HSCP.18.059	IJB 280818	NA	G. Woodcock	ACC	04.09.18	01.04.2018	31.03.2022	Ongoing	
MSK	£1,184,825	Transformation Decisions Required	HSCP.18.059	IJB 280818	NA	G. Woodcock	NHSG	04.09.18	28.08.2018	28.08.2022	Ongoing	PCIP
Pharmacy	£316,005	Transformation Decisions Required	HSCP.18.059	IJB 280818	NA	G. Woodcock	NHSG	04.09.18	01.10.2018	30.09.2020	Ongoing	PCIP
Primary Care Psychologists	£2,514,445	Transformation Decisions Required	HSCP.18.059	IJB 280818	NA	G. Woodcock	NHSG	04.09.18	28.08.2018	28.08.2022	Ongoing	PCIP
Rosemount Medical Group	£144,026	Rosemount	HSCP.18.085	IJB 091018	NA	L. McKenna	NHSG	17.10.2019	09.10.2018	31.03.2019	Complete	Practice Closed
Oral Nutrition Supplements	savings £301,000	Transformation Decisions Required	HSCP.18.117	IJB 111218	10/10/2018	G. Woodcock	NHSG	19.12.2018	01.04.2019	Ongoing	Ongoing	
Victim Support Scotland	£15,000	Commissioing	HSCP.18.106	IJB 111218	NA	A. Macleod	ACC	19.12.2018	01.04.2019	31.03.2019	Complete	Annual award of grant funding
Commissioning	£53,994,443	Commissioning	HSCP.18.106	IJB 111218	NA	A. Macleod	ACC	19.12.2018	01.04.2019	31.03.2019	Complete	Annual award of grant funding

Rape Crisis Grampian	£15,450	Commissioning	HSCP.18.106	IJB 111218	NA	A. Macleod	ACC	19.12.2018	01.04.2019	31.03.2019	Complete	Annual award of grant funding
Maternity Vaccinations	£157,776	Transformation Decisions Required	HSCP.18.117	IJB 111218	14/11/2018	G. Woodcock	NHSG	19.12.2018	01.01.2019	01.01.2022	Ongoing	
Workflow Optimisation	£81,000 + VAT	Transformation Decisions Required	HSCP.18.117	IJB 111218	14/11/2018	G. Woodcock	NHSG	19.12.2018	01.01.2019	31.12.2019	Complete	Part of PCIP
Medium Term Financial Framework	£97.367m	Medium Term Financial Framework	HScp.18.142	IJB 120319	NA	A. Stephen	ACC	26.03.19	01.04.2019	31.03.2020	Complete	Updated Annually
Medium Term Financial Framework	£187m of which £20m relates to	Medium Term Financial Framework	HSCP.18.142	IJB 120319	NA	A. Stephen	NHSG	26.03.19	01.04.2019	31.03.2020	Complete	Updated Annually
Link Working (Extension)	£698,564	Transformation Decisions Required	HSCP.18.151	IJB 260319	NA	G. Woodcock	ACC	15.04.2019 - late due to draft	26.03.2019	07.01.2022	Ongoing	
Community Listening Service	£178,369 (4 years)	Transformation Decisions Required	HSCP.18.151	IJB 260319	NA	G. Woodcock	NHSG	15.04.2019 - late due to draft minutes being published today	26.03.2019	Ongoing (in line with Action 15)	Ongoing	
Contract Award Report	£737,936	Commissioning	HSCP.09.022	IJB 110619	NA	S.Ross	ACC	04.07.19	01.04.19	31.03.22	Ongoing	
Review of Commissioned Day Services	£361,869	Commissioning	HSCP.19.024	IJB 110619	na	A.McKenzie	ACC	04.07.19	01.04.19	01.04.20	Complete	active review and reports to the IJB
Transformation Report	£25,440	Transformation Decisions Required	HSCP.19.026	IJB 110619	na	G.Woodcock	ACC	04.07.19	1.12.17	ongoing	Ongoing	Delayed Discharge Reporting arrangements
Learning Disability Service Review	£79,875 plus VAT	Transformation Decisions	HSCP.19.031	IJB 110619	NA	C.Duncan	ACC	04.07.19	17.06.19	13.09.19	Complete	IJB updated
Kingswells Care Home	£3.1million	Commissioning	HSCP.19.032	IJB 110619	na	C.Duncan	ACC	04.07.19	01.04.19	30.03.24	Ongoing	
Very Sheltered Housing	£80,450	Transformation Decisions Required	HSCP19052	IJB 030919	na	G. Woodcock	ACC	19.09.19	one year	03.09.20	Complete	Re evaluated at April 2020
Action 15 - Psychological Wellbeing Practitioners	£691,429	Transformation Decisions Required	HSCP19058	IJB 030919		L. McKenna	NHSG	19.09.19	03.09.19	30.04.22	Ongoing	
Action 15 - Mental Wellbeing - Out of Hours	£659,814	Transformation Decisions Required	HSCP19058	IJB 030919		K. Gunn	NHSG	19.09.19	03.09.19	30.04.23	Ongoing	
Action 15 - Mental Wellbeing - Out of Hours	as above	Transformation Decisions Required	HSCP19058	IJB 030919		C.Duncan	ACC	19.09.19		30.04.23	Ongoing	
Contracts and Commissioning Annual Report	£123,242,747	Commissioning	HSCP19062	IJB 191119	NA	J. Stewart-Coxon	ACC	03.12.19	01.04.2020	30.09.2024	Ongoing	
Grant to Voluntary Organisation	£276,000	Grant Award	HSCP19073	IJB 191119	NA	A. McKenzie	ACC	03.12.19	01.01.2020	31.12.23	Ongoing	
Supplementary Work Plan Report	£2,852,417	Commissioning	HSCP19121	IJB 240320	NA	J. Stewart-Coxon	ACC	08.4.20	01.04.20	31.08.24	Ongoing	
Supplementary Work Plan Report	£3,616,748	Commissioning	HSCP20001	IJB 090620		J. Stewart-Coxon	ACC	26.6.20	01.07.20	30.06.22	Ongoing	
Grant to Independant	£394,371	Grant Award	HSCP20.002	IJB090620	NA	A.McKenzie	ACC	26.6.20	31.07.20	30.17.23	Ongoing	
Grant Funding to Counselling Servi	£ 202,435	Commissioning	**HSCP20017**	IJB 110820	NA	J. Stewart-Coxon	ACC	27.08.20	01.04.20	31.03.21	Ongoing	
Commissioned Day Services and Da	£12,031.71	Commissioning	**HSCP20018**	IJB 110820	NA	J. Stewart-Coxon	ACC	27.08.20	01.09.20	30.09.20	Ongoing	

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Aberdeen City Health & Social Care Partnership
A caring partnership

RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	23 September 2020
Report Title	Transformation Programme Evaluation
Report Number	HSCP.20.040
Lead Officers	**Gail Woodcock, Transformation Lead** Alison McLeod, Performance Lead
Report Author Details	**Dr Calum Leask** Research & Evaluation Lead / Transformation Programme Manager
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	Appendix A: Considerations for evaluating the impact of Home First Appendix B: Flash Reports for the Priority Projects

1. Purpose of the Report

The purpose of this report is to provide an update on the proposed approach to evaluating the impact of the Operation Home First elements of the partnerships refreshed transformation programme priorities. The report also outlines plans for how the refresh of our Strategic Plan will drive what key measures will be used to identify ongoing transformation priorities.

2. Recommendations

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

   a) Note the information provided in this report

3. Summary of Key Information

Background

3.1. The ACHSCP's current strategic plan identifies five aims: Prevention; Resilience; Connections; Communities and Personalisation. Aligned with this strategic plan are five programmes of transformation; our Medium Term Financial Framework and our performance data dashboard.

3.2. The COVID-19 pandemic resulted in a refocus and prioritisation of the activities undertaken by the Partnership to support the wider health and social care system. The initial recovery paper considered by IJB in May 2020 identified eleven transformations embedded during this period, including:

- 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.

3.3. The result of the effective cross-system working (highlighted above) between the North-East Health & Social Care Partnerships plus the acute sector brought about the Home First portfolio, which aligns the collective priorities of these organisations as we move into the next phase of living with COVID. Some of the current priority areas and how they link in a strategic context, are visible below:

RISK, AUDIT AND PERFORMANCE COMMITTEE

Programme	Strategic Links	Description	Links to initial changes in response to Covid19 and OHF Principles
Frailty Pathways	**MTFF:** NA **Transformation Programme:** Prevention / Demand Management **Operation Home First**	Ensure effective and streamlined pathways for frail and elderly out of Woodend Hospital into the community – at home or a homely setting. Rosewell flow 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.	Initial Changes: • Shifting workforce and beds to support a more streamlined pathway OHF Principles: • Outcomes for people • Whole system working

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Programme	Strategic Links	Description	Links to initial changes in response to Covid19 and OHF Principles
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
Mental health services – transforming the service following a reduction in bed base and redesign of the older adult mental health pathway	**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

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Programme	Strategic Links	Description	Links to initial changes in response to Covid19 and OHF Principles
Implementation of the new Care at Home Contract	**MTFF:** Operational alignment to localities **Transformation Programme:** Prevention / Demand Management	Moving from task-based commissioning to outcome based. Delivering the right care at the right time in the right way, improving people's personal resilience so that they can cope with and potentially improve their health and well-being. Utilising an asset based approach to the provision of care	OHF Principles: • Home first for all care • Focus on outcomes for people
Digital	**MTFF:** Improved sustainability through digital innovation **Transformation Programme:** Data & Digital **Operation Home First**	Near me roll out 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 • Devices and connectivity provided to those without digital connectivity who are identified as shielding. OHF Principles: • Home first for all care • Outcomes for people • Maximise digital solutions

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Programme	Strategic Links	Description	Links to initial changes in response to Covid19 and OHF Principles
		Connecting Aberdeen (digital) 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	
Community Treatment and Care (CTAC)	**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".	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

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Programme	Strategic Links	Description	Links to initial changes in response to Covid19 and OHF Principles
		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)	
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	Initial Changes: • City Crisis line established OHF Principles: • Maximise digital solutions • Focus on outcomes for people

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Programme	Strategic Links	Description	Links to initial changes in response to Covid19 and OHF Principles
		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.	
Partnership GP Practice Remodelling	**MTFF:** Partnership GP Practice Remodelling **Transformation Programme:** Accessible and	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.	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

NHS Grampian

ABERDEEN CITY COUNCIL

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Programme	Strategic Links	Description	Links to initial changes in response to Covid19 and OHF Principles
	Responsive Infrastructure	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.	• Maximise digital solutions
Stepped Care Approach	**MTFF:** Operational alignment to localities **Operation Home First Transformation Programme:** Manage Demand / Prevention	Daily locality USC huddles 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	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

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Programme	Strategic Links	Description	Links to initial changes in response to Covid19 and OHF Principles
		hospital admission is most appropriate for the individual. (the stepped care approach incl. linkages to H@H) Hospital@Home Scale Up 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 Reablement at home or homely environment first To ensure that all reablement is delivered at home or in a homely environment at all possible times	

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Programme	Strategic Links	Description	Links to initial changes in response to Covid19 and OHF Principles
		rather than extending hospital stays for this purpose (includes links to Frailty Pathway).	

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3.4.   This refocus on priority areas, and other challenges relating to our COVID response, have meant that a number of pieces of work, that were identified as priorities prior to the COVID-19 pandemic, are currently progressing at a slower pace to ensure resources can be effectively targeted on the above. Some of the affected programmes include the Primary Care Improvement Plan; Action 15; scale up of House of Care and our Local Outcome Improvement (LOIP) Projects.

Evidencing the Impact of our Priorities

4.   It is recognised that many of our performance metrics are aligned with the data that is currently available, that is required to be reported on nationally to monitor what is happening, including tracking changes.

4.1.   As we plan the refresh of our strategic plan, we are clear that we wish to take a co-production approach to its development, including working in partnership with our Locality Empowerment Groups.

4.2.   This approach will deliver new aims and objectives for the partnership, and associated metrics and interventions will then be identified to ensure the delivery of these aims and objectives.

4.3.   In the meantime, evaluation resource will be focussed on the Home First portfolio within the current transformation priorities. This report sets out the evaluation approach that will be used for those programmes of change.

Home First

4.4.   The Home First portfolio seeks to align the collective priorities of the three health and social partnerships and the acute sector within Grampian. There are three aims of this portfolio:
- Support early discharge back home
- Avoid unnecessary hospital attendance or admission
- Maintain people safely at home

This portfolio emerged as a consequence of the effective cross-system collaborations that occurred as a response to the COVID-19 pandemic. Home First emphasises the collective priorities that are evident as a cross-system agency but also recognises the local priorities that are the result of unique localised contexts. For example, initiatives such as NearMe, whereby citizens can have virtual consultations with clinicians, has occurred at scale

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across Grampian, meaning people can stay safe at home whilst getting the professional advice they require.

4.5. One of the most important considerations when implementing such a portfolio is being able to accurately determine the impact of all these priorities on the three aims stated above. It is of even greater benefit to evaluate each priority individually, which will allow a deeper understanding of which priorities are more / less effective and as such, provides an informed basis on which to make future planning and investment decisions.

4.6. Evidencing the impact of a portfolio of this magnitude is both a sizable and complex undertaking. This is the case for a number of reasons, including but not limited to:
- The vast number of priorities occurring at both local and regional levels
- The number of external / confounding variables that are likely to influence changes in performance measurements (for example, further localised COVID19-related lockdowns; the flu season; etcetera)
- The 'status' for these priorities differ (for example, some are in their planning stages whereas others are currently being implemented at scale), meaning opportunities to standardise data collection across these is limited

4.7. A dedicated resource with a range of necessary areas of expertise has been identified to deliver this task.

Home First evaluation process overview

4.8. The scope of the work shall include all priorities outlined underneath the Grampian-wide umbrella of Home First incorporate both localised (i.e. from Aberdeen City Health & Social Care Partnership (ACHSCP); Aberdeenshire Health & Social Care Partnership (AHSCP); Moray Health & Social Care Partnership (MHSCP) and Acute) and regional (i.e. pan-Grampian and collective) priorities. The relevant programmes impacting on ACHSCP are:

- Care at home contract implementation
- Stepped Care Approach
- Frailty Pathways
- Implementation of NearMe

4.9. The outcome of the evaluations will ascertain to what degree Home First has achieved its three main aims:

- Support early discharge back home

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- Avoid unnecessary hospital attendance or admission
- Maintain people safely at home

Other outcomes would be:

- Determine the financial implications of this portfolio
- Determine the impact on those being cared for who are affected by the change
- Determine the impact on those performing an unpaid caring role
- Determine the impact of those delivering the care who are affected by the change

4.10. Other outcomes of interest may emerge over time to reflect the changing landscape in which we operate. It is also expected that some form of process evaluation is undertaken to understand how and why particular outcomes have occurred.

4.11. The following constraints and parameters have been identified:

- A performance dashboard of relevant indicators. It is acknowledged that this will be an iterative process and should be refined to account for new data collection techniques.
- A detailed, interim evaluation ascertaining the impact thus far of Home First should be produced.
- Appreciating the breadth of scope, the commissioned person(s) should seek to strive a balance between producing 'deep dive' evaluations on projects / programmes occurring at scale, whilst also considering metrics that can be monitored at a systems level to derive overall impact. This should also account for, where possible, the ability to filter findings for local areas.
- It is possible that not all metrics of interest are not routinely collected. In such instances, the commissioned person(s) should produce and implement new data collection tools to address this gap.
- It is likely that, to derive a system-wide perspective, data from a variety of sectors (including but not limited to healthcare; social care; third sector) will require collation and analysis.

4.12. The evaluation will include engagement with a range of different stakeholders (though note this list is not necessarily exhaustive):

- Local authorities
- Health boards
- Public health Scotland

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- Health and social care partnerships
- Third sector organisations
- Community members/ groups/ organisations
- Scottish Ambulance Service
- Acute Sector
- General Practice

4.13. A range of recognised data collection / analysis methods will be used, including:

Quantitative data

- Service-level data
- Audits
- Pre/post analysis
- Patient/ person outcome data
- Cost utilisation data
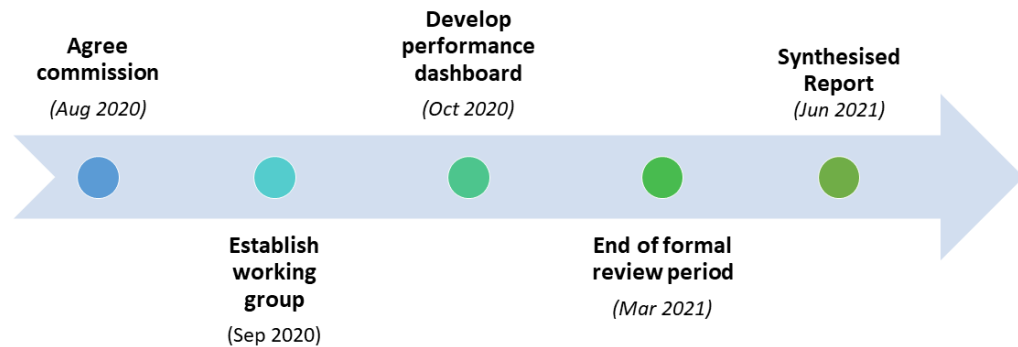
Qualitative data

- Interviews
- Focus groups
- Surveys

4.14. The following outputs are expected:

- Alignment matrix of all current Home First initiatives against the three aims
- Development of a performance dashboard of metrics directly impacted by the cumulative effort of all initiatives
- 'Deep dive' evaluations of priorities that are occurring at scale
- Regular 'flash reports' to provide assurances of progress, identify barriers etc.
- A report summarising key findings, including future recommendations

A summary the process including the anticipated outputs is included at Appendix A. Indicative timelines for key gateways are visible below, though it should be noted these may be altered to reflect emerging priorities areas of focus:

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Agree commission *(Aug 2020)* — Establish working group *(Sep 2020)* — Develop performance dashboard *(Oct 2020)* — End of formal review period *(Mar 2021)* — Synthesised Report *(Jun 2021)*

5. Implications for IJB

5.1. **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.

5.2. **Fairer Scotland Duty** - There are no implications as a direct result of this report.

5.3. **Financial** – Transformation is key to ensuring financial sustainability of the partnership. The resource to evaluate the impact of the Home First Transformation priorities will be secured through fixed term secondments from across the organisation. Funding for this has been identified from existing budgets.

5.4. **Workforce** – Resource to evaluate the impact of the Home First program has been identified. Work is ongoing to identify capacity to backfill the affected areas.

5.5. **Legal** -There are no direct legal implications arising from the recommendations of this report.

5.6. **Other** - NA

6. Links to ACHSCP Strategic Plan

6.1. The activities within the Home First portfolio seek to directly contribute to the delivery of the strategic plan:

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RISK, AUDIT AND PERFORMANCE COMMITTEE
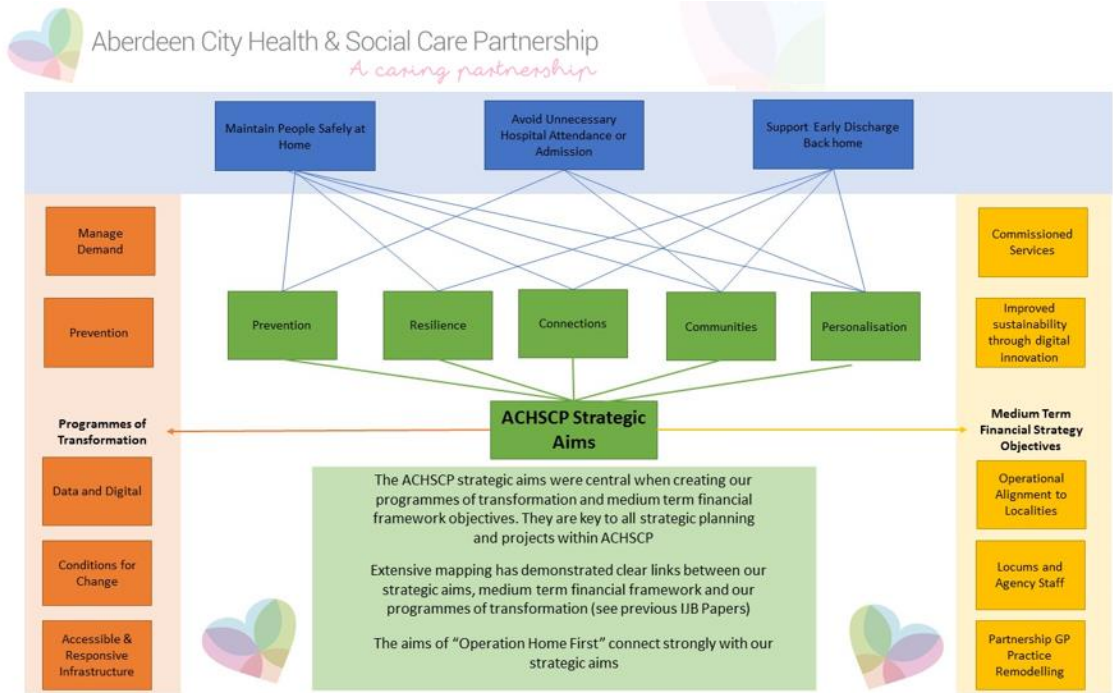
7. Management of Risk

7.1. Identified risks(s)

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

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

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

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

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

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

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

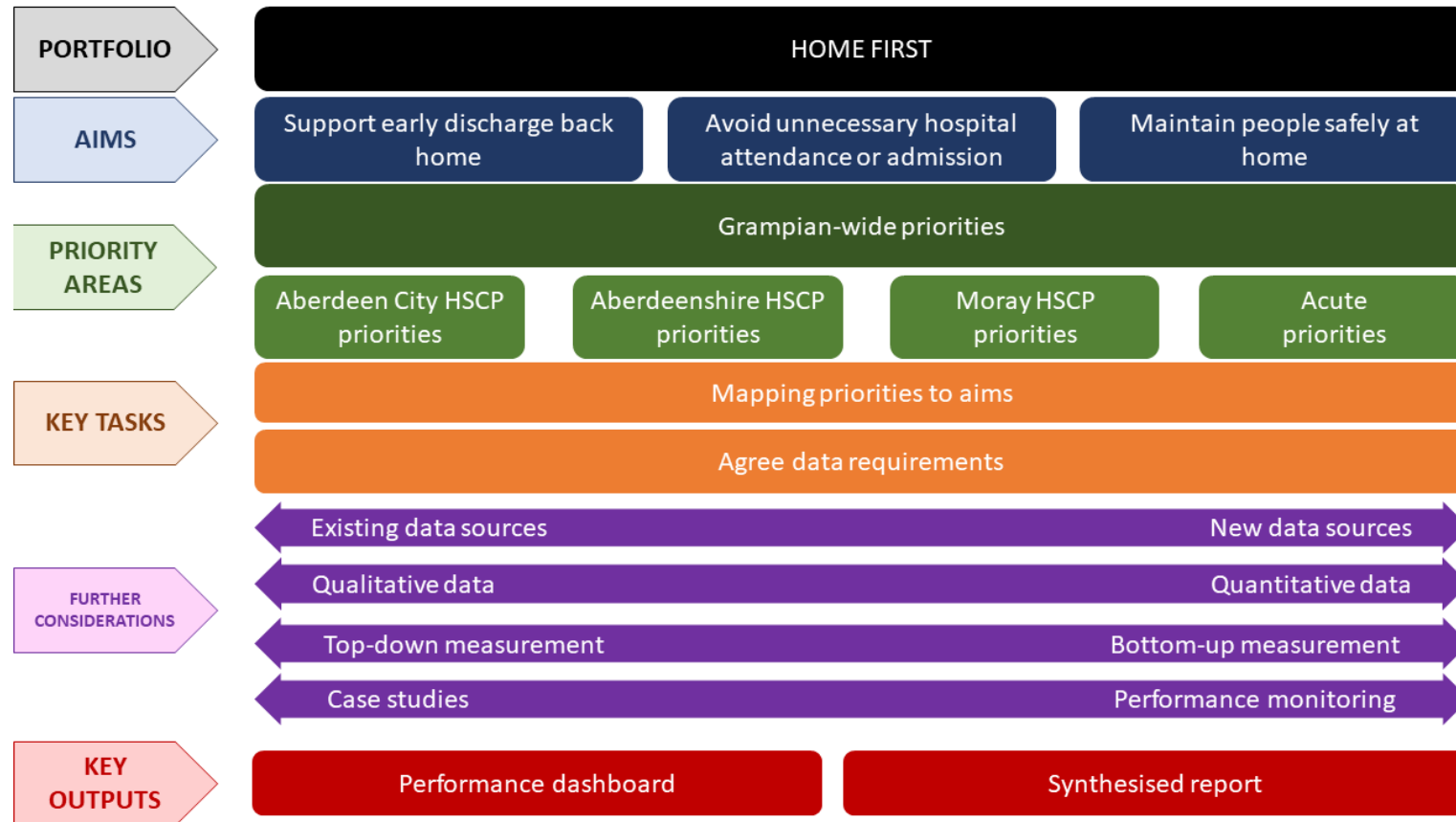**7.3. How might the content of this report impact or mitigate these risks:**

This paper brings to the attention of the Risk, Audit and Performance Committee information about our proposed evaluation approach to our priority areas that will help provide assurance of whether proposed changes in activity are / are not successful and for what reasons.

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

RISK, AUDIT AND PERFORMANCE COMMITTEE

Appendix A. Considerations for evaluating the impact of Home First

PORTFOLIO	HOME FIRST		
AIMS	Support early discharge back home	Avoid unnecessary hospital attendance or admission	Maintain people safely at home

PRIORITY AREAS	Grampian-wide priorities			
	Aberdeen City HSCP priorities	Aberdeenshire HSCP priorities	Moray HSCP priorities	Acute priorities

KEY TASKS	Mapping priorities to aims
	Agree data requirements

FURTHER CONSIDERATIONS

Existing data sources — New data sources

Qualitative data — Quantitative data

Top-down measurement — Bottom-up measurement

Case studies — Performance monitoring

KEY OUTPUTS	Performance dashboard	Synthesised report

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Appendix B. Flash Reports for the priority projects.

Name of project: Connecting Aberdeen	Project Manager / Report Author: Elaine McConnachie

Objective of project: to increase digital connectivity and literacy for people in our communities so 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 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. Identifying the scale and nature of the issue e.g. numbers of people not connected; lack of skills, ownership of suitable devices, access to broadband.
Next steps • Provide support to digital champions (DC) through; project guide, online training and access to SCVOs national network of DCs, creation of local network of DCs. • Evaluation of project in conjunction with SCVO • Complete baseline to identify who is connected across Aberdeen • Allocation of devices for phase 2 of project – Phase 2 has been released with confirmation focus will be on households with children and young people and care leavers – deadline for applications 5th October	**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. • Reduction in social isolation through citizens being able to keep in touch virtually with friends/family and participation in online activities. **What's Happened?** • Devices allocated as part of phase 1 of project • Communication plan in place – plans for media coverage week beg 24/08/20

| Create City digital community network | Develop virtual training to get on line | Access applications for CS devices | Identify and train digital champions | Phase 1 devices issued | Connecting Aberdeen Phase 2 |

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Name of project: **MH/LD System Wide**	Project Manager / Report Author: Susie Downie

Objective of project: to ensure a sustainable model of care whilst we deliver a protracted response to COVID-19 with a significant reduction in available beds in inpatient services for Mental Health across Grampian further compounded by the reduction in beds across the wider Grampian-wide Acute Care System. The project will consider all actions in line with the MH Transformation Programme work and strategy.	
Context: the following emergency measures were put in place during Phase 1: Operation Rainbow and will now be embedded in Phase 2: Operation Home First: Embed Near Me; close and shift of Learning Disability inpatient services to the main RCH site; the increased outreach from hospital-based to community based care pathway, and improved access to commissioned pathways	**The challenge:** Support of, NHSG and City, Aberdeenshire and Moray IJBs & Staffside to implement change. Formal concerns by clinical staff re. changes to the Older Adult Pathway-delay of decision-making until reassurance is given. Need to support staff with training / equipment to ensure embedding of technology in place of face-to-face where possible

Next steps	**Success criteria:**
- Older Adult Works Stream Report completed. Literature Review to be completed by 31st August 2020 with final recommendations for consultation. - Unscheduled Care Work Stream review due to be completed by 4th of September 2020. - Near Me Practice Guidance for MHLD to be completed by revised timeline of 30th September 2020. - LD Fern and Brachan Wards embedded into Loirtson and Strathbeg Wards at RCH. NHSG PAD Team revised timeline to complete functional suitability assessment by 7th September to get costed enablement works. Update Report on Home First and wider Transformation Priorities to be drafted for first meeting of the Board on 24th September 2020.	- 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)

Set Up (May 20) Governance and Project Plan

Ongoing communication and consultation wuith staff and partners

Establish sector working groups / options appraisal for LD at RCH site & Older Adults pathway agreed

Implementation (Sept 20)

Progress report to Transformation Boards (Sept 20)

Progress report to IJBs (Dec 20)

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Name of project: Hospital at Home	Project Manager / Report Author: Susie Downie

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. This is inherently part of the Stepped Care approach to managing unscheduled care in the community.	
Context: • Reduction in acute geriatric hospital beds – further reduction planned for November 2020 • Older adults requiring longer phase of treatment and recovery post-covid infection • National drive to support all NHS Board areas and IJBs to develop H@H services • Operation Home First ambition is to maintain people safely at home, preventing unnecessary admission to hospital and support early discharge from hospital 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 monitoring/medical devices (e.g. infusion pumps) 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. • Developing protocols for clinical care to support a higher level of patient acuity e.g. IV and O2 therapies for HF, COPD – Primary Care Respiratory Specialist Nurse line management now aligned to Service Manager, H@H. Respiratory NS priorities - education of H@H team (and associated workforce), protocol development in H@H, development of communication, admission and discharge pathways between Respiratory and H@H (to support with advice and guidance for H@H staff caring for COPD patients with frailty)	**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

Community Nursing Workforce Education Development &	Test of change to determine AHP capacity required in H@H ACHSCP	Develop pathway for imaging	Equipment	Protocol development for all clinical pathways	collaborate with other HSCPs in Grampian to share learning

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Name of project: Frailty Pathway	**Report author:** Heather Tennant **Date of report:** 24/08/2020

• **Objective of project:** Agree a redesigned frailty service delivery model. Informing this will include reviewing available data/information on activity levels prior to COVID in this patient cohort such as occupied bed days, length of stay, occupancy, workforce and variety of conditions supported to inform the new model. • A robust, co-produced and cross-system redesign, which meets people's outcomes and is aligned to the Home First vision across City and Shire. • Transfer of resource to follow activity across the frailty pathway in Aberdeen City and Aberdeenshire

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 Frailty Pathway is one of a number of key 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 • Frailty pathway co – designed and outcomes actioned • Action outcomes from the Rosewell commissioning paper once outcome confirmed • Finalise membership of working groups • Initial meeting of organisational steering group	**Success criteria:** • Agreed a collective approach across Acute and 3 HSCP's • Realign and upskill for workforce to support deliver of care throughout new pathway • Reconfiguration of beds across the system complete • Positive patient and staff experience • Efficient and streamlined flow across the whole system.

Commissioning papers agreed by chief officer group	Define and agree new Frailty Pathway	Progress oranisational change procedures	Implement new pathway cross sector	Evaluation	Project Close
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Name of project: Near Me Roll Out Aberdeen City	**Project Manager:** James Maitland/Heather Tennant **Date of report:** 24/08/2020

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 • Further roll out of IT infrastructure awaiting delivery end-August 2020 • First meeting held with NHS Near Me leads in relation to developing the Grampian wide plan for Near Me across our services – standardising of data reporting across Grampian, finalising end of call patient survey and reflection webinars were discussed for action.	**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 24 stats 16th August – 22nd August 2020:** ❖ **350** consultations – **107.5** consultation hours (GP, Community Nurses, Link Practitioners, Podiatry, OT, Physio, SALT and Orthotics) ❖ Since week 0 there have been over 52k consults in Grampian. ❖ Estimated over 2.9 million travel miles saved

Training plan and local guuidances (ACHSCP)	Near Me page on public website	Technical set up in GP practices	Roll out to other ACHSCP services	Commence National and NHSG Evaluation	Project Close

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Name of project: Care at Home Implementation	**Report Author: Jayne Boyle** **Date of report: 28/08/2020**

Objective of project: To implement the new care at home contract by the 1st November 2020 and ensuring all necessary systems and process are in place and effectively communicated.

Context: ACHSCP was required to review current arrangements because of the term of the current contract. The IJB agreed an extension until December 2020. Our strategic plan is the key driver – delivering the right care at the right time in the right way, improving people's personal resilience so that they can cope with and potentially improve their health and well-being. Having the opportunity to remain connected to their community and friends is pivotal to this.	**The challenge:** • Moving from task-based commissioning to outcome based • Demand outstrips our available capacity due to a time and task focussed approach. • Low use of technology • Asset based approach to the provision of care • Our teams are not currently arranged within localities and therefore we minimise the opportunities for integrated working. • There has been a level of market instability within Care at Home in particular • Our current arrangements do not foster a culture of collaboration.
Next steps • Implementation of successful communications plan • The development and implementation of an organisational development plan, including both ACHSCP and provider teams • The necessary adjustments to systems and processes including assessment of needs across a locality team, financial arrangements, recording arrangements • Refreshing and agreeing pathways, using recent outcomes focussed pathways as the basis for this refresh • The successful transition of care packages, recognising that some packages will be impacted by the revised definition of care at home and supported living. This transitional phase will provide an opportunity for packages to be reviewed and the group needs to ensure that there is sufficient capacity to do this	**Success criteria:** • Contract is successfully implemented on time • Care packages successfully transferred • Staff are engaged fully and work in a collaborative manner as part of a locality • Further benefits to be agreed via Evaluation plan

Implementation Group set up & plan agreed → Workstreams agreed with key milestones & plans in place → Communications with staff/public/clients → Successful transfer of care packages → Systems and processes agreed and in place for implementation → Contract in place 1st November 2020
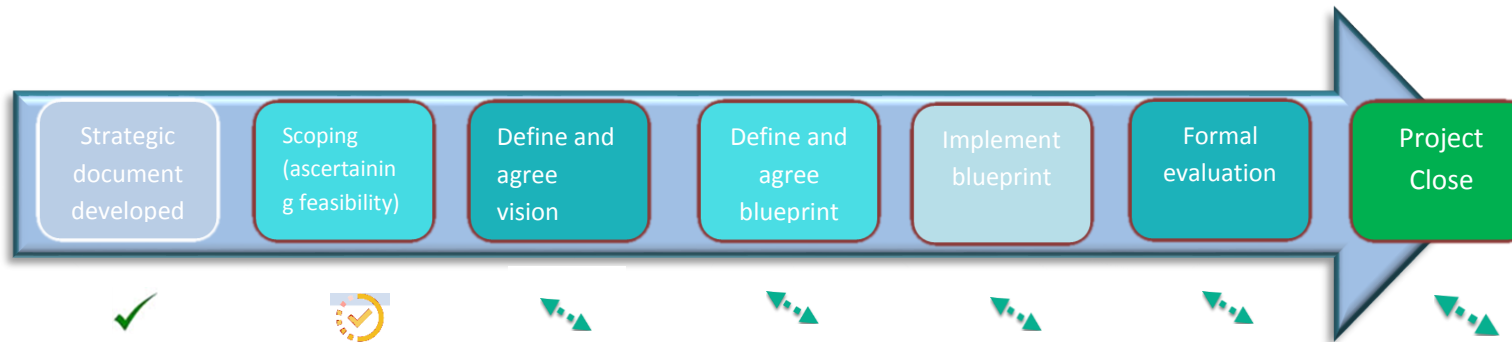
RISK, AUDIT AND PERFORMANCE COMMITTEE

Name of project: Stepped Care Approach for Unscheduled Care	Report Author: Susie Downie Date of report: 31/08/2020

Objective of project: to deliver a coordinated response to unscheduled care needs across Aberdeen City through early identification and management of patients using a multi-disciplinary approach within localities. The approach primarily aims to reduce hospital admissions by providing rapid assessment and diagnostics within the community enabling a decision to be made whether treatment and care can be delivered at home or whether hospital admission is most appropriate for the individual. (the stepped care approach incl. linkages to H@H)

Context in order to effectively respond to unscheduled care in the city, agreement to adopted stepped care approach in 2019 including the H@H and West visits models. Staff engagement session were run and the new model has been being tested since April 2020 during the response to Covid crisis via Operation Rainbow, the MDT triage and allocation huddles were implemented immediately. A prevention workstream 'Stay Well Stay Connected' was begun in July 2020 to increase community resilience. Linking people up to local resources may help to ensure people emerge as fit and able as possible.	**The Challenge** • Lack of a coordinated approach across services to Unscheduled Care which potentially causes an increased number of those admitted via ED and AMIA. • Large volume of referrals between professionals causing additional work • Data sharing between partners requires an effective IT solution or process. Work is underway to remove barriers to effective care and reduced room for error and duplication for patients with urgent needs. Data Protection Impact Assessment is being progressed to mitigate risk.
Next Steps • Data Impact Assessment and Information Sharing to be finalised – meeting next week with NHSG IG • Proactive case finding and community resource MDT huddles established and continuing tests of change. • Data and evaluation	**Success Criteria** • Respond effectively to unscheduled demand • Prompt access to appropriate care & support • Improve locality opportunities & choice • Flexible, empowered & Skilled locality workforce • Streamlined referral pathways • Engagement & Participation of those who live in localities • Right care, in the right place, delivered by the right person (Home first mentality)
Progress/Updates since last report - Stepped care communication and engagement plan is in draft - Agreement on dataset for measurement and evaluation - Link working tests of change are running over a 2-week period at present to look at individual resilience and connections into the community to support enablement and rehab.	

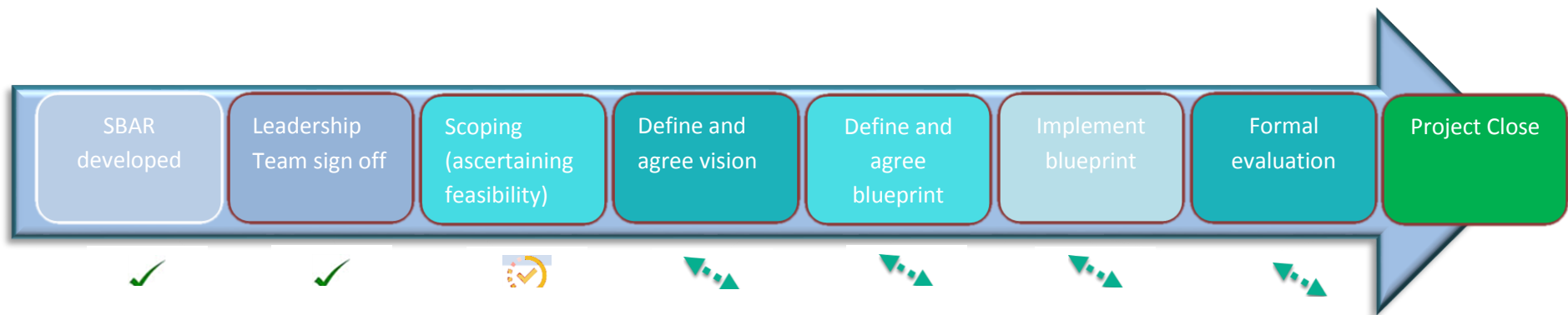| Approach & Vision agreed Winter 2019	Stepped Care Engagement workshops Jan-March 2020	Enhanced Community Support Huddles & MDT meeting testing April - July 2020	Information Governance July-Aug 2020	Data Sharing Agreements / Outcomes review August 2020	Move to Implementation / Blueprint finalised & Implemented October 2020
✔	✔	✔	◔	✔	✔

RISK, AUDIT AND PERFORMANCE COMMITTEE

Name of project: Partnership GP Practice Remodelling	Objective of project: 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 - Three workshops completed - Scoring of options appraisal with steering group commencing 02/09/2020 - Develop business case	**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)

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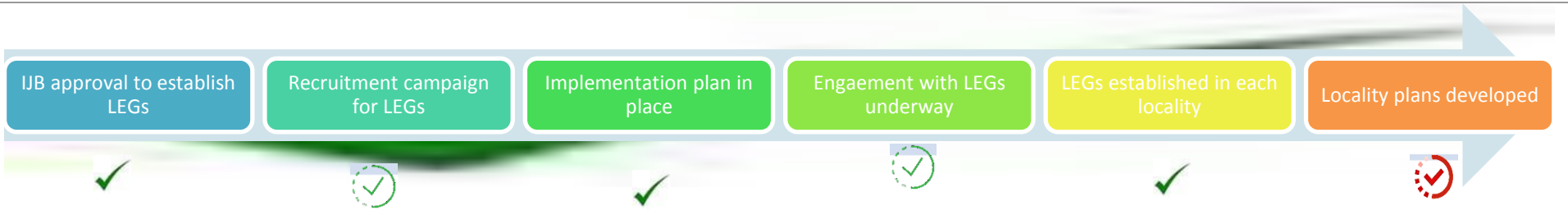| Name of project: Integrated Access Point	Objective of project: Scope the feasibility of developing and implementing a single point of contact for handling requests across health and social care services.
Context: The recent partnership working approach across Aberdeen City Health and Social Care Partnership 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 • Analysis of scoping work • Develop recommendations • Develop public engagement plan	Success criteria: • Streamlining the number of entry points into the health and social care system and onward referral processes, thus improving efficiencies

SBAR developed — Leadership Team sign off — Scoping (ascertaining feasibility) — Define and agree vision — Define and agree blueprint — Implement blueprint — Formal evaluation — Project Close

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RISK, AUDIT AND PERFORMANCE COMMITTEE

Name of project: Locality Empowerment and Engagement/Public Messaging	Report Author: Anna Gale Date of report: 1/09/20

Objective of project: To establish Locality Empowerment Groups (LEGs) across the three localities and ensure people are kept informed of key public health messages via social media and other platforms

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Context:

Public Health Messaging

- Creation of a coordinated social media plan with partners to ensure relevant and up-to-date info is shared.
- Dedicated staff members with a remit around social media to ensure content is timely and up to date.

LEGs

- Establishment of three Locality Empowerment Groups (LEGs)

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The challenge:

Public Health Messaging

- Not everyone has access to digital technology and not everyone follows HSCP on social media. Information is constantly changing and need to ensure it is kept up to date.

LEGs

- Ensuring LEGs are demographically representative of Aberdeen City population
- LEGs being used as consultation bodies as opposed to following a co-production approach and not able to influence change
- Reliance on connecting with people digitally for development of LEGs with face to face limited at present due to COVID
- Systems not set up to engage with people as they wish e.g. permissions to access zoom, facebook etc.

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Next steps:

Public Health Messaging

- Continue to work with key stakeholders to plan content and share/post relevant information.
- Ensure implementation of LEG action plan to establish LEGs in each locality including; communication plan, governance, reporting and project plan for LEGs involvement in key projects

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Success criteria:

Public Health Messaging

- Increase followers on Facebook over the next 2 weeks (+10) and twitter (+5)

LEGs

- LEGs demographically representative of Aberdeen
- LEG participants feel valued and engaged with process
- LEGs established in each locality

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Progress/Updates since last report

Public Health Messaging

- Promotion of – Track and Trace; regular updates around the local lockdown; update of flu vaccination; Locality Empowerment Groups; Mental Health and Wellbeing; Connecting Scotland; Nestrans Transport Strategy.
- Increased engagement on social media - 51 mentions, 523 profile visits, 31 tweets. September we will aim for 55 mentions, 525 profile visits and 32 tweets.

LEGs

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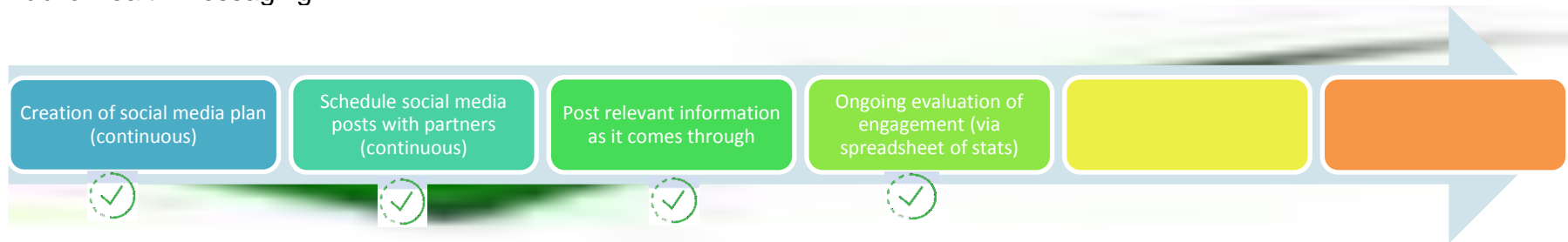![Aberdeen City Health & Social Care Partnership - A caring partnership]

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- 130 people registered an interest in LEGs and demographic information collated
  Implementation plan including comms plan and governance framework developed
- Induction sessions held for LEG members
- Weekly update converted to mailchimp
- Session for day support review arranged 7/9/20

IJB approval to establish LEGs	Recruitment campaign for LEGs	Implementation plan in place	Engaement with LEGs underway	LEGs established in each locality	Locality plans developed
✓	✓	✓	✓	✓	✓

Public Health Messaging

Creation of social media plan (continuous)	Schedule social media posts with partners (continuous)	Post relevant information as it comes through	Ongoing evaluation of engagement (via spreadsheet of stats)		
✓	✓	✓	✓		

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Aberdeen City Health & Social Care Partnership
A caring partnership

RISK, AUDIT AND PERFORMANCE COMMITTEE

Name of project: Community Treatment & Care Services (CTAC)	**Report Author:** Sarah Gibbon **Date of report:** 01.09.2020

Objective of project: to implement the transition of CTAC services to ACHSCP delivery in Aberdeen City, in conjunction with select secondary care services as a part of the elective care programme (i.e. secondary care generated phlebotomy)

Context	**The Challenge**
• 2018 GMS Contract = delivery of CTAC by ACHSCP by 01.04.20 • Operation Home First = priority to ensure increased outreach from hospital-based services to support community-based care pathways • Requirement to deliver 600 secondary care generated phlebotomy appointments in the community by October 2020.	• Demographics: Increasing demand for CTAC services; increasing co-morbidities; ageing population • Workforce: decreasing capacity of existing GP workforce; recruitment & retention difficulties • Pandemic Proof: designing services that are safe, effective and able to continue delivery in a pandemic-situation

Success Criteria: Increased capacity / resilience | Less service disruption in event of "second surge" | Increased convenience for patients (choice of location/ appointment times) Reduction in patient attendance at hospital

Progress since Last report	**Next Steps**
• College Street: operational for imms & child community nursing teams; receptionist cover identified for 4 weeks from 01/09/2020 • Health Village: identified as preferred site for secondary care who will provide all clinics from this site going forward (2 days initially); • CTAC Blueprint: 1st draft considered by project group; • CTAC Programme Timeline – working draft submitted & awaiting feedback • CTAC Workforce: 4 x HCSWs recruited as replacements for natural vacancies in practice and due to commence in role following agreement of start date	• **College St:** maintenance of immunisations / child community nursing clinics; recruitment to B2 receptionist role and B6 CTAC Team Leader role • **Health Village:** operationalisation of clinic space and scale up of clinics offered (in line with secondary care staffing provision) • **CTAC Blueprint:** final draft agreed by project team & submission to EPB (Sept) • **CTAC Service Specification:** development of a city-wide, locality based service specification for CTAC (including evaluation plan, communications & public involvement plan, and workforce plan) for longer-term delivery of CTAC from identified centralised sites (December 2020)

Implementation of College Street Hub as a test of change	Define & agreement blueprint for longer term CTAC delivery (Sept 2020)	Develop detailed service specification including identified sites for centalised hubs (Dec 20202)	Implement service specificion and functionally commission identified sites (Jan-Mar 21)	Service Go Live (Apr 21)	Formal evalaution & project close
✓	✓				

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