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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board

Town House,
ABERDEEN 18 May 2021

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Virtual - Remote Meeting on TUESDAY, 25 MAY 2021 at 10.00 am.**

FRASER BELL
CHIEF OFFICER - GOVERNANCE

B U S I N E S S

- 1 Welcome from the Chair

DECLARATIONS OF INTEREST

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

DETERMINATION OF EXEMPT BUSINESS

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

STANDING ITEMS

- 4 Minute of Board Meeting of 23 March 2021 (Pages 7 - 16)
- 5 Minute of Board Meeting of 27 April 2021 (Pages 17 - 20)
- 6 Draft Minute of Clinical and Care Governance Committee of 6 April 2021 (Pages 21 - 28)

7 Minute of Risk, Audit and Performance Systems Committee of 27 April 2021
(Pages 29 - 38)

8 Business Planner (Pages 39 - 40)

9 Chief Officer's Report - HSCP.21.055 (Pages 41 - 48)

GOVERNANCE

10 IJB Membership – ACC Modified Nominations - HSCP.21.068 (Pages 49 - 54)

11 Adult Protection Committee Biennial Report 2018-20 - HSCP.21.051 (Pages 55 - 98)

12 Integration Joint Board - 6 monthly Strategic Risk Register review - HSCP.21.054
(Pages 99 - 132)

13 Equalities and Equalities Outcomes - HSCP.21.058 (Pages 133 - 212)

STRATEGY

14 Aberdeen City Autism Strategy Update Report - HSCP.21.050 (Pages 213 - 258)

PERFORMANCE AND FINANCE

15 Lessons Learned from Covid - HSCP.21.059 (Pages 259 - 268)

16 Fast Track Cities - HSCP.21.047 (Pages 269 - 288)

17 Vaccinations - HSCP.21.061 (Late Report)

TRANSFORMATION

18 Commissioned Day Services and Day Activities - Stay Well, Stay Connected - HSCP.21.048 (Pages 289 - 300)

19 Supplementary Procurement Plan 2020/2021 - HSCP.21.045 (Pages 301 - 310)

ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE

20 Supplementary Procurement Plan 2020/2021 - HSCP.21.045 (Pages 311 - 328)

21 Community Nursing Digitalisation - HSCP.21.069 (Late Report)

DATE OF NEXT MEETING

Tuesday 6 July 2021 at 10.00am

Tuesday 24 August 2021 at 10.00am

Tuesday 2 October 2021 at 10.00am

Tuesday 15 December 2021 at 10.00am

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

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

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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

A caring partnership

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

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

Also in attendance:- Angela Scott (Chief Executive), John Forsyth (Solicitor) and Kundai Sinclair (Solicitor)

Apologies:- Chris Littlejohn

INTRODUCTION

1. The Chair welcomed all to the meeting and advised that Lyndsay Stother of Audit Scotland was observing the meeting.

Members were advised that a Minute's Silence would be observed at 12 noon in acknowledgement of the 1 year anniversary of when the UK first went into lockdown as a result of Covid.

The Chair advised that there would be no report as indicated at Agenda Item 13 - Reduction in Notional Rent - HSCP.21.030 which would now be presented at a later date.

DECLARATIONS OF INTEREST

2. Members were requested to intimate any declarations of interest in respect of the items on today's agenda, thereafter the following was intimated:-

Dr Howarth, Clinical Director, ACHSCP, declared an interest with regards to the 2C Remodelling Project as referenced within the Chief Officer's Report – HSCP.21.0020 at Article 6 and stated an intention to leave the meeting during any discussion on the subject.

The Board resolved :-
to note this declaration.

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DETERMINATION OF EXEMPT BUSINESS

3. The Chair indicated that Article 12, Grant Funding to Counselling Services – HSCP.21.021 was an Exempt Report and would be heard in private.

The Board resolved :-

in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973, to exclude the press and public from the meeting during consideration of the above item so as to avoid disclosure of information of the classes described in the paragraphs 6 and 9 of Schedule 7(A) to the Act.

MINUTE OF BOARD MEETING OF 23 FEBRUARY 2021

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

The Board resolved :-

to approve the minute as a correct record.

BUSINESS PLANNER

5. The Committee had before it the Committee Business Planner prepared by the Chief Finance Officer (CFO), ACHSCP.

Members heard that intended reporting continued to be monitored and amended to maintain focus on operation delivery related to the continuing pandemic and the intended cessation of civil contingency measures.

The CFO and Members commented on adjustments at this time.

The Board resolved :-

- (i) to remove Line 15 - Immunisations;
- (ii) to amend Line 18 to show intended reporting in July 2021;
- (iii) to amend Line 20 to reflect national and not local elections;
- (iv) to amend Line 24 to indicate a report to IJB on 2 October 2021;
- (v) to remove Line 28 as a duplicate entry of Line 22; and
- (vi) to otherwise note continuing updates to the Planner.

INTEGRATION JOINT BOARD
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DECLARATION OF INTEREST

In accordance with article 2 of this minute, Dr Howarth withdrew from the meeting during discussions around 2C Remodelling Project.

CHIEF OFFICER'S REPORT - HSCP.21.020

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

Members first heard from the Chief Finance Officer/Deputy Chief Officer, ACHSCP regarding Point 3.7 - 2C Remodelling – Investigation, who provided an overview of the findings and indicated activities intended to address the recommendations as outlined in the report.

Members then heard from the Chief Officer, ACHSCP who provided an overview of the rest of the report and provided responses to questions around the Strategic Plan and ensuring inclusion of all relevant groups and on the forthcoming Care Inspections.

Members were advised of the winding down intentions and planning around Operation Snowdrop.

Members were reminded of the series of Development Sessions to assist them conduct Board business.

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

The Board resolved :-
to approve the recommendation.

INTEGRATION JOINT BOARD MEMBERSHIP - HSCP.21.022

7. The Board had before it the report from the Chief Officer, ACHSCP which was to confirm membership of the Aberdeen City Integration Joint Board (IJB) and to appoint the Chair and Vice-Chair of the Board.

Members heard of the legal basis for submission of the report and that both constituent authorities, Aberdeen City Council (ACC) and NHS Grampian (NHSG) had provided their nominations.

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Members heard appreciation from the Chair Elect (Luan Grugeon) on the contributions of the departing Chair (Councillor Duncan) and then from the Vice Chair Elect (Councillor Duncan) who acknowledged the appreciation and indicated an intention to be a fully supportive Vice Chair.

The report recommended :-

that the Board -

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

The Board resolved :-

to approve the recommendations.

INTEGRATION JOINT BOARD SCHEME OF GOVERNANCE - ANNUAL REVIEW - HSCP.21.019

8. The Board had before it the report from the Chief Officer, ACHSCP which presented the IJB Scheme of Governance – Annual Review.

Members heard that this report followed from the IJB Meeting of 27 January 2021 which instructed that all amendments and additions to the documents attached at the Appendices to this report be proof-read and amended as required and presented in 'track change format' to the IJB for approval, which the Board now had before it.

The report recommended :-

that the Board -

- a) approve the revised Risk, Audit and Performance Committee Terms of Reference, as outlined in Appendix A;
- b) approve the revised Clinical and Care Governance Committee Terms of Reference, as outlined in Appendix B;
- c) approve the revised Standing Orders, as outlined in Appendix C;
- d) approve the revised Roles and Responsibilities Protocol, as outlined in Appendix D;
- e) note that Aberdeen City Council reviewed its Scheme of Governance documents at the Council meeting on 3 March 2021. The changes that impact on the business of the ACHSCP or the IJB and its sub-committees are outlined in paragraph 3.5;

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- f) endorse the extension of Councillor Lesley Dunbar and John Tomlinson's term of office as respective Chairs of the IJB's sub-committees as proposed in paragraph 3.7.3;
- g) instruct the Chief Officer to scope the potential for Hybrid IJB (or any of its sub-committees) meetings and bring a paper detailing the options to the IJB for consideration; and
- h) note that the Integration Scheme review has been delayed to take account of recommendations arising from the Independent Review of Adult Social Care.

The Board resolved :-

to approve the recommendations.

INCLUSION OF INTEGRATION JOINT BOARDS AS CATEGORY 1 RESPONDERS UNDER CIVIL CONTINGENCY ACT 2004 - HSCP.21.028

9. The Board had before it the report from the Chief Officer, ACHSCP which provided information of the inclusion of IJB's as Category 1 Responders, in terms of the Civil Contingencies Act 2004 and an outline of the requirements that this inclusion involves.

Members heard that in terms of the Civil Contingency Act 2004, this inclusion came into effect on 17 March 2021, therefore the report outlined the background to the Act and the governance arrangements in place in the partnership as well as in NHS Grampian, Aberdeen City Council and the wider Grampian area, through the Grampian Local Resilience Partnership (GLRP) and the North Region Resilience Partnership.

Members were advised that within the city, the Chief Officer, ACHSCP was already an active participant within the structure and that close working arrangements were already established.

Members discussed inclusion of a risk on the Strategic Risk Register and heard from the Chief Executive, ACC on existing risk register management within the Community Planning Partnership (CPP) which included voluntary organisation participation and the wider community involvement. An offer to assist any development was accepted.

Members agreed that the risk development should be included within the function of the Risk Audit and Performance Committee (RAPC).

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The report recommended :-

that the Board –

- a) note the inclusion of IJB's as Category 1 Responders in terms of the Civil Contingencies Act 2004 (the 2004 Act); the requirements and the arrangements in place and planned to ensure that the IJB meets its requirements under the Act;
- b) instruct the Chief Officer, as its Accountable Officer, to carry out on its behalf, all necessary arrangements to discharge the duties on the IJB under the 2004 Act;
- c) instruct the Chief Officer to bring a report, annually, providing assurance on the resilience arrangements in place to discharge the duties on the IJB under the 2004 Act; and
- d) agree whether to include a risk on the Strategic Risk Register relating to the IJB's requirements under the 2004 Act;

The Board resolved :-

- (i) to approve the recommendations; and
- (ii) to agree to include a risk on the Strategic Risk Register relating to the IJB's requirements under the 2004 Act;
- (iii) to delegate development of the new risk to the Chair of the Risk Audit and Performance Committee; and
- (iv) to instruct the Chief Officer, ACHSCP to report back to a future IJB.

INSPECTION OF JUSTICE SOCIAL WORK SERVICES - HSCP.21.024

10. The Board had before it the report from the Chief Officer, ACHSCP which presented the Care Inspectorate Report - 'Inspection of Justice Social Work Service'.

Members heard of the process and planning that accompanied the inspection and of the inclusion of staff and clients to develop the report.

Members were advised that activity had commenced on the report's recommendations and that IJB Members would be invited to a workshop session on these developments.

Members acknowledged the volume and high level of attainment and compliments in the report and highlighted the worthiness of celebrating and sharing the success and 'lessons learned' across the services within both ACC and NHSG.

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The report recommended :-

that the Board -

- a) note the contents of this report and the Care Inspectorate report as attached at Appendix A;
- b) agree the contents of the inspection report action plan;
- c) instruct the Chief Officer to facilitate a workshop for the IJB to have further discussion about the scope and performance of the justice social work service; and
- d) agree that the justice social work delivery plan should be presented to a future meeting of the IJB for approval following consultation in respect of the draft plan.

The Board resolved :-

to approve the recommendations.

As referenced at Article 1 of this minute, during presentation of the following report, at 12 noon Members observed a Minute's Silence in acknowledgement of the 1 year anniversary of when the UK first went into lockdown as a result of Covid.

MEDIUM TERM FINANCIAL FRAMEWORK (MTFF) - HSCP.21.025

11. The Board had before it the report from the Chief Finance Officer, ACHSCP which presented the Medium-Term Financial Framework (MTFF), developed after the final levels of funding delegated by Aberdeen City Council and NHS Grampian for health and social care activities in 2021/22 had been approved.

Members were reminded of previous MTFF report formats and to a recent workshop on the topic.

Members heard that regular financial information had been presented to the IJB throughout the financial year, and additional costs associated with the continuing pandemic had been closely tracked and covered in the budgets. The financial implications of these additional costs were being covered by additional funding obtained from Scottish Government through the Local Mobilisation Plan, who to date, had delivered on this promised funding.

Members were advised that whilst the CFO had a better understanding of the costs, it remained unclear which of these costs would be recurrent and what could be done to manage them within any future system. As the social care system is in a transitional state and shifts between potentially two models and that some of that shift reflected the priorities of the IJB.

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Members heard that whilst there remained a predicted deficit of between £5-£6 million annually within the forecasted 5-year plan, there remained some uncertainty and thus a risk around future funding levels.

The report recommended :-

that the Board -

- a) note the anticipated financial out-turn for 2020/21 and the impact on the Reserves position of the IJB;
- b) note the financial allocations proposed to be allocated by the partner organisations;
- c) approve the 2021/22 budget and the Aberdeen City IJB Medium Term Financial Framework included as appendix 1 of this report;
- d) note the intention to earmark £2.5 million in a risk fund at the end of the financial year;
- e) approve the Bon Accord Contract level for 2021/22 of £30,304,000 and budget assumptions noted in sections 3.17 and 3.18;
- f) instruct the Chief Finance Officer to uplift the direct payments for clients with a staffing element included in their payment by 2.2% from 1 May 2021 to cover the increase in the Scottish Living Wage;
- g) instruct the Chief Finance Officer to negotiate uplifts for those Social Care providers not covered by the National Care Home contract;
- h) instruct the Chief Finance Officer to apply a higher uplift should a higher national inflationary rate be agreed for direct payments and contracts not covered by the National Care Home Contract, on the proviso that additional funding is provided to cover any shortfall; and
- i) make the budget directions contained in appendix 2 of this report and instruct the Chief Finance Officer to issue these directions to the constituent authorities.

The Board resolved :-

to approve the recommendations.

In accordance with Article 3 of the Minute the following item of business was considered with the press and public excluded.

GRANT FUNDING TO COUNSELLING SERVICES 2021-22 - HSCP.21.021

12. The Board had before it the report from the Chief Officer, ACHSCP which advised of grant funding requirements for the financial year 2021/2022 to several counselling services, and updated the Board on the review of service activity to ensure it aligned to the whole system provision of mental health services across the City.

INTEGRATION JOINT BOARD

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The report recommended :-

that the Board -

- (i) approve the expenditure of up to £199,224 to provide grant funding to the identified grant funded counselling services for the financial year 2021/22;
- (ii) make the direction as attached at Appendix A and instructs the Chief Officer to issue a direction to Aberdeen City Council (ACC) to procure the services provided by ACIS, Cairns and Avenue Confidential; and
- (iii) note the intention to work with providers to review the service activity and ensure that it is aligned to the whole system provision of mental health services across the City.

The Board resolved :-

to approve the recommendations

- **COUNCILLOR SARAH DUNCAN, Chair**

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ABERDEEN, 27 April 2021. Minute of Meeting of the INTEGRATION JOINT BOARD.

Present:- Luan Grugeon, Chair; Councillor Sarah Duncan, Vice Chair; and Mike Adams, Councillor Philip Bell, Alan Chalmers, Councillor John Cooke, Kim Cruttenden, Councillor Lesley Dunbar, Jenny Gibb, Alan Gray, Sandra MacLeod, Shona McFarlane, Alison Murray, Graeme Simpson, Alex Stephen and John Tomlinson.

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

Apologies:- Jim Currie, Maggie Hepburn, Dr Caroline Howarth, Chris Littlejohn and Dr Malcolm Metcalfe

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

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

INTRODUCTION

1. The Chair welcomed all to the meeting and thanked Members for attendance at this Special Meeting. Members heard that late circulation of the reports was due to unavoidable factors which the Chair was satisfied were genuine reasons to accept the late submission and circulation.

The Board were reminded that the meeting was being recorded for later public display.

DECLARATIONS OF INTEREST

2. There were no declarations of interest.

DETERMINATION OF EXEMPT BUSINESS

3. There was no exempt business.

INTEGRATION JOINT BOARD

27 April 2021

MINUTE OF BOARD MEETING OF 23 MARCH 2021

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

The Board resolved :-

to defer consideration of the draft minute until its next regular meeting on 25 May 2021.

ROSEWELL HOUSE – EXTENSION TO INTERIM ARRANGEMENTS - HSCP.21.046

5. The Board had before it the report from the Chief Officer, ACHSCP which provided an update on the interim arrangements at Rosewell House and requested an extension for a further 16-week period.

The Board heard from the Rosewell House Programme Manager who summarised the report and advised that the workforce had been consulted during considerations of the extension.

Members expressed their concerns regarding the potential use of Rosewell House if it moved more to a Step-Down facility rather than the model initially proposed and raised issues regarding the availability of suitable respite facilities.

Members heard from the Chief Officer who advised that the use of Rosewell House would still be as intended however, challenges existed over the preceding year around the pandemic and the strategic direction was to deliver the blend as previously approved. The use of Rosewell House was very much part of the wider organisational change which included less well-developed areas of the system and would align with the developing NHSG remobilisation plan. This would all require a period of engagement and cross organisational review to best align the changes at the correct time and correct place to ensure the patients and workforce were aware of intentions and developments.

Members suggested that the proposed recommendations were restrictive in terms of timeline for delivery and suggested a longer extension to enable fuller understanding.

The Board heard from the Chief Finance Officer/Depute Chief Officer who confirmed a longer period of assessment would be beneficial but would require negotiation and agreement with Bon Accord Care.

INTEGRATION JOINT BOARD

27 April 2021

The report recommended :-

that the Board –

- a) approve the extension of the interim arrangements in place at Rosewell House for a further period of 16 weeks (ending 28 August 2021);
- b) instructs the Chief Officer to commission an options appraisal to identify the most appropriate delivery mechanism for the integrated model at Rosewell House; and
- c) instructs the Chief Officer to present the options appraisal and recommendation(s) to the IJB at its meeting on 7 July 2021.

The Board resolved :-

- (i) to approve the extension of the interim arrangements in place at Rosewell House for a further period of 24 weeks (ending 23 October 2021) subject to agreement with Bon Accord Care;
 - (ii) to approve recommendation b); and
 - (iii) to instruct the Chief Officer to present the options appraisal and recommendation(s) to the IJB at its meeting on 24 August 2021.
- **Luan Grugeon, Chair**

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CLINICAL AND CARE GOVERNANCE COMMITTEE

ABERDEEN, 6 April 2021. Minute of Meeting of the CLINICAL AND CARE GOVERNANCE COMMITTEE. Present:- Councillor Lesley Dunbar Chairperson; and Kim Cruttenden, Councillor Sarah Duncan and Alan Gray.

In attendance: Daniela Brawley, Graham Gauld, Caroline Howarth, Sarah Gibbon, Calum Leask, Alison MacLeod, Sandra MacLeod, Brenda Massie, Mark Masson, Malcolm Metcalfe, Grace Milne, Fiona Mitchelhill, Lynn Morrison, Duncan Sage, Emma Virasami, Julie Warrender, Claire Wilson and Carol Wright

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

WELCOME AND APOLOGIES

1. The Chairperson welcomed everyone to the meeting.

Apologies for absence were intimated on behalf of Graeme Simpson.

TERMS OF REFERENCE - AGREED BY IJB ON 23 MARCH 2021

2. The Committee had before it their updated Terms of Reference which was approved by the IJB on 23 March 2021, following the review of the Scheme of Governance.

The Committee heard the Clerk advise that in relation to section 3 (3) of the Terms of Reference document, the Chair shall now be appointed by the IJB for a period not exceeding three years.

The Committee resolved:-

- (i) to note that the Council appointed Chair shall now continue in that position until 26 March 2022, following which the Committee will be chaired by a non-office bearing voting member of the IJB from NHS Grampian; and
- (ii) to otherwise note the updated Terms of Reference for the Committee.

DECLARATIONS OF INTEREST

3. There were no declarations of interest intimated.

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6 April 2021

MINUTE OF PREVIOUS MEETING OF 12 JANUARY 2021, FOR APPROVAL

4. The Committee had before it the minute of its previous meeting of 12 January 2021, for approval.

The Clerk advised that that in relation to article 6 regarding the IT concerns within Mental Health Services, a Service Update had been circulated to members on 31 March 2021.

The Committee resolved:-

- (i) to approve the minute; and
- (ii) to note that Grace Milne will arrange to obtain and circulate further details regarding the IT equipment issues, specifically on the number of devices provided in 2020, budget details and a timeline for completing the delivery of the remaining devices.

BUSINESS PLANNER AS AT 30 MARCH 2021

5. The Committee had before it their Business Planner for consideration.

The Clerk highlighted the key information from the planner, making reference to the following:-

- (1) Primary Care and Digital Service;
- (2) Impact of the Investigation into Deaths in Care Homes; and
- (3) Sustainability of General Practices.

The Committee resolved:-

- (i) to note that the Sustainability of General Practices report will now be submitted in September 2021; and
- (ii) to otherwise note the information contained within the planner.

CCG GROUP MONITORING REPORT - HSCP.21.029

6. The Committee had before it a report by Graham Gauld, Chair of the CCG Group which provided data, information and assurance that operational activities were being delivered and monitored effectively and that patients, staff and the public were being kept safe whilst receiving high quality service from ACHSCP (Aberdeen City Health and Social Care Partnership) during the Covid-19 pandemic.

The report recommended:-

that the Committee note the contents of this report.

Graham Gauld provided an overview of the report emphasising the staff challenges as a result of the vaccination redeployment. He also provided details in relation to (1) the extension of financial support from the Government for NHS Dental Practices; (2) the

CLINICAL AND CARE GOVERNANCE COMMITTEE

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Specialist Older Adult Rehabilitation Services; (3) the Covid-19 Vaccination roll-out programme and decreased supply issues; and (4) the Orange Award.

Sandra MacLeod made reference to the Covid-19 Vaccination Programme advising that although there had been a high percentage of uptake, there had been a lower level of delivery of vaccinations at TECA compared to other areas in Scotland, including Aberdeenshire and Moray. She suggested that the Vaccination Programme Board should investigate the concerns and provide assurance to the Committee by way of a report to be presented in due course.

Councillor Duncan sought further details in relation to the data pertaining to ACHSCP Complaints 2020 and Adult Social Care Unmet Need.

The Committee received a presentation from Daniela Brawley in relation to Sexual Health Service provision, which included details on Operation Rainbow, Operation Snowdrop, the challenges and risks faced by the service and the action being taken to mitigate these challenges. Daniela also provided details on staffing shortages and the reduction of Government funding, which will likely impact on the service, particularly as service demand was predicted to increase due to the backlog resulting from the pandemic.

In response to a question relating to the challenges and risks associated with the Sexual Health Service, Alan Gray advised that formal proposals, including any requests for funding could be submitted to and considered by the Executive Programme Board and then via the IJB process if appropriate.

The Committee resolved:-

- (i) to approve the report recommendation;
- (ii) to note the concerns in relation to the lower level delivery of vaccinations at TECA and to consider whether further assurance or escalation to the IJB is required at 4.1 on the agenda (article 12 of this minute refers);
- (iii) to note that Grace Milne would circulate further information in relation to complaints, specifically on the numbers which had been upheld and the outcome; and
- (iv) to note that Claire Wilson will provide further details in a report relating to Adult Social Care unmet need, specifically the work undertaken in the past year on referrals and assessment.

ROSEWELL HOUSE - ASSURANCE AND GOVERNANCE PROCEDURES - HSCP.21.026

7. With reference to article 4 of the minute of the previous meeting of 12 January 2021, the Committee had before it a report by Sarah Gibbon, Programme Manager which provided assurance on the interim model of service delivery at Rosewell House, as endorsed by the Integration Joint Board on 27 January 2021.

CLINICAL AND CARE GOVERNANCE COMMITTEE

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The report recommended:-

that the Committee note the content of the report.

The Committee heard Sarah Gibbon outline the key information from the report, including details relating to admissions and discharge; interim legal, financial and service arrangements between organisations (NHS Grampian, Bon Accord Care and Aberdeen City Council); Datix Risk and feedback; Step Up and Step Down Care; and the key findings of the evaluation of the Interim Model and Arrangements which outlined the following four key recommendations:-

- (1) Redefining clearer criteria of care for admission to Rosewell House;
- (2) Ongoing monitoring of split between step-up and step-down admissions to Rosewell House;
- (3) Development of comprehensive organisational development plan to promote 'Team Rosewell' ethos; and
- (4) Develop communications with community-facing services who are eligible to refer into Rosewell House and to connect individuals with resources in the community pre-discharge.

Sarah Gibbon, Julie Warrender and Sandra MacLeod responded to questions from members, specifically in relation to the inspection and audit of the facility including the 7-day supervision of general assistants and mandatory training relating to Healthcare Associated Infections; the Frailty Pathway Programme and Step Up and Step Down Care.

The Committee resolved:-

to approve the report recommendation.

INSPECTION OF JUSTICE SOCIAL WORK SERVICE - HSCP.21.023

8. The Committee had before it a report by Kevin Toshney, Planning and Development Manager which highlighted the recent publication by the Care Inspectorate of its inspection report in relation to the partnership's Justice Social Work Service.

The report recommended:-

that the Committee note the contents of the report and the published inspection report.

Claire Wilson provided an overview of the report advising that the Care Inspectorate published its report of the inspection on 23 February 2021, against selected quality indicators with a particular focus on Community Payback Orders, the outcomes of which were very positive.

She explained that the Care Inspectorate had identified the following areas of improvement for the service to progress and complete:-

CLINICAL AND CARE GOVERNANCE COMMITTEE

6 April 2021

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

She intimated that the service required to submit an action plan by 6 April 2021, showing how it would address the above areas for improvement.

The Committee resolved:-

to approve the report recommendation.

COVID-19 RESPONSE IN CARE HOMES: UPDATE - HSCP.21.027

9. With reference to article 8 of the minute of meeting of 24 November 2020, the Committee had before it a report by Emma Virasami, Service Manager, Older People and Physical Disability Care Management which provided an update on the situational awareness and assurance regarding ongoing oversight arrangements in relation to care homes in the city.

The report recommended:-

that the Committee note the contents of the report.

Emma Virasami highlighted the key information from the report, providing details in relation to:-

- (a) the the current position following the outbreak of Covid-19 in Summerhill Care Home;
- (b) the Turas Safety Huddle Tool, which had ensured close monitoring and swift response by the partnership to outbreaks and captured essential data on infection rates, as well as vaccinations, visiting arrangements, and staff testing;
- (c) the RAG status agreed to inform robust decision-making relating to any required response measures, which had included the deployment of partnership staff to provide onsite support to care homes when necessary;
- (d) the reinstatement of visiting indoors arrangements; and
- (e) the review of care home placements.

Emma Virasami and Claire Wilson responded to questions from members, specifically in relation to the ongoing and future oversight and scrutiny of care homes, which will have a wrap-around multi-disciplinary Grampian wide approach.

CLINICAL AND CARE GOVERNANCE COMMITTEE

6 April 2021

Claire Wilson intimated that the Scottish Government had requested a holistic review of care need for every individual by June 2021 which would require a significant amount of work.

The Committee resolved:-

to approve the report recommendation.

OPERATION HOME FIRST - EVALUATION PROGRESS REPORT - HSCP.21.032

10. The Committee had before it a report by Dr Calum Leask, Lead for Research and Evaluation, which provided a progress update on the evaluation of Aberdeen City Priorities relating to Operation Home First (OHF).

The report recommended:-

that the Committee note the information provided in the report.

Calum Leask (a) advised that OHF was the collective priorities of the three North-East Health & Social Care Partnerships in collaboration with the Acute sector of NHS Grampian; (b) made reference to the three aims of OHF, which were:-

- to maintain people safely at home;
- to avoid unnecessary hospital attendance or admission; and
- to support early discharge back home after essential specialist care;

(c) indicated that an Evaluation Working Group comprising membership from NHS Grampian, the HSCPs and Public Health Scotland was commissioned in October 2020, to evidence the OHF portfolio overall and to help achieve its three aims; and (d) described the Performance Dashboard Development Flow which outlined the robust process and approach that the working group took across the priority areas.

Calum Leask and Duncan Sage responded to questions from members in relation to the identification of any data collection blind spots and staff awareness of the project.

The Committee resolved:-

- (i) to approve the report recommendation; and
- (ii) to thank Calum Leask and Duncan Sage for their comprehensive report.

ITEMS WHERE FURTHER ASSURANCE IS REQUIRED

11. The Committee did not have any items where further assurance was required.

CLINICAL AND CARE GOVERNANCE COMMITTEE

6 April 2021

ITEMS WHERE ESCALATION IS REQUIRED TO THE IJB

12. The Committee considered whether there were any items where escalation to the IJB was required.

The Committee resolved:-

to instruct the Chief Officer – ACH&SCP to write to Susan Webb, Director of Public Health (NHSG), requesting that she submit a response to the next meeting of the IJB on the following:-

- (1) Why are the vaccination rates in Aberdeen City lower compared to apparent higher delivery levels in other areas, including Aberdeenshire and Moray?;
- (2) Where are the 'cold spots'?
- (3) What is being done to support communication/messaging to address the above?

VALEDICTORY

13. As this was the last meeting of the Committee prior to Graham Gauld's retirement, Councillor Duncan thanked Graham for all the work he had undertaken for the Committee and wished him a long and happy retirement.

The Committee resolved:-

to concur with Councillor Duncan.

- **COUNCILLOR LESLEY DUNBAR, Chairperson.**

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Risk, Audit and Performance Committee

Minute of Meeting

Tuesday, 27 April 2021

10.00 am Virtual - Remote Meeting

Present: John Tomlinson (Chair); and Luan Grugeon, Councillor
Philip Bell, Councillor John Cooke and Alex Stephen

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

Apologies: Sandra Macleod (Chief Officer)

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.

DETERMINATION OF EXEMPT BUSINESS

2. There was no exempt business.

MINUTE OF PREVIOUS MEETING OF 26 JANUARY 2021

3. The Committee had before it the minute from its previous meeting.

The Committee resolved :-

to approve the minute as a correct record.

BUSINESS PLANNER

4. The Committee had before it the Business Planner.

Members heard from the Chief Finance Officer/Deputy Chief Officer who provided context around future reporting.

RISK, AUDIT AND PERFORMANCE COMMITTEE

27 April 2021

Members were advised that the intended report referenced at line 16 - COVID-19, Social Care and Human Rights: Impact Monitoring Report would now feature in a report to the IJB on 25 May 2021.

The Committee resolved :-

- (i) to remove the proposed report referenced at Line 16 - COVID-19, Social Care and Human Rights: Impact Monitoring Report; and
- (ii) to otherwise note the business planner.

REVIEW OF LOCAL CODE OF GOVERNANCE - HSCP.21.037

5. The Committee had before it the report from the Chief Finance Officer, ACHSCP (CFO) which presented the review of the local code of corporate governance for the Integration Joint Board (IJB) previously agreed by Audit & Performance Systems Committee (APS) to allow the Committee to comment on the sources of assurances used to measure the effectiveness of the governance principles contained in the CIPFA\SOLACE *'Delivering Good Governance in Local Government: Framework'* document.

The CFO advised members of the background to this review and provided summary on the processes undertaken to deliver the review which included agreement from the constituent partners (Aberdeen City Council and NHS Grampian) on the activities and assurance provided.

Members were advised that the report formed an essential element of the Annual Governance Statement contained within the Audit Statement.

The report recommended :-

that the Committee approve the sources of assurance, as highlighted in Appendix A.

The Committee resolved :-

to approve the recommendation.

REVIEW OF FINANCIAL GOVERNANCE - HSCP.21.038

6. The Committee had before it the report from the Chief Finance Officer (CFO), ACHSCP which presented the results of the review undertaken by the Aberdeen City Health and Social Care Partnership (AHSCP) Leadership Team, as at Appendix A, against financial governance requirements contained in the Chartered Institute of Public Finance and Accountancy (CIPFA)'s statement on the *'Role of the Chief Financial Officer in Local Government (2016)'*.

RISK, AUDIT AND PERFORMANCE COMMITTEE

27 April 2021

Members heard a summary of the report and that the CFO had been nominated the Deputy Chief Officer and been allocated additional responsibility.

Members stated that they wished assurance that the primary functions of the CFO would still be delivered and that the additional responsibilities would not impact on that role.

The report recommended :-

that the Committee note the content of the report and the accompanying results of the Executive team review contained at Appendix A.

The Committee resolved :-

- (i) to approve the recommendation; and
- (ii) to instruct the Chief Officer, ACHSCP, to review the role of the Chief Finance Officer to ensure sufficient support is available to allow the CFO to undertake the responsibilities allocated to the post and provide assurance to the Committee via a report when completed.

ANNUAL GOVERNANCE STATEMENT - HSCP.21.041

7. The Committee had before it the report from the Chief Finance Officer, ACHSCP which provided opportunity to comment on and approve in principle the Annual Governance Statement and agree that assurances on the government framework can be provided to Aberdeen City Council and NHS Grampian.

Members heard from the CFO who provided summary on the requirements to produce the Annual Governance Statement which had been produced in association and agreement with the constituent organisations.

Members heard from the Chief Internal Auditor who was in attendance and confirmed the description of actions provided by the CFO.

The report recommended :-

that the Committee -

- a) comment on and approve the governance statement at Appendix A; and
- b) note the statement from the Chief Internal Auditor at Appendix B.

The Committee resolved :-

to approve the recommendations.

RISK, AUDIT AND PERFORMANCE COMMITTEE

27 April 2021

APPROVAL OF UNAUDITED ACCOUNTS - HSCP.21.040 - LATE REPORT

8. The Committee had before it the report from the Chief Finance Officer (CFO), ACHSCP which presented information to allow the Committee to review and comment on the unaudited final accounts for 2020/21.

Members heard from the CFO who advised it was an annual challenge to prepare and present the accounts for the required timeline and acknowledged the input of the Leadership Team in assisting.

The CFO advised that whilst the Accounts had been prepared against a constant changing environment due to pandemic impact, he was satisfied with them albeit attention was required in only two areas – the pension information and the redeployment figures. These had been managed with a 3% set aside consideration.

Members were advised that whilst the IJB held a £15.5 million reserve, this was ring fenced against additional pandemic costs and future spend in the following year.

The Chair indicated an appreciation of the timely preparation and delivery by the CFO and his team of the accounts. This was endorsed by the Committee.

The report recommended :-

that the Committee consider and comment on the Unaudited Final Accounts for 2020/21 at Appendix A.

The Committee resolved :-

- (i) to approve the recommendation; and
- (ii) to acknowledge and endorse the efforts of the Chief Finance Officer and the Leadership Team in preparation and delivery of the Unaudited Accounts in a quick manner.

FINANCIAL MONITORING 31 MARCH 2021 - HSCP.21.049 - LATE REPORT

9. The Committee had before it the report from the Chief Finance Officer (CFO), ACHSCP which presented information to the Committee to review and comment on the unaudited final accounts for 2020/21.

The CFO provided members with a summary of the report which was presented in the similar format to previous reports.

Members heard of shifts in financial demand due to the pandemic and the volume of activity to plan and revisit spending which had added to the required virements.

RISK, AUDIT AND PERFORMANCE COMMITTEE

27 April 2021

Members discussed these challenges and explored areas of financial risk and mitigation and of the opportunities to influence the wider 'lessons learned' report being developed for the IJB.

The Chair stated his appreciation of the work of the CFO and his team which had assisted both the Committee and the IJB to discharge its responsibilities.

Members agreed that this should be recorded within the minute.

The report recommended :-

that the Committee –

- a) note the report in relation to the Integration Joint Board (IJB) budget and the information on areas of risk and management action that are contained therein; and
- b) approve the budget virements indicated in Appendix F

The Committee resolved :-

- (i) to approve the recommendations; and
- (ii) to acknowledge the unique and at times difficult environment navigated over the pandemic periods and appreciate the work of the Chief Finance Officer and his team which has assisted the Committee and the IJB to discharge its responsibilities.

REVIEW OF DUTIES & YEAR END REPORT - HSCP.21.042

10. The Committee had before it the report from the Chief Finance Officer (CFO), ACHSCP which presented the review of reporting for 2020-21 and an intended schedule of reporting for 2021-2022 to ensure that the Committee is fulfilling all the duties as set out in its terms of reference.

The CFO provided members with a summary of activities and actions taken during the preceding year to provide assurance to the Committee.

The Chair remarked on the positive position delivered against the background of response required to the pandemic.

Members questioned the availability of assurances from partners who were delivering hosted services on behalf of the IJB and were advised that the CFO will review this and report back to Committee.

RISK, AUDIT AND PERFORMANCE COMMITTEE

27 April 2021

The report recommended :-

that the Committee note the content of Appendix A – Risk, Audit & Performance Duties report.

The Committee resolved :-

- (i) to approve the recommendation; and
- (ii) to note that Duty 10 (Support the IJB in delivering and expecting cooperation in seeking assurance that hosted Services run by partners are working) will be reviewed and addressed to the Committee on 23 September 2021.

DIRECTIONS UPDATE - HSCP.21.034

11. The Committee had before it the report from the Chief Finance Officer (CFO), ACHSCP which presented an update on Directions instructed to Aberdeen City Council (ACC) and NHS Grampian (NHSG) since the previous report to the September 2020 RAPC.

Members heard that the Directions update would be presented to Committee every six months as indicated on the Planner.

The report recommended :-

that the Committee note the contents of the report.

The Committee resolved :-

to approve the recommendation.

INTERNAL AUDIT ANNUAL REPORT 2020-21 - HSCP.21.044

12. The Committee had before it the report from the Chief Finance Officer, ACHSCP which presented the Internal Audit Annual Report for 2020/2021.

Members heard from the (Interim) Chief Internal Auditor who advised that whilst there had been fewer audits completed due to the pandemic, those audits conducted had not been limited in scope.

RISK, AUDIT AND PERFORMANCE COMMITTEE

27 April 2021

The report recommended :-

that the Committee -

- a) note the Internal Audit Annual Report 2020/21;
- 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 2020/21; and
- d) note the progress that management has made with implementing recommendations agreed in Internal Audit reports.

The Committee resolved :-

to approve the recommendations.

EXTERNAL AUDIT STRATEGY 2020/21 - HSCP.21.036

13. The Committee had before it the report from the External Auditor, KPMG which presented the draft external audit strategy for consideration.

Members heard from the External Auditor who provided explanation of the governance appointment of KPMG to this role which had been extended by Scottish Government from 5 to 6 years; this was the 5th Annual Report.

Members were advised that the strategy followed legislative requirements and industry practice and was similar in presentation to those presented over previous years.

The report recommended :-

that the Committee approve the approach to external audit, as outlined in Appendix A.

The Committee resolved :-

to approve the recommendation.

INSPECTION OF JUSTICE SOCIAL WORK SERVICE - HSCP.21.035

14. The Committee had before it the report from the Lead for Social Work, ACHSCP which presented the recent publication by the Care Inspectorate of its inspection report in relation to the ACHSCP's justice social work service which had also been presented to the Integration Joint Board (IJB) on 23 March 2021, and to the Clinical Care & Governance Committee (CCGC) on 6 April 2021.

Members heard from the Planning and Development manager, ACHSCP who explained the history and governance surrounding the inspection which had been interrupted during the pandemic.

RISK, AUDIT AND PERFORMANCE COMMITTEE

27 April 2021

Members were advised that the justice social work service had completed a self-assessment as part of the process and that the Care inspectorate had made particular reference to the honesty and depth of that assessment.

Members heard that a development plan would follow from the report's findings which would be presented to the IJB.

The report recommended :-

that the Committee note the contents of the published inspection report.

The Committee resolved :-

- (i) to approve the recommendation;
- (ii) to note that a delivery plan will be presented to the IJB; and
- (iii) to add the Committee's appreciation and acknowledgement to those previously recorded at the IJB.

LOCAL GOVERNMENT IN SCOTLAND: FINANCIAL OVERVIEW 2019/20 - HSCP.21.016

15. The Committee had before it the report from the Chief Finance Officer, ACHSCP.

The report presented information on two National Audits ; the Audit Scotland Financial Overview Report as published by the Accounts Commission from their high-level independent analysis of the financial performance of councils and Integration Joint Boards (IJBs) during 2019/20 and their financial position at the end of that year; and the National Health Service in Scotland 2020 Report as published by the Auditor General for Scotland.

The Chair advised members that the '*Guide for audit and risk committees*' referenced at page 180 of the pack was a useful guide to members.

The report recommended :-

that the Committee –

- a) note the content of Appendix A - the Local Government Financial Overview report 2019/20; and
- b) note the content of Appendix B – National Health Service in Scotland 2020 report.

The Committee resolved :-

to approve the recommendations.

RISK, AUDIT AND PERFORMANCE COMMITTEE

27 April 2021

INCLUSION OF ADDITIONAL RISK - HSCP.21.043

16. The Committee had before it the report from the Chief Officer, ACHSCP which presented the outcome of a review of the Aberdeen City Health & Social Care Partnership's (ACHSCP) Strategic Risk Register to reflect current business responsibilities.

Members heard from the Business Manager, ACHSCP who provided a summary of the report and specifics on each of the referenced risks.

Members were advised that NHS Grampian would be included in discussions around the risks, particularly around Risk 10 – EU Exit.

The report recommended :-

that the Committee –

- a) **Add Risk 11:** consider Appendix A, the proposed addition to the Strategic Risk Register relating to the Integration Joint Board's (IJB) duties under the Civil Contingencies Act 2004; make comments and observations on the draft risk and endorse their concluded view to the Integration Joint Board at its meeting of 25 May 2021;
- b) **Remove Risk 10:** consider removing Risk 10 (EU Exit) from the Strategic Risk Register, as detailed in the report and endorse their conclusions on this to the Integration Joint Board at its meeting of 25 May 2021; and
- c) **Note review of Risk 3:** to note that a review of Risk 3 (Hosted Services) will be presented to the RAPC meeting in September 2021.

The Committee resolved :-

to consider the report and Appendix A and -

- (i) to endorse inclusion of Risk 11 (the Integration Joint Board's (IJB) duties under the Civil Contingencies Act 2004) within the IJB Strategic Risk Register and to engage with NHS Grampian to develop further understanding of the risk and potential mitigation;
- (ii) to endorse recommendation of removal of Risk 10 (EU Exit) from the Strategic Risk Register and include EU related workforce issues within Risk 9; and
- (iii) to note that a review of Risk 3 (Hosted Services) will be presented to the Committee on 23 September 2021.

RISK, AUDIT AND PERFORMANCE COMMITTEE

27 April 2021

OPERATION HOME FRONT UPDATE REPORT - HSCP.21.033

17. The Committee had before it the report from the Chief Officer, ACHSCP which provided progress on the evaluation of the Aberdeen City Priorities relating to Operation Home First (OHF). In particular, the report was predominantly to provide assurance that a robust process has been implemented to evidence the impact of this portfolio.

Members heard from the Lead for Research and Evaluation, ACHSCP who provided an update on activities undertaken and planned around the project which involved partnership working and involved a cross service team involving Public Health Scotland and NHS Scotland Health Intelligence.

Members were reminded that updates on OHF are a Standing Item to report to the Committee.

The report recommended :-

that the Committee –

- a) note the information provided in the report; and
- b) note that OHF Update is a standing item on the Committee business planner and further updates will be provided as agreed.

The Committee resolved :-

to approve the recommendations.

CONFIRMATION OF ASSURANCE

18. The Chair enquired of Members regarding the degree of assurance received and/or sought during the meeting.

The Committee resolved :-

to note they had received Confirmation of Assurance from the reports and associated discussions presented and that further assurance had been evidenced by the activity of all staff in not only producing the necessary information but also by the delivery and modifications of processes and services in a regular and sustained manner.

- **JOHN TOMLINSON, Chair**

A	B	C	D	E	F	G	H	I	J
INTEGRATION JOINT BOARD BUSINESS PLANNER - The Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.									
Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/ Status (RAG)	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
25 May 2021									
4	Standing Item	Chief Officer Report	A regular update from the Chief Officer	HSCP.21.055	Martin Allan	Business Lead	ACHSCP		
5	Standing Item	Audited Accounts			Alex Stephen	Chief Finance Officer	ACHSCP	D	Special meeting of RAPC to be held in June
6	Standing Item	External Auditor Report			Michael Wilkie	External Auditor	KPMG	D	Special meeting of RAPC to be held in June
7	Standing Item	6 monthly Strategic Risk Register Review	Bi-annual Reporting (May and November 2021)	HSCP.21.054	Martin Allan	Business Lead	ACHSCP		
8	09.06.2020	Supplementary Procurement Plan 2020/2021	09.06.2020 IJB : e) Agrees to accept a further report once the review of training and skills development services has been carried out; the target date for this being June 2021	HSCP.21.045	Neil Stephenson	Strategic Procurement Manager	CPSS		
9	01.12.2020	Commissioned Day Services and Day Activities - Stay Well, Stay Connected	Focusing on short break opportunities in Aberdeen. A report to discuss and develop opportunities and ideas for H&SC colleagues, providers, communities.	HSCP.21.048	Anne McKenzie	Commissioning Lead	ACHSCP		
10	01.12.2020	2C Progress Update	IJB re HSCP.20.049 ; (iv) to request that an update on the outcomes of the procurement process is brought back to the IJB in March 2021.		Sandra MacLeod	Chief Officer	ACHSCP	T	Report will follow on 6 July 2021
11	10.03.2021	Adult Protection Committee Biennial Report	To update IJB on this Biennial Report	HSCP.21.051	Claire Wilson	Lead for Social Work	ACHSCP		
12	13.01.2021	Equalities and Equalities Outcomes	Aon 13.01.2021 at IJB Pre-Agenda, intimation of report to be submitted	HSCP.21.058	Alison Macleod	Performance Lead	ACHSCP		
13	11.12.2018	Autism Strategy and Action Plan	IJB 11.12.18 Article 13 - The Board noted that progress reports on the implementation of the above would be provided annually, with updates to the Clinical Care and Governance Committee in the interim. Suggested April 2020, then To be reported to 23.06.20 meeting and combined with Annual Update (from PreAgenda on 29.01.20 and IJB on 11.02.20).	HSCP.21.050	Kevin Dawson/Jenny Rae	Learning Disabilities Lead	ACHSCP		
14	21.01.2020	Fast Track Cities	On 21.01.20 from ; Fast Track Cities - HSCP.19.081 ; and instruct the Chief Officer to provide an update on progress in January 2021.	HSCP.21.047	Elaine McConnachie	Public Health Coordinator	ACHSCP	Delay around pandemic activities, to be presented when full year update.	Delayed from 23.03.21 to 25.05.21
15	02.06.2020	Covid-19 Response - Lessons Learned	From an IJB Workshop	HSCP.21.059	Sandra MacLeod	Chief Officer	ACHSCP		Delayed from 23.03.21 to 25.05.21
16	09.03.2021	Reduction in Notional Rent	Outcome of Notional Rent Reviews during 2019/20 on 5 GP Practices.		Alex Stephen	Chief Finance Officer	ACHSCP	Deferred from 23.03.21	D No longer required as alternative governance route found for approval.
17	06.04.2021	Covid Vaccinations	On 06.04.2021, when considering any matter to be raised to IJB, the CCGC decided - The Committee resolved:-to instruct the Chief Officer – ACH&SCP to write to Susan Webb, Director of Public Health (NHSG), requesting that she submit a response to the next meeting of the IJB on the following:- (1) Why are the vaccination rates in Aberdeen City lower compared to apparent higher delivery levels in other areas, including Aberdeenshire and Moray?; (2) Where are the 'cold spots'?; (3) What is being done to support communication/messaging to address the above	HSCP.21.061	Sandra MacLeod	Chief Officer	ACHSCP		
18	26.04.2021	Guidance for Public Engagement -	To present to the Integration Joint Board (IJB) Our Guidance for Public Engagement (OGPE) for approval	HSCP.21.060	Alison Macleod	Performance Lead	ACHSCP		Delayed Due to staff engagement and association with Locality Empowerment Group's.
06 July 2021									
20	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP		
21	Standing Item	Financial Monitoring - Quarter 1			Alex Stephen	Chief Finance Officer	ACHSCP	Delayed	This will be reported to 24 August 2021 to allow preparation of Final Accounts
22	10.03.2021	IJB Whistleblowing policy	IJB Whistleblowing policy		Martin Allan	Business Lead	ACHSCP	Delayed	At pre-agenda on 04.05.2021, to IJB on 24.08.2021
23	10.03.2021	Social Work Justice Delivery Plan	To present the Delivery Plan following the recent JSW Inspection Report		Kevin Toshney	Lead Social Worker	ACHSCP		
24	04.09.2019	Market Facilitation Update	Co-Vid-19 measures delay from 24/03/20; On 23.03.21, IJB(ii) to amend Line 18 to show intended reporting in July 2021;		Anne McKenzie	Commissioning Lead	ACHSCP	On 01.12.2020 delayed to June 2021	
25	03.02.2021	Independent Review of Adult Social Care in Scotland (Feeley Report)	Following publication of SG Report , update to be reported to IJB, on 23.02.2021, delayed until 23.02.2021; on 23.03.21, deferred to 06.07.2021 after Scottish Parliamentary Elections to allow SG update on intentions		Sandra Macleod	Chief Officer	ACHSCP		
26	23.03.2021	Inclusion of Additional Risk/ Update on the Hosted Service Risk 3	Inclusion of Integration Joint Boards as Category 1 Responders under Civil Contingency Act 2004 - HSCP.21.028, On 23.03.21, IJB resolved :- (iv) to agree to include a risk on the Strategic Risk Register relating to the IJB's requirements under the 2004 Act; (v) to delegate development of the new risk to the Chair of the Risk Audit and Performance Committee; (vi) to instruct the Chief Officer, ACHSCP to report back to a future IJB.	HSCP.21.054	Martin Allan	Business Manager	ACHSCP		T RAPC meeting 27 April 21 - Outcome will be included in the strategic risk register report to may IJB.

	A	B	C	D	E	F	G	H	I	J
	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/ Status (RAG)	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
2										
27	19.11.2019	Local Survey	On 19.11.2019, the IJB resolved to instruct the Chief Officer to bring forward a further report following publication of the results of the current national survey which are expected in April 2020 along with details of actions undertaken to address those areas of the survey which would benefit from improvement. This report will come to the June meeting of the IJB, then on 28.10.2020 transferred to 01.12.20, then on 23.02.2021 delayed to May 2021		Alison MacLeod	Performance Lead	ACHSCP	deferred from 23.03.21 to 06.07.21		
28		Carers Strategy	Strategy was due to be refreshed March 2021 but due to Covid we were unable to bring that on time. Report will present plans for this going forward.		Alison MacLeod	Performance Lead	ACHSCP			
29	23.03.2021	Vaccinations Blueprint	An update to IJB for all Vaccination programmes - including Covid.		Alison Chapman		ACHSCP			
30	24 August 2021									
31	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			
32	Standing Item	Strategic Risk Register			Martin Allan	Business Lead	ACHSCP			
33	Standing Item	IJB / ACHSCP Annual Report			Alison MacLeod	Performance Lead	ACHSCP			
34	Standing Item	Code of Conduct			Jennifer Lawson	Legal Manager	ACC			
35	26.03.2019	Diet, Activity and Healthy Weight	IJB 26.03.19 Article 17 - The Board instructed the Chief Officer that an annual update on ACHSCP GCGF is presented to the IJB, and (v) Instruct the Chief Officer that the Grampian consultation strategies for Tobacco and Diet, Activity and Healthy Weight are presented to the Board. To be reported to 23.06.20 meeting from PreAgenda on 29.01.20, then IJB on 11.02.20		Alison MacLeod	Public Health Coordinator	ACHSCP	Initially delayed due to CoVid-19 responses;		Due to operational response to pandemic, this report was delayed and will be issued as a Service Update (Target - August 2021)
36	11.11.2019	Living well with Dementia	On 23.02.2021, IJB moved this report to 24 August 2021		Alison MacLeod	Performance Lead	ACHSCP			
37	23.03.2021	Update re Inspection of justice social work services - HSCP.21.024	On 23.03.21, IJB resolved :- (iv)to agree that the justice social work delivery plan should be presented to a future meeting of the IJB for approval following consultation in respect of the draft plan.		Lesley Simpson	Lead Social Worker	ACHSCP			
38	02 November 2021									
39	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			
40	Standing Item	Financial Monitoring - Quarter 2			Alex Stephen	Chief Finance Officer	ACHSCP			
41	Standing Item	Strategic Risk Register	Bi-annual Reporting (May and November 2021)		Martin Allan	Business Lead	ACHSCP			
42	Standing Item	Review of Scheme of Integration to incorporate Review of ACC Governance (delayed from June 2020)	Annual review. IJB 20200128 move to June 2020, then to September then December 2020. On 02.10.20 The Board resolved :- to amalgamate the intended 'Review of Governance (ACC)' report referenced at Line 21 on the Planner with the intended 'Review of Scheme of Integration' referenced at Line 20 on the Planner. On 28.10.20 the Board agreed to defer this report until 23.02.2021 to allow consultation with the Constituent Authorities		Jess Anderson	Chief Officer - Governance	ACC	23.03.21 defer to 02.11.2021		
43	Standing Item	Chief Social Work Officers Annual Report	To present the Chief Social Work Officer annual report.		Graham Simpson	Integrated Children's and Family Services	ACC			
44	Standing Item	Winter Plan	An update to IJB on winter planning arrangements		Martin Allan	Business Lead	ACHSCP			
45										
46	15 December 2021									
47	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			
48	Standing Item	Annual Procurement Workplan 2022/2023			Neil Stephenson	Procurement Lead	ACC			
49	26.04.2021	Strategic Plan	Revised strategic plan after workshops and relevant engagement.		Alison MacLeod	Performance Lead	ACHSCP			
50	26.04.2021	Workforce Strategy	Strategy to support the Strategic Plan		Sandy Reid		ACHSCP			
51										
52	2022 Meetings									



INTEGRATION JOINT BOARD

Date of Meeting	25 May 2021
Report Title	Chief Officer's Report
Report Number	HSCP.21.055
Lead Officer	Sandra MacLeod
Report Author Details	Name: Sandra MacLeod Job Title: Chief Officer Email Address: <i>samacleod@aberdeencity.gov.uk</i> Phone Number: 01224 523107
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	None

1. Purpose of the Report

- 1.1. The purpose of the report is to provide the Integration Joint Board (IJB) with an update from the Chief Officer.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board note the content of the report.

3. Summary of Key Information

Local Updates

3.1. IJB Annual Report Development

The IJB has a statutory obligation to produce an Annual Performance Report (APR) to demonstrate delivery of the Strategic Plan. Normally this is required by 31st July every year however last year, because of the response to Covid, IJBs were given until the end of November to produce this.



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- 3.2.** The IJB approved the Aberdeen City APR at its meeting on 8th September 2020. Some leeway was also given last year in relation to content recognising that staff who were involved in the preparation of the report were diverted to the Covid response and most IJBs produced a slimmed down version from their normal format. Similar leeway in relation to timescale and content has also been provided for this year however officers are working towards submitting the Aberdeen City APR for approval to the IJB meeting on 24th August 2021 and, if approved, would intend to publish it immediately thereafter.
- 3.3.** The APR covers the financial year immediately preceding its publication. Last year's APR covered the financial year April 2019 to March 2020 so although it was prepared during the Covid response, it related to service delivery in the period prior to when the main impacts of Covid were experienced.
- 3.4.** The APR for 2020/21 will, in the main, reflect the impact the Covid response had on delivery of the Strategic Plan, some of which was very positive. Discussions with colleagues in other partnerships nationally at the Strategic Commissioning and Improvement Network (SCIN), a subgroup of Health and Social Care Scotland, indicates that this will be a common approach across Scotland.
- 3.5. Financial Update**
The Chief Finance Officer took the quarter 4 financial monitoring report to the Risk, Audit and Performance Committee on 27 April 2021. Largely due to the additional income received in the last quarter the IJB ended the final year with a reserve of £15.4 million. The un-audited accounts were also presented at this meeting, these will be audited over the next month. A special meeting of the Risk, Audit and Performance Committee will be required to be held to approve the audited accounts in June. It is not possible to provide a date at this point.
- 3.6. Care Homes update**
Whilst the situation with covid infection has significantly stabilised, there is a focus on continuing Enhanced Care Home Support. Confirmation was received on 26th March through the Scottish Government Office of the Chief Social Work Officer directing HSCPs to ensure the provision of this level of support to care homes both by continued assurance visits, as well as undertaking reviews of all care home placements.
- 3.7.** In Aberdeen, there are just under 1100 older people's care home placements for whom Aberdeen City Council retain social work responsibility. Significant



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work is ongoing to progress this work, whereby care management staff are holding reviews by Near Me, Microsoft Teams, or telephone conference with families, residents where they are able, and care home staff teams to ensure that provision of care meets the identified outcomes of people living in our care homes. From this, a report to the Chief Social Work Officer will be undertaken, analysing themes and issues that arise from this work.

Established actions to mitigate risk:

- 3.8.** Care home providers are required to report to the HSCP daily against a list of requirements set out by the Scottish Government. The purpose outlines the necessary situational awareness within both individual and wider sector settings, allowing the care home to escalate any concerns to the Partnership and for us then to respond appropriately and in a supportive manner.
- 3.9.** This information is used daily, and in collaboration with our colleagues in NHS Grampian's health protection team to inform the best means of supporting the care home to manage any outbreak and to ensure that wherever possible, we protect the safety of the residents. This data and intelligence are fed into the daily oversight meetings, attended by HSCP and Health Protection Team colleagues. Oversight meetings continue to take place daily, in line with a Grampian wide approach, with the intention of moving the meetings to be undertaken within each locality.
- 3.10.** Assurance continues to be provided in relation to the infection prevention and control measures within all care homes, and we support this in the following ways:
 - Ensuring there is an adequate supply of PPE for staff to use.
 - Testing of both staff and residents where indicated.
 - As of 4th January, 2021, care homes now have access to twice weekly lateral flow device tests for staff members, to be used alongside the existing weekly PCR test, in line with the SAGE recommendations. This approach is now established within all care homes.
 - Lateral flow device tests are also recommended to be used daily during outbreaks.
 - Reports are now available from TURAS highlighting the number of LFD tests recorded for each care home, for both staff and visitor testing. This data is being reviewed regularly with some inaccuracies in data input being identified.
 - Data relating to the number of visitor tests is collated by the care home team and shared weekly with the oversight group.



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- Ensuring that staff are suitably trained in infection, prevention and control, including the donning and doffing of PPE.
 - Ensuring that there is a rigorous cleaning regime within the home, cleaning regimes are scrutinised by the NHS Grampian Health Protection team.
 - Ensuring that staff are adhering to social distancing measures, both whilst working within the home, and whilst on their break.
 - Reducing the risk of transmission within the home, both through ensuring that residents remain within their room, and wherever possible, cohorting staff.
 - Our nursing and social work teams conducting assurance visits to observe staff providing care, and to observe the interior of the building. These visits allow for recommendations for improvement and we ensure that the care homes are making the necessary changes. Our care assurance nurses for care homes are now joining us on these visits. These visits are now established into a 16 week rolling programme.
 - Learning from previous outbreaks has been shared through the provider forum, and work is ongoing to share common themes from support and assurance visits with providers.
 - Daily oversight meetings which include members of staff from NHS Grampian Public Health and Nursing, Aberdeen City Health and Care Partnership, the Care Inspectorate, the provider, Scottish Government. The purpose of these meetings is to ensure that recommended improvements are in place and to make any further recommendations, as well as to continually ensure appropriate sharing of intelligence to determine and manage risk.
 - Seek assurance from the care home team that all recommendations have been put into place.
- 3.11.** Another significant aspect of our intervention is to ensure that the care home teams remain resilient, and HSCP maintain regular telephone contact with all care homes, to identify any issues at the earliest opportunity and bring these to the attention of the oversight team. The project lead for Team Recovery and Recuperation, (Clinical Psychologist Dr Emma Hepburn), is providing an overview regarding psychological wellbeing and promoting resilience to care home managers in June.

COVID-19 vaccination programme

- 3.12.** All eligible care home residents, for whom we have consent, have now received their second covid vaccination.



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Care Home Visiting

- 3.13.** The oversight group continue to monitor the progression of the implementation of indoor visiting, both through TURAS reporting and through regular contact with care home managers. We are also gathering feedback from families through the care management reviews process and although there has been a degree of anxiety both from residents, relatives and care home teams, visits have been progressing well. For example, there has been much anecdotal evidence reflecting the improvement to the emotional wellbeing of residents who are able to have prolonged contact with loved ones, and from being able to go on short trips out. As we move to lower restrictions, Scottish Government have just advised that there is to be additional Open with Care guidance to support residents with outings away from the care home.

Regional Updates

3.14. NHS Grampian Portfolio Management-Interim Arrangements

As part of NHS Grampian's transition from Operation Snowdrop, interim arrangements have been put in place. A portfolio management arrangement has been developed.

- 3.15.** The objectives of the portfolio arrangements are to develop a shared understanding of what the portfolio approach is; to understand how the portfolios will function with the appropriate leadership styles; and to ensure that NHS Grampian is set up to deliver against the new strategic plan.

- 3.16.** The success of the whole system approach depends on a number of demonstrators including: a clear and unifying vision with a common purpose that is articulated across the system; consistent collective leadership across the system that embraces common goals and aligns activities to achieve maximum benefits; high trust, low bureaucracy environment that takes shared responsibility for the delivery of care across the whole system; a well embedded quality and continuous service improvement approach that supports innovation and change; a sustained investment in NHS Grampian staff to develop the right skills, competencies with the appropriate capacity and support to enhance capabilities; a positive culture that builds on strong engagement with staff, patients and the public to deliver outcomes; and a well-developed network and interface that assures integrated working across boundaries.



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- 3.17.** The Chief Officer of the Aberdeen City Health and Social Care Partnership has been asked to develop the outcomes and objectives for the interim portfolio areas of Adult Medical/Unscheduled Care and Mental Health and Learning Disability. The outcomes and objectives are to be formally consulted on during July 2021.
- 3.18.** It is proposed that the IJB receive a report from the Chief Officer on the progress of the portfolio management approach at its meeting in July 2021.

National Updates

3.19. Adult Support and Protection (ASP) Inspection Programme

As reported previously, the 12-month inspection programme recommenced in March 2021. Preparatory work has already commenced with the drafting of the self-evaluation by each agency. A fortnightly meeting with the leads for adult protection from NHS, Police and HSCP will oversee this work and report progress through the Adult Protection Committee, Clinical and Care Governance Committee (CCGC) and the Chief Officers Group. Learning from the recent Justice Inspection will be invaluable in the preparation for this upcoming inspection but we recognise this is a joint inspection and all partners require to work closely together to achieve a positive outcome. A workshop is to be held on 19th May 2021, where the key agencies will collate the multi-agency self-evaluation. This will enable us to see a true reflection of our practice here in Aberdeen across partners and identify any issues that we need to address.

4. Implications for IJB

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



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- 4.6. **Covid-19** – The update on the Portfolio Management Approach references the Partnership’s involvement in the wider NHS Grampian transition out of Operation Snowdrop which relates to the COVID-19 pandemic.
- 4.7. **Unpaid Carers** – There are no implications relating to unpaid carers in this report.
- 4.8. **Other**- there are no other immediate implications arising from this report.

5. Links to ACHSCP Strategic Plan

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

6. Management of Risk

- 6.1. **Identified risks(s)** - The updates provided link to the Strategic Risk Register in a variety of ways, as detailed below
- 6.2. **Link to risks on strategic or operational risk register:**

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

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

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

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



6- There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care.



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

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

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



INTEGRATION JOINT BOARD

Date of Meeting	25 May 2021
Report Title	IJB Membership – ACC Modified Nominations
Report Number	HSCP.21.068
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Derek Jamieson Committee Services Officer DerJamieson@AberdenCity.gov.uk 01224 523057
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	None

1. Purpose of the Report

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

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:
 - a) Endorse the nomination of membership to the Integration Joint Board as proposed by Aberdeen City Council (ACC) at paragraph 3.2 of this report for the period from 28 May 2021 to 31 March 2023;
 - b) Endorse the appointment of the Vice-Chair as proposed at paragraph 3.4 of this report for the period to 31 March 2023;



INTEGRATION JOINT BOARD

- c) Endorse the appointment of Councillor Sandra Macdonald as the Chair of the Clinical and Care Governance Committee (CCGC) from 28 May 2021 to 31 March 2023;
- d) Agree to suspend Standing Order 15(4) to allow Councillor Lesley Dunbar to Chair the meeting of CCGC on 1 June 2021; and
- e) Instruct the Chief Officer, ACHSCP to reconsider these arrangements by report to the IJB prior to 31 March 2023.

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

3. Summary of Key Information

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

Standing Order 2. Membership

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

Standing Order 3. Appointment of Chair and Vice Chair

- (1) The Chair shall be appointed by one of the constituent authorities for an appointing period not exceeding two years.
- (2) The Council and the NHS Board shall alternate which of them shall appoint the Chair in each successive appointing period.
- (3) The constituent authority which does not appoint the Chair must appoint the Vice Chair for that appointing period.
- (4) The constituent authority may change the person appointed by that authority as Chair or Vice Chair during the appointing period for the remaining period.



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- (5) The constituent authorities may only appoint from their membership set out under paragraph 2(1)(a) and (b) above. An appointee of the NHS Board must be a non-executive member.

Standing Order 4. Term of Office of Members

- (1) The term of office of IJB members shall be such period as the IJB shall determine which shall not exceed three years.
- (2) A member appointed under paragraphs 2 (2) (a) - (c) above shall remain a member for as long as they hold the office in respect of which they are appointed.
- (3) At the end of a term of office set out under paragraph (1) above, a member may be reappointed for a further term of office.
- (4) This paragraph is subject to paragraphs 6 (resignation of members) and 7 (removal of members) below.

Standing Order 15. Conduct of Meetings

- (4) No Vice Chairs shall be appointed to IJB committees. In the event that the Chair of a committee is absent, a voting member chosen at the meeting by other voting members attending the meeting shall preside.

- 3.2.** On 13 May 2021, ACC nominated the following Councillor to the membership of the IJB effective from 28 May 2021 :-

Councillor Sandra Macdonald, to replace Councillor Sarah Duncan

- 3.3.** At the time of writing, Councillor Sarah Duncan holds the position of Vice Chair of the IJB, whilst Councillor Lesley Dunbar holds the position of Chair of the CCGC.

- 3.4.** ACC currently appoint the role of the Vice Chair which will conclude on 31 March 2023, at which time the role of Chair and Vice-Chair shall 'swap'. Councillor Lesley Dunbar has been appointed to Vice Chair of the IJB with effect from 28 May 2021 until the 31 March 2023.



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ACC have nominated Councillor Sandra Macdonald to replace Councillor Lesley Dunbar as Chair of the CCGC with effect from 28 May 2021. It is proposed that Councillor Lesley Dunbar Chairs the meeting of CCGC on 1 June 2021 as Councillor Macdonald will have just taken up post prior to that meeting. In order to effect this, the IJB are being asked to agree to suspend Standing Order 15(4) for this meeting only.

4. Implications for IJB

- 4.1. **Equalities** - This report has no implications on the IJB's duty under the Equality Act 2010.
- 4.2. **Fairer Scotland Duty** - This report has no direct implications.
- 4.3. **Financial** - This report has no implications.
- 4.4. **Workforce** - This report has no implications.
- 4.5. **Legal** - This report ensures the IJB complies with its obligations under the Integration Scheme and Standing Orders.
- 4.6. **Covid-19** - This report has no implications.
- 4.7. **Unpaid Carers** - This report has no implications.

5. Links to ACHSCP Strategic Plan

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





INTEGRATION JOINT BOARD

6. Management of Risk

6.1. Identified risks(s)

There are no identified risks associated with this report.

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

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Integration Joint Board

Date of Meeting	25 May 2021
Report Title	APC Biennial Report 2018-20
Report Number	HSCP.21.051
Lead Officer	Sandra McLeod, Chief Officer
Report Author Details	<i>Name: Claire Wilson</i> <i>Job Title: Lead for Social Work</i> <i>Email Address:</i> claduncan@aberdeencity.gov.uk <i>Phone Number: (01224) 522426</i>
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	Appendix A - Biennial Report 2018-20

1. Purpose of the Report

- 1.1. The purpose of this report is to share the Aberdeen Adult Protection Committee (APC) Convener's Biennial Report for 2018-20, as published, with the Integration Joint Board (IJB). The Biennial Report can be found at the Appendix A to this report.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board notes the information contained within this report.

3. Summary of Key Information

- 3.1. The Adult Support & Protection (Scotland) Act 2007 stipulates that the (independent) convener of an Adult Protection Committee (APC) must prepare a general report on the exercise of the Adult Protection Committee's functions during the preceding two years. The Biennial Report must be submitted to the Adult Support and Protection statutory partners – Aberdeen City Council, SCSWIS, Healthcare Improvement Scotland, NHS



Integration Joint Board

Grampian, Police, the Care Inspectorate, Scottish Ministers, the Mental Welfare Commission for Scotland, and the Public Guardian.

- 3.2.** The APC is committed to facilitating and overseeing an inclusive, responsive and effective approach to the support and protection of adults at risk of harm. It includes representation from a range of professional backgrounds and organisations including Aberdeen City Council, Aberdeen City Health and Social Care Partnership, NHS Grampian, Police Scotland, Scottish Ambulance Service, Scottish Fire and Rescue Service and ACVO, the local third sector interface.
- 3.3.** Adult support and protection activities are, by their very nature, often complex and challenging. The Biennial Report attempts to highlight the scale of activities and initiatives over the two-year period, the collaborations between partners, the co-ordination between professionals and the positive impacts on those who are or who have been at risk of harm.

Some key messages from the Biennial Report include:

- The period saw an increase in adult support and protection referrals largely due to increased levels of awareness across sectors and services;
- Care at home, care homes and 3rd sector organisations are the main source of referrals, however relationships continue to be built within these services to prevent unnecessary escalation of lower-level reports;
- The largest age group for referrals was in relation to individuals aged 65+;
- Across all referrals, the most common type of harm reported is physical harm;
- Almost 32% of referrals met the statutory Adult Support and Protection '3-point test' (Adults who (a) are unable to safeguard their own well-being, property, rights or other interests, (b) are at risk of harm, and (c) because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected); and
- Harm is most likely to occur within a "homely" setting - almost 47% of harm occurs within a person's own home and this rises to 76% when referrals from care homes are included.



Integration Joint Board

4. Implications for IJB

4.1. Equalities

There are no direct 'Equalities' implications arising from the publication of the Biennial Report.

4.2. Fairer Scotland Duty

There are no direct 'Fairer Scotland Duty' implications arising from the publication of the Biennial Report.

4.3. Financial

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

4.4. Workforce

The Biennial Report includes reference to the ongoing commitment to support staff to maintain the necessary levels of skill, in accordance with identified need, including: training for employees dealing with public enquiries or requests for help via the Covid response helpline; Self-neglect and hoarding training; training to care establishments and independent providers who were the subject of large scale investigation; chronology training for Council Officers; awareness-raising in relation to 'cuckooing'/ County Lines; an event at the Beach Ballroom focusing on learning from a Glasgow Serious Case Review; financial harm awareness; etc.

The increased number and complexity of concern reports being received has led to an emerging view that the Adult Protection Unit (APU) needs to be more fully resourced and supported. To this end the role of the Adult Protection Co-ordinator has been reviewed, a new strategic support role has been developed and recruited to (to improve data analysis, reporting and assurance in respect of adult support and protection activities), and work is progressing to merge the APU and the Duty Social Work Team, in order to more effectively undertake the 'screening' of adult protection referrals.



Integration Joint Board

4.5. Legal

Development and publication of the Biennial Report is a statutory requirement under the Adult Support & Protection (Scotland) Act 2007.

4.6. Covid-19

The Biennial Report covers the period to end March 2020, prior to the pandemic.

4.7. Unpaid Carers

The report has no specific implications in relation to Unpaid Carers.

5. Links to ACHSCP Strategic Plan

- 5.1. The work undertaken in relation to supporting and protection vulnerable adults at risk of harm in Aberdeen aligns with all the Aims set out in the HSCP Strategic Plan, under the headings of Prevention, Resilience, Personalisation, Connections and Communities.

6. Management of Risk

6.1. Identified risks(s)

Risks associated with this report are those relating to non-compliance with the Adult Support & Protection (Scotland) Act 2007 regarding the requirement to produce a Biennial Report, and share it with key statutory partners, and the potential reputational risk associated with non-compliance.

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

This report links to the below from the IJB Strategic Risk Register as at Feb 2021:

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




Integration Joint Board

- Risk 6 - There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across Health and Social Care.

A biennial report must be produced in order to meet the requirements of the Adult Support & Protection (Scotland) Act 2007 – this report therefore mitigates against Risk 5, and also the potential ‘reputational’ risk (linked to Risk 6) of not complying with the Act in this regard.

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

Production of this report is in mitigation of the risks identified above – the risks are therefore ‘low’.

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

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Aberdeen City Adult Protection Committee

Biennial Report 2018-2020

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Convenor's Foreword

As the independent convenor of Aberdeen City Adult Protection Committee (APC), it is my privilege to submit our sixth Biennial Report in terms of Section 46 of the Adult Support and Protection (Scotland) Act 2007 which reflects the work of the Committee during the period 1 April 2018 - to 31 March 2020.

I am very proud to serve as the current Convenor of the APC and I am committed to overseeing a professional and effective multi-agency response to prevent or reduce harm and protect our local citizens. I recognise the scale and complexity of the adult support and protection challenges that we face but I am confident that we have the required commitment, expertise and leadership across our sectors and services to ensure that our interventions and working practices are timely, appropriate and capable of delivering positive, person-centred outcomes.

These are of course challenging times for everyone. Sadly, it is likely to be the case that the impact of lockdown restrictions will be greater on those individuals whose wellbeing and resilience are less robust. It is also likely that the vulnerable members of our local communities will be at greater risk of harm. As difficult as these past months have been, it is heartening to see or hear of the many different collaborations, activities and initiatives that have been put in place by statutory organisations, third sector organisations, local communities and informal networks of friends and neighbours. If nothing else, this current adversity has enabled the spirit and resilience of our city to shine through.

Those positive attributes are also clearly evident throughout this report. I welcome the range and impact of the many multi-agency activities and interventions that are being undertaken to raise awareness of adult support and protection and reduce the incidence and impact of harm.

Some key messages from this report include:

- There has been an increase in adult support and protection referrals largely due to increased levels of awareness across sectors and services.
- Care at home, care homes and 3rd sector organisations are the main source of referrals however we continue to build relationships within these services to prevent unnecessary escalation of lower-level reports.
- The largest age group for referrals was in relation to individuals aged 65+.
- Across all referrals, the most common type of harm reported is physical harm.

- ▶ Almost 32% of referrals met the ASP 3-point test
- ▶ Harm is most likely to occur within a “homely” setting, almost 47% of harm occurs within a person’s own home and this rises to 76% when referrals from care homes are included

There is clearly still much to do to address the attitudes, behaviours and circumstances in our city specifically but also in our society more widely that can lead to others being harmed. We need to remain vigilant and work together to reduce the instances of harm that can be so detrimental to others. Given the information that comes to me and the APC on a regular basis however, I am confident that public awareness levels of adult support and protection matters will continue to rise and that harm to others will not only be seen to be unacceptable but that the substance of our preventative or early interventions will have a positive impact on those who are either at risk of harm or already suffering harm.

Finally, I cannot conclude this foreword without taking the time to pay tribute to those colleagues from the Adult Protection Unit and others across the statutory, third and independent sectors whose endeavours have helped make Aberdeen a safer place for many people. While it remains concerning that there may always be some individuals who are willing to take advantage and exploit or cause harm to others, I am confident that the commitment and capabilities of our multi-agency workforce will continue to support and protect our local citizens and communities.

Sheena Gault

Convenor
Aberdeen City Adult Protection Committee

Section 1.

Introduction

1.1 The Aberdeen City Adult Protection Committee (APC) is committed to facilitating and overseeing an inclusive, responsive and effective approach to the support and protection of adults at risk of harm. It is chaired by an independent convener and has representatives from a range of professional backgrounds and organisations including Aberdeen City Council, Aberdeen City Health and Social Care Partnership, NHS Grampian, Police Scotland, Scottish Ambulance Service, Scottish Fire and Rescue Service and ACVO, the local third sector interface.

Keeping adults in Aberdeen safe from harm is a key priority for the APC and its partner organisations. As we understand more about the nature and type of harm, there is an ever-increasing need for our response to individuals at risk of harm to be timely, appropriate and effective. We acknowledge that we need to continue to work in and with our local communities to make sure that all of our citizens, without exception, feel safe and included.

Our ambitions and intentions in respect of adults at risk of harm are firmly aligned with the vision for the **Local Outcome Improvement Plan (LOIP)** which envisages Aberdeen as a place where people can prosper and where everyone feels safe, supported and protected from harm. We fully acknowledge that this can only be achieved by all of our partners collaborating strongly and building positive relationships with adults at risk, their families and carers.

1.2 The 2016-18 Biennial Report was published after a Joint Inspection of the city's Older Adult services in 2015/16 by the Care Inspectorate and Healthcare Improvement Scotland that highlighted fifteen areas for improvement which have merged into eight key priorities (see right) for the Grampian Adult Protection Working Group to progress.

- ▶ Systematically measure outcomes for adults at risk of harm and their unpaid carers.
- ▶ Key processes for adult support and protection are as clear as possible so stakeholders understand them.
- ▶ Clear, unambiguous timescales for the completion of work related to each phase of adult protection, thereby preventing delays.
- ▶ Chronologies, risk assessments and risk management plans are implemented to keep adults at risk of harm safe.
- ▶ Required partners should attend adult protection case conferences, particularly police and health.
- ▶ Ensure staff across the partnership have the appropriate skills and knowledge to fulfil duties under ASP.
- ▶ Reduce the impact of financial harm in Grampian.
- ▶ Develop and implement clear pathways for capacity assessments.

Only one priority, the one that relates to 'key processes', has yet to be fully completed. This was to commence at the end of 2019 as we were working first on ongoing improvements in other priority areas (including initial referral discussions, risk assessment and chronologies) that would likely impact on the content of the Grampian Interagency policy and procedures and require it to be amended. The group remained confident that this work was achievable within the biennial reporting period until the pandemic intervened.



This remains a key priority for the partners and work is already progressing to drive this priority to completion.

In addition, the 2016-18 report also outlined an Improvement Programme that covered a wide range of themes and topics. Our progress in relation to this programme is referenced throughout this report. It has been undertaken in a measured way that takes account of areas of greatest need and availability of resources to ensure that positive improvements are embedded into our working practices and activities and sustained thereafter.

- 1.4** Given that the Covid-19 pandemic only briefly overlapped with the end of this reporting period there is limited reference in this report to the partnership's response to the adult support and protection implications of the emerging public health emergency and the imposition of lockdown restrictions. It is certainly worth acknowledging though that there has been a significant human cost in terms of physical and mental wellbeing that has manifested itself in different ways and which will for some people, impact on them for a further, as yet undefined, period of time.
- 1.5** Adult support and protection activities are, by their very nature, often complex and challenging. This report attempts to highlight the scale of our activities and initiatives over the past two years, the collaborations between partners, the co-ordination between professionals and the positive impacts on those who are or who have been at risk of harm. This report is a testimony to the commitment and professionalism of our colleagues across all of the partner agencies and the difference that they make to the lives of others.

Section 2.

Data Analysis

2.1 The collation and analysis of relevant data helps provide a confidence in our local ASP activities and an assurance to those individuals or groups who have governance and oversight responsibilities. We are further developing a data dashboard to monitor and analyse all referrals and outcomes as understanding emerging or continuing trends is an integral element of providing effective interventions to those who may be at risk of harm.

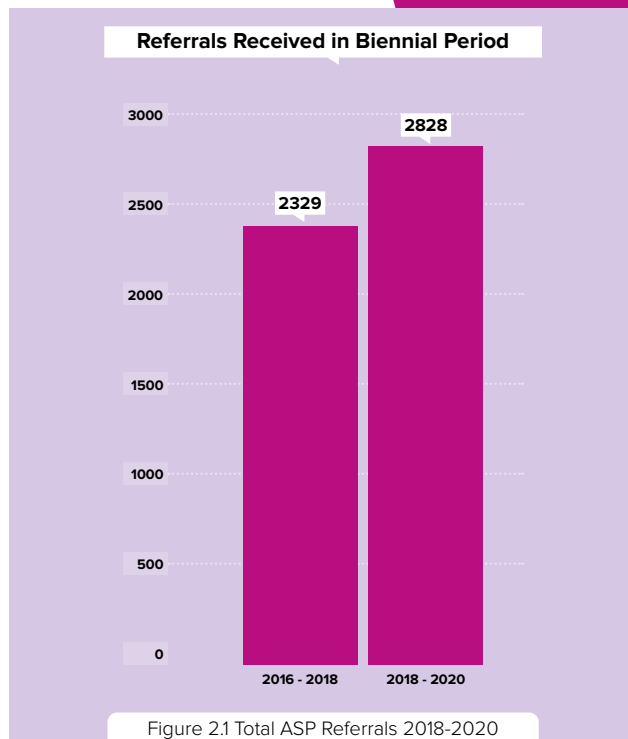
2.2 Referrals

Our local data (Figure 2.1) shows that for the current reporting period, **2828** adult support and protection referrals were received by the Adult Protection Unit. This was an increase of **499 (17.5%)** from the previous reporting period when **2329** referrals were submitted. The data suggests that our local interventions have continued to raise awareness and recognition of our referral process.

2.3 Source of Referrals

The number of referrals from Other Organisations increased by **29.9% (326)**. This category includes care at home, care homes and 3rd sector organisations. This increase is a significant one and suggests that identifying the appropriateness of referrals raised following awareness of self-neglect and hoarding alongside building relationships around large-scale investigations has improved early trigger actions for referrals that helps to avoid unnecessary escalation for lower level adult protection reports. Social Work referrals reduced by **6.3% (17)** as difficulties are better identified and resolved at an earlier stage thereby adopting the least intrusive means of resolving a single incident or an accumulation of lower level concerns.

Although referrals from Police Scotland increased, the increase **39% (11)** was not significant due to the volume of welfare concerns submitted where adults are not assessed to be at risk



of harm if support is provided instead. We have seen an increase in referrals from NHS Grampian **16% (41)** from the previous reporting period primarily due to increased engagement with health colleagues and improved quality of referrals.

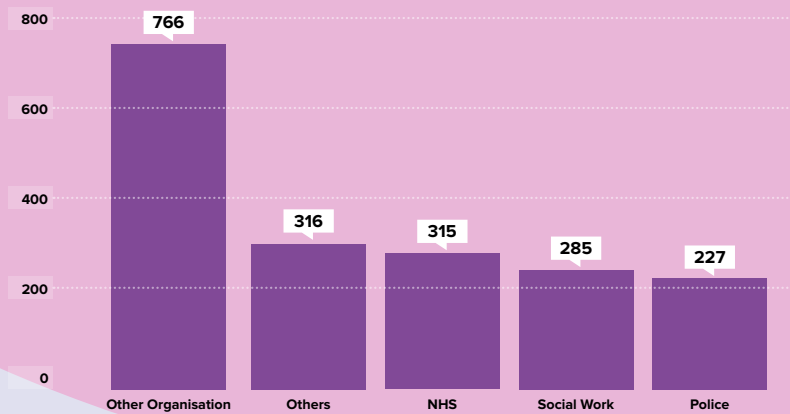
To make the redeployment of council staff more efficient during lockdown the opportunity to complete appropriate adult protection training and awareness raising was offered to employees dealing with public enquiries or requests for help via the helpline.

The number of referrals received (**187**) in this reporting period suggests that having confidence in recognising harm and the procedure for reporting suspicions and abuse is both valuable and effective.



It was an aim of the APU during 2018-2020 to broaden the knowledge of ASP across a range of agencies and as can be seen (Figure 2.3) there has been an increase of **42% (11)** referrals from the SFRS compared to the previous reporting period. It is felt that this increase is potentially due to an increased focus on fire casualty prevention. This has been achieved through promoting and prioritising home safety visits to those most at risk of fire, ensuring that homes are more secure and in return adults are less vulnerable.

Top 5 Referrers 2016 - 2018



Top 5 Referrers 2018 - 2020

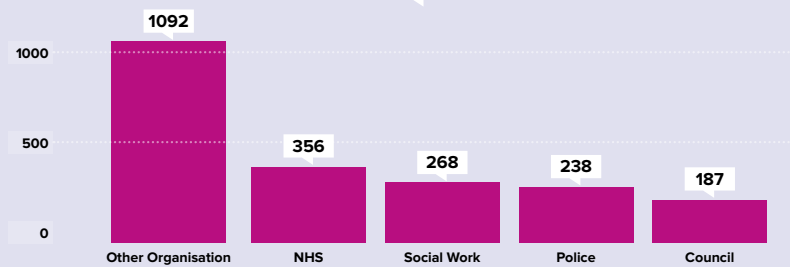


Figure 2.3 Comparison of Top 5 Referrers

The data shows an **18% (34)** drop in carer referrals from the last biennial reporting period. While we are aware that the Aberdeen City Carers Strategy (2018-2021) and improved partnership working with VSA Carers Centre has improved access to early assessment and care support, further work will be done to ensure that all carer data relates to unpaid carers.

There are relatively low number of referrals from adults at risk themselves (**31**) and from members of the public (**21**) reporting concerns. While we raise awareness to enable staff within services to recognise and report abuse there is evidence to suggest that we need to continue do more to increase our efforts to raise public awareness to enable adults at risk to recognise and protect themselves from abuse.

There are good examples of local authorities running mailshots to households to raise awareness of abuse and what can be done about it and we need to better educate the public about how to recognise and respond to abusive and harmful situations and where to go for help.

2.4 Client Group

Figures relating to category of harm remain consistent with previous reporting periods. The largest age group for referrals was in relation to individuals aged 65+ which accounted for **915 referrals (32.4% of the total)**. This was an increase of **232** since the last reporting period.

A total of **16.7% (473)** of all referrals received related to people aged 65+ with dementia and learning disability also noted as a main category in **367 (13%)** of referrals. The percentage of referrals for those in the 65+ bracket compared to ASP referrals for the last biennial period has increased by **25%** of total referrals. Older adults are at particular risk not only because they live with multiple health conditions but also because of the impact of ageing and their potential reliance on others for care and support.

2.5 Location

As with the previous biennial reporting period, the 2018-2020 statistics confirm that the location of harm was frequently noted as the adult's own home or a care home and then sheltered housing and supported accommodation. In total, **1,504 (46.8%)** of all harm reported occurred within the adult's own home. This rises to **76%** when referrals from Care Homes are added (**671**) signalling that harm is much more likely to occur within a 'homely setting' than anywhere else.

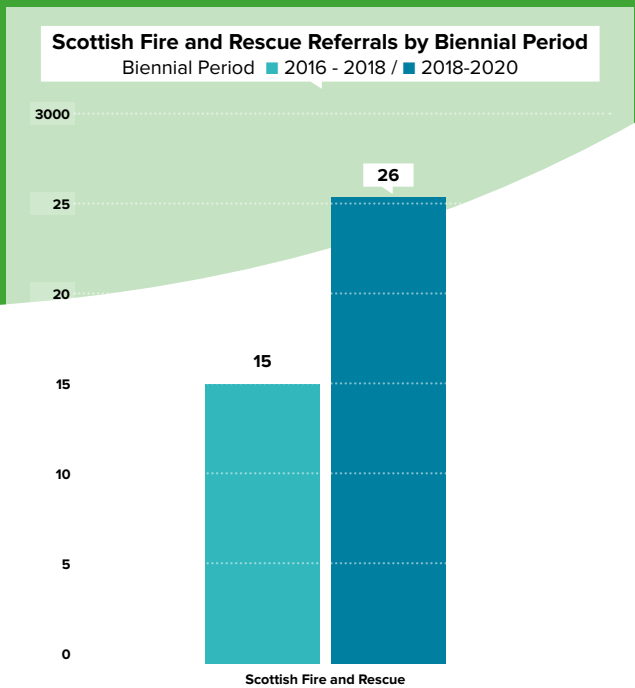


Figure 2.3 Scottish Fire and Rescue Service (SFRS) Referrals

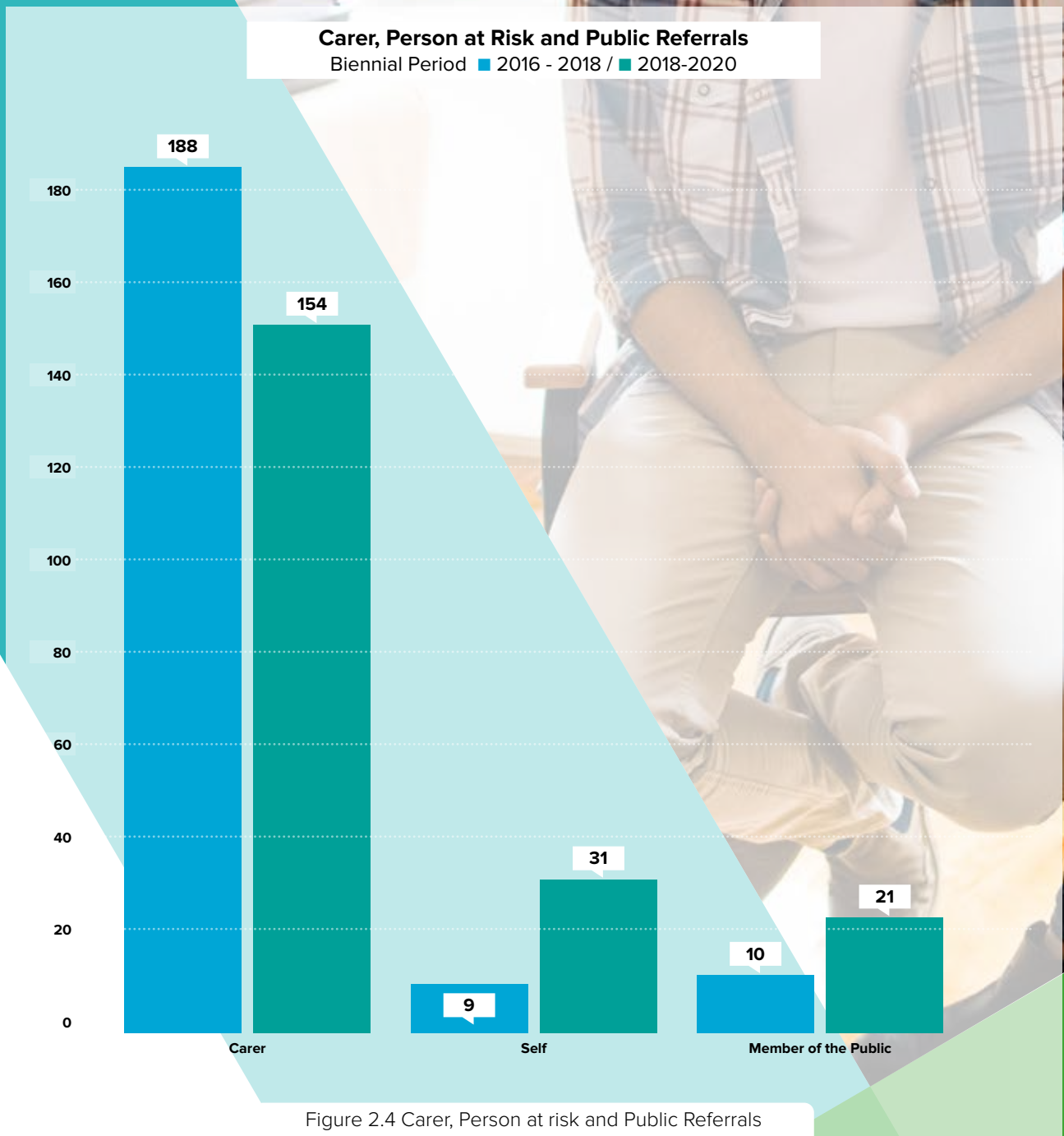


Figure 2.4 Carer, Person at risk and Public Referrals

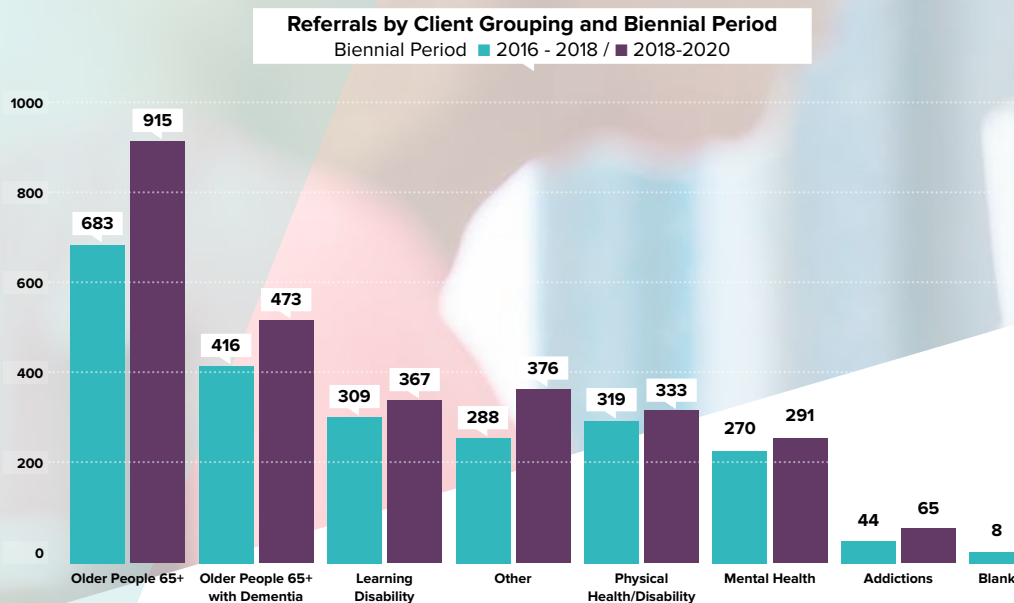


Figure 2.5 Category of Adult at Risk of Harm

The number of incidents of harm in a care home setting rose from **527** in 2016-2018 to **671** in 2018-2020. Between these two periods the incidence of harm in a care home increased by **21%**. A detailed analysis of these figures has concluded that the majority of incidents relate to harm between care home residents that were at the low end of severity and did not relate to harm from staff members or other third parties.

2.6 Type of Harm

In this reporting period the main risk factors for adults is physical harm which amounts to **36.2% (1024)** of the referrals compared with **651** the previous reporting period with financial harm being the second highest reported category (**439**) and then psychological harm (**311**).

Self-neglect and neglect increased by **24.3%** and **11.1%** respectively compared to 2016-2018 whilst 'other' decreased by **70% (93)** as the specific criteria required for this category of harm was re-emphasised. Self-neglect and hoarding training led to the increase in self-neglect referrals as council officers and key partners learned to navigate the tension between human rights and duty of care.

2.6 Gender split.

The gender split has not differed significantly over the last two biennial periods with slightly more females than males being the subject of ASP referrals; in 2016-2018 women accounted for **52.4%** of referrals and **53.7%** in 2018-2020. While both men and women may experience incidents of violence and exploitation and become victims of human trafficking, women tend to experience more domestic abuse requiring adult support and protection intervention.

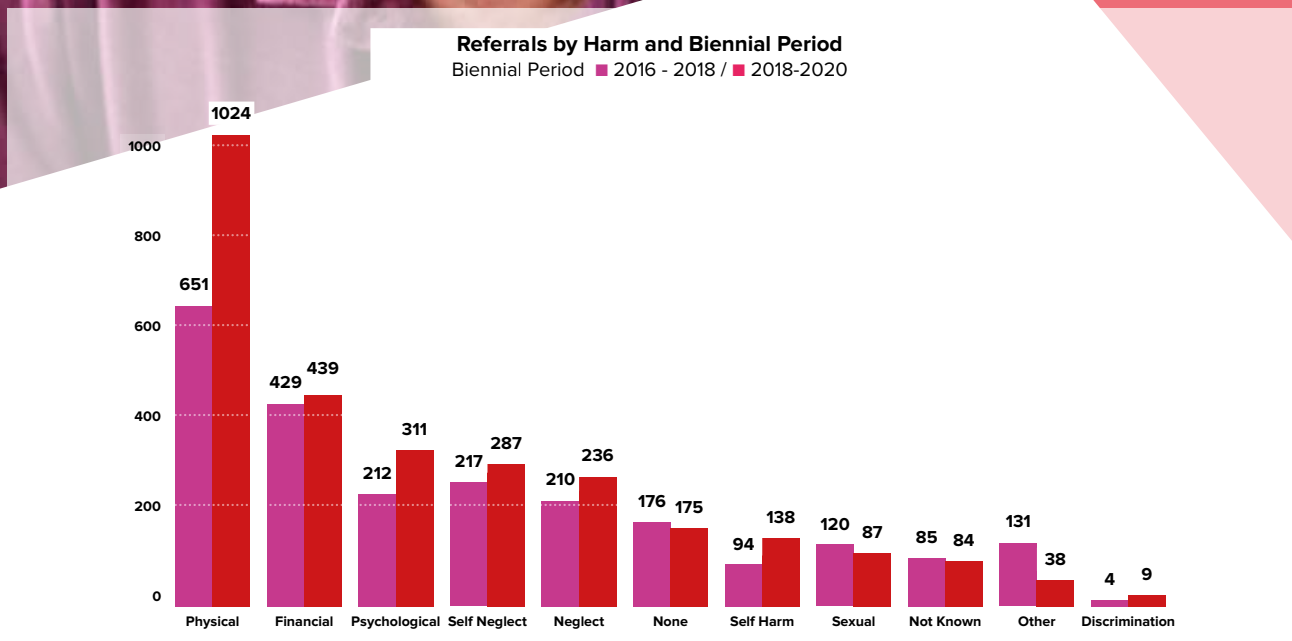


Figure 2.6 Type of Harm

2.7 Outcomes

2.7.1 During this reporting period the most prevailing outcome fell under the heading 'No Further Action' (NFA). Of the **2828** referrals received, **52.75% (1492)** of referrals required no further action under adult support and protection arrangements for one of the following reasons: concerns/risks were not evidenced or substantiated; advice or information was deemed to be sufficient; adequate services are in place or the person was already subject to an adult protection investigation.

2.7.2 A further **12.97% (367)** of cases resulted in further action out with the ASP process which could for example be a package of care or support being put in place from an appropriate team or service. Of the total referrals received, **31.71%** met the three-point test and proceeded under Adult Support and Protection legislation.

Also, **2.54% (72)** of referrals received required no further action under ASP but further intervention from another service or team.

2.7.3 During the reporting period, **661** ASP investigations (**23.4% of total referrals**) were completed compared to **647 (27.8%)** in 2016-2018. This percentage decrease can be explained by a process change where we moved to a screening stage and formal investigation only if the adult meets or is likely to meet the ASP three-point test. The largest number of investigations per client group was for the **Older People (65+)** category. In the previous reporting period **31.2% (202)** accounted for more than a third of investigations but this increased to **33.3% (220)** in 2018-20. There are clearly Older People-specific risk factors that account for this but they are also, in absolute terms, the biggest client group with whom we work.

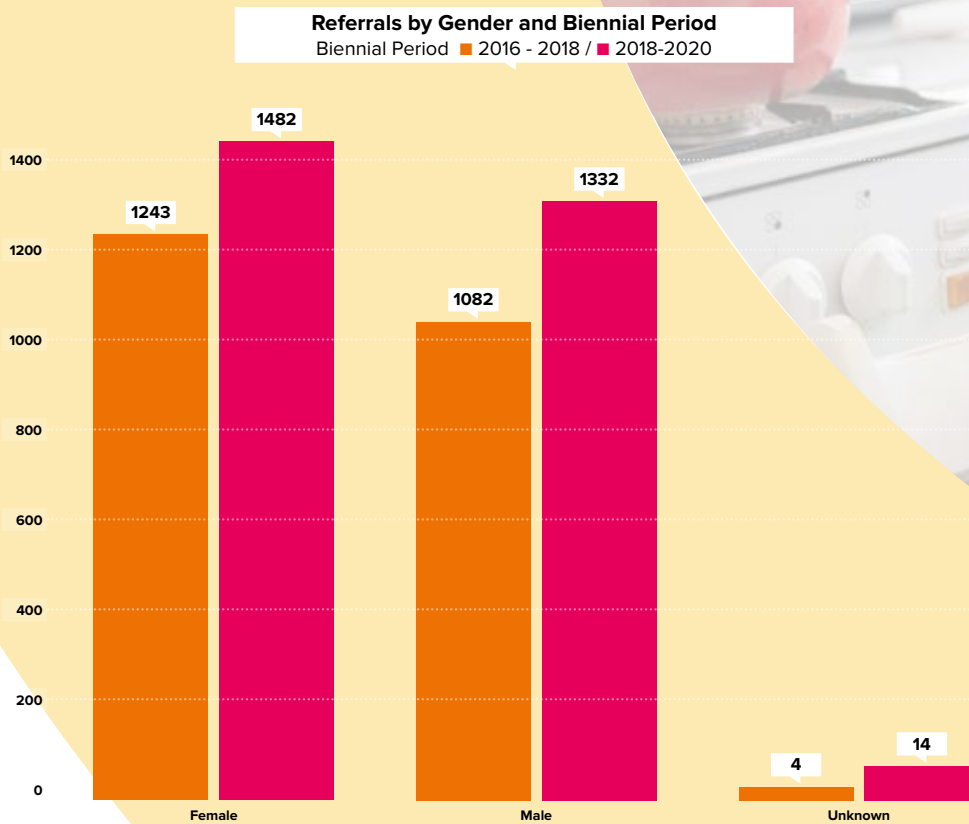
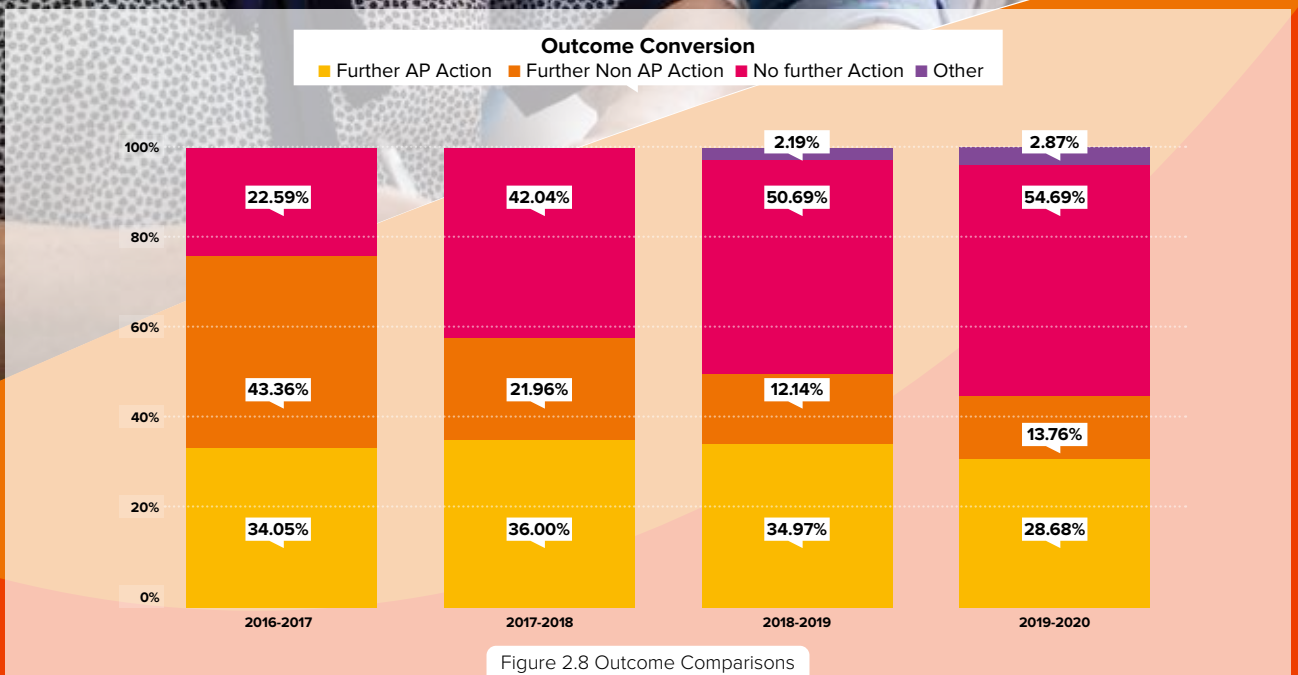


Figure 2.7 Gender Split

Similarly, for the learning disability client group there was a **42% (37)** increase in investigations from the last reporting period.

Investigations for the mental health category shows a different picture with the amount of investigations having reduced by **29% (32)**; further analysis is required to help us understand the possible reasons for this significant reduction.

2.7.4 There were a total of **74** Case Conferences over this biennial reporting period compared to **44** in 2016-2018. This could be reflective of the development of staff skill and confidence in this area identifying earlier that an adult's safety and well-being is being compromised and that key partners who are adult protection professionals have a responsibility to contribute to the most appropriate outcome. It is important that the subject of the case conference is encouraged to participate. If this is not possible their views will be sought and represented at the meetings.



Where there is any delay in arranging a Case Conference, a protection plan will be drawn up so appropriate and timely measures can be put in place. Council Officers continue to maintain regular contact with existing ASP clients and biweekly reports can be sent to the Unit by individual team members to centralise concerns with adult engagement or protection activities and support the Council Officer to manage any safeguarding risks.

2.7.5 The screening process is at the heart of adult support and protection with regards to the three-point test and whether an adult at risk requires to become part of the ASP process. The majority of referrals are screened within timescales although there has been an increase in the number and percentage which are not. 420 (17.4%) for this reporting period compared with 217 (10.3%) previously.

Our aim will always be for as much screening to be done as possible within the stipulated timescales however we also acknowledge that some cases are so complex that they will always require more time to work their way through the procedural sequence.

Investigations by Biennial Period
 Biennial Period ■ 2016 - 2018 / ■ 2018-2020

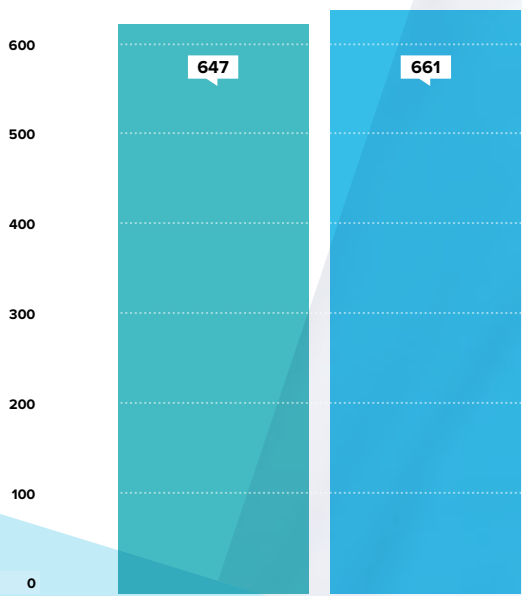


Figure 2.9 Investigations by Biennial Period

The APU maintains a report for referrals that are overdue and the reasons for this which include convening an Initial Referral Discussion (IRD) or arranging a Professionals Meeting but any immediate action taken to safeguard the adult would also be discussed to mitigate any risk.

2.8 Large Scale Investigations

Over the course of the reporting period there have been 6 Large-Scale Investigations (LSIs). These occur in circumstances where there are multiple adults at risk, normally in a managed care setting. The main concerns in all 6 LSIs revolved around lack of basic care and communication. As per the Grampian Protocol for large scale investigations, we adopted a multi-agency partnership response to concerns around the safety of residents in care homes and home care settings. In relation to LSIs the Adult Protection Unit delivered additional training to all care establishments and independent providers who were under large scale investigation tailored to meet the needs of the individual providers or as part of other identified training requirements.

Investigations by Client Group and Biennial Period

Biennial Period ■ 2016 - 2018 / ■ 2018-2020

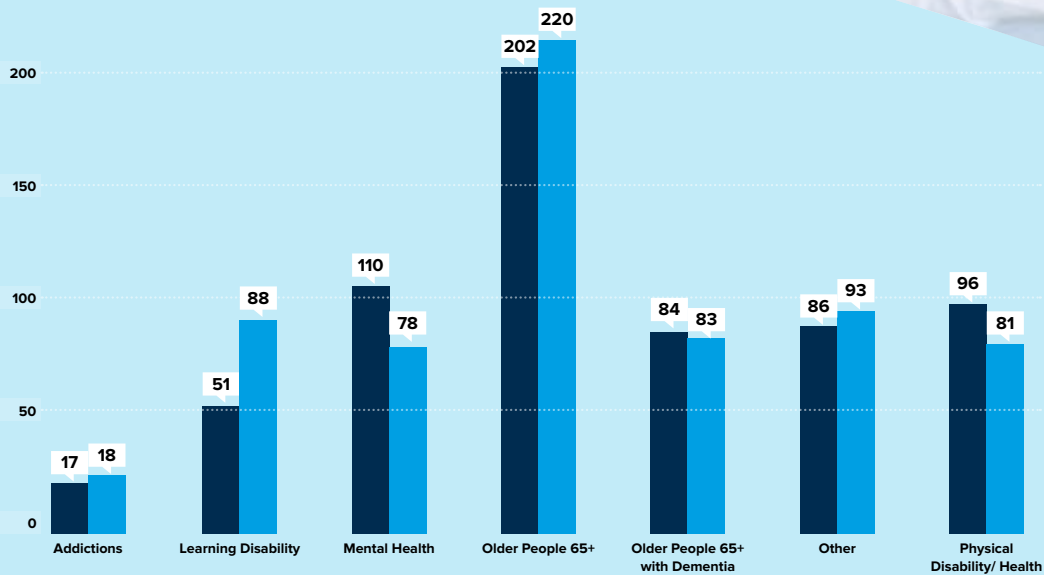
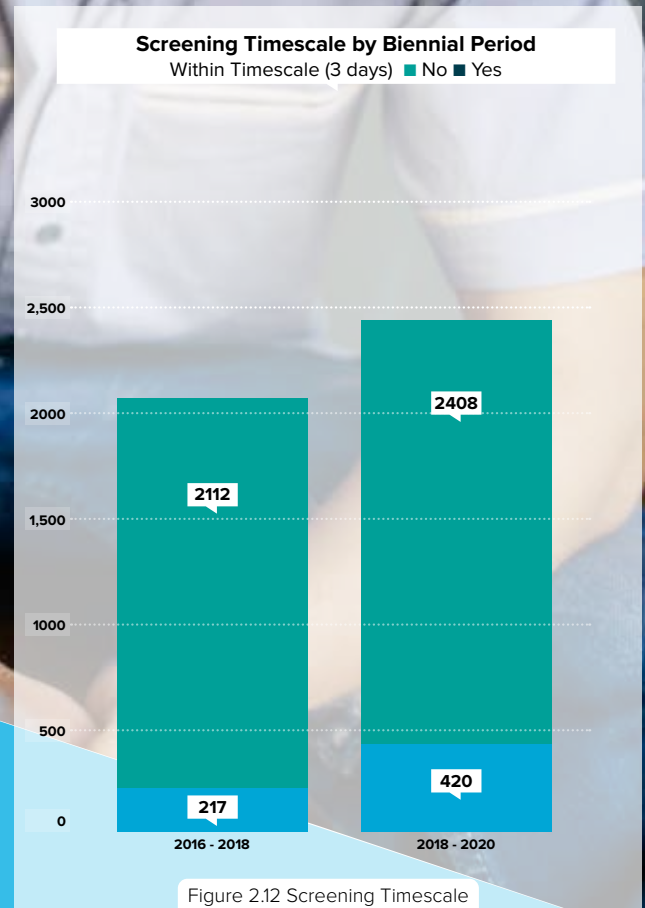
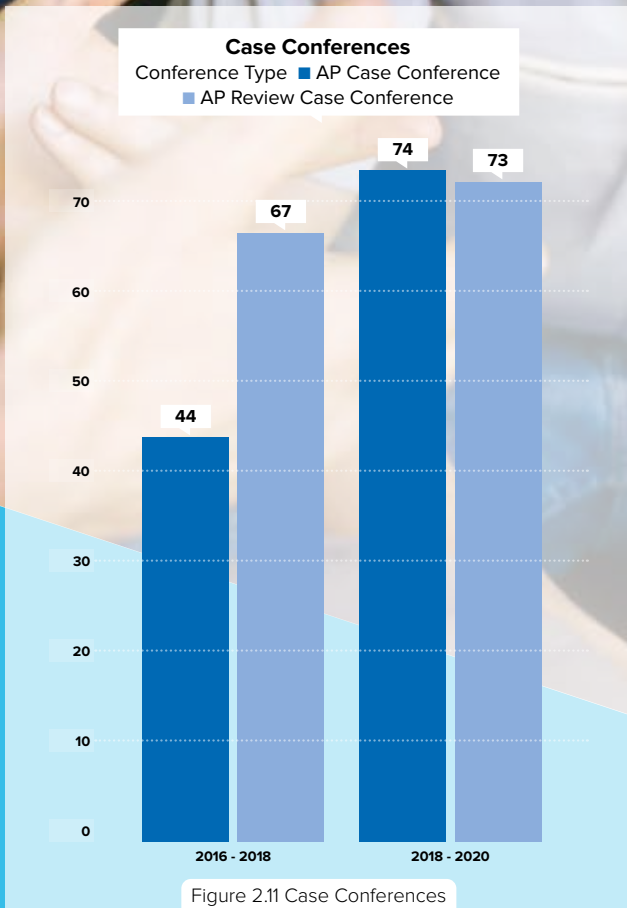


Figure 2.10 Investigations by Client Group and Biennial Period



Section 3.

Legal Requirements

Section 3 Legal Requirements

The Adult Support and Protection (Scotland) Act 2007 seeks to protect adults at risk of being harmed by requiring key partner agencies and other stakeholders to work together to support and protect adults who are unable to safeguard themselves, their property and their rights.

The Adult Protection Committee has a strong awareness of its statutory role and responsibilities and is committed to fulfilling these as effectively as possible in the best interests of adults who are at risk of harm and our wider communities. The Aberdeen City Executive Group for Public Protection provides additional support, leadership and oversight to these critical activities.

3.1 Protection of adults at risk

Empowering individuals is fundamental to the support and protection of adults at risk of harm however we acknowledge that we can often operate in a risk-averse environment where the desirability of empowering others has sometimes to be balanced against the necessity of reducing the risk of harm.

3.1.1 The APC's Risk Register is a means of providing assurance that in a complex, multi-agency system, the risk of harm to adults is being appropriately assessed with control measures in place to mitigate risks. As such, this document is discussed and updated at every APC meeting and also submitted to the Executive Group for Public Protection

It is important that the risk register is recognised as a comprehensive and effective tool for managing both emerging and established risks and that appropriate mitigations and the impact of these are accurately and consistently recorded. Our primary aim is to prevent harm happening to adults in the first place by enabling more widespread awareness of adult protection matters across services, sectors and communities. Where an adult is at risk of harm or is being harmed, our aim is to facilitate as early an intervention as possible in order to safeguard the adult from potential or further harm.

The risk register is a key underpinning document of the recently refreshed Adult Protection Improvement Programme whereby those risk entries whose mitigations have been identified as not successful or only partially successful have been reframed to form key objectives for the APC and its partners to take forward.

3.1.2 The Grampian Inter-agency Policy and Procedures for the support and protection of adults at risk is the primary ASP reference document for all statutory, third and independent sector organisations across the Grampian area and is reviewed every three years. It is an important framework for recognising and responding to situations where adults may be at risk of harm as it is crucial that all key adult support and protection processes and procedures are sufficiently clear and robust with well-defined timescales for all relevant stages. The planned review of this policy and accompanying procedures was suspended due to the Covid-19 pandemic and will resume in November 2020.

3.1.3 During this reporting period the Grampian Working Group used the Care Inspectorate's 'Practice Guide to Chronologies' to reflect on how well chronologies were being used by local practitioners and managers to inform the assessment and management of risk.

We identified a need to improve the production of chronologies as workers tended to view this task as an administrative burden. The Adult Protection Unit (APU) delivered chronology training for one hundred and thirty-two Council Officers to help them understand the significance of an adult's past events and how to derive appropriate linkage and learning from this. There are plans to arrange further training for fifty more practitioners before rolling out the programme across the whole of adult social work services.


It is inevitable that some adults will be identified as being exposed to a greater degree of risk than others and while our risk assessment process allows for the appropriate identification of risk exposure, the actions taken to respond to or greatly reduce high profile risks have not always been evident. A new risk matrix which more easily demonstrates that significant risk of harm has been reduced has been introduced across Grampian.

3.1.4 The Herbert Protocol is a national scheme for adults who go missing from their home and it was rolled out across the North East of Scotland by Police Scotland and other key partners such as NHS Grampian, Aberdeen Health and Social Care Partnership, Alzheimer Scotland and Voluntary Services Aberdeen in 2018. Over this reporting period the protocol was extended to include all vulnerable adults who are cared for by the local authority (e.g. residential care home or supported accommodation).

Our shared approach to missing persons seeks to ensure that all those responsible for the care of people who are at risk of going missing have put in place adequate care planning to mitigate this possibility. If however someone does go missing, to ensure that timely and necessary conversations take place thereafter and that appropriate supports are then accessed as and when needed. It also shows carers and staff what information is expected from them when they contact the police.

3.1.5 'Cuckooing' is described as taking over a person's home by using threats or actual violence towards the occupants in order to undertake criminal activities. Our safeguarding initiatives in response to this have included a series of joint visits involving colleagues from Police Scotland, Housing or Duty Social Work to individuals who, through local intelligence, have been identified as being subjected to cuckooing. The purpose of the visit is to offer advice and support to the individual to help them get out of the situation they have found themselves in and to try and protect and maintain their tenancy by referral to appropriate services.

The APU has worked in partnership with police colleagues to identify and safeguard vulnerable individuals and raise awareness of the harm that cuckooing can do. It is referenced within our multi-agency training and police colleagues have also delivered 'County Line' presentations to Duty Social Work staff and Council Officers. Increasing awareness of criminal exploitation has on occasion led to other serious crimes being discovered during ASP investigations, such as Human Trafficking.



3.1.6 As indicated earlier, the first two months of the Covid-19 pandemic overlaps with the end of this reporting period. National Guidance was received from the Scottish Government which emphasised that the principles of safeguarding remained the same but that our local processes and practices were to be revised to ensure that notwithstanding the impact of the pandemic, our interventions remained responsive and appropriate. Significant work was also undertaken to review all Protection Plans in light of the anticipated impact of lockdown restrictions which had the potential to create new situations and circumstances for adults at risk and their ability to safeguard their wellbeing or other interests. Key partners such as Police Scotland and NHS Grampian also adjusted their working processes and resource priorities to ensure Adult Support and Protection activity continued to be delivered effectively.

3.2 Details of support provided(advocacy)
During this reporting period, Advocacy Services Aberdeen (ASA) supported fifty-three adults in relation to adult support and protection matters, a decrease of twelve (18.46%) from the 2016-18 period. This most recent total consisted of twenty-three people with a learning disability, fourteen people with a mental health related issue, thirteen older adults and three carers.

On a limited number of occasions ASA have also provided support to those who were the alleged perpetrators of abuse. In these cases, it is generally to provide advice and support to a family member of an alleged victim to help them engage productively with the adult support and protection process and to understand why their behaviours caused concerns of harm and the action that is being taken.

ASA have also provided independent advocacy support to a group of older adults living in a nursing establishment following a large-scale inquiry. The work undertaken here supported those living within this setting to have their views made known on the quality of support and care that they were receiving and what they felt could be improved. This form of group advocacy within a LSI framework is an area of good practice that the Adult Protection Committee is keen to learn from and encourage going forward.

Service user feedback and involvement was highlighted as an area for improvement in the previous reporting period. We acknowledge that involving advocacy services at the beginning of the adult support and protection process is key to helping people understand their rights, express their views and wishes and be able to make more informed choices. ASA (as a key member of the APC) have designed a leaflet and booklet outlining how they can support people, what their ASP rights are and some general information on the process itself.

ASA in partnership with the APU are taking steps to effectively communicate this information to enable us to understand better the adult's experience at each touch point in the process.

3.3 Use of protection orders

No protection orders were granted during this past reporting period compared to one that was granted to ban acquaintances from visiting a home to financially exploit an adult between 2016-2018.

Our practitioners are very mindful of the 'least restrictive' principle that underpins our professional decision-making and have been working directly with adults, their families and carers to support them to understand and manage their own risk profile. This includes undertaking assessments, planning care and support and facilitating access to a wide range of practical and emotional supports such as independent advocacy and advice and services from other agencies. This model of intervention seeks to build upon the individual's existing resources and networks and in doing so, possibly reduce the need for statutory involvement without increasing risk to the individual no matter what their background and health status, including individuals who may lack mental capacity.

3.4 Public information

In recent years we have tried to raise awareness of adult support and protection matters in a variety of different ways and formats. It has been difficult to gauge impact of these initiatives as they have generally focused on raising awareness and do not necessarily result in an increase in the number of referrals subsequently received.

We recognise that developing an adult support and protection-specific communications strategy would help us promote the importance and relevance of adult support and protection to our local citizens and communities. A co-ordinated approach will enable us to promote key messages and campaigns and to promote everyone's right to be safe from all types of harm. We will prioritise this for reporting period 2020-22.

3.5 Communication and cooperation between agencies

We are confident that all key partner agencies understand the importance of sharing safeguarding information and the potential risks associated with not sharing it in a timely and effective manner. The APC and its constituent sub-groups provide different mechanisms and opportunities for different agencies to contribute to the protection of adults at risk of harm in the city. This has arguably resulted in a better understanding of vulnerability and how best to identify those most in need of our support and then provide effective, co-ordinated interventions to support and protect those individuals.

3.5.1 Our Initial/Significant Case Reviews (ICR/SCR) protocol is a key tool for satisfying the APC's statutory duties in respect of reviewing procedures, evaluating co-operation between agencies, undertaking quality assurance of practice and improving skills and knowledge.

During this reporting period, the Adult Protection Operational Sub-Group has been involved in an ICR where significant concerns were raised in respect of an individual's long-standing non-engagement and self-neglect despite the adult being well known at the time to several services. The ICR highlighted that the agencies involved in this case seemed to work in isolation to one another and that there was seemingly no consideration given to undertaking a multi-agency risk assessment or facilitating a professionals meeting to discuss what could and should be done. It was recognised that a better co-ordinated response was needed including a multi-agency risk management meeting and a key professional being identified to take the lead in engaging with the adult and providing on-going monitoring of the situation.

As a consequence of this case, a multi-agency joint procedure for people who are difficult to engage with and subject to serious self-neglect has been drafted and includes clear guidance on self-neglect pathways and relevant assessment tools, a comprehensive risk appraisal, collective ownership of cases, professional meetings and a change of staff culture around self-neglect and capacity. This guidance does not accept self-neglect as a 'lifestyle' choice even if the adult has mental capacity and does not meet the 3-point test.

Council Officers and other key partners have been referring to this draft protocol and working with the APU to ensure that the presence of mental capacity is not used as a justification for any inaction on our part. Awareness raising amongst key partners and others of this challenging area of practice has led to their commitment to working collectively to review the 'big picture' and determine the most favourable co-ordinated approach for achieving engagement with the adult and achieving the best outcome or solution. An easy to use infographic was developed in partnership to sit within the guidance and a plan is in place for this document to be submitted to the next APC for approval.

In addition, an event was held at the Beach Ballroom in relation to a Significant Case Review commissioned by the Glasgow Adult Protection Committee relating to the non-accidental death of an older adult caused by her son. The overarching intention was for frontline staff, key public protection partners and wider stakeholders to be able to reflect on our own local adult support and protection practice by considering the circumstances that led to this adult's death. Key learning points and recommendations were incorporated into the APC's Action Plan and also used as a training tool for advocacy workers within the city.

3.5.2 The Grampian Financial Harm group is a subgroup of the Grampian Adult Protection Working Group whose purpose is raising awareness of financial harm in its different forms; undertaking initiatives to reduce financial harm, and raising awareness of support available for people who are at risk of financial harm. During this reporting period, the group has undertaken the following actions:

- National Campaigns - members continue to take an active part in annual multi-agency initiatives such as Scams Awareness Month and Shut out Scammers.
- Training - financial harm awareness is included in all adult support and protection training and, for older people, 'Keeping Yourself Safe from Harm' training has been undertaken in sheltered housing complexes. Group members also took part in an awareness raising event organised by GREC (Grampian Regional Equality Council) for the over 65s on scams and how to avoid them. A financial harm training package has been developed in such a way that it can be used by different partners to raise their staff's awareness; this training can be undertaken face-to-face or virtually
- Financial Agencies - a meeting occurred with staff from various financial organisations to increase their awareness of adult support and protection and explore ways in which financial exploitation can be reduced.

- Self-assessment - it was felt that the group was beginning to lack impetus and so a self-evaluation was undertaken to identify which partners needed to be involved in the group, what its priorities for the next two years should be and how the momentum of the group's discussions and activities could be maintained over this period.

In addition, Police Scotland continue to raise awareness about door-step scams and frontline staff are briefed in relation to the financial support that is available to reduce the impact of financial poverty and how to direct an individual to this assistance if they have been scammed. These community safety initiatives along with community safety awareness training to all partners, which includes dementia, suicide, financial harm, domestic violence as well as other home safety areas have greatly assisted in our joint approach to protecting those most vulnerable in our communities.

The Financial Harm group are mindful of the different ways that fraud and financial harm can be perpetrated and amends its awareness raising message to suit this. We will continue to work with our individual organisations, third sector organisations and as a team to raise awareness of financial harm and try to understand some of the reasons why some methods of awareness raising do not seem to be as effective as we would wish them to be. We will continue to seek out opportunities to engage with the public in the effort to reduce all instances of financial harm.

- 3.5.3** The Grampian Capacity Assessment Multi-Agency Working Group was convened to develop a pathway for supporting practitioners who require capacity assessments to be undertaken. Membership included NHS Grampian Clinical Directors, a GP, a Consultant Clinical Neuropsychologist, Consultant Liaison Psychiatrist, MHOs and representatives from Adult Protection services in each of the three Local Authority areas in Grampian.

To support and strengthen an effective multi-agency response to requests for capacity assessments, the below documents were developed and issued as "working drafts" for use by all practitioners:

- Grampian Assessment for Capacity Referral Form
- Grampian Capacity Assessment Decision-Specific Screening Tool (requires to be provided with completed referral form)
- Grampian Capacity Assessment Pathway

The Decision-Specific Screening Tool provides a set of questions that allows social care professionals to carefully consider whether a capacity assessment is required and to then provide clear information and clarity on the referral from those making a request for capacity assessment under the Adults with Incapacity (Scotland) Act 2000 (AWI). This work has empowered practitioners to take on this responsibility and develop their critical thinking skills and has also contributed to reduced delays in getting capacity assessments and therefore better outcomes for the adult.



It was anticipated the tools would be evaluated in early 2020 however the Covid-19 pandemic has led to this work being postponed until a later date. In the interim, informal feedback from practitioners suggests that the documents have improved assessment of capacity. There is a commitment that the tools will be evaluated imminently and finalised.

The introduction of a decision-specific assessment tool and referral pathway has had positive implications for our local AWI procedures. Partnership staff were aware for some time that local policies and procedures for working with people who may lack capacity had been developed over a period of time and had typically led to rather piecemeal interventions. During this reporting period we started to revise and refresh the different elements of our operational procedures relating to incapacity and planned to incorporate them into one coherent procedure that covered all relevant AWI professional practice. However, the pandemic affected the completion of this task which remains a priority commitment as our practice in this respect would be noticeably more co-ordinated and effective as a result.

3.5.4 Police Scotland recently reviewed its procedures in relation to the sharing of information at Case Conferences and this prompted a wider review of processes within the Aberdeen North East Division. To ensure consistent standards in the sharing of information about vulnerable adults from the national Vulnerable Adults Database, the APU in partnership with Police Scotland circulated guidance to all Council Officers and practitioners who may have cause to handle Police information associated with Case Conferences.

This has proven to be a timely review given the current arrangements for remote/electronic participation in Case Conferences and serves as a good opportunity to refresh awareness around the sharing and appropriate disposal of Police information.

Police Scotland also launched information for Adult Survivors of Childhood Abuse which we promoted among our networks (e.g. Scottish Child Abuse Inquiry). The animated film helped to raise awareness amongst adult survivors of how to report childhood abuse to police, the criminal justice process, and the existence of survivor support services. The animation complements an existing information leaflet for adult survivors of childhood abuse and information on Police Scotland’s website, all of which aim to provide survivors with information to enable them to make an informed choice about whether or not they wish to report such abuse to police, whilst at the same time ensuring that they are signposted to relevant support services.

More than 80% of calls attended by Police do not result in a crime being recorded and vulnerability, mental ill-health and substance misuse issues continue to impact on the wellbeing of individuals and communities. With the world in which we live rapidly changing, it is recognised that policing must respond to the needs of the community.

North East Division has a Local Policing model, placing officers in the heart of communities where they are best placed to protect people. These local officers are supported by:

- ▶ The North East Division Public Protection Unit which contains a pool of officers skilled in investigating all aspects of public protection.

- ▶ The Risk and Concern Hub which is responsible for the triage, research and assessment of all concern reports submitted by police officers and staff in relation to children, vulnerable adults, youth offending and domestic abuse; and
- ▶ The Partnership Coordination Unit which contains a dedicated member of staff who deals solely with Adult Protection matters across the Division, and other staff specialising in case conference attendance among other matters.

A Detective Inspector from the Public Protection Unit has portfolio responsibility for Adult Protection, which compliments other portfolio leads for interconnecting issues, namely Child Protection, Domestic Offending, Serious Sexual Crime and Human Trafficking. The Detective Chief Inspector for Public Protection oversees all such portfolios in Aberdeen City Local Authority area. North East Division Public Protection structures are constantly under review to ensure demand is met, with a formal annual review each year to ensure the structures continue to meet the changing needs of the community.

- 3.5.5** NHS Grampian identified a need to strengthen the specialist Public Protection advice available to support the organisation and to ensure that its staff responded appropriately and effectively to the relevant legislative requirements. An Adult Public Protection Advisor was appointed in December 2019 and an Adult Public Protection Lead post was to be advertised in March 2020 however due to Covid-19 this was delayed to Summer 2020. This post is now also filled, and the successful candidate commenced employment in October 2020.

This enhanced Public Protection team will be able to provide additional support to NHS Grampian and its multi-agency partners across all adult Public Protection strands and provide assurance to appropriate oversight bodies that NHS Grampian is fulfilling its statutory duties.

- 3.5.6** The local introduction of wider home safety visits by the Scottish Fire and Rescue Service (SFRS) has resulted in Community Care service users being offered free home safety visits. Over this reporting period social work made 57 referrals to SFRS and the visits delivered has resulted in more effective engagement as well as providing more timely information sharing, including the most vulnerable who make repeated callouts and those who have an inability to cope alone at home. Having a better understanding of each other's roles and responsibilities has strengthened our partnership working and equipped our key partners to signpost individuals to other support organisations to improve the safety and wellbeing of individuals within the community.

SFRS was also involved in a national initiative supported by the Aberdeen City Community Action Team that involved a transforming approach to fire safety knowledge and awareness by providing information and publications to help protect vulnerable people from house fires in Aberdeen. This included a bedtime fire safety checklist, a Carers Guide for looking after someone who could be vulnerable from fire and a fire safety assessment personal plan used to prepare an emergency plan to set out what to do in case of fire and care providers can use this as part of the adult's care and support plan to generate a referral to the SFRS for a home safety visit.

3.5.7 We are aware that the Aberdeenshire section of the *Joint Inspection of Adult Support and Protection (2018)* report highlighted issues regarding attendance of Police and Health colleagues at Adult Protection Case Conferences. An audit of case conference attendances was undertaken (Table 1) to see whether there were similar issues evident in Aberdeen. The results showed that for those case conferences that they were invited to, Police Scotland attended all but one and for that single instance, provided a report in lieu of their attendance. For the eleven case conferences that health professionals were invited to, all but three were attended although a report was submitted in lieu of one of those non-attendances. GPs were invited to twelve case conferences but were not able to attend any; a report was instead provided for all but three of these meetings. In person attendance at case conferences is a crucial responsibility of our professional colleagues and work continues as to how best facilitate these discussions in the best interests of the case conference subject, the adult who is being harmed.

	Attended	Reports Provided when Not Attended	Apologies
Police (invited to 8/15 case conferences)	7 (87.5%)	1 (12.5%)	0 (0%)
Health Professionals (invited to 11/15 case conferences)	8 (73%)	1 (9%)	2 (18%)
GPs (invited to 12/15 case conferences)	0 (0%)	9 (75%)	3 (25%)

Table 3.1 Case Conference Audit

3.6 Workforce

The Adult Protection Unit facilitates and supports all ASP operational activity. It consists of one Co-ordinator responsible for providing professional advice on ASP matters to senior management and frontline operational teams across all partner agencies, a Trainer who is responsible for training fieldwork teams and delivering some wider partner training and two administrators who are responsible for logging all ASP reports, maintaining training records and supporting the organisation and minuting of Case Conferences by social work fieldwork teams.

All social work fieldwork teams with the exception of criminal justice service undertake ASP operational work which is allocated according to the presenting vulnerability, illness, and/or medical condition of the potential adult at risk. This means for example, that if a report identifies functional mental health concerns as the major vulnerability for the adult, then the adult mental health social work team would lead on operational ASP activity. The same principle applies for adults with substance misuse issues, learning disabilities, older adults and so on. The intention is that the operational ASP work 'flows' to the team with the best knowledge and professional network related to the adult at risk's needs.

The increased number and complexity of concern reports has led to an emerging view that the APU needs to be more fully resourced and supported. To this end we are currently reviewing the role of the Adult Protection Co-ordinator while at the same time developing a new strategic support role to improve the data analysis, reporting and assurance in respect of our adult support and protection activities.

3.7 Progress with training

The Grampian Learning and Development group is a subgroup of the Grampian Adult Protection Working Group. The role of the group is to support multi-agency trainers across the partnership to allow consistent responses to ASP concerns and also:

- ▶ To provide a strategic framework, common understanding and collective approach to inter-agency Adult Support and Protection Learning and Development.
- ▶ To develop a competent and confident workforce by the provision of inter-agency Adult Support and Protection Learning and Development opportunities. This is to complement existing single agency adult protection training provisions.
- ▶ To provide good quality, evidence-based, inter-agency Adult Support and Protection Learning & Development opportunities which are robust, fit for purpose, highly evaluated and regularly quality assured.
- ▶ To ensure that all workers have the necessary core competences, key knowledge, skills and values to deliver a consistently high standard of support to adults.

Membership comprises primarily training officers and adult support and protection leads from partner agencies. The group produces an annual action plan and our local training officer contributes to the Committees six monthly reports.

In order to fulfil a key commitment to support training across boundaries, the APC's partners have jointly invested in the provision of a multi-agency trainer, hosted by NHS Grampian. The multi-agency training provided by this colleague is a key opportunity for staff across our partner agencies to access and improve their knowledge and practice in respect of adult support and protection.

3.7.1 Key Learning and Development Group achievements during the reporting period include:

- ▶ A significant level of core and bespoke training has occurred during the reporting period. Evaluation of training packages are now being held between 1-3 months after the training event so that the impact on practice can be seen.
- ▶ Multi-agency GP events have been held focusing on learning from local and national case reviews, decision specific capacity tools and non-engagement of potential adults at risk of harm.
- ▶ Robert Gordon University held an annual Inter-Professional Learning Event with two hundred undergraduate social work, midwifery and mental health nursing staff attending along with Police Scotland personnel. Of greatest benefit was the simulated multi-agency case study discussion. This highlighted the different roles and responsibilities of the professions and the need for inter disciplinary co-operation.

- ▶ Previously a training package had been developed and delivered to people who require communication support (e.g. people with a learning disability) about how to keep themselves safe from harm. At the request of some service users from a sheltered housing establishment, a new pack has been developed with a focus on older people. The service users also co-produced the training package.
- ▶ Bespoke multi-agency training occurred on Hoarding/Self-neglect and Older People affected by Domestic Abuse.
- ▶ Training for trainers sessions were delivered across Grampian to Scottish Fire and Rescue Service staff who rolled out the training across the area which resulted in an increase and improvement in the quality of information contained in referrals.
- ▶ Updated Learning and Development Terms of Reference and Strategic Framework documents were approved by the APC.

3.7.2 The priorities for the Learning and development Group over the next two years include:

- ▶ Roll out of financial harm awareness training
- ▶ Development of training in relation to Initial, Multi Agency and Significant Case Reviews
- ▶ Learning and Development provision arising out of the policy review
- ▶ Development of GP level 3 training in line with the Royal College learning outcomes.
- ▶ A new refreshed and updated online training programme on public protection for all NHS Grampian staff.

3.8 Service user engagement

Engagement of service users can be problematic due to cognitive and communication difficulties. Also people have advised that they did not want to revisit the experience. Nevertheless, the APC continues to work with Advocacy Services Aberdeen (ASA) to increase and improve its engagement practices with service users and carers.

It has previously been the case that people who are going through an adult support and protection intervention were asked if they would be willing to give us feedback on this experience later. The intention has been for people to be subsequently contacted by a colleague from ASA or the health and social care partnership however there have been issues in that there can be a delay between people agreeing to give feedback and being contacted; people aren't aware that they have had ASP input, or they can't separate it from other support they have received or they don't want to revisit the experience. As a result, since 2017 of the 53 people who agreed to be contacted to give their feedback, only 11 people have actually been interviewed.

One interview that did take place highlighted that the person did not know what the conclusion of their ASP intervention had been, or even if it had concluded. When fed back to ASP colleagues it was agreed that this should be addressed so that everyone who goes through an ASP intervention should be written to when it is closed detailing its conclusion. This change has since been operationally implemented. It has also been suggested that feedback of someone's personal experience should be an integral element of the conversations that ASA and others are having with that individual during the ASP process and whilst advocacy support is in place. This offers the advantage of the person hopefully feeling more at ease over a number of conversations rather than a one-off contact at the end of the process. The ASP Operational Group have fully supported the implementation of this model although the pandemic has prevented it from being fully realised.

Section 4.

Outcomes, Strengths and Challenges

4.1 Outcomes

4.1.1 We see the importance of evidencing the outcomes that have been achieved for the individuals with whom we work. Adult support and protection is complex and challenging but we must be able to show the positive outcomes for individuals who have been harmed or are at risks of harm.

4.1.2 During this reporting period we developed a wider overarching Quality Assurance (QA) framework that involves the sampling and reading of ASP casework where adults at risk have progressed to the investigation stage and beyond. The framework focuses on those positive outcomes that have been achieved with and for the person as well as procedural adherence within timescales by the practitioners. Random sampling of the QA outcomes by the APU provides assurance to both the APC and senior managers that adults are safer because of our interventions and that a key factor in this is the quality and effectiveness of our collaborative decision-making.

The QA Checklist is based on quality indicators from the Care Inspectorate. Our quality assurance framework promotes reflective practice and shared learning. Staff receive feedback on their practice to be discussed and reviewed in supervision using a local development tool that helps identify skills gaps or areas of good practice.

4.1.2 In January 2020, local authorities were given a statutory duty to support vulnerable people who are being interviewed by the Police. Previously, appropriate adult provision was delivered by social workers on a voluntary basis but resourcing this proved challenging. To allow scoping of the new duties and to have a clearer picture on overall demand we managed the service 'in-house' with our Duty Social Work team responding to requests from police during working hours and for out of hours at all other times.

Since establishing this service, we have created a co-ordinator role to support the wider development of the appropriate adult service and its training requirements. We have provided training to eighteen people taking on the new role of an appropriate adult and have supported ninety-five vulnerable adults being detained or interviewed by the police. We are now developing our 'appropriate adult' guidance and working towards an 'appropriate adult' quality assurance process to ensure high quality support and service delivery at all times.

4.1.3 The recognised benefits of multi-agency collaborative working have facilitated our ongoing engagement with our local care homes and care providers and enabled a more robust approach to early risk identification, assessment and mitigation and the co-ordinated implementation of improvement plans. We continue to promote a culture of awareness at provider forums and offer clarity on when adult protection procedures should be applied.

A rolling programme of assurance visits to care homes which will prioritise the safety and welfare of residents and a plan to review the Thresholds Document which provides additional guidance locally for supporting the consistent application of the definition of an adult at risk across all care establishments is in place.

4.1.4 The partnership is committed to fulfilling its responsibilities and help improve community safety outcomes. Key partners from the Community Safety Hub meet virtually on weekdays to discuss community safety issues and by operating as a single team, problems are tackled and dealt with more quickly specifically in response to addressing anti-social behaviour.

We have also improved our response in respect of vulnerable adults who are known or suspected to be targeted or exploited by others. Police Scotland reported a number of recent incidents in the city where vulnerable people appeared to have been targeted. The APU asked practitioners to be mindful of risks and signs of potential abuse so that preventative measures could be considered, and appropriate action taken undertaken. During lockdown, it was highlighted that those at greater risk of being exploited are the more vulnerable and with a rise in crimes relating to this group of people, everyone was asked to increase their vigilance and report any concerns quickly and appropriately.

4.2 Strengths

4.2.1 The APC, partner agencies and other appropriate governance bodies can be assured by the strengths of our adult support and protection activities, initiatives and interventions. The scale and complexity of adult protection activities across the city can sometimes make us take for granted the capability, dedication and resilience of our many colleagues across all of the partner agencies who are endeavouring to make Aberdeen a safer city for us all but especially for those who are at most risk of harm.

4.2.2 We strongly believe that there is a positive teamwork ethos evident within the sphere of adult support and protection in Aberdeen City.

Working together across key services and organisations provides us with opportunities to share information, knowledge and expertise as well as physical resources. For example, promoting safeguarding systems where we recognise that partners across housing and the third sector are a vital component in identifying not just where someone lives but in identifying the links between housing-related matters and social justice. Our use of problem-based case studies and learning have reduced practice knowledge gaps and resulted in better equipped practitioners producing better practice to the benefit of individuals with housing-related needs.

We have been successful in employing a range of collaborative activities across key partners and organisations such as inter-agency learning events at Robert Gordon University and GP events to widen our views and understanding regarding the different roles and responsibilities associated with adult support and protection and the kinds of challenges typically encountered by others. Effectively clarifying and confirming professional roles has helped aid understanding across the different professions and has led to less resistance to improving the quality of practices and services.

4.2.3 Our commitment to protect those individuals who are at risk of harm or who are being harmed has been a key motivating factor in the development and implementation of many meaningful and substantive activities and initiatives across the APC, its partner agencies and its constituent sub-groups. We are committed to fulfilling expectations and delivering better outcomes for the individuals with whom we work with a strong desire to improve our practice and performance even more.

4.2.4 Our willingness and ability to quickly adapt and respond positively to change has been evidenced within our initial business continuity response to the Covid-19 pandemic. Social workers from across different service areas were redeployed to the Duty Social Work Team and the Adult Protection Unit was co-located alongside it. Deployed staff received appropriate induction and fast-track core training to enable them to fulfil adult support and protection and appropriate adult responsibilities, including second person training to allow them to carry out these statutory duties. The Duty Social Work Team was also reconfigured to become a 7-day week service to complement the operation of the out-of-hours service and be able to respond appropriately and effectively to suspected, alleged or known abuse.

In addition, the Grampian Working Group, for example, identified the following as key actions to ensure the wellbeing and welfare of local citizens during lockdown:

- ▶ Sharing awareness of risk across the three local authority areas to support a consistency in response e.g. highlighting the risk of exploitation, raising awareness, and working with Police Scotland and Trading Standards.
- ▶ Share good practice across the three partnerships
- ▶ Increased vulnerability due to mental well-being deterioration due to social distancing and isolation will be monitored, with good practice around mitigating this risk being shared across the partnerships

- ▶ Escalation of risk for perpetrator being kept in the same household as the adult and increased stress will continued to be monitored. Police will attend any reported incidents and protection planning will occur reported through ASP
- ▶ APC will be kept informed of patterns of concern and contingency plans from the service areas regarding adults at risk. APC Convenors will inform the respective Chief Officer Groups
- ▶ Financial Harm Subgroup will monitor emerging scams praying on fear and social isolation caused by COVID19

4.3 Challenges

4.3.1 Given the scale and complexity of adult support and protection activity in Aberdeen it is understandable that there are many different challenges to overcome to ensure that the best possible support is being offered to individuals who are at risk of harm. Some of these challenges are partner-specific and some are reflective of wider, systemic issues. Irrespective of their origins or magnitude, it is incumbent on the APC for it to be aware of these challenges and be assured by the discussions that are ongoing between key professionals, groups and agencies to overcome them in the best interests of the individuals who are at risk of harm.

4.3.2 Adult Protection Committees have a legal responsibility for monitoring the implementation of appropriate adult protection procedures. During multi-agency training it became apparent that several attendees were reluctant to follow approved protocol in respect of reporting Adult Support and Protection concerns to the Council and where a crime is suspected, to the Police.

The main reasons that were identified for not referring adult protection concerns were a perception that staff see themselves as 'hands on' carers only and they do not want to jeopardise relationships with families they are involved with and do not want to get involved with anything other than 'caring' for the individual particularly if Police were to be involved, given perceived workplace awkwardness/conflict.

The APC contacted service providers by letter in an attempt to raise awareness and asking for their commitment to ensure their staff felt supported and confident to report adult protection concerns appropriately. The link to the Grampian Interagency Policy and Procedures and the Adult Protection Unit was shared with an invite for all providers to participate in support and protection training opportunities available for staff to attend. The result was a success with forty-one staff members from across five organisations undertaking ASP training and this led to an improvement in the appropriateness of referrals.

4.3.3 We recognise that we need to develop local policies and effective inter-agency co-operation to ensure the accountability of agencies. The third sector performs an essential contribution in this area of practice and whilst commitment and engagement are evident in many areas, there continues to be missed opportunities for engaging with voluntary organisations as well as we would wish.

4.3.4 An Initial Referral Discussion (IRD) is the first stage in the process of joint adult protection assessment following a notification of concern and includes Social Work, Health and Police alongside other key agencies where appropriate.

IRDs normally are led by a social work manager but it has proved difficult to initiate this process as well as we would wish. The partnership has identified an operational model for the delivery of lead agency ASP activity going forward that will centralise screening and IRD to a single team. The APC Improvement Plan has identified IRDs as an action to be taken forward and a plan is in place to develop a short-life working group to consider implementation of these recommendations with key partner participation in the process.

4.3.5 The improvement of our single and multi-agency data analysis to support our improvement activity has not progressed as much as we would wish. There are inherent strengths in the data analysis capabilities of each of the statutory agencies but it is perhaps the case that routine data analysis discussions are not yet fully embedded in our multi-agency collaborations to inform our desired improvements. Further consideration will be given to how we can best utilise our available multi-agency resources so that our ongoing discussions and decisions are informed as fully as possible by insightful analysis of the appropriate data.

Similarly, we have not made much progress during the reporting period in the development of an ASP-specific Performance Management Framework to enable us to look beyond the operational activity volumes and understand better the effectiveness of our multi-agency interventions and the outcomes that have been achieved for the person at risk of harm. Our poor progress has been due to the combined impact of operational demands and strategic resource availability however we are pleased to report that the development of an ASP-specific performance and assurance dashboard is being taken forward under the Covid-recovery, 'Aberdeen Together' umbrella.

Section 5.

Looking Forward

- 5.1** This has been another busy biennial period for members of the Adult Protection Committee and all agencies involved in the support and protection of adults at risk of harm in Aberdeen. As welcome as the positive endeavours and impacts have been, we are mindful that the risk of harm is ever-present, and so we must ensure that our diligent professionalism and effectiveness continue also.
- 5.2** It is impossible to predict when the Covid-19 pandemic will come to an end, enabling different lockdown restrictions to be eased or withdrawn. Given this, the Scottish Government's guidance will continue to have a strong relevance on how we ensure the continued effectiveness of our interventions. We will always seek to be reassured that any and all operational or procedural changes are wholly consistent with the safeguarding principles that underpin the support and protection of adults at risk of harm.
- 5.3** To help us frame our priorities for the next two years, a Grampian-wide virtual exercise was held earlier this year. These priorities were to be discussed further at a workshop in April but unfortunately this had to be postponed because of the pandemic. The draft priorities are currently:
- ▶ Review of ASP processes and procedures
 - ▶ Systematic approach to quality assurance checks of adult protection work.
 - ▶ Performance Management Framework across all partners and improved data collection.
 - ▶ Review the issues surrounding every fatal fire in dwellings and put in place joint-agency interventions to prevent a similar event occurring.
 - ▶ The development of and transition to a new model of adult protection practice embedded.

Further discussion of these draft priorities will be facilitated soon so that there is a recognised strategic coherence to our improvement programme and all the other developmental activities and initiatives that are taking place.

- 5.4** As referenced elsewhere, an Improvement Programme (2020-2022) has been drafted using as its basis the APC's Risk Register. The objectives in this proposed programme relate to those risk entries whose mitigations have been identified as not successful or only partially successfully, and include the following:

Improvement Objectives

1.1	Multi-agency partners will consistently comply with multi-agency adult protection policies, procedures and practice guidance by having access to effective multi-agency learning & development support.
1.2	Policies, procedures and practice guidance are easily accessible to all multi-agency partners.
1.3	A process for Inter-agency Referral Discussions (IRDs) will be in place.
2.1	Advocacy is offered to all ASP adults and carers and recorded if declined.
2.2	Experience of adults and carers is proactively sought to ensure their views are being heard and rights are respected.
2.3	A programme of Quality Assurance will be in place to monitor and identify areas for improving access to Advocacy.
3.1	A multi-agency learning, and development annual programme will support multi agency staff to have the required ASP knowledge, skills and competencies.
3.2	Multi-agency partners have the required workforce to respond effectively to supporting adults at risk of harm.
4.1	APC and operational sub-group will proactively consider all potential cases where there are learning opportunities by utilising the Initial Case Review (ICR) process.
4.2	A robust quality assurance process in response to local/ national case reviews will be developed to ensure learning is embedded into practice.
4.3	A learning framework in response to identified needs e.g. ICR/SCRs will be developed and include methods of evidencing learning.
4.4	A Supervision framework will be in place for practitioners.
5.1	A Multi agency self-evaluation will be carried out and a process put in place for periodical self-evaluations to ensure all key areas of improvement have been identified and acted upon.
6.1	A multi-agency performance framework will be developed to include data and quality indicators.
7.1	Regular reports will be provided from APC to the Executive Public Protection Group.

Table 5.1 Improvement Objectives

This improvement programme will be taken forward by the APC Operational Sub-group with updates presented regularly to the APC.

- 5.5** Realising the city's vision where people feel safe, supported and protected from harm requires all of its citizens to be actively engaged in the wellbeing of our local communities and populations. All abuse, irrespective of its type, is unacceptable and everyone has a responsibility to prevent this where possible and report it to the appropriate authorities when they first become aware of it. Together we will protect those most at risk of harm.

Appendix 1

The Aberdeen City Adult Protection Committee has taken a risk-based approach to developing its improvement action plan for the next biennial reporting period, 2020-2022. After conducting a multi-agency risk analysis (and subsequent population of a 'live' risk register), an Improvement Action Plan has been developed with the intention of addressing identified risks.

Summarised below, are the key improvement outcomes and objectives of the APC going into the next reporting period.



OUTCOME	OBJECTIVE
Multi agency adult protection policies, procedures and practice guidance are complied with consistently.	Multi-agency partners will have access to effective multi-agency learning & development support.
	Policies, procedures and practice guidance are easily accessible to all multi agency partners
	Process for Inter-agency Referral Discussions (IRD's) will be in place.
The voice of stakeholders is key in the adult support and protection process – improvements are fully inclusive of the voice of the adult and their family.	Advocacy is offered to all ASP adults and carers – and is recorded if declined.
	Experience of adults and carers is proactively sought to ensure their views are being heard and rights respected.
	A programme of Quality Assurance will be in place to monitor and identify areas for improving access to Advocacy.
Lead agency and partners are adequately resourced, trained and developed to have both capacity and capability to respond to the demands of adult support and protection work.	A multi-agency learning and development annual programme will support multi agency staff to have the required ASP knowledge, skills and competencies.
	Multi-agency partners have the required workforce to respond effectively to support adults at risk of harm.
Local and national case reviews contribute to learning and continuous development.	APC and operational sub-group will proactively consider all potential cases where there are learning opportunities by utilising the Initial Case Review (ICR process)
	A robust quality assurance process in response to local/ national case reviews will be developed to ensure learning is embedded in practice.
	A learning framework in response to identified needs e.g. ICR/SCR will be developed.
	A supervision framework will be in place for practitioners.
The APC Improvement plan robustly reflects all key areas of improvement as a result of effective multi-agency self-evaluation.	A multi-agency self-evaluation will be carried out and a process put in place for periodic self-evaluations to ensure all key areas of improvement have been identified and acted upon.
Multi-agency collection, sharing and use of data enables better decision making to support and protect adults at risk of harm.	A multi-agency performance framework will be developed to include data and quality indicators.
The impacts of COVID-19 are considered and appropriately incorporated into adult support and protection activity.	Regular reports will be provided from APC to the Executive Public Protection Group
	ASP training will be redeveloped to enable effective training to be delivered virtually or adapted to be delivered safely.





INTEGRATION JOINT BOARD

Date of Meeting	25 May 2021
Report Title	Integration Joint Board – 6 monthly Strategic Risk Register review
Report Number	HSCP.21.054
Lead Officer	Sandra MacLeod
Report Author Details	Name: Sandra MacLeod Job Title: Chief Officer Email Address: <i>samacleod@aberdeencity.gov.uk</i>
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	Appendix A – Strategic Risk Register

1. Purpose of the Report

- 1.1. To present the Integration Joint Board (IJB) with its Strategic Risk Register, as part of the IJB's 6 monthly consideration and review of its strategic risks.
- 1.2. To present to the IJB the decisions from the Risk, Audit and Performance Committee (RAPC) of 27 April 2021 with regards to report HSCP.21.043 - Strategic Risks.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board note Appendix A, the current position of the Strategic Risk Register.
- 2.2. **Add Risk 11:** It is recommended that the IJB approve Appendix A, the proposed addition to the Strategic Risk Register relating to the Integration Joint Board's duties under the Civil Contingencies Act 2004 as endorsed by the Risk, Audit and Performance Committee at its meeting on 27 April 2021.
- 2.3. **Remove Risk 10:** It is recommended that the IJB approve the removal of Risk 10 (European Union Exit) from the Strategic Risk Register, as



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endorsed by the Risk, Audit and Performance Committee at its meeting on 27 April 2021; noting that any workforce risks arising from the EU Exit will be captured within Risk 9 (Workforce).

- 2.4. Note review of Risk 3:** IJB is asked to note that a review of Risk 3 (Hosted Services) will be presented to the September 2021 meeting of the Risk, Audit and Performance Committee; as supported at its Committee on 27 April 2021.

3. Summary of Key Information

6 monthly review of Strategic Risk Register

- 3.1.** The full Strategic Risk Register is included at Appendix A. The Risk Owners have updated the Register to reflect any changes.

Endorsements from Risk, Audit & Performance Committee

RISK 11 – NEW RISK

- 3.2.** At the 23 March 2020 Integration Joint Board (IJB) a report on the inclusion of IJB's as Category 1 Responders under the Civil Contingencies Act, 2004 was considered. The IJB agreed to delegate development of a new risk to the Chair of the Risk Audit and Performance Committee. Based upon discussions between the Chair and the Business Manager of Aberdeen City Health and Social Care Partnership (ACHSCP) it was concluded that the duties outlined could not be woven into any of the other strategic risks, and a separate strategic risk was drafted on the duties under the Act.
- 3.3.** The draft wording is contained in Risk 11, in the Appendix to this report. The wording of the risk replicates the risk in Aberdeen City Council's Corporate Risk Register and consultation has been undertaken with the Corporate Risk Lead in the Council on the draft Strategic Risk.
- 3.4.** The Risk, Audit and Performance Committee at its meeting on the 27 April 2021 considered this draft risk and recommended the inclusion of the risk on the Register to the IJB. The Committee noted that further controls and mitigations would be added to the draft risk and that officers would liaise with the Risk Manager in NHS Grampian on the risk to ensure that all relevant controls and mitigations were in place.



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RISK 10 – European Exit

- 3.5. Members of the Committee will be aware that the end of the Transition Period for the United Kingdom leaving the EU expired on 31 December 2020, with the United Kingdom (UK) and the European Union (EU) reaching a “deal” to allow the UK to leave. The National Coordination Centre (set up across the UK in December 2020 to monitor issues arising from the exit from the EU across structures throughout the country) has been stood down as of 27 March 2021.
- 3.6. Any issues remaining or arising from the EU exit are managed as part of business as usual in services.
- 3.7. The Risk, Audit and Performance Committee at its meeting on the 27 April 2021 considered the removal of this risk from the strategic risk register and agreed to recommend the removal of the risk to the IJB, noting that the governance in place within both Aberdeen City Council and NHS Grampian, although stood down, was effectively on “standby” if there was a requirement to escalate matters. It was also noted that any workforce risks resulting from the EU exit would be captured within strategic risk 9 (Workforce).

RISK 3 – HOSTED SERVICES

- 3.8. At an IJB workshop in October 2020, Board Members felt that was a risk in relation to the financial oversight of Hosted Services and that performance across the services was mixed. It was suggested that the impact for this risk should be moved from moderate to major and that this should be discussed further at the Risk, Audit and Performance Committee (RAPC).
- 3.9. RAPC on 21 January 21 agreed that the “deep dive” on this specific risk be brought back to the Committee once work had concluded on an audit being undertaken by NHS Grampian on hosted services. Further consideration between the Chair of RAPC and officers determined that further work be undertaken to look at both the services hosted by the City IJB, as well as those services being hosted by Aberdeenshire and Moray IJBs. Included in this review will be an examination of control measures and mitigating actions in place in relation to hosted services to help provide assurance to the IJB.
- 3.10. The Risk, Audit and Performance Committee at its meeting on the 27 April 2021 considered a proposal that the outcome of this review (including a sense check against the outcomes of the NHS Grampian Audit) be reported to the RAPC on 23 September 2021. The Committee noted these details.



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Further review of Risk

- 3.11. It is proposed to hold an Integration Joint Board workshop in October 2021 to allow Members to review both the Strategic Risk Register as well as the Board's Risk Appetite Statement. The outcome of this review is proposed to be presented to the March 2022 Integration Joint Board.

4. Implications for IJB from this report in relation to:

- 4.1. **Equalities** – while there are no direct implications, equalities implications will be considered when implementing certain mitigations.
- 4.2. **Fairer Scotland Duty** – while there are no direct implications the Fairer Scotland duty will be considered, where appropriate, where implementing certain mitigations
- 4.3. **Financial** – while there are no direct implications, financial implications will be considered when implementing certain mitigations.
- 4.4. **Workforce** - there are no direct implications.
- 4.5. **Legal** - there are no direct implications.
- 4.6. **Covid-19** – Aberdeen City Health & Social Care Partnership (ACHSCP) has been working closely with NHS Grampian and Aberdeen City Council during the response to the pandemic. This work builds on the collaborative working and systems put in place during the pandemic to ensure a continued co-ordinated response to the wellbeing of citizens across Aberdeen.
- 4.7. **Unpaid Carers** – There are no direct implications relating to unpaid carers in this report.
- 4.8. **Other** - none.

5. Links to ACHSCP Strategic Plan



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



INTEGRATION JOINT BOARD

6. Management of Risk

- 6.1. **Identified risks(s):** all known risks
- 6.2. **Link to risks on strategic or operational risk register:** all risks as captured on the strategic risk register.
- 6.3. **How might the content of this report impact or mitigate these risks:**
Ensuring a robust and effective risk management process will help to mitigate all risks.

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

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Strategic Risk Register

Revision	Date
1.	March 2018
2.	September 2018
3.	October 2018 (IJB & APS)
4.	February 2019 (APS)
5.	March 2019 (IJB)
6.	August 2019 (APS)
7.	October 2019 (LT)
8.	November 2019 (IJB workshop)
9.	January 2020 (ahead of IJB)
10.	March 2020
11.	July 2020
12.	October 2020
13.	November 2020
14.	January 2021
15.	May 2021

Introduction & Background

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

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

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

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

Appendices

- Risk Tolerances
- Risk Assessment Tables



Colour – Key

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

Risk Summary:

1	There is a risk that there is insufficient capacity in the market (or appropriate infrastructure in-house) to fulfil the IJB’s duties as outlined in the integration scheme. This includes commissioned services and general medical services.	High
2	There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and projects an overspend.	Very High
3	There is a risk that the outcomes expected from hosted services are not delivered and that the IJB does not identify non-performance in through its systems. This risk relates to services that Aberdeen IJB hosts on behalf of Moray and Aberdeenshire, and those hosted by those IJBs and delivered on behalf of Aberdeen City.	High
4	There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed to maximise the full potentials of integrated & collaborative working. This risk covers the arrangements between partner organisations in areas such as governance; corporate service; and performance.	Low
5	There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally-determined performance standards as set by the board itself. This may result in harm or risk of harm to people.	Medium
6	There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care	High
7	Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system	High
8	There is a risk that the IJB does not maximise the opportunities offered by locality working	Medium
9	There is a risk that if the System does not redesign services from traditional models in line with the current workforce marketplace in the City this will have an impact on the delivery of the IJB Strategic Plan.	Very High
10	There is a risk that ACHSCP is not sufficiently prepared to deal with the impacts of Brexit on areas of our business, including affecting the available workforce and supply chain.	High
11	Risk of non-compliance with Aberdeen City IJB’s responsibilities as a Category 1 Responder under the Civil Contingencies Act, 2004.	High





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-1-

Description of Risk: There is a risk that there is insufficient capacity in the market (or appropriate infrastructure in-house) to fulfil the IJB's duties as outlined in the integration scheme. Commissioned services in this context include third and independent providers of care and supported living and independent providers of general medical services, community optometry and general dental services. Additional pressures from other parts of the system also add to market instability. For example, recruitment of care staff within a competing market, reduction of available beds and the requirement to care for more complex people at home. Most recently, sustainability for providers of both care at home and care homes has been compromised by the impact of COVID-19, including access to the necessary PPE and associated costs incurred, staff availability due to blanket testing and the occupancy levels within some of our care homes.

Strategic Priority: Prevention and Communities

Leadership Team Owner: Lead Commissioner

Risk Rating: low/medium/high/very high

HIGH

Rationale for Risk Rating:

- There have been several experiences of provider failure in the past and this has provided valuable experience and an opportunity for learning. There is unmet need in the care sector evidenced by out of area placements and use of agency staff which would indicate that there are insufficient skills and capacity to meet the needs of the population
- There are difficulties in recruiting to vacant GP positions within the city which has led to GP practices closing
- Discussion with current providers and understanding of market conditions across the UK and in Aberdeen locally.
- Impact of Living Wage on profitability depending on some provider models (employment rates in Aberdeen are high, care providers have to compete within this market)
- The impact of Covid-19 on providers is not yet fully quantifiable. Bed occupancy has reduced, and costs have increased potentially through maintaining existing staffing levels and procuring PPE.
- The impact of Covid-19 on independent GP practices, community optometrists and general dental practitioners is not yet fully quantifiable. Should supply of these contracted services reduce due to financial constraints and businesses fail, there may be insufficient capacity to provide services to patients. The responsibility to ensure patients have access to these services rests with the Partnership. Scottish Government via Chief Dental Officer has highlighted an increased risk of reduction in General Dental Practitioners capacity as a result of patient deregistration activity seen in some regions

IMPACT

Almost Certain					
Likely					
Possible				✓	
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme

Rationale for Risk Appetite:

As 3rd and independent sectors are key strategic partners in delivering transformation and improved care experience, we have a low tolerance of this risk. It is suggested that this risk tolerance should be shared right throughout the organisation, which may encourage staff and all providers of primary health and care services to escalate valid concerns at an earlier opportunity.

Risk Movement: increase/decrease/no change

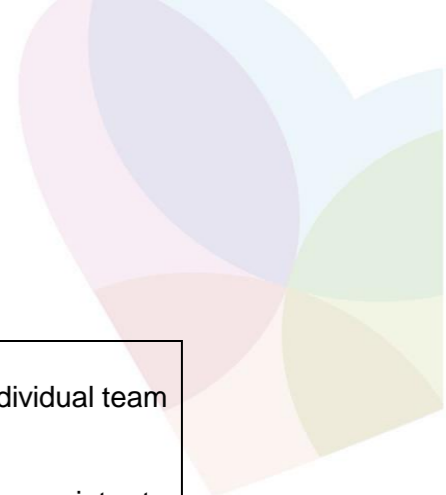
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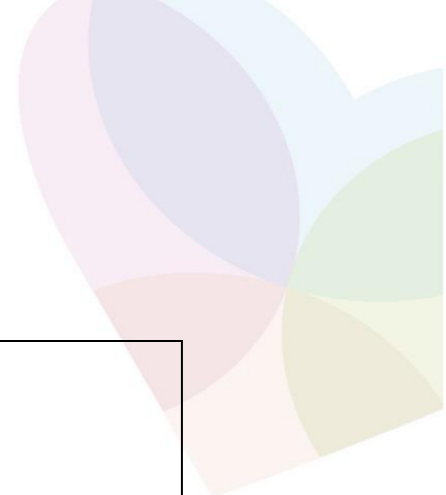
- Robust market and relationship management with the 3rd and independent sector and their representative groups, building a sense of shared risk, in an environment where people operate in a respectful and responsible fashion. In particular, with a sense of etiquette in the way in which businesses conduct themselves
- GP Contracts and Contractual Review and GP Sustainability Risk Review - workforce and role review in primary care.
- Funding arrangements which take into account the annual increase to support payment of the Scottish Living wage
- Contact monitoring arrangements – regular exchange of information between contracts and providers and progressing new contracts

Mitigating Actions: The IJB's commissioning model has an influence on creating capacity and capability to manage and facilitate the market :-

- The development of virtual provider huddles
- The development of the local PPE hub
- Consortium of providers purchasing PPE
- Risk fund set aside with transformation funding
- Implementation of GMS contract
- Remodelling of 2C practices
- Interim financial support from Scottish Government for community optometrists and general dental practitioners.



<ul style="list-style-type: none"> • Clinical and care governance processes – and the opportunity to provide assurance, including assurance that all appropriate leadership team members and staff have undertaken Adult Protection training. • Leadership team monthly discussion of operational and strategic risk – to ensure shared sense of responsibility and approach to potential challenging situations. • Close working between partnership (social work, medical and nursing practitioners), care inspectorate, and public health directorate • Clinical and Health Protection Scotland Guidance for social care settings. • GP Sub Committee of Local Medical Council 	<ul style="list-style-type: none"> • Provider of last resort – Bon Accord Care • The development of risk predictor tools in association with the care inspectorate, and individual team escalation plans • Reconciliation process – working on a pan Grampian approach • Worked with care providers to develop key business contacts that providers can use over winter to help with their overall business continuity planning e.g. links to Flu vaccine details/NHS Inform/SEPA/Met office/Council Roads/Travel Providers. • Develop and implement the Residential Care Providers Early Warning System (once returned to new normal) with monthly returns from providers using MS Forms to gather intelligence and report to all relevant parties. • Intervention by Scottish Ministers and Public Bodies where financial failure evident • Grampian PH Team to provide advice on all aspects of prevention, testing and management of Covid incidences • All care home staff offered weekly Covid testing
<p>Assurances:</p> <ul style="list-style-type: none"> • Market management and facilitation • Inspection reports from the Care Inspectorate • Contract monitoring process, including GP contract review visit outputs. • Daily report monitoring • Clinical oversight group – daily meetings • Good relationships with GP practices • Links to Dental Practice Advisor who works with independent dentists • Director of Dentistry co-ordinating Grampian contingency planning to <ul style="list-style-type: none"> • horizon scan for regional deregistration activity • proactively work with practices that wish to deregister patients • plan suitable contingency arrangements in the event patients are deregister • Links to the Eye Health Network and Clinical Leads for Optometry in Shire & Moray and the overall Grampian Clinical Lead • Roles of Clinical Director and Clinical Leads 	<p>Gaps in assurance:</p> <ul style="list-style-type: none"> • Market or provider failure can happen quickly despite good assurances being in place. For example, even with the best monitoring system, the closure of a practice can happen very quickly, with (in some cases) one partner retiring or becoming ill being the catalyst. • Market forces and individual business decisions regarding community optometry and general dental practitioners cannot be influenced by the Partnership. • We are currently undertaking service mapping which will help to identify any potential gaps in market provision • Public Dental Services staffing capacity to increase service provision in short term
<p>Current performance:</p> <ul style="list-style-type: none"> • Most social care services are commissioned from care providers. Commissioning is the largest part of our budget and accounts for over £100 million of our available budget. • Additional costs incurred by residential providers to be supported by initial mobilisation funding provided by SG. Where care homes cannot occupy beds due to Covid-19 infection levels or other reasons, sustainability payments will be made to ensure the market is supported. • GPs and their practice teams are open as usual during the pandemic but are operating a triage system using telephone and video appointments. Remote consulting initiatives such as Attend Anywhere and the use of GMEDs, and the OOH's base were activated to encourage cross sector working. All non-urgent home visits have been suspended and all remaining visits are conducted either by the practice themselves or by the City Visiting or 	<p>Comments:</p> <ul style="list-style-type: none"> • National Care Home Contract uplift for 2016/17 was 6.4% and 2.8% 2017/18.. NCHC uplift has been awarded for 2019/20. For other services (CAH, SL, Adult Res) a national agreement for a 3.3% uplift has exceptionally been agreed this year. • IJB agreed payment of living wage to Care at Home providers for 2016/17, 2017/18 and 2018/19 • During the Covid-19 outbreak, the Care Inspectorate have scaled back inspection and complaints handling activity. This will allow providers to focus on support for commissioning bodies during the pandemic but may increase the risk that market failure is difficult to predict. • Relationships between partnership and providers and between different providers have advanced over the past few months and there are good examples of providers working innovatively to support clients. • Collaborative working between providers including consortium for PPE purchase • Positive feedback from providers over the level of support offered to them.



Hospital at Home services in order to deliver a safe and contained service. Most visits are undertaken by the practice. City Visiting are focusing their work on Covid patients although they are now undertaking a small number of visits from 17 practices. Hospital at Home continue to take referrals. . Any further remobilisation of paused services may be halted due to rising numbers of COVID cases.

- Community optometrists and general dental practitioners were closed during lockdown but provided an emergency triage service for their own patients who have emergency or urgent need. Reopening is on a phased basis and community optometrists and general dental practitioners can now see routine patients; however they are prioritising those in most need. Due to Infection Prevention Control measures required, dental practitioners can provide Aerosol Generating Procedures for urgent care only and where any practice is unable to provide this, the Public Dental Service will do so on an emergency or urgent basis.
- Public Dental Service (PDS) plan to maintain unscheduled care support for unregistered dental patients (usually undertaken by GDP contractors)
- PDS developing plan to expand the above capacity should the number of unregistered / de-registered patients increase, including costings and need to recruit additional clinical staff
- PDS working with DoD and PCCT to identify potential 'early-warning' signs and trigger events for patient deregistration

- Continuing to progress the tender for Care at Home and Supported Living



-2-

Description of Risk: There is a risk of IJB financial failure and projecting an overspend, due to demand outstripping available budget, which would impact on the IJB's ability to deliver on its strategic plan (including statutory work).					
Strategic Priority: Prevention and Communities			Leadership Team Owner: Chief Finance Officer		
Risk Rating: low/medium/high/very high VERY HIGH					
IMPACT					
Almost Certain				✓	
Likely					
Possible					
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: increase/decrease/no change: No Change 14/05/2021					
Controls: <ul style="list-style-type: none"> Financial information is reported regularly to the Risk, Audit and Performance Committee, the Integration Joint Board and the Leadership Team Risk, Audit & Performance receives regular updates on transformation programme & spend. Approved reserves strategy, including risk fund Robust financial monitoring and budget setting procedures including regular budget monitoring & budget meeting with budget holders. Budgets delegated to cost centre level and being managed by budget holders. Medium-Term Financial Strategy reviewed and approved at the IJB in March 2021. 			Mitigating Actions: <ul style="list-style-type: none"> The Leadership Team are committed to driving out efficiencies, encouraging self-management and moving forward the prevention agenda to help manage future demand for services. The Chief Finance Officer reported the financial implications of COVID regularly to the IJB in 2020/21 and will continue to do so in 2021/22.. 		

Rationale for Risk Rating:

- If the partnership does not have sufficient funding to cover all expenditure, then in order to achieve a sustainable balanced financial position, decisions will be required to be taken which may include reducing/stopping services
- If the levels of funding identified in the Medium Term Financial Framework are not made available to the IJB in future years, then tough choices would need to be made about what the IJB wants to deliver. It will be extremely difficult for the IJB to continue to generate the level of savings year on year to balance its budget.
- The major risk in terms of funding to the Integration Joint Board is the level of funding delegated from the Council and NHS and whether this is sufficient to sustain future service delivery. There is also a risk of additional funding being ring-fenced for specific priorities and policies, which means introducing new projects and initiatives at a time when financial pressure is being faced on mainstream budgets.

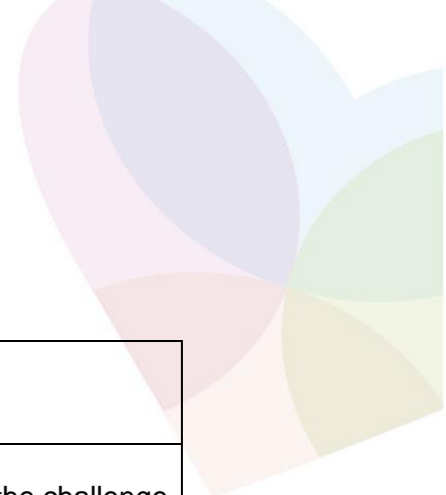
Rationale for Risk Appetite:
 The IJB has a low-moderate risk appetite to financial loss and understands its requirement to achieve a balanced budget. The IJB recognises the impacts of failing to achieve a balanced budget on Aberdeen City Council & its bond – an unmanaged overspend may have an impact on funding levels.
 However, the IJB also recognises the significant range of statutory services it is required to meet within that finite budget and has a lower appetite for risk of harm to people (low or minimal).



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Assurances: <ul style="list-style-type: none">• Risk, Audit and Performance Committee oversight and scrutiny of budget under the Chief Finance Officer.• Board Assurance and Escalation Framework.• Quarterly budget monitoring reports.• Regular budget monitoring meetings between finance and budget holders.	Gaps in assurance: <ul style="list-style-type: none">• The financial environment is challenging and requires regular monitoring. The scale of the challenge to make the IJB financially sustainable should not be underestimated.• Financial failure of hosted services may impact on ability to deliver strategic ambitions.
Current performance: <ul style="list-style-type: none">• Year-end position for 2020/21 - £15.4 million in reserve	Comments: <ul style="list-style-type: none">• Regular and ongoing budget reporting and management scrutiny in place.• Budget monitoring procedure now well established.• Budget holders understand their responsibility in relation to financial management.• Scottish Government Medium Term H&SC Financial Framework – released and considered by Risk, Audit and Performance Committee.





- 3 -

Description of Risk: There is a risk that hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure and that the IJB fails to identify such non-performance through its own systems and pan-Grampian governance arrangements. This risk relates to services that Aberdeen IJB hosts on behalf of Moray and Aberdeenshire, and those hosted by those IJBs and delivered on behalf of Aberdeen City.

Strategic Priority: Prevention and Connections.

Leadership Team Owner: Chief Officer

Risk Rating: low/medium/high/very high

HIGH

Rationale for Risk Rating:

- Considered high risk due to the projected overspend in hosted services
- Hosted services are a risk of the set-up of Integration Joint Boards.

IMPACT

Rationale for Risk Appetite:

- The IJB has some tolerance of risk in relation to testing change.

Almost Certain					
Likely				✓	
Possible					
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme

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

NO CHANGE 14.05.2021

Controls:

- Integration scheme agreement on cross-reporting
- North East Strategic Partnership Group
- Operational risk register

Mitigating Actions:

- This is discussed regularly by the three North East Chief Officers
- Regular discussion regarding budget with relevant finance colleagues.
- Chief Officers should begin to consider the disaggregation of hosted services.

Assurances:

- These largely come from the systems, process and procedures put in place by NHS Grampian, which are still being operated, along with any new processes which are put in place by the lead IJB.
- North East Group (Officers only) led by the 4 pan-Grampian chief executives. The aim of the group is to develop real top-level leadership to drive forward the change agenda, especially relating to the delegated hospital-based services.
- A new role and remit for the Chairs and Vice Chairs of the three IJBs to come together. This is under development.
- Both the CEO group and the Chairs & Vice Chairs group meet quarterly. The meetings are evenly staggered between groups, giving some six weeks between them, allowing progressive work / iterative work to be timely between the forums. The dates are currently being arranged

Gaps in assurance:

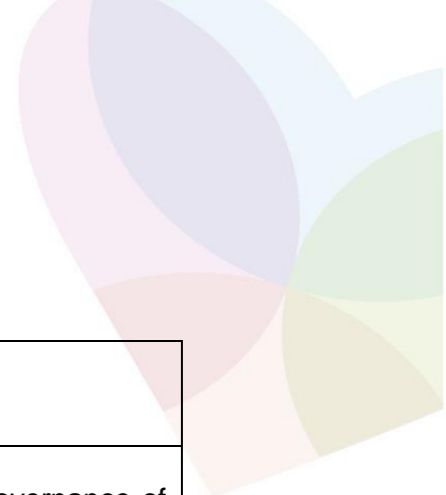
- There is a need to develop comprehensive governance framework for hosted services, including the roles of the IJB's sub-committees.



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<ul style="list-style-type: none">• Operation Homefirst-Closer joint working across the 3 Health and Social Care Partnerships and the Acute Sector.	
<p>Current performance:</p> <ul style="list-style-type: none">• The projected overspend on hosted services is a factor in the IJB's overspend position. This may in future impact on the outcomes expected by the hosted services.• Hosted services include SOARS, Sexual Health and from 1/4/20, Mental Health and Learning Disability Services. All three have been impacted by the Coronavirus pandemic with covid positive patients at Woodend now transferred to ARI, Sexual Health Services temporarily relocated to Foresterhill Campus and a reduction of beds for LD patients at Cornhil with more reliance on community approaches.	<p>Comments:</p> <ul style="list-style-type: none">• It is noted that NHS Grampian are currently undertaking an internal audit on the governance of hosted services.





- 4 -

Description of Risk: There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed in order to maximise the full potential of integrated & collaborative working to deliver the strategic plan. This risk covers the arrangements between partner organisations in areas such as governance arrangements, human resources; and performance.

Strategic Priority: Prevention, Resilience and Communities.

Leadership Team Owner: Chief Officer

Risk Rating: low/medium/high/very high

Low

Rationale for Risk Rating:

- Considered Low given the experience of nearly three years' operations since 'go-live' in April 2016.
- However, given the wide range and variety of services that support the IJB from NHS Grampian and Aberdeen City Council there is a possibility of services not performing to the required level.

IMPACT

Almost Certain					
Likely					
Possible					
Unlikely					
Rare			✓		
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme

Rationale for Risk Appetite:

There is a zero tolerance in relation to not meeting legal and statutory requirements.

Risk Movement: (increase/decrease/no change)

No Change 14.05.2021

Controls:

- IJB Strategic Plan-linked to NHS Grampian's Clinical Strategy and the Local Outcome Improvement Plan (LOIP)
 - IJB Integration Scheme
 - IJB Governance Scheme including 'Scheme of Governance: Roles & Responsibilities'
 - Agreed risk appetite statement
 - Role and remit of the North East Strategic Partnership Group in relation to shared services
 - Current governance committees within IJB & NHS.
 - Alignment of Leadership Team objectives to Strategic Plan
- RESILIENCE:**
- The Grampian Local Resilience Partnership is part of the NSRRP. It is chaired by the Chief Executive of NHS Grampian and is the local forum for the Category 1 and 2 Responders including Aberdeen City Council; Aberdeenshire Council; The Moray Council; NHS Grampian; Police Scotland; Scottish Fire & Rescue Service; Scottish Ambulance Service; HM Coastguard; SEPA; MOD; and SSEN
 - Strategic Response Team
 - Tactical Response Team
 - Operational Response Team

Mitigating Actions:

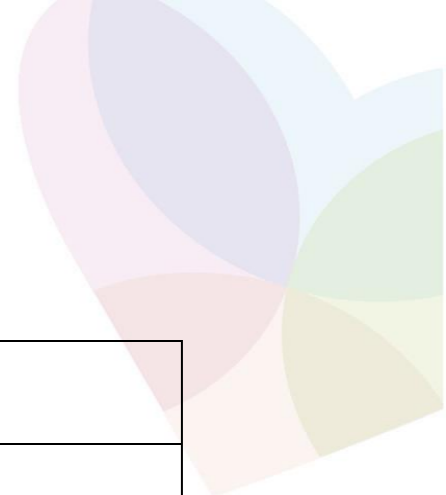
- Regular consultation & engagement between bodies.
- Regular and ongoing Chief Officer membership of Aberdeen City Council's Corporate Management Team and NHS Grampian's Senior Leadership Team
- Regular performance meetings between ACHSCP Chief Officer, Aberdeen City Council and NHS Grampian Chief Executives.
- Additional mitigating actions which could be undertaken include the audit programme and benchmarking activity with other IJBs.
- In relation to capital projects, Joint Programme Boards established to co-produce business cases, strategic case approved by IJB and economic, financial, commercial, management case approved by NHSG Board and ACC Committees



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Assurances: <ul style="list-style-type: none">Regular review of governance documents by IJB and where necessary Aberdeen City Council & NHS Grampian. A review of the Scheme of Governance commenced in June 2019 and will be reported to the IJB in November 2019.	Gaps in assurance: <ul style="list-style-type: none">None currently significant though note consideration relating to possible future Service Level Agreements.
Current performance: <ul style="list-style-type: none">Most of the major processes and arrangements between the partner organisations have been tested for over two years of operation and no major issues have been identified.A review of the Integration Scheme has been undertaken and the revised scheme has been approved by NHSG, Aberdeen City Council & Scottish Government. However this does not remove the risk as processes within the IJB and partner organisations will continue to evolve and improve.The Grampian LRP set up the Grampian Coronavirus Assistance Hub, a new website and phonenumber providing information to people all across Grampian on how to access social, practical and emotional support COVID-19.	Comments: <ul style="list-style-type: none">Nothing to update on the narrative for the risk.



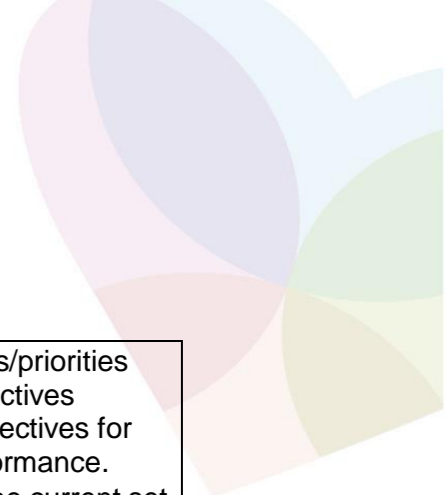


- 5 -

Description of Risk: There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by national and regulatory bodies and those locally-determined performance standards as set by the board itself. This may result in harm or risk of harm to people.					
Strategic Priority: Prevention, Resilience, Personalisation, Connections and Communities.			Leadership Team Owner: Lead Strategy & Performance Manager		
Risk Rating: low/medium/high/very high MEDIUM					
IMPACT					
Almost Certain					
Likely					
Possible					
Unlikely			✓		
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change) NO CHANGE 14.05.2021					
Controls: <ul style="list-style-type: none"> Clinical and Care Governance Committee and Group Risk, Audit and Performance Committee Data and Evaluation Group Performance Framework Risk-assessed plans with actions, responsible owners, timescales and performance measures monitored by dedicated teams Linkage with ACC and NHSG performance reporting Annual Performance Report Chief Social Work Officer's Report Ministerial Steering Group (MSG) Scrutiny Internal Audit Reports Links to outcomes of Inspections, Complaints etc. Contract Management Framework 			Mitigating Actions: <ul style="list-style-type: none"> Fundamental review of key performance indicators reported Review of systems used to record, extract and report data Review of and where and how often performance information is reported on and how learning is fed back into processes and procedures. On-going work developing a culture of performance management and evaluation throughout the partnership Production of Performance Dashboard, presented to a number of groups, raising profile of performance and encouraging discussion leading to further review and development Recruitment of additional resource to drive performance management process development Performance now a standing agenda item on Leadership Team meetings 		
Assurances: <ul style="list-style-type: none"> Joint meeting of IJB Chief Officer with two Partner Body Chief Executives. 			Gaps in assurance:		



<ul style="list-style-type: none"> • Agreement that full Dashboard will be reported to both Clinical and Care Governance Committee and Audit & Performance Committee. Lead Strategy and Performance Manager will ensure both committees are updated in relation to the interest and activity of each. • Annual report on IJB activity developed and reported to ACC and NHSG • Care Inspectorate Inspection reports • Capture of outcomes from contract review meetings. • External reviews of performance. • Benchmarking with other IJBs NB: unable to do this yet in 2020 	<ul style="list-style-type: none"> • Formal performance reporting has not been as well developed as we had hoped. Focus/priorities have changed. Going forward the focus will be on delivering the Leadership Team objectives (agreed every year and linked to delivery of the Strategic Plan). One aspect of the objectives for 2021/22 is the development of dashboards for use as a tool to drive improvement performance. • Both the LOIP and the Strategic Plan are due to be refreshed during 2021. It is likely the current set of key indicators will change. Performance indicators will be considered at the same time as we set new aims and objectives based on the learning over the last couple of years. • Further work required on linkage to ACC, NHSG and CPA reporting.
<p>Current performance:</p> <ul style="list-style-type: none"> • Performance reports submitted to IJB, Risk, Audit and Performance and Clinical and Care Governance Committees. • Data and Evaluation Group terms of reference and membership revised, and weekly meetings are now scheduled and taking place. • Various Steering Groups for strategy implementation established, although meetings were paused during the response to Covid we are beginning to pick this work back up again. • Close links with social care commissioning, procurement and contracts team have been established • IJB Dashboard has been shared widely. 	<p>Comments:</p> <ul style="list-style-type: none"> • During the Covid-19 outbreak, Healthcare Improvement Scotland has reduced the reporting requirements placed on partnerships so that resources are freed up to support frontline critical functions. It will be important to maintain scrutiny of performance data however so that the risk can continue to be mitigated. • Annual Performance Report - In relation to performance for 2019/20, the ACHSCP Annual Performance Report was published as usual although due to the unavailability of full year data due to ISD and Health Intelligence colleagues being diverted onto Covid-19 specific work the appendices relating to national and MSG performance indicators have not yet been published.





- 6 -

Description of Risk: There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, decision making, delegation and delivery of services across health and social care.					
Strategic Priority: All			Leadership Team Owner: Communications Lead		
Risk Rating: low/medium/high/very high HIGH					
IMPACT					
Almost Certain					
Likely					
Possible			✓		
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change) NO CHANGE 14.05.2021					
Controls: <ul style="list-style-type: none"> Leadership Team IJB and its Committees Operational management processes and reporting Board escalation process Standards Officer role Locality Governance Structure 			Mitigating Actions: <ul style="list-style-type: none"> Clarity of roles Staff and customer engagement – recent results from iMatter survey alongside a well-established Joint Staff Forum indicate high levels of staff engagement. Effective performance and risk management To ensure that ACHSCP have a clear communication & engagement strategy, and a clear policy for social media use, in order to mitigate the risk of reputational damage. Communications lead's membership of Leadership Team facilitates smooth flow of information from all sections of the organisation Robust relationships with all local media are maintained to ensure media coverage is well-informed and accurate and is challenged when inaccurate/imbalanced. Locality Empowerment Groups established in each of the three localities, ensuring effective two-way communication between the partnership, partner organisations and a wide range of community representatives in North, South and Central. Consultation and engagement exercises are also 		

- Rationale for Risk Rating:**
- Governance processes are in place and have been tested since go live in April 2017.
 - Budget processes tested during approval of 3rd budget, which was approved.
 - Risk rating has increased to acknowledge the complexity of operating in a Covid environment.**
- Rationale for Risk Appetite:**
Willing to risk certain reputational damage if rationale for decision is sound.

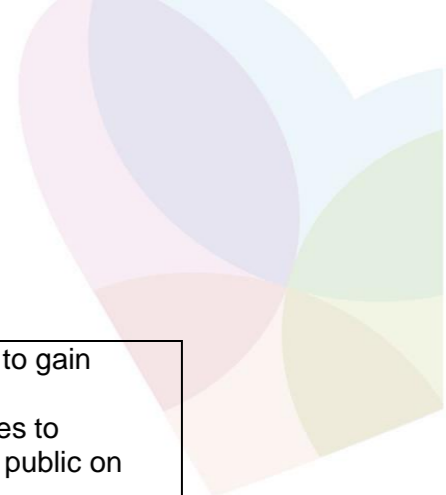




Aberdeen City Health & Social Care Partnership

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	<p>carried out with service users, staff and partners throughout service change processes to gain detailed feedback and act upon it.</p> <ul style="list-style-type: none"> Through the Locality Empowerment Groups help inform plans which will identify priorities to improve health and wellbeing for local communities, seeking the views and input of the public on these Groups.
<p>Assurances:</p> <ul style="list-style-type: none"> Role of the Chief Officer and Leadership Team Role of the Chief Finance Officer Performance relationship with NHS and ACC Chief Executives Communications plan / communications manager 	<p>Gaps in assurance: None known at this time</p>
<p>Current performance:</p> <ul style="list-style-type: none"> Communications Officer in place to lead reputation management Regular and effective liaison by Communications Lead with local and national media during pandemic to 1) mitigate potentially harmful media coverage of Partnership and care providers during the emergency; and 2) secure significant positive media coverage of effective activity by the Partnership and its partners during the Covid crisis, highlighting necessary changes to working practices and the work of frontline staff Partnership comms presence on the NHSG Comms Cell Close liaison with ACC and NHSG comms teams to ensure consistency of messaging and clarity of roles 	<p>Comments:</p> <ul style="list-style-type: none"> Communications strategy and action plan in place and being led by the HSCP's Communications Manager Communication and Engagement Group being strengthened by selection of 'Communications' Champions' across ACHSCP comprising of staff across the partnership to support us in ensuring key messages/internal news items are timely, appropriate and wide-reaching External and internal websites are regularly updated with fresh news/information; both sites continue to be developed and refined Locality Empowerment Groups established to build our relationship with communities and stakeholders Regular Chief Officer (CO) and Chief Executives (Ces) meeting supports good communication flow across partners as does CO's membership of the Corporate Management Teams of both ACC and NHSG





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Description of Risk: Failure of the transformation to delivery sustainable systems change, which helps the IJB deliver its strategic priorities, in the face of demographic & financial pressures.					
Strategic Priority: All			Leadership Team Owner: Lead for Strategy and Performance		
Risk Rating: low/medium/high/very high HIGH					
IMPACT					
Almost Certain					
Likely					
Possible				✓	
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change) NO CHANGE 14.05.2021					
Controls: <ul style="list-style-type: none"> Transformation Governance Structure and Process Risk, Audit & Performance Committee – quarterly reports to provide assurance of progress Programme Board structure: Executive Programme Board and portfolio programme boards are in place although the latter are not currently all meeting due to Covid-19. 			Mitigating Actions: <ul style="list-style-type: none"> Programme management approach being taken across whole of the transformation programme Transformation team and all trained in Managing Successful Programmes methodology Regular reporting to Executive Programme Board and Portfolio Programme Boards Regular reporting to Risk, Audit & Performance Committee and Integration Joint Board Increased frequency of governance processes during Covid period – weekly Executive Programme Boards and creation of huddle delivery models. Huddle delivery models will continue beyond Covid. A number of plans and frameworks have been developed to underpin our transformation activity across our wider system including: Programme for Transformation, Primary Care Improvement Plan, Action 15 Plan and Immunisation Blueprint, all of these are being revised in light of Covid and future priorities. Transformation team amalgamated with public health and wellbeing to give greater focus to localities, early intervention and prevention. 		
Assurances: <ul style="list-style-type: none"> Risk, Audit and Performance Committee Reporting Robust Programme Management approach supported by an evaluation framework 			Gaps in assurance:		



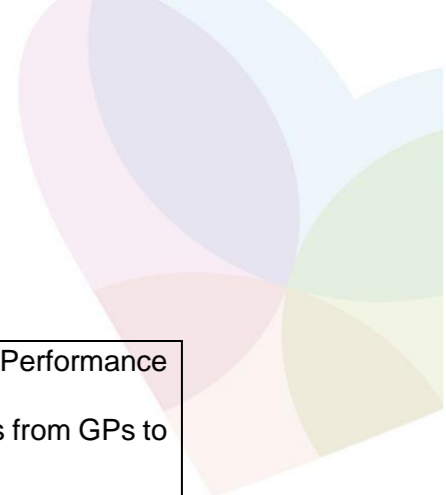
<ul style="list-style-type: none"> • IJB oversight • Board escalation process • Internal Audit has undertaken a detailed audit of our transformation programme. All recommendations from this audit have now been actioned. • The Medium-Term Financial Framework prioritises transformation activity that could deliver cashable savings • The Medium-Term Financial Framework, Operation Home First aims and principles, and Programme of Transformation have been mapped to demonstrate overall alignment to strategic plan. 	<ul style="list-style-type: none"> • There is a gap in terms of the impact of transformation on our budgets. Many of the benefits of our projects relate to early intervention and reducing hospital admissions, neither of which provide early cashable savings. • Our ability to evidence the impact of our transformation: documenting results from evaluations and reviewing results from evaluations conducted elsewhere allows us to determine what works when seeking to embed new models.
<p>Current performance:</p> <ul style="list-style-type: none"> • Demographic financial pressure is starting to materialise in some of the IJB budgets. • Covid-19 Developments Some transformation has taken place at an accelerated pace out of necessity to meet immediate demands of the Covid-19 situation. Examples of this include the rapid introduction and scale up of Near Me; the use of Microsoft Teams for remote meetings; roll out of additional technology to enable remote working; changes to the Immunisation Service, moving services such as nursing into locality operational teams etc. Some transformation activity that has been paused includes work to reduce sickness absence and use of locum staff. While some of the planned mitigations have been put in place to support staff, clearly with the levels of absence as a result of the pandemic and the pace at which it has been moving, it is difficult to undertake and measure impacts of any change in this area. The pace of other pieces of work such as Action 15 and PCIP has slowed at the current time, although some aspects of these pieces of work have progressed • The agreed Leadership Team objectives are placing a renewed focus on how we structure our resources • Accelerated delivery of Vaccination program. 	<p>Comments:</p> <p>Further re-prioritisation has taken place due to staff changes. Transformation Team have temporarily merged with Strategy and Performance Team due to secondment of Lead Transformation Manager. Work on a merged structure is almost finalised. The new structure provides additional capacity and recruitment to these posts is due to begin imminently.</p>



Description of Risk					
There is a risk that the IJB does not maximise the opportunities offered by locality working					
Strategic Priority: All			Leadership Owner: Chief Officer		
Risk Rating: low/medium/high/very high MEDIUM					
IMPACT					
Almost Certain					
Likely					
Possible			✓		
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change) DECREASE 14.05.2021					
Controls:			Mitigating Actions:		
<ul style="list-style-type: none"> Locality Empowerment Groups Leadership Team Huddle Community Planning Aberdeen Aberdeen Together CPP Community Engagement Group 			<ul style="list-style-type: none"> In December 2020 both the IJB and the CPA approved the implementation of a more integrated approach to locality planning which combines the focus of ACHSCP and Community Planning. The approach is intended to reduce duplication of effort and simplify the landscape for community engagement, offering a clear, streamlined route which makes it easier, simpler and more appealing for people to engage. It is hoped this will enable stronger representation of community views in service and strategic planning which will in turn lead to person led delivery and improved outcomes. 		
Assurances:			Gaps in assurance		
<ul style="list-style-type: none"> Strategic Planning Group (LEGs have representation on this group) Executive Programme Board IJB/Risk, Audit and Performance Committee CPA Board 			<ul style="list-style-type: none"> Progress of developing and delivering locality plans. These will be developed by the Locality Empowerment Groups utilising the new integrated arrangements. The LOIP is due to be refreshed by June 2021 and the Strategic Plan by March 2022. Identifying the priorities for each locality will inform the Locality Plans and ultimately the LOIP and the Strategic Plan. 		
Current performance:			Comments:		
<ul style="list-style-type: none"> Locality Empowerment Groups commenced in March 2020. Engagement and involvement have been challenging as a result of physical distancing requirements due to Covid but has nonetheless been successful despite these circumstances with almost 180 people expressing an interest to be involved. The groups have continued to meet virtually during this time. The response to Covid has enabled improved connections across our communities including volunteers, third sector and public sector agencies 			<p>All three Locality Plans and now well developed and will be submitted to the CPA Board at the end of June and the IJB in July.</p> <p>A number of projects continue to be developed to enhanced operational locality working. These include: the development of multi-disciplinary teams (e.g. hospital at home and enhanced community support); further development of the Neighbourhood Lead model; and the Operationalisation of Localities.</p>		



Description of Risk: There is a risk that if the System does not redesign services from traditional models in line with the current workforce marketplace in the City this will have an impact on the delivery of the IJB Strategic Plan.					
Strategic Priority: All			Leadership Team Owner: People & Organisation Lead		
Risk Rating: low/medium/high/very high VERY HIGH					
IMPACT					
Almost Certain					
Likely					✓
Possible					
Unlikely					
Rare					
LIKELIHOOD -	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change) NO CHANGE 14.05.2021					
Controls: <ul style="list-style-type: none"> Clinical & Care Governance Committee reviews operational risk around staffing numbers Revised contract monitoring arrangements with providers to determine recruitment / retention trends in the wider care sector Establishment of Organisational Development Working Group Establishment of Performance Dashboard (considered by the Risk, Audit and Performance and Clinical and Care Governance Committees as well as the Leadership Team) 					
Assurances: ACHSCP Workforce Plan					
Rationale for Risk Rating: <ul style="list-style-type: none"> The current staffing complement profile changes on an incremental basis over time. However the number of over 50s employed within the partnership (by NHSG and ACC) is increasing (i.e. 1 in 3 nurses are over 50). Current high vacancy levels and long delays in recruitment across ACHSCP services. Inability to fill vacancies Some expectations that 'system' will revert to 'normal' post covid . Exhausted work force with little appetite for further change . 					
Rationale for Risk Appetite: <ul style="list-style-type: none"> Risk should be able to be managed with the adoption of agile and innovative workforce planning structures and processes 					
Mitigating Actions: <ul style="list-style-type: none"> ACHSCP Workforce Plan Rapid service redesign ongoing to deliver Operation Home First priorities Active engagement with schools to raise ACHSCP profile (e.g. Developing the Young Workforce, Career Ready) Active work with training providers and employers to encourage careers in Health and Social Care (e.g. Foundation Apprenticeships/Modern Apprenticeships through NESCOL, working with Department for Work and Pensions) Greater use of commissioning model to encourage training of staff Increased emphasis on health/wellbeing of staff Increased emphasis on communication with staff Greater promotion of flexible working increased collaboration and integration between professional disciplines, third sector, independent sector and communities through Localities. 					



	<ul style="list-style-type: none"> Increased monitoring of staff statistics (sickness, turnover, CPD, complaints etc) through Performance Dashboard, identifying trends. Developing greater digitisation opportunities, e.g. using Text Messaging to shift emphasis from GPs to increased use of Texts for pharmacology
<p>Current performance:</p> <ul style="list-style-type: none"> Workforce planned developed for health and social care staff. Information expected from Scottish Government during over the next few months which should help improve workforce planning across all partnerships. High levels of locum use and nursing vacancies in the psychiatry service, 6 secondary schools have been visited by members of the Leadership Team between November 2019 and February 2020 ACHSCP sickness absence rates to be updated and reported through the Performance Dashboard. 	<p>Gaps in assurance</p> <ul style="list-style-type: none"> Need more information on social care staffing for Performance Dashboard Information on social care providers would be useful to determine trends in wider sector-For Performance Dashboard
<ul style="list-style-type: none"> 	<p>Comments:</p> <ul style="list-style-type: none"> Health & Care (Staffing) (Scotland) Act This Act offers opportunities and risks to the Partnership. Development of guidance at both national and local level has been paused during Covid. Once work resumes, this strategic risk will need further review Covid-19 Update The emergency has resulted in a requirement for employees to embrace new methods of carrying out their duties, whether this has involved 7-day rostering, remote working or increased flexibility and mobility. Some employees have been redeployed to pressured services during the pandemic. As we move into the next phase of our community response in partnership with the City Council and linked to the Care for People group, locality development and locality working has been identified as one of 5 priority working groups. There is uncertainty regarding the challenges coming in the winter period specifically around managing any local increase in Covid cases, flu outbreak, and increase in health issues caused by lockdown health debt. These could all have an impact on how staff are utilised in the coming months.



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Description of Risk:					
<p>There is a risk that ACHSCP is not sufficiently prepared to deal with the impacts of Brexit on areas of our business, including affecting the available workforce and supply chain.</p> <p>Whilst the impact on health and social care services of leaving the EU is impossible to forecast, it is clear that a number of issues will need to be resolved. Key areas for health and social care organisations to consider include - staffing; medical supplies; accessing treatment; regulation (such as working time directive and procurement/competition law, for example); and cross border issues.</p>					
Strategic Priority: Resilience and Communities.			Executive Team Owner: Business Manager		
Risk Rating: low/medium/high/very high					
HIGH					
IMPACT					
Almost Certain					
Likely			✓		
Possible					
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change)					
NO CHANGE 14.05.2021					
Controls:			Mitigating Actions:		
<ul style="list-style-type: none"> NHSG have held a voluntary survey of EU nationals. ACC currently undertaking a survey of all staff to gather similar information. NHSG - An initial operational assessment has been undertaken. A BREXIT co-ordinating group established with executive leadership. Engagement with staff who may be impacted by withdrawal of UK from the EU. Co-ordination with professional leads across Scotland and at SG - procurement, medicines, staff and resilience ACC- A Brexit Steering Group has been established. The Partnership is a member of this Group. National Procurement of NHS National Services Scotland has been working with Scottish Government, NHS Scotland Health Boards, DHSC and suppliers to try to minimise the impact of EU Exit on the supply of Medical Devices & Clinical Consumables. Activities range from increased stock holding in items supplied from our own National Distribution Centre to UK wide participation in centralised stock building and supplier preparedness. The Partnership established an Incident Management Team (IMT) ahead of daily reporting being re-established in 2019. The IMT will report through both the ACC and NHSG routes, as required. 			<ul style="list-style-type: none"> Mitigating actions have been developed on a national and local level through UK Government and Scottish Government guidance and the ACC and NHSG EU exit steering groups respectively. These actions are linked to the revised UK national Planning Assumptions (based on the reasonable worst case scenario-no deal). <p>The assumptions include:</p> <ul style="list-style-type: none"> Travel, Freight and Borders disruption Continuity of medical supply and medical products Adult Social Care staffing NHS staffing Demonstrations and Disorder Scottish Workforce Energy supply disruption Food supply disruption Access to benefits 		



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	<ul style="list-style-type: none"> • As the Partnership does not directly employ staff, The Chief Officer will work closely with partners to ensure that as implications become clear the Partnership are able to best represent and meet the needs of all staff. • The Partnership's Business Continuity Planning process is established which will identify key services to prioritise in any contingency event. These Plans have been exercised over the last 7 months through the Partnership's response/recovery to Covid-19. • Review ALEO contingency plans. Request evidence of risk assessment and mitigation from ALEOS for assurance of ability to deliver against contract. This is being considered and scrutinised through the ALEO Hub governance arrangements. • Worked with care providers to develop key business contacts that providers can use over winter to help with their overall business continuity planning e.g. links to Flu vaccine details/NHS Inform/SEPA/Met office/Council Roads/Travel Providers • The Partnership have taken part in reporting any EU exit implications through both the NHSG and ACC routes. The reporting timescales were roughly the same (around the previous 3 political deadlines in March, April and October 2019). No EU exit implications were reported by the Partnership at these times.
<p>Assurances:</p> <ul style="list-style-type: none"> • Understanding that current legislation will remain in effect immediate post Brexit 	<p>Gaps in assurance:</p>
<p>Current performance:</p> <p>The end of the Transition Period for the UK leaving the EU expired on the 31st of December 2020, with the UK and the EU reaching a "deal" to allow the UK to leave. Since the end of the Transition Period, the National Coordination Centre (set up across the UK in December 2020 to monitor issues arising from the exit from the EU across structures throughout the country) has been stood down as of 27 March 2021.</p> <p>The governance in place within both Aberdeen City Council and NHS Grampian, although stood down, is effectively on "standby" if there was a requirement to escalate matters. It was also noted that any workforce risks resulting from the EU exit would be captured within strategic risk 9 (Workforce).</p>	<p>Comments:</p>





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Description of Risk: Risk of non-compliance with Aberdeen City IJB's responsibilities as a Category 1 Responder under the Civil Contingencies Act, 2004.					
Strategic Priority: Resilience and Connections.			Leadership Team Owner: Chief Officer		
Risk Rating: low/medium/high/very high HIGH					
IMPACT					
Almost Certain					
Likely					
Possible			✓		
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change): NEW RISK 14.05.2021					
Controls: <ul style="list-style-type: none"> Grampian Local Resilience Partnership Membership Aberdeen City Care For People Plan Aberdeen City Council's Organisational Resilience Group Membership NHS Grampian's Civil Contingencies Group Membership Aberdeen City Health and Social Care Partnership's Civil Contingencies Group (integrated Group to monitor Action Plan of Duties under the Act). Aberdeen City Care For People Group Integration scheme agreement on cross-reporting Partnership's overarching Business Continuity Plan Business Manager has access to Resilience Direct Senior Manager On Call Teams site 			Mitigating Actions: <ul style="list-style-type: none"> The Grampian Local Resilience Partnership (GLRP) identifies risks which are likely to manifest. The Partnership require to have controls in place to manage these risks, particularly the ability to respond to these in an emergency situation. Aberdeen City Council are currently reviewing the risks in the City within its risk registers to ensure that the control actions listed are sufficient to mitigate risks. During this process, the additional risks may well be identified, based on risk assessment within operational areas, which may impact on the ability to respond. The result will be a risk register incorporating all risks relating to organisational resilience for the City. The Organisational Resilience Group will be responsible for managing these risks through its membership and liaison with other services not represented on the Group. Senior Manager On Call governance documents and arrangements within the Aberdeen City Health and Social Care Partnership (stored on Teams and hard copy), and links into the equivalent structures in ACC and NHSG. The Partnership's Civil Contingencies Group has a requirement to monitor Business Continuity Plans across the Partnership, including an overarching Partnership Business Continuity Plan (BCP). The Partnership's Communications Manager is available to issue media releases and to answer any media enquiries relating to ACHSCP services which would be or could be impacted in an emergency, in close consultation with ACHSCP Leadership Team 		



	<p>members. Proactive dissemination of important information would be via releases emailed directly to the local and national media. The ACHSCP websites, both internal and external, would also carry that information as soon as it becomes available, along with the Partnership's social media channels, in order to inform the public and our staff in a timely manner of important developments and updates. ACHSCP would also contribute to public information being released by our partner organisations, where appropriate. ACHSCP Communications would liaise throughout the emergency with our public sector partners, including the police, fire and rescue, neighbouring local authorities, the Scottish Government and other partner organisations as appropriate. IJB members, senior elected members of Aberdeen City Council, and appropriate senior management members at the city council and NHS Grampian would be kept informed in advance of information which was due to be released by ACHSCP into the public domain. A log would be kept of all information released internally and externally in order that an audit trail is maintained of all communications activity.</p> <ul style="list-style-type: none"> Data taken off Care First system to identify vulnerable people to help emergency care for support.
<p>Assurances:</p> <ul style="list-style-type: none"> Internal Audit undertaken in 2020 on Civil Contingency arrangements in Aberdeen City Council, including Care For People Plan. The Audit recommended that the Plan, although fit for purpose, be reviewed to make it shorter and easier to refer to when activation is required. Ongoing discussions around development of Aberdeen City Vulnerable Persons Database using Geographical Information Mapping System (this will include data from Care First). 	<p>Gaps in assurance:</p> <ul style="list-style-type: none"> The review of the Care For People Plan is ongoing. The Care For People Group will sign off on the revised Plan in May 2021. Consult with Council and NHS Grampian and wider Local Resilience Partnership on the reviewed Plan. Development of National Persons at Risk Database (PARD) the Partnership is a member of various groups, including the GLRP, groups established in ACC and NHSG, and Aberdeen City Care For People. Through these Groups the Partnership and IJB can share information with other responders and enhance co-ordination. The Partnership's Civil Contingencies Group require to agree on how this information can be shared effectively and in a co-ordinated way. Training for Senior Managers On Call – Partnership's Civil Contingencies Group to address. Liaise with GLRP, Council and NHS Grampian on training and testing planned (include tabletop exercising) as well as look at running "local" training and testing in the Partnership.
<p>Current performance:</p> <ul style="list-style-type: none"> The Care For People Group met on the 20th of April 2021 to discuss the draft revised Care For People Plan. It is proposed that the Group meet in May to finalise the review of the Plan. The Partnership's Civil Contingencies Group met on the 21st of April 2021 to assist in the operationalisation of the Category 1 duties and to agree the amendments to the Group's Terms of Reference. 	<p>Comments:</p> <ul style="list-style-type: none">



Appendix 1 – Risk Tolerance

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



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

Table 1 - Impact/Consequence Definitions

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

Table 2 - Likelihood Definitions

Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Probability	<ul style="list-style-type: none"> Can't believe this event would happen Will only happen in exceptional circumstances. 	<ul style="list-style-type: none"> Not expected to happen, but definite potential exists Unlikely to occur. 	<ul style="list-style-type: none"> May occur occasionally Has happened before on occasions Reasonable chance of occurring. 	<ul style="list-style-type: none"> Strong possibility that this could occur Likely to occur. 	<ul style="list-style-type: none"> This is expected to occur frequently/in most circumstances more likely to occur than not.

Table 3 - Risk Matrix

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

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

Table 4 - NHSG Response to Risk

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

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

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INTEGRATION JOINT BOARD

Date of Meeting	25 May 2021
Report Title	Equalities
Report Number	HSCP.21.058
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Alison MacLeod Lead Strategy and Performance Manager alimacleod@aberdeencity.gov.uk 07740 957304
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	A: ACHSCP Equality Outcome Supporting Action Progress Report 2018 – 2020 B: Evidence Underpinning Equality Outcomes and Mainstreaming Framework C: Equality Outcomes and Mainstreaming Framework 2021-25 D: Health and Inequality Impact Assessment Template

1. Purpose of the Report

1.1. The purpose of this report is to present to the Integration Joint Board (IJB) an update on progress against the existing Equality Outcomes 2018 – 2020 and the proposed Equality Outcomes and Mainstreaming Framework for 2021-2025 for approval, along with the evidence which supports the development of the framework. A revised approach to undertaking Equality Impact Assessments in Aberdeen City Health and Social Care Partnership (ACHSCP) is also proposed along with a consequential change to the IJB and Committee report template.

2. Recommendations

2.1. It is recommended that the IJB:

- a) Notes the progress made on the existing Equality Outcomes (Appendix A).



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- b) Approves the proposed Equality Outcomes and Mainstreaming Framework 2021-25 (Appendix C) and reporting schedule as described in paragraph 3.16.
- c) Approves the revised approach to undertaking Health Inequality Impact Assessments (Appendix D).
- d) Approves the consequential amendment to the IJB and Committee report templates to replace both the Equalities and Fairer Scotland Duty sections under Implications with a single section entitled 'Equalities, Fairer Scotland and Health Inequality' and that the Health Inequalities Impact Assessments will be published on the ACHSCP Website.

3. Summary of Key Information

- 3.1.** The Public Sector Equality Duty is defined in the Equality Act 2010, Part 11, Chapter 1, Section 149 which states:“(1) A public authority must, in the exercise of its functions, have due regard to the need to-
- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act,
 - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.”
- 3.2.** The 9 “protected characteristics” as defined by the Equality Act 2010 are:
- Race
 - Disability
 - Age
 - Sex (male or female)
 - Sexual orientation
 - Gender reassignment
 - Pregnancy and maternity
 - Marriage and civil partnership
 - Religion or belief.
- 3.3.** The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on the 27th of May 2012. The Regulations were amended in 2015 to bring new public bodies such as the IJB within its scope. One of the requirements of the Regulations is that public bodies such as the IJB must produce and publish a report every two years detailing the work which has been done to make the equality duty an integral part of the way it functions as an organisation. This is “mainstreaming” the needs of our local equality and diversity communities.



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- 3.4.** ACHSCP first published an Equality Outcomes and Mainstreaming report in 2016 with 11 Equality Outcomes. As required, the first progress update was published two years later in 2018. The second progress report was due to be published in 2020, however the response to Covid, and the reallocation of priorities, meant this was not completed at that time.
- 3.5.** Work has now been undertaken to produce the latest progress report and this is contained in Appendix A. Whilst staff within the partnership have an awareness of the Equality Duty and a lot of work is being undertaken on a day to day basis to address inequality, it would be fair to say that focus on delivering the existing Equality Outcomes has not been as robust as it could have been. The first few years of the partnerships existence was focused on establishing the structures, systems and processes to enable the transformation and integration that have been achieved to date.
- 3.6.** The Equality Duty is part of everyone's role, but it has been identified that within the partnership, someone needs to take a lead role on ensuring the Duty remains a focus and that we consistently monitor and report on progress. This lead role has been allocated to the Lead for Strategy and progress will be monitored via the Strategic Planning Group.
- 3.7.** Refreshing and publishing new Equality Outcomes, and producing a new Mainstreaming Framework was also due in 2020 but, again, due to the response to the Covid pandemic, there was no capacity to undertake the comprehensive research and consultation necessary to do this justice. In October 2020, an Equalities Subgroup of the Strategic Planning Group was set up and tasked with progressing this work.
- 3.8.** The Equalities Subgroup consists of representatives from ACHSCP, Aberdeen City Council (ACC), Aberdeen Council of Voluntary Organisations (ACVO), Scottish Care, and Grampian Regional Equality Council (GREC). The group reports through the Strategic Planning Group which has wider representation from ACHSCP, its partners and its communities.
- 3.9.** Following initial discussion, GREC was specifically commissioned to undertake the research and consultation work necessary to help identify the refreshed Equality Outcomes and inform the revised Mainstreaming Framework. Appendix B contains the details of the consultation and research undertaken which was the evidence that was used to develop the Equality Outcomes for 2021-25.



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3.10. Appendix C is the proposed Equality Outcomes and Mainstreaming Framework (EOMF) that has been developed for 2021-25. Although the Equality Outcomes were identified based on the evidence from research, the specific actions to achieve the outcomes were developed in consultation with staff and partners.

3.11. Seven refreshed Equality Outcomes are proposed. These are: -

- **Outcome 1** Improved accessibility and confidence in using health and social care services.
- **Outcome 2** Enabling people, regardless of background, to live as independently for as long as possible
- **Outcome 3:** Health and support services are delivered in a compassionate way, respecting the dignity of the individual, and are co designed with people who experience poor mental health, to ensure they flourish and thrive, build resilience and continue in recovery
- **Outcome 4:** Inclusive community engagement, empowerment, and cohesion work across the City is strong and effective.
- **Outcome 5:** All staff delivering health and social care services fully understand their legal duties, and other responsibilities, in keeping people living, working, studying or visiting Aberdeen City safe and free from harm
- **Outcome 6:** We have a workforce that is reflective and representative of the communities we care for
- **Outcome 7:** We have a workplace where all staff feel valued and respected and have their needs met appropriately

3.12. Equality Outcomes have a lifespan of four years. As such, they have deliberately been kept high level but the EOMF is still considered SMART. For each outcome, specific actions have been identified and allocated to named service areas services to deliver. Through the consultation process we are confident these actions are realistic and achievable and for each we have identified measures of success.

3.13. Delivery of the actions has been allocated to lead service areas however it is implicit that the manager responsible for these areas will take full ownership of delivery of the actions. The Lead for Strategy will hold the Leadership Team to account for the delivery of the EOMF through the Leadership Team meetings, the Equalities Subgroup and the Strategic Planning Group.



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- 3.14.** The EOMF is a dynamic document. Some areas within the current version are still under development and this is because we continue to consult with staff and partners in relation to achievable and realistic actions. The EOMF will be kept under regular review ensuring all of the actions remain relevant.
- 3.15.** The successful implementation of ACHSCP's EOMF will be supported by a network of volunteer "DiversCity Officers", who, in addition to their day to day tasks, will have a lead role in promoting the EOMF within their teams, ensuring it is highlighted when inducting new staff, obtaining advice and guidance in equality related matters, and supporting the gathering of evidence and reporting. They will also encourage staff to make every opportunity count in relation to contact with people with protected characteristics, finding out from them or from friends and family what we can do to improve access to services. Interests in these roles will be canvassed in much the same way as has been done from Digital Champions and SDS (Self Directed Support) Ambassadors. The DiversCity Officers will be supported by the Equalities Subgroup.
- 3.16.** In order to ensure a focus is maintained on delivering against the EOMF, it is proposed that the Equalities Subgroup will meet quarterly and review progress reports from the lead services. A half yearly report will be scrutinised by the Risk, Audit and Performance Committee and an annual report will be submitted to the IJB. The biannual report will be published as required by the specific duty.
- 3.17.** Given that ACHSCP is about improving health and reducing inequalities, and building on our commitment to mainstreaming equalities, it is proposed that ACHSCP revises its current approach to equality impact assessments and adopts Public Health Scotland's Health Inequalities Impact Assessment (HIIA). The ACHSCP version of the HIIA template is shown at Appendix D. Not only does this template cover assessment against the protected characteristics but it also incorporates assessment against Health Inequalities and Human Rights. Colleagues in ACC and NHS Grampian have confirmed that the template also satisfies the requirements of the Fairer Scotland Duty.
- 3.18.** If approved, relevant training will be arranged for staff on how to use the HIIA template, when an HIIA is required etc. This will be linked to our developing Policy on Public Engagement which will be brought to the IJB meeting in August 2021 for approval.
- 3.19.** Should the IJB approved the change to HIAs, it is further proposed that the implications section of the IJB and Committee report sections be amended



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to replace 4.1 Equalities and 4.2 Fairer Scotland Duty with a single section entitled Equalities, Fairer Scotland and Health Inequality and that the HIAs will be published on the ACHSCP Website..

4. Implications for IJB

- 4.1. **Equalities** - This report is all about raising the profile of the equalities agenda and ensuring not only that the IJB meets its requirements in terms of the Equalities Act but also that ACHSCP is mainstreaming the equality duty and ensuring we are tackling explicit inequalities faced by those with protected characteristics, identified through community engagement and research. These recommendations in this report should have a positive impact on those with protected characteristics.
- 4.2. **Fairer Scotland Duty** - The EOMF also covers the IJB's Fairer Scotland Duty and should ensure inequalities of outcome caused by socioeconomic disadvantage are reduced.
- 4.3. **Financial** - There are no additional financial implications proposed as a result of the recommendation in this report.
- 4.4. **Workforce** - There are no additional workforce implications arising from the recommendations in this report. Officers will mainstream the Equality Duty and undertake the roles of Diversity Officers as part of their ongoing duties.
- 4.5. **Legal** - The guidance will assist the IJB to meet its legal duties in relation to the Equality Act 2010.
- 4.6. **Covid-19** - The recommendations in this report and the actions in the Equality Outcomes and Mainstreaming Framework should help mitigate the unequal impact Covid-19 has had on some communities. Mainstreaming the Equality Outcomes will be carried out taking cognisance of any Covid-19 guidance existing.
- 4.7. **Unpaid Carers** - Unpaid carers are considered specifically as part of the HIA and therefore any recommendations to reduce or enhance any adverse impacts on them will be implemented as part of the assessment process.
- 4.8. **Other** - There are no other implications relevant to this report.



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5. Links to ACHSCP Strategic Plan

5.1. The recommendations in this report link directly to the commitment in the Prevention aim of the Strategic Plan to address the factors that cause inequality of outcomes in and across our communities. By delivering on the EOMF and undertaking HIAs we are ensuring the specific needs of those with protected characteristics and those impacted by wider environmental and social conditions will be met.

6. Management of Risk

6.1. Identified risks(s)

Where we not to implement the EOMF or improve our approach to impact assessments, there is a risk that the IJB fails to meet its duty under the Equality Act and that health inequalities persist or increase.



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

This report links to Strategic Risk 5: There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally-determined.

This risk is currently sitting at Medium.

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

By implementing the EOMF and improving our approach to impact assessments the IJB is meeting its legal obligations and outcomes for those currently experiencing health inequality should improve.

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

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ACHSCP Equality Outcome Supporting Action Progress 2018 – 2020

Supporting Action	Progress
Staff Training Outcome: Staff who work within the HSCP will understand and meet the health and social care needs of our local equality and diversity communities	
Over the next two years the HSCP will provide equality and diversity training for over 300 staff working within the HSCP, appropriate to their roles. The training will cover all 9 of the protected characteristics.	Equality and Diversity training is part of the induction of new staff but with the launch of the new Equality Outcomes, refresher training will be provided to all staff.
Impact Assessment Outcome: We will ensure that no Aberdeen HSCP policy, strategy or organisational proposal discriminates against any equality or diversity group	
All Aberdeen HSCP policies, strategies and re-organisational proposals will be Equality and Diversity Impact Assessed at final draft stage before being issued, to ensure they do not discriminate against any equality or diversity group.	This remains the approach however doing forward ACHSCP will be looking to refresh the process to incorporate Human Rights into Integrated Impact Assessments.
Aberdeen HSCP will train a further 5 staff to be Equality and Diversity Level One Impact Assessors by 31st March 2017.	This was not achieved however the new approach to mainstreaming will include the appointment of DiversCity Champions in each service who will promote the equality agenda and assist staff with impact assessments.



Supporting Action	Progress
Racial Equality Outcomes: Meeting the communication and health and social care needs of our local ethnic communities	
<p>Aberdeen HSCP will continue to provide “face to face” interpreters for non-English-speaking people when they access health or social care. The HSCP will work with partner agencies to ensure that a sufficient number of “face to face” interpreters are trained and available to meet our needs.</p>	<p>Interpretation services continue to be available. Information is gathered on the which languages are requested and this is helping to inform ongoing translation needs e.g. posters with service information being made available in certain locations.</p>
<p>“Language Line” services will be widely available across the HSCP to provide short notice ready access to telephone interpretation. 24/7. A further 20 Access Points will be provided over the next 2 years, if required.</p>	
<p>A great deal of essential health and social care information is already available in translation. We will regularly review this material to ensure:</p> <ul style="list-style-type: none"> • All material available in translation is up to date. • Any identified gaps in health or social care information will be filled on an ongoing basis. • The HSCP will produce any of its published material, upon request, in any other language, in compliance with the Equality Act 2010. This offer will appear at the front of all major HSCP documents. 	<p>All material is currently available for translation upon request however our aim is to be more proactive in our multi-lingual approach producing posters and service information in the most commonly used languages in Aberdeen.</p>
<p>Encourage and support recent migrant workers and their families to register with their local GPs by explaining their entitlement to free NHS healthcare.</p>	<p>We are working with ACC to help identify new migrants and ensure they are aware of the appropriate ways to access healthcare.</p>
<p>Over the next two years there will be continued close involvement with members of our local ethnic communities and their representative groups and organisations.</p>	<p>The inception of the Equalities Subgroup with GREC as a member has helped to bring involvement with ethnic communities closer. Further work to reach out to groups to join the LEGs and to come forward for vaccinations is planned.</p>
<p>Involve and consult our local ethnic communities in the planning of health and social care services by means of multi-lingual involvement and consultation events, run either by the HSCP or partner agencies.</p>	<p>We are currently exploring the best way of doing this. Our preference would be for these groups to be represented on the LEGs however if we are unable to gain this representation, we will seek alternative ways to engage, probably via GREC and other contacts in ACC.</p>
<p>Support carers in the recent migrant worker communities, many of whom are unaware of the wide range of support available to them.</p>	<p>We are working with the newly commissioned Adult Carers Support service to ensure carers within the migrant worker</p>



Supporting Action	Progress
	communities gain access to the same support as all other carers.
Provide multi-lingual Advocacy Services.	This is provided through the commissioned service Advocacy Aberdeen.
Carry out two targeted health and social wellbeing campaigns over the next 2 years.	Working with local partners we will continue to target specific groups for certain campaigns as and when this is deemed necessary.
The HSCP will continue to help and support our local gypsy/traveller communities to access health and social care services by promoting the use of the Hand Held Patient Record. In addition, our campaign to encourage gypsy/travellers to register with local GPs when in the Grampian area will continue. We will also continue to work closely with partner agencies to identify social care needs and carer needs.	This work is ongoing.



Supporting Action	Progress
Disability and Age Outcomes: We will meet the health and social care needs of disabled and elderly people living in Aberdeen	
All new HSCP information leaflets, booklets and published material will comply with the requirements of the Royal National Institute for the Blind (RNIB) "Good Practice Guidelines", as contained in the RNIB publication: "See it right, making information accessible for people with sight problems.	We will continue to work with our colleagues in North East Sensory Services to ensure those with sight impairments have access to information in an appropriate format.
The HSCP will produce accessible/pictorial Information to help people with a learning disabilities or aphasia.	Our Learning Disability Services use a range of formats appropriate to the needs of clients.
Portable Induction Loops (PILs) or fixed induction loops will be made available to help people who use a Hearing Aid. All front line services will have access to this equipment.	We will continue to work with our colleagues in North East Sensory Services to ensure those with hearing impairments have access to information in an appropriate format.
The HSCP will provide BSL signers when deaf people wish to access health or social care services.	We will continue to work with our colleagues in North East Sensory Services to ensure those with hearing impairments have access to information in an appropriate format.
Sensory Impairment Awareness Training will also be provided for staff.	Our colleagues in North East Sensory Services provide appropriate training as required.
There are no Deaf blind Communicators living in Grampian. If a deaf blind communicator is required, they will be sourced via Deafblind Scotland.	This remains our approach.
Working with our partner organisations, we will provide targeted health promotion material to encourage people to keep active in old age, promote sports and other activities, provide self-care advice and opportunities for social interaction.	Our Wellbeing Coordinators continue to progress the activity agenda in conjunction with students from RGU and colleagues in Sport Aberdeen.
The HSCP will provide a wide range of health and social care services to support people in their own homes or in domestic type settings.	ACHSCP continues to promote the Home First agenda. We have recently re-commissioned our Care at Home services using an outcomes focused approach.
The HSCP will support national and local mental health initiatives such as the "See me" campaign to help overcome the stigma often associated with mental ill health.	This is ongoing and routine activity for colleagues within our mental health services
Over the next two years, the HSCP will carry out Access Audits of the buildings used by staff working within the HSCP, to ensure physical ease of access. For most disabled and elderly people, the biggest barriers are steps, narrow entrances, a lack of lifts in multi-storey buildings, a lack of handrails, a lack of signage, a lack of toilets suitable for use by disabled people, a lack of Changing Places for adults, poor lighting and poor colour contrast on floors, walls and ceilings.	Access Audits are ongoing with any necessary adjustments scheduled into refurbishment work.



Supporting Action	Progress
<p>Sex Equality Outcomes: The HSCP will meet the health and social care needs of people who are victims of gender-based violence such as rape, sexual abuse, or who have been trafficked</p>	
<p>Provide training for front line staff to help them recognise the signs of gender-based violence or people who have been trafficked. This training will also give staff the knowledge and skills to respond appropriately.</p>	<p>This aspect has been incorporated into training but there are further plans to make closer links with the Violence against Women and Girls Partnership to understand the specific needs of those who have experienced violence or who have been trafficked and understand their needs. This includes any member of staff.</p>
<p>Through consultation, involve the victims of gender-based violence or trafficking, in the planning and development of service designed to provide help and support.</p>	
<p>Produce information on the sources of help and support and make these readily available.</p>	
<p>Put in place arrangements to help any HSCP staff member who may be experiencing gender base violence themselves.</p>	
<p>Meet the ongoing healthcare and social support needs of people who have been raped, sexually abused, or trafficked, in liaison with other bodies, and charitable organisations.</p>	
<p>Sexual Orientation Outcome: The HSCP will meet the specific health and social care needs of our local LGB and T communities</p>	
<p>The HSCP through its staff training programme will encourage staff to promote a positive image of our local LGB & T communities, to the wider community in Aberdeen.</p>	<p>This is part of training and our plans are to continue to reach out into the LGBTQ community. NHS Grampian's Sexual Health Services hosted within ACHSCP are continuing work to engage with communities promoting the safe sex message with a view to reducing the risk of contraction of sexually transmitted diseases or blood borne viruses. Work has been undertaken in relation to Aberdeen becoming a Fast Track City tackling the stigma that can be associated with those with HIV.</p>
<p>Over the next two years, The HSCP will continue to provide health care information of particular interest to the LGB &T communities. Work will also continue to identify and meet any new information</p>	
<p>LGB and T awareness training will be an integral part of the HSCP Equality and Diversity Staff Training Programme.</p>	
<p>We will promote the safe sex message to men who have sex with men to reduce the risk of contracting sexually transmitted diseases or blood borne viruses. The safe sex message will also be promoted to the wider community in Aberdeen City.</p>	



Supporting Action	Progress
Gender Reassignment Outcome: Meet the specific health and social care needs of members of our transsexual and transgender communities. Promote a positive image of the transsexual and transgender communities to the wider community in Aberdeen	
HSCP staff will work hard over the next two years to further develop health care services for members of the transsexual and transgender communities.	Positive promotion is part of staff training however further work is required to reach out to the transsexual and transgender communities.
Work will be progressed to provide enhanced social services support and counselling services.	
HSCP staff will work hard promote a positive image of the transsexual and transgender communities to the wider community in Aberdeen.	
Pregnancy and Maternity: Meeting the specific health and social care needs of pregnant and nursing Mothers	
The HSCP will continue to provide the highest standard of community based antenatal and post-natal care through our GP's, Community Midwifery network and Health Visitors.	This work continues
All buildings used by the HSCP will provide facilities for Nursing Mothers by 31st March 2017. All new buildings will include facilities for Nursing Mothers in their design brief. Additional GP and Community Nursing support will be provided to nursing Mothers who require this.	
We will continue to provide social care and support services to young Mothers and Mothers who are experiencing social issues during and after pregnancy.	
Marriage and Civil Partnership Outcomes: Staff will respect the rights of marriage partners, civil partners and common law partners in the health and social care setting	
Staff are already aware of the need to respect the legal rights of marriage partners, especially when important health care or social care decisions are being made which may involve seriously ill patients or end of life issues. However, due to the relatively small number of people in civil partnerships or in a same sex marriage living in Grampian, it may not immediately occur to staff that a same sex marriage or civil partnership may exist when people receive health or social care. Our staff training will enhance staff awareness to ensure that staff are aware of the possible existence of civil partnerships or same sex marriages when providing health or social care. This will help them to safeguard the rights of civil partners and same sex marriage partners. The training will also make staff aware of the rights of Common Law partners.	Incorporated in training.



Supporting Action	Progress
Religion or Belief Outcomes: Staff will be aware of the specific religious and spiritual needs of people in a health or social care setting.	
We will provide educational resources for staff working within the HSCP to enhance their awareness of the specific religious and spiritual needs of different faith communities.	This is incorporated into staff training.
The staff training will make staff aware of the need to respect the religion or belief of patients and those receiving social care.	
Equality and Diversity Monitoring within the HSCP: The HSCP will comply with all current equality and diversity legislation and have in place effective monitoring arrangements	
<p>The HSCP Board will:</p> <ul style="list-style-type: none"> • monitor compliance by the HSCP organisation with equality and diversity legislation • monitor compliance by staff working within the HSCP • Address any issues or problems promptly • Receive an annual report from the HSCP Chief Officer 	<p>Whilst the Equality Duty is always considered when preparing reports for IJB decisions, undertaking and publishing impact assessments has not been as consistent nor as comprehensive as it might be. An Equalities Subgroup of the Strategic Planning Group has been established. With the refreshed Equality Outcomes, the group will meet quarterly to monitor progress and provide an annual report to the IJB in addition to the bi-annual report that is required as part of our duty. As part of the mainstreaming of equalities we will refresh training and provide additional support for staff undertaking equality impact assessments.</p>
<p>The HSCP Chief Officer will ensure that all statutory reports are produced by the due date and presented to the HSCP Board for scrutiny and approval. Thereafter, the finalised reports will be made widely available.</p>	

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BACKGROUND AND EVIDENCE EQUALITY OUTCOME AND MAINSTREAMING FRAMEWORK

Background - General overview/evidence on protected characteristics and inequalities in Scotland and Aberdeen

The evidence gathered to help develop the ACHSCP Equality Outcomes for 2021-2025 includes both national and local data available regarding people who share protected characteristics and the inequalities they face. Grampian Regional Equality Council (GREC) undertook a literature review in late 2020 which include quantitative and qualitative information from government and third sector organisations' research.

In an effort to understand the specific and key inequalities and challenges in Aberdeen, GREC also conducted an inclusive community engagement process aiming for participation of people from all protected characteristics. This included a series of conversations with diverse community groups and a survey promoted throughout the community with support from diverse organisations in which almost 200 people participated. The discussion groups, held in partnership with Aberdeen City Council (ACC) and GREC, included conversations with communities from diverse ethnic and religious backgrounds (African, Muslim, Jewish and European communities), LGBTQ+ communities, older and younger people. GREC also attended and gathered data from various meeting and events in which community members were asked about the impact of the COVID-19 pandemic in their lives.

It is acknowledged that both the national and local information available is still limited, especially regarding some protected characteristics (i.e. gender reassignment or the trans community). It is also recognised that intersecting protected characteristics (i.e. an LGBTQ+ woman with a disability or an older man from an ethnic minority background with a disability) impact a person's experience of, and access to services. In parallel, the COVID-19 pandemic has had an impact on inequalities and general health and well-being which is still developing and will need to be explored for years to come. This situation demands that we continue improving our efforts to explore inequalities at a local level to efficiently plan and address the specific challenges in our community and consider innovative ways to address them.

As an overview of inequality in Scotland, in its 2018 report the Equality and Human Rights Commission stated that the available evidence shows that women, disabled people, LGBT people, people from ethnic minority groups, and younger and older people experience the starkest inequalities across many areas of life and that poverty is closely connected as the worst results are for people living in the most deprived areas in the country.ⁱ

Part of the process of understanding our local communities in relation to equalities was to collate the demographic data available. The most up-to-date sources available have been used, but in some instances, data from the 2011 census was relied on, which is not ideal.



Demographic information on groups with protected characteristics in Aberdeen:

Age

Population estimates for Aberdeen City Council area indicate 228,670 inhabitants in the following age ranges: -

Age Range	Percentage of population
0-15	15.5%
16-24	11.8%
25-44	33.0%
45-64	24.0%
65-74	8.7%
75 and over	7.2%

The average age of the population of Aberdeen City is projected to increase as the baby boomer generation ages and more people are expected to live longer. Aberdeen's over 65s population will increase by almost 56% by 2037.ⁱⁱ

Gender

In 2019 there were more females (50.2%) than males (49.8%) living in Aberdeen City.ⁱⁱⁱ

Disability

16% of the population in Aberdeen has a limiting long-term health condition or disability.

Unpaid Carers

7% of the population in Aberdeen provides unpaid care. 60% of this group provides 1 to 19 hours of unpaid care, 17% 20 to 49 hours of unpaid care and 23% provides over 50 hours of unpaid care.^{iv}

Race

The Equality Duty refers to the protected characteristic of race, and specifies that this refers to colour, nationality (including citizenship), ethnicity or national origins. Race also covers ethnic and racial groups. This means a group of people that shares the same protected characteristic of ethnicity or race. People may be discriminated against because of one or more aspects of their race or ethnicity.^v The race or ethnicity of an individual is related to a person's country of birth, nationality, colour, language and culture, among other characteristics that can intersect in different ways. Race and ethnicity are therefore complex concepts and



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that is why when considering demographic information and evidence regarding inequalities faced by ethnic minorities in Aberdeen, we do so considering these array of characteristics from a broad perspective to prevent excluding ethnic minorities that could be facing inequalities.

Ethnic group	Percentage of population
White Scottish	75.3%
White Other British	7.6%
White Irish	1%
White Polish	3.2%
White Other	4.9%
Asian, Asian Scottish or Asian British.	4.3%
Other Ethnic Group	3.8%

vi

11.9% of households are inhabited by people in different ethnic groups.^{vii}

In 2019 the council area with the largest proportion of residents with a non-British nationality was Aberdeen City (18%), which was also the council area with the largest proportion of their population born outside the UK (22%).^{viii}

Religion

48% of the population in Aberdeen declares not having a religion, 41% is Christian, 2% Muslim, 2% Other and 7% does not declare it.^{ix}

Sexual orientation

National statistics show that around two per cent of all adults self-identified as lesbian, gay or bisexual in 2018. However, it should be noted that estimates on self-identified sexual orientation are likely to under-represent the LGB community.^x

Sexual orientation	Percentage of population
Heterosexual or straight	97.6%
Gay or lesbian	1.2%
Bisexual.	0.6%
Other.	0.1%
Did not disclose their orientation.	0.4%

Gender reassignment

Information from NHS Scotland estimates that approximately 0.6% of the population (32,428 people) in the country may identify as trans or transgender (the “gender reassignment” terminology of the Equality Act 2010, is generally considered to be outdated).^{xi}



Pregnancy and maternity

In 2019, there were 2,260 births in Aberdeen City.^{xii}

Number of births	Mothers' age
53 births	0-19
243	20-24
628	25-29
789	30-34
435	35-39
112	Over 40

Marriage and Civil Partnership

In 2019, 651 marriages were registered in Aberdeen City.^{xiii}



Evidence used to inform Equality Outcomes

Outcome 1: Improved accessibility and confidence in using health and social care services.

- In engagement activities with LGBTQ+ people in Aberdeen, some of the main concerns touched on the lack of appropriate information on specific health services available for them.^{xiv}
- In research from 2020 carers in Aberdeen mentioned that it would be helpful to increase the availability of information around health and social care services and diverse pathways for support, as well as making services more adaptable to different users' needs and their carers' capabilities and availability.^{xv}
- In 2019 Aberdeen City was the council area with the largest proportion of residents with a non-British nationality (18%) in Scotland^{xvi}, and consistent evidence shows that between 10-12% of people in Aberdeen speaks a language different to English (or Scots/Doric) at home.^{xvii}
- In research conducted in 2019 with ethnic minority communities in Aberdeen over one in four participants (26%) said their level of spoken English proficiency was very limited or limited.^{xviii}
- In engagement activities held in Aberdeen, ethnic minorities' communities suggested that access to language support is required to improve access and delivery of health services.^{xix}
- National data indicates that migrants (people with a background from a country outside of the UK) were generally found to be low-level users of health services, possibly due to a lack of knowledge around how the healthcare system works in Scotland.^{xx}
- Women who were asylum seekers, or had insecure immigration status, were at particular risk of poor health during pregnancy, birth and the post-natal period.^{xxi}
- At a national level women reported lower satisfaction levels than men with the information they received about Self-directed Support (SDS) and were also less likely than men to have had all four SDS options discussed with them during their needs assessment.^{xxii}
- In a national review about SDS most people with learning disabilities indicated they require more high-quality information at an earlier stage before deciding how their support would be arranged, and some had not been provided with accessible information or documentation, even after requesting such from social work departments.^{xxiii}
- National data shows that some lesbian, gay, bisexual, and transgender people experienced homophobic, biphobic and transphobic language and behaviour in health and social care settings.^{xxiv}
- National data also shows some transgender people, people who experienced homelessness and asylum-seeking women reported experiencing discrimination in accessing healthcare services.^{xxv}
- In a national study 29% of health and social care staff heard colleagues make negative remarks about LGBT people or use discriminatory language, and 61% of health and social



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care practitioners with direct responsibility for patient care said they did not consider sexual orientation to be relevant to an individual's health needs.^{xxvi}

- In a 2020 survey in Aberdeen LGBTQ+ satisfaction with the health and social care services was the lowest compared to people with other protected characteristics.^{xxvii}
- In discussion groups with LGBTQ+ people in Aberdeen, some of the main concerns touched on staff not understanding the nuances of their needs (i.e. lack of knowledge about gender dysphoria or gender identities).^{xxviii}
- Participants of consultations from ethnic minority backgrounds in Aberdeen mentioned language as one of the relevant barriers to feeling listened to when accessing healthcare services.^{xxix}
- A 2020 survey showed that overall satisfaction with the health and social care services received was lower than average in people from ethnic minorities in Aberdeen.^{xxx}
- 73% of participants in a 2019 survey in Aberdeen were satisfied with the transport links in their local community.^{xxxi}

Outcome 2 Inclusive approach to enabling people to live as independently for as long as possible.

- Research shows that in 2015 disabled people were less likely than non-disabled people to participate in at least one exercise activity in the previous four weeks (55.9% compared with 87.0%)^{xxxii}.
- Half of all adults aged 75 and above (50%) had very low levels of activity (equivalent to less than half an hour a week of moderate exercise).^{xxxiii}
- 66-74 years old have the highest percentage of overweight individuals (76%) and obese individuals (36%).^{xxxiv}
- National evidence from 2015 shows that respondents who identified as having an 'other' sexual orientation were significantly less likely to meet the physical activity guidelines than the national average (29% and 38% respectively).^{xxxv}
- Women are less likely than men to meet guidelines for the recommended amount of physical activity (70% of men compared to 62% of women in 2018).^{xxxvi}
- In 2020, the Scottish Equality and Human Rights Commission arrived at the conclusion that people with intersectional identities, together with older and disabled people, have seen a disproportionate negative impact of COVID-19 due to its consequences in the social care provision they received.^{xxxvii}
- A 2018 national review found that disabled people were not getting the support that they need to live independently, and that the systems used to identify housing requirements were usually weak and relied on very limited data.^{xxxviii}
- Disabled people are among the groups that are more like to live in poverty or experience severe material deprivation.^{xxxix}



- Research from 2017 shows that disabled people were less likely to use the Internet compared with non-disabled people (86.4% compared with 95.7%). Those who did not use the Internet were likely to have less active lifestyles, have poorer mental health, and feel less socially connected to their local area than those who did have this access.^{xi}
- Research shows that those with lower household incomes, those living in the most deprived areas and those living in social rented housing are all less likely to use the Internet.^{xli}
- A 2018 national review found that disabled people were not getting the support that they need to live independently, and that the systems used to identify housing requirements were usually weak and relied on very limited data.^{xlii}

Outcome 3: Health and support services are delivered in a compassionate way, respecting the dignity of the individual, and are co designed with people who experience poor mental health, to ensure they flourish and thrive, build resilience and continue in recovery.

- An estimated one in six adults in Scotland experiences a mental health problem at any one time. This figure is higher among disabled people and people living with long term conditions and is also higher among people living in Scottish Index of Multiple Deprivation (SIMD) communities.^{xliii}
- In 2018 disabled people in Scotland were three times more likely to report poor mental health and wellbeing compared with non-disabled people (28.4% compared with 9.4%).^{xliv}
- A 2020 survey measured that 38% of disabled people in Aberdeen said they were dissatisfied with their mental health compared to 9% of non-disabled participants.^{xlv}
- In 2020 a survey measured higher levels of loneliness than average for LGBTQ+ people, people from ethnic minorities and disabled people in Aberdeen (only 13% of LGBTQ+ people, 30% of ethnic minorities, and 32% of disabled people stated that they rarely or never feel lonely compared to an overall average of 38%).^{xlvi}
- In 2017, adults identifying as LGB & Other scored lower in mental wellbeing than those identifying as heterosexual in a study at a national level.^{xlvii}
- National research from 2015/2016 shows that LGBT people felt discriminated against when accessing mental health services, and their experience accessing other health services can have a detrimental effect on their mental health.^{xlviii}
- In our Equality Outcomes Survey (2020) 54% (12 participants) of LGB people in Aberdeen were dissatisfied with their mental health and wellbeing compared to an average of 17% (33 participants), while two out of three transgender/non-binary people said they were dissatisfied with their mental health.^{xlix}
- A 2020 survey showed that 40% of carers in Aberdeen said minding someone has had a negative impact on their health and wellbeing and out of this group all of them, except one, were women. A third of unpaid carers in Aberdeen also stated they do not feel supported to continue in their caring role.^l
- Women are more likely than men to carry out unpaid caring responsibilities with 62% of carers being women and 38% of them men in Scotland.^{li}



- A 2020 report from the Scottish Human Rights Commission stated that the pandemic and consequent reduction of social care support has had an impact on the mental health of carers, adding stress and social isolation.^{lii}
- Emerging evidence on the impact of the COVID-19 pandemic shows that younger people appear to have taken the hardest hit to their mental health, which will be probably worsened by unemployment and missed education.^{liii}
- The majority of mental health problems will develop before age 24 with 50% of mental health difficulties established by age 14. Adverse childhood experiences (ACEs) have been found to have a lifelong impact on mental health and children born into poverty are more likely to experience mental health problems.^{liv}
- Intersectionality with other protected characteristics (such as being from an ethnic minority, having refugee status, identifying as LGBTQ+, having a chronic health problem or a learning disability, among others) makes a child or young person more vulnerable to experiencing difficulties with their mental health.^{lv}
- In 2018, national data showed that a higher proportion of younger people scored GHQ-12 score of 4 or more (indicative of a possible psychiatric disorder) compared to older people: 24% for those aged 16-24 years old compared to 13% for those aged over 75 years old.^{lvi}
- A 2017 national survey on mental health of LGBT people aged 11-19 showed that 96% of transgender young people had deliberately harmed themselves at some point, and 43% had attempted to take their own life. 58% of lesbian, gay and bisexual young people had self-harmed, and 24% had attempted to take their own life.^{lvii}
- In 2020 people aged under 30 years old in Aberdeen had lower satisfaction with their mental health and wellbeing. In a 2020 report on Self-directed Support (SDS) and Social Care, around one third of respondents with lived experience of mental health problems reported outstanding concerns that were not addressed at their last assessment or review. The main issues highlighted included budgets, delays in implementing care and a lack of information about SDS.^{lviii} being than the average and when compared to people over 60 years old.^{lix}
- At a national level, there were significant gaps in service provision for children and young people with a mental health condition and/or learning disability; and services for adults were often prioritised for those who were receiving compulsory care or treatment.^{lx}
- National evidence shows that there are persistent issues with a lack of specialist inpatient mental health services for children and young people.^{lxi} Evidence on inequalities often focuses on one characteristic, such as inequalities between men and women or LGBTQ+ and heterosexual people, but many will be disadvantaged by more than one protected characteristic.^{lxii}
- Emerging evidence strongly suggests that COVID-19 is exacerbating pre-existing inequalities, therefore it is vital that the COVID-19 response, recovery and renewal efforts take account of overlapping disadvantages.^{lxiii}
- There are concerning gaps in SDS data gathering and analysis – both generally and around the experiences of people with mental health issues.^{lxiv}



- In engagement activities members of ethnic minority communities in Aberdeen mentioned that cultural differences need to be considered when evaluating mental health conditions and treatment.^{lxv}

Outcome 4: Community engagement, empowerment, and cohesion work across the City is inclusive, strong and effective.

- At a national and local level there is lack of consistent equalities data beyond age and sex. Without this data it is harder to comprehensively identify the scale and nature of the equality issues and promote actions to tackle them efficiently.^{lxvi}
- A 2019 survey in Aberdeen indicated that 73% of respondents between 60-69 years old did not take part in any community activity, a higher percentage than average (53%).^{lxvii}
- In 2015, three in five people (61.4%) said that most people in their neighbourhood could be trusted, but young people aged 16–24, disabled people, people from ethnic minority groups, people from religious minority groups, people from urban areas and single people were all less likely to say this.^{lxviii}
- A 2020 survey in Aberdeen showed that disabled people reported lower numbers in terms of finding Aberdeen welcoming and feeling included in their local communities compared to people with other protected characteristics (including ethnic minorities and older people).^{lxix}

Outcome 5: All staff delivering health and social care service, fully understand their legal duties and other responsibilities in keeping people living, working or visiting Aberdeen City safe and free from harm

- Research conducted in 2020 showed that current service provision in Aberdeen to address domestic abuse does not cater for the intersectional needs of people with disabilities, those from ethnic minority communities, LGBTQ+ communities, men, and perpetrators.^{lxx}
- A 2020 study found that disabled people in Aberdeen experience a lack of accessible information regarding domestic abuse support, and that services, offices and meeting spaces are not housed within accessible environments (no wheelchair ramp or lift).^{lxxi}
- The same 2020 review found that people over 60 years old are routinely diverted away from domestic abuse support pathways and that professionals in this area lack specialised training and knowledge to support older people.^{lxxii}
- Research also shows that support for victims of domestic abuse for black and other ethnic minority people is affected negatively by services and practitioners 'simplistic and essentialist notions of culture and religion which can result in inadequate, discriminatory and racist practice'.^{lxxiii}
- A 2020 survey on inequalities in Aberdeen recorded that 43% of participants had experienced prejudice or hate crime at some point, and 8% were unsure if they had.^{lxxiv}



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- More than half of the prejudice and hate crime incidents reported in a 2020 survey in Aberdeen were related to ethnicity, while 13-19% were related to disability, gender, religion, sexual orientation or age. In the same survey, only around a quarter (26%) of incidents were reported.^{lxxv}
- Reasons for not reporting included that it did not seem worth reporting, people did not feel they would be taken seriously, lack of knowledge on how to report, and being afraid of retribution, among other motives.^{lxxvi}
- There are no clear and robust figures for the prevalence of Female Genital Mutilation (FGM) in Scotland because of the hidden nature of the crime. However, a 2014 report on the matter mentioned that there are communities potentially affected by FGM living in every Scottish local authority area, with the largest being in Glasgow, Aberdeen, Edinburgh and Dundee respectively.^{lxxvii}
- Each year since 2013, the number of trafficking victims identified in Scotland has increased. In 2018, 228 potential victims of trafficking and exploitation were identified rising to 512 in the year to 31 December 2019 – an increase of 125%.^{lxxviii}

Outcome 6: We have a workforce that is reflective and representative of the communities we care for

- ACHSCP members of staff are 76% female and 24% male. The age profile of the workforce over 40 years old is 62.8% and below 25 is 5%.^{lxxix}
- Participants in equalities research conducted in 2020 in Aberdeen suggested that institutions need to be more proactive to communicate what they are doing to combat discrimination as well as publishing the data related to complaints and the response to them.^{lxxx}
- In discussion groups with LGBTQ+ people in Aberdeen, some of the main concerns touched on staff not understanding the nuances of their needs (i.e. lack of knowledge about gender dysphoria or gender identities).^{lxxxi}
- In research conducted in 2020 around SDS, ethnic minorities' participants reported that a lack of cultural awareness was an important concern. Issues were highlighted in relation to social and care workers' lack of understanding of people's cultural contexts and assumptions based on people's ethnicity.^{lxxxii}

Outcome 7: We have a workplace where all staff feel valued and respected and have their needs met appropriately

- Participants in equalities research conducted in 2020 in Aberdeen suggested that institutions need to be more proactive to communicate what they are doing to combat discrimination as well as publishing the data related to complaints and the response to them.^{lxxxiii}



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Aberdeen City Health and Social Care Partnership: Equality Outcomes and Mainstreaming Framework 2021-25



Mainstreaming the equality duty has several benefits including:

equality becomes part of the structures, behaviours and culture of an authority, an authority knows and can demonstrate how, in carrying out its functions, it is promoting equality mainstreaming equality contributes to continuous improvement and better performance.

Source: Equality and Human Rights Commission

The successful implementation of Aberdeen City Health and Social Care Partnership's (ACHSCP's) Equality Outcome and Mainstreaming Framework (EOMF) will be supported by a network of DiversCity Officers, who in addition to their day to day tasks, will have a lead role in supporting their colleagues evidence compliance with equality and human rights legislation and other requirements as a way of continually improving the quality of life outcomes for people using health and social care services.

In addition, a quality assurance and performance framework is to be implemented to give the Strategic Planning Group (SPG) and the Integration Joint Board (IJB) assurance that compliance with the Public Sector Equality Duty and the Scottish Specific Public Sector Equality Duties are being complied with. This framework will enable self-evaluation and continuous improvement models to be embedded as well as reporting performance quarterly to the SPG, annually to the IJB and biannually to the Scottish Parliament's appointed Equality and Human Rights Regulator.

The Independent Review of Adult Social Care in Scotland (Feeley, February 2021) identified that "the Covid-19 pandemic has intensified pre-existing inequalities and a lack of focus on rights, especially for older people, disabled people, people from minority ethnic communities and people from disadvantaged communities". This framework has been designed to assist AHSCP to deliver against recommendations 1 to 10 of the Feeley report, which are detailed below.

Independent Review of Adult Social Care in Scotland – Recommendations

[Independent Review of Adult Social Care - gov.scot \(www.gov.scot\)](http://www.gov.scot)

A human rights based approach

Our (the Independent Review of Adult Social Care in Scotland report) recommendations for establishing a human rights and equality approach to social care services and support are rooted in the work to consider incorporation of international treaties into domestic legislation, and the recent experiences during the pandemic that exposed structural inequalities and pre-existing inadequacies in the current social care support system:

1. Human rights, equity and equality must be placed at the very heart of social care and be mainstreamed and embedded. This could be further enabled by the incorporation of human rights conventions.
2. Delivering a rights based system in practice must become consistent, intentional and evident in the everyday experience of everyone using social care support, unpaid carers and families, and people working in the social care support and social work sector.
3. People must be able to access support at the point they feel they need it, including for advice and signposting to local community-based resources and help, and for barriers to this, such as the current eligibility criteria and charging regime, to be fundamentally reformed and removed, to allow a greater emphasis on prevention and early intervention.
4. People should understand better what their rights are to social care and supports, and “duty bearers”, primarily social workers, should be focused on realising those rights rather than being hampered in the first instance by considerations of eligibility and cost.
5. Where not all needs can be met that have been identified as part of a co-production process of developing a support plan, these must be recorded as unmet needs and fed into the strategic commissioning process.
6. Informal, community based services and supports must be encouraged, supported and funded to respond appropriately to the needs of local citizens, including for preventative and low level support.
7. A co-production and supportive process involving good conversations with people needing support should replace assessment processes that make decisions over people’s heads and must enable a full exploration of all self-directed support options that does not start from the basis of available funding. Giving people as much choice and control over their support and care is critical.
8. More independent advocacy and brokerage services, including peer services, must be made available to people to ensure that their voices are heard, and to help prepare for participation in planning and organising their support.
9. When things do not work well for people and their rights have not been upheld, they must have rapid recourse to an effective complaints system and to redress.
10. Packages of care and support plans must be made more portable and supported people should not have to fight to retain support because they have moved home.


Outcome 1 Improved accessibility and confidence in using health and social care services.

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
1.1 Information and advice will be delivered in accessible formats that best suits people’s needs	Staff use of and understanding of Happy to Translate Logos to be reviewed before developing a staff focused communication and marketing event	Staff survey results and actions taken to address will be reported to the Equality Subgroup. This will be repeated, 6 months after the first survey	Equality Subgroup
	Staff use of and understanding of ACHSCP’s Translation Services to be reviewed before developing a staff focused communication and marketing event	Staff survey results and actions taken to address will be reported to the Equality Subgroup. This will be repeated, 6 months after the first survey	Equality Subgroup
	Proactive translation of ACSHCP information and advice documents into the 5 most spoken languages, after English in Aberdeen	Random sampling of documentation to be undertaken on a 6 monthly basis	Equality Subgroup DiversCity Officers
		DiversCity Officer quarterly report to Equality Subgroup detailing results of sampling and examples of proactive publications	Equality Subgroup DiversCity Officers
	Coproduction and publicity launch of a service providers & forum directory (representing protected characteristics)	Publication of the Directory	ACHSCP Strategy & Transformation

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
	Co-production with NESS, Alzheimer Scotland, Autism Forum, VAWP, Mental Health Forum, LGBTQ+ GREC, Health and Wellbeing Centre Multi Ethnic Forum Aberdeen's Mosques, Sikh temples, Buddhist Temples, Thai Temples, Christian Churches, etc	Analysis of staff awareness and use of the directory	
		Annual review of directory commencing 2022	
		Analysis of and feedback from organisations invited to participate in Equality and Rights Impact Assessments annually in 2022 and 2023	
	Review of Post Diagnostic Support Information Pack jointly with community based organisations	Organisations and people invited to collaboratively review current pack before co-producing revised pack	Mental Health Services - Dementia Strategy
	Analysis of current Self Directed Support payments to identify opportunities to co-produce marketing and promotional materials	Pre and post marketing and promotional events analysis of SDS recipients	Adult Social Work
		Post SDS assessment review satisfaction surveys	
	Analysis of GP Practice Patients by Protected Characteristics	Number of patients with the protected characteristic of Race satisfied with their GP service	Primary Care - GP Services

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
	Establishment & promotion of an Equality & Rights Escalation Complaints Enquiry e-mail account	Number of emails received	Equality Subgroup
		Findings from analysis	
		Lessons learnt used to inform practice/policy	
		Corrective Actions implemented	
	Working with older people from the Chinese, East and South-East Asian communities to address the current language barriers to deliver better awareness of, and access to, older peoples support services	Percentage of Aberdeen’s Chinese, East and South East Asian communities, awareness of support available from charities and councils has increased from 37% (source: Scottish Alliance of Regional Equality Council)	Equality Subgroup
		Percentage of Aberdeen’s Chinese, East and South East Asian communities aware of where to turn to for help regarding specific areas of concern regarding future support needs has increased from 45% (source: Scottish Alliance of Regional Equality Council)	
	Covid Vaccination Community Connectors recruit champions and increase vaccination uptake from the identified relevant protected characteristics	Number of champions	Stay Well – Stay Connected Implementation Group
		Number of vaccination uptake	

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
	Appropriate carer engagement Unpaid carers, Quarriers and the Partnership	Creation of a range of opportunities for carers and communities to share their lived experience to help influence and improve services.	Adult Carers Support Service
	Collaborative review of website to ensure ease of use and linkages to relevant community based organisations	Corrective Actions implemented	
	Connecting and Information Sharing platform/network	Details of and attendance at SWSC webinars used to cascade information on all things wellbeing in communities, showcase new projects, celebrate successes.	
	Co-produce/review Wellbeing Matters Webpage has been set up with information and resources around wellbeing.	Online resource which is easy to navigate for staff and citizens to find information on and resource on staying well and connected.	
1.2 Proactive partnership arrangements which support ACHSCP demonstrate a welcoming environment with informed and understanding staff.	Development of a Diversity Calendar <i>e.g., NESS, Alzheimer Scotland, Autism Forum, VAWP, Mental Health Forum, LGBTQ+ Health and Wellbeing Centre, Aberdeen's Mosques, Sikh temples, Buddhist Temples, Thai Temples, Christian Churches, etc</i>	Number of celebratory and awareness raising events organised and delivered across the Partnership, Third and Independent Sector	Equality Subgroup

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
	<p>Development of Equality and Human Rights Staff Development Matrix to include but not limited to:</p> <p>LGBT-Dementia-Toolkit.pdf (scottishcare.org)</p>  <p>NESD1403 Multi-Faith Resource for Healthca</p> <p>North East Sensory Services - new e-learning Sensory Awareness Training</p>	<p>Number of staff attending events</p> <p>Gap analysis to support specific promotion and marketing events</p>	
	<p>Links between matrix, complaints/grievance procedures and E&HR Email account to be established to address any upheld direct or indirect discrimination in current practice/service delivery</p>	<p>Quarterly reports IJB Annual Report</p>	
	<p>Advocacy Aberdeen to be asked to analyse referrals to support ACHSCP identify areas for improvement</p>	<p>Quarterly reports IJB Annual Report</p>	
	<p>Evaluation of the Staff Development Matrix to capture improvements made in the quality of life outcomes for people using partnership services post event attendance</p>	<p>DiversCity Officer evaluation of team services</p>	

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
	Stay Well Stay Connected Movement – Social Isolation Working Group to develop and provide update on what success will look like	Measure to be confirmed and reported against with effect from October 2021	Stay Well – Stay Connected Implementation Group
	Work with key community based organisations representing protected characteristics to use SWSC logo as a symbol for community cohesion.	Number of organisations using the SWSC Logo	
	Using MEOC approach to educate and encourage friendly and welcoming community spaces.	Number of sessions delivered Number of community spaces participating in the events	
1.3 All premises that the ACHSCP work out of or deliver services from have been collaboratively reviewed in terms of location, ramped access, signage, transportation links etc	Collaborative working with Facilities Management to develop an inspection/review programme of premises	6 monthly report detailing findings and actions to be taken to be presented to Equality Subgroup commencing December 2021	Facilities Management (ACC and NHSG)
1.4 ACHSCP adheres to the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018	Collaborative working with IT Services to develop and implement a review process on current and developing websites and mobile applications	6 monthly report detailing findings and actions to be taken to be presented to Equality Subgroup commencing December 2021	IT Services

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
1.5 2012 SSPSED embedded into the Partnership's commissioning and procurement processes	The Equality sub group will seek assurance that Procurement Staff are fully aware and able to reflect on of the duty imposed by the Scottish Specific Public Sector Equality Duties (2012) in the commissioning processes	Lead Commissioner will ensure that each tendering exercise is supported by a robust Equality and Human Rights Impact Assessment	Commercial and Procurement Services ACC and NHS

Outcome 2 Inclusive approach to enabling people to live as independently for as long as possible

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
2.1 More disabled and older people engaged in exercise, self-care and meaningful activities	Multi Agency Stay Well Stay Connected Project Group’s Action Plan e.g. <ol style="list-style-type: none"> 1. Physical Activity Packs Pilot 2. Befriending projects 3. “Oot n Aboot” Project with Red Cross 	Number of Sheltered Housing Residents participating in and reporting increased physical activity after losing confidence and functional decline due to Covid 19 stay at home restrictions Number of people engaged in Bon Accord Care’s Befriending Project	Stay Well – Stay Connected Implementation Group
	Embedding a quality improvement methodology across all actions and pilots associated with Multi Agency Stay Well Stay Connected Project Group’s Action Plan	Continuous analysis of participation across all protected characteristics to influence and inform the communication and engagement plan associated with the Multi Agency Stay Well Stay Connected Project Group’s Action Plan	
	Work with partner organisations to identify those who are digitally excluded and develop bespoke initiatives to deliver digital confidence.	6 monthly report to Equality Subgroup	Stay Well – Stay Connected Implementation Group

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
	Work with 3 rd sector IT supports in the City (Abilitynet, Shmu Radio, Silver City Surfers, ACVO & Housing) to pilot showcase sessions in a set environment: common room of sheltered housing block	6 monthly report to Equality Subgroup	Stay Well – Stay Connected Implementation Group
	Motivational activities to be planned, designed, and developed in partnership with people with mental health and learning disabilities and organisations working with them e.g. 3 rd Sector Mental Health Forum	6 monthly report to Equality Subgroup	Stay Well – Stay Connected Implementation Group
	The principles of the Charter of Rights for people with Dementia and their carers will be adopted Embedding a human rights-based approach in practice and the Standards of Care for Dementia in Scotland	Evaluating the consistency and quality of service for people living with dementia and those that provide care and care for people with dementia	Mental Health Services - Dementia Strategy
	Analysis of current and planned activities against the Scottish Government's Coronavirus (COVID-19) - dementia and COVID-19: action plan - gov.scot (www.gov.scot)	Dementia Strategy actions developed in partnership with people living with dementia and those that provide care and care for people with dementia	

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
	Demographic analysis of the Post Diagnostic Support referrals and uptake to identify opportunities for future communications and marketing	Comparison of current referrals and update against future referrals post communications and marketing initiatives	Mental Health Services - Dementia Strategy
	Reduce employer discrimination faced by younger people diagnosed with dementia	Engagement with Aberdeen City Employers	
		Work with younger people to establish what support is required to sustain active and meaningful employment	
	Improving the process of dementia diagnosis for people with learning disabilities	Collaborative working between Mental Health Services and Learning Disability Services to design a service and reporting framework	
	Attendance at LGBTQ+ Events to promote Dementia Care for LGBTQ+ Tool Kit	Number and details of events attended	
	Sports and culture organisations promote and develop environments which enable people to sustain current activities/interests/sports e.g. Golf Clubs	Number of sports and cultural organisations involved implementing reasonable adjustments to support current and increase future engagement in sport and leisure activities	

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
	Collaborative review of the current "A'thegither in Aberdeen" Strategy 2018-23	Number of people and organisations involved in the review	Learning Disability Services
2.2 Number of people engaged in Stay Well – Stay Connected activities.	Delivery of Stay Well Stay Connected approach and associated action plans	Quarterly report to Equality Subgroup	Stay Well – Stay Connected Implementation Group
	Promotion of Voice Tool	Details of marketing	ACHSCP Strategy & Transformation
	Analysis of Voice Tool	Adjustments and changes made to services	ACHSCP Strategy & Transformation
2.3 ACHSCP's future planning and commissioning plans are linked with Aberdeen City's Local Housing Strategy, Housing Need & Demand Assessment and the Joint Strategic Needs Assessment <i>Quote from Derek Feely Report: "People with lived experiences must be partners in the commissioning process and integral to decision making and prioritisation, monitoring process and making improvements; nothing about me without me as the saying goes"</i>	Strategic process developed and implemented to identify specialist provision housing	Strategic partnership consisting of ACC and ACHSCP and when appropriate RSLs and Scottish Government is established	ACC Housing Strategy
		Provision of specialist provision social rented accommodation increases	
	HSCP is invited to become a member of the strategic group established to oversee the development of the City and Shire HNDA.	The number of stakeholder events undertaken to establish and identify current unmet need and future demand	

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
	HSCP provides detailed information on specialist provision requirements in relation to housing need of people with the relevant protected characteristics	This is reflected in the Strategic Housing Investment Plan with project prioritised to deliver specialist provision housing	
2.4 ACHSCP's Assistive Technology and Digital Inclusion evidenced as supporting an increase in the number of people living independently in their own communities.	SWSC City Digital Divide subgroup is fully involved in the IIA for the "Shift from analogue to digital" 2025.	Invitation to join IIA working group and recommendations and mitigation actions identified during the IIA process	ACHSCP Strategy & Transformation
	All new build social housing designed to support people with the protected characteristics of age and disability will be TEC friendly	Report from the Strategic Housing Investment Plan annually to Equality Subgroup	
	The number of people supported using telecare in their homes will be analysed by protected characteristic	Report to Equality Subgroup which will include recommendations to address analysis findings	
	Review of and translation of current information into the 5 most spoken non English languages in Aberdeen	Stakeholder feedback on ease of use and access to the information provided	
	Promotion and marketing of the service using the developing service providers & forum directory	Increase in the number of people from across the relevant protected characteristics (not age or disability) requesting and using TEC	

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
2.5 Information and qualifying criteria relating to disabled adaptations in private and social housing (both major and minor adaptations) is available across all of Aberdeen's communities	Review of current data capture relating to adaptations across the protected characteristics to provide base line	Number of adaptations completed in private and council housing will be reported quarterly to the Equality Subgroup	Equality Subgroup Disabled Adaptations Group
	Review of and translation of current information into the 5 most spoken non English languages in Aberdeen	Number of adaptations completed by protected characteristics to be incorporated into the annual report to the IJB	
	Promotion and marketing of the service using the developing service providers & forum directory		

Outcome 3: Health and support services are delivered in a compassionate way, respecting the dignity of the individual, and are co designed with people who experience poor mental health, to ensure they flourish and thrive, build resilience and continue in recovery

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
3.1 Develop a quality indicator profile in mental health which will include measures across six quality dimensions - person-centred, safe, effective, efficient, equitable and timely.	Review of current Mental Health Delivery Plan	<i>In development</i>	Mental Health Services
	involvement and collaboration of key stakeholders around mental health services such as providers and the 3 rd sector Mental Health Forum	ERIA analysis	
3.2 A rights based approach which is consistent, intentional and evident in the everyday experience of everyone using mental health support (including but not limited to, unpaid carers and families and people working within the mental health sector) is embedded	<i>In development</i>	<p>Number of disabled people reporting poor mental health and wellbeing will have reduced from 28.4%</p> <p>Number of disabled people satisfied with their mental health and wellbeing will have increased from 62%</p> <p>The number of people stating that they rarely or never feel lonely from the following communities will have increased:</p> <p>LGBTQ+ increased from 13%</p> <p>BAME increased from 30%</p>	

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
		<p>Disabled people from 32% Current average 38%</p> <p>The number of people from the LGB communities of Aberdeen reporting dissatisfaction with their mental health decreases from 54%</p> <p>The number of people from Aberdeen's Transgender and non-binary communities reporting dissatisfaction with their mental health decreases from 66%</p> <p>The number of carers reporting a negative impact that caring for someone has on their mental health and wellbeing reduces from 40%</p> <p>The number of unpaid carers in Aberdeen who do not feel supported in their caring role decreases from 33%</p>	
3.3 The transition from children and young people's services to adult services is designed to enhance life outcomes in their adulthood	<i>In development</i>	<i>In development</i>	

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
3.4 People better understand what their rights are to mental health care and support, and duty bearers should be focused on realising these rights rather than being hampered by considerations of eligibility, capacity and cost	Work collaboratively with commissioned mental health organisations in the third sector to coproduce Rights Based communication material	Twice yearly qualitative engagement with people using the services, their families, carers, Partnership staff and Providers	
		The number of people with lived experience of poor mental health reporting outstanding concerns that support needs were not addressed at their last assessment or review decreases from 33%	
3.5 Gaps in service provision, which are specific to the needs of people with protected characteristics, are identified and fed into the strategic planning and commissioning process.	Partnership staff assessing the need for referrals, to profile people by protected characteristics and reason why referral unable to be made or reason for refusal	<i>In development</i>	
	Work collaboratively with commissioned mental health organisations to collate reasons, by protected characteristic, why offer of support has been turned down	<i>In development</i>	
	Establish proactive working relationships with key stakeholders representing people with protected characteristics	Cultural differences documented during evaluation of mental health conditions and associated treatments	

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
3.6 Supporting employers to have an improvement plan for workplaces in making continuous improvement to their culture, practices and policies, to directly tackle stigma and discrimination e.g., attaining See Me in Work	<i>In development</i>	<i>In development</i>	

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Outcome 4 Community engagement, empowerment, and cohesion work across the City is strong and effective.

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
<p>4.1 Increased participation, influence and voice from people with protected characteristics, with lived experiences, in the City's Locality Planning Processes</p> <p><i>Derek Feely Report quote</i> <i>At the population level, Integrated Joint Boards and Locality Planners need to do a better job of building the user voice into their considerations.</i></p>	ACHSCP Engagement Policy	Publication and marketing of new engagement policy and associated guidance	Strategic Planning Group
		Review of ACHSCP engagement practices to ensure NHS Scotland and Voluntary Health Scotland's Engagement Matrix is embedded into all engagement processes	Equality Subgroup
		Number of organisations and individuals engaged in IIA the views expressed, the recommendations and mitigating actions identified	DiversCity Officers
	Establish a network of DiversCity Officers	Number of DiversCity Officers reported quarterly	Equality Subgroup
	DiversCity Officer Programme Plan of Continuous Professional Development	Quarterly report to Equality subgroup Annual report to IJB	Equality Subgroup
Development of localised diversity networks, organisations and contacts	3 Locality Directories – 1 for each locality North, Central and South	Equality Subgroup DiversCity Officers	

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
	Supporting the development of communities of interest, forums and networks to address gaps in the directory	Analysis and annual reporting on directory developments	Equality Subgroup DiversCity Officers
	Review LEGs membership and scope out what supports are required to encourage participation from people with protected characteristics	Impact of translation of recruitment material in securing representation from across the protected characteristics	Equality Subgroup plus key staff ACHSCP Strategy & Transformation & Public Health Coordinators
	Work with providers to raise awareness of their role in supporting people with protected characteristics to participate in and influence strategic and operational developments	Events organised Organisations in attendance Number of staff attending	Scottish Care (Independent Sector) ACVO (TSI)
	Support the role of Covid Vaccination Community Connectors	Improved relationships and trust being built between the Partnership and communities previously excluded from targeted participation	ACHSCP Strategy & Transformation NHS Grampian
	IIA Quality Assurance Framework	Number of IIAs undertaken	Equality Subgroup & DiversCity Officers
		Quarterly analysis of IIA recommendations and progress against these	

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
4.2 Adhere to the National Community Engagement Standards when engaging with communities of interest. NSFCE+Diagram.pdf (squarespace.com)	Development & awareness raising programme of events for Senior Staff, DiversCity Officer and Community Representatives	Number of events delivered Number of people attending	Community Planning
	Build and sustain relationships between Partnership services and community groups	Number of community engagement events undertaken and who attended Reporting against the recommendations of IIAs and the actions to be taken to address the needs and or issues that communities experience	Senior Managers & DiversCity Officers
		DiversCity Officers embed NCES into the consultation element of the IIA	

Outcome 5 All staff delivering health and social care services, fully understand their legal duties and other responsibilities in keeping people living, working, studying or visiting Aberdeen City safe and free from harm

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
<p>5.1 Interventions are early and effective, preventing domestic abuse, and maximising the safety and wellbeing of adults, children, and young people affected by domestic abuse.</p> <p>Awareness of violence/ abuse and its related harms are better understood by staff working in Partnership services</p>	<p>Working jointly with the VAWP to develop, promote and market awareness raising campaigns to highlight what constitutes harmful behaviour.</p>	<p>Number of campaigns delivered and location of marketing events</p>	VAWP Coordinator
		<p>Number of referrals made by staff working in ACHSCP Services</p>	
		<p>Number of enquiries from people using health and social care services</p>	
	<p>Staff use of and understanding of Respect Helpline</p>	<p>Survey of staff working in Partnership services</p>	Equality Subgroup
	<p>Working jointly with the VAWP to implement the Safe and Together model of training to create a domestic abuse informed workforce (funding dependent)</p>	<p>Number of staff attending sessions</p>	Equality Subgroup
		<p>Number of referrals made by staff working in ACHSCP Services</p>	
	<p>Raise awareness and understanding of the legislation of forced marriage The Anti-social Behaviour, Crime and Policing Act 2014</p>	<p>Number of staff attending sessions including e-learning module</p>	Equality Subgroup

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
	<p>Promotion and marketing of the Forced Marriage Unit's guidance and training materials including:</p> <p>multi-agency practice guidelines: handling cases of forced marriage</p> <p>multi-agency statutory guidance for dealing with forced marriage</p> <p>multi-agency practice guidelines for Forced Marriage and learning disabilities</p> <p>Promotion of the Forced Marriage Unit's free e-learning tool: https://www.virtual-college.co.uk/resources/free-courses/awareness-of-forced-marriage</p> <p>Raising awareness of Scottish Government's Forced Marriage Guidance Forced marriage awareness raising materials - gov.scot (www.gov.scot)</p>	<p>Number of referrals made by staff working in ACHSCP Services</p> <p>Scotland's Domestic Abuse and Forced Marriage Helpline will be promoted and visible in GP surgeries and buildings Partnership staff work out off</p> <p>Imams statement against Forced Marriage (in different languages) promoted and visible in GP surgeries and buildings Partnership staff work out off</p>	<p>Equality Subgroup</p>

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
5.2 Improved services for those affected by hate crime and hate incidents in the City. Improved preventative work and a shared understanding of the causes enabling a reduction in hate crime and hate incidents	Analysis of staff working in ACHSP services understanding of hate crime and hate incidents	Findings and recommendations reported to Equality Subgroup	Equality Subgroup
	Awareness raising activities to address the recommendations of the report presented to the Equality Subgroup	Number of incidents reported, and referrals made to appropriate services	Community Planning Aberdeen Community Justice Outcome Improvement Group
	Participation in Hate Crime Awareness Week annually commencing October 2021	Details of and participation in events organised across ACHSCP services	Equality Subgroup
	Working with the Chinese, East and South-East Asian community members and representatives to co-design local initiatives to raise awareness of hate crime and prejudice.	Number of hate incidents reported by staff working in partnership services and the number of people accessing appropriate support.	Community Planning Aberdeen Community Justice Outcome Improvement Group
5.3 Improved services and support for those at risk of and those that are affected by Female Genital Mutilation (FGM).	Review current activity against the Scotland's national action plan to prevent and eradicate FGM 2016 to 2020 before developing an action plan to address areas of development jointly with VAWP Scotland's national action plan to prevent and eradicate FGM - gov.scot (www.gov.scot)	ACHSCP FGM Action Plan	Adult Support and Protection

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
	Circulation of FGM Community Information Leaflet Female Genital Mutilation (FGM) community information leaflet - gov.scot (www.gov.scot)	Details of awareness raising activities	
	Circulation of FGM Awareness Postcard Female Genital Mutilation (FGM) awareness-raising postcard: 2015 - gov.scot (www.gov.scot)	FGM Awareness Postcard visible in all GP surgeries and buildings that Partnership staff work out off	
5.4 Improved understanding of and development of a joined up approach to support those affected by human trafficking and exploitation.	Review current activity against the Scottish Government's Trafficking and Exploitation Strategy for Scotland 2017 and subsequent update reports before developing and implementing staff awareness sessions and support services for Potential Victims of Trafficking	Number of staff attending awareness raising sessions Number of Human Trafficking and Exploitation (Scotland) Act 2015 Section 38 Referrals made by Partnership Staff Number of Adult Support and Protection cases in which Potential Victims of Trafficking have been identified	Adult Support and Protection

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
5.5 Improved understanding of the causes of honour based violence and the support services necessary to keep people safe	In partnership with VAWP and BAME Violence Against Women and Children Organisations develop and implement a programme of staff and key partners awareness raising programmes	Number of sessions run number of people in attendance and details of which services/organisations	Adult Support and Protection
	<i>What Works to Prevent Violence Against Women: A Summary of the Evidence</i>	Staff working in Partnership services can evidence a better understanding of the dynamics of 'honour', in particular how it exerts psychological and physical control over the victim, how the wider family and community may be implicated in the abuse, the multiple barriers to reporting, and the high level of risk facing victims who decide to ask for assistance.	

Outcome 6: We have a workforce that is reflective and representative of the communities we care for

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
6.1 Workforce data reflects ACHSCP service user data	Develop and implement a project like The Value the Difference project, delivered by DRS, the University of Strathclyde and Brodies LLP, which aims to tackle unconscious bias in the workplace against women, BAME communities, LGBTQ+ communities and people with a disability through a combination of research, training, awareness raising and coaching.	Number of organisations undertaking the training	Equality Subgroup HR Commissioners
6.2 Flexible and targeted recruitment drives to address current gaps and the needs of future service users	Partnership with Aberdeen Business Gateway developed to support the provision of tailored support, advice and awareness raising events in the communities of Aberdeen.	Review of workforce profile against current baseline in 2023	Talent Managers ACC
6.3 Staff have a shared understanding of cultural diversity and difference	Achieve equality and diversity accreditations and promote these schemes across the organisation: Age Positive [Withdrawn] Age Positive - GOV.UK (www.gov.uk) Carer Positive Exemplary Carer Positive :: Carer Positive Employers Disability Confident Disability Confident employer scheme and guidance - GOV.UK (www.gov.uk)	Attainment of the accreditations Details of promotional and marketing events	Equality Subgroup HR DiversCity Officers

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
	EHRC Working Forward Working Forward home Equality and Human Rights Commission (equalityhumanrights.com)		

DRAFT

Outcome 7 We have a workplace where all staff feel valued and respected and have their needs met appropriately

<i>What success will look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service Relevant Guidance</i>
7.1 ACHSP has a responsive dignity and respect at work approach which all staff and managers are aware off	Promotion and marketing of Aberdeen City Council’s and NHS Grampian’s respective policies	Documentation of both formal and informal enquiries which relate to protected characteristics	HR Talent Managers Equality subgroup
7.2 ACHSCP supports the formation of staff groups which represent protected characteristics	Statements of support on ACHSCP website	The number of groups formed Actions and outcomes delivered by staff groups	HR, Talent Managers Equality subgroup
7.3 ACHSCP embed an approach of learning and understanding to address findings of internal investigations to effect behavioural change and improve organisational culture	Collaborative working between HR, Talent Managers, Trade Unions and the Equality Subgroup to deliver a communications process to effect positive behavioural change	Number of investigations which instigated joint communications to effect behavioural change	HR Talent Managers Equality subgroup Trade Unions
7.4 Managers have a shared understanding of their responsibilities in relation to reasonable workplace adjustments	Manager, Team Leader and Supervisor Equality Act 2010 Section 6 specific awareness sessions	Number of reasonable workplace adjustments put into place	DiversCity Officers Chief Officer Senior Leadership Team
	Review HR guidance on managing workplace stress	Review completed and supported by a robust marketing strategy	
	Develop manager’s awareness training on mental health in the workplace	Awareness material developed/marketed Number of managers participating in the sessions developed	



Health Inequalities Impact Assessment (HIIA)

Introduction

Carrying out a Health Inequalities Impact Assessment (HIIA) will help you to consider the impact of your strategy/policy/practice on people. Using this workbook, alongside the [HIIA: Answers to frequently asked questions](#) guide, will help you to work through the process and strengthen your strategy/policy/practice's contribution towards health equity.

The workshop is a core element of the HIIA and, together with a group of key stakeholders, you will work through six questions to identify any impacts your policy will have on: different population groups; health inequalities; and people's human rights. Policies do not impact on people in the same way – impact assessment is a way to consider how people will be affected differently. It will also help you to meet the requirements of the Public Sector Equality Duty by considering those groups who are protected under the Duty (information about the Duty is available at www.scotland.gov.uk/Topics/People/Equality/PublicEqualityDuties).

The six questions to ask are:

- 1 Who will be affected by this policy?
- 2 How will the policy impact on people?
- 3 How will the policy impact on the causes of health inequalities?
- 4 How will the policy impact on people's human rights?
- 5 Will there be any cumulative impacts as a result of the relationship between this policy and others?
- 6 What sources of evidence have informed your impact assessment?

You should identify impacts as positive or negative, remembering that some policies may have no impacts for a population group.

Positive impact: would demonstrate the benefit the policy could have for a population group: how it advances equality, fosters good relations, contributes to tackling health inequalities or upholds human rights.

Negative impact: would mean that a population group is at risk of being disadvantaged by the policy, there is a risk of breaching the human rights of people or the requirements of the Equality Duty, or that there is a risk of widening health inequalities.

No impact: If you find that the policy will have no impacts for some groups, you do not need to record this information.

Further information on Health Inequalities is available from NHS Health Scotland Website

<http://www.healthscotland.scot/health-inequalities>

Question 1: Who will be affected by this policy?

Example: Keep this brief, such as 'Children aged 5–12 years'.

There is no need to explore subgroups yet, just provide an indication of how well-defined the target group is at this stage.

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Question 2: How will the policy impact on people?

When thinking about how the policy might impact on people, think about it in terms of the right for **everyone** to achieve the highest possible standard of health. The [Right to Health](#) includes both the right to healthcare and the right to a range of factors that can help us lead a healthy life (the determinants of health). Equality and non-discrimination are fundamental to this right.

The Right to Health has four related concepts: goods, facilities and services should be available, accessible, acceptable and of good quality.

When thinking about how the policy might impact on people, their human rights and the factors that help people to lead healthy lives, consider and discuss:

- Is the policy **available** to different population groups?
- Is the policy **accessible**, (e.g. in terms of physical access, communication needs, transport needs, health literacy, childcare needs, knowledge and confidence)?
- Is the policy **acceptable** to different population groups (e.g. is it sensitive to age, culture and sex)?
- Is the policy of good **quality**, enabling it to have its desired effects and support the above?

Apply these questions to each population group in the following table. Try to identify any factors which can contribute to poorer experiences of health and any potential positive or negative impacts of the policy. Think about people, not characteristics, such as how the policy impact on the right to health of a disabled older man with low literacy who lives in a deprived area.

Population groups and factors contributing to poorer health	Potential Impacts and explanation why	Recommendations to reduce or enhance such impacts
Age: older people; middle years; early years; children and young people.		
Disability: physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions.		
Gender Reassignment: people undergoing gender reassignment		
Marriage & Civil Partnership: people who are married, unmarried or in a civil partnership.		
Pregnancy and Maternity: women before and after childbirth; breastfeeding.		
Race and ethnicity: minority ethnic people; non-English speakers; gypsies/travellers; migrant workers.		
Religion and belief: people with different religions or beliefs, or none.		
Sex: men; women; experience of gender-based violence.		
Sexual orientation: lesbian; gay; bisexual; heterosexual.		
Looked after (incl. accommodated) children and young people		
Carers: paid/unpaid, family members.		

Homelessness: people on the street; staying temporarily with friends/family; in hostels, B&Bs.		
Involvement in the criminal justice system: offenders in prison/on probation, ex-offenders.		
Addictions and substance misuse		
Staff: full/part time; voluntary; delivering/accessing services.		
Low income		
Low literacy / Health Literacy includes poor understanding of health and health services (health literacy) as well as poor written language skills.		
Living in deprived areas		
Living in remote, rural and island locations		
Discrimination/stigma		
Refugees and asylum seekers		
Any other groups and risk factors relevant to this policy		

To comply with the general equality duty of the Equality Act 2010 when conducting impact assessment, you must demonstrate 'due regard' for the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
- advance equality of opportunity between people who share a relevant protected characteristic and those who do not share it;
- foster good relations between people who share a relevant protected characteristic and those who do not share it.

This means that you must identify, record and eliminate (through appropriate policy changes) any impacts that could amount to unlawful discrimination under the act. Wherever possible you should also try to identify, record and enhance any impacts that enable the policy to advance equality of opportunity or foster good relations.

Question 3: How will the policy impact on the causes of health inequalities?

The wider environmental and social conditions in which we are born, grow, live, work and age are shaped by the distribution of power, money and resources. These conditions can lead to health inequalities. While considering how your policy will impact on people and their right to health, it is also important to think about how it may impact on the causes of health inequalities (see the table below). Further information on the causes of health inequalities can be found in [NHS Health Scotland's Health Inequalities Policy Review](#).

Not all policies will be able to act or impact on these causes, but it will be useful to reflect on whether yours will. Think about any opportunity this policy might offer to reduce inequalities and also try to identify any ways in which it might inadvertently increase inequalities (you may find the prompts in Appendix 1 helpful).

You may have discussed some of these issues when considering question 2.

Will the policy impact on?	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
<p>Income, employment and work</p> <ul style="list-style-type: none"> • Availability and accessibility of work, paid/unpaid employment, wage levels, job security. • Tax and benefits structures. • Cost/price controls: housing, fuel, energy, food, clothes, alcohol, tobacco. • Working conditions. 		
<p>The physical environment and local opportunities</p> <ul style="list-style-type: none"> • Availability and accessibility of housing, transport, healthy food, leisure activities, green spaces. • Air quality and housing/living conditions, exposure to pollutants. 		

<ul style="list-style-type: none"> • Safety of neighbourhoods, exposure to crime. • Transmission of infection. • Tobacco, alcohol and substance use. 		
<p>Education and learning</p> <ul style="list-style-type: none"> • Availability and accessibility to quality education, affordability of further education. • Early years development, readiness for school, literacy and numeracy levels, qualifications. 		
<p>Access to services</p> <ul style="list-style-type: none"> • Availability of health and social care services, transport, housing, education, cultural and leisure services. • Ability to afford, access and navigate these services. • Quality of services provided and received. 		
<p>Social, cultural and interpersonal</p> <ul style="list-style-type: none"> • Social status. • Social norms and attitudes. • Tackling discrimination. • Community environment. • Fostering good relations. • Democratic engagement and representation. • Resilience and coping mechanisms. 		

Question 4: How will the policy impact on people’s human rights?

Human rights are the basic rights and freedoms which everyone is entitled to in order to live with dignity. They can be classified as **absolute**, **limited** or **qualified**. Absolute rights must not be restricted in any way. Other rights can be limited or restricted in certain circumstances where there is a need to take into account the rights of other individuals or wider society.

Not all policies will be able to demonstrate an impact against human rights but it will be useful to consider if yours will. Think about the potential impacts you have identified and consider whether these could help fulfil or breach legal obligations under the Human Rights Act. Can you think of any actions that might promote positive impacts or mitigate negative impacts? The following table includes rights that may be particularly relevant to health and social care policies.

Articles	Potential areas for consideration	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
The right to life (absolute right)	<ul style="list-style-type: none"> • Access to basic necessities such as adequate nutrition, clean and safe drinking water. • Suicide. • Risk to life of/from others. • Duties to protect life from risks by self/others. • End of life questions. • Duties of prevention, protection and remedy, including investigation of unexpected death. 		
The right not to be tortured or treated in an inhuman or degrading way (absolute right)	<ul style="list-style-type: none"> • Should not cause: fear; humiliation; intense physical or mental suffering; or anguish. • Prevention of ill-treatment, protection and rehabilitation of survivors of ill-treatment. • Duties of prevention, protection 		

	<p>and remedy, including investigation of reasonably substantiated allegations of serious ill-treatment.</p> <ul style="list-style-type: none"> • Dignified living conditions. 		
<p>The right to liberty (limited right)</p>	<ul style="list-style-type: none"> • Right not to be deprived of liberty in an arbitrary fashion. • Detention under mental health law. • Review of continued justification of detention. • Informing reasons for detention. 		
<p>The right to a fair trial (limited right)</p>	<ul style="list-style-type: none"> • When a person's civil rights, obligations or a criminal charge against a person comes to be decided upon. • Staff disciplinary proceedings. • Malpractice. • Right to be heard. • Procedural fairness. • Effective participation in proceedings that determine rights such as employment, damages/ compensation. 		
<p>The right to respect for private and family life, home and correspondence (qualified right)</p>	<ul style="list-style-type: none"> • Family life, including outwith blood and formalised relationships. • Privacy. • Personal choices, relationships. • Physical and moral integrity (e.g. freedom from non-consensual treatment, harassment or abuse). • Participation in community life. 		

	<ul style="list-style-type: none"> • Participation in decision-making. • Access to personal information. • Respect for someone's home. • Clean and healthy environment. • Legal capacity in decision-making. • Accessible information and communication e.g. phone calls, letters, faxes, emails. 		
The right to freedom of thought, belief and religion (qualified right)	<ul style="list-style-type: none"> • Conduct central to beliefs (such as worship, appropriate diet, dress). 		
The right to freedom of expression (qualified right)	<ul style="list-style-type: none"> • To hold opinions. • To express opinions, receive/impart information and ideas without interference by a public authority. 		
The right not to be discriminated against	<ul style="list-style-type: none"> • All of the rights and freedoms contained in the Human Rights Act must be protected and applied without discrimination. • Discrimination takes place when someone is treated in a different way compared with someone else in a similar situation. • Indirect discrimination happens when someone is treated in the same way as others that does not take into account that person's different situation. 		

	<ul style="list-style-type: none"> • An action or decision will only be considered discriminatory if the distinction in treatment cannot be reasonably and objectively justified. 		
<p>Any other rights relevant to this policy e.g.</p>	<ul style="list-style-type: none"> • Convention on the Rights of the Child • Convention on the Elimination of All Forms of Discrimination against Women • Convention on the Rights of Persons with Disabilities 		

Question 5: Will there be any cumulative impacts as a result of the relationship between this policy and others?

Consider the potential for a build-up of negative impacts on population groups as a result of this policy being combined with other policies, e.g. relocation of services at the same time as changes to public transport networks.

Question 6: What sources of evidence have informed your impact assessment?

Formal sources of evidence to consider include population data and statistics, consultation findings and other research. However, your professional or personal experience and knowledge of individuals and communities (and the potential impact of a policy on them) is equally as valuable. Further information can be found in the planning a workshop section. <http://www.healthscotland.scot/publications/planning-resources-hiia-scoping-workshop>

What evidence have you used to support your impact assessment thinking? Have you identified any areas where more evidence is needed or where there are gaps in your current knowledge to inform the assessment?

Evidence type	Evidence available	Gaps in evidence
Population data e.g. demographic profile, service uptake.		
Consultation and involvement findings e.g. any engagement with service users, local community, particular groups.		
Research e.g. good practice guidelines, service evaluations, literature reviews.		
Participant knowledge e.g. experiences of working with different population groups, experiences of different policies.		

Summary of discussion

The facilitator or lead for the impact assessment will:

- identify what the potential impacts of the policy are on people and their right to health
- identify what potential impacts the policy may have on the causes of health inequalities
- identify what potential impacts the policy may have on people's human rights as set out in the Human Rights Act.
- consider how the policy impacts on the specific requirements in the Public Sector Equality Duty
- identify any actions to tackle these impacts, promote equality and the right to health
- identify any potential effects as a result of the relationship between this policy and others
- identify evidence sources to draw on and where there are gaps in your evidence.

Next steps

A report will be written to identify the next steps. Next steps will be coordinated by the project lead and may involve prioritising the impacts, identifying and gathering further sources of evidence (including any consultation) in order to make recommendations from the impact assessment, followed by undertaking and monitoring any actions identified.

Appendix 1: Messages from the Health Inequalities Policy Review

Structural		Behavioural
Fundamental causes	Wider environmental influences	Individual experiences
<p>Global economic forces</p> <p>Macro socio-political environment</p> <p>Political priorities and decisions</p> <p>Societal values to equity and fairness</p> <p>Unequal distribution of power, money and resources</p> <p>Poverty, marginalisation and discrimination</p>	<p>Economic and work</p> <ul style="list-style-type: none"> • Availability of jobs. • Price of basic commodities (e.g. rent, fuel). 	<p>Economic and work</p> <ul style="list-style-type: none"> • Employment status. • Working conditions. • Job security and control. • Family or individual income. • Wealth. • Receipt of financial and other benefits.
	<p>Physical</p> <ul style="list-style-type: none"> • Air and housing quality. • Safety of neighbourhoods. • Availability of affordable transport. • Availability of affordable food. • Availability of affordable leisure opportunities. 	<p>Physical</p> <ul style="list-style-type: none"> • Neighbourhood conditions. • Housing tenure and conditions. • Exposure to pollutants, noise, damp or mould. • Access to transport, fuel poverty. • Diet. • Exercise and physical activity. • Tobacco, alcohol and substance use.
	<p>Learning</p> <ul style="list-style-type: none"> • Availability and quality of schools. • Availability and affordability of further education and lifelong learning. 	<p>Learning</p> <ul style="list-style-type: none"> • Early cognitive development. • Readiness for school. • Literacy and numeracy. • Qualifications.
	<p>Services</p> <ul style="list-style-type: none"> • Accessibility, availability and quality of public, third sector and private services; activity of commercial sector. 	<p>Services</p> <ul style="list-style-type: none"> • Quality of service received. • Ability to access and navigate. • Affordability.

	Social and cultural <ul style="list-style-type: none"> • Community social capital, community engagement. • Social norms and attitudes. • Democratisation. • Democratic engagement and representation. 	Social and cultural <ul style="list-style-type: none"> • Connectedness, support and community involvement. • Resilience and coping mechanisms. • Exposure to crime and violence.
Key components of a health inequalities strategy		
Fundamental causes	Wider environmental influences	Individual experiences
<ul style="list-style-type: none"> • Policies that redistribute power, money and resources • Social equity and social justice prioritised 	<ul style="list-style-type: none"> • Legislation, regulation, standards and fiscal policy. • Structural changes to the physical environment. • Reducing price barriers. • Ensuring good work is available for all. • Equitable provision of high quality and accessible education and public services. 	<ul style="list-style-type: none"> • Equitable experience of socio-economic and wider environmental influences. • Equitable experience of public services. • Targeting high risk individuals. • Intensive tailored individual support. • Focus on young children and the early years.
Examples of effective interventions		
Fundamental causes	Wider environmental influences	Individual experiences
<ul style="list-style-type: none"> • Minimum income for health (healthy living wage) • Progressive taxation (individual and corporate). • Active labour market policies 	<ul style="list-style-type: none"> • Housing: Extend Scottish Housing Quality Standard; Neighbourhood Quality Standard. • Air/water: Air pollution controls; water fluoridation. • Food/alcohol: restrict advertising; regulate retail outlets; regulate trans-fats and salt content. • Transport: drink-driving regulations, lower speed limits, area-wide traffic calming schemes. • Price controls: Raise price of harmful commodities through taxation; reduce price barrier for healthy products and essential services. 	<ul style="list-style-type: none"> • Training – culturally/inequalities sensitive practice. • Linked public services for vulnerable/high risk individuals. • Specialist outreach and targeted services.

Interventions requiring people to opt-in are less likely to reduce health inequalities. Consider the balance of actions at structural and individual levels.



INTEGRATION JOINT BOARD

Date of Meeting	25 May 2021
Report Title	Aberdeen City Autism Strategy Update Report
Report Number	HSCP.21.050
Lead Officer	Kevin Dawson, Lead for Community Mental Health, Learning Disabilities & Substance Misuse Services
Report Author Details	Jenny Rae Deputy Service Manager Jenrae@aberdeencity.gov.uk 07917559399
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	Appendix A – Action Plan Appendix B – Adult Autism Assessment Team update/pathways Appendix C – Transitions update

1. Purpose of the Report

1.1 This report provides an update to the Integration Joint Board on the implementation of the Aberdeen City Autism Strategy and Action Plan 2019-22.

2. Recommendations

2.1. It is recommended that the Integration Joint Board (IJB):

- a) Note the report and the information on progress against the action plan as presented in Appendix A.
- b) Note that an interim update report will be provided to Clinical and Care Governance Committee in November 2021.



INTEGRATION JOINT BOARD

3. Summary of Key Information

- 3.1. The Aberdeen City Autism Strategy and Action Plan 2019-22 (Appendix A) was approved by the Integration Joint Board (IJB) on 11 December 2018 and by ACC Operational Delivery Committee in January 2019 and commenced implementation from April 2019.
- 3.2. Since the last update provided to IJB on 24 March 2020 the way in which services are delivered across the health and social care sector have changed due to Covid-19. The developments planned for Autism Assessment services were delayed due to critical pandemic response services taking priority. Oversight of the Autism Strategy implementation moved to Leadership and Operational meetings within Mental Health and Learning Disability services.
- 3.3. Following a review of the Action Plan (aligned to pandemic response service reviews held in March 2020) to ascertain priorities, preparatory work took place to create the Adult Autism Assessment Team. Recruitment took place in late 2020 and post-holders were appointed and commenced work in early January 2021.
- 3.4. The Adult Autism Assessment Team have developed relevant referral and assessment pathways in conjunction with the National Autism Implementation Team. The Team is multidisciplinary, with a clinical lead appointed, in addition to a project support role. Further information on the Team and the progress to date can be found in Appendix B.
- 3.5. Post-diagnostic support is available following diagnosis. Work is ongoing nationally on the provision of post-diagnostic support and the Adult Autism Assessment Team will link into this work.
- 3.6. The Adult Autism Assessment Team is funded through Scottish Government non-recurring monies aligned to the implementation of the national Autism Strategy. Diagnostic services are a key priority nationally and there may be further opportunities to bid for monies aligned to transformational change. The funds received are being monitored closely to ensure best value in service provision established. The Assessment service forms a test of change, and evaluation of the Team, processes, referral and diagnosis rates will be undertaken and inform any future planning, including budgetary planning.
- 3.7. The Scottish Government recently published the report [Learning/Intellectual Disability and Autism Towards Transformation](#). The Cross Party Group on



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Autism have also published their review of the Scottish Strategy for Autism, [The Accountability Gap](#). Both reports provide recommendations and actions focused on ensuring autistic peoples human rights are respected, protected and advanced. Dedicated work is also taking place on transitions for young people with additional support needs, including autism with further detail provided in Appendix C.

- 3.8. Within 2021-22 the Aberdeen City Autism Strategy and Action Plan will be reviewed in line with the refresh of the Aberdeen City Health and Social Care Partnership (ACHSCP) Strategic Plan and other related planning activity (such as the Local Outcome Improvement Plan), as well as within the context of the aforementioned national policy reviews and potential legislative changes.

4. Implications for IJB

- 4.1. **Equalities** - A Full Equality and Human Rights Impact Assessment has been completed (2019) which found the impact to be positive. The impact of the Autism Assessment service will be included in a refreshed Impact Assessment once further embedded into practice and aligned to a review of the wider Autism Strategy as detailed in section 3.8.
- 4.2. **Fairer Scotland Duty** - The Autism Strategy and Action Plan is aligned with other strategic documents and their vision, such as the ACHSCP Strategic Plan and the Community Planning Aberdeen Local Outcome Improvement Plan, to improve outcomes for autistic people in Aberdeen. The specific actions identified in the action plan seek to reduce inequalities and strengthen meaningful involvement of people in this process by co-producing solutions and measuring success.
- 4.3. **Financial** - There are no direct financial implications arising from the recommendations of this report.
- 4.4. **Workforce** - There are no direct workforce implications arising from the recommendations of this report.
- 4.5. **Legal** - There are no direct legal implications arising from the recommendations of this report.

5. Links to ACHSCP Strategic Plan

- 5.1. The recommendations in this report complement the strategic priorities outlined in the Partnership's Strategic Plan primarily by supporting the



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development of person-centred approaches to care and support and by enabling supported individuals to strengthen their connection and contribution to their local community.

6. Management of Risk

6.1. Identified risks(s)

Failure to implement the Strategy and Action Plan.

This risk is minimal due to the ongoing engagement with partners. Failure to implement the Strategy and Action Plan could lead to reputational damage, to mitigate this the Autism Strategy Implementation Group has been established and reports to relevant operational and governance structures.



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

(8) There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care.

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

The content of this report seeks to mitigate the known risks by recommending a decision which supports the reputation of the IJB & Partnership, the implementation of the Autism Strategy and Action Plan promotes person centred approaches to care and support and the strengthening of community connections.

The risk is Low.

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

Aberdeen City Autism Strategy and Action Plan

2019-2022



Aberdeen City
Health & Social Care
Partnership

A caring partnership



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1. Introduction

1.1 Our Autism Strategy

Aberdeen City's Autism Strategy is a whole life strategy, which has been co-produced by Aberdeen City Council (ACC), NHS Grampian, Aberdeen City Health and Social Care Partnership (ACHSCP) and other partners.

The current strategy and action plan is being revised following updated outcomes and priorities detailed by the Scottish Government in addition to the requirement to ensure our local strategy and action plan for autism delivers change and improved outcomes for the autistic population.

The autistic population face a number of challenges, many of which are based on societal views of what constitutes accepted social norms and behaviours. These social conventions can be exceptionally difficult for an autistic person to navigate, let alone challenge. Autistic people can therefore find it difficult to meet the expectations that are often set for others, finding relationship building and social situations challenging, at times, and often taking more time to find their place in the world because people's knowledge and understanding of autism remains limited. There are many ways in which we can all, collectively, make changes to the way we operate systems, processes and services, which can better take account of the needs of autistic people, and help to improve their outcomes.

This strategy and action plan will not seek to duplicate activity aligned to other strategic or operational plans either locally or nationally. There are other documents and plans which autistic people and their families may benefit from, such as The Carers (Scotland) Act 2016 and Aberdeen City's Carers, Learning Disability and Mental Health Strategies (*currently under review*).

The spectrum nature of autism means that some autistic people may require the support of multiple service areas due to the complex nature of their needs. This strategy and action plan is aimed at improving the lives of all autistic people in Aberdeen, however detailed actions on how this will be achieved may more appropriately sit within other service area plans (*such as Learning Disability or Mental Health where people have a dual diagnosis*).

1.2 Our Language

Throughout this document we will use language which is commonly used within Aberdeen.

Autism or Autism Spectrum Condition (ASC) will be used when discussing the overall condition. Autistic people will be used when discussing people with a diagnosis of autism, including children and adults. Where there is information specific to the autistic child or adult population this will be stated. The term carers will be used to describe people undertaking an informal caring role and families may also be used where appropriate.

1.3 What is autism?

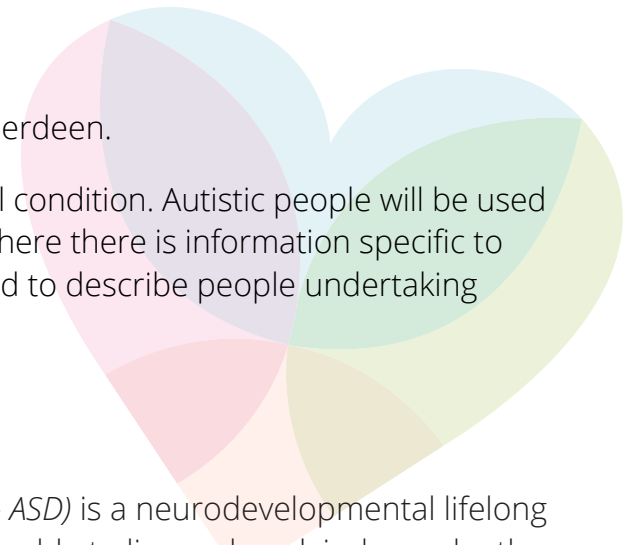
Autism (*also known as Autism Spectrum Condition - ASC, or Autism Spectrum Disorder - ASD*) is a neurodevelopmental lifelong condition. It affects different autistic people in different ways, with some individuals able to live and work independently, and some requiring specialist support. Autistic people develop differently from non-autistic people (*neurotypicals*), sometimes faster than their peers, sometimes slower.

What everyone on the autism spectrum will have is sensory and social difficulties. These are not always obvious, as they can be masked, and people can develop coping strategies. Most have also held the assumption that others experience the world the same way, so it can make it difficult to recognise these differences.

Autistic people have issues with communication, both verbal and non-verbal, e.g. difficulties with interpretation, tone of voice, facial expressions.

Autistic people may engage in repetitive behaviours. While these may, at times, be restricting for their families (*e.g. only eating a limited range of food*), many autistic people love to engage in areas of special interest repeatedly. The ability many autistic people have to focus intently, spot small details and notice patterns can be of great value to businesses and society generally. While some autistic people may, at times, be frustrated with their need to obsess over a certain topic, they generally derive much pleasure from doing so.

Autistic people can experience sensory input in a different way from non-autistic people. Being autistic means that they are more likely to have issues filtering out sensory information which can lead to being overwhelmed and/or under sensitive. Some of the repetitive behaviours referred to above, may also be a coping strategy to manage and control this feeling of being either overwhelmed or under sensitive



This document does not seek to replace or redefine clinical perspectives on autism. Clinical guidance on autism is generally taken from SIGN (*Scottish Intercollegiate Guidance Network*) publication 145, which references both current versions of ICD-10 (*International Classification of Diseases – 10 [World Health Organisation]*) and DSM-5 (*Diagnostic and Statistical Manual of Mental Disorders - fifth edition [American Psychiatric Association]*) as source references for diagnosis.

1.4 Our Vision

ACHSCP current Strategic Plan outlines the vision for health and social care within Aberdeen as:

“ We are a caring partnership working together with our communities to enable people to achieve fulfilling, healthier lives and wellbeing ”

This vision, the associated values and priorities guide the development of all strategic documents produced by the Partnership (*appendix 1*).

The vision, as outlined in the Scottish Strategy for Autism, continues to underpin our local autism strategy:

“ Our vision is that individuals on the autism spectrum are respected, accepted and valued by their communities and have confidence in services to treat them fairly so that they are able to have meaningful and satisfying lives. ”

The Scottish Strategy for Autism Scottish Government 2011

Through engagement activity local people told us that understanding, and acceptance, of autism is of key importance. This will lay the building blocks to ensure that services are relevant and appropriate for autistic people. Where needed there should be support offered to educate, inform and, if required, challenge practice to ensure this vision is fully promoted and embedded in practice.

It is recognised that the process of genuine and meaningful engagement, with any group including autistic people, takes time, commitment and a willingness to adapt communication styles. Whilst attempts have been made to meaningfully engage the entirety autistic population in the development of the revised strategy it has not been possible to reach all aspects of this population or to always reach consensus on centre viewpoints, in part this is due to the formal nature of the process and the lack of diagnostic services available (*which empower autistic people to contribute to such processes*). This is a learning point and an area for improvement which will be taken forward into the implementation phase of the strategy and action plan.

2. Our Wider Context

2.1 Developing our autism strategy

In 2011, The Scottish Government launched a Scottish Strategy for Autism, with the recommendation that each local area produce a strategy and action plan. In 2014 Aberdeen City produced its local 10-year autism strategy and action plan.

The Scottish Strategy for Autism was written to consolidate a number of initiatives for autism into a strategic document which aimed to address the entire autism spectrum and the whole lifespan of autistic people in Scotland. The strategy produced 26 recommendations. Subsequent documentation was also published to further define the outcomes and priorities for the strategy.

In early 2018 the Scottish Government consulted on and launched a revised set of outcomes and priorities for autism. Our Aberdeen City strategy and action plan is now also being revised. The local revised strategy and action plan considers changes nationally and locally, as well as acknowledging the challenges faced in implementing the original strategy and action plan. It is intended that by ensuring the revised documents are meaningful to and reflective of local people's views, that we can collectively produce a realistic, achievable and sustainable strategy and action plan for autism within Aberdeen City.

The national strategy runs until 2021. The Aberdeen strategy will be in operation for 3 years, from 2019-2022. This allows for a period to review our local strategy and action plan in line within any national changes, which may include a new national strategy for Scotland in 2021.

Within this document we will summarise the engagement work undertaken to re-develop the strategy and action plan and how we will seek to ensure autistic people and their families are at the centre of how the strategy and action plan will be implemented and monitored.

2.2 Why do we need a strategy?

A local strategy is a best practice indicator, as highlighted by Scottish Government within the national strategy for autism. There are other important factors which lend themselves to having a local strategy and action plan.

A report launched in 2018 titled 'The Microsegmentation of the Autism Spectrum' (*as recommended by the national Strategy for Scotland*), identified a new national prevalence rate of autism of 1.035%. Additionally, research also suggests that prevalence of autism with an intellectual disability is noted as 32.7%, which is less than previously evidenced.

According to this research in Aberdeen there is a population of autistic people equalling 2379 and of this number 778 have presence of an intellectual disability and 1601 do not.

Currently assessment and diagnostic services are provided to adults only where a co-morbidity exists, typically an associated mental health issue or an intellectual disability. Using the prevalence rates, we can see that one third of the autistic population in Aberdeen will have a co-morbidity of an intellectual disability. There is no equivalent research conducted to provide prevalence figures for any co-morbid Mental Health condition. Those autistic people without such a co-morbidity (*up to two thirds of the autistic population*) will unlikely have received an assessment or subsequent diagnosis of autism. This is echoed by anecdotal information regarding the lack of adult diagnosis within Aberdeen.

A sole diagnosis of autism does not necessitate the provision of formal services by the local authority or Partnership, unless the individual meets the eligibility criteria for funded services. Many autistic people do not have a formal diagnosis and are often prevented from accessing relevant health and social care supports, formal or unpaid. As such, there is limited information available as to the general health and wellbeing of this population. Formal commissioned social care services are provided where autistic people also have a co-morbid condition and meet the eligibility criteria. This population can be seen to have more complex or multi-faceted forms of need. Further information on complex needs can be found within the local Learning Disability Strategy: *A'thegither* in Aberdeen.

The Pupil Census carried out in 2017 details that in Aberdeen City there are 536 children and young people in education who have autism or ASC recorded. This data comprises of children with diagnosed and reported conditions, therefore the actual numbers of children in Aberdeen City with autism are likely to be significantly higher.

The Microsegmentation report also provides a Scotland wide context to the previous estimates of the cost of autism, suggesting a cost of £2.2 billion a year. The recently revised prevalence rates, including the presence of intellectual disability, also enable a lifetime cost per person to be identified of between £900,000 and £1.6 million. Many of these costs are related to the loss of productivity, i.e. employment of autistic people or their carers, but are also related to the high cost of services for people with an associated intellectual disability including accommodation costs. Information from the local perspective can be seen to echo this, with formal social care services for autistic people with an intellectual disability being amongst the most complex due to the requirement for enhanced care provision.

Generally, there is greater knowledge and understanding of autism, with higher media focus on 'autism friendly' or 'relaxed' activities. It can be noted that whilst these may provide awareness or support for some autistic people they do not lend themselves to a greater understanding or acceptance of autism as a spectrum, additionally such activities can, at times, be seen as ways that organisations may avoid a wider consideration of providing welcoming atmospheres more generally.

There is still a requirement to ensure that awareness equates to knowledge, understanding and a welcoming of autistic people and their varied skills and abilities into all communities and walks of life. As autism is a spectrum condition it is important to recognise and celebrate the diversity of autism. The recent launch of 'autistic pride' as a celebratory event of the gifts and skills of autistic people provides an example of such work. The presence of autistic people in employment is still low, whilst there are high numbers of autistic people known to the Criminal Justice System. There is still a noted disadvantage which autistic people face when accessing universal services.

A local strategy and action plan for autism will enable challenges and potential solutions to be identified and acted upon, such as the lack of assessment and diagnostic services; the availability of formal commissioned services; and the need to enhance knowledge, understanding and acceptance of autism.

In 2018 the Scottish Government published a revised set of outcomes and priorities for autism. These have been considered when development the revised local action plan.

The outcomes are:

- ▶ **A Healthy Life**
- ▶ **Independence**
- ▶ **Choice and Control**
- ▶ **Active Citizenship**

The priorities identified nationally reflect the key issues raised by autistic people, carers/families and other professionals. Priorities are aligned with each of the outcomes identified and incorporate actions such as:

- ▶ **development of a Post-Diagnostic Support Toolbox**
- ▶ **improve awareness of autism within Criminal Justice Systems**
- ▶ **extension of the Blue Badge Scheme**
- ▶ **enhanced support for autistic people in Modern Apprenticeships**



Further detail on all priorities identified can be found within the outcomes and priorities document.

2.3 Aberdeen Context

There are a range of local policy and practice documents which are connected to, or should be considered alongside, this revised strategy. These are developed by Aberdeen City Council, Aberdeen City Health and Social Care Partnership and NHS Grampian

Recognising that the autistic population have been overlooked in previous strategic developments it should be noted that local and national health and wellbeing outcomes apply to the whole population, including autistic people. It is important in meeting these collective outcomes that the personal experiences and outcomes of autistic people within Aberdeen are also promoted. This strategy seeks to provide a platform by which these experiences and outcomes can be highlighted and used to inform and influence practice. One method of achieving this is by actively engaging with organisations who aim to provide valuable advice and guidance for autistic people and their families.

Such organisations are often trusted sources which will be crucial in collating experiences and reaching out to the widest possible audience of autistic people.

The recent development of the local Learning Disability strategy and the revision of the Mental Health strategy are of particular note given the prevalence of co-morbidities for autistic people. Greater details around the strategic outcomes and associated actions for these strategies, and the application of these to the autistic population will be considered through the implementation of these strategies, all of which are being facilitated by the Partnership. Joint working will be of key importance to ensure the Partnership vision of improved health and wellbeing for local people, including autistic people, is promoted.

Community Planning Aberdeen, which brings together Public Sector agencies, aims to deliver improved outcomes for the people of Aberdeen. The Local Outcome Improvement Plan (LOIP) seeks to ensure that Aberdeen is a 'place where all people can prosper', it is important to note this includes all autistic people.

The current LOIP sets out 2 key drivers in relation to 'people are resilient, included and supported when in need':

► **People and communities are protected from harm – individuals and communities are made aware of the risk of harm and supported appropriately to reduce this risk.**

► **People are supported to live as independently as possible – people are able to sustain an independent quality of life for as long as possible and are enabled to take responsibility for their own health and wellbeing.**

The current 2014-2024 autism strategy sits under this outcome as a supporting strategy. This revised strategy will replace any previous version and will ensure consistency between the LOIP as a strategic document and other local plans/policies.

Overarching strategic documents such as the LOIP and the HSCP Strategic Plan are being refreshed with new versions expected in 2019. Any significant changes in vision or approach of these guiding documents will be reflected in this autism strategy in due course.

3. Revising our strategy and action plan

3.1 Good Practice Indicators

The national strategy sets out ten Good Practice Indicators. These indicators are mapped out in appendix 2.

It is acknowledged that local progress in relation to these indicators is not as clear as would be expected. It is recognised that further work will be undertaken through implementation of the strategy and action plan to address and map local progress in relation to the indicators.

3.2 Strategy Development

The decision to review our local strategy and action plan was linked to the revised set of outcomes and priorities for autism release by the Scottish Government in 2018 (*as detailed above*).

To ensure the revision of the local strategy and action plan was meaningful to people we held 4 initial conversational events alongside Autism Network Scotland which sought to gather the views of people on the following national outcomes from an Aberdeen perspective:

- ▶ **A Healthy life**
- ▶ **Independence**
- ▶ **Choice and Control**
- ▶ **Active Citizenship**

It became clear from this engagement that although these outcomes are understood to be relevant they are not as meaningful locally. Feedback from the engagement produced 13 distinguishable focus areas:

- ▶ **Assessment and Diagnosis**
- ▶ **Transitions**
- ▶ **Housing**
- ▶ **Information**
- ▶ **Health**
- ▶ **Services**
- ▶ **Employment**
- ▶ **Education**
- ▶ **Support for Carers**
- ▶ **Training**
- ▶ **Criminal Justice**
- ▶ **Leisure and Activities**
- ▶ **Knowledge and Understanding**

Following this a further series of 3 development sessions were arranged, at which people were invited to comment on the 13 areas identified and to formulate actions which would address the issues identified. People were also asked to consider how they would prioritise the areas that were identified. This has assisted in the production of the action plan.

A draft strategy and action plan was produced, and a 6-week formal consultation period took place. Comments and views from the consultation were used to further refine and develop the strategy and action plan. An engagement and consultation overview report was produced to further capture the detailed activity which took place and played a key role in the development of the strategy and action plan (*see appendix 3*).

A Strategic Steering Group has been established to lead on the development and implementation of the strategy (*comprised of Public and Third Sector representatives*). From the initial engagement conversations and the developmental sessions, it is clear that this strategy and action plan, and the ongoing implementation, is of interest to autistic people and their families (*as well as professionals and organisations*). It is hoped that both autistic people and family representatives can join or contribute to the Strategic Steering Group as it enters an implementation focus.

3.3 Focus Areas

From the engagement activities with autistic people, families, carers, professionals and organisations the 13 focus areas were identified.

For each area an overview has been developed and associated action points to deliver change are defined within the action plan section of this document.

This document will now consider each of the 13 focus areas identified.



Assessment and Diagnosis



Assessment processes for adults and children differ in Aberdeen City. For adults, assessment and diagnostic services in Aberdeen may be provided where a co-morbidity exists, such as Mental Health or Learning Disability in conjunction with autism but are not necessarily common place.

Assessment and subsequent diagnosis for autism only in adults is not provided at this time by NHS Grampian, and there appears to be a lack of supports in place to provide information/advice in lieu of a formal diagnosis. There is the need to understand the barriers to assessment, which in part are attributed to resource constraint and current/historic practice. A full assessment pathway delivered by trained and competent staff, with details around diagnosis and post diagnostic supports, is desired as this can provide adults within a sense of context and understanding of their neurodiversity. In turn this supports autistic people to develop coping strategies and understand sensory information better. This is identified as a key action to be delivered within the action plan.

Assessment and diagnostic services for children are provided, however the waiting times can be long and there is a lack of post-diagnostic support for families. This can be in part attributed to the lack of resources available for assessment and diagnosis but is also reflective of the challenging nature of a spectrum condition to fully assess. Support is crucial for children, parents and staff (*such as within schools*) to fully understand autism and the relevant support strategies that can be used effectively.

Sometimes Educational supports can be in place with no formal clinical diagnosis, such as support through Educational Psychology and other Additional Support for Learning Services, including the provision of training to staff, but it is recognised that resource constraints may be a limiting factor in the application of such supports. Some specialist services exist, such as Autism Outreach which operates specific access criteria and procedures.

For both children and adults consideration should be made as to the availability of post-diagnostic support and relevant signposting and guidance services.

There are organisations in Aberdeen who aspire to provide valuable and trusted information, guidance and signposting on autism to autistic people, families and other organisations or professionals. These organisations are an asset and can have a wide reach into the autistic population of Aberdeen. It is important that such organisations are valued and are empowered to play their role in the implementation of the local strategy and action plan. This may include provision of formal signposting services or the availability of autism appropriate environments and activities.

Education



The move to mainstream schooling has resulted in specialist training, knowledge and understanding being required across all schools. Some children struggle with the class environment (size, sensory aspects) and/or the curriculum, more flexible approaches are required to ensure support is child-centred, including the consideration of changes in current practice to promote the educational potential of the child. This should include the consideration of flexible spaces within the school environment which support the provision of education to autistic children, for instance the use of sensory friendly spaces where individual and groups can experience the curriculum.

It is also important to recognise that school also provides valuable opportunities for autistic children to socialise with other autistic children and non-autistic children, promoting social understanding. This enhances a sense of peer support for autistic children but will also support the greater acceptance of autism and neuro-diversity within society.

Tools such as communication logs and play based learning are positive examples to highlight within Schools but these are not universally in use. Resources and supports at Orchard Brae/Mile End/Bucksburn and Autism Outreach are having a positive impact, but these are limited resources. There is a gap in education for the school population about autism more generally.

Transitions

Transitions often refer to the process of someone leaving education and entering adulthood, which may include the provision of formal services. Some autistic children will be receiving formal commissioned services which cease upon entering adulthood, in part due to their availability to support adults and the eligibility of the young adult to receive social care services on an ongoing basis (linkage to Assessment and Diagnosis). It is important that supports for children approaching transition are being used effectively to smooth the transition from education and explore the options available to each person (*such as further education, community activities or employment*).

Within the current Learning Disability service there is a small transitions team, but not every young adult will experience this resource/support due to their level of need and eligibility. Many families find the process of transition challenging and it can prove difficult to gain clear information about the next steps for the young adult. This is in part because of the way services are operated spanning Aberdeen City Council and the Partnership, more could be done to ensure any barriers between the services are removed. Transitions should be focused on the needs of the young person rather than applied because they reach a set age – meaning they should start as and when required (including earlier for some). More information and advice around transitions are required, even if the young person will receive no formal services when they leave education (*post 16/18*).





Transitions are a crucial time, not just from childhood to adulthood. Across the lifespan transitions also refer to small changes in relation to environment or people and can also refer to general life transitions such as moving home, finding work and building relationships. It is important to remember transitions beyond education and ensure autistic people are supported to develop their own relevant and effective coping strategies when faced with change. This aspect can be overlooked and there is an identified lack of support to address needs arising from these types of transition.

Support for Carers



Families (including parents and siblings) require more support to understand autism and its impact for their family member, including tools and techniques for supporting and communicating with their loved one. Families often have to source information themselves rather than being able to build their resilience through readily accessible information.

Better communication about local supports and services is required (through signposting and guidance services), particularly regarding support when individual's behaviour may be difficult or disruptive and support for siblings.

Where a family is taking on a caring role they can struggle to access suitable forms of respite which would enable them to continue in their caring role. Many families have strong concerns about future needs/services, particularly if they are no longer able to support/care for the person. Carers of autistic adults and children will be able to benefit from the recently launched Carers Act and local Carers Strategy, including the provision of assessment through a Carers Support Plan, and where eligible, formal services which support their caring role.

Housing



Autistic people may need support to live independently. It is important that the specific housing needs of autistic people and families with autistic children are considered and supported, including types of accommodation and location and communication methods. Consideration as to the appropriateness of shared accommodation for autistic people should be given, particularly where the level of need is such that the shared aspects of living can be seen to pose communication and sensory difficulties.

The availability of training on autism for housing staff would increase understanding which would then enable them to provide support which promotes a person's independence. Some people may require more intensive forms of supported accommodation, however currently this is only provided where a co-morbidity exists and where a person has eligible needs for such services. Specific housing supports for autistic people with more complex need and a co-morbidity of an intellectual disability are referenced further within the Learning Disability Strategy.

Training



Training for professional/organisations is required to ensure staff can offer appropriate and personalised support for people which takes into consideration the individual's needs e.g. sensory needs. Autistic-led training should be better supported and promoted. There are many people and organisations keen to offer this in Aberdeen. These offers of support must be better utilised by the Public, Third and Independent sectors. Training for autistic people is lacking – such as being able to understand your own autism, coping strategies and key life skills, including independent travel, social media awareness and building relationships.

Information



Navigating resources to find appropriate and relevant information is hard for people as there is so much information available but it can be difficult to know where to find this and what to trust. Having a centralised source of information or place to go would help. Information on dealing with practical everyday scenarios is often what people are looking for. There are organisations or projects currently providing information, signposting and guidance services, as well as some who provide elements of direct support at times. Organisations should be better connected enabling support and guidance to reach all autistic people who seek this. People are also looking for better ways to connect with peers and build support networks. There is a commitment to produce the strategy and action plan in a variety of formats to ensure that the information contained is accessible and understandable. Autistic people will play a key role in this.

Criminal Justice



Some autistic people may be more susceptible to becoming a victim or perpetrator of crime due to a lack of understanding around social cues, communication or the Criminal Justice System itself. Support and training around this would be useful for autistic people, communities and staff within the Criminal Justice System.

Health



Autistic people are entitled to equal access to all forms of health services. Some autistic people have negative experiences within health services relating to their autism, but these can also affect their health more broadly (such as not understanding protocols, feeling distrusted, not identifying illness or ill health). There is good practice in some health provision, for example in the explanation of procedures or flexibility in scheduling of procedures/appointments.



Sometimes there is a lack of understanding of autism by some health professionals, and there is the need to have greater consistency across the City. This includes the consideration of alternative settings when the clinical environment is not suitable.

There is a lack of counselling support which is provided within the context of autism and given the prevalence of issues such as anxiety, self-harm and suicidal ideation more suitable counselling support could act as a preventative measure or provide coping strategies. Support at an earlier stage, such as with communication difficulties through Speech and Language Teams, can have a positive effect for children regardless of the presence of a formal diagnosis. Peer support is valuable in understanding and supporting good health outcomes, with particular reference to mental health and wellbeing.



Leisure/Activities

Having access to relevant groups and activities is important, as well as being able to access groups that are comprised of autistic people. There are many community activities taking place, offering a range of activities including more specialist support. There is better awareness of what is available. Generally, within community activities there is better knowledge and understanding of autism, although there are still improvements which could be made. Being part of groups, perhaps with support, does help autistic people by breaking down barriers and feeling more socially included. Some activities which are well suited to children can be expensive to access or can be difficult for families to attend (due to location or timing). It is important to recognise that social interactions/skills can take place in a variety of environments through things such as play (board games for example). Support for older autistic people is an identified gap, therefore supporting and promoting the development of peer support for this group would be beneficial.



Services

It is acknowledged that financial resources are limited in the public sector and there is a lack of services available. Offering early intervention supports is crucial and may result in minimal resources or services being required in the future.

Supports should be available on the basis of need, however at times this does not always appear to be the case.

There are clear priorities and ambitions within documents such as the Partnership Strategic Plan and Strategic Commissioning Implementation Plan which services/supports for autism require to be reflective of.



Knowledge and understanding of autism should be considered by decision making groups, such as including autistic people in such groups. Systems and processes such as social care eligibility criteria are challenging. Whilst it is acknowledged that it is the system driving decision making rather than individual staff this remains an area of tension for all concerned.

The quality of support services is instrumental and there are organisations whose remit is to support autism however, at present, not all of those organisations provide services within Aberdeen. It is the aim of this strategy to redress this by considering supports required by the autistic population, identify where the current deficits are in relation to commissioned services within Aberdeen and propose to address this. It is envisaged this will have a resource implication however changes are required to ensure better outcomes for autistic people are achieved. An example of this related to the availability of trusted sources of information and signposting for autistic people and their families.

Knowledge and Understanding

Knowledge and true understanding of autism is a theme which is core to many other aspects discussed throughout this strategy. More knowledge does exist within communities, in part because of localised awareness raising but also national media coverage (*e.g. TV programmes*), however these often do not show the diversity or spectrum of autism. Greater knowledge and understanding can still be promoted by focusing on some of the myths or misunderstanding around autism. We are always learning more about autistic people's life experiences and the diversity of the spectrum. Everyone is different, so it is important to look at the capabilities and skills not just the stereotype, which at times can include clinical definitions of what it means to be autistic. Peer support groups or groups of autistic people play a key role in helping to explore and value the different outlook that autism can bring to the world.

Employment

Many autistic people want to work. They possess valuable skills which may enhance team delivery and effectiveness however they often face barriers into employment which prevents them from being able to demonstrate their skills. Employability skills should be more readily taught or explored during education or within other formal supports.

Supportive aspects such as work trials, getting the right support at the Job Centre, reasonable adjustments or the Project SEARCH programme can be positive for autistic people, but these are not always available or utilised options. Often the key is finding the right work environment or one member of staff who can offer support. Providing support to increase knowledge and understanding of autism in the context of employment may lead to further positive opportunities.





4. Action Plan

13 focus areas were identified through engagement activity. Following this a series of actions were attributed to most of these areas.

Each action has also been aligned to the national outcomes which supports the linkage of our local strategy and action plan to work taking place nationally.

Some of the actions identified will require extensive planning, consultation and assessment of resources required, this is recognised within the timescales identified.

There is the acknowledgement that resources must be aligned to each action and focus area in order to effect real change. It is important that actions are prioritised to ensure best use of any resources made available.

The evaluation of the strategy and action plan will also be an area of key importance, ensuring that the delivery of actions is being undertaken but also that they are having the expected or desired impact for autistic people in Aberdeen. The Strategic Steering Group will define evaluation measures and reporting procedures.

It should also be noted that many action points are interlinked or cut across themes, for example, training. For ease of planning, where an action can be linked to another theme this will be highlighted.

The Strategic Steering Group will ensure regular and robust reporting procedures to document progress.

The Aberdeen City Health and Social Care Partnership have facilitated the revision of the strategy and action plan and therefore will be accountable for its progress and implementation. A Strategic Development Officer is assigned to this area of work and alongside the Lead Strategy Manager will be accountable to the Partnership's governance structures.

Lead Officers or services within individual services or organisations will be responsible for the delivery of action points within this plan and will be required to regularly report on progress, this includes Integrated Children's and Family Services; NHS Grampian and Third Sector organisations.

Autistic people, families and other interested parties involvement in the development, delivery and evaluation of the identified outcomes will be promoted, and opportunities to increase this involvement will be identified where possible.



Assessment and Diagnosis

What will we do?

1. Creation of 'autism appropriate' integrated assessment pathway for Adults

2. Provide enhanced clarity on the assessment pathway for Children and Young People (as informed by national development work)

3. Provision (and revision where necessary) of support at pre-assessment and post-diagnosis stages, including review of supports such as the Cygnet (parent support) programme

When will we have it done by?

Year 3

Year 2

Year 3

How will we know it is working?

Assessment data will be recorded and analysed

Information on the Pathway will be readily available; reduction in complaints; linkage to children's plan; assessment and diagnosis trends will be measurable

Working group will review supports and analyse gaps and put necessary commissioning arrangements in place for support which promotes knowledge of autism and coping strategies etc.

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Who will be involved?

Aberdeen City Health and Social Care Partnership – Mental Health and Learning Disability Services / NHS Grampian

Integrated Children's and Family Services/NHS Grampian

Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children's and Family Services/Third Sector/ Autistic people

Associated Focus Areas & Resources

Training

Information

Existing resources will provide support to review

Funding from Scottish Government requested

Existing resources will provide support

Link to national outcomes

A Healthy Life

A Healthy Life

A Healthy Life

Independence



Education

What will we do?

4. Request that Education Services Map Autism knowledge and understanding in Schools and where gaps exist put in place plans to address such gaps

5. Provision of flexible & appropriate learning pathways & environments which meet the needs of autistic children

6. Increased use of Individual Plans (IEPs/Child's Plans) to monitor progress

7. Work with Universities and Colleges to explore learning opportunities to increase knowledge and understanding of Autism for a range of stakeholders

When will we have it done by?

Year 1

Year 2

Years 1-3 – continued activity

Year 2

How will we know it is working?

Plans in place to address gap/ needs including will be reportable to the implementation group

Analysis of local and national statistics detailing attendance, exclusion & positive educational and wellbeing outcomes; anecdotal evidence of improvements from children and families

Analysis of plans to be undertaken and progress tracked

Learning opportunities will be mapped & attendance statistics will be used to create baselines for improvement

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Who will be involved?

Integrated Children's and Family Services/ Autistic People

Integrated Children's and Family Services/ Autistic People

Integrated Children's and Family Services

Aberdeen City Health and Social Care Partnership/ Integrated Children's and Family Services/ Autistic People/Further and Higher Education establishments

Associated Focus Areas & Resources

Training Information

Existing resources will be utilised in a flexible manner

Existing resources will track progress

Training Knowledge and Understanding Services

Existing resources will provide support to develop process

Existing resources will be utilised to explore opportunities

Link to national outcomes

Choice and Control

Choice and Control

Choice and Control

Choice and Control

Independence



Transitions



Support for Carers

What will we do?

8. Development and implementation of a Transitions Pathway (children to adults)

9. Promotion of 'Transitions across the Lifespan' national toolkit

10. Promote the rights of Carers within the Carers Act and local Carers Strategy, including the rights to receive a Carers Support Plan and availability of local support

When will we have it done by?

Year 3

Years 1-3 – continued activity

Years 1-3 – continued activity

How will we know it is working?

Pathway will be developed and in operation; Transitions Planning Documents will be recorded and baselines created to measure improvement; relevant data will be analysed to monitor and evaluate; anecdotal evidence of improvements from young people & families

Awareness and use of toolkit will be raised; reduction in unsuccessful transitions; anecdotal evidence of improvements in relation to life transitions

Increased awareness of rights will exist; data of carers support plans completed

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Who will be involved?

Transitions Sub Group – Learning Disability Strategy (multi-agency group)

Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children's and Family Services

Aberdeen City Health and Social Care Partnership - Carers Strategy Implementation Group/ NHS Grampian/ Integrated Children's and Family Services/ Third Sector

Associated Focus Areas & Resources

Information
Education Services
Health
Existing resources will be utilised to develop the pathway

Promotional activity which will require no dedicated resource

Information

Resources are aligned under the Carers Strategy Implementation Group

Link to national outcomes

Choice and Control
Active Citizenship
Independence

Choice and Control

Active Citizenship

Independence



Housing



Training



Information

What will we do?

11. Facilitate an event with the housing sector to promote the housing needs of Autistic people and their families

12. Application of the principles of the NHS Education for Scotland (NES) training framework for Autism, which will be applied in a way which promotes where possible the genuine involvement of autistic people in the development, delivery and evaluation

13. Develop and launch good practice checklists for 'autism appropriate' environments

When will we have it done by?

Years 1 -2

Years 1-3 – continued activity

Year 2

How will we know it is working?

Event will have taken place; baseline of knowledge will be measured, and improvement methods identified

Training Framework will be in place; attendance and evaluation data will be available

Checklist will be developed and launched; evaluation of its use; anecdotal evidence of improvements

Who will be involved?

Aberdeen City Health and Social Care Partnership/Aberdeen City Council – Strategic Place Planning/Housing Sector

Aberdeen City Health and Social Care Partnership/NHS Grampian/ Integrated Children's and Family Services / other national organisation/interested parties

Aberdeen City Health and Social Care Partnership/NHS Grampian/Integrated Children's and Family Services/ Third Sector/ Autistic People

Associated Focus Areas & Resources

Training

All areas

Education

Low level expenditure to host event – collaborative approaches will be used to share any costs

To be funded from existing training budgets

Health

Services

Leisure/ Activities

Criminal Justice

Existing resources will provide support to develop checklist

Link to national outcomes

Independence

Choice and Control

Choice and Control



Information



Criminal Justice

What will we do?

14. Presentation of Strategy in alternative formats – in co-production with autistic people and families

15. Raise awareness of the Appropriate Adult (AA) Scheme

16. Develop links to Supporting Offenders with Learning Disabilities network (relevant to autism) and local Criminal Justice Board

When will we have it done by?

Year 1

Year 2

Year 1

How will we know it is working?

Alternative formats will exist

Analysis of data regarding requests and usage of AAs

Links will be made and any project specific work identified

Who will be involved?

Strategic Steering Group/
Communities of Interest

Aberdeen City Health and Social Care Partnership/ Criminal Justice Services /
Police Scotland/
other national organisations

Aberdeen City Health and Social Care Partnership/ Criminal Justice Services/
other national organisations

Associated Focus Areas & Resources

Collaborative approach will be used to share any costs

Promotional activity which will require no dedicated resource, links will be made with relevant national groups

Existing resource will be utilised to make links

Link to national outcomes

Active Citizenship

Choice and Control

Choice and Control

Choice and Control



Health



Leisure/Activities

What will we do?

17. Increased use of Care Opinion by Autistic People and their families

18. Provide information on suitable counselling type supports with knowledge of Autism interlinked to Mental Health

19. Facilitate an event with interested Leisure / Activity providers and groups to discuss and promote the autism & establish mechanisms to increase widening access

When will we have it done by?

Years 1-3 – continued

Year 2

Years 1-2

How will we know it is working?

Increased usage evidence through available data

Information will be available; services will be listed on relevant databases

Event will have taken place; baseline of knowledge will be measured, and improvement methods identified

Who will be involved?

Aberdeen City Health and Social Care Partnership/ NHS Grampian

Aberdeen City Health and Social Care Partnership/ NHS Grampian

Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children's and Family Services/ Third Sector/ Autistic People/ Leisure/ Activity Services

Associated Focus Areas & Resources

Promotional activity which will require no dedicated resource

Existing resource will be utilised

Training
Information
Knowledge and Under-standing
Low level expenditure to host event – collaborative approaches will be used to share any costs

Link to national outcomes

A Healthy Life

A Healthy Life

Active Citizen-ship



Services



Knowledge & Understanding

What will we do?

20. Develop mechanisms to track unmet need and analyse gaps in provision (from signposting to direct support), to inform future development

21. Develop and launch promotional work to raise community knowledge and understanding of the strengths of autistic people

22. Scope roll out of Autism Aware/ Alert Card

When will we have it done by?

Year 2-3

Years 1-3 – continued activity

Year 1

How will we know it is working?

Tracking mechanisms will be identified and in operation; gaps will be mapped; areas for service developments will be identified; reduction in unmet need and complaints

Increased knowledge, understanding and acceptance; promotional events or materials will be launched

Working group will conduct scoping and recommendations made/progressed

Who will be involved?

Aberdeen City Health and Social Care Partnership/ Integrated Children's & Family Services

Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children's and Family Services/ Third Sector/ Autistic People

Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children's and Family Services/ Third Sector/ Community Resources/ Autistic People

Associated Focus Areas & Resources

All

All

Existing resource will be utilised to develop and maintain processes

Promotional activity which will be carried out in collaboration, requiring no dedicated resource

Leisure and Activities
Criminal Justice
Health
Education
Existing resource will be utilised to conduct scoping

Link to national outcomes

Choice and Control

Independence

Independence

Independence



Employment

What will we do?

23. Facilitate an event with the business community/ Chamber of Commerce to promote the strengths of Autistic people in employment and establish mechanisms to increase employability

When will we have it done by?

Year 2

How will we know it is working?

Event will have taken place; baseline of knowledge will be measured, and improvement methods identified; increase in employment of autistic people

Who will be involved?

Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children's and Family Services/ Third Sector/ Autistic People/ Employment Services

Associated Focus Areas & Resources

Training
Information
Knowledge and Understanding
Low level expenditure to host event – collaborative approaches will be used to share any costs

Link to national outcomes

Active Citizenship



5. Governance and Next Steps

The revised Strategy and Action Plan is a formal document which is approved by the Health and Social Care Partnership's Integration Joint Board and the Aberdeen City Council's Operational Delivery Committee. The Strategic Steering Group which is already established will take a focus on the implementation of the Strategy through the delivery of the content of the Action Plan and will be renamed the Autism Strategy Implementation Group.

A revised governance structure will be launched to implement the action plan. Each service area identified as holding responsibility for any actions will be required to align a Lead Officer to progress such work and report back to the Autism Strategy Implementation Group.

Regular reporting structures will be in place to ensure that progress is being made in a timely and satisfactory manner, and where issues or blockages arise, these are raised to relevant services, boards or committee for advice or resolution.

The Autism Strategy Implementation Group will hold itself to account, due to its varied membership, which will include representation from autistic people and Parents/Carers. Feedback from these representatives, members of the public and other organisations will be vital in ensuring the Strategy is being delivered in a meaningful way.

Implementation reports, where possible, will be shared publicly and the Autism Strategy Implementation Group will continue to work with Autism Network Scotland and Scottish Government colleagues to support the benchmarking of progress and ensure better links regionally and nationally.





Adult Autism Assessment Team (AAAT) Update – April 2021

The Team

The ambition was for the AAAT to be a multidisciplinary team. The team was recruited at the end of 2020 and started working together mid-January 2021. The team has admin and project support and all clinical members of the team work 4 hours a week together (0.1 WTE). In the team we have:

- 1 x project support (0.5 WTE)
- 1 x admin support
- 1 x clinical lead/occupational therapist
- 1 x nurse
- 1 x clinical psychologist
- 1 x speech and language therapist
- 1 x occupational therapist

During the start of 2021 the team worked together to develop a sustainable pathway for adults seeking an autism assessment in Aberdeen City and Aberdeenshire HSCPs.

Please see Appendix 1 for information on the clinical pathway for those using the service.

Having contacted other teams and reviewed the processes used by other teams nationally, we decided we would take a self-referral and triage model to reduce the need for individuals to approach GPs and other health professionals to look for help during a time of reduced capacity during the Covid-19 pandemic. We are also working closely with one of the leading third sector partners, the Aberdeen One Stop Shop, to ensure

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that we are asking for advice when setting up the pathway. This has been invaluable and we believe has been integral to how the pathway is developing. The One Stop Shop (OSS) has developed a post diagnostic group for adults and this is working well and allows an outflow from the AAAT. The OSS are also developing an post-diagnostic information pack for those receiving a diagnosis with our team.

Processes

The team meet every Tuesday afternoon together and we have allocated time slots to ensure we have space for triage clinic appointments, assessment appointments, time for multidisciplinary assessment/diagnostic discussion, supervision and team business/planning.

We communicated with GPs and other health partners about how to help individuals access our service in January 2021 and at the time of writing, we plan to launch a social media communication to say that we are now widely open for self referral. Information about the team and access to a self referral is on the Grampian hi-net public pages. We also plan to get the referral form and process on the Clinical Grampian Guidance intranet page for GPs (this is underway).

Feedback

We hope to incorporate formal feedback into our processes but until then, all we have is anecdotal feedback from our partners at the one stop shop about how positive the response has been in the autistic community to the setting up of the team and the processes we are using for access to the team. Those we have seen for triage, so far, have been very positive in terms of their ability to access the service, the information we have given them

Version Date 070421



about the assessment process and feeling that the triage appointment has been better than filling out lots of questionnaires prior to an appointment.

Data

Fortunately, we had quick support from the Quality Improvement and Assurance Team in NHS Grampian, to develop a clinical database for the team that would help us to gather key data as the team and pathway progresses. We have limited data so far but the data points we will be able to get from the database are:

- Number of referrals
- Wait from referral to first appointment
- Wait while on waiting list
- Number of contacts per assessment
- Wait from first appointment to last appointment
- Wait from referral accepted to diagnosis shared
- Diagnostic rate from total referrals
- Proportion of referrals declined based on screening (3 referrals declined so far 1) moved address 2) looking for ongoing support having already had a diagnosis)
- Onward pathways

Data so far:

- 79 referrals (30% self referral, 30% CMHT, 20% GP)
- 55% female
- 58% City

Next Steps



Whilst our focus in the first 6 months has been to get the clinical pathway up and running, we want to focus next on training others about autism and looking to skill others in autism screening and assessment.

*Lizzy Archibald, Clinical Lead
On Behalf of the Adult Autism Assessment Team*



Appendix 1

Adult Autism Assessment Team (AAAT)

Information Leaflet

Why?

It has been recognised for some time now that an autism assessment service is needed for adults.

What?

The AAAT started in January 2021 to provide an autism assessment service for adults in Aberdeen City and Aberdeenshire. The service is for assessment and diagnosis of autism only.

Who?

We are a multidisciplinary team. There are five clinical staff, Speech and Language Therapy, Occupational Therapy, Nurse Practitioner, Clinical Psychology, and Julia, our team secretary.

When?

The team work together on Tuesday afternoons but Julia is available out with this time to answer any queries.

How?

Our assessment process is described on the next page



How?

Our assessment process:

Referral

Access to the team is through completion of the referral form.



Triage

On receiving the referral, you will be offered a triage appointment. This appointment is for a maximum of 30 minutes. We will ask you for some general information about you and why an assessment of autism is important to you.

Appointments will be via Near Me (video call) or telephone call. We are unable to see people face to face at the moment except in exceptional circumstances due to Covid 19 restrictions.





Screening

If, after our triage conversation, we decide to progress onto assessment stage, we will then send you a screening questionnaire and a consent form for you to complete and return.



Waiting List

Once we receive your screening information and consent form, we will discuss this as a team and place you on the waiting list for assessment. We will write to you to let you know this has happened and the approximate wait for assessment.



Assessment

The assessment process is likely to be over a few appointments and will involve finding out about you as a child and how things are for you now.





Diagnostic Decision

We aim to let you know about a diagnostic decision as soon as we can and this will include a report about the information you gave us and what the decision is.



Discharge

(Please see over)

Team Contact Details

Please do not hesitate to get in touch with us if you are worried about any part of the process or need more information. Our contact details are:

Email: gram.adultautismteam@nhs.scot

Post: Julia Fry (AAAT), Fulton Building (First Floor), Royal Cornhill Hospital, Cornhill Road, Aberdeen, AB25 2ZH

Telephone: 01224 557663 (Please note that this is a voicemail service only. Leave a message and we will get back to you).

We look forward to working with you.

Adult Autism Assessment Team

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Appendix c - Transitions Update

- Aberdeen City's Adult Health and Social Care Partnership and Integrated Children and Education services have recently committed to a joint 2 year national trial with Association for Real Change (ARC) Scotland, to embed the draft Principles into Practice Framework, which is supported and subsidised by the Scottish Government across a further 10 local authorities.
- Within this, there are 7 Principles of Good Practice for Transitions which provide clear indicators to meet when planning for young people prior to leaving education. The 4 national outcomes referenced on page 13 of Aberdeen City's Autism Strategy are intrinsically linked to the Principles of Good Transition and will therefore ensure A Healthy life; Choice and Control; Independence and Active Citizenship are at the forefront of all Transition planning.
- Agreement to the establishment of a Transitions Forum, as the localised oversight group to develop and implement our Transitions Pathway in the city. There is a strong emphasis on involving young people and their families to support identify where change is required. This reflects the legislative progressions, cultural shift and increasing alignment to the UNCRC and The Promise.
- An increased number of multi-agency planning meetings have been held to ensure all young people and their families are supported to identify and plan for the immediate to medium term supports they require, to function safely and sustainably post education. This has seen young people who may not meet the criteria for social work's Transition Service, receive input into their planning from a wider professional team to ensure, despite the impact of COVID, as much support as possible is provided. The learning from this experience aims to ensure regular transition meetings are held for all young people with additional support needs regardless of eligibility for funded social work services. This is in recognition that the group of young people and their families who tend to fall out with the realms of eligibility are often those living with an ASC diagnosis.
- The future development of a 14 - 25-year-old Transitions Service is still under an options appraisal which is running parallel to the 2 year ARC trial. Learning to date has highlighted that the current preferred option is to explore expanding the reach of the current Adult Learning Disability Transitions Service. An expanded team would encompass young people with ASC, who have a need for support. This preferred option is based on an understanding that many young people with Autism who do not receive a supported and planned transition post education often latterly come to the attention of three adult service areas: Criminal Justice, Mental Health and Adult Support and Protection.
- Analysis of data on ASC young people who are currently deemed ineligible for a Transitions Service (based on current criteria being dual diagnosis of a learning disability) but who have presented back to Adult Services (health and/or social care) in crisis, is currently taking place. This analysis will inform future practice improvement around the support for young people with an ASC diagnosis from the age of 14yrs, in preparation for their transition.
- The Aberdeen City Transitions Pathway proposes to identify pathways of support for those eligible for Adult social work services as well as those who do not.

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INTEGRATION JOINT BOARD

Date of Meeting	25 th May 2021
Report Title	Lessons Learned from Covid
Report Number	HSCP.21.059
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Alison MacLeod Lead Strategy and Performance Manager alimacleod@aberdeencity.gov.uk 07740 957304
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	A: Lessons Learned from Covid

1. Purpose of the Report

1.1. The purpose of this report is to highlight to the Integration Joint Board (IJB) the lessons learned during the last 14 months of responding to the Covid 19 pandemic and how these lessons will feed into future planning.

2. Recommendations

2.1. It is recommended that the IJB:

- a) Notes the content of the report and the ongoing activity.
- b) Instructs the Chief Officer to provide an update on progress on embedding these lessons to the Clinical and Care Governance Committee.

3. Summary of Key Information

3.1. Since March 2020, the global pandemic has impacted all our lives both on a personal and a professional level. A lot has changed, from the way we



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socialise, to the way we work, and it is still uncertain when, or even if, things will return to the way they were.

- 3.2. During the crisis response phase we stopped doing a lot of things we routinely did and now need to consider whether we re-start these again either in the same way or perhaps in a different way to what we did before. An example of this is some of the care services that were stopped, reduced, or delivered differently. Reviews and reassessments are being undertaken and some will eventually go back to being delivered the way they were, whilst others may be recommenced in a different way.
- 3.3. Whilst we were responding to Covid, we also started doing things differently out of necessity and some aspects of this brought some positive outcomes. We now need to reassess whether the new way of working is actually better than before and, if so, understand how we can build that into normal practice going forward. An example of this is the use of Teams/remote working in some situations.
- 3.4. Attached at Appendix A is a list of some high-level lessons learned from Covid. Some are very positive and some not so. It is important to note that some decisions were made in unprecedented situations following guidance that was available at the time. The key for the IJB is that we recognise both where things went well and also where we can learn from the situations that arose, changing the way we do things in future.

4. Implications for IJB

- 4.1. **Equalities** - Some of the situations that arose during Covid had a negative impact on people with protected characteristics. This report is about learning from this and ensuring we can do things better in future with more positive outcomes.
- 4.2. **Fairer Scotland Duty** - Learning lessons from Covid should help to ensure we reduce inequalities of outcome caused by socioeconomic disadvantage in line with the requirements on the IJB under the Fairer Scotland Duty.
- 4.3. **Financial** - There are no immediate financial implications arising from the recommendations in this report. When embedding any of the lessons learned, should a significant financial impact be identified, then a report on that will be brought to the IJB.



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- 4.4. Workforce** - There are no immediate workforce implications arising from the recommendations in this report. When embedding any of the lessons learned, should a significant impact on workforce be identified, then a report on that will be brought to the IJB.
- 4.5. Legal** - There are no immediate legal implications arising from the recommendations in this report. When embedding any of the lessons learned, should a significant legal impact be identified, then a report on that will be brought to the IJB.
- 4.6. Covid-19** - This report is in relation to lessons learned from the Covid Pandemic. There are no specific Covid 19 implications arising from the recommendations in the report.
- 4.7. Unpaid Carers** - Unpaid Carers were adversely impacted during the Covid Pandemic. This report seeks to highlight what these impacts were and to learn lessons for future.
- 4.8. Other** - There are no other implications relevant to this report.

5. Links to ACHSCP Strategic Plan

- 5.1.** The recommendations in this report link to the delivery of the Strategic Plan overall. By learning the lessons from Covid we can ensure we meet our commitments of promoting positive health and wellbeing, addressing inequality, supporting unpaid carers, providing the right care in the right place at the right time, and reducing loneliness and isolation.

6. Management of Risk health and wellbeing, addressing inequality,

6.1. Identified risks(s)

If we do not learn lessons from Covid, there is a risk that the services we provide will not meet the standards we set ourselves and that the outcomes for service users will not be as good.

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

This report links to Strategic Risk 5: There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally-determined.





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This risk is currently sitting at Medium.

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

By learning the lessons from Covid we can ensure the quality of our service provision remains high and that the outcomes for our service users are as good as they can be.

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



INTEGRATION JOINT BOARD

LESSONS LEARNED FROM COVID

APPENDIX A

1. **In a crisis, we can transform at pace, cutting through normal organisational, financial, and administrative barriers.** The best example of this is the implementation of Near Me. We were able to get the equipment, and get people using it in a fraction of the time it would have taken us to do that previously. Across Grampian, there were 80 consultations per week pre Covid, and there are 3,500 now. 16 sites were using the technology pre Covid, and 200 now. E-consult has been another innovation that was rolled out during Covid, this allowed an additional, on-line route for patients who wanted to and were able to seek advice from their GP in this way freeing up face to face appointment time for those patients who most needed this method. The Health Village closed down normal operations and was set up as the Covid Hub for Aberdeen over a weekend.

This learning has translated into an appreciation of the 'art of the possible' and has shaped the way we approach the way we work, particularly collaboratively with our partners. It has also highlighted the value of focusing on a small number of priorities at a time and this has been the approach for developing the Leadership Team priorities for 2021/22. A key aspect of being able to transform at pace was the robust and regular opportunities for communication that we implemented, such as the daily Huddles. Our partners, in particular, have indicated how valuable they found these. Being kept in the loop and involved in decision making helped them prepare and plan their response.

We have also learned that transformation at pace, whilst necessary at the time, can also adversely impact on some of our clients and patients. In the case of digital developments this often means people who do not have the desire, opportunity or knowledge to access and use the required technology are at a disadvantage. Whilst a variety of options to meet people's individual needs and preferences have always been available, we could do better to communicate this and support people to access these options.

2. **Technology can enable and disable.** For many of us the use of Microsoft Teams enabled us to carry on connecting and communicating, allowing meetings, including IJB meetings, to continue. This included delivery of some of our support services remotely, with not only our own staff using Near Me but also some of our third sector providers delivering sessions via Zoom. Some of the changes implemented have been positive and will remain a feature of future service delivery. Access to equipment at the start of the pandemic was patchy but as time progressed most staff were provided with what they needed to undertake their role remotely where relevant. The technology itself also evolved over a short space of time giving greater functionality such as the use of breakout rooms in Teams for bigger meetings. National meetings were able to continue, even allowing much wider access as attendees did not need to consider cost or time of travel.



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It was, however, so much easier to spend all day, every day in a virtual meeting environment which had the potential to have a negative impact on staff's mental and physical health and wellbeing. Over time, and with the easing of the "crisis response" we have learned to control this better, booking in regular breaks from screen time. We are already planning for how we will work once the current restrictions are eased further. It is acknowledged that there will be a place for continuing to use the best bits from our virtual experience and blending this with the benefits of face to face interactions where required. We are already exploring what technology might be required to enable meetings to take place with some attendees in an office environment and others at home or in another location. Staff will then be able to maximise their productive time by choosing how to undertake meetings without spending unnecessary time travelling between locations. National meetings held in the central belt will be more accessible virtually. Aside from reductions in cost through less travelling and potentially less of a requirement for office space, this will also have a significant, positive impact on the environment.

- 3. Staff response to the crisis was exceptional.** As soon as the extent of the impact of Covid became apparent, staff from all sections of the partnership, the Council and NHS Grampian stepped forward to do whatever they could to support. This was often undertaking tasks that were not within their usual remit and prompted by the staff themselves asking what they could do, rather than managers having to seek volunteers. In addition to staff working differently, and often working longer hours, many staff rapidly learned new skills. Probably the best example of this is the staff from enabling functions who undertook training as Care Workers and provided additional support to those Care Homes in the City who were struggling to maintain staffing levels during the crisis. This additional support helped maintain safe levels of care in these homes and enabled those most vulnerable to the virus to continue to receive the support they needed.

Early in the pandemic, this support was provided willingly and voluntarily. As we came out of the first wave and services began to remobilise, the need to support care home staffing continued, but it was harder to get volunteers to come forward for this vital work. Whilst we understand the rationale for only seeking this support on a voluntary basis, at times some care homes were very close to being at risk, and it took significant effort to locate and mobilise resource to support them. Often, this involved asking more of those who were already undertaking additional shifts with resultant concerns in relation to their health and wellbeing. A key lesson learned from this is that we would wish to be better prepared in advance of any future requirement, putting in place more flexible resourcing models to enable us to respond in an immediate and dynamic way.

- 4. Over time the nature of the Covid response, and now the new pressures faced from remobilising services are taking their toll on staff health and wellbeing and we need to ensure they are supported to recover.** During the Covid response staff worked long hours, often in challenging situations whilst also dealing with the personal and social effects of the global pandemic. The respite



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after the first wave was short lived and, before any real time for recovery, staff were back facing the effects of the second wave, arguably worse than the first. Even now that we are into the remobilisation phase, the pressure is still present with staff who are already tired and low on resilience facing long waiting lists and dealing with very sick patients who have put their healthcare needs on hold during the pandemic. Staff report that patients are frustrated, angry, and at times very rude. Staff absences are increasing, and we are receiving higher than usual volumes of complaints about issues that would not normally have been raised pre Covid.

Although, support was provided in the form of the Psychological Hub and initiatives like Project Wingman, and, as described earlier in this report, other wellbeing measures such as reduced meeting times and encouraging taking downtime, and participating in physical activity and on line social opportunities, it is acknowledged that staff wellbeing has nonetheless been impacted. The Leadership Team has recognised the importance of ensuring that staff are supported to recover from the significant impact on their health and wellbeing and this is their top priority in terms of objectives for this year. Objective 1, approved by the IJB as part of the Medium-Term Financial Framework on 23rd March 2021 is “Staff Health and Wellbeing will be a priority and we will ensure a collaborative, compassionate and supportive approach to recovery. Staff will be given time, space, and resources to recover from the pandemic and prepare for recovery and planning of next steps”. Delivery of this objective will be monitored throughout the year through the creation of a specific dashboard of measures relating to staff absence and turnover rates, annual leave uptake, and use of wellbeing initiatives, as well as via the annual staff survey. The IJB will receive an annual report on progress as part of the Medium-Term Financial Framework in March 2022.

- 5. We have a wealth of resource in our communities and there is a willingness to step up and help in a crisis.** The national lockdown and particularly the arrangements for those who were shielding meant there were many people in our communities who found themselves unable to access basic, critical, and sometimes emergency supplies. Although staff and partners were involved in setting up systems to coordinate the provision of assistance, it was, in the main our communities themselves who rallied round and responded to the needs of their neighbours by providing food and prescription deliveries as well as often offering the only face to face social interaction those who were shielding got during that testing time. We know that we have a challenge to continue to deliver a level of health and social care services within our existing resources. We need to harness the resource available within communities to help us maximise the diversity of services on offer, particularly in relation to prevention activities.

The work we are doing in communities alongside our Community Planning partners and in particular with Aberdeen Council for Voluntary Organisations (ACVO), via the Locality Empowerment Groups, Priority Neighbourhood Partnerships and Neighbourhood Leads will build on this momentum and we will continue to explore ways of maximising the power of volunteering.



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6. **Working together with partners is more effective. Together the whole is greater than the sum of its parts.** In the north east we are used to collaborative working, and person-centred service provision is something that we all strive for. The pandemic highlighted the true value of collaboration and brought putting people at the centre into sharp focus. Again, those organisational boundaries were often ignored whilst we all worked together to provide the right care for people at the right time and in the right way. One example of this is the support NHS Scotland and ACHSCP provided to Care Homes who were struggling to obtain supplies of PPE early in the first wave. Another example is the Frailty Pathway, the re-purposing of Rosewell House and the involvement of Acute colleagues in the partnership's weekend huddles.

Patient flow from ARI in general, and from ward 102 in particular, has always been challenging, however it was particularly acute during the second wave of Covid. Repurposing Rosewell House to enable people with higher levels of acuity to be cared for there, and enhancing other services within the community such as Hospital at Home and Care at Home (both in the City and the Shire), supported patient flow, improving the capacity at ARI and ensuring they were more able to cope with the overall demand they faced. Colleagues from ARI Site and Capacity, Ward 102, Rosewell House, and Hospital at Home joined the Senior Manager On Call (SMOC) and colleagues from Out of Hours Social Work, Out of Hours Nursing, Woodend, MHLN Services at Royal Cornhill and Bon Accord Care for discussions based on a whole system view so that there was awareness of what patients or clients needed to be moved, where in the system we had capacity, what the blockages were for freeing up capacity and removing these where possible.

We continue to work in this collaborative way across the wider system and indeed this is fast becoming the norm. A good example would be the delivery of Covid Vaccinations as a Grampian wide programme but with local delivery elements. More recently discussions have been commenced in relation to closer alignment and joining up of our strategic planning approaches and the use of programme and project management techniques in our service improvement activities.

7. **National Lockdown and Covid restrictions had unintended consequences on patients and clients which, in turn, will influence the support they require from our services.** With lockdown and the message to stay at home, save lives, protect the NHS, came the temporary cessation of a number of services which normally were provided either in close proximity to vulnerable clients or in group settings. This left clients and their carers confused with a greater burden on carers who normally would have access to respite services. Family and friends who would not normally have undertaken a caring role, found themselves doing so, without the usual support provided, in the absence of formal care.

In Summer 2020 the Scottish Human Rights Commission published a report on the impact of the Covid-19 pandemic on people's rights particularly in respect of



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care at home and support in the community. There was concern that services would not be reinstated, and a call for services not to assume that family supports which had been in place during the crisis would be sustainable over the long term, and when able to do so, that services should fairly and systematically assess need. Looking back there is an appreciation that some of these changes to services could have been better communicated and knowing what we know now, we may have been able to continue some services safely.

Our work in developing new approaches to opportunities for day care and respite, known as Stay Well Stay Connected, has learned from this experience. People with lived experience, their carers and service providers are all working alongside the partnership in understanding what services for the future need to look like and coproducing these together.

- 8. Covid will have a lasting impact on some people's health and wellbeing and we need to prepare our services to cope with increased demand.** Lockdown and restrictions also had a significant impact on some people's mental health. Losing access to their normal work and social lives and/or their fitness routines had a significant impact. In some cases, people's income significantly reduced causing worry about paying bills and keeping a roof over their heads. Home schooling and working from home also caused additional pressures. Due to the pandemic, many people did not seek immediate advice and treatment for health conditions. The post Covid future remains uncertain for many. The full extent of the additional impact of this on health and social care needs in the community are, as yet, unknown but we are already seeing demand for some services increasing and we expect this to continue.

Some of those who have contracted Covid have continued to experience symptoms that affect their health and wellbeing. This is commonly known as 'Long Covid'. It is unknown what the extent of the impact this might have on the health and social care needs of this section of the population within Aberdeen, but we are monitoring the scientific reports and demand modelling that is being produced at a national level, and will take steps to ensure we prepare our services as best we can to cope with this.

In October 2020, the Scottish Government published a report by Dr Nadine Cossette on the mental health needs of patients hospitalised due to COVID-19. Since then, work has been underway through a Short Life Working Group to operationalise the recommendations made in this report, particularly the central recommendation to establish a network of mental health clinicians dedicated to supporting people who were hospitalised due to COVID-19. The Minister of Mental Health has approved national funding totalling £1.5 million per annum over three years to support the establishment of a network of mental health clinicians. It is intended that, within the first year, NHS Grampian should aim to contact all people who have been hospitalised due to COVID-19 within the Board area and assess their mental health needs. Screening questionnaires will help facilitate the assessment process. If treatment is required, this can be delivered directly by the



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appointed clinicians or through signposting to appropriate local mental health services. A stepped care model would be utilised to inform care and treatment. It is anticipated that treatment would be provided to approximately 200 people.

9. **Covid had a greater impact on those experiencing health inequalities and we now need to redouble our efforts to try to address these.** There is a wealth of data that indicates that those in the older age groups, those from the Black, Asian, and Minority Ethnic (BAME) communities, those with disabilities and chronic underlying health conditions, and those living in areas of deprivation are more susceptible to serious illness and death from Covid. Not only that, but we also know that vaccination uptake is lower in the BAME and other ethnic communities and in deprived communities. This further exacerbates the already challenging disadvantages these sections of the population face.

In terms of Covid specific actions we are taking steps to encourage vaccination uptake by delivering pop up clinics within communities. A specific clinic was provided for the homeless and for clients of Justice Social Work with more planned for these client groups. Other clinics have been provided for the BAME community in local church venues and, again, more are planned.

In terms of specific action on inequalities in general, we have refreshed our Equalities Outcomes and Mainstreaming Framework following consultation and in conjunction with third sector partners and we are also refocusing our efforts on equality activity in general. We have created an Equalities Subgroup of the Strategic Planning Group to monitor delivery of the outcome's framework. In another report submitted to this meeting of the IJB we are proposing a switch to using Health Inequality Impact Assessments (HIAs) which will be applied to all of our major decision making in future and we also intend to develop guidance for public engagement which will include specific reference to taking cognisance of those experiencing inequalities. We hope that this will make our services more accessible, helping to reduce the level of health inequality experienced in Aberdeen.



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Date of Meeting	25 May 2021
Report Title	Fast Track Cities
Report Number	HSCP.21.047
Lead Officer	Sandra MacLeod
Report Author Details	Elaine McConnachie Public Health Co-ordinator, EMcConnachie@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	Appendix A – Fast Track High Level Plan

1. Purpose of the Report

- 1.1. This report presents an annual update on the action plan submitted to the Integration Joint Board (IJB) on 21 January 2020. This report was delayed from presentation to the Board as previously requested due to the response to the covid-19 pandemic.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board;
- a) Consider the Fast Track High Level Plan at Appendix A and note the progress on the action plan, and;
 - b) Endorse the proposed actions for 2021/22, noting that the action plan is a live document, and instruct the Chief Officer to provide an update on progress to the IJB on 29 March 2022.

3. Summary of Key Information

- 3.1. In February 2020, on behalf of Aberdeen City, The Lord Provost, Councillor Barney Crockett signed the Paris Declaration (2014) [amended November



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2019] which pledges support to the Fast Track Cities initiative as part of the global focus on Human Immunodeficiency Virus (HIV), prevention, diagnosis and treatment. The signing of this declaration indicates the commitment of Aberdeen City in zero stigma, zero new HIV infections and zero AIDS-related deaths by 2030.

3.2. Background Fast Track Cities

Fast Track Cities is a global partnership and initiative, focussing on developing a network of cities pledged to achieve the commitments in the Declaration of Paris on HIV prevention, diagnosis and treatment.¹ Aberdeen was the second city in Scotland to sign the Paris Declaration; it is hoped that all cities in Scotland will eventually be a part of Fast Track Cities.

In brief, the Paris Declaration has three 90-90-90 (UNAIDS) targets which are:

- To ensure that 90% of people living with HIV know their status
- To improve access to antiretroviral treatment for people living with HIV to 90%
- To increase the proportion of people living with HIV on antiretroviral therapy (ART) with an undetectable viral load to at least 90% and to
- Reduce stigma and discrimination related to HIV to zero and by 2030 achieving:
 - Zero new transmissions
 - Zero related HIV-deaths
 - Zero HIV-related stigma.

It should be noted that in 2018 overall Scotland had already achieved the 90-90-90 (UNAIDS) targets. However, there is still progress to be made in reducing late diagnosis, stigma and ensuring engagement with treatment and support.

3.3. Progress

Since local approval in September 2019 the Fast Track Cities strategic group have worked to establish a strategic plan and wider partnership. The initial high-level summary was completed in 2019 with asset mapping, consultation and short term outcomes planned for 2020, this plan was endorsed by the

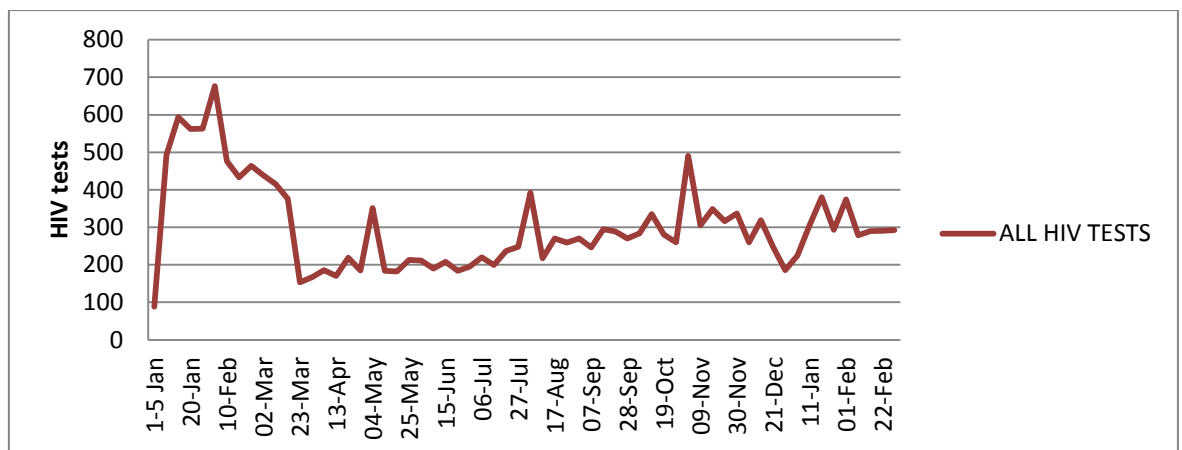


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IJB in January 2020. As a result of COVID19 the main challenges to clinical services have included;

- Reduction in workforce capacity due to competing pressure linked to the pandemic especially from public health/data perspective.
- Reduced capacity in partner services and competing priorities.
- HIV prevention strategies such as HIV Pre-exposure prophylaxis (PrEP) maintained however demand reduced.
- HIV care delayed in stable patients with the increasing use of telemedicine. The impact of this on cohort viral load is still awaited.

3.4. It also brought a decrease in HIV testing due to reduced demand and limited capacity within face to face services due to service restrictions secondary to Covid19 and redeployment, and pressure on laboratory services.



3.5. It has been challenging to work towards zero new transmissions with the drop in testing, yet services and partner organisations have tried to find alternative solutions. In partnership with NHS Boards, HIV Scotland piloted self-testing during the national lockdown (April-September). Although the uptake of tests in Grampian (N=198) is a fraction of tests that would have normally seen during the same period, the importance of offering self-testing was the opportunity for people to seek a test, remove barriers to testing and was seen to engage some people in testing who would otherwise not have. This type of approach should be recognised by the IJB as a small step towards increasing testing and a continuation of improving the availability of testing (Short-Term Outcome). A full copy of the evaluation published by HIV Scotland can be accessed here:



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<https://www.hiv.scot/Handlers/Download.ashx?IDMF=811ba817-0db2-4f1c-9c58-7743a2d10923>

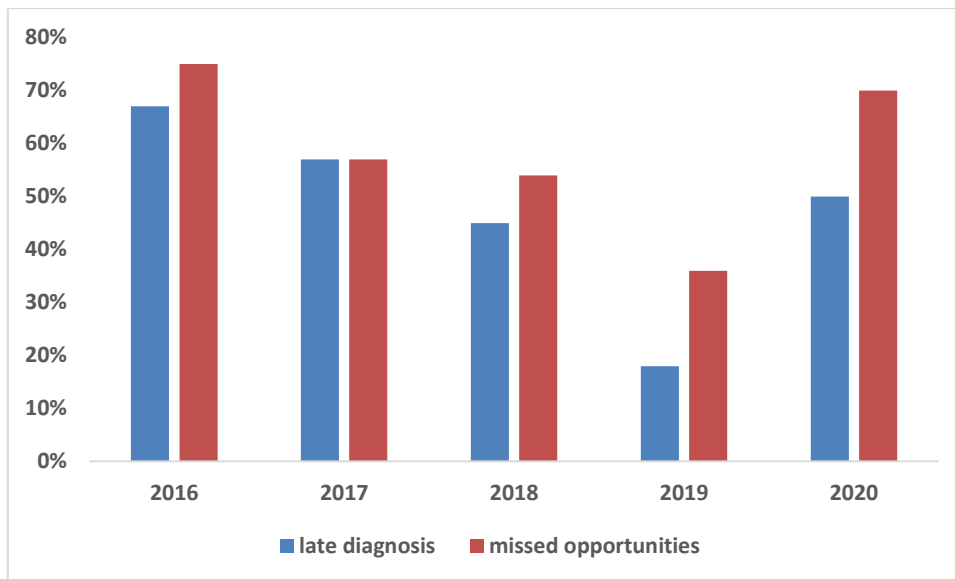
- 3.6.** While undoubtedly COVID has impacted people living with HIV in many ways, there has been an enthusiasm locally to maintain every effort possible to progress Fast Track Cities. The Fast Track Cities Group in Aberdeen are the only group in Scotland to have continually met throughout the pandemic; seeing each other via Microsoft Teams and sharing thoughts, comments, plans and action via Basecamp.
- 3.7.** Throughout 2020 Grampian (Aberdeen) maintained the 90-90-90 targets with 91% estimated diagnosed, 99% maintained on treatment and 98% undetectable. This should be noted by the IJB as a real achievement given all the challenges that 2020 presented.
- 3.8.** Grampian Sexual Health Services (hosted by the Aberdeen Health and Social Care Partnership(ACHSCP)) and NHS Grampian(NHSG) Infection Unit have continued to deliver HIV care along with Our Positive Voice Grampian who have been instrumental in supporting those who are newly diagnosed and/or living with HIV.
- 3.9.** The importance of recognising prevention, particularly in the lead up to World AIDS day is an important calendar event. The IJB should recognise that there was a significant amount of work completed by the Fast Track Cities group to keep a profile and awareness of HIV in the public domain, via respective organisations (ACHSCP and NHSG) and other partner organisations (OPVG, Alcohol and Drugs Action, Alcohol and Drug Partnerships etc). The symbolic lighting of Marischal College on World AIDs day and several social media posts outlined the importance of awareness of:
- the clinical indicators of HIV
 - knowing your HIV status
 - how to access Pre and Post-Exposure Prophylaxis
 - the anti-stigma message U=U – Undetectable=Untransmittable.

Plans to consult on the high-level action plan were paused however the Fast Track Cities group are now in a position to undertake that consultation and identify key priorities for taking forward in 2021/22.



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3.10. Going forward it is recommended priorities should include; reducing incidences of late diagnosis, stigma and improving universal access to care, treatment and prevention. When reviewing the patient journey to diagnosis there continues to be missed opportunities for testing, where individuals presented with a clinical symptom of HIV or a history of potential exposure but were not offered or did not access a test.



3.11. There also remains evidence of HIV stigma within local communities from feedback from people living with HIV and services, as well as the wider community. Stigma is cited as a reason why some clinicians/workers may not offer testing and is a documented factor in reasons for declining a HIV test, as well as disengaging from care. It is essential we tackle stigma within services and beyond for the dignity and human rights of people living with HIV and if we are to achieve the aims of zero transmissions and HIV related deaths.

4. Implications for IJB

4.1. Equalities - It is anticipated that the continued implementation of this action plan will have a neutral to positive impact on the protected characteristics as defined in the Equality Act (2010). Increased knowledge and awareness of HIV in the general population and within public and private organisations is hoped to create a more positive environment for those living with HIV.



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- 4.2. Fairer Scotland Duty** - It is anticipated that the continued implementation of this action plan will have a neutral to positive impact on people affected by socio-economic disadvantage. Increased knowledge and awareness of HIV in the general population and within public and private organisations is hoped to create a more positive environment for those living with HIV.
- 4.3. Financial** - There is no specific financial implications as a result of this report. Actions within the plan will be delivered within existing budgets held jointly across Aberdeen Health and Social Care Partnership (Grampian Sexual Health Services) and NHS Grampian (Managed Care Network for Sexual Health and Blood Borne Viruses).
- 4.4. Workforce** - There is no specific workforce implications; support to deliver the plan will be met from existing resources.
- 4.5. Legal** - no anticipated legal implications in relation to this report.
- 5. Links to the Aberdeen City Health and Social Care Partnership strategic plan.**

The aspirations of Fast Track Cities meet the aims of the Partnership's Strategic Plan² in addition to the outcomes in the Sexual Health and Blood Borne Virus Managed Care Network Strategic Plan (for NHS Grampian, The Grampian Sexual Health Services Plan³ and the National Framework for Sexual Health and Blood Borne Virus Framework for Scotland.⁴

This report is also closely aligned to Resilient, Included and Supported aims under Community Planning Aberdeen's Local Outcome Improvement Plans.



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6. Management of risk

6.1. Identified risk(s)



Risk relating to the delivery of this programme will be managed within existing processes. The executive programme board and portfolios programme boards have a key role to ensure that risks are identified and appropriately managed.

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

The main risk relates to not achieving the transformation that is aspired to.

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

This report seeks to provide assurance of working towards the short-term actions outlined in the action plan.

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

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Aberdeen City Fast Track Cities (FTC) High Level Plan

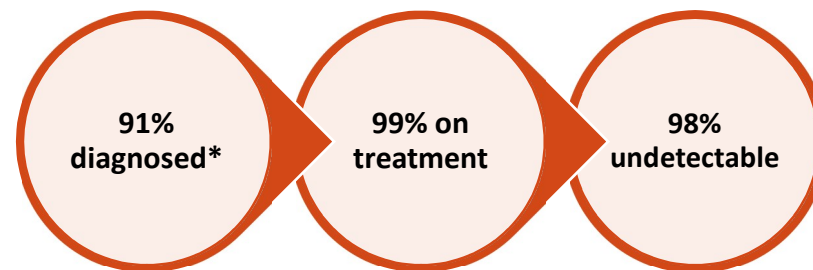
Introduction

There has been significant advance in HIV prevention, treatment and care locally, nationally and internationally over the last 35 years. Scotland, Grampian and Aberdeen have achieved the WHO target of 90/90/90 - over 90% of individuals are aware of their diagnosis and of those over 90% are on treatment, with over 90% virally suppressed. Nevertheless despite these advances there continues to be challenges in terms of transmissions, late diagnoses and missed opportunities for testing, as well as ongoing HIV stigma. Our FTC pledge and strategic plan aims to target these challenges with a local lens and pull together our services, partners and communities towards a long term plan for zero HIV transmissions, zero HIV related deaths and zero HIV stigma.

HIV in Aberdeen and Grampian

HIV care in Aberdeen is co-ordinated by NHS Grampian and covers a pan Grampian cohort. Clinical care is provided by Grampian Sexual Health and Aberdeen Royal Infirmary Infection Unit and encompasses a clinical team of doctors, nurses, pharmacists and psychologists. The wider team also involves Our Positive Voice (Grampian) forum and peer support group in addition to NHS Grampian public health support for data analysis and prevention, treatment and care local strategy. There is also input from primary care for shared care patients and partners such as Aberdeen Alcohol and Drugs Action and Four Pillars, especially regarding education, testing and support.

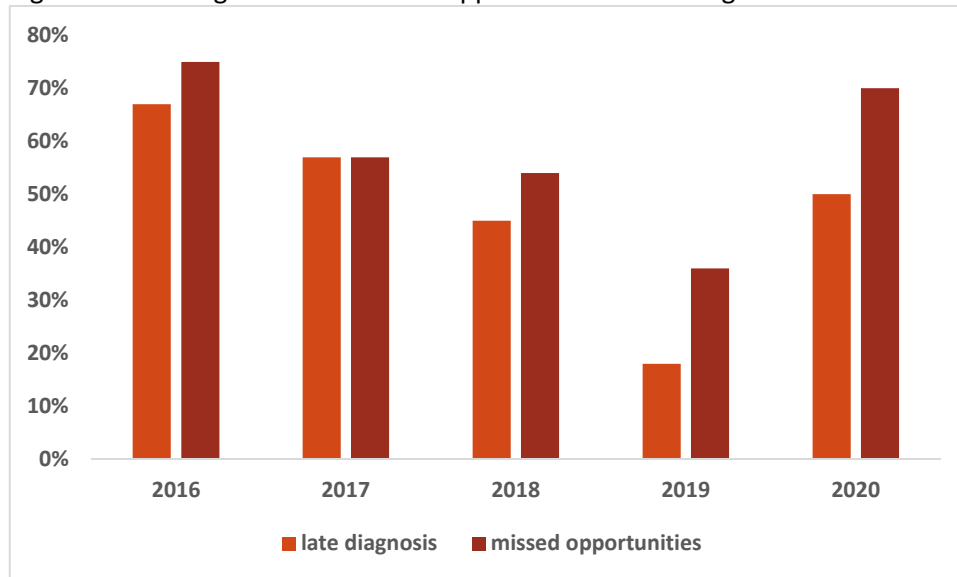
This foundation of multiagency working has allowed to achieve 90-90-90. As of April 2021, there are 421 people diagnosed with HIV who are currently under the care of NHS Grampian, with 99% on treatment and 98% with an undetectable viral load.



*based on Health Protection Scotland prevalence data

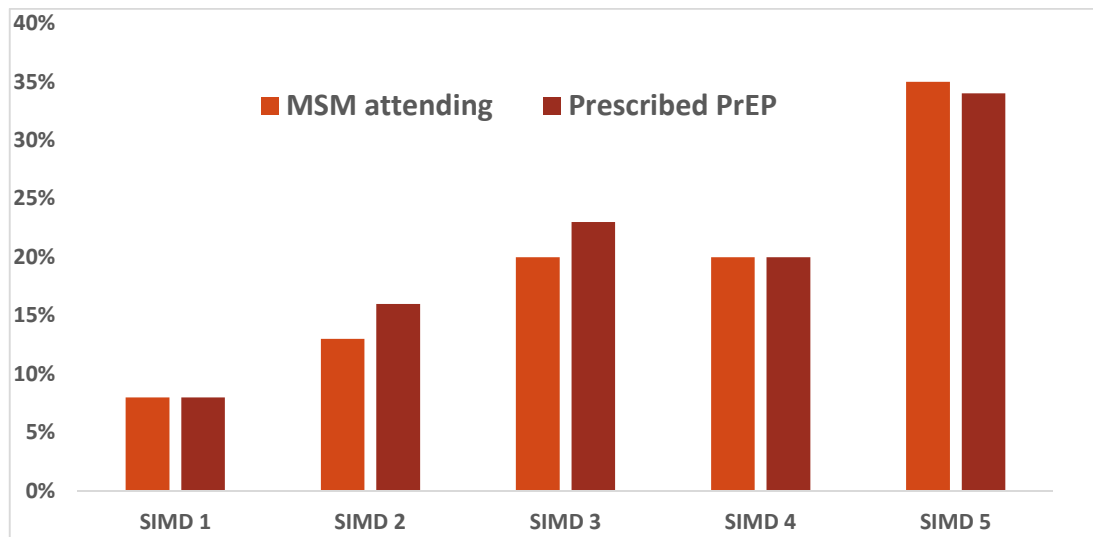
However despite these local partnerships and progress, HIV remains a public health challenge locally. There remains a high rate of late diagnosis, when individuals are diagnosed with a CD4 count of less than 350, indicating impact to the immune system (figure 1). When reviewing the patient journey to diagnosis there continues to be missed opportunities for testing, where individuals presented with a clinical symptom of HIV or a history of potential exposure but were not offered or did not access a test (figure 1). Furthermore, although not currently seen within the local epidemiology in the North East, the central belt of Scotland have seen a significant increase in transmissions in people who inject drugs. Aberdeen and Grampian need to be alert to the possibility of this and maintain access to information, prevention and testing.

Figure 1: Late diagnoses and missed opportunities for testing 2016-2020



With regards to prevention, HIV Pre-exposure Prophylaxis (PrEP) has been available locally via Grampian Sexual Health since 2017, with over 600 people being prescribed this prevention method. An audit in 2018 found the uptake in rural areas was equal to urban areas however patients in areas of higher deprivation were less likely to be prescribed PrEP (figure 2). There is a need to increase awareness and access in areas of deprivation, including potentially access for people who inject drugs based on local transmission data.

Figure 2: Proportion of gay, bisexual and men who have sex with men (GBMSM) attending Grampian sexual health service overall and proportion prescribed PrEP as per Scottish Index of Multiple Deprivation in 2017/18



Lastly there sadly remains evidence of HIV stigma within our local communities from feedback from people living with HIV and services, as well as the wider community. Stigma is cited as a reason why some clinicians/workers may not offer testing and is a documented factor in reasons for declining a HIV test, as well as disengaging from care. It is essential we tackle stigma within services and beyond for the dignity and human rights of people living with HIV and if we are to achieve the aims of zero transmissions and HIV related deaths.

Our Strategic Plan: Zero HIV stigma, Zero HIV transmissions, Zero HIV related deaths

Our strategic plan builds on the work already being done locally and nationally. This includes Scotland's Sexual Health and Blood Borne Virus Framework 2015-2020, which is a multiagency strategy with five high level outcomes, addressing HIV prevention, treatment, care and stigma;

1. Fewer newly acquired sexually transmitted infections and blood borne viruses including HIV
2. A reduction in health inequalities experienced by people living with blood borne viruses including HIV
3. People living with blood borne viruses including HIV live longer, healthier lives
4. Sexual relationships are free from coercion and harm
5. We live in a society whereby the attitudes of individuals, the public and professionals, and the media in Scotland towards sexual health and blood born viruses including HIV, are positive, non-stigmatising and supportive.

This has enabled Scotland to achieve the global 90-90-90 HIV targets and is a foundation for our Fast Track Cities aims.

Our strategy is underpinned by 7 principles which we recognise are essential for success.

- **Systems wide working**
- **Communication and engagement at all stages**
- **Education underpinning all outcomes**
- **Prevention and Practice at the centre of the strategy**
- **Access and equity for all**
- **Data that is accurate and timely**
- **Advocacy**

Our high outcomes are shown below with long, medium and short term aims that encompass both individual, community and public health outcomes.

DRAFT

Aim	Outcomes			Measures	Continue
	Long Term	Medium Term	Short Term		
Zero discrimination & stigma	Zero tolerance of HIV stigma throughout society in Grampian	All employers in Grampian are aware of, and their practices adhere with the legislation (e.g. Equality 2010).	Community Planning Partners are aware of, and their practices adhere with legislation (e.g. Equality 2010).	Reduction in stigma (based on suite of measures): <ul style="list-style-type: none"> - Reduction in proportion of people living with HIV who decline GP consent - Increase proportion of people living with HIV collecting prescriptions from local pharmacies - Questionnaire on views of clinical staff - Results from Stigma Questionnaire show a downward trend in stigma - Reduction in HIV stigma complaints in ACHSCP, NHS Grampian and aligned partners - Evidence that partners are aware of stigma strategy and have signed up to strategic aims 	Maintain existing good practice
	HIV educated population	All young people, Health Care Professionals and Public Sector workers have access to HIV inclusive education with focus on stigma.	Work with Community Planning Partners to provide inclusive HIV education for their employees with focus on stigma.		
	Positive sexual health is seen as a human right	Policies and strategies are aligned and integrated around HIV and positive sexual health.	Community Planning Partners policies and strategies are aligned and integrated to recognise HIV inequality and stigma.		

Systems wide

Communication & Engagement

Education

Prevention & Practice

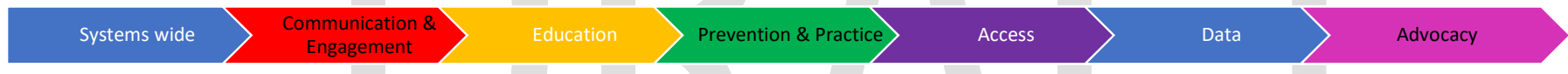
Access

Data

Advocacy

Aim	Outcomes			Measures	Continue
	Long Term	Medium Term	Short Term		
Zero new transmissions	100% of people living with HIV knowing their HIV status.	95% of people living with HIV knowing their HIV status.	Maintain 90% of people living with HIV knowing their HIV status.	Increase testing overall with specific aims for <ul style="list-style-type: none"> - Increasing testing post Covid19 including postal options (self sampling and DBST) - HIV Testing week - Grampian Pride Increase testing in line with current guidelines (BASHH/BHIVA) including for clinical indicator conditions Reduction in annual number of new transmissions Reduction in proportion of new diagnoses that have been recently acquired based on avidity data Increase the percentage of people living with HIV who are <ul style="list-style-type: none"> - Retained in care - On treatment - undetectable 	Maintain existing good practice
	Identify those who undiagnosed with HIV and link to care timeously.	Ensure HIV testing is widely available in clinical and non-clinical settings <ul style="list-style-type: none"> - Accessible including online/postal options - Routinely completed in high prevalence areas and for indicator conditions - Proactively offered to high risk groups using local data trends 	Continue work to improve availability of testing, <ul style="list-style-type: none"> - As part of routinely completing testing in high prevalence areas and for indicator conditions - Proactively offering testing in high risk groups using local data trends Accurate and robust data on testing and new diagnosis and associated demographics to inform workplan. Pathways of referral for new diagnosis clear to allow rapid access to treatment		
	Retention in care and viral suppression	Access to requested support services and support networks widely available timeously	Map support services available to support needs of people living with HIV		

		Priority groups (as informed by data) receive targeted support		
	Access to multi-faceted prevention strategies	Formula milk is available to infants without cost where breastfeeding poses a HIV risk	Focus on prevention e.g. ensure that that condom distribution is appropriate and meets the needs of the population	
		Increase PEP/PrEP awareness, access and uptake with access equity for all groups	Map PrEP uptake to deprivation Collate "missed opportunities" for PrEP in new diagnoses	



Aim	Outcomes			Measures	Continue
	Long Term	Medium Term	Short Term		
Zero HIV related deaths	100% of people who know their HIV-positive status on treatment. 100% of people on treatment with suppressed viral loads.	Reach: - 95% of people who know their HIV-positive status on treatment. - 95% of people on treatment with suppressed viral loads.	Maintain: - 90% of people who know their HIV-positive status on treatment. - >90% of people on treatment with suppressed viral loads.	<ul style="list-style-type: none"> - Reduction in late diagnosis rate both absolute and proportionate - Reduction in missed opportunities for testing based on clinical indicator conditions and criteria for HIV PrEP 	Maintain existing good practice
	Reduced late diagnosis (to 10%) and increase testing for indicator conditions.	Reduced late diagnosis (to 20%) - Screening prompts for clinical indicator conditions - Education to HCPs partners and public re clinical indicator conditions	Reduced late diagnosis (to 30%) Monitor late diagnosis/missed opportunities and use this data to inform evolving local action plan		
	Retention in care	Offer flexible services, patient centred and close to home including telemedicine, including planning for HIV care in older age and management of co-morbidities			
		Cross system approach to data to enable targeted support (while respecting rights of individuals) Protocol for this developed.			
		Improved links across health provision and social work			



Progress so far

The FTC strategic group has built on the existing multi-agency working and achievements in clinical care as well as prevention and work towards reducing stigma. This includes,

- Achieving >98% in terms of treatment and undetectable rates
- Availability of community prescribing of HIV treatment
- Telemedicine and shared care with primary care
- Assessment of support needs of people living with HIV and service recommendations/implementation
- Establishing Our Positive Voice (Grampian) Forum and Peer Support group, instrumental in service development and FTC strategy as well as individual patient support
- Joint working with hepatology and addiction services for testing and referral pathways in high risk groups
- High uptake of HIV pre-exposure prophylaxis
- Establishing HIV clinical database
- Mapping of education in NHS and higher education and delivery of education based on local data
- HIV education and stigma in care homes
- Self assessment of Healthcare Improvement Scotland and British Association of HIV standards of care

Implementation and challenges

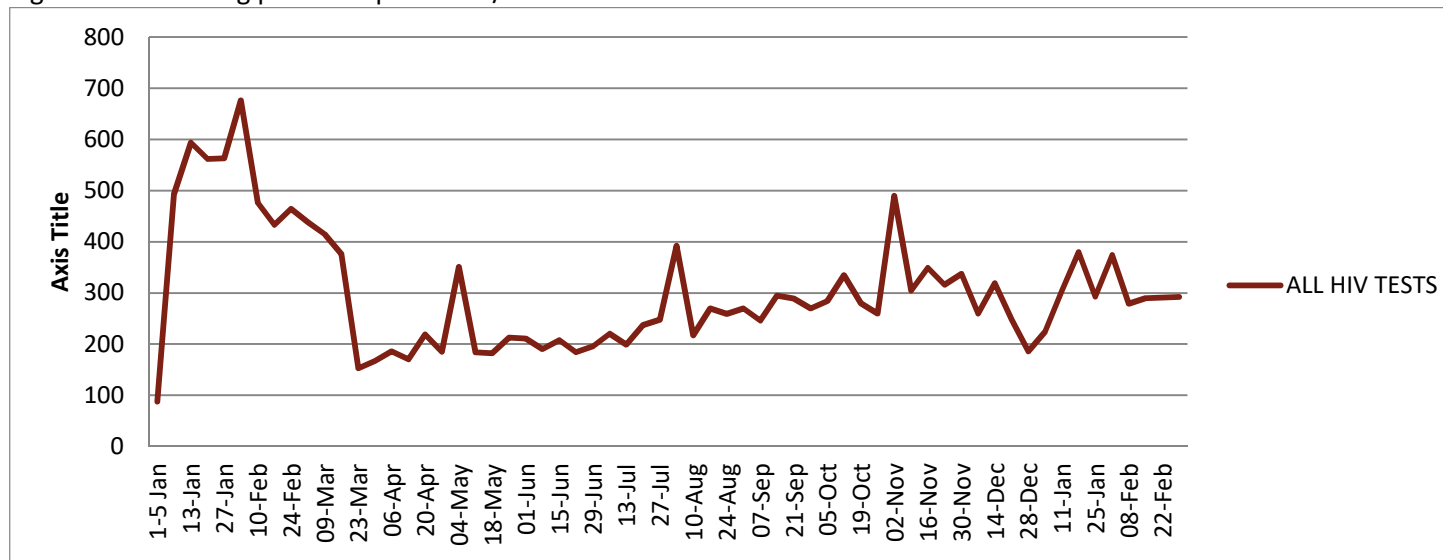
Since local approval in September 2019 the strategic group have worked to establish a strategic plan and wider partnership. The initial high level summary was completed in 2019 with asset mapping, consultation and short term outcomes planned for 2020. The main challenge at this time was limited resources for the work of the group, partner services and organisations time, with contribution on voluntary basis or within existing job plans and funding streams. Since the Covid19 Pandemic further challenges have been recognised, including but not limited to,

- Reduction in workforce capacity due to competing pressure linked to the pandemic especially from public health/data perspective
- Limited availability of partners and competing priorities

Clinically there has also been an impact including,

- Reduction in HIV testing due to a reduction in face to face care and without a high volume postal alternative currently in place (figure 3)
- Reduction in HIV PrEP demand
- HIV care was delayed in stable patients with the increasing use of telemedicine. The impact of this on cohort viral load is still awaited.

Figure 3: HIV testing pan Grampian 2020/2021



Despite these challenges, both pre and post Covid19, the strategic group continued to work throughout the pandemic to focus on awareness and education as work towards a 2021 workplan which will include,

- Impact analysis of Covid19 on FTC high level outcomes
- Consolidating our assets
- Stakeholder engagement and consultation
- Focus on testing access
- Focus on stigma with tangible outcomes

Looking towards 2021 and beyond, the last year has highlighted that in spite of competing pressures and unpredictable landscape, the work to achieve the FTC high level outcomes has to continue and adapt if the vision of HIV elimination, both as an infection and in terms of stigma, is to be realised.

Governance, reporting, monitoring and evaluation

This strategy is endorsed and governed by the FTC strategic group who will monitor the progress towards the targets and identify emerging issues and opportunities for action. This groups reports to Aberdeen City Integrated Joint Board via Aberdeen City Health and Social Care Partnership.

Stakeholders:

- NHS Grampian
- Four Pillars
- ADA/ ADP
- HIV Scotland
- Our Positive Voice (Grampian) (OPVG)
- ACVO
- Aberdeen City Council (including Education)
- Community Planning Aberdeen
- Waverly Care
- Homeless Collaborative
- Aberdeen Cyrennians
- Aberdeen Foyer
- SACRO
- AHSCP → HMP Grampian
- Activities that have been delivered successfully so far
- ACHSCP (Social Work/ Primary Care)
- Acute
- Aberdeen Chamber of Commerce
- Federation of Small Businesses (FSB)
- Universities/ College
- African Community
- Oil & Gas UK (or similar org)
- (NETRALT) North East Tenants Residents and Landlords Together

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INTEGRATION JOINT BOARD

Date of Meeting	25 May 2021
Report Title	Commissioned Day Services and Day Activities – Stay Well, Stay Connected
Report Number	HSCP.21.048
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Name: Anne McKenzie Job Title: Lead Commissioner Email Address: anne.mckenzie@nhs.scot
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	Appendix A – Stay Well Stay Connected Project Update Plan

1. Purpose of the Report

The purpose of this report is to update the Integration Joint Board (IJB) on progress with the implementation of the revised model for the provision of day care and day opportunities within Aberdeen City, now known as “Stay Well, Stay Connected (SWSC).”

2. Recommendations

2.1. It is recommended that the Integration Joint Board (IJB)

- a) Notes the progress on implementation of the day care and day opportunities model now known as “Stay Well, Stay Connected.
- b) Requests a further update report in December 2021.

3. Summary of Key Information

On 28 October 2020, the IJB considered the report ‘Commissioned Day Services and Day Activities – HSCP.20.045 and resolved:-

- (i) to note the outcome of the consultation process, proposed implementation plan and transitional phase, including arrangements to support current providers through the transition
- (ii) to approve the implementation of the future model for day care / day activity



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- (iii) to approve funding for the current providers during the transitional phase
- (iv) to instruct the Chief Officer to proceed with the implementation of the new model

The IJB also cautioned that there should be absolute transparency in the design of the new arrangements, including financial spend.

The following narrative describes the activity which has taken place between October 2020 and April 2021.

3.1. Transitional Arrangements

Throughout this past year, service managers have continued to work closely with those providers of social care to ensure that people's needs have been met, where previous services have been compromised due to the pandemic. Providers have worked hard to deliver alternative opportunities for respite, and this has been a blended approach, with a mix of virtual and face to face contact.

3.2. Equally, there is good evidence to suggest that carers are presenting themselves for support and information from our commissioned carers support services.

3.3. The draft implementation plan shared with the IJB on the 28 October 2020 highlighted ambitious timescales for the introduction of key elements of the design. Notably:

- The implementation of planned residential respite services (November 2020)
- The recommencement of capacity to provide buildings-based day services (November 2020)
- The development of alternative options for day care provision, described through the development of a market position statement, co-produced with providers, and with tests of alternative options recorded for promoting and sharing (December 2020 onwards)
- Identifying people at risk of losing their physical or emotional resilience and directing them to appropriate opportunities to restore their resilience using the stepped care approach (ongoing since June 2020)
- Sourcing opportunities to afford the general population to remain independent and connected to their communities (no timescale specified)



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Undoubtedly, the pace with which the implementation of the new design has progressed, and the opportunities available to us have been impacted by the most recent surge in the pandemic. However, as the paper describes, and to reassure members, significant progress is being made, and service users are being supported.

3.4. Implementation update

Planned Residential Respite

The majority of planned residential respite for older adults and people with physical disability was previously provided under the Service Level Agreement (SLA) with Bon Accord Care through Rosewell House. The significant changes made to the delivery model at Rosewell House necessitated an alternative model for day care.

- 3.5. Significant work has been undertaken to fully understand the requirements of carers and the people that they care for. Much of this understanding has been taken from available numerical data – to describe the need, and from anecdotal evidence gathered from conversations with people requiring residential respite both during the consultation period and through day-to-day conversations with families.
- 3.6. A commissioning and procurement plan based on this evidence has been presented to the Aberdeen City Health and Social Care Partnership (ACHSCP) Executive Programme Board. The plan includes the number of places required, a specification that clearly describes expectations of the commissioned service (to meet the outcomes of the carer and cared for person), and a market engagement plan.
- 3.7. It is anticipated that this work will be concluded by the end of May 2021, and the revised arrangements for residential respite will be in place by the beginning of June.
- 3.8. It is important to note that during this transitional phase, there has been some limited opportunity for residential respite on a risk assessed basis.

Buildings Based Services

- 3.9. Part of the plans for the redesign of services included the de commissioning of some buildings-based services across Aberdeen City. The recent surge in the pandemic and subsequent heightened measures to reduce community transmission of the disease has undoubtedly hampered progress with the



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remobilisation of existing buildings-based services. However, services within Kingswood Court have now resumed, albeit in a way which mitigates against the transmission of COVID 19, and therefore with an opportunity for fewer numbers at any given time. This has been a really positive experience for service users and staff alike.

- 3.10.** Similarly, there are a limited number of opportunities for provision of day care at the Len Ironside Centre (LIC). The in-house learning disability service has successfully delivered a blended approach offering buildings based and 1:1 community-based support which has resulted in positive outcomes for individuals and their families. This shift necessitated a change in the services registration with the Care Inspectorate.
- 3.11.** The limited places available at the LIC are offered to those individuals and/or families who have been assessed as in the higher risk. Initially, 2 clients per day (10 per week) were supported and this increased to 4 clients per day (20 per week) in April. The team are currently exploring how they can safely increase this number further and plan to consult with families to seek their views as to which options would best meet their loved ones needs.

Market Position Statement

- 3.12.** Working together, the “Stay Well Stay Connected” (SWSC) implementation group comprising of representation from ACHSCP and Aberdeen City Independent and Third sector providers, co-produced a market position statement, and published in December 2020. In January 2021, a workshop attracting over 50 delegates took place to allow for further joint working to better understand and shape the requirements of the redesign. The link to the market position statement can be found at:

<https://www.aberdeencityhsc.scot/our-news/our-achscp-market-position-statement/>



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The development of alternative options for support (tests of change)

- 3.13. Working in collaboration with partners we are currently undertaking several tests of change, summarised in Appendix A.

Identifying people at the cusp of losing their resilience

- 3.14. The locality based Enhanced Community Support Huddles have developed into a sustainable opportunity for members of a locality multi-disciplinary team to identify and respond to people presenting with an unscheduled care need. Some of these presentations undoubtedly compromise people's resilience to remain as independent as possible and connected to their community. The multi-disciplinary team work together to deliver a preventative approach in response to an immediate crisis, linking with locality-based assets and opportunities. It is essential that this team links with the preventative element described below and seeks opportunities for people to remain independent and connected.

Opportunities to afford the general population to remain independent and connected to their communities

- 3.15. This is a large workstream and inextricably linked to the previous ambition of promoting and restoring resilience.
- 3.16. The key themes adopted, and work progressed to date are summarised in Appendix A.

Evaluation

- 3.17. SWSC is aspirational in its work to involve as many front-line staff who are delivering prevention projects as possible in contributing to our engagement. As such there needs to be a mechanism to build up an ongoing narrative of what people receiving support are telling us which can then allow us to step back and evaluate the impact of the work.
- 3.18. VOiCE is an online planning, recording and review tool for public engagement recommended by Health Improvement Scotland. The programme has begun to implement VOiCE to plan and record any engagement work. Initially this is currently being piloted with the physical activity packs that are being rolled out in sheltered housing complexes. Colleagues are working with Bon Accord Care to agree a set of questions for their staff to use to measure the impact of the activity on the



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participant. These questions will also cover the participant's broader views and aspirations to fulfil our engagement requirements. It is this learning that we plan to record in VOICE and analyse to refine and improve the prevention activities we provide.

Summary

- 3.19.** This update provides the IJB with assurance on the progress with the implementation of the implementation of "Stay Well Stay Connected", and on the continued co production approach adopted both with providers and with members of the public. It is acknowledged that some of the original timescales have slipped from the original suggestion, and the recent surge in the pandemic and associated operational challenges have certainly impacted on this.

4. Implications for IJB

- 4.1. Equalities** - An equalities assessment was completed as part of the redesign considerations. The report reassures that options are being explored which reflect on and react to the needs of an individual – a shift from service to individual led provision.
- 4.2. Fairer Scotland Duty** - Fundamental to the redesign is the requirement to respond to local need, and to ensure that all services are accessible to the local population.
- 4.3. Financial** - The delivery of the approved model will be within the same level of funds that are available within the current model.
- 4.4. Workforce** - The ACHSCP workforce will adopt multi-disciplinary case finding, identifying people at risk of losing their resilience and working with them to help them connect back into their community.
- 4.5. Legal** - There are no direct legal implications arising from the recommendations of this report. There will be legal implications for the ongoing contractual arrangements with providers during the transitional period.

5. Links to ACHSCP Strategic Plan

The ambition of giving people the resilience to remain connected to their Communities links directly to the key aims of the ACHSCP strategic plan.



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6. Management of Risk



6.1. Identified risks(s)

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

This option links directly to strategic risk 8 – localities.

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

This model offers the best opportunity to restore people's connections within their locality. It also affords staff teams and locality empowerment groups the opportunity to work with wider partners and develop services according to local need.

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

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Alternative options for support (tests of change)

Working in collaboration with partners we are currently undertaking several projects and tests of change to support those with requiring support and the wider general population. Summarised below.

	Project / Test of change	Outcomes	Progress to date (April 2021)
	SWSC Movement – building the network relationships.	Working with key community assets to use SWSC logo as a symbol for community cohesion. Using MEOC approach to educate and encourage friendly and welcoming community spaces. Links to MEOC / website. It is recognised that the increased networking and relationships has allowed for improvement cross fertilisation of ideas and pulling of resources into where it is required.	Training opportunities may link with ongoing MEOC work Potential for communities, HIO, wellbeing colleagues to assist. Links to website
Social Isolation			
S1	Befriending	Multi agency steering group is designing a sustainable model of befriending in the City with a view to creating a City that is connected in multiple ways.	
S2	Student Befriending (RGU)	Collaboration with RGU students in Physiotherapy, Occupational Therapy and Sports/Exercise Science to link with SWSC befriending projects to allow for a mutually beneficial exchange of	Pilot project in Oct -Dec 2020 established the success of utilising student placement time to support older adults identified by SWSC group to provide befriending support and support to use technology. This has been upscaled with 15 volunteers (mainly students) being trained this



		skills/experience for volunteer commitment.	month. Referrals identified through Link Practitioners.
S3	Building Digital Confidence	Work to identify those who are digitally exclude and upskill them. Evidence from Connecting Scotland shows users who are enabled to use technology to meet a set goal for them, go on to have greater confidence and success online.	Working with 3rd sector IT supports in the City (Abilitynet/Silver City Surfers & Housing) to pilot showcase sessions in a set environment: common room of sheltered housing block. Showcasing of key “apps” so people to allow them to see what they are missing. E.g. showing them video calls, how to use NearMe, YouTube
S4	Social Walking Opportunities	Using the new SWSC network to work collaboratively to promote health walks for all.	
Physical activity			
P1	Physical Activity Packs Pilot	This pilot is a direct response to the sedentary behaviours, inactivity and deconditioning caused by lockdown. Well evidenced that physical activity has a positive impact on functionality and good mental wellbeing.	Pilot started March 2021. Working with Bon Accord Care to roll out across Sheltered and Very Sheltered Housing. Learning from first pilot will allow a level of co-production which can then be replicated for other client groups where appropriate.
P2	Multi activity leader course	Interactive online training re creativity on getting variety of people to become more active. Interactive PowerPoint.	
P3	Life Curve	Project being supporting by RGU OT student and Connecting Scotland (via Libraries) for devices/digital. Poster is being drafted to get people involved. Need a mix of residents and	Pilot starting mid may in Sheltered Housing with 6 residents. Using a QI / Case study approach.



		practicalities of downloading and using app.	
P4	“Oot n About” Project with Red Cross	Pilot held between Nov 2020 and March 2021 to establish the benefit of providing volunteer support to people who had lost social confidence as a result of shielding or self imposed isolation to reintegrate into community activity.	<p>Pilot originally aimed at 50 plus, but this was opened up when referrals were coming through for younger ages.</p> <p>Pilot dealt with individuals who pre-lockdown had led independent lives, but had lost this confidence.</p> <p>Scope to work with volunteers and those supported to roll out this project for Spring/Summer 2021.</p>
Dementia Focus (incl. Cognitive Decline)			
D1	Dementia-friendly	Cross agency approach and linkages eg. Alzheimer Scotland, Unpaid carers, BAC, Livingwell, guiding where the focus should be and to inform all above workstreams to ensure dementia-friendly. Also focusing on equipping staff/volunteers with right knowledge and tools to support those with dementia needs.	
Digital Divide			
DI1	Connecting & Information Sharing	SWSC webinars used to cascade information on all things wellbeing in communities, showcase new projects, celebrate successes.	Staff time from SWSC workstream to organise and deliver these.
DI2	City Webpage and Brochure	Webpage (and support electronic info brochure) information and resources	Content is being collated into 3 sections: 3 sections:



		<p>around wellbeing. Project idea is to create an online resource which is easy to navigate for staff and citizens to find information on and resource on staying well and connected.</p> <p>Linkages to Risk Assessed Care for Care at Home.</p>	<ol style="list-style-type: none"> 1. Stay Independent 2. Stay Well & Connected 3. Stay Informed <p>This will support staff and groups to focus on enablement and increased connections and social cohesion in our communities. Website will be hosted on ACHSCP website - will be based on the brochure but will allow more detail.</p>
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Buildings based – Day Support			
	Respite	<p>Looking at how traditional respite could be approached differently Being an unpaid carer can have positive and rewarding aspects, but it can also be isolating as well as physically and mentally demanding. For a range of reasons, including financial pressures, carer concerns and limited time, it is often difficult for carers to take the time out to fully recharge, or to spend quality time on their own or with family and friends.</p>	<p>Quarriers are currently recruiting to a part time role which will coordinate breaks for carers. The role will focus on building the respite capacity in the city and developing tools for carers. Transferring people from VSA to Quarriers.</p>
	Carers Oversight Group	<p>Creation of a representative group of, carers and communities which uses the lived experience of group members to help influence and improve services.</p>	<p>Being supported by AHCSCP and Quarriers, this is a recognised method of engagement endorsed by Healthcare Improvement Scotland representative group of service users, carers and communities which uses the lived experience of group members to help influence and improve services.</p>



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NOT FOR PUBLICATION – This report contains exempt information as described in paragraph 6 (Information relating to the financial or business affairs of any particular person (other than the authority)) and paragraph 9 (Any terms proposed or to be proposed by or to the authority in the course of negotiations for a contract for the acquisition or disposal of property or the supply of goods or services) of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973, enacted by the Local Government (Access to Information) Act 1985. This is applied in this case because, in view of the nature of the business to be transacted or in the nature of the proceedings, if members of the public were present, there would be disclosure to them of exempt information as defined in the Schedule.

Not exempt: Covering report, Appendix A1

Exempt: Appendix A Appendix B, Appendix C

Date of Meeting	25 May 2021
Report Title	Supplementary Procurement Plan
Report Number	HSCP.21.045
Lead Officer	Sandra MacLeod, Chief Officer HSCP
Report Author Details	Name: Neil Stephenson Job Title: Strategic Procurement Manager Email Address: NeStephenson@aberdeencity.gov.uk Phone Number: 07766 133528
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	Non-Exempt: A1: Supplementary Work Plan for 2021/22 Exempt: Appendix A - Supplementary Work Plan for 2021/22 Appendix B – Procurement Business Case Appendix C – Direction to Aberdeen City Council



INTEGRATION JOINT BOARD

1. Purpose of the Report

- 1.1. The purpose of this report is to present a supplementary 2021/2022 procurement work plan for expenditure on social care services, together with the associated procurement business case, for approval.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:
- a) Approves the expenditure for social care services as set out in the annual work plan at Appendix A,
 - b) Approves the tendering exercise and subsequent award of a contract as set out in the procurement business case, at Appendix B,
 - c) Makes the Direction, as attached at Appendix C, and instructs the Chief Officer to issue the Direction to Aberdeen City Council.

3. Summary of Key Information

- 3.1 The Integration Joint Board (IJB) directs Aberdeen City Council (ACC) to purchase and enter into contracts with suppliers for the provision of services in relation to functions for which it has responsibility. ACC procures services through the Commercial and Procurement Shared Service (CPSS) in accordance with ACC's Scheme of Governance.
- 3.2 ACC Powers Delegated to Officers includes, at delegation 1 of section 7, that the Chief Officer of the Aberdeen City Integration Joint Board (also referred to and known as the Chief Officer of the Aberdeen City Health and Social Care Partnership (ACHSCP)) has delegated authority to facilitate and implement Directions issued to ACC from the IJB, on the instruction of the Chief Executive of ACC and in accordance with the ACC Procurement Regulations.
- 3.3 These Regulations require the submission of an annual procurement work plan prior to the commencement of each financial year detailing all contracts to be procured in the coming year with a value of £50,000 or more, to relevant Boards/Committees. In the case of adult social care services, this is the IJB. The Regulations also require that procurement business cases to support items on the work plan are brought to the IJB prior to any tender being undertaken or contract awarded directly. Although the intention is that all



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procurement should be planned in advance, there may be occasions where this is not possible and supplementary work plans and/or business cases may be required.

3.4 This report presents a supplementary 2021/22 work plan. A supporting procurement business case is attached at Appendix B, setting out the arrangements for a First Contact Mental Health and Wellbeing Service for a period of two years with two optional one-year extensions. A report was submitted to the IJB on 7 September 2020 detailing options for the delivery of a project to meet the aims of Action 15 of the Scottish Government Mental Health Strategy 2017-2027. Following an options appraisal exercise the IJB agreed with the recommendation to commission a service to deliver on the following aim detailed in 3.5.

3.5 The aim of this service to deliver a service which will provide a direct access first point of contact for Mental Health Services based within deprived areas of Aberdeen City available seven days a week, including out of hours support to Police Custody and Accident & Emergency. The service will operate on the principle of easy access and will focus on listening, immediate support and signposting. ACVO and 3rd sector colleagues have worked jointly with the Action 15 partnership group to proactively examine gaps and opportunities as well as relevant engagement and consultation with service users and individuals who use services in order to deliver on these aims.

3.6 Links with Strategic Commissioning

The procurement of works, goods and services is driven by strategic commissioning intentions. The ACHSCP has established a Commissioning and Procurement Board to create a clearer link between the programmes of work, the associated budgets, and the procurement work plan, in line with the Commissioning Cycle. The board on 22 March 21 considered this item on the procurement plan and determined that the service is required to support the delivery of strategic intentions.

4. Implications for IJB

4.1 Equalities - An equality impact assessment is not required because the report is simply for the IJB to approve a work plan and does not have a differential impact on any of the protected characteristics.

4.2 Fairer Scotland – The recommendations in this report will have a positive impact on service users and the wider community.



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- 4.3 Financial** - This is new money from Scottish Government provided to HSCPs for the delivery of the National Mental Health Strategy, specifically for Action 15. There are no specific financial implications arising from this report.

The contract value for this proposed social care service in the annual procurement plan is “flat cash” for all of the potential four years so no uplift amounts are included.

- 4.4 Workforce** - There are no specific implications for the Council’s or Partnership’s workforce arising from this report.

- 4.5 Legal** - The procurement of care and support services is a complex area, it is given special consideration under procurement legislation, with specific statutory guidance and best practice guidance issued by The Scottish Government. Because of this special consideration, there is a discrete team within the CPSS to support and manage the commissioning, procurement and contract management of care and support services, and the Work Plan for these services is presented separately to other reports

- 4.6 Covid-19** – There are no specific implications linked to Covid-19 arising from the recommendations in this report.

- 4.7 Other** - none

5. Links to ACHSCP Strategic Plan

This report links to Strategic Aim 3 Personalisation “Ensuring that the right care is provided in the right place and at the right time when people are in need”. It also links to Enabler 7.2, Principled Commissioning, and the commitment that all commissioned services enhance the quality of life for people and their carers.

6. Management of Risk

6.1. Identified risks(s)

There is a risk that the IJB does not get assurance and accountability for all the money that it spends on services provided by external bodies.





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

These proposals are linked to Risk 2 on the Strategic Risk Register “There is a risk of IJB financial failure and projecting an overspend, due to demand outstripping available budget, which would impact on the IJB’s ability to deliver on its strategic plan (including statutory work).”

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

By maintaining formal contractual arrangements and robust processes to monitor contracts with external organisations the IJB has assurance not only that it is getting best value but also that this expenditure is aligned to their strategic priorities and is reviewed regularly.

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

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Borganised Reference	Service	Team/Client Group	Description of Requirement	Est Contract/Contract Extension Start Date	Est Contract/Contract Extension End Date	Maximum Extension Period (Months)	Area(s) Contract Covers
000-JPGQ7745	H&SCP	Mental Health	A tender for the provision of a First Contact Mental Health and Wellbeing Service for a period of 2 years from 1 September 2021 to 31 August 2023, with two optional one-year extensions.	01/09/2021	31/08/2023 (31/08/2025 including both extension years)	24	Aberdeen City

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INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

The **ABERDEEN CITY COUNCIL** is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the Board's Strategic Plan and existing operational arrangements pending future directions from the Board.

Related Report Number: HSCP21.045

Approval from IJB received on 25/052021

Description of services/functions:

1) Tender for a First Contact Mental Health and Wellbeing Service

Reference to the integration scheme: Annex 2, Part 2 – Support services

Link to strategic priorities (with reference to strategic plan and commissioning plan): This report links to Strategic Aim 3 Personalisation “Ensuring that the right care is provided in the right place and at the right time when people are in need”

Timescales involved:

Start date: 01/09/2021

End date: 31/08/2023 (plus two optional one-year extensions with an end date of 31/08/2025)

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



Associated Budget:

Description of Requirement	Estimated Annual Contract Value	Total Contract Value (inc all options & extensions)	Value to be approved by IJB
A tender for the provision of a First Contact Mental Health and Wellbeing Service for a period of 2 years with two optional one-year extensions.	£365,683.25	£1,462,733.00	£1,462,733.00
		Total	£1,462,733.00

Details of funding source: This is new money from Scottish Government provided to HSCPs for the delivery of the National Mental Health Strategy, specifically for Action 15

Availability: Confirmed

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



Exempt information as described in paragraph(s) 6 of Schedule 7A of the Local Government (Scotland) Act 1973.

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