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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board

Town House,
ABERDEEN 17 August 2021

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Virtual - Remote Meeting on TUESDAY, 24 AUGUST 2021 at 9.30 am.**

FRASER BELL
CHIEF OFFICER - GOVERNANCE

B U S I N E S S

1 INTRODUCTION

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 6 July 2021 (Pages 7 - 16)

5 Business Planner (Pages 17 - 20)

GOVERNANCE

6 Rosewell House - Options Appraisal and Recommendations - HSCP.21.088 - LATE REPORT

STANDING ITEM

7 Chief Officer's Report - HSCP.21.096 (Pages 21 - 32)

PRESENTATION

8 Post COVID 19 Update on Activity from the Steering Group

GOVERNANCE

9 Guidance for Public Engagement - HSCP.21.060 (Pages 33 - 78)

10 IJB / ACHSCP Annual Report - HSCP.21.090 (Pages 79 - 122)

11 Hybrid Meetings - HSCP.21.097 (Pages 123 - 130)

PERFORMANCE AND FINANCE

12 Financial Monitoring - Quarter 1 - HSCP.21.094 (Pages 131 - 148)

STRATEGY

13 Vaccination Blueprint - HSCP.21.066 (Pages 149 - 188)

14 Navigator Report - HSCP.21.086 (Pages 189 - 200)

15 LINK Service - HSCP.21.089 (Pages 201 - 224)

TRANSFORMATION

16 Technology Fund - HSCP.21.087 (Pages 225 - 232)

ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE

17 Technology Fund - HSCP.21.087 - EXEMPT PACK (Pages 233 - 246)

DATE OF NEXT MEETING

18 IJB Meetings -

Tuesday 2 November 2021 at 10.00am
Wednesday 15 December 2021 at 10.00am
Tuesday 25 January 2022 at 10.00am
Tuesday 29 March 2022 at 10.00am

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

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

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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, 6 July 2021. Minute of Meeting of the INTEGRATION JOINT BOARD.

Present:- Luan Grugeon, Chair; Lesley Dunbar, Vice Chair; and Alan Chalmers, Councillor Philip Bell, Alan Gray, Councillor Sandra Macdonald, John Tomlinson, Mike Adams, Councillor John Cooke, Jim Currie, Jenny Gibb, Maggie Hepburn, Alison Murray, Graeme Simpson, Sandra MacLeod and Alex Stephen.

Also in attendance:- John Forsyth, Derek Jamieson and Angela Scott.

Apologies:- Kim Cruttenden, Dr Caroline Howarth, Shona McFarlane, 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 everybody to the meeting.

Members were advised that given the volume of reports to be presented, there would be a break in proceedings at a convenient point around 11.30am.

DECLARATIONS OF INTEREST

2. Members were requested to intimate any declarations of interest in respect of the items on the agenda.

There were no declarations.

DETERMINATION OF EXEMPT BUSINESS

3. The Chair intimated that there was no exempt business.

MINUTE OF BOARD MEETING OF 25 MAY 2021

4. The Board had before it the minute of its meeting of 25 May 2021.

The Board resolved :-

to approve the minute as a correct record.

DRAFT MINUTE OF CLINICAL AND CARE GOVERNANCE COMMITTEE OF 1 JUNE 2021

5. The Board had before it the draft minute of the recent meeting of the CCGC.

Members heard a summary from the Chair, CCGC who highlighted that there had been focus on adult protection matters which had provided considerable assurance to the Committee.

The Board resolved :-
to note the minute.

DRAFT MINUTE OF RISK AUDIT AND PERFORMANCE COMMITTEE OF 22 JUNE 2021

6. The Board had before it the minute of the recent meeting of the RAPC.

Members were advised by the Chair, RAPC that the Board's Audited Accounts had been presented and approved which would be circulated after formal completion.

Members heard that the ACHSCP Leadership Objectives had been presented which provided assurance that connections were maintained with the ACHSCP Strategic Plan, Aberdeen City Council Local Outcome Improvement Plan (ACC LOIP) and the Strategic Objectives and were encouraged to read the report.

The Board resolved :-
to note the minute.

BUSINESS PLANNER

7. The Board had before it the Business Planner which was presented by the Chief Finance Officer who advised Members that as indicated, the Board's Annual Reports had been presented to the RAPC on 22 June 2021 and that once final amendments had been made these would be circulated to members.

Members heard of the updates to reporting intentions and that further items would be added to future reporting cycles which would include an update on the Primary care Improvement Plan.

The Board resolved :-
to note the business planner.

CHIEF OFFICER'S REPORT - HSCP.21.083

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

Members heard an overview of the report which provided a summary of activity within the ACHSCP and included that an Options Appraisal Report on the 2C Project including the Marywell Centre would be presented to the next meeting.

The Chief Officer wished to deliver three key messages which when considered collectively provided some context around the current operating environment which felt to be of benefit to the Board.

1. Primary, Secondary and Community Care were being delivered within the new normal, which reflected on experiences of living with COVID.
2. The expectations of individuals regarding what can be done safely was sometimes at odds with what can actually be delivered.
3. Services have adapted; developed, redesigned and then responded at pace but within the capability and capacity of a public sector which has been frontline in the struggle against COVID for the past 16 months.

Members heard that service delivery continued via the most appropriate medium aligned to the patient's needs, digital capability, pandemic constraints and guidance issued. This ensured that where required, face-to-face consultation did happen and dispelled suggestions that all contact was now always digital.

The Chair expressed appreciation on behalf of the Board to all staff involved in the delivery of health and social care services, including those in community settings, and specifically wished that this included, but was not limited to, nurses, doctors, domestic staff, administrative staff, support staff and all partner and agency workforces whether involved directly in front line services or in support or back-office functions.

Members variously endorsed this appreciation.

Members were reminded of a forthcoming Digital Workshop in August 2021 which would explore and further expand around discussions on the digital topic.

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

The Board resolved :-
to approve the recommendation.

INDEPENDENT REVIEW OF ADULT SOCIAL CARE - HSCP.21.052

9. The Board had before it the report from the Chief Officer, ACHSCP which sought to highlight the publication of the Independent Review of Adult Social Care (IRASC) (Feeley Report) commissioned by the Scottish Government.

Members heard from the Lead for Social Work, ACHSCP who presented a summary of the report which contained 53 recommendations within a large document.

Members were advised that the Feeley Report provided the new narrative for social care, focusing on achieving better outcomes with a statement of intent that very much aligned with the Board's Strategic Plan.

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

The Board resolved :-
to approve the recommendation.

WHISTLEBLOWING UPDATES - HSCP.21.082

10. The Board had before it the report from the Chief Officer, ACHSCP which presented an update on the recently introduced National Whistleblowing Standards and proposed a draft Whistleblowing Policy for the IJB.

Members heard from Business Lead, ACHSCP who provided some context around the national policy and presented an overview of the draft Policy.

Members commented on whether a 5-year review period was too long and suggested that the Chief Officer, ACHSCP may wish to consider an earlier review point which should include Members.

The report recommended :-
that the Board –

a) note the action taken to communicate the national Whistleblowing Standards that came into effect on 1 April 2021;
b) instruct the Chief Officer to report on a quarterly basis on any whistleblowing incidents raised under the Standards to the Risk, Audit and Performance Committee and NHS Grampian Board;

c) consider and approve the draft Whistleblowing Policy for the Integration Joint Board (Appendix A); and
d) instruct the IJB's Standards Officer to report on any Whistleblowing incidents raised under the IJB's Whistleblowing Policy to the Risk, Audit and Performance Committee on a quarterly basis (if any incidents have been investigated and concluded in that quarter).

The Board resolved :-
(i) to note the action taken to communicate the national Whistleblowing Standards that came into effect on 1 April 2021;
(ii) to instruct the Chief Officer to report on a quarterly basis on any whistleblowing incidents raised under the Standards to the Risk, Audit and Performance Committee and NHS Grampian Board;
(iii) to approve the draft Whistleblowing Policy for the Integration Joint Board (Appendix A); and
(iv) to instruct the Chief Officer, ACHSCP to report on any Whistleblowing activity via Report to the RAPC and/or Service Update to the IJB as appropriate.

MARKET FACILITATION UPDATE - HSCP.21.076

11. The Board had before it the report from the Chief Officer, ACHSCP which provide an update to the Integration Joint Board (IJB) with regards to market facilitation activity during the previous 12 months.

Members heard from the Lead Commissioner, ACHSCP who advised that the report had been delayed due to response to the pandemic, but that delay had also permitted some changes to delivery methods.

The Lead Commissioner introduced the Chair of the Grampian Care Consortium (GCC) to present an overview of market engagement from both a customer and supplier perspective.

Members heard that the IJB had adopted a challenging and new vision in seeking to create the GCC and the Board was appreciative of GCC coming together in the manner they had. The Board was well placed with regard to such procurement activity when viewed in context of the Feeley Report recommendations as the GCC had now been operating for 8 months.

The Chair of GCC advised that experience so far had been very positive and that working collaboratively had assisted deliver positive change and enhanced service delivery.

The report recommended :-

that the Board note the content of the report.

The Board resolved :-
(i) to approve the recommendation; and
(ii) to instruct the Chief Officer, ACHSCP to present a further update on 15 December 2021.

HEALTH AND CARE EXPERIENCE SURVEY 2020 - HSCP.21.080

12. The Board had before it the report from the Chief Officer, ACHSCP which presented the summary comparison results from the Health and Care Experience (HACE) Survey undertaken in 2019/20.

Members heard from the Lead Strategy and Performance Manager who advised that the survey was now out of date by some 18 months having been delayed due to the pandemic response and provided an overview of the report.

Members discussed the application of the RAG status throughout the document and enquired on instances of benchmarking.

Members were advised that there was little local influence with some of the data and its presentation which was set by a national standard requirement, however Member's comments would be considered.

The report recommended :-
that the Board –
a) note the Summary Comparison Results from the HACE Survey undertaken in 2019/2020;
b) instruct the Chief Officer to bring a report on the 2021/22 HACE Survey in July 2022 comparing these with the 2019/20 results i.e., pre-Covid and post-Covid; and
c) instruct the Chief Officer to bring a report on the results of the Local Survey 2022 to the December 2022 meeting of the IJB.

The Board resolved :-
(i) to approve the recommendations and
(ii) to instruct the Chief Officer, ACHSCP to consider the presentation format of data comparisons.

INTEGRATION JOINT BOARD
6 July 2021

JUSTICE SOCIAL WORK DELIVERY PLAN 2021-2024 - HSCP.21.077

13. The Board had before it the report from the Chief Officer, ACHSCP which presented the Justice Social Work Delivery Plan for consideration and approval.

Members heard from the Lead for Social Work, ACHSCP who provided an overview of the report which had previously been submitted to the Care Inspectorate in a draft format during their inspection.

Members were reminded that the Care inspection report had been very positive and had identified two areas for improvement. These were contained within the Plan.

The report recommended :-
that the Board –
a) approve the Justice Social Work Delivery Plan; and
b) instruct the Chief Officer, ACHSCP to present an annual update to the Risk, Audit and Performance Committee on the progress being made with the implementation of this delivery plan.

The Board resolved :-
to approve the recommendations.

LOCALITY PLANS - HSCP.21.078

14. The Board had before it the report from the Chief Officer, ACHSCP which presented the three Locality Plans which had been developed in the context of the new aligned locality planning arrangements within Aberdeen City using a co-production approach.

The Board heard from the Lead Strategy and Performance Manager, ACHSCP on behalf of the Public Health Coordinator, ACHSCP who had provided apologies.

Members were advised of collaborative working within the three locality areas and with the Community Planning Aberdeen (CPA) Board to develop the plan which was aligned with the Aberdeen City Councill Local Outcome Improvement Plan (ACC LOIP).

Members heard that the plan was a critical document to assist develop the ACHSCP Strategic Plan which would be utilised in the workshop for that purpose on 21 September 2021.

The report recommended :-
that the Board –
a) endorse the proposed Locality Plans for North, South and Central localities;
b) further support the development of locality working including the implementation of the plans and development of the Aberdeen City Health & Social Care Partnership (ACHSCP) Strategic Plan; and
c) instruct the Chief Officer, ACHSCP to report to the Risk, Audit and Performance Committee in 12 months with an update on locality planning including implementation of the locality plans.

The Board resolved :-
to approve the recommendations.

CARERS STRATEGY - HSCP.21.079

15. The Board had before it the report from the Chief Officer, ACHSCP which sought approval for the extension of the timeframe of the current Aberdeen City Carers Strategy and subsequent full review.

The Board heard from the Lead Strategy and Performance Manager, ACHSCP who explained the current review was overdue as a consequence of the pandemic response and that the review should have been completed by March 2021. Whilst acknowledging the crucial role carried out by carers and agreeing the current position was not desirable, Members heard that an extension to that requirement was now requested.

Members heard that whilst the review was indeed overdue, it was a requirement of the Carers (Scotland) Act 2016 to refresh the strategy approved on 27 March 2018 and that consultation with carers was essential as recent data suggested that 34% felt unsupported.

Members heard that a ‘Carers Conversation’ had been developed and would be applied to the review which would also ensure lived experience was captured.

Members heard from the Chief Officer, ACHSCP who wished to provide assurance that carers were being supported in the current pandemic response and that it was appropriate that carers concerns be raised and discussed.

Members heard that whilst the delay was not of choosing, this now offered a further opportunity to deliver a more robust review and redesign building on ongoing carers support across the system.

The report recommended :-
that the Board –
a) approve the proposal to extend the timeframe of the Aberdeen City Carers Strategy contained in Appendix A;
b) approve the plans for a subsequent full review of the Aberdeen City Carers Strategy; and
c) instruct the Chief Officer, ACHSCP to bring back the revised Aberdeen City Carers Strategy for approval to the March 2022 IJB meeting

The Board resolved :-
(i) to approve the recommendations; and
(ii) to instruct the Chief Officer, ACHSCP to consider how to provide assurance to the IJB on current delivery of the Carers Strategy.

PORTFOLIO MANAGEMENT - HSCP.21.081

16. The Board had before it the report from the Chief Officer, ACHSCP which sought to provide assurance that the Chief Officer had in place robust arrangements to support the Leadership Team to deliver on the agreed objectives whilst providing support in relation to the wider Portfolio Management approach across NHS Grampian (NHSG) and Aberdeenshire and Moray Health and Social Care Partnerships (AHSCP, HSCM).

Members heard from the Chief Officer, ACHSCP who advised that a portfolio management approach had been developed and was in its early stages and that the Board would be engaged further to offer opportunity for wider integration.

Members heard that the Leadership Team Objectives introduced a further set of arrangements for which it was appropriate the Board ensure sufficient capacity to deliver.

The Chief Officer assured this was the position and that the portfolio approach would also assist preparation ahead of any Feeley Report outcomes and/ or directions.

The report recommended :-
that the Board note the level of assurance provided within the report in relation to Portfolio Management.

The Board resolved :-
to approve the recommendation.
– LUAN GRUGEON, Chair

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	A	B	C	D	E	F	G	H	I	J
1	**INTEGRATION JOINT BOARD BUSINESS PLANNER -** **T**he 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.									
2	**Date Created**	**Report Title**	**Minute Reference/Committee Decision or Purpose of Report**	**Report Number**	**Report Author**	**Lead Officer / Business Area**	**ORGANISATION ACHSCP/ACC/NHSG**	**Update/ Status (RAG)**	**Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T**	**Explanation if delayed, removed or transferred**
3	**24 August 2021**									
4	Standing Item	Chief Officer Report	A regular update from the Chief Officer; from IJB on 25 May 2021 - (iv)to instruct the Chief Officer to include a brief update on staff wellbeing at every IJB during 2021 whether within the CO's or separate report	HSCP.21.096	Martin Allan	Business Lead	ACHSCP			
5	Standing Item	Strategic Risk Register			Martin Allan	Business Lead	ACHSCP		**Remove**	At PreAgenda on 03.08.21 it was agreed that there would be no report to this meeting and that the SRR would eb shared with Members in advance of the planned workshop on 25.10.2021
6	Standing Item	IJB / ACHSCP Annual Report 2020/2021		HSCP.21.090	Alison MacLeod	Performance Lead	ACHSCP			
7	Standing Item	Code of Conduct	This is an Annual Standing item to refelect on the IJB Code of Conduct.		Jennifer Lawson	Legal Manager	ACC		**Defer**	Code of Conduct was not reported as part of wider Review of Governance due to Scottish Government's consultation on a new Code for Public Bodies. The SG is to publish comments on the consultation process then finalise a revised Code. Once the new Code is approved the IJB will receive a report on the Code and its implications. Aiming for reporting on 15 December 2021 (dependent on SG approval of Code)"
8	Standing Item	Financial Monitoring - Quarter 1	This is a Standing Item to provide the current Financial Monitoring.	HSCP.21.094	Alex Stephen	Chief Finance Officer	ACHSCP			
9	26.04.2021	Public Engagement, Equality and Human Rights	To present to the Integration Joint Board (IJB) Our Guidance for Public Engagement (OGPE) for approval	HSCP.21.060	Alison Macleod	Performance Lead	ACHSCP			Due to staff engagement and association with Locality Empowerment Group's, carried forward from from 25 May 2021
10	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;	**Remove**	Due to operational response to pandemic, this report was delayed and will be issued as a Service Update (Target - August 2021)
11	11.11.2019	Living well with Dementia	On 23.02.2021, IJB moved this report to 24 August 2021		Alison MacLeod / Kevin Dawson	Lead Performance and Strategy Manager	ACHSCP			
12	27.04.2021	Rosewell - Options Appraisal and Recommendations	At Special IJB - April 2021 Rosewell House – Extension to Interim Arrangements - HSCP.21.046 The Board resolved :- (ii) to instruct the Chief Officer to commission an options appraisal to identify the most appropriate delivery mechanism for the integrated model at Rosewell House; (iii) to instruct the Chief Officer to present the options appraisal and recommendation(s) to the IJB at its meeting on 24 August 2021.	HSCP.21.088	Sarah Gibbon	Project Manager	ACHSCP			
13	11.06.21	Post COVID 19 Mental Health - update on activity from Steering Group	ACHSCP response to the Cosette Report; Discussion at pre-agenda 15/06/21 agreed to include a statement in the CO report for July IJB; with a report to IJB / CCGC at later date. Perhaps a presentation at the end of the August meeting also? Post COVID 19 Mental Health Steering Group set up, named to reflect the work the group has been remitted to do by the Scottish Govt		Dr Alastair Palin		ACHSCP		**Remove**	At PreAgenda on 08.03.21 it was agreed that this would be a presentation rather than a report.
14	15.06.2021	Hybrid Meetings	At IJB PreAgenda on 15.06.2021, it was reaffirmed that as the result of the revised Standing Orders, a report on how IJB can ensure inclusivity for all attendees by offering phytsical and/or digital participation at meetings.	HSCP.21.097	Sandra Macleod	Chief Officer	ACHSCP			
15	25.05.2021	Progressing Updates	At IJB on 25 May 2021 Lessons Learned HSCP.21.059 - (ii)to instruct the Chief Officer, ACHSCP to consider how best to present updates on progress within appropriate timelines to the IJB on the discussed themes of Digital, Public Engagement, Long Covid and Self-Management ; (iii)to instruct the Chief Officer to ensure all 'lessons learned' are included in the strategic planning for AHSCP's new strategy		Alison MacLeod	Lead Performance and Strategy Manager	ACHSCP		**Remove**	Chief Officer, ACHSCP has ensured includion of Lessons Learned within Leadership Team reporting.

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16	20.07.2021	Immunisation Blueprint Refresh	To provide the IJB with an update on our immunisation plan including the re-fresh of the Immunisation Blue Print.	HSCP.21.066	Ali Chapman	Programme Manager	ACHSCP			
17	20.07.2021	Navigator - Unscheduled Care	To support and approve a support service to be embedded within the Emergency Department as a test of change.	HSCP.21.086	Simon Rayner	Strategic Lead for Alcohol and Drugs	ACHSCP			
18	20.07.2021	Aberdeen LINK Service	To seek approval from the IJB for the future procurement of the Aberdeen Links Service (ALS)	HSCP.21.089	Lorraine McKenna	Head of Locaility (Central)	ACHSCP			
19	20.07.2021	Technology Fund	Information about the proposed Technology fund to support the delivery of Care at Home and Supported Living, and the processes that have been put in place to allocate this funding.	HSCP.21.087	Anne McKenzie	Lead Commisioner	ACHSCP			
20	**02 November 2021**									
21	Standing Item	Chief Officer Report	A regular update from the Chief Officer; from IJB on 25 May 2021 - (iv)to instruct the Chief Officer to include a brief update on staff wellbeing at every IJB during 2021 whether within the CO's or separate report		Martin Allan	Business Lead	ACHSCP			
22	Standing Item	Financial Monitoring - Quarter 2			Alex Stephen	Chief Finance Officer	ACHSCP			
23	Standing Item	Strategic Risk Register	Bi-annual Reporting (May and November 2021)		Martin Allan	Business Lead	ACHSCP			
24	Standing Item	Review of Scheme of Integration to incorporate Review of ACC Governance (delayed from June 2020)	Annual review. IJB 20200128 move to June 2020, then to September then December 2020. On 02.10.20 The Board resolved :- to amalgamate the intended 'Review of Governance (ACC)' report referenced at Line 21 on the Planner with the intended 'Review of Scheme of Integration' referenced at Line 20 on the Planner. On 28.10.20 the Board agreed to defer this report until 23.02.2021 to allow consultation with the Constituent Authorities		Jess Anderson	Chief Officer - Governance	ACC	23.03.21 defer to 02.11.2021		
25	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			
26	Standing Item	Winter Plan	An update to IJB on winter planning arrangements		Martin Allan	Business Lead	ACHSCP			
27	Standing Item	IJB, APS and CCG Meeting dates - 2022 - 2023	To propose Meeting dates from 1 April 2022 to 31 March 2023	HSCP.21.095	Clerk	Chief Officer - Governance	ACC			
28	10.06.2021	Mental Health & Learning Disabilities	Mental Health & Learning Disabilities - update presented to IJB on 1 December 2020 which indicated Annual Reporting		Kay Dunn	Lead Planning Manager	ACHSCP			
29	Standing Item	Equalities ands Equalities Outcomes	At IJB on 25 May 2021 - (v)to instruct the Chief Officer, ACHSCP to submit 6-monthly reports alternately to the RAPC and IJB.		Alison Macleod	Lead Strategy and Performance Manager	ACHSCP			
30	08.03.2021	Primary Care Improvement Plan	To present an update to the Board		tbc	tbc	ACHSCP			
31										
32	**15 December 2021**									

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33	Standing Item	Chief Officer Report	A regular update from the Chief Officer; from IJB on 25 May 2021 - (iv)to instruct the Chief Officer to include a brief update on staff wellbeing at every IJB during 2021 whether within the CO's or separate report		Martin Allan	Business Lead	ACHSCP			
34	Standing Item	Annual Procurement Workplan 2022/2023			Neil Stephenson	Procurement Lead	ACC		**Defer**	propose to present on 25 January 2022, to allow the Strategic Commissioning and Procurement Board (SCPB) a little more time to ensure the items on the workplan are aligned to the strategic direction of the services and the needs of our local communities
35	26.04.2021	Strategic Plan	Revised strategic plan after workshops and relevant engagement.		Alison Macleod	Lead Strategy and Performance Manager	ACHSCP			
36	26.04.2021	Workforce Strategy	Strategy to support the Strategic Plan		Sandy Reid		ACHSCP			
37	25.05.2021	Commissioned Day Services and Day Activities - Stay Well, Stay Connected	to instruct the Chief Officer, ACHSCP to present a further update report on 15 December 2021		Sandra Macleod	Chief Officer	ACHSCP			
38	06.07.2021	Market facilitation Update	At IJB on 06.07.21; (ii)to instruct the Chief Officer, ACHSCP to present a further update on 15 December 2021.		Anne McKenzie	Lead Commissioner	ACHSCP			
39										
40	**2022 Meetings**									
41	**25 January 2022**									
42	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			
43	Standing Item				Martin Allan	Business Lead	ACHSCP			
44	Standing Item	Inclusion of Integration Joint Boards as Category 1 Responders under Civil Contingency Act 2004 - HSCP.21.028	On 23.03.21, IJB resolved :- (iii)to 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		Martin Allan	Business Lead	ACHSCP			
45	Standing Item	Annual / Biennial Report on Adult Social Care	At IJB on 25 May 2021 - agreed annual reporting . APC propose report annually to each committee							
46	**29 March 2022**									
47	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			
48		IJB Membership	to instruct the Chief Officer, ACHSCP to reconsider these arrangements by report to the IJB prior to 31 March 2023		Sandra Macleod	Chief Officer	ACHSCP			
49	25.05.2021	Fast Track Cities	At IJB on 25 May 2021 - (ii)to endorse the proposed actions for 2021/22, noting that the action plan is a live document, and to instruct the Chief Officer to provide an update on progress to the IJB on 29 March 2022		Sandra Macleod	Chief Officer	ACHSCP			
50	25.05.2021	Community Nursing Digitalisation	(iii)to instruct the Chief Officer, ACHSCP to present an evaluation report on implementation of the project to include outcomes within 1 year		Sandra Macleod	Chief Officer	ACHSCP			
51	06.07.2021	Carers Strategy	At IJB on 06.07.108/07/2021 (iii)to instruct the Chief Officer, ACHSCP to bring back the revised Aberdeen City Carers Strategy for approval to the March 2022 IJB meeting; and (iv)to instruct the Chief Officer, ACHSCP to consider how to provide assurance to the IJB on current delivery of the Carers Strategy.		Alison Macleod	Lead Strategy and Performance Manager	ACHSCP			
52										

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Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	24 August 2021
Report Title	Chief Officer's Report
Report Number	HSCP.21.096
Lead Officer	Sandra MacLeod
Report Author Details	Name: Sandra MacLeod Job Title: Chief Officer Email Address: *samacleod@aberdeencity.gov.uk* 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:

(a) In relation to the consultation on the National Care Service (as outlined at section 3.12 below), agree that the Chief Officer (following a Board Workshop and final consultation with the Chair and Vice-Chair), sign off the Board's response to the consultation ahead of the deadline of 18 October 2021;

(b) Note the details contained in the report.

INTEGRATION JOINT BOARD

3. Summary of Key Information

Local Updates

3.1. Strategic Risk Register

Following the meeting of the Risk, Audit and Performance Committee on the 22 June 2021, wherein the Committee noted the latest updates to the IJB's Risk Register, the Leadership Team have held a session to start the review and editing of the Register ahead of the IJB workshop to be held on the 25 October 2021. Part of this work will include the Leadership Team receiving presentations from NHS Grampian's Risk Adviser which will help inform the risk owners when undertaking the review and edit of the Register. The revised Register will be discussed at the Workshop and then presented to the IJB at its meeting on the 2 November 2021.

3.2. Partnership Communications

The Partnership is making greater proactive use of social media and existing community engagement networks, to help deliver its strategic objectives. For example, the Covid Vaccination team are using social media to increase vaccinations uptake very successfully in the various drop in clinics. This is expected to also increase with strong partnership working with Aberdeen Football Club.

August is #antistigmaAberdeen month and the Partnership is leading this public campaign on behalf of Community Planning Aberdeen (CPA). Again, public sectors partners, such as Police Scotland are also helping the 'reach' of this campaign. More details can be found at https://communityplanningaberdeen.org.uk/anti-stigma-campaign/

Both of the above priorities have been very well supported by the Locality Empowerment Groups (LEGS), NHS Grampian & Aberdeen City Council.

INTEGRATION JOINT BOARD

3.3. Impact of 3rd Wave of Covid cases on Mental Health and Learning Disabilities (MHLD) Service

MHLD services are under a high level of pressure during this time. Referrals to community Mental Health teams have increased by an average of 25% compared to pre-covid levels.

Patient acuity has markedly increased. Of patients being admitted to Royal Cornhill Hospital, in June 2021 64% of patients were detained under the Mental Health Act, an increase from 45% pre-covid. This means approximately 50% more inpatients are detained.

Occupancy levels are extremely high, exacerbated by a temporary reduction in bed numbers. Occupancy levels in adult mental health wards in June was 102% and in older adult mental health wards was 99% - this resulted in more boarding of patients across the hospital site.

Children and Adolescent Mental Health Services (CAMHS) has seen a marked increase in referrals - up 15% compared to pre-covid. Again, this includes a significant increase in patient acuity - Tier 4 patients and eating disorders.

There are significant staffing pressures across both inpatient and outpatient services. Despite all these pressures, we have maintained essential and critical services.

3.4. Vaccinations "Cold Spots" Update

The City covid vaccination programme continues to increase the number of local drop-in clinics across the City in various community venues, such as Froghall & Tillydrone. A drop-in option also now exists 7 days a week at P&J Live.

Uptake is much lower in the 18-29 age group and very proactive social media campaigns are being used to increase uptake.

Planning has also started for the Covid Vaccination "booster", although there are still many unknowns as to how this will be delivered.

At the same time, very active planning is taking place for the extended flu vaccination programme, which is expected to start by 13 September (several weeks earlier than recent years).

3.5. Digital Citizen Delivery Plan

NHS National Services Scotland's Technology Enabled Care (TEC) Programme has launched its Digital Citizen Delivery Plan which can be accessed here https://tec.scot/wp-content/uploads/2021/05/Digital-Citizen-Delivery-Plan-final-21-22.pdf. Annex A of the publication provides a summary update of progress on a number of TEC projects over the past year. The plan notes that Covid-19 has been an important catalyst of change for digital health and care, with significant acceleration and adoption of digital approaches and tools to facilitate access to health and care services.

Digitisation is a focus of the Leadership Team Objectives and we are currently assessing our progress in relation to the four Strategic Priorities within the plan which are: -

- Addressing Inequalities and Promoting Inclusion
- Engaging Citizens, Staff, and Services through Co-Design and Participation
- Redesigning Services – Improving Citizen Access, Promoting Wellbeing
- Innovating to Support Transformation.

This assessment will help inform the scoping of the projects to be delivered within the Digitisation Programme, delivery of which will be monitored via the Leadership Team Huddle arrangements. The digital agenda is an important aspect of our transformation and close alignment to our partners will maximise delivery impact. We plan to incorporate our strategic intentions in relation to the digital agenda within our refreshed Strategic Plan and it is proposed that a Workshop dedicated to identifying these intentions is scheduled for November 2021, to which Partners will be invited.

3.6. 2C Tender Process-Update

As reported in last Chief Officer's report, the 2c procurement process was completed on 7 June 2021.

Since that date work has progressed on the transition to the new providers. It was proposed that Old Aberdeen Medical Practice would transfer to Newburn Ltd., on 1 September 2021, Camphill, Carden & Torry Medical Practices would transfer to River Dee Medical Group (Social Enterprise) on 1 October 2021 and Whinhill Medical Practice would transfer to OneMedical Group on 1 November 2021.

Following discussions with NHS Grampian Property & Asset Management Department and Newburn Ltd it is looking likely that the 1 September 2021 transfer date may not be achievable. If this happens, a new, mutually agreeable date will be set with Newburn Ltd. This should not affect the other transfer dates.

It is intended that contracts will be signed once drafted and can be finalised prior to transfer date. The transfer process is complex and requires multiple teams across NHS Grampian with competing demands on their time, coming together in order for contracts to be signed, we thank colleagues for the work they have done to help with this process and for the advice and support they have given and will give going forward.

Staff have been kept informed via Microsoft Teams meetings and a briefing outlining progress of the transition has been circulated. Staff have been encouraged to contact either of the Primary Care Leads, the Primary Care team or Staff Side/Union representatives should they have any queries. A letter has been sent to patients outlining progress and a further letter will be sent out advising of the transfer date. A full communications plan has been completed and is a live document so will change as needs arise.

3.7. Updates on Progress on Lessons Learned Themes

At IJB on 25 May 2021, following presentation of the Lessons Learned report (HSCP.21.059) the Chief Officer was instructed to consider how best to present updates on progress within appropriate timelines to the IJB on the discussed themes of Digital, Public Engagement, Long Covid and Self-Management. It is proposed these are dealt with as follows: -

Digital – "Develop plans for further digital health and social care solutions" is one of the identified projects to deliver on the Leadership Team Objectives.

Progress on these projects will be reported through the agreed reporting process to the Risk Audit and Performance Committee.

Public Engagement – Our Guidance for Public Engagement is the subject of a report to this meeting of the IJB and covering report proposes the way in which we will measure the success of our engagement activity.

Long Covid – IJB received a brief update on the progress of the Grampian project around this as part of the Chief Officer's report on 6 July 2021 and there is a presentation on this topic at today's meeting. Going forward it is proposed that we provide regular updates to the Clinical and Care Governance Committee meetings on this topic as part of the routine Monitoring Report.

Self-Management – This theme relates to the public's perception of self-management as this requires a change in long learned behaviours and expectations of health and social care services which will include increased engagement with the public. We have asked the Self-Management Project Team to consider and report back on how progress on this can be monitored.

3.8. Staff Wellbeing Update

The City Partnership are continuing to promote wellbeing initiatives across the Partnership. Some of the current initiatives include: The restarting of NHS Grampian's Healthy Working Lives Group; free reflexology sessions; and the promotion of mini wellbeing checks at various Partnership meetings.

The Partnership's Health, Safety and Wellbeing Committee at its meeting on the 2 of August 2021 discussed arranging wellbeing walks for staff to visit the various Nuart murals in the City (including the recently completed mural on the Health Village). The Committee will also look at staff wellbeing in more detail at its next meeting on 1 November 2021.

3.9. Primary Care Premises Plan

The NHS Grampian Primary Care Premises Plan has been updated for 2021 – 2031. This sets out the strategic investment needs of each of the Health and Social Care Partnership's in line with NHS Grampians Healthfit Vision, and includes General Practice, Dental Practice, Pharmacy and Optometry. The key

overall priorities and investment need is assessed by the Primary Care Premises Group who meet monthly to review progress against the plan on an ongoing basis.

Regional Updates

3.10. Local Outcome Improvement Plan (LOIP) Refresh

A report was presented to the Community Planning Aberdeen Board on the 7 July 2021, which outlined the final draft refreshed Local Outcome Improvement Plan (LOIP) 2016-26 following a nine month development process. The refresh takes place in the context of the Covid-19 pandemic and at a time of recovery, as well as renewal.

The main changes in the refresh were as follows:
Increased focus on poverty through new Stretch Outcome 1

- 15 stretch outcomes remain but have been refreshed
- Contraction of improvement projects to sharpen focus
- Lead Partner, baseline data and target population identified from the outset

In terms of next steps, the Board were advised that:

Easy Read versions of LOIP and Locality Plans are to be developed and cascaded to staff and communities (July 2021); Partners to update their respective strategic plans to align to the refreshed LOIP (July 2021); Revised CPA Improvement Programme to ensure achievement of all LOIP improvement project aims over the next two year (September 2021); Review of CPA Governance and Accountability Structure (September 2021).

After July, the Community Planning Team will continue to work with the Joint Locality Planning Team and Place Planning Team to ensure congruence between the LOIP, evolving Locality Plans and Local Place Plans. This will involve putting in place arrangements for ongoing collaboration, communication and reporting between the Outcome Improvement Groups and Community Groups.

INTEGRATION JOINT BOARD

A short video on the refreshed LOIP is available from the following link: **https://youtu.be/bEdxos_EyYQ**

3.11. Final Draft Integrated Locality Plans 2021-2026

A report was presented to the Community Planning Aberdeen Board on the 7 July 2021 which outlined the final draft Locality Plans following approval by the CPA Board and IJB to the integration of Locality Planning for Community Planning Aberdeen and Aberdeen Health & Social Care Partnership. The plans underpin the refreshed Aberdeen City Local Outcome Improvement Plan, as well as individual partner plans, to cement a joint and coordinated approach between professionals and local communities to improve outcomes city wide and at a locality level. Post July, the Community Planning Team will continue to work with the Joint Locality Planning Team and Place Planning Team to ensure congruence between the LOIP, evolving Locality Plans and Local Place Plans. This will involve putting in place arrangements for ongoing collaboration, communication and reporting between the Outcome Improvement Groups and Community Groups. The Board approved the Locality Plans.

National Updates

3.12. Consultation on National Care Service/ Meeting with Cabinet Secretary for Health and Social Care and Minister for Mental Wellbeing and Social Care

The Cabinet Secretary for Health and Social Care, the Minister for Mental Wellbeing and Social Care and COSLA's Health and Social Care Spokesperson recently met with Chief Officers of IJBs from across Scotland. A few key points that are worthy of note are as follows:

There was a strong message of a desire for early consultation, engagement, and discussion with Chief Officers. Focussing on new ways of working, embedding good practice, sharing practice, and remaining agile in our response, in a pragmatic way, limiting/reducing bureaucracy.

A discussion on the National Care Service plans highlighted that the consultation on the proposals would start the week of 9 August 2021, it will be broken down into sections to allow people to respond to the areas that they choose/are important to them. One ask was that Chief Officers share the

consultation information, encouraging consultation in its widest sense and use local networks to maximise the voice of everyone during the consultation.

There was also a message that the National Care Service needs to be delivered right, at the correct pace; that this is a significant public sector reform and there is an ambition for this to be codesigned with people who use services and deliver services. They highlighted the commitment to listening to stakeholders. The big questions that will be asked include: how we connect services? what should be involved? And that some of the issues the Independent Review of Adult Social Care was silent on will come to the fore. They acknowledged that this is being developed from "a good place"; and that other matters to consider will be how people access resources, what the costs are and how we change to maximise best use.

In terms of the consultation, the Scottish Government have outlined their plans at https://consult.gov.scot/health-and-social-care/a-national-care-service-for-scotland/

The consultation is divided into the following themes,

- Improving care for people
- The scope of the National Care Service
- Community Health and Social Care Boards
- Commissioning of services
- Regulation
- Fair work and valuing the workforce

A series of online engagement events are being held in August, September and October to enable stakeholders, individuals and communities to come together to share their views on the National Care Service.

Some of these events will cover all aspects of the consultation, and some will be themed towards specific aspects of the consultation. These consultation events will offer people the opportunity to come together to discuss the National Care Service, and to understand the need for change within social care. A summary report will be produced from each event for the Scottish Government to consider alongside the official consultation responses.

INTEGRATION JOINT BOARD

The consultation ends on the 18 of October 2021 which is ahead of the next IJB meeting. ACHSCP's proposed process for responding to the consultation is as follows: -

- The Leadership Team will align each of the sections to nominated groups and encourage wider teams to respond on relevant parts e.g. the Strategic Commissioning and Procurement Group will be asked to comment on the Commissioning section.
- A joint Leadership Team and IJB workshop session will be arranged to discuss the feedback from the groups and inform the official response
- The Chief Officer (in consultation with the Chair and Vice Chair of the IJB) will sign off the ACHSCP response
- Participation in the consultation will be promoted with wider partners via the Locality Empowerment Groups, social media, the partnership website etc.

4. Implications for IJB

4.1. **Equalities, Fairer Scotland and Health Inequality -** there are no implications in relation to our duty under the Equalities Act 2010 and Fairer Scotland Duty.

4.2. **Financial –** there are no immediate financial implications arising from this report.

4.3. **Workforce –** there are no immediate workforce implications arising from this report.

4.4. **Legal –** there are no immediate legal implications arising from this report.

4.5. **Covid-19 –** The update on the impact of the 3rd wave of Covid references the Partnership's response to the 3rd wave.

4.6. **Unpaid Carers –** There are no implications relating to unpaid carers in this report.

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

INTEGRATION JOINT BOARD

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.

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.

INTEGRATION JOINT BOARD

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)

Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	24 August 2021
Report Title	Public Engagement, Equality and Human Rights
Report Number	HSCP.21.060
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: Our Guidance for Public Engagement, Equality and Human Rights

1. Purpose of the Report

1.1. The purpose of this report is to present to the Integration Joint Board (IJB) Our Guidance for Public Engagement, Equality and Human Rights (OGPEEHR) for approval.

2. Recommendations

2.1. It is recommended that the IJB:

a) Approves Our Guidance for Public Engagement, Equality and Human Rights

b) Notes that the Risk, Audit and Performance Committee (RAPC) shall undertake a review of the guidance on an annual basis.

3. Summary of Key Information

3.1. On 15 November 2016, the IJB adopted Community Planning Aberdeen's Engagement, Participation and Empowerment Strategy as its own engagement strategy as per the Integration Scheme. This Strategy is

based on the Community Empowerment (Scotland) Act 2015 which sets out the legal rights and responsibilities around community participation in public sector organisations. This strategy is still valid and informs Our Guidance for Public Engagement, Equality and Human Rights.

3.2. The National Standards for Community Engagement are good practice principles designed to support and inform the process of community engagement and improve what happens as a result. These seven standards have been used by a wide range of health and social care organisations across Scotland since 2005 and continue to be updated and refined based on their practical application. They also inform Our Guidance for Public Engagement, Equality and Human Rights.

3.3. In February 2021, the Independent Review of Adult Care in Scotland (commonly known as 'the Feeley report') was published. Feeley listened carefully, over several months, to the voices and the stories of people with lived experience of social care support, unpaid carers and staff working in the sector. Over a thousand voices were heard. The report identified that although the pandemic had intensified the situation, inequality was pre-existing and there was a lack of focus on human rights. Respect for the fundamental dignity of each and every person lies at the heart of human rights, and this is ultimately what we strive for in health and social care.

3.4. In March 2021 the Scottish Government and COSLA published Planning with People (PWP) found via this link. This aims to promote real collaboration between NHS Boards, Integration Joint Boards and Local Authorities. It sets out the responsibilities each organisation has to community engagement when services are being planned, or changes to services are being planned, and supports them to involve people meaningfully. PWP replaces Chief Executive Letter 4 (2010) for NHS Boards (CEL 4) relating to major service change. The established major service change decision-making process for NHS Boards remains unchanged

3.5. On 25 May 2021, the IJB approved an Equality Outcome and Mainstreaming Framework (HSCP.21.058) to continually improve equality of access to the services it provides. This detailed how taking part in engagement activities can be made as equal as possible and introduced Health Inequality Impact Assessments (HIIAs).

3.6. Our Guidance for Public Engagement, Equality and Human Rights describes the vision, scope, commitments and responsibilities for Aberdeen City Health and Social Care Partnership's (ACHSCP) public engagement. It provides broad detail on how to engage and will improve the range,

quality and consistency of our practice. It signposts staff to more detailed guidance which is agreed and updated nationally.

3.7. OGPEEHR was initially developed in 2019 and consultation was undertaken across partnership staff, Community Planning and the then Locality Leadership Groups. Progress of the guidance through the usual governance routes was then paused as a result of the Covid-19 pandemic. This latest draft has been updated to take cognisance of the Feeley Report, the Planning with People publication and the partnership's Equality Outcome and Mainstreaming Framework and approach to Health Inequality Impact Assessments and is now presented for approval.

3.8. Planning with People states that "Each Integration Joint Board should have its own strategy for community engagement and participation, which should be taking place on a regular and routine basis and not just at time of change. Strategies must take this guidance (PWP) into account." Whilst Community Planning Aberdeen's Engagement, Participation and Empowerment Strategy and Our Guidance for Public Engagement, Equality and Human Rights meets this requirement, engagement, co-production and hearing the voices of those with lived experience will be a commitment within our refreshed Strategic Plan.

3.9. Healthcare Improvement Scotland (HIS) are developing a Quality Framework for Community Engagement and Participation which is due to be launched in the Autumn of 2021. It is based on a self-evaluation approach and is designed to support NHS Boards and Integration Joint Boards carry out effective community engagement and demonstrate how they are meeting their statutory duties for public involvement and community engagement. It also provides a framework to NHS Boards and Integration Joint Boards, and those externally quality assuring and inspecting them, on what good quality engagement looks like to develop practice and share learning.

3.10. There are three domains within the HIS framework: -

- Undertaking Community Engagement
- Community Engagement on Service Planning and Design
- Governance: Supporting Leadership and Community Engagement

It is proposed that the IJB participates in the self-evaluation process once launched which will provide a baseline against which future year's performance can be measured. We will also be able to benchmark performance against other IJBs across the country.

3.11. Staff awareness raising sessions will be undertaken and support will be available to staff carrying out public engagement from the Strategy and Transformation team, the DiversCity Officers and the Equality and Human Rights Sub Group of the Strategic Planning Group.

3.12. All engagement activity will be recorded, feedback will be provided to those we engage with, and evaluation undertaken. In addition to our HIS Self-Evaluation results we will develop performance metrics and report annually to the Risk, Audit and Performance Committee on the effectiveness of engagement activity undertaken. To provide further and ongoing assurance, it is further proposed that we include an "Engagement" section on the IJB and Committee Report Template.

3.13. An additional tool for engagement is Care Opinion. Care Opinion is a UK-leading, independent, non-profit-making online resource which allows members of the public to share their experience of health and social care services and facilitates dialogue between clients/patients and service providers. Additionally, Care Opinion supports quality improvement by allowing good practice to be shared and by identifying areas for improvement. The system is also useful to avoid minor issues escalating to formal complaint level.

3.14. The Executive Programme Board approved the commitment to a four-year integration level subscription with Care Opinion which enables the promotion and use of the tool throughout ACHSCP services including those delivered by commissioned providers and partners. An implementation plan is being developed, which will be sensitive to current pressures. Staff in services will be trained and supported to manage the feedback. The Leadership Team are supportive of the implementation of this system and the benefits it will bring.

3.15. The feedback from Care Opinion will be used to inform the introduction of new policy, the redesign of services and ongoing service improvement activity. Analysis of existing feedback submitted to Care Opinion indicates that positive stories far outweigh negative stories by around ten to one. Positive stories will be used to provide content for our Annual Performance Report and will be reported alongside details of other engagement activity and our performance against the HIS Quality Framework on an annual basis to the Risk Audit and Performance Committee. Any negative stories, along with improvement activity will feature alongside complaints reporting to the Clinical and Care Governance Committee.

INTEGRATION JOINT BOARD

4. Implications for IJB

4.1. **Equalities, Fairer Scotland and Health Inequality** - The guidance for staff on Public Engagement takes cognisance of our Equalities and Fairer Scotland Duty. It also covers the Health Inequality Impact Assessment. As such implementing the guidance in a robust and consistent way will have a positive impact on those with protected characteristics and those experiencing inequality.

4.2. **Financial** - Engagement will be undertaken within existing resources. The only additional financial implication arises from the four-year subscription to Care Opinion, however this will be met from within the general revenue budget.

4.3. **Workforce** - There are no immediate Workforce implications arising from the recommendations in this report. Officers will continue to provide support for engagement as part of their ongoing duties.

4.4. **Legal** - The guidance will assist the IJB to meet its legal duties in relation to Engagement, Participation and Engagement as defined within the Community Empowerment (Scotland) Act 2015.

4.5. **Covid-19** - Public Engagement will always be carried out taking cognisance of any Covid-19 guidance existing at the time.

4.6. **Unpaid Carers** - Engagement with unpaid carers will be undertaken with reference to their particular needs in conjunction with the commissioned Adult Carers Support Service and in consultation with the IJB Carers Representatives.

4.7. **Other** - There are no other implications relevant to this report.

5. Links to ACHSCP Strategic Plan

5.1. The recommendation in this report links directly to the partnership working and community empowerment aspect of the Strategic Plan ensuring that we hear the voices of our communities when making decisions about public services. It also links to the Personalisation aim. By taking account of people's views, we are helping to ensure people get the right care, in the right place at the right time.

6. Management of Risk

6.1. Identified risks(s)

If we do not engage appropriately, there is a risk that we do not design and deliver services that meet people's needs and preferences.

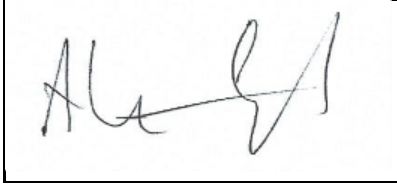
6.2. Link to risks on strategic or operational risk register:

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 Our Public Engagement Guidance and ensuring all staff are trained and supported in its use we can ensure that our services meet the expectations of patients and clients.

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

Aberdeen City Health & Social Care Partnership
A caring partnership

Our guidance for public engagement, equality and human rights

August 2021

ABERDEEN CITY COUNCIL

NHS Grampian

Contents

	Page
Purpose and basis of our guidance	3
Aims of our guidance	3
Definitions and scope	4
Who is our guidance for?	4
Vision for public engagement	4
Values and principles	4 – 5
Equality and human rights	5 - 6
Our engagement standards	6 – 7
Our commitments regarding engagement	8
Engagement and the decision-making process	8
Examples of engagement activities	9
When should we engage?	10
How to engage	11
Engagement in emergency situations	11
Responsibilities	12
Benefits and challenges of engagement	12 - 13
Related documents	13 - 14
Guidance review	14
Appendix 1 – Stage 1 – Proportionality and Relevance Assessment	16 - 17
Appendix 2 - Stage 2 – Empowering People – Capturing their Views	18 - 21
Appendix 3 – Health Inequalities Impact Assessment	22 - 40

Purpose and basis of our guidance

Our guidance describes the vision, scope, commitments and responsibilities for the Aberdeen City Health and Social Care Partnership's (ACHSCP) approach to public engagement, equality and human rights. The linked approach to these three areas will improve the range, quality and consistency of our practice. The Appendices to the guidance contain templates for our three-stage approach to undertaking engagement based on Health Inequality Impact Assessments (HIIAs). Stage 1 is undertaking a Proportionality and Relevance Assessment. Stage 2 is Empowering People and Capturing their Views, which helps plan and prepare for the engagement as well as capturing the results. Stage 3 is the HIIA (assuming we have determined it is relevant).

We believe that good public engagement taking into account human rights and equalities will constructively challenge us and improve the quality of services and experiences that we provide. We also believe that the biggest elements of good engagement are giving time and effort to it and being willing to listen and act collaboratively. It is vital, therefore, that we challenge ourselves and each other to engage more effectively.

Our guidance is based on the partnership's vision, values and principles and promotes accordance with the Charter for Involvement, the National Standards for Community Engagement and Planning with People (Community Engagement and Participation Guidance). It also reflects Community Planning Aberdeen's (CPA) Engagement, Participation and Empowerment Strategy which has been endorsed by the ACHSCP's Integration Joint Board.

Aims of our guidance

1. To promote engagement in all its forms as an ongoing and integral part of the Partnership's activity

2. To enable a consistent, quality approach to engaging the public in the Partnership's services and strategy

3. To ensure that the engagement process is as positive and constructive as possible for all participants

4. To uphold the human rights of the public and strive to provide equal opportunities for people to get engaged.

Definitions and scope of our guidance

'Public' is defined as the partnership's service users/patients, their carers and citizens of Aberdeen. This includes staff employed by the Partnership or its partner organisations.

The National Standards for Community Engagement defines engagement as, "A purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between them and taking joint action to achieve positive change."

This definition (and therefore the scope of the guidance) does not include activities that involve individuals in making decisions about their own care (the person-centred approach), although they are related.

Who is our guidance for?

Our guidance is principally for the public, staff of the ACHSCP and members of the Integration Joint Board (IJB). It may also be of use to our partner organisations across the third, independent and housing sectors.

Vision for public engagement

Our vision is that ***Aberdeen Health and Social Care Partnership will put meaningful public engagement at the heart of its work***

Values and principles

The Partnership's vision, values and principles form the basis of this guidance. In planning and delivering public engagement we will consider these and put them into practice.

ACHSCP's vision

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

ACHSCP's values

- Caring
- Person-centred
- Enabling.

ACHSCP's principles

The following integration principles have been adopted by the partnership from the Public Bodies (Joint Working) (Scotland) Act 2014.

Our partnership:

1. Is integrated from the point of view of recipients
2. Takes account of the particular needs of different recipients
3. Takes account of the particular needs of recipients from different parts of the area in which the service is being provided
4. Takes account of the particular characteristics and circumstances of different service users
5. Respects the rights of service users
6. Takes account of the dignity of service users
7. Takes account of the participation by service users in the community in which service users live
8. Protects and improves the safety of service users
9. Improves the quality of the service
10. Is planned and led locally in a way which is engaged with the community (including in particular service users, those who look after service users and those who are involved in the provision of health or social care)
11. Best anticipates needs and prevents them arising
12. Makes the best use of the available facilities, people and other resources.

Equality and human rights

The human rights and equalities approach lies at the heart of our engagement aspirations.

The impact of the Covid pandemic has increased our focus on human rights and equalities. This focus centres on the Independent Review of Adult Care in Scotland ('The Feeley report') which was published in February 2021. The Feeley report took a human rights approach to its work with particular emphasis on dignity, equality and individual autonomy. It found that the pandemic has intensified pre-existing inequalities and a lack of focus on rights. It made a series of 53 recommendations to improve adult social care in Scotland through taking a human rights approach. We, as a Partnership, are currently working towards meeting these recommendations.

Locally the ACHSCP has developed an Equality Outcome and Mainstreaming Framework to continually improve equality of access to the services it provides. This will detail how taking part in our engagement activities can be made as equal as possible.

ACHSCP has adopted a **Health Inequalities Impact Assessment (HIIA)** approach to assessing the impact of policies/strategies/service delivery/decisions on health inequalities (see Appendix 3). When determining whether an HIIA should be undertaken we must consider **proportionality and relevance** (see Appendix1).

The weight given to equality should be proportionate to its relevance to a particular function or service. The greater the relevance of a function or service to equality, the greater regard that should be paid If the decision or change is minor and does not materially affect the way services are delivered, then undertaking an HIIA may not be relevant. Similarly, even if the decision or change is significant, but it will only impact a small minority of clients or patients, or only impact a part of the service they receive, undertaking an HIIA may be disproportionate.

As part of the HIIA six questions are asked: -

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?

When responding to these questions, our Equality Duty, our Fairer Scotland Duty, and our obligations in relation to health inequalities and human rights are all considered. The HIIA should be used as an additional tool alongside engagement activity to ensure the implications of the policy/strategy/service/decision are fully considered particularly with regard to those with protected characteristics and those potentially experiencing socio-economic disadvantage or health inequality.

Completion of the HIIA should be undertaken in conjunction with the individuals and groups you are engaging with, and this should be done at an early stage in the development of the policy/strategy/service/decision. Our HIIA is included in full in Appendix 3.

Additionally, Public Health Scotland have a useful health inequality learning hub which provides useful guidance. Please see the 'Related documents' section for the link.

Our engagement standards

In planning and delivering our public engagement we will strive to meet the Charter for Involvement, the National Standards for Community Engagement and Planning with People (Community engagement and participation guidance). These documents set benchmarks for public engagement and form the heart of our approach to this work. We will also strive to meet the objectives in the CPA's Engagement, Participation and Empowerment Strategy.

Charter for Involvement

The Charter was written by the National Involvement Network which is a group of people that gets support from different social care organisations across Scotland. It explains how people who use support services want to be involved and details 12

statements to improve involvement practice. The partnership is also committed to promoting adherence to the Charter amongst our partners.

National Standards for Community Engagement

The National Standards for Community Engagement are good practice principles designed to support and inform the process of community engagement and improve what happens as a result. These 7 standards have been used by a wide range of health and social care organisations across Scotland since 2005. They continue to be updated and refined based on their practical application.

Planning with People (Community engagement and participation guidance)

Planning with People (PWP) is co-owned by The Scottish Government and COSLA. This guidance supports organisations to deliver their existing statutory duties for engagement and public involvement. PWP replaces Chief Executive Letter 4 (2010) for NHS Boards (CEL 4) relating to major service change. The established major service change decision-making process for NHS Boards remains, however, unchanged.

As part of the PWP, Healthcare Improvement Scotland and the Care Inspectorate are working with stakeholders to develop a Quality Framework for Community Engagement. This Quality Framework will be a useful tool for the ACHSCP to evaluate and review its engagement activity.

Community Planning Aberdeen's Engagement, Participation and Empowerment Strategy

This Strategy is based on the Community Empowerment (Scotland) Act 2015 which sets out the legal rights and responsibilities around community participation in public sector organisations. It provides a consistent approach for community planning partners in terms of engagement and participation. The partnership has endorsed this Strategy and will strive to meet the objectives of the Strategy which are as follows:

- communities' inherent strengths and assets – their people, their energy, their connections, sense of purpose and resources, and their abilities to self-organise and exercise autonomy – will be valued as a fundamental building block of a healthy society
- every community will be equally heard and listened to
- participation will be the norm rather than the exception
- staff will be empowered to work in collaborative and empowering ways
- people will be able to see the difference that involvement has made.

Our commitments regarding engagement

Taking into account the values, principles and standards detailed above, these are the partnership's commitments regarding engagement:

1. We will plan before engaging, including how we engage with people with protected characteristics
2. We will be clear about the reasons for engaging people
3. We will support people throughout the engagement process
4. We will commit appropriate time, effort and resource to engagement activities
5. We will listen to and act collaboratively with the public
6. We will keep people well informed about the work they are engaged with
7. We will engage people on a locality basis as locality working lies at the heart of the partnership's approach
8. We will provide appropriate accounts of our engagement activity to our communities and the Integration Joint Board
9. We will employ co-production and co-design approaches wherever possible (for example we are committing to co-production and co-design being at the heart of any commissioning activity)
10. We will seek opportunities for joined-up engagement activities wherever possible. This will help reduce 'engagement fatigue' among communities and promote the sharing of best practice
11. We will make appropriate use of learning from previous engagement activities to try and ensure we're not going back with repeat questions.
12. We will evaluate our engagement activities to continually improve our practice
13. We will reimburse any out-of-pocket expenses people incur during their involvement activities.
14. We will mitigate the impact of Covid-19 distancing measures on our engagement activities, particularly in relation to people who share protected characteristics (making use of Health Improvement Scotland's May 2020 Equality Impact Assessment – 'Engaging Differently. Link provided in 'Related documents' below)

Engagement and the decision-making process

It is important to note that engagement is **only one aspect of the overall decision-making process**. The final policy/strategy/service/decision may not reflect everything the engagement told us. Our normal way of selecting how we do or change things is to undertake an options appraisal using several criteria (such as cost, benefits, fit with strategic aims, compliance with national or local policy etc.) to assess each option. Engagement responses will feed into the evaluation of each option, but it may be that an option is selected that does not necessarily reflect the majority of views received. This is because some of the other aspects of the options appraisal may outweigh these. We need to demonstrate that we have undertaken

engagement and that we have considered the information this provided in the appraisal of options leading to the final decision.

Examples of engagement activities

Our principal way of engaging with the public is through the Locality Empowerment Groups (LEGs). This information is taken from our LEGs leaflet:

"Locality Empowerment Groups (LEGs) are local people interested in improving the quality of life for people living in Aberdeen. Members use their own knowledge and experiences to influence priorities and help determine solutions. There are groups for Central, North and South of Aberdeen but we also focus on needs that may be Citywide e.g. sharing your experience as a person living with a disability."

The LEGs will be a key way in which we establish the needs of Aberdeen's population. This will inform our commissioning of services, strategy and operational activities.

If you would like to get involved in the LEGs please email localityplanning@aberdeencity.gov.uk with your name, address and first part of your postcode so that you are given the details of your local group.

Alternatively you can find out more about LEGs and locality working at the Partnership's website - https://www.aberdeencityhscp.scot/our-delivery/locality-empowerment-groups/ or by clicking here.

A wide range of engagement work complements the work of the LEGs. The following are some more examples of how we currently and, may in the future, engage the public.

1. Setting up forums and focus groups
2. Questionnaires and other forms of feedback
3. Recruitment processes
4. The co-production and co-design approaches
5. Involving the public in meetings, workshops and conferences
6. Reviewing public information, strategies and policies
7. Monitoring and audit of services
8. Including the public on Partnership's boards up to and including the IJB (there are currently community members on both the IJB and Strategic Planning Group)
9. Staff training (including induction)
10. Formal and statutory consultations.

When should we engage?

Here are some specific examples of where you should engage:

- When developing new policy, strategy or new services e.g., implementing the Appropriate Adult legislation, refreshing the Strategic Plan (or any other strategy), redesigning Community Nursing in Aberdeen
- When proposing significant changes to existing service delivery e.g., implementing locality working, or redesigning day opportunities/respite and primary care services
- When commissioning or recommissioning services from third party, external providers
- When putting forward proposals that require significant decisions in relation to funding e.g., developing the Medium-Term Financial Framework, spending ring fenced additional allocations for mental health, addictions, or carers.

Engagement is not necessarily a one-off activity. Ongoing engagement activity may need to be scheduled at various points as plans develop to understand what clients/patients/communities think about these. Sometimes, an ongoing dialogue is what's appropriate e.g., getting ongoing feedback from people receiving a particular service.

Aberdeen City Health and Social Care Partnership (ACHSCP) take a programme/project management approach to delivering new ways of working and engagement should feature in the programme or project plan with decisions taken early on as to who we need to engage with and how best to do this.

How to engage

The following graphic from the National Standards for Community Engagement (NSCE) gives an excellent overview of all the standards we should aspire to meet when engaging with people. For fuller guidance about how to engage effectively, please use the link to the VOiCE Scotland website which can be found in the 'Related documents' section below. VOiCE is an approved planning, recording and reviewing tool for engagement.

Engagement in emergency situations

The process described in this guidance assumes normal conditions allow the time for comprehensive engagement to take place. There may be emergency situations, such as the current global pandemic, whereby changes to service delivery may have to be made quickly in the absence of comprehensive engagement. In such situation, it is always best to engage as much as you can within the time you have, particularly with those people who may be impacted by the change. As soon as conditions return to normal, retrospective engagement which is more comprehensive should be undertaken to understand the impact the changes had, and what learning this has for future service delivery.

Responsibilities

The public have a responsibility to engage in good faith and for the benefit of our citizens.

The post of Development Officer (Service User and Carer Involvement) has been established in the Partnership to provide support and guidance on public engagement to all parties. Our Public Health Coordinators play a lead role in supporting our LEGs as described above.

All partnership staff and members of the IJB (including trade union/Partnership colleagues) have a responsibility to consider where public engagement is necessary or may improve our services then plan and deliver any engagement to the standards of this guidance. Staff should discuss any engagement work with Development Officer and Public Health Coordinators prior to progressing.

We will provide appropriate accounts on our engagement activity to our senior management and governance structures (up to and including the IJB).

It is the responsibility of us all to ensure that we are respectful and supportive of each other and to take steps to make each engagement as positive and constructive as possible.

Benefits and challenges of engagement

Benefits

The following description of the benefits of engagement is taken from the National Standards for Community Engagement:

"The outcomes of good community engagement include the following:

- The way in which public services are planned, developed and delivered is influenced by, and responds to, community need.
- People who find it difficult to get involved (for example, because of language barriers, disability, poverty or discrimination) can help to influence the decisions that affect their lives.
- The various strengths and assets in communities and across public and private sector agencies are used effectively to deal with the issues communities face.
- New relationships are developed between communities and public sector bodies which build trust and make joint action possible.
- There is more influential community participation in:
    - community-based or community-led social and economic development activity;
    - the way public authorities design and deliver services; and
    - policy, strategy and planning processes."

Challenges

For the Partnership, challenges include:

- Being realistic and honest about the potential influence of engagement activities (please see the section above titled Engagement and the decision making process)
- Providing the necessary support to allow the public to participate effectively
- Engaging effectively with equalities groups
- Reconciling unmet need identified through engagement with future strategy and service provision
- Dealing constructively with perceived criticism.

For the public, challenges include:

- Cynicism because of unsatisfying, previous engagement experiences
- Worries about expressing views, especially if in receipt of services
- Having the necessary confidence and support to participate effectively
- Accepting the limitations of an engagement process that are beyond their control.

These challenges may be mitigated by a range of things such as the appropriate use of advocacy, adequate resourcing and use of this guidance.

Related documents

The Partnership's Strategic Plan can be found on our website - www.aberdeencityhscp.scot/home. You can go directly to the Strategy by clicking here.

The Charter for Involvement can be found at Arc Scotland's website – https://arcscotland.org.uk/involvement/charter-for-involvement/. You can go directly to the Charter by clicking here.

The National Standards for Community Engagement can be found at the Voice Scotland website - http://www.voicescotland.org.uk/. You can go directly to the Standards by clicking here.

Planning with People (Community engagement and participation guidance) can be found at The Scottish Government's website - https://www.gov.scot/publications/planning-people/pages/2/. You can go directly to the guidance by clicking here.

The Equality Impact Assessment, 'Engaging Differently' can be found at Health Improvement Scotland's website - https://www.hisengage.scot/equipping-professionals/engaging-differently/ . You can go directly to the assessment by clicking here.

Community Planning Aberdeen's Engagement, Participation and Empowerment Strategy can be found at their website - https://communityplanningaberdeen.org.uk/ . You can go directly to the Strategy by clicking here.

The Independent Review of Adult Care in Scotland can be found at The Scottish Government's website - https://www.gov.scot/groups/independent-review-of-adult-social-care/. You can go directly to the Review by clicking here.

The Equality Act 2010 can be found at the UK's legislation site - https://www.legislation.gov.uk/ukpga/2010/15/contents . You can go directly to the act by clicking here.

The Fairer Scotland Duty can be found at the Scottish Government's website - https://www.gov.scot/publications/fairer-scotland-duty-interim-guidance-public-bodies/ . You can go directly to the Duty by clicking here.

The Health Inequalities Learning Hub can be found at Public Health Scotland's website - https://learning.publichealthscotland.scot/course/view.php?id=580 . You can go directly to the Hub by clicking here.

NHS Grampian have produced the following two useful documents to support public involvement. If you would like a copy of either, please contact the NHS Public Involvement Team at nhsg.involve@nhs.net or (01224) 558098.

- Involving you in the work of NHS Grampian - An information pack for patient, service user, carer and public representatives
- NHS Grampian Public Involvement Team – Best Practice Guidance (this guidance is aimed at staff)

Guidance review

This guidance was adopted by the ACHSCP in August 2021 and it should be referenced for all engagement activity going forward. It does not change the outcome of any engagement already undertaken or mean that this needs to be repeated.

This guidance will be reviewed annually.

Appendix 1

Health Inequalities Impact Assessment (HIIA) – Stage 1 Proportionality and Relevance

Completion of the template below will give senior officers the confidence that the Equality Duty, the Scottish Specific Public Sector Equality Duties, Human Rights, and the Fairer Scotland Duty have been considered at the beginning of and throughout the proposal development and that action plans are in place, where applicable, to; identify relevant stakeholders, undertake robust consultation to deliver a collaborative approach to co-producing the HIIA.

What Integration Joint Board (IJB) report or Partnership decision does this proportionality and relevance assessment relate to:

Relevant protected characteristics materially impacted, or potentially impacted, by proposals (indicate all that apply)

Age	Disability	Gender	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief (including non belief)	Sexual Orientation

Human Rights (enhancing or infringing)

Life	Degrading or inhumane treatment	Free from slavery or forced labour	Liberty	Fair Trial	No punishment without law	Respect for private and family Life	Freedom of thought, conscience, and religion	Freedom of expression	Freedom of assembly and association	Marry and found a family	Protection from discrimination

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?

Is the proposal considered strategic under the Fairer Scotland Duty?	Yes or No?

HIIA to be undertaken and submitted with the report – Yes or No **If no – please attach this form to the report being presented for sign off**	**Proportionality & Relevance Assessment undertaken by:** Name of Officer and Date

Appendix 2

Health Inequalities Impact Assessment (HIIA)

Stage 2 Empowering People - Capturing their Views

(Title of Report)

(What will change because of this report/proposal?)

HIIA Team

Role	Name	Job title	Date of HIIA Training
DiversCity Officer			
Service Lead			
Report Author			
Main Stakeholder (NHS Grampian)			
Mains Stakeholder (Aberdeen City Council)			

Evidence Gathering (will also influence and support consultation/engagement/community empowerment events)

Evidence Type	Source	What does the evidence tell you about the protected characteristics affected?
Data on populations in need		
Data on relevant protected characteristic		
Data on service uptake/access		
Data on socio economic disadvantage		
Research/literature evidence		
Existing experiences of service information incl Care Opinion		
Evidence of unmet need		
Good practice guidelines		
Other – please specify		
Risks Identified		
Additional evidence required		

Consultation/Engagement/Community Empowerment Events

Date and Venue	Number of People in attendance by category*	Protected Characteristics Represented	Views Expressed	Officer Response

*Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)

Health Inequalities Impact Assessment (HIIA) Appendix 3

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.

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
Income, employment and work • 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.		
The physical environment and local opportunities • Availability and accessibility of housing, transport, healthy food, leisure activities, green spaces. • Air quality and housing/living conditions, exposure to pollutants. • Safety of neighbourhoods, exposure to crime. • Transmission of infection.		

• Tobacco, alcohol and substance use.		
Education and learning • Availability and accessibility to quality education, affordability of further education. • Early years development, readiness for school, literacy and numeracy levels, qualifications.		
Access to services • 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.		
Social, cultural and interpersonal • 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)	• 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)	• 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 and remedy, including investigation of reasonably substantiated allegations of serious ill-treatment. • Dignified living conditions.		
The right to liberty (limited right)	• 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.		
The right to a fair trial (limited right)	• 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.		
The right to respect for private and family life,	• Family life, including outwith blood and formalised relationships. • Privacy. • Personal choices, relationships.		

home and correspondence (qualified right)	• Physical and moral integrity (e.g. freedom from non-consensual treatment, harassment or abuse). • Participation in community life. • 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)	• Conduct central to beliefs (such as worship, appropriate diet, dress).		
The right to freedom of expression (qualified right)	• To hold opinions. • To express opinions, receive/impart information and ideas without interference by a public authority.		
The right not to be discriminated against	• 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. • An action or decision will only be considered discriminatory if the distinction in treatment cannot be reasonably and objectively justified.		
Any other rights relevant to this policy e.g.	• 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**
Global economic forces Macro socio-political environment Political priorities and decisions Societal values to equity and fairness Unequal distribution of power, money and resources Poverty, marginalisation and discrimination	**Economic and work** • Availability of jobs. • Price of basic commodities (e.g. rent, fuel).	**Economic and work** • Employment status. • Working conditions. • Job security and control. • Family or individual income. • Wealth. • Receipt of financial and other benefits.
	Physical • Air and housing quality. • Safety of neighbourhoods. • Availability of affordable transport. • Availability of affordable food. • Availability of affordable leisure opportunities.	**Physical** • 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.
	Learning • Availability and quality of schools. • Availability and affordability of further education and lifelong learning.	**Learning** • Early cognitive development. • Readiness for school. • Literacy and numeracy. • Qualifications.
	Services • Accessibility, availability and quality of public, third sector and private services; activity of commercial sector.	**Services** • Quality of service received. • Ability to access and navigate.

		• Affordability.
	Social and cultural • Community social capital, community engagement. • Social norms and attitudes. • Democratisation. • Democratic engagement and representation.	**Social and cultural** • 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**
• Policies that redistribute power, money and resources • Social equity and social justice prioritised	• 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.	• 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**
• Minimum income for health (healthy living wage) • Progressive taxation (individual and corporate). • Active labour market policies	• 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.	• Training – culturally/inequalities sensitive practice. • Linked public services for vulnerable/high risk individuals. • Specialist outreach and targeted services.

	• Price controls: Raise price of harmful commodities through taxation; reduce price barrier for healthy products and essential services.	

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

If you require further information about any aspect of this document please contact:

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Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	24 August 2021
Report Title	Annual Report 2020/2021
Report Number	HSCP.21.090
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Name: Alison MacLeod Job Title: Lead Strategy and Performance Manager Email Address: alimacleod@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	A. Annual Report 2020-21 B. APR Public Summary

1. Purpose of the Report

1.1. The purpose of this report is to seek approval from the Integration Joint Board (IJB) to publish the Annual Performance Report (APR) for 2020-21 (attached as Appendix A) and also to present to Aberdeen City Council and NHS Grampian for their information.

2. Recommendations

2.1. It is recommended that the IJB:

a) Approve the publication of the Annual Performance Report 2020-21 and the Public Summary (as attached at Appendix A & B) on Aberdeen City Health and Social Care Partnership's (ACHSCP's) website.

b) Instruct the Chief Officer to present the approved Annual Performance Report to both Aberdeen City Council and NHS Grampian.

INTEGRATION JOINT BOARD

3. Summary of Key Information

3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 obliges the integration authority to prepare an Annual Performance Report for the previous reporting year which in this case is 1 April 2020 to 31 March 2021. The 2020-21 performance report therefore relates to the second year of the IJB's current Strategic Plan.

3.2. The APR must outline a description of the extent to which the arrangements set out in the Strategic Plan have achieved, or have contributed to achieving, the national health and wellbeing outcomes.

3.3. Neither the legislation nor accompanying guidance prescribes a specific template to be used for the APR. Each partnership can design its own format to best explain and illustrate its performance. The design of this year's report is based mainly on the very visual and easy read format used for the Strategic Plan itself and which was well received for last year's APR.

3.4. In February 2019, the Ministerial Strategic Group (MSG) undertook a Review of Progress with Integration, which set out that Integration Authorities should improve the consistency and read across of their Annual Performance Reports. In line with this, we have previously agreed that we would report against national and MSG performance indicators in a common tabular format, with RAG status, which allows easy benchmarking and comparisons across Scotland, this can be found at Appendix A and B within the APR.

3.5. The 2020-21 APR covers the period of response to the Covid-19 pandemic, and we have devoted a section to that. The rest of the APR follows the agreed format of detailing progress under each of the Strategic Aims. Similar to last year we have included a section on our Enablers (as per the Strategic Plan), our Governance and our Priorities for 2021-22.

3.6. It was our intention to include more of the voices of those with lived experience of the health and care system via the use of the Care Opinion tool, but our progress on implementing this was limited during 2020-21. We do however have plans to move forward with this during 2021-22 and

the detail of these are contained within the Engagement report (HSCP.21.060) also being considered at this meeting of the IJB.

3.7. During June and July of 2021, we had a group of Career Ready students working on health and social care related projects. One of these projects was for the students to review the content of the APR and provide feedback on how understandable the content was to people with limited knowledge of the health and social care partnership and the services it provides. The students presented this feedback to the Leadership Team on 14 July 2021 and their comments have been used to compile an easy read Public Summary version of the APR as attached at Appendix B.

4. Implications for IJB

4.1. **Equalities, Fairer Scotland and Health Inequality** – the annual report demonstrates our performance in general across services delivered to the whole population dependent on need, including those with protected characteristics such as age and disability and people experiencing inequality. It helps us identify areas for improvement. The IJB approved the ACHSCP Equality Outcomes and Mainstreaming Framework and reporting schedule in May 2021. This will enable reporting in future APRs on service developments designed to improve access for those experiencing inequality.

4.2. **Financial** – There are no direct financial implications arising from the recommendations of this report. All services are delivered within existing agreed budgets.

4.3. **Workforce** – There are no direct workforce implications arising from the recommendations of this report. All services are delivered by existing workforce under the terms and conditions of the employing organisation.

4.4. **Legal** – under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 we have a statutory obligation to publish an Annual Performance Report. As in other years, due to governance arrangements, we are unable to publish a final report within the stipulated timescale (4 months after the end of the financial year i.e., 31 July 2021). This is similar to many Partnerships and there is an acceptance at government level that this

is the case. If the Annual Performance Report was not to be approved and published, we would be in breach of our legal obligation which would damage the reputation of the IJB and give rise to uncertainty around its performance.

4.5. **Covid** – there are no direct Covid implications in relation to the APR. The report itself covers the response to Covid and the lessons learned.

4.6. **Carers –** there are no direct implications for Carers in relation to the APR. Value and Support Unpaid Carers is a commitment under the Resilience aim of the Strategic Plan. It is anticipated that the work undertaken to refresh of the Carers Strategy will feature in next year's APR.

4.7. **Other** – none.

5. Links to ACHSCP Strategic Plan

5.1. The Annual Performance Report demonstrates the progress made in the second year of our Strategic Plan.

6. Management of Risk

6.1. Identified risks(s)

There is a risk that we breach our legal obligation under the Public Bodies (Joint Working) (Scotland) Act 2014 (as described at 4.4 above) and also that we are not transparent and open about our performance.

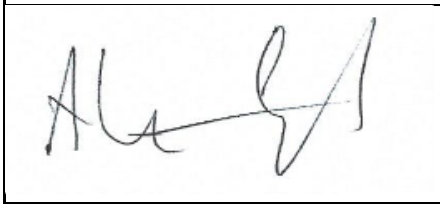
6.2. Link to risks on strategic or operational risk register:

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 performance standards as set by the board itself. This may result in harm or risk of harm to people.*

INTEGRATION JOINT BOARD

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

The report gives the IJB assurance on the areas where we are performing well and highlights areas where performance could be improved allowing remedial activity to be directed where required.

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

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Annual Report 2020-2021

#ACHSCP

Thank You

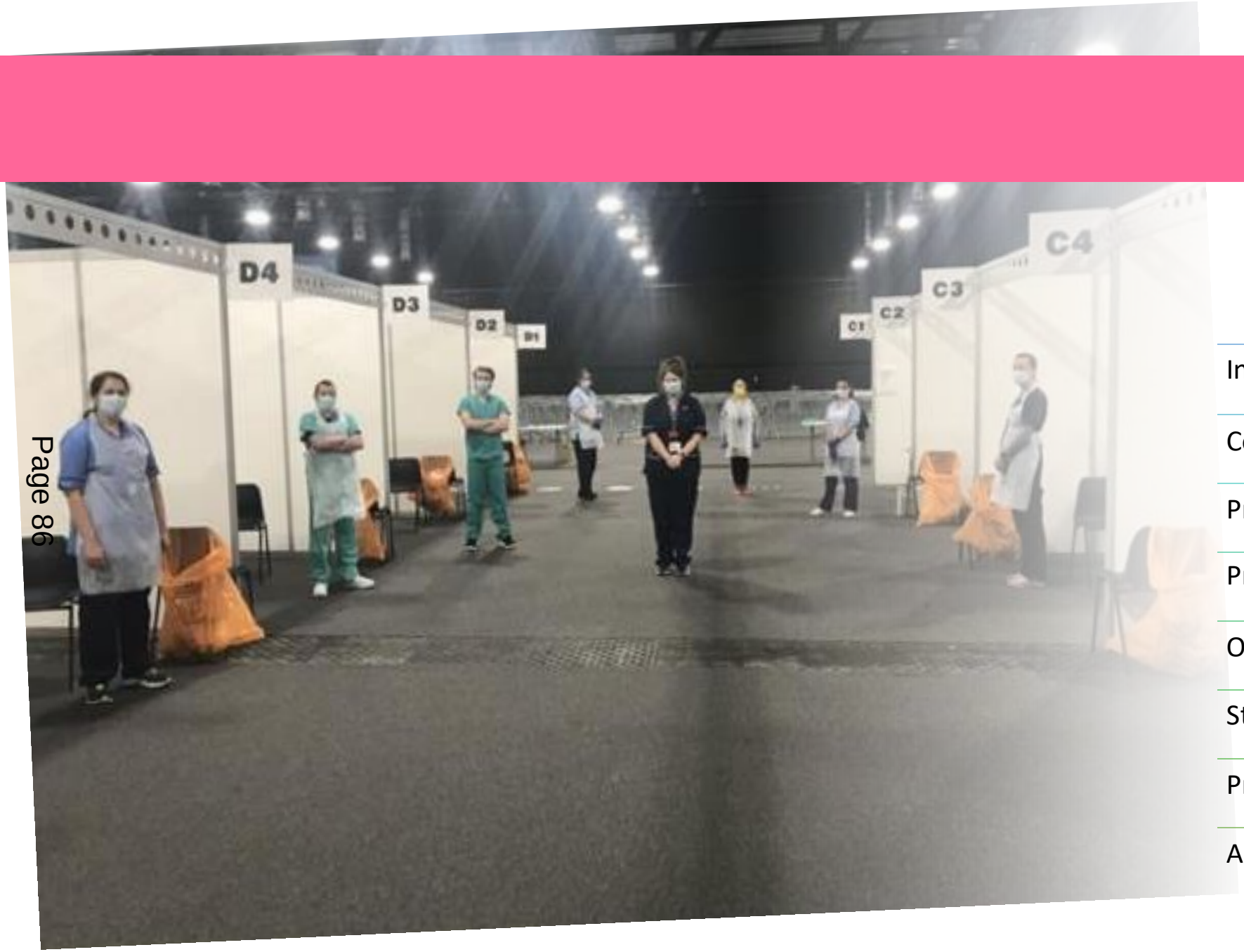
Aberdeen City Health & Social Care Partnership

A caring partnership

ABERDEEN CITY COUNCIL

NHS Grampian

Contents



Introduction

Covid19 Response and Lessons Learned

Progress against our Strategic Aims

Progress against our Enablers

Our Governance

Strategic Plan Development

Priorities for next year

Appendices – MSG and National Indicators

Introduction

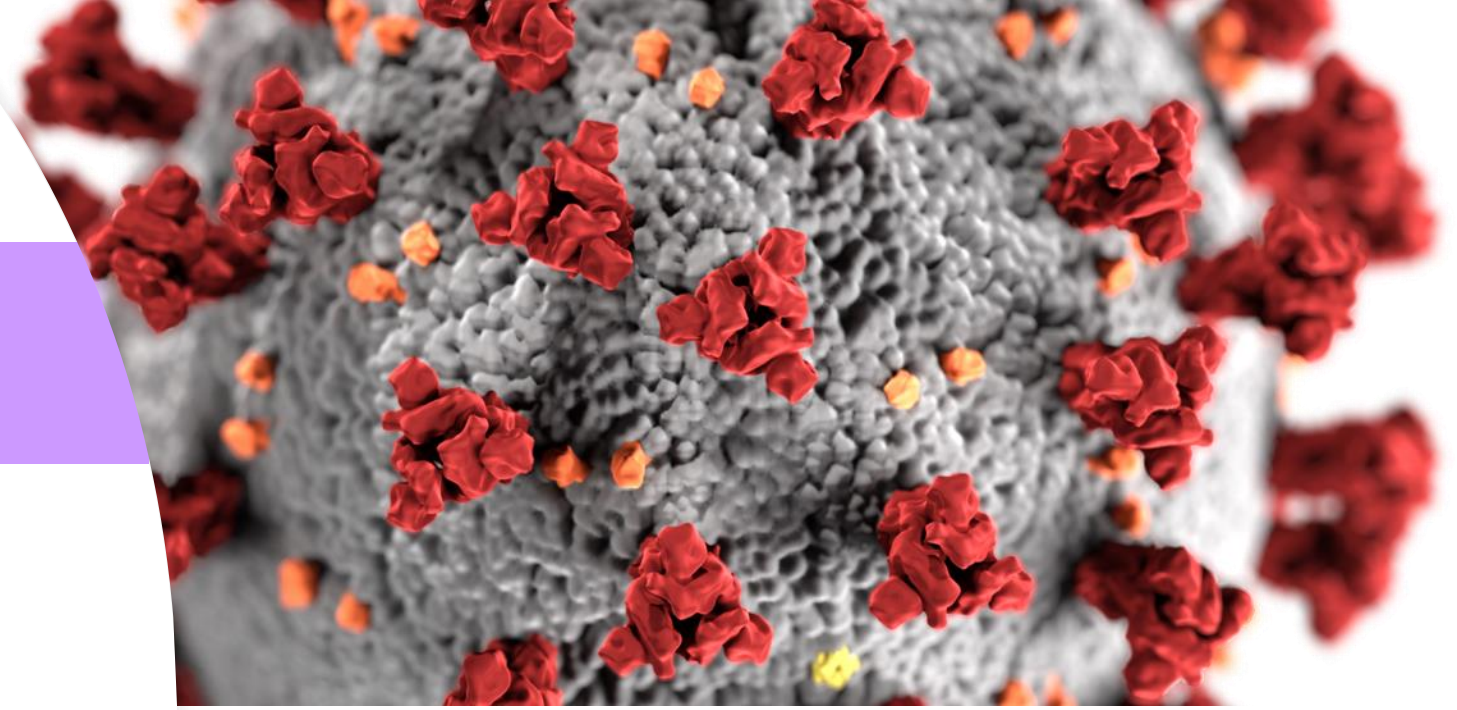
The first year of the Covid-19 pandemic brought unprecedented challenges for patients, clients, staff and partners of Aberdeen City Health and Social Care Partnership.

Our Annual Report for 2020/21 acknowledges these challenges and some of the lessons we learned from them that will help shape future service provision.

It also stands as a lasting record of the exceptional response to the pandemic from staff and the communities within Aberdeen City. We have always held the view that our staff were our greatest asset. They more than proved us right over the last year. In addition, we have always valued the support we get from our partners and our communities but the way they stepped up to the challenges of the pandemic surpassed all of our expectations.

We'd like to take this opportunity to say, "Thank You".

Covid19 Response and Lessons Learned



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 socialise, to the way we work, and it is still uncertain when, or even if, things will return to the way they were.

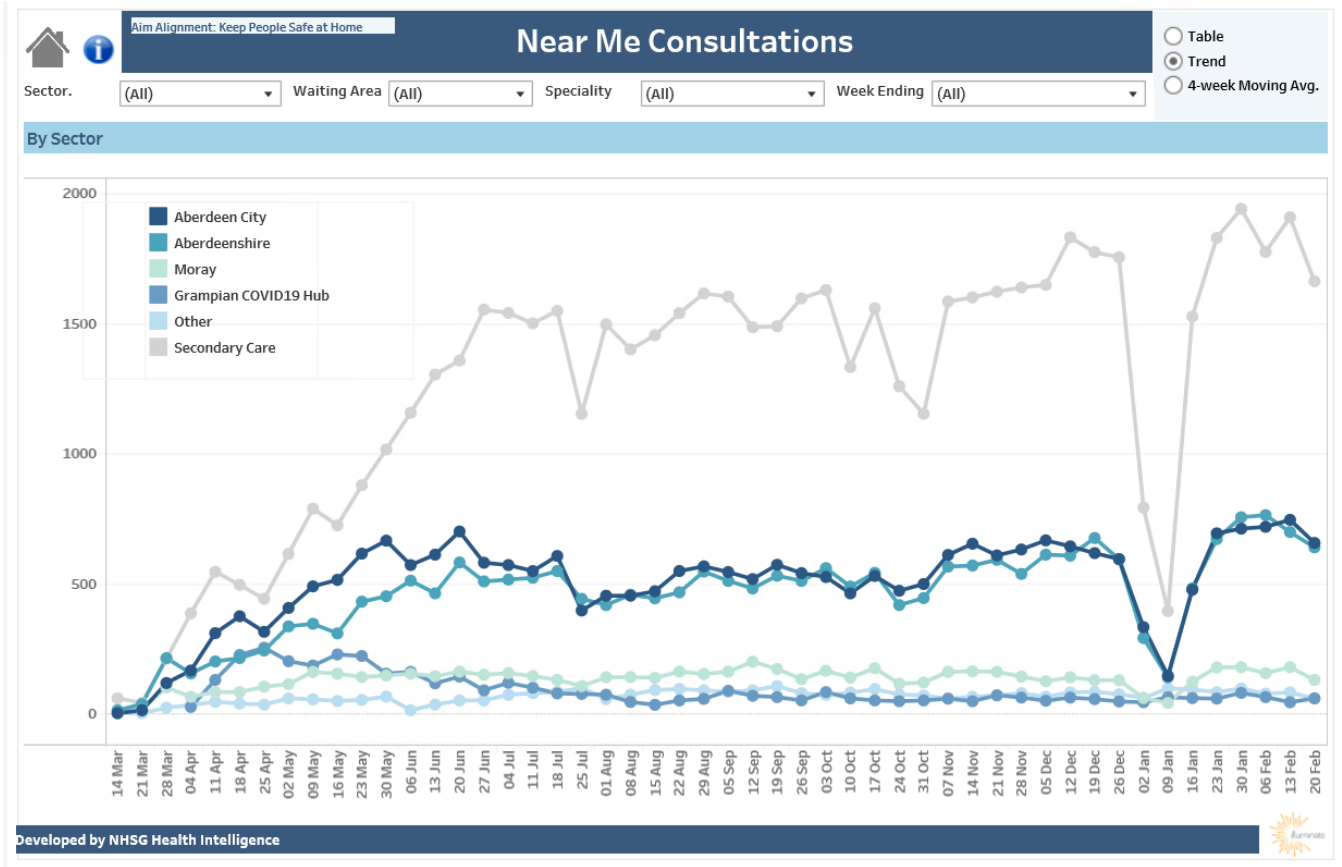
Here are some of the areas where our Partnership responded to the crisis and the lessons we learned that we will use to structure our services in the future.

Covid19 Response and Lessons Learned

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 Covid19, and there are 3,500 now. 16 sites were using the technology pre Covid19, and 200 now. E-consult has been another innovation that was rolled out during Covid19, this allowed an additional, on-line route for patients who wanted, 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 Covid19 Hub for Aberdeen over a weekend.

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 can improve the way we communicate this and support people to access these options.



Covid19 Response and Lessons Learned

"The City Community Macmillan CNS team started using Near Me, like many others, last year during the first lockdown. Having this option for contacting patients and assessing them has been beneficial to our service when we had to stop all face to face visiting. It enabled patients and their families to meet us in person and have a connection so that they can 'put a face to the name'. This service also helps us assess how people physically look, pick up on the non-verbal cues that could be missed in a telephone call, and involve other family members in the assessment process. Now as restrictions have been easing, we are continuing to use this facility for assessing patients in conjunction with phone calls and home visits."

Rachel Anderson, Community MacMillan CNS, Team Leader

Covid19 Response and Lessons Learned

Staff response to the crisis is exceptional.

As soon as the extent of the impact of Covid19 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 to help. 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.

To show our appreciation and thanks, at the Heart Awards Digital Event in December 2020, we featured a Thank you video to our Health and Social Care staff and partners – please use the QR code to view the video.

#ACHSCP

Thank You

Covid19 Response and Lessons Learned

Over time the nature of the Covid19 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 Covid19 response staff worked long hours, often in challenging situations whilst also dealing with the personal and social effects of the global pandemic. The respite 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.

Although, support was provided in the form of the Psychological Hub and initiatives like Project Wingman, other wellbeing measures were introduced such as reduced meeting times and encouraging taking downtime and participating in physical activity and online social opportunities. It is acknowledged, however, 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 2021/22. "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".

PROJECT WINGMAN

"Helping NHS Staff Unwind, Decompress and Destress"

Covid19 Response and Lessons Learned

Covid19 has 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 has been 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.

Our focus for the future will be on encouraging vaccine uptake in the "cold spots" across the City and delivering on our Equality Outcomes and Mainstreaming Framework which was developed towards the end of 2020/21.

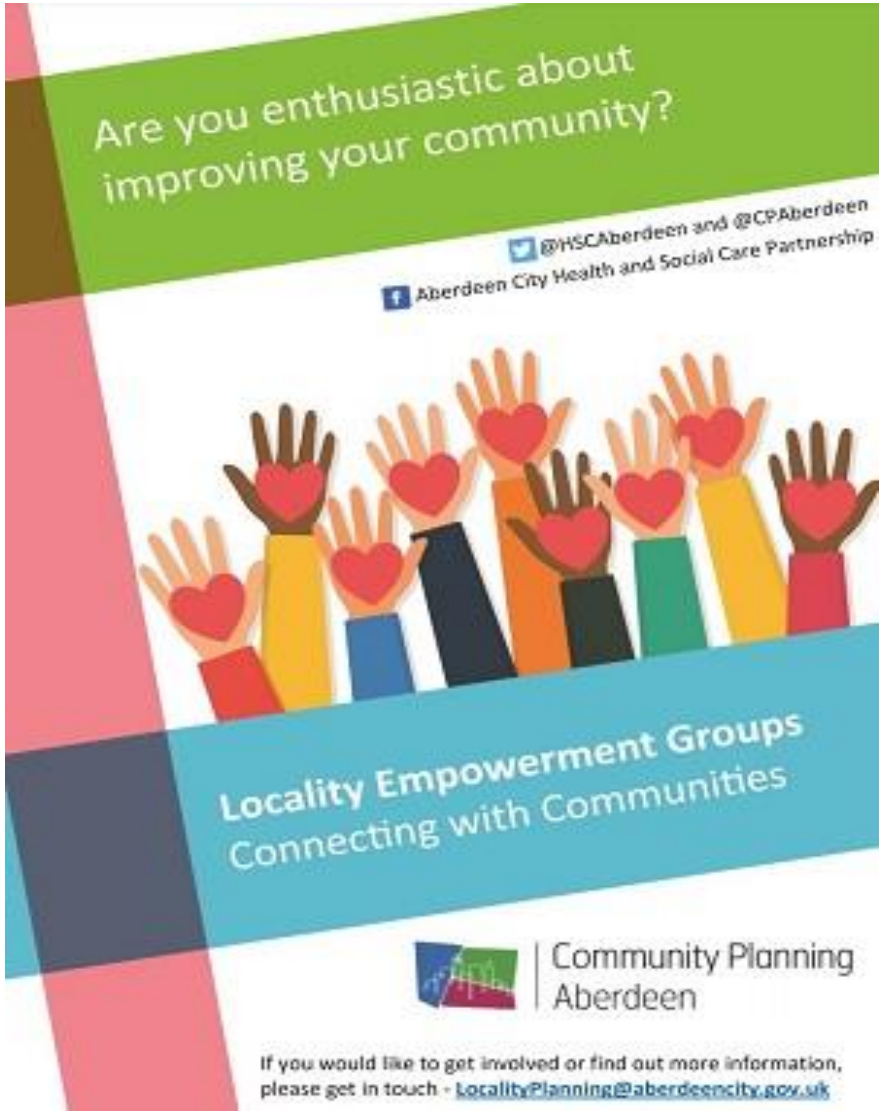
Aberdeen City Health and Social Care Partnership: Equality Outcomes and Mainstreaming Framework 2021-25

Covid19 Response and Lessons Learned

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 had 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.



Covid19 Response and Lessons Learned

National Lockdown and Covid19 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 Covid19 pandemic on people's rights particularly in respect of care at home and support in the community. There was concern that services would not be reinstated; a call for services not to assume that family supports, which had been in place during lockdowns, would be sustainable over the long term: and, when able to do so, a request 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.

Stay Well, Stay Connected

COVID19 Mass Vaccination Programme

Aberdeen City Health and Social Care Partnership began the Covid19 Vaccination programme in early December 2020 with the initial, nationally defined priority groups. GPs helped vaccinate the over 80s, and Community Nursing quickly mobilised to vaccinate care home residents. An average of 38,000 vaccinations has taken place every month since the beginning of the programme.

Over 250 staff were rapidly recruited and/or deployed to deliver the mass vaccination programme which commenced on 1st February 2021 at P& J Live. Roles included, not only vaccinators, health care assistants and pharmacists, but also support staff for reception, administration and logistics, and of course, the senior team to help coordinate it all. During the early days of setting up, the military were temporarily deployed to assist. P&J Live staff coordinated the smooth running of the venue and their experience in managing major events proved invaluable to delivering the vaccination programme which is the largest logistical operation in Scotland.

Colleagues from Aberdeen City Council also assisted with the programme for example in arranging road signage, the provision of the local call centre, and in helping to coordinate access to community facilities for the "pop-up" clinic phase of the programme.

Flexibility was key to the successful delivery of the programme which brought many challenges. P&J Live operated 12 hours a day, seven days a week. National guidance was updated regularly, and the changes had to be communicated to all staff timeously. There were particular challenges in relation to vaccine management, not only in terms of storage but also in responding to actual versus anticipated attendance rate and close monitoring by pharmacy staff and Team Leaders in order to minimise vaccine wastage.

Everyone involved in the programme deserves enormous thanks for helping to save the lives of the residents of Aberdeen.

Prevention

Prevention - Primary Care

Primary Care services evolved their models of care across GP's, Pharmacy, Dentistry, Optometry and Psychological Therapy, to ensure our communities needs we met within the limitations and restrictions we faced.

Covid19 Assessment Hubs were collaboratively set up across the three partnerships in Grampian. Located in Aberdeen Health Village and The Oaks in Elgin, these assessment hubs worked closely with GMEDs and NHS24 to assess and triage patients to the correct point of care.

The assessment Hubs a provided safe environment for staff and patients who were triaged first by NHS24 and then by a group of clinicians who, over time, became more and more skilled in COVID triage. All clinicians received comprehensive inductions based on learning from practices already well established in remote consulting. Teams channels were devoted to supporting videos and documents and protocols for clinicians.

Primary Care services and teams would like to take this opportunity to thank all the residents that adhered to the restrictions and lockdown guidance, as well as our Health and Social Care staff for ensuring our services stayed open and available to patients.

COVID19 Hub – Health Village

"I remember it seemed like almost overnight the IT folk came in and put in the electric cables, the desking and all the new screens and computers. There was also the rapid development of clinical pathways and establishing the flow through the building (when required) and what areas were green and which were red. The speed of the appeal and the response to that appeal from clinicians to help the hub was superb - I am sure there were approx. 200 clinicians signed up at one stage. The training and support to those clinicians who all initially came in wide eyed is also worth celebrating. It was a combined team clinically with good links with GMEDs and also support from secondary care both the rehab consultants and sexual health. Some folk came out of retirement to help and do shifts. Good liaising with secondary care to streamline the referral process and get over the barrier that most patients could be admitted without a face-to-face assessment which was a new concept at the time. The secondary care team also offered real time near me support. Training around resuscitation procedures was provided by the BASICs team.

My overall feeling, is just one of astonishment, that a whole new 24 hours a day, 7 day a week service was set up in what was not much more than a matter of days. It really changed my concept of "the art of the possible" and makes me more impatient when faced with delays in other aspects of my work now!"

Dr Stuart Reary, GP Partner

Prevention

Living Well with Diabetes – Type 2 Peer Support Group

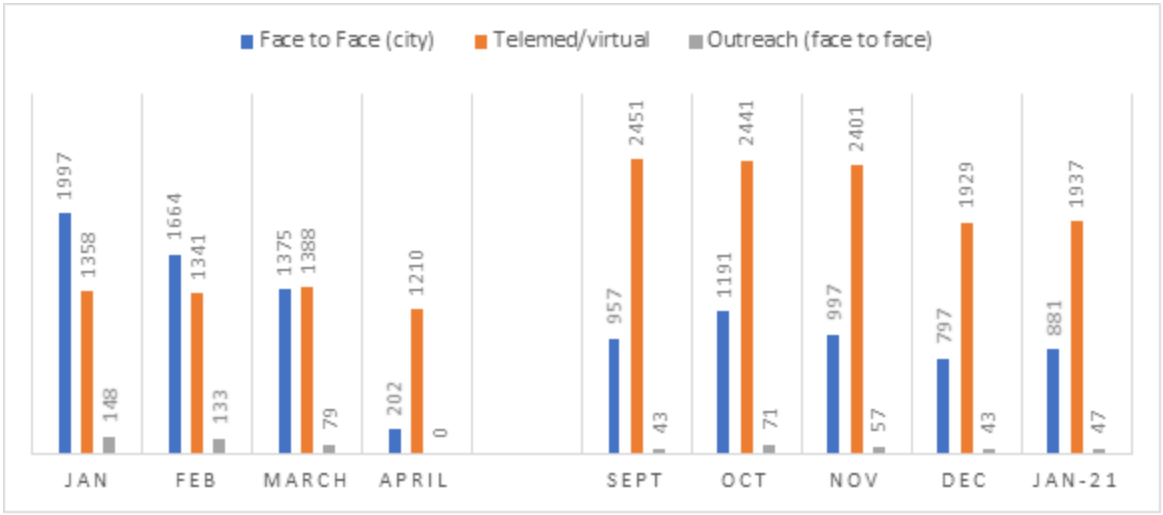
The Living well With Diabetes peer support group is made up of individuals across Aberdeen City who have Type 2 Diabetes, as part of the group there are 5 Diabetes UK trained peer supporters. The group met monthly to share tips and information, as well sharing struggles they are facing with self-managing their condition. There would regularly be a health professional in attendance to answer any queries the group had e.g. Senior Diabetes Nurse, Optometrist. The group have formed a very strong bond and has been a safe space in which members can share their stories.

Covid-19 restrictions have been preventing the Living Well with Diabetes peer support group from meeting in person since February 2020. The group have stayed in touch virtually via email sharing their favourite recipes or new lockdown finds.

During December 2020 some of the group members teamed up with the Fraserburgh Type 1 Diabetes group to compete in a "Christmas Bake Off", a challenge that followed the format of the well-known "Great British Bake Off". The challenge was to create a Christmas themed bake that was as "diabetic-friendly" as possible. The "Bake Off" was held on Microsoft Teams with each person sending in a picture of their bake and describing how the bake was created on the call (ingredients and decorations!). Everyone pulled out all the stops and showed they had what it takes to be a Star Baker.

Grampian Sexual Health Response

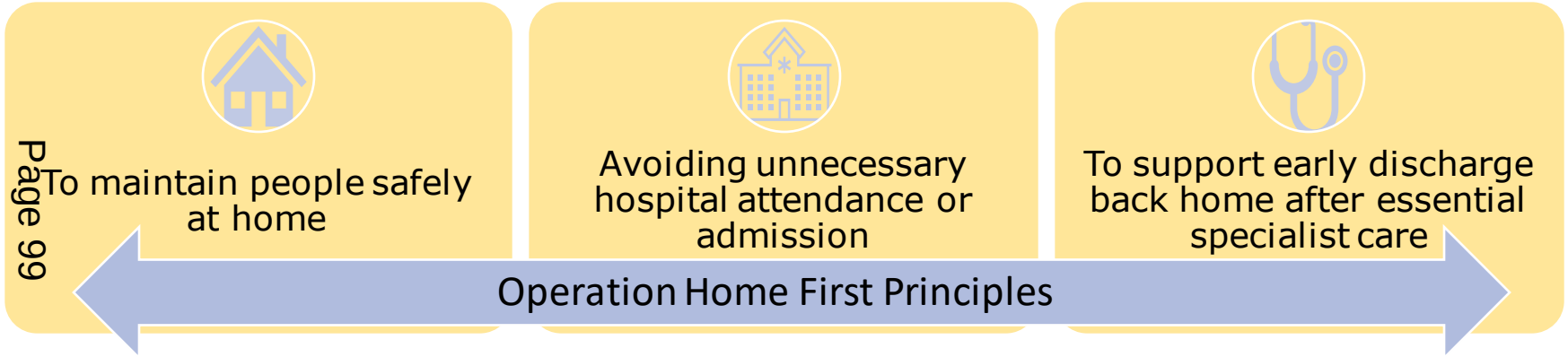
As part of the first wave Covid19 pandemic response, Grampian Sexual Health service was rapidly redesigned to prioritise essential care only. This rapid change was in response to reduced capacity, staff redeployment for Covid19 work streams, urgent relocation to alternative accommodation, reduced laboratory testing capacity and a reduction in face-to-face care provision to protect both staff and patients. Efforts were made to maintain care provision based on public health priorities to prevent unplanned pregnancies and onward transmission of sexually transmitted infections (STIs) and blood borne viruses (BBVs) and due to the implications, any impact on other health services or implications for patient care and wellbeing.



Resilience

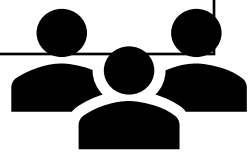
Frailty Pathway Redesign

This year we have been working hard, alongside colleagues in the acute sector and Aberdeenshire, to deliver improvements to our services which care for people living with frailty. This involved major change to how we deliver our services, in line with the 'Operation Home First' principles.



The work on the Frailty Pathway has involved transforming the way we work, so that resources that used to be within a hospital-setting are transferred to boost the community teams which help to prevent people going to hospital and support them to come home sooner.

"People, especially older populations remain fitter and healthier the longer they remain at home and outcomes for many people following a stay, even a short one, in hospital can be negatively impacted. It makes sense that we try to provide more services in people's homes and communities, which is what people tell us they would prefer to a hospital admission" Chief Officer for Acute Services, 2020



What is frailty?

"The term frailty or 'being frail' is often used to describe a particular state of health often experienced by older people. But sometimes it's used inaccurately.

If someone is living with frailty, it doesn't mean they lack capacity or are incapable of living a full and independent life. When used properly, it actually describes someone's overall resilience and how this relates to their chance to recover quickly following health problems.

In practice being frail means a relatively 'minor' health problem, such as a urinary tract infection, can have a severe long-term impact on someone's health and wellbeing.

This is why it is so important that people living with frailty have access to well-planned, joined-up care to prevent problems arising in the first place – and a rapid, specialist response should anything go wrong."

Age UK website

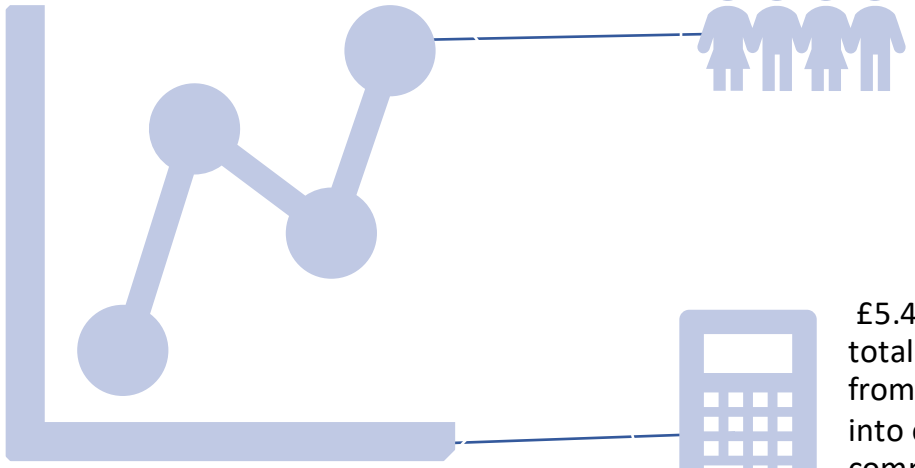
What is frailty syndrome?

Frailty syndrome can involve presenting with problems such as falls, confusion, rapid functional decline and advanced frailty. People experiencing frailty syndrome are looked after by the Frailty Pathway.

Resilience

What do changes in the Frailty Pathway look like?

Early Supported Discharge/ Hospital @ Home (Shire)	Development of a brand new community based model which will provide enhanced support at home for patients across Aberdeenshire. The team will include Geriatrician support, Nursing, Allied Health Professionals and Health Care Support Workers and will work Monday to Friday on an 8am – 6pm basis. Geriatrician support will be available up to 9pm with out of hours medical support provided by G-Meds. There will also be 7 day a week support from our Aberdeenshire Responders for Care at Home Service (ARCH) who can assist with care and rehabilitation.
Hospital at Home (City)	Additional capacity for the City Hospital @ Home teams, who support people within their own home in Aberdeen. This supports extended hours of service provision and an increase in how many people the team can look after. The team works to reducing admissions to hospital and supporting early discharge from hospital. There will also be additional Allied Health Professionals in the team (Occupational Therapy, Physiotherapy, Dietetics and Speech and Language Therapy).
Rosewell House (City)	Rosewell House created an integrated, intermediate care facility, which focuses on rehabilitation, step-up care from the community, and step-down care from acute settings in a more homely setting. This was delivered in partnership with Bon Accord Care. It works towards reducing admissions to an acute setting and supporting early discharge from hospital for people who are not able to return home straight away.
Discharge Hub (Shire)	Additional Physiotherapy, Occupational Therapy and Care Management Capacity from Aberdeenshire working within the discharge hub in Aberdeen Royal Infirmary will ensure that the patient returns home with initial assessment and treatment planning underway and will support both the patients entering the Shire Hospital at Home pathway and those who can more quickly return to the mainstream multi-disciplinary teams across Aberdeenshire.
Community Allied Health Professions (City)	Additional capacity to support extended hours of service provision across physiotherapy and occupational therapy. To support prevention of admission, timely discharge and community rehabilitation and extended working hours for these services to support needs.
Aberdeen Royal Infirmary	Admission pathways via unscheduled care and direct GP referral. 25 acute bed assessment capacity with rapid access to diagnostics and skill mix facilitating acute intervention in frailty syndrome. Additional Discharge Co-Ordinator capacity to support a 7-day service. Refocusing some of the consultant, physiotherapy and occupational therapy team at the front door of the hospital (i.e. emergency department) to help prevent admissions where appropriate to do so.



What next for the Frailty Pathway?

Whilst a lot of work has been done, there is still more to do. There is ongoing work in Rosewell House to nurture the 'One Team' culture and to open the remaining beds. We need to focus on creating the capacity for step-up referrals which will be critical to avoiding preventable hospital admissions and we will need to regularly monitor these to ensure we are achieving our goal. The scale-up of Hospital @ Home will be crucial to offering residents safe care in their own home as an alternative to a hospital stay.

The Frailty Pathway has focused on a series of enablers to ensure the whole system operates more efficiently with an improved patient experience. The development of criteria led discharge and the implementation of the Rockwood Clinical Frailty Score within the Emergency Department are examples of these enablers. An evaluation of the Frailty Pathway noted that the intermediate care facility at Rosewell House effectively reduced the pressure on secondary care during the winter period by allowing flow out of Aberdeen Royal Infirmary which in turn allowed them to meet the increased demand from the combined pressures of winter and Covid.

Funding transferred from hospital based to community-based services	
Rosewell House	2,215,000
Aberdeen City Hospital @ Home	925,000
Aberdeen City Allied Health Professionals	521,000
Aberdeenshire Discharge to Assess Model	1,462,000
Aberdeenshire ARI Discharge Hub	282,000
Total	5,405,000

Personalisation

Care Homes

Throughout 2020/21 intensive work has continued, to support care homes and to meet oversight and governance requirements as per the terms of the Coronavirus (COVID-19): enhanced professional clinical and care oversight of care homes, instructed by Scottish Government on 17 May 2020.

There were actions put in place to mitigate risk and escalate issues daily, this included Care Homes reporting in a system called TURAS, to monitor the situation with each Care Home in relation to Covid19 cases, staff testing, PPE supplies and staffing availability/capacity. This allowed an overview of those Care Homes that were still open for referrals and those that were closed to admissions which was a constantly changing picture. Regular telephone contact with all care homes was maintained throughout the pandemic to identify any issues at the earliest opportunity and assist with maintaining resilience.

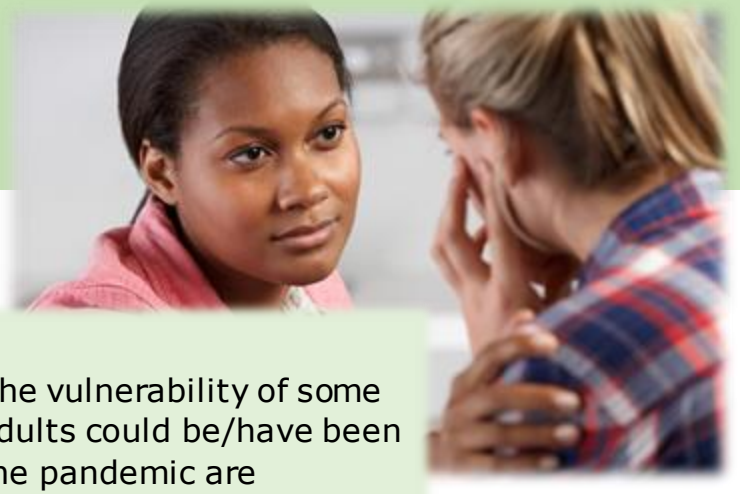
By 8 January 2021, all eligible care home residents in Aberdeen City, totalling 1092, had received their first Covid vaccination.

By 26 February 2021, all eligible care home residents had received their second vaccination. For residents who were unwell at the time of the second dose, or who had a recent detected COVID-19 result, arrangements were made to follow these up at a later, appropriate time.

With the significant number of residents having received both vaccinations, and a good uptake amongst care home staff, as well as the reducing community prevalence (7-day positivity rate under 1% as of 22 February 2021), there has been a clearly evidenced stabilisation within care homes.

All care homes have had at least two Support and Assurance visits, with some care homes having had several visits during outbreaks. A Grampian wide tool is now in use to support a consistent approach to these visits across all three partnerships. This tool was developed by oversight team members using the mandated Scottish COVID-19 Care Home Infection Prevention and Control Addendum published on 16 December 2020.

Personalisation



Adut Support and Protection (ASP) – 2020-2021

The wide-ranging implications of the Covid-19 pandemic continue to emerge, including the likelihood that the vulnerability of some adults will have increased because of the additional pressures placed on families and communities. Some adults could be/have been at risk of harm and neglect, where that would not otherwise have been the case. The harms ' hidden' by the pandemic are emerging, now that things are opening up.

The prevention of and response to harm has remained a priority for Aberdeen's Adult Protection Committee and partners during the pandemic, with the challenges in terms of response being similar to those experienced across services (e.g. moving to remote contact, virtual case conference meetings, implications of covid on staff, etc etc).

Notwithstanding, some of the above challenges have been converted into opportunities. Having to work remotely has meant that partners are more easily able to attend case conferences, and wider staff have been able to be involved at different stages of ASP. Aberdeen Advocacy now support adults and their families to attend case conferences through the use of IPads. Meetings are able to be arranged more quickly without travel restrictions. There are new opportunities to modernise Learning & Development for ASP.

The number of referrals under the Adult Support & Protection (Scotland) Act 2007 decreased during 2020-21 to 1,377, a reduction of 84 from the previous year (1,461), which suggests that some harm has remained 'hidden' due to the COVID restrictions.

The Adult Protection Unit has continued to receive more concerns for older adults and adults with infirmity, coming primarily from Police Scotland, NHS Grampian and the Scottish Fire and Rescue Service. Harm takes place mainly in the adult's own home or in a care home.

'No Further Action' remains the predominant outcome of concerns/referrals, for a number of reasons, e.g. adequate services are found to be in place, advice or information was provided, individuals were already subject to ASP, concerns were not substantiated, individuals were referred to other services, or alternative legislation was used.

The biggest reduction in types of harm related to physical (82 v 45 the previous year) followed by Psychological (43 v 27).

Personalisation

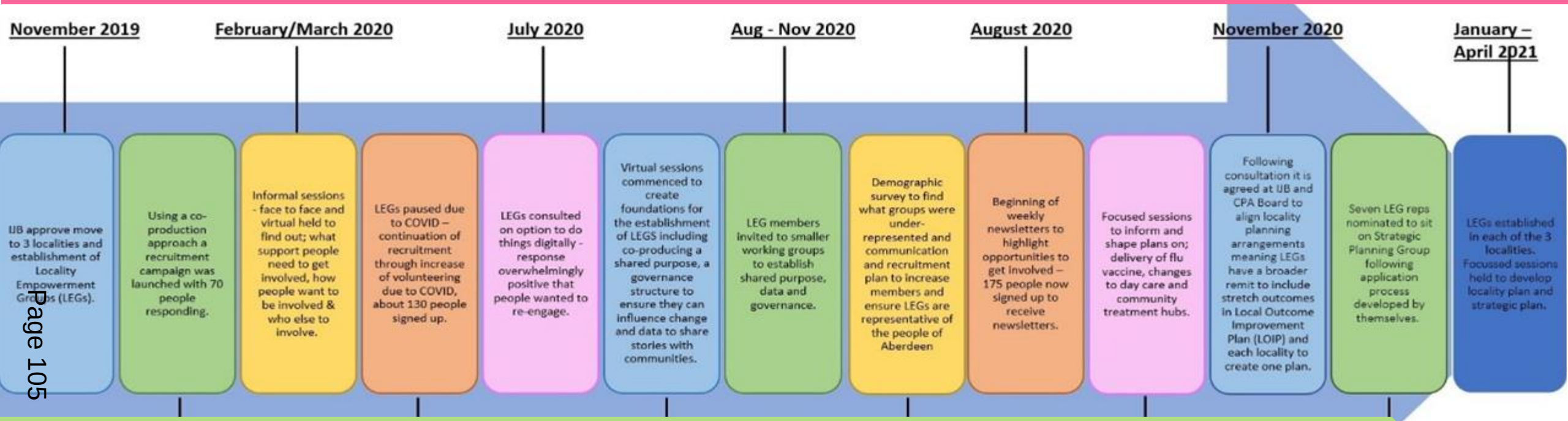
The Out of Hours Primary Care (GMED) Service delivers unscheduled primary care to patients who cannot wait until their GP Practices open. GMED service provides multidisciplinary assessment of patients. The team is made up of General Practitioners and Advanced Nurse Practitioners with a logistics and transport team. GMED's main centre is Aberdeen, with seven satellites across Grampian: Stonehaven, Banchory, Huntly, Inverurie, Elgin, Peterhead and Fraserburgh. Logistics team operates from the Aberdeen centre. The service is hosted by Health and Social Care Moray on behalf of Moray, Aberdeen City and Aberdeenshire Health and Social Care Partnerships (HSCPs).

On 25th March 2020, the Service was relocated from the Emergency Care Centre, ARI, to the Aberdeen Health and Care Village to establish the NHS Grampian Covid Assessment Hub as a part of NHS Grampian's response to the Covid-19 pandemic. Working closely with NHSG and Aberdeen City HSCP teams, the operational infrastructure and building works required by the GMED Service and Covid Hub were put in place in the Health Village.

The service is now embedded within the Health Village. As other services were remobilised GMED has relocated to the Green Zone within the building on a permanent basis. GMED clinical, admin and logistics teams continue to provide ongoing support to the Covid Hub.

It is recognised that the move allows progressing the service's objectives around improving clinical governance, patient care/ education and staff wellbeing. The move enables GMED and ACHSCP to work together closely as a part of one healthcare system, which positively impacts patient care and outcomes.

Communities - Locality Empowerment Groups



Locality Empowerment Groups are made up of people interested in improving the quality of life for those living in Aberdeen. Members use their own knowledge and experiences to influence priorities and help determine solutions. There are groups for Central, North and South of Aberdeen but there is also focus on needs that may be Citywide e.g., sharing your experience as a person living with a disability. We currently have over 300 people signed up to the Locality Empowerment Groups, with new members joining regularly.

Due to staff redeployment the Locality Empowerment Groups were paused for 2 months before a kick start again in July 2020. As members were unable to meet in person, Microsoft Teams was used to host the locality meetings. There were some hurdles to overcome as many community members were unfamiliar with Teams and required some support, a "Microsoft Teams – Getting Online" handbook was created and shared. The handbook was a success with many individuals being able to navigate their way online.

The Locality Empowerment Groups have been pivotal in providing feedback and suggestions on important matters such as Flu Vaccinations and Covid-19 Focus Groups. Members have been able to highlight venues they think would be most suitable for pop-up vaccination clinics and have highlighted barriers some members of the community are facing when accessing vaccinations. For example, people with sight loss were missing their Covid-19 vaccination appointment letter, this was relayed to the National Vaccination Team who organised for those individuals to be telephoned with their appointment time. Without this information, we would not have been able to make these improvements to the process.

Communities - Locality Empowerment Groups

A governance structure was agreed which led to seven people representing the Locality Empowerment Groups on the Aberdeen City Health and Social Care Partnership Strategic Planning Group (SPG). The members went through an application process which the Locality Empowerment Group members had collectively created. These members represent the wider groups and ensure information is shared.

In December 2020 the IJB and Community Planning Board, approved a new model of locality planning in Aberdeen which saw the remit of the Locality Empowerment Groups widen to cover all the priority outcomes within community planning. This also meant there is now a shared description of localities and priority neighbourhoods along with the development of shared locality plans.

Most notably the Locality Empowerment Group members have been crucial in the work to refresh Community Planning's Local Outcome Improvement Plan (LOIP) and the three Locality Plans. More information on this work will be reported in our Annual Report next year.

A 6-month evaluation of the members experience of the Locality Empowerment Group was carried out. The feedback received has helped to shape the way we communicate with the Locality Empowerment Groups and has indicated where we need to increase representation. The highlights from the evaluation are shown opposite. The full outcome of the evaluation can be viewed - Click here to view

More information on the Locality Empowerment Groups and how to get involved can viewed on the following leaflet - Click here to view

You said the **Locality Empowerment Groups** are:

- ✓ Welcoming
- ✓ Well organised
- ✓ Have connected me to like-minded people
- ✓ An exciting opportunity to improve the health and wellbeing of communities in Aberdeen
- ✓ A good start but need to continue to have more community representation across Aberdeen City

How to get involved!
Aberdeen is made up of a diverse population and we want to ensure all ages and communities get involved, therefore we particularly welcome minority groups.

If you would like to get involved please email localityplanning@aberdeencity.gov.uk with your name, address and first part of your postcode so we can ensure you are given the details of your local group.

Project – One Seed Forward

"So I definitely think quite an active CPD is good just to see how its done…you've probably been on loads of CPDs when someone is just talking to you."

"Yes absolutely, I feel a bit more confident. I wasn't confident at the start with things like that but over time, now I am, and I think I would be ready to take this forward."

Background and activities

The OSF Garden Schools initiative was a partnership between One Seed Forward and the School of Education in the University of Aberdeen

The key objectives of the project involved the development of a training program for student teachers and any other interested educators to help support outdoor learning carried out in schools.

The students assisted in creating educational materials by analysing previous materials and, from that, creating educational activities which linked into the Curriculum for Excellence. The students engaged in workshops to develop creative school activities. For example, students created lessons around fast fashion and building scarecrows form waste material.

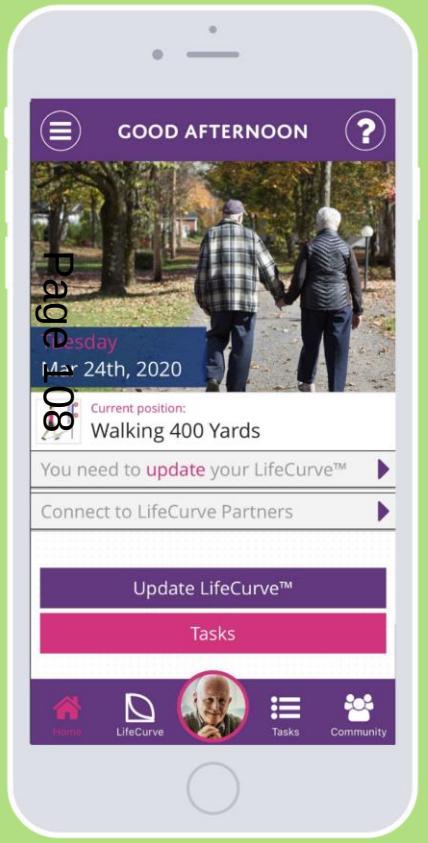
The project engaged schools and it successfully acts as a platform for getting children and young people outdoors and physically active.

Key Achievements

1. We developed a new website to support the project and we managed to create a digital platform to showcase our modules on Youtube.
2. We worked with students and lecturers at the Universities of Aberdeen and Edinburgh to develop the educational scripts, PowerPoints and films of the children for the Youtube channel.
3. Lecturers from the University of Edinburgh and University of Aberdeen featured in numerous videos on the Youtube channel.

Communities - Health Improvement Fund

Connections



LifeCurve App Project

A number of different initiatives have taken place during the past year involving the LifeCurve App. The App provides a way for people to improve or maintain their functional ability and supports self-management. In Occupational Therapy we have tested using the App with people in the community via a 4th year student placement. The student introduced the App and supported people to identify where they were on the Life Curve. Following this she worked with the participants to set tasks on the App that would help work towards goals, improve function and improve each person's position on the Life Curve. One of the people who took part lived in a Sheltered Housing block and shared the App with her friends and neighbours so that they could do it together. This resulted in a further piece of work (currently in progress) where residents in a Sheltered Housing block are being offered the opportunity to use the LifeCurve App. This project has pulled together the "Connecting Scotland" initiative to provide devices, Bon Accord Carers to support residents to work towards specific goals, Robert Gordon University Occupational Therapy students to support residents to use the App and a Kickstart worker from the Library service to support general use of IT. The project is currently working with an initial cohort of six residents with the aim of growing the number of residents engaged in this work over coming months.

Speech and Language Therapy have developed their website as part of their universal level of service, to provide information directly to people who use their service. Click the picture to go to the site.

MSK Physiotherapy Grampian page on the internet. – a great resource to support patients including signposting to local resources. Click on the picture to go to the site.

Development of the **Healthy Weight Grampian** webpage further during COVID. This now provides information on a range of clinical conditions, from overweight to malnutrition. Click on the logo to go to the site.

Connections

Shielding Communities – Afternoon Teas

Orka Café, in Partnership with the Transforming Health and Wellbeing (THAW) team from ACHSCP and Aberdeen Soup, donated afternoon teas to those shielding during the first lockdown last year. The THAW team identified shielding individuals in the community and delivered these, two afternoons a week during the summer, to lift their spirits and give them a much-needed pick-me-up! The Afternoon Teas were warmly welcomed by those who participated.

"As a school nurse service our appointments have historically been face to face. Prior to the first lock down, we as a service had started to use a workload tool. This identified our active case load and also highlighted priorities, using the RAG system, so at a glance we would have an idea of the level of vulnerability.

I cover the Aberdeen Grammar School. I am pleased to report that I had an outstanding response to my 'active' pupils using Near Me. Initially I made contact with them via their school Gmail and asked if they wanted to continue their regular support appointments via Near Me video link and explained the process. I even called and spoke some of them through the first appointment. I used the Teams Calendar to allocate my appointments via the pupils Gmail addresses.

During the lock downs I have had an active list of between 40-60 pupils and managed to consistently average 35 Near Me appointments per week. This allowed me to have regular contact with some of my vulnerable pupils, continue assessments, support anxiety management as well as support to young people that were self-harming and struggling with low mood.

The kids live in a virtual world, and I felt that this was the first time that we had been working at their level.

I have continued to offer Near Me appointments as an option. This is helpful when pupils do not wish to be seen in school or for example during exam time when they have a lot of study time. Sometimes they just really want a parent present. I would also note that they are often more relaxed in their home environment, and it also aids in your assessment by visually seeing them and their surroundings.

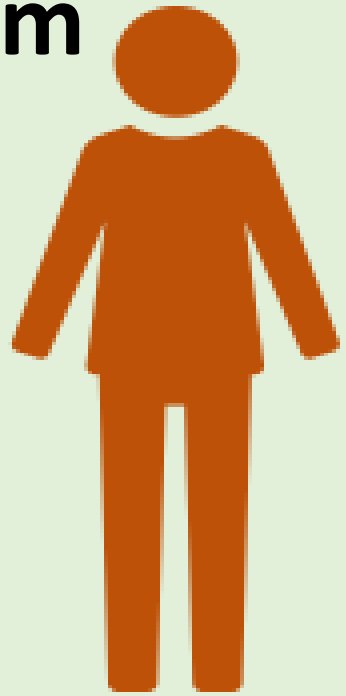
I have had positive feedback about the new systems and use of Near Me. I look forward to continuing to work in this way."

Lizzie Smith, School Nurse

Connections

A Primary Care Link Practitioner supported Jim to link in with services, groups and activities.

Jim



Referral from Advanced Nurse Practitioner:

Social Isolation

Main challenges:

1. Social Isolation
2. Finances
3. Lack of safety

What services/groups did Jim access?

- Before lockdown looked at the groups within Torry Community Centre.
- Referred to Befriending scheme but wished to place this on hold until restrictions ease
- Referred to Bon Accord Care to have community alarm fitted.
- SCARF – to look at changing energy providers and support with dispute regarding electric bill
- Referral to CFINE for foodbank
- Referral to The Money Advice Team for benefit check.
- Support to complete application for Scottish Welfare fund.
- Referral to ACC for support through the Covid19 psychological resilience hub.

Outcomes achieved?

1. Feels safe within home now due to community alarm being fitted.
2. Feels well supported through emotional check in calls particularly during lockdown periods.
3. Able to access emergency funds in time of need

Next steps;

As lockdown restrictions ease Jim will consider groups but found emotional check in throughout by Link Practitioner beneficial.

Progress against our Enablers

Principled Commissioning

Over the past 12 months we have continued to use our strategic commissioning approach to work with providers and service users to redesign provision of care, with a clear focus on outcomes.

We have moved to an outcomes focussed model for the provision of care at home, redesigned our day care and day opportunities, and also commissioned carers support services.

We recognise that our shared ambition for this provision of care and support demonstrates a significant departure from our previous model, and we will continue to work with our providers and members of the community as the models evolve.

We have created a market position statement for our day opportunities redesign and will progress to a larger scale market position statement which is aligned to our strategic plan.

Modern & Adaptable Infrastructure

During 2020/21 most of our capital projects were put on hold and the focus was on repurposing existing buildings to respond to the Covid pandemic and putting in measures to ensure safer workplaces that met the guidelines on social distancing.

Aberdeen Health and Care Village was repurposed as the Community Assessment Hub for Aberdeen City. This was a focussed service for people experiencing COVID-19 symptoms and was a direct and dedicated route to clinical advice and support. It could only be accessed through NHS24 by calling 111 day or night.

Following an assessment, callers may have been given advice to help them continue to self-isolate at home or their call could have been transferred to specialist Doctors located in the hub who could undertake a virtual clinical assessment. Following this a patient could have been admitted to hospital; referred back to the GP practice or local health and social care teams for care; or if there was a clinical need to be seen by a healthcare professional to assist decision making, callers may have been given an appointment to attend the assessment hub.

Empowered Staff

Our staff engagement remains key to delivering quality and transforming the services we deliver. In the past year this has been delivered in many different ways.

High on the agenda has been engagement to promote staff wellbeing. In response to the Everyone Matters Survey, Focus Groups were held to promote Staff Wellbeing. Work to support colleagues who were shielding and then returning to work has taken the form of Check-Ins both on a local and system wide basis.

In the transformation of services, engagement has been wide and varied. A checklist has been developed to ensure all project plans consider the engagement of staff. This has led to initiatives such as a virtual support network for the new care at home arrangements as well as face to face sessions with colleagues across the Frailty Pathway.

As teams begin to embrace the changes and move into future ways of working, there has been a growing level of engagement around the building of new team structures. It is anticipated that this form of engagement will continue to grow over the coming months.

Finally, a significant amount of engagement has been initiated by colleagues themselves involving everything from regular huddles and check-ins to informal team get togethers and team challenges.

Digital Transformation

The increased use of Near Me described earlier in this report is one example of the digital transformation that has taken place over the last year. eConsult is another development which enables patients to submit their symptoms to a GP electronically, and offers round the clock NHS self-help information, signposting to services, and a symptom checker. Both of these systems are in addition to either a telephone or 'in person' appointment and the most appropriate route will be used depending on a patients needs and preferences. We are aware that not everyone has the same access to devices or internet, and this will be a focus of our future digital planning.

Technology also assisted staff to continue to work from home during the pandemic with the roll out of Microsoft Teams allowing face to face meetings, on-line collaboration, sharing files, instant messaging etc. Our partners and our communities were also able to continue to collaborate with us in this way. Initially not all staff had the necessary devices, and due to high demand, there was a delay in obtaining these with the Covid Assessment Hub and Test and Protect being prioritised. Supply has now stabilised, and most staff now have the equipment they require.

Progress against our Enablers – Sustainable Finance

Sustainable Finance

Financial Year 2020/21 was challenging as our normal expenditure pattern was disrupted by Covid. Spending in some areas decreased as service delivery was postponed or reduced and in other areas it massively increased as we responded to the pandemic. Robust arrangements were put in place to identify and monitor the financial impact and to ensure we were able to access additional funding available, firstly to mobilise our response and subsequently to re-mobilise normal services where possible. Our Income and Expenditure for 2020/21 is shown to the right. We were able to restore our reserves to the 2019/20 position. Our Medium-Term Financial Framework for 2021/22 to 2027/28 was approved at IJB on 23rd March 2021 and our Annual Audited Accounts were approved by the Risk, Audit and Performance committee in June 2021.

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices.

2019/20				2020/21		
Gross Expenditure	Gross Income	Net Expenditure		Gross Expenditure	Gross Income	Net Expenditure
£	£	£		£	£	£
34,797,252	0	34,797,252	Community Health Services	36,773,002	0	36,773,002
24,234,025	0	24,234,025	Aberdeen City share of Hosted Services (health)	23,009,740	0	23,009,740
35,146,542	0	35,146,542	Learning Disabilities	34,344,973	0	34,344,973
20,240,395	0	20,240,395	Mental Health & Addictions	21,098,094	0	21,098,094
78,465,627	0	78,465,627	Older People & Physical and Sensory Disabilities	79,024,830	0	79,024,830
1,783,412	0	1,783,412	Head office/Admin	326,346	0	326,346
0	0	0	Covid	17,239,540	0	17,239,540
4,734,327	(4,642,640)	91,687	Criminal Justice	5,046,774	(4,955,087)	91,687
1,477,205	0	1,477,205	Housing	746,121	0	746,121
40,842,789	0	40,842,789	Primary Care Prescribing	40,447,093	0	40,447,093
41,140,761	0	41,140,761	Primary Care	42,512,697	0	42,512,697
2,000,719	0	2,000,719	Out of Area Treatments	2,750,857	0	2,750,857
46,410,000	0	46,410,000	Set Aside Services	47,802,300	0	47,802,300
3,778,609	(96,814)	3,681,795	Transformation	4,437,062	0	4,437,062
335,051,663	**(4,739,454)**	**330,312,209**	**Cost of Services**	**355,559,429**	**(4,955,087)**	**350,604,342**
0	(327,335,768)	(327,335,768)	Taxation and Non-Specific Grant Income (Note 5)	0	(366,238,226)	(366,238,226)
335,051,663	**(332,075,222)**	**2,976,441**	**Surplus or Deficit on Provision of Services**	**355,529,429**	**(371,193,313)**	**(15,633,884)**
		2,976,441	**Total Comprehensive Income and Expenditure**			**(15,633,884)**

Our Governance

Care Inspection – Justice Social Work

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

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

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

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

After postponement due to the lockdown restrictions, the Care Inspectorate on Tuesday 23rd February 2021, published its report of the inspection of the Justice Social Work service. The evaluation against selected quality indicators was as follows:

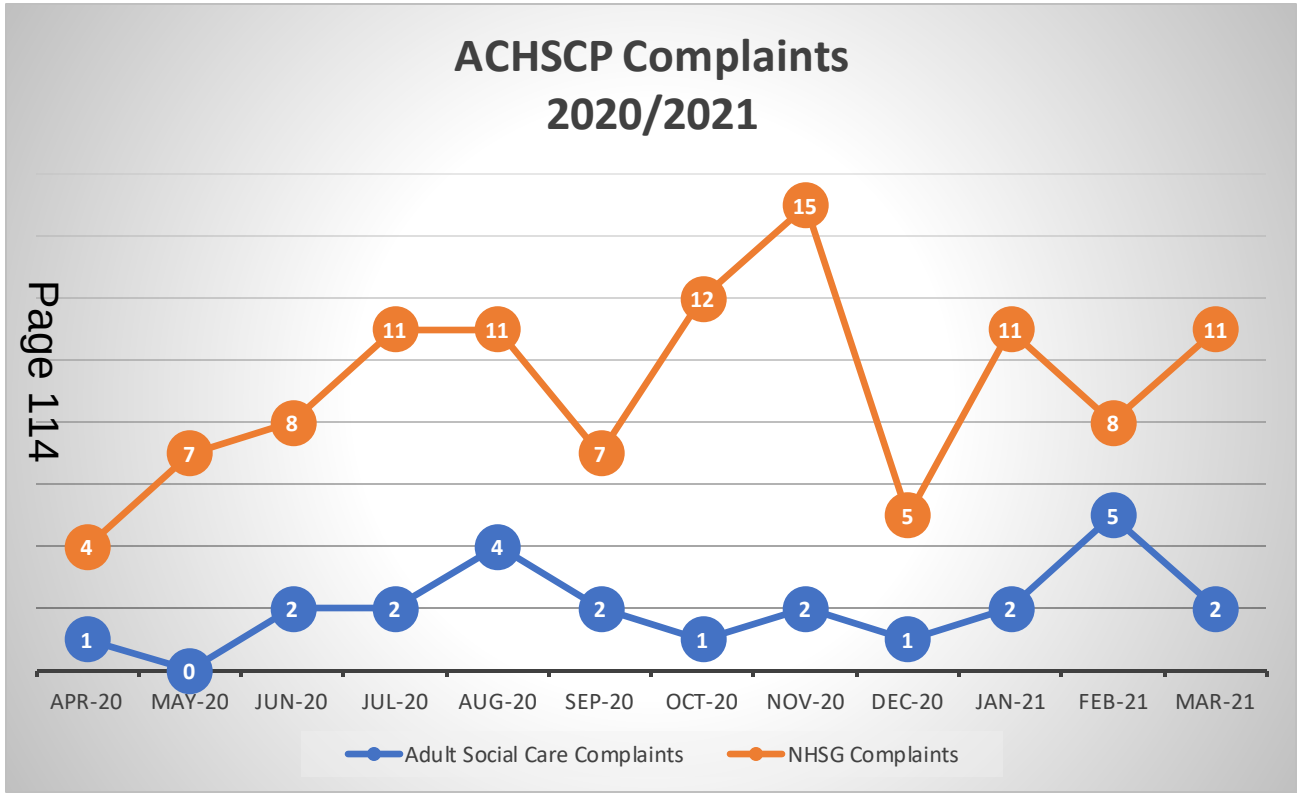
		Grade
What key outcome have we achieved	Improving the life chances and outcomes for people subject to a community payback order	Good
How well do we meet the needs of our stakeholders	Impact on people have committed offences	Excellent
How good is our delivery of services	Assessing and responding to risk and need	Good
	Planning and providing effective intervention	Very Good
How good is our Leadership	Leadership of improvement and Change	Very Good

Given these evaluations, the Care Inspectorate identified the following areas of improvement for the service to progress and complete:

To enable robust oversight and increased ability to demonstrate outcomes and impact, senior officers should ensure that the Justice Service Delivery Plan and Performance Management Framework are agreed and implemented and associated reporting cycles established.

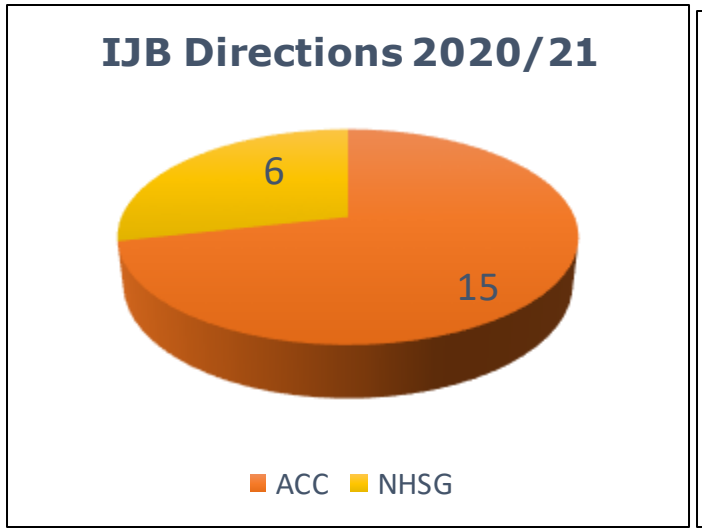
To ensure the effective delivery of key processes, senior managers should further strengthen quality assurance mechanisms to support the consistent, confident and timely application of risk assessment and case planning processes, particularly those relating to risk of serious harm.

Our Governance



Strategic Risk Register

Our Strategic Risk Register is reviewed by the IJB and the Risk, Audit and Performance Committee four times a year. The main movements in the strategic risks during 2020/21 have been the removal of the risk of the UK leaving the EU and the inclusion of the risk of the IJB becoming a Category 1 Responder under the Civil Contingencies Act, 2004. The IJB also held a workshop in October 2020 where it reviewed the Board's risk appetite statement as well as undertaking a review of the high and very high risks on the register.



In 2020/21 the IJB issued 6 Directions to NHSG and 15 to ACC. This is an increase from 2 and 9 respectively the previous year andis an indication of the IJB's appetite to effect change across the system.

Strategic Plan Development

Our current Strategic Plan is now in its third and final year. Below is our timetable for refreshing the plan and we will do this in a co-produced way with our communities, our staff and our partners. If you want to be involved, contact your local Locality Empowerment Group via localityplanning@aberdeencity.gov.uk or ACHSCPEnquiries@aberdeencity.gov.uk

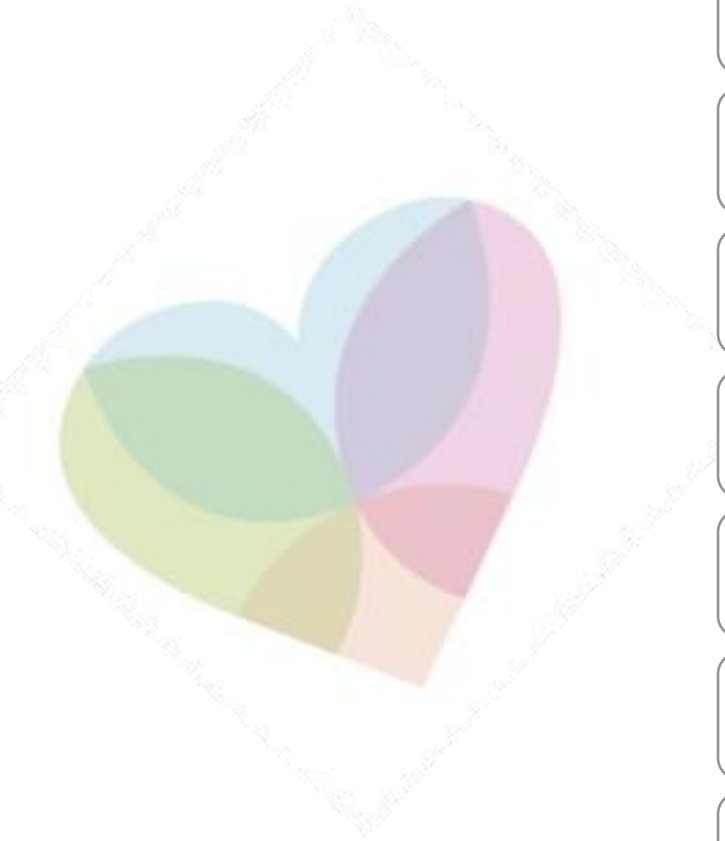
Oct 20 – Jun 21
Refresh of LOIP and development of Locality Plans

Mar 21 – Nov 21
Consultation and development of initial draft

Dec 21
Draft approved for public consultation

Mar 22
Final Strategic Plan approved and published

Next years' Priorities



- Living with and Responding to Covid19
- Staff and Health Wellbeing
- Reshaping our relationship with Communities
- Reshaping our Commissioning approach
- Whole system and connected remobilisation
- Inequality, Mental Health and Human Rights
- Strategic Plan Refresh
- Local Survey 2022

Appendix A – Ministerial Steering Group (MSG) Indicators

2020/21 has been a challenging year for everyone due to the Coronavirus pandemic and as a result has impacted on how ACHSCP services have been delivered throughout the whole of 2020/21. The impact of the changes in service delivery throughout the pandemic can be seen clearly in the data with large decreases, for example, in the number of emergency admissions, hospital occupied bed days, A&E attendances and delayed discharge figures. These large drops in activity mean that we are not able to monitor our performance against previous years as normal. Figures for MSG indicators 1 to 4 have all improved comparing to the baseline year however this is mainly due to the pandemic and these figures will likely increase as services get back to normal. How long this will take, and to what level activity will increase is not known.

There has been a 3% increase in the percentage of people spending the last 6 months of life in the community (indicator 5a) and an 13% increase in number of days during the last 6 months of life spent in the community (indicator 5b) comparing to baseline year (2015/16). These increases look encouraging and may have been positively impacted by the work of the partnership to enable people to continue to live at home or in a homely setting.

	MSG Indicator	Aberdeen City Reporting Period					
		2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
1	Number of emergency admissions 18+	18,797	18,416	18,842	18,690	18,978	16,691
2a	Number of unscheduled hospital bed days; acute specialties 18+	154,464	144,741	141,366	132,229	138,038	99,566
2b	Number of unscheduled hospital bed days; Mental Health specialties 18+	66,807	63,680	60,506	57,464	55,827	51,364
3a	A&E Attendances 18+	35,311	35,046	35,879	36,433	36,945	25,929
4	Delayed Discharge bed Days (all reasons)	43,944	27,353	19,202	13,172	12,272	5,923
5a	Percentage of last 6 months of life spent in Community (all ages)	88.0%	88.9%	88.6%	89.5%	88.7%	91.7%
5b	Number of days during last 6 months of life spent in the community (all ages)	318,612	317,971	341,684	304,589	335,318	359,697
6	Balance of Care: Percentage of population 65+ living at home (supported and unsupported)	95.3%	95.5%	95.6%	95.8%	95.8%	N/A

Appendix B – National Indicators

Aberdeen City Core Suite of National Integration Indicators - Annual Performance

Data for the Core Suite of Integration Indicators, NI - 1 to NI - 23 are populated from national data sources and data is issued nationally. Indicators 1 to 10 are outcome indicators based on survey feedback and are updated bi-annually. Data for National Indicators 11 to 23 are derived from organisational/system data and are updated quarterly. Data for indicators 10, 21, 22 and 23 are not yet available.

Data Source: Public Health Scotland (PHS)
Last Refreshed: June 2021

	Indicator	Title	Aberdeen City		Scotland	RAG
			Previous score* 2017/2018	Current score 2019/20	Current score 2019/20	
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	94% (4205)	94% (4551)	93%	G
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	82% (185)	82% (329)	81%	G
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	79% (186)	78% (330)	75%	G
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	76% (187)	76% (328)	73%	G
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	83% (200)	79% (335)	80%	A
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	82% (3632)	77% (3913)	79%	A
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	79% (182)	84% (327)	80%	G
	NI - 8	Total combined % carers who feel supported to continue in their caring role	40% (496)	34% (489)	34%	G
	NI - 9	Percentage of adults supported at home who agreed they felt safe	84% (187)	85% (331)	83%	G
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA	

Appendix B – National Indicators

	Indicator	Title	Aberdeen City		Scotland	RAG	
			Previous score	Current score	Current Score		
Data indicators	NI - 11	Premature mortality rate per 100,000 persons *(European age-standardised mortality rate per 100,000 for people aged under 75)*	465 2018	435 2019	426	A	
	NI - 12	Emergency admission rate (per 100,000 population)	10,289 2019/20	9,319 2020	11,100	G	*
	NI - 13	Emergency bed day rate (per 100,000 population)	105,407 2019/20	89,246 2020	101,852	G	*
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	117 2019/20	131 2020	114	R	*
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	89% 2019/20	91% 2020	90%	G	*
	NI - 16	Falls rate per 1,000 population aged 65+	23 2019/20	22.2 2020	21.7	A	*
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	91% 2019/20	91% 2020/21	83%	G	
	NI - 18	Percentage of adults with intensive care needs receiving care at home	53% 2018	56% 2019	63%	R	
	NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	579 2019/20	273 2020/21	488	G	
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	27% 2019/20	22% 2020	21%	A	*
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA		
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA		
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA		

* Please note previous scores are not directly comparable to figures for 2019/20 due to changes in methodology

* Current scores uses calendar and not financial year for indicators 12 to 16 and 20 as recommended by PHS as data is more complete

RAG scoring based on the following criteria

If Current position is the same or better than Scotland then "Green"

If Current position is worse than Scotland but within 5% then "Amber"

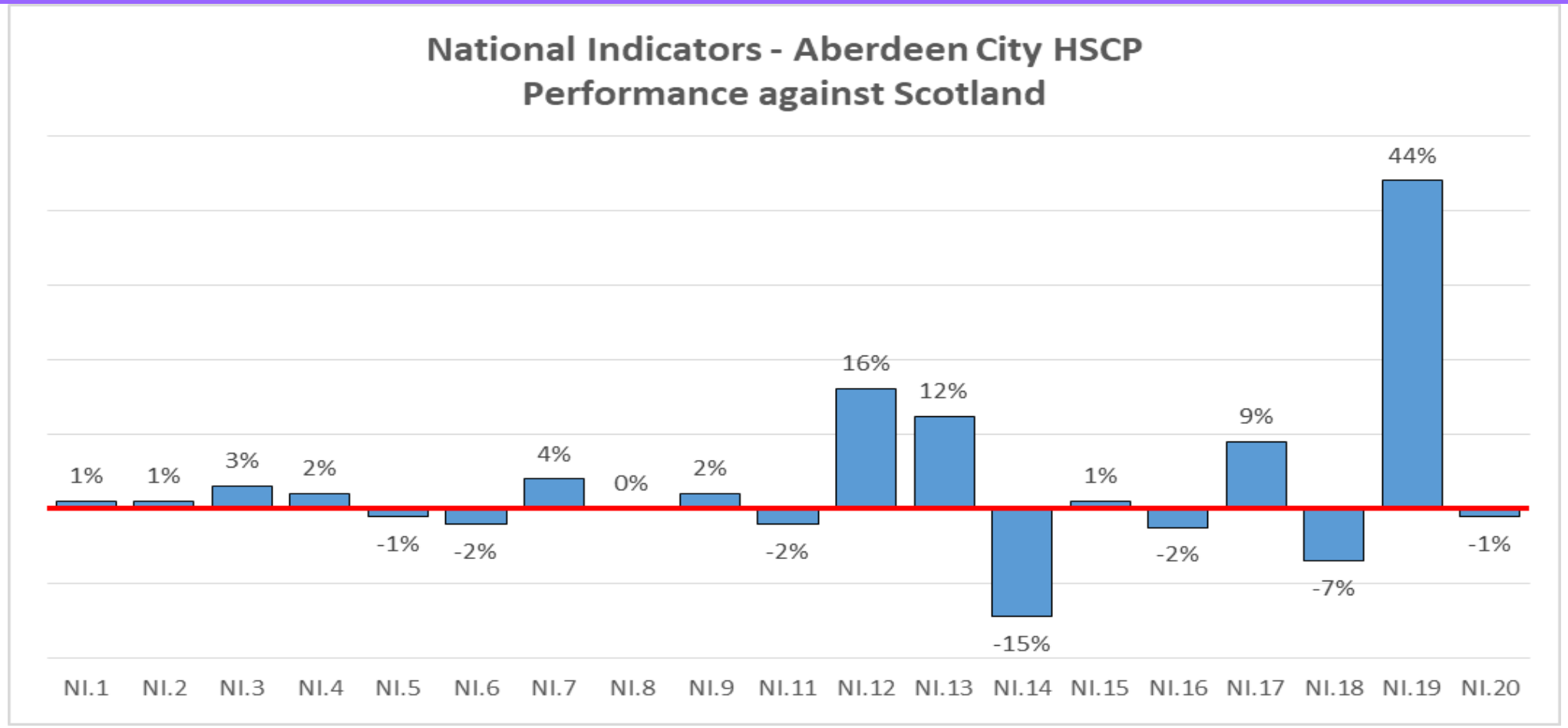
If Current position is worse than Scotland by more than 5% then "Red"

N14 - Readmissions to hospital within 28 days (per 1,000 population)" Readmission rates in Aberdeen City have remained above the Scottish rate from 2015/16. In 2020/21 15 of the 33 HSCP in Scotland (45%) had a re-admission rate higher than the Scottish average. Aberdeen City had the 7th highest readmission rate in 2020/21.

Readmission rates across Scotland appear to have increased from 2019/20 to 2020/21. City saw a 12% increase in readmission rate from 2019/20 to 2020/21, while Scotland saw a 9% increase. We have previously investigated this indicator to try to understand whether there were specific underlying causes. None were found at the time however we plan to make this a focus of further investigation, as it is thought this area would benefit from improvement activity

N18 - Percentage of adults with intensive care needs receiving care at home". The aim is to have a higher proportion of people to be cared for at home so a higher percentage rate for this indicator would be better. The most recent data available for this indicator is for 2019. A lot of work has been undertaken since then to Aberdeen City's performance has improved from 53% in 2018 to 56% in 2019, however this still sits below the Scotland 2019 level of 63%. Despite this, RAG status remains Red as the 2019 figure of 56% is more than 5% less than the 2019 Scotland figure of 63%.

Appendix B – National Indicators



The red line shows the Scotland position and the bars show for each indicator the percentage Aberdeen City HSCP's performance differs from Scotland's performance for the current reporting period. Positive bars show where Aberdeen City HSCP is performing better than Scotland and negative bars show where Aberdeen City HSCP performance is worse than Scotland's.

For the current reporting period Aberdeen City HSCP performed better or the same as Scotland for 11 of the 19 national indicators, with 7 performing worse than Scotland. This is the same as the last reporting period. Note that of the 23 national indicators only 19 have data available for reporting.

Aberdeen City Health & Social Care Partnership

A caring partnership

Annual Report 2020-2021

Public Summary

Covid19 response and lessons learned

- In a crisis, we can transform the way we deliver services at pace.
- Communities step up in a crisis.
- Our staff response is exceptional.
- Covid19 will have a lasting impact.
- Staff wellbeing is one of our priorities.
- Technology can enable and disable.
- We need to continue to respond to health inequalities.

To read the full version of our Annual Report, please click HERE to head to our website.

#ACHSCP

Thank You

To show our appreciation and thanks, at the Heart Awards Digital Event in December 2020, we featured a Thank you video to our Health and Social Care staff and partners – please use the QR code to view the video.

Priorities for 2021/22

- Living with and Responding to Covid19
- Staff and Health Wellbeing
- Reshaping our relationship with Communities
- Reshaping our Commissioning approach
- Whole system and connected remobilisation
- Inequality, Mental Health and Human Rights
- Strategic Plan Refresh
- Local Survey 2022

Covid Hub/GMEDs

Stay Well, Stay Connected

Aberdeen City Health & Social Care Partnership
A caring partnership

Annual Report 2020-2021
Public Summary

Locality Empowerment Groups

The groups are interested in making the quality of life better, focus on citywide needs and provide feedback in important matters. Around 300 people (more joining regularly) have made an improvement to the community already.
More information on how to get involved in leaflet here

You said the **Locality Empowerment Groups** are:
- ✓ Welcoming
- ✓ Well organised
- ✓ Have connected me to like-minded people
- ✓ An exciting opportunity to improve the health and wellbeing of communities in Aberdeen
- ✓ A good start but need to continue to have more community representation across Aberdeen City

Our Strategic Aims are still important to us and have remained our priority through 20/21
1. Prevention
2. Resilience
3. Personalisation
4. Connections
5. Communities

Frailty Pathway Redesign

Projects to progress change in the Frailty Pathway

- Early Supported Discharge/ Hospital @ Home (Shire)
- Hospital at Home (City)
- Rosewell House (City)
- Discharge Hub (Shire)
- Community Allied Health Professions (City)
- Aberdeen Royal Infirmary

ABERDEEN CITY COUNCIL

NHS Grampian

Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	24 August 2021
Report Title	Proposal for Hybrid meeting format for Integration Joint Board
Report Number	HSCP.21.097
Lead Officer	Sandra Macleod, Chief Officer
Report Author Details	Carol Wright Support Manager cawright@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	None

1. Purpose of the Report

1.1. This report provides information on the current available technology to support the Integration Joint Board (IJB) meetings and considers options on a hybrid meeting format.

1.2. This report addresses the decision of the IJB on 23 March 2021 (in relation to the report IJB Scheme of Governance – Annual Review - HSCP.21.019) to instruct the Chief Officer to scope the potential for hybrid meetings.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Consider the options within the report;
b) Agree to the test of change proposal to hold the 2 November 2021 meeting of the IJB in the Aberdeen City Council Chamber in a hybrid format; and
c) Instruct the Chief Officer to provide an update to the 15 December 2021 meeting of the IJB, such update to include both comment from the IJB meeting of 24 August 2021 and feedback from committee

attendees as to the format / functionality of the hybrid meeting on 2 November 2021.

3. Summary of Key Information

3.1. The IJB, due to the Covid 19 pandemic, has held its meetings since 24 March 2021 in a remote, digitally enabled format using Microsoft Teams – with all attendees remotely accessing the meetings. These IJB meetings are recorded and available to public and press thereafter. Prior to Covid all IJB meetings were open to the press and public and did not allow for remote access. The meetings were hosted / held at the Health Village. The Standing Orders for IJB outline the governance for holding of IJB meetings.

3.2. As we exit Covid restrictions and adapt to a 'new normal', the IJB should consider how best to continue with its meetings. For those members and officers who wish to attend meetings in person and provide the option to access and take part in the meeting remotely, a 'hybrid option' has been considered. This hybrid approach would help to address any future Covid or similar challenges as well as support people to engage who otherwise might be unable to attend due to a variety of reasons, including but not limited to caring responsibilities, travel issues and bad weather. This approach would allow for members and officers to participate in the meetings whilst remaining at a workplace or elsewhere and negate the need for travel to the meeting location. Reduced travel also has a positive impact upon the environment.

3.3. The IJB does not own any of the potential meeting locations nor does it have the technology to facilitate this; this report outlines the technology available from the constituent partners NHS Grampian (NHSG) and Aberdeen City Council (ACC) to support a hybrid format.

3.4. There is no issue with IJB Board meetings being hosted by one partner regularly. Pre-covid, the IJB generally met at the Health Village which is NHSG owned.

3.5. The IJB Standing Orders allow for remote access to meetings, and the proposals within this report for a hybrid meeting reflect the undernoted extract from the current IJB Standing Orders:

INTEGRATION JOINT BOARD

Remote Attendance

1) A member who is unable to be present for a meeting of the IJB or any of its sub-committees at the venue identified in the notice calling the meeting shall notifying the Clerk at least 3 days (or, if this is not possible, as soon as practicable) in advance of the meeting. The Chair (whom failing, the Vice Chair) may direct any Member who is unable to attend to be able to take part remotely in any way which reasonably allows the Members participation. For the avoidance of any doubt, such participation includes voting. A Member remotely participating in this way is referred to in this Standing Order as a "Remote Member".

2) Where the Chair is participating remotely, the Vice Chair will take the Chair, except in respect of Standing Order 11.7 where the Chair will take the Chair. a. The Member chairing the meeting must be physically present at the meeting venue, therefore where both the Chair and Vice Chair are participating remotely or have sent apologies, Members present at the meeting venue will appoint a Chair to chair the meeting from amongst their number. b. In the event that no agreement is reached between those Members present, the decision will be taken by means of a procedural motion.

3) Remote Members will be counted for the purposes of determining whether there is a quorum.

4) A Remote Member will cast their vote as if participating in a roll call vote.

5) Any Remote Member who has declared an interest in an item and withdrawn must pause/exit the video/communication link whilst the item is being considered. The Clerk will inform/re-invite the Remote Member (whether by email or otherwise) when to re-start the link and resume their participation.

6) Any Remote Member must confirm that they are in a secure private location, and that no-one else is able to hear or view the proceedings from the device being used by that Remote Member before they can participate in the Committee's consideration of any confidential and/or exempt item of business.

7) In exceptional circumstances, the Chair (whom failing, the Vice Chair) may direct that a meeting shall be conducted solely by means of the participation of Remote Members. Such a direction may be made during a meeting or otherwise.

8) The Guidance for attending remote meetings via Microsoft Teams is found in Appendix A of the Standing Orders.

3.6. ACC and NHSG colleagues have been consulted and both use Microsoft Teams to hold remote meetings and have connectivity in many meeting rooms for video conferencing which may be adaptable to a hybrid model of meeting. Such meetings rely heavily on not only the technology working properly, but require an 'expert' should there be connectivity / sound issues etc. This might be an officer who by their role definition is responsible for the meeting; our ACC Committee Services Officer's (CSOs) are digitally aware from business user level up to digital champion.

3.7. It is essential to consider the following when proposing a hybrid format:

- who the participants are (elected members, staff, external contacts)?;
- what IT access do they have or require to join the meeting remotely?;
- how many people would join the meeting? ;
- what size of physical meeting space is available for those who want or require to attend in person (subject to the Covid social distancing guidance for staff at that time)?;
- what technical resources are required in the room to hold the meeting effectively (visibility of remote attendees on a large screen for example):
- is the meeting to be streamed live:
- What is the financial cost of this meeting format ?

3.8. NHSG have some technology in place to support hybrid meetings, utilising standard room based video kit to join Teams which works in any size meeting room equipped with video conferencing kit, providing the benefit of large screens and good quality cameras and audio systems.

3.9. NHSG can also join web browser users anywhere and room based systems on a Cisco Meeting Server (CMS) video conferencing bridge. NHSG do not have the facility to provide the public with the opportunity to access the live stream of a meeting.

3.10. ACC has similar functionality to that of NHSG for individual meeting rooms and since September 2020 adapted the Council Chamber (CC) in the Town House to a bespoke system; now fully tested and successfully operating a fully functioning hybrid format of meeting which includes the availability to live

webcast and record. ACC as part of its governance is required to provide live access to some meetings for full public transparency.

3.11. Committee staff are fully trained in the operation of the technology and facilitate all hybrid committees. A master laptop is connected to the system, uses Microsoft Teams and links to a large screen in the CC where those accessing remotely can be seen when speaking (same rules apply as to now, speakers off if not participating).

3.12. The CC is large and allows space for social distancing guidance; clear guidance is in place for the use of the CC as requires numbers attending / access restrictions etc.

3.13. Whilst both partners offer the facility for remote working, the ACC option offers greater benefits and is proven to work effectively. Whilst the availability of the CC would require to be determined – Tuesday being a popular day for meetings which would require advance calendar planning or requiring that a meeting finished on or before the allocated end time due to a further meeting in the CC.

3.14. The most practical option is to test the benefit and functionality of holding a hybrid meeting. The option proposed based upon the availability and proven successful usage of the ACC CC facility is that the 2 November 2021 meeting of the IJB be held in the Aberdeen City Council Chamber (ACC-CC).

3.15. Feedback will be sought from the participants of the 2 November 2021 IJB and along with feedback from discussion on this report will be submitted to the 15 December 2021 meeting of the IJB.

4. Implications for IJB

4.1. Equalities, Fairer Scotland and Health Inequality

By providing a Hybrid format for IJB meetings this would have a positive impact on all who might participate in meetings by providing the option to attend in person or remotely and supporting their personal choice.

4.2. **Financial** – TBC – if the test of change option is agreed to there may still require to be a formal change to be approved in relation to any additional costs.

4.3. **Workforce** – positive impact on attendees of meeting as to preference to attend the physical meeting. The staffing policies of both partners will be fully considered as to the return / access of staff to buildings at the time of the proposed 2 November 2021 meeting. Currently both constituent authorities recommend home working where possible until review in December 2021.

4.4. **Legal** – no direct legal implications. From an internal governance and compliance view participants would be expected, as for any other remote meeting, to comply with the requirements within the Standing Orders / Scheme of Governance.

4.5. **Covid-19** – the proposal of hybrid meeting ensures that individuals have a choice in relation to the risk they wish to take around protecting themselves and others from Covid-19. The social distancing guidelines pertinent to the meeting date of 2 November 2021 will be fully considered.

4.6. **Unpaid Carers** – no direct implications.

4.7. **Other** – no direct implications.

5. Links to ACHSCP Strategic Plan

5.1. Fully supports our Strategic Plan and our values of enabling and person centred to provide full choice for accessibility and inclusion.

6. Management of Risk

6.1. Identified risks(s)

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

Risk 4 - There is a risk that relationship arrangements between the IJB and its constituent organisations (ACC & NHSG) 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.

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

INTEGRATION JOINT BOARD

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

By adopting a hybrid meeting format which allows live streaming this will allow for fuller inclusivity and choice for all parties and the public with an interest in activities of the ACHSCP.

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

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Aberdeen City Health & Social Care Partnership
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Integration Joint Board

Date of Meeting	24 August 2021
Report Title	Quarter 1 (2021/22) Financial Monitoring Update
Report Number	HSCP.21.094
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author Details	Alex Stephen, Chief Finance Officer alestephen@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	a) Finance Update as at end June 2021 b) Variance Analysis c) Mobilisation Plan Costings Update d) Progress in implementation of agreed savings – June 2021 e) Budget Reconciliation f) Budget Virements g) Summary of risks and mitigating action

1. Purpose of the Report

a) To summarise the 2021/2022 revenue budget performance for the services within the remit of the Integration Joint Board (IJB) as at Period 3 (end of June 2021).

b) To highlight the current forecast in relation to the additional costs of Covid to be reclaimed from the Scottish Government (SG).

c) To advise on any areas of risk and management action relating to the revenue budget performance of the IJB services.

d) To approve the budget virements so that budgets are more closely aligned to anticipated income and expenditure (see Appendix F).

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Note this report in relation to the Integration Joint Board (IJB) budget and the information on areas of risk and management action that are contained herein.

b) Approve the budget virements indicated in Appendix F.

3. Summary of Key Information

Background

3.1. The Risk, Audit and Performance Committee (RAPC) considered financial reports at its 20 April 2021 and 15 June 2021 meetings. The reports highlighted that full funding was received for the local mobilisation plan and that additional income was received in the final quarter of the financial year 2020/2021. This additional income combined with an underspend on mainstream services resulted in the IJB holding £18.4 million in its reserves at the end of the financial year. Of this reserve £2.5 million was ring fenced as a risk fund, as agreed at the 23 March 2021 meeting of the IJB, with the remaining funding being earmarked for specific purposes including a replenishment of the integration and change earmarked reserve.

3.2. This financial year the IJB finds itself in the same position as last year with additional costs being incurred due to the implications of Covid on the delegated services. The current initial estimation is that funding of £10.5 million will be required to cover the additional costs. It is expected that this figure will move as the spend and rules governing how it should be spent are firmed up throughout the financial year. The IJB holds £2.5 million in a Covid Reserve which must be used first against the £10.5 million. The Scottish Government (SG) intend to continue to fund the additional costs of Covid as they have done last financial year. Again, the area of most risk is the unallocated savings which were funded last financial year. Further information is not expected on local mobilisation funding until September\October 2021.

3.3. In previous years the SG did not distribute some of the funds for the Alcohol and Drugs Partnership (ADP), Action 15 and Primary Care Improvement Plan (PCIP) as they were unlikely to be spent. In 2020/2021 all the funds including the underspends from previous years were transferred to the IJB and these were carried forward via the IJB reserves. These funds must be used first, before this year's allocations can be used.

Aberdeen City IJB Financial Information

3.4. A prudent approach continues to be taken in forecasting the level of additional income to be received from the SG for the cost implications of Covid and only income that has been received was accounted for in the financial monitoring. The financial position of the IJB as at 30 June 2021 is as follows:

	£'000 **30 June 2021**
Overspend\(Underspend) as at (Appendices A and B)	**7,699**
Represented by:	
Overspend\(Underspend) on Mainstream Budgets (Appendix B)	(103)
Direct Costs of Covid – Included on Mobilisation Plan (Appendix C) and on budget line	6,902
Costs of Covid – Included on Mobilisation Plan (Appendix C)	3,396
Less: Mobilisation Plan Income Budgeted via the MTFF.	(2,496)
	7,699

3.5. The mainstream position is showing a small underspend of £103,000 and Information on the variances to date are contained in the appendices, along with the budget virements and an updated mobilisation plan costing.

4. Implications for IJB

4.1. Every organisation must manage the risks inherent in the operation of large and complex budgets. These risks are minimised by the regular review of financial information by budget holders and corporately by the Board and RAPC. This report is part of that framework and has been produced to provide an overview of the current financial operating position.

Key underlying assumptions and risks are set out within the Appendices to this report.

4.2. **Equalities, Fairer Scotland and Health Inequality** – there are no implications arising from this report.

4.3. **Financial** – the financial implications are contained throughout the report.

4.4. **Workforce** – there are no workforce implications arising from this report.

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

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

5. Links to ACHSCP Strategic Plan

5.1. A balanced budget and the medium financial strategy are a key component of delivery of the strategic plan and the ambitions included in this document.

6. Management of Risk

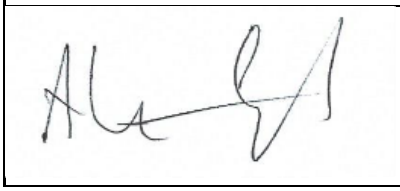
6.1. **Identified risks(s)**

See directly below.

6.2. **Link to risks on strategic or operational risk register:** Strategic Risk #2

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

6.3. **How might the content of this report impact or mitigate these risks:**
Good quality financial monitoring will help budget holders manage their budgets. By having timely and reliable budget monitoring any issues are identified quickly, allowing mitigating actions to be implemented where possible.

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

Appendix A: Finance Update as at 30 June 2021

Period 3	Full Year Revised Budget £'000	Period Budget £'000	Period Actual £'000	Period Variance £'000	Variance Percent %	Forecast £'000
Mainstream:						
Community Health Services	36,839	8,775	8,989	214	2.4	37,505
Aberdeen City share of Hosted Services (health)	26,968	6,705	6,465	(240)	-3.6	25,838
Learning Disabilities	34,329	8,717	9,075	358	4.1	34,309
Mental Health and Addictions	22,131	5,536	5,902	366	6.6	22,786
Older People & Physical and Sensory Disabilities	85,821	22,942	22,789	(153)	-0.7	85,903
Directorate	557	134	139	5	3.7	491
Criminal Justice	92	18	23	5	27.8	92
Housing	1,846	461	307	(154)	-33.4	1,846
Primary Care Prescribing	40,052	9,685	10,100	415	4.3	40,402
Primary Care	41,249	10,555	10,380	(175)	-1.7	41,520
Out of Area Treatments	2,600	589	659	70	11.9	2,669
Set Aside Budget	46,410	11,603	11,603	0	0.0	46,410
Direct COVID Costs	0	344	2,276	1,932	561.6	6,902
Public Health	2,198	549	444	(105)	-19.1	2,118
	341,092	**86,613**	**89,151**	**2,538**	**2.9**	**348,791**
Funds:						
Primary Care Improvement Fund*	4,719	582	582	0	0.0	4,719
Action 15 Mental Health*	1,323	145	145	0	0.0	1,323
Alcohol Drugs Partnership*	1,300	150	150	0	0.0	1,300
	7,342	**877**	**877**	**0**	**0**	**7,342**
	348,434	**87,490**	**90,028**	**2,538**	**2.9**	**356,133**

Appendix B: An analysis of the variances on the mainstream budget is detailed below:

Community Health Services (Forecast Position - £666,000 overspend)
Major Variances:

666,000 Undelivered Savings

Staffing costs projected to breakeven due to recruitment to vacancies in Nursing and AHPs. There are also a number of expected earmarked funds still to be allocated particularly to Nursing.

Hosted Services (Forecast Position £1,130,000 underspend)

The Hosted Services position is now reporting an underspend mainly due to the allocation of cost pressure funding from the Integrated Joint Board. All services reporting underspend excluding Grampian Medical Emergency Depratment (GMED) which still has a significant overspend despite additional funding.

Intermediate Care: Has an underspent position in city due to allocation of additional funding. The Grampian Wide service has an underspend position due to reduction on medical supplies spend and no longer accruing for an invoice, along with a reduction in locums usage.

Grampian Medical Emergency Department (GMED): Currently overspent despite additional IJB funding. Relates mainly to pay costs and the move to provide a safer more reliable service which has been a greater uptake of shifts across the service. Non-pay overspend due to repair costs not covered by insurance, increased costs on software and hardware support costs, increased usage of medical surgical supplies and an increase in drug costs.

Hosted services are led by one IJB, however, the costs are split according to the projected usage of the service across the three IJBs. Decisions required to bring this budget back into balance may need to be discussed with the three IJBs, due to the impact on service delivery.

Learning Disabilities (Forecast Position - £20,000 underspend)

There is a £105,000 overspend mostly relating to additional homecare, offset by staffing vacancies.

Mental Health & Addictions (Forecast Position - £655,000 overspend).

There are underspends across the service, in particular residential care (£360,000), day care (£313,000), support services (£252,000) and drug addictions (£133,000). An overspend is also forecast on the health side of the budget of £500,000 due to the use of locums and rising Methadone costs.

Older People & Physical and Sensory Disabilities (Position £82,000 underspend)
There is a £900,000 over recovery of income as the IJB as income from rent was not budgeted for at the beginning of the year. This is offset by £820,000 of various overspends.

Directorate (Position – £66,000 underspend)
There are underspends of £69,000 on staffing in relation to administrative support,

Primary Care Prescribing (Forecast Position – £350,000 overspent)
This position is based on only one month's actuals for April and an accrued position for May and June. This budget and forecast do not include any possible allocation from IJB Covid funding for the two drugs identified by Scottish Government as being specifically impacted upon relating to Covid. In 2020/21 a SLWG/Public Health Scotland advised only two medicines, Sertraline and Paracetamol, were likely to contribute to material overspends as a result of COVID-19. Paracetamol prices were affected by COVID-19 but this was not for all formulations and a factor of 75% was applied. An estimate of Covid impact for 2021/22 has been calculated as is included in the local mobilisation plan return.

For 2020/21 the overall Prescribing volume of items in total was 4.15% lower than in 2019/20 and the prescribing pattern did not recover to pre Covid levels. To June 2021 the estimate of Items is slightly greater to date than anticipated with higher volume in April 2021. Overall, the volume is now expected to be more consistent with 2020/21 pattern with only a small increase.

Since January 2021 the price per item has been relatively stable.

Primary Care Services (Forecast Position - £271,000 overspend)
The GP contract uplift for 2021/22 has yet to be concluded and is not included in the primary care actuals and budget to date. A breakeven position has been assumed for Global Sum to date.

The existing cost overspend on enhanced services has remained consistent as still currently based on previous earnings as this element of practice income is being protected as part of response to Covid.

The estimated premises position has turned to a small unfavourable variance to June.

In addition, Board Administered funds have a reduced underspend to month 3 reflecting the pattern of expenditure to date including seniority payments, sickness and maternity claims received.

Out of Area Treatments (Forecast Position - £69,000 overspend)
The forecast spend for the year is an overspend of £69,000 due to the growing number and costs of patients being treated out of area. These placements are reviewed regularly by officers to determine whether the care still meets the requirements of the patients.

COVID -19 Costs (Forecast Position - £6,902,000 overspend).
Major Movements:
See appendix C for detailed breakdown. Forecast assumes no funding allocated from reserves at present.

Transforming Health and Wellbeing (Forecast Position - £80,000 underspend).

Underspend due to vacancies and ongoing redesign process.

Funds (Position - balanced)
Income will match expenditure at the end of the financial year.

Appendix C: Mobilisation Plan Costings

	Forecast 2021/22 £'000	
Direct Costs Agreed Locally		
Additional Care Home Beds	849	Three months' worth of additional costs
Additional Equipment and Maintenance	240	IT Equipment, beds and mattresses
Staff overtime and additional hours	150	Required to support residential settings and for weekend working.
Care at Home Remobilisation	696	To continue the additional capacity created via the winter plan project and support discharge from hospital to home.
Care Homes Sustainability	3,793	Support to care homes financially due to a reduction in number of residents.
PPE Partnership	240	Additional cost to social care and partnership for a long time .
Prescribing	334	Cost recovery for two drugs where the costs have increased due to COVID.
COVID HUB	600	Costs of Covid Vaccination Hubs
COVID Costs	**6,902**	
Included on other budget lines		
Savings	900	Agreed savings undeliverable see appendix D
Care at Home Additionality	1,500	Additional costs in relation to care at home required to keep residents from moving into residential settings wherever possible.
Lost Income	996	Reduction in financial assessments and relaxation of rules. There will be a delay in collecting some of this income.
	3,396	
2021/22	**10,298**	
Less: Funding Received (COVID Reserve)	**2,534**	
Balance Still to be Funded	**7,764**	

Appendix D: Progress in implementation of savings – 30 June 2021

Programme for Transformation:	Agreed Target £'000	Status	Forecast £'000
Managing Demand	(2,466)	Description - Review of social care to determine whether savings could be achieved. Status - Partially achieved via additional income for the Scottish Living wage announced late in the national budget process.	(2,466)
Conditions for Change	(500)	Description - reduced usage of locums and agency staff and redesign of community mental health services as we move into localities. Status - The community and acute mental health teams are dealing with a surge in demand for services, being managed with reduced levels of staffing due to annual leave, sickness and covid isolation requirements. It has not been possible or practical to move forward these solutions are this time. Improved recruitment in some of our other community teams has meant that a saving added in 2020/21 is not looking unachievable.	400
Accessible and responsive infrastructure	(2,500)	Description - Additional income to be received from local mobilisation plan to cover additional costs and lost income due to COVID. Status - On track and included on local mobilisation plan.	(2,500)
	(5,466)		**(4,566)**
		Undeliverable due to COVID19	**(900)**

Appendix E: Budget Reconciliation

	NHSG £	ACC £	IJB £
ACC per full council:	0	97,030,381	97,030,381
NHS per letter from Director of Finance:	235,218,775		
Budget NHS per letter		0	
	235,218,775	97,030,381	
Reserves Drawdown			
Quarter 1	15,052,746	1,132,097	
Quarter 2			
Quarter 3			
Quarter 4			
	250,271,522	**98,162,478**	**348,434,000**

Appendix G: Summary of risks and mitigating action

	Risks	Mitigating Actions
Community Health Services	Balanced financial position is dependent on vacancy levels.	Monitor levels of staffing in post compared to full budget establishment. A vacancy management process has been created which will highlight recurring staffing issues to senior staff.
Hosted Services	There is the potential of increased activity in the activity-led Forensic Service. There is the risk of high levels of use of expensive locums for intermediate care, which can put pressure on hosted service budgets.	Work is being undertaken at a senior level to consider future service provision and how the costs of this can be minimised. The movement of staff from elsewhere in the organisation may help to reduce locum services.
Learning Disabilities	There is a risk of fluctuations in the learning disabilities budget because of: expensive support packages may be implemented. Any increase in provider rates for specialist services.	Review packages to consider whether they are still meeting the needs of the clients. All learning disability packages are going for peer review at the fortnightly resource allocation panel.
Mental Health and Addictions	Increase in activity in needs led service. Potential complex needs packages being discharged from hospital. Increase in consultant vacancies resulting in inability to recruit which would increase the locum usage. Average consultant costs £12,000 per month average locum £30,000 per month.	Work has been undertaken to review levels through using CareFirst. Review potential delayed discharge complex needs and develop tailored services. A group has been established in the city to look at supplementary staffing on a regular basis.
Older people services incl. physical disability	There is a risk that staffing levels change which would have an impact on the balanced financial position. There is the risk of an increase in activity in needs led service, which would also impact the financial position.	Monitor levels of staffing in post compared to full budget establishment. Regular review packages to consider whether they are still meeting the needs of the clients.
Prescribing	There is a risk of increased prescribing costs as this budget is impacted by volume and price factors, such as the increase in drug prices due to short supply. As both of which are forecast on basis of available date and evidence at start of each year by the Grampian Medicines Management Group	Monitoring of price and volume variances from forecast. Review of prescribing patterns across General Practices and follow up on outliers.

		Implementation of support tools – Scriptswitch, Scottish Therapeutic Utility. Poly pharmacy and repeat prescription reviews to reduce wastage and monitor patient outcomes.
Out of Area Treatments	There is a risk of an increase in number of Aberdeen City patients requiring complex care from providers located out with the Grampian Area, which would impact this budget.	Groups to be re-established reviewing placements and considering if these patients can be cared for in a community setting.

Appendix F: Budget Virements (balancing)

Health 1-3		£
PAY UPLIFT 2122	Core Community	637,942
PAY UPLIFT 2122	Learning Disabilities	27,569
PAY UPLIFT 2122	Community Mental Health	157,048
PAY UPLIFT 2122	Transformation and Public Health	20,368
PAY UPLIFT 2122	Earmarked Funds	(842,928)
CITY HOSTED PAY UPLIFT	City Share Hosted Services	261,477
CITY HOSTED PAY UPLIFT	Earmarked Funds	(261,477)
GP PREMISES FUNDING	Core Community	289,978
GP PREMISES FUNDING	Earmarked Funds	(289,978)
MTFF	Resource Transfer	3,230,000
MTFF	Earmarked Funds	(3,230,000)
Total Virements		(0)

Social Care 1-3		£	**Ref**
Jb Remove Existing Ijb 21/22 Budget	Directorate	(1,387,052)	50090
Jb Revised Ijb 21/22 Budget	Directorate	1,408,545	50090
Jb Remove Existing Ijb 21/22 Budget	Directorate	(1,200)	50090
Jb Revised Ijb 21/22 Budget	Directorate	314	50090
Jb Remove Existing Ijb 21/22 Budget	Directorate	(89,880)	50090
Jb Revised Ijb 21/22 Budget	Directorate	4,443	50090
Jb Remove Existing Ijb 21/22 Budget	Directorate	(5,140)	50090
Jb Revised Ijb 21/22 Budget	Directorate	700	50090
Jb Remove Existing Ijb 21/22 Budget	Directorate	(3,556,367)	50090
Jb Revised Ijb 21/22 Budget	Directorate	222,909	50090
Jb Remove Existing Ijb 21/22 Budget	Directorate	(1,311,578)	50090
Jb Revised Ijb 21/22 Budget	Directorate	191,727	50090
Jb Remove Existing Ijb 21/22 Budget	Directorate	(15,450)	50090
Jb Revised Ijb 21/22 Budget	Directorate	62,161	50090
Jb Remove Existing Ijb 21/22 Budget	Directorate	1,300,656	50090
Jb Revised Ijb 21/22 Budget	Directorate	(1,333,665)	50090
Jb Remove Existing Ijb 21/22 Budget	Learning Disabilities	(5,356,751)	50090
Jb Revised Ijb 21/22 Budget	Learning Disabilities	5,703,072	50090
Jb Remove Existing Ijb 21/22 Budget	Learning Disabilities	(233,821)	50090
Jb Revised Ijb 21/22 Budget	Learning Disabilities	236,481	50090
Jb Remove Existing Ijb 21/22 Budget	Learning Disabilities	(34,122)	50090
Jb Revised Ijb 21/22 Budget	Learning Disabilities	34,962	50090
Jb Remove Existing Ijb 21/22 Budget	Learning Disabilities	(228,760)	50090
Jb Revised Ijb 21/22 Budget	Learning Disabilities	229,780	50090
Jb Remove Existing Ijb 21/22 Budget	Learning Disabilities	(22,042)	50090
Jb Revised Ijb 21/22 Budget	Learning Disabilities	55,992	50090
Jb Remove Existing Ijb 21/22 Budget	Learning Disabilities	(27,659,282)	50090
Jb Revised Ijb 21/22 Budget	Learning Disabilities	25,425,058	50090
Jb Remove Existing Ijb 21/22 Budget	Learning Disabilities	(1,863,068)	50090
Jb Revised Ijb 21/22 Budget	Learning Disabilities	1,531,343	50090

Jb Remove Existing Ijb 21/22 Budget	Learning Disabilities	1,470,003	50090
Jb Revised Ijb 21/22 Budget	Learning Disabilities	(1,296,462)	50090
Jb Remove Existing Ijb 21/22 Budget	Mental Health	(2,367,475)	50090
Jb Revised Ijb 21/22 Budget	Mental Health	3,011,216	50090
Jb Remove Existing Ijb 21/22 Budget	Mental Health	(100)	50090
Jb Revised Ijb 21/22 Budget	Mental Health	1,150	50090
Jb Remove Existing Ijb 21/22 Budget	Mental Health	(33,049)	50090
Jb Revised Ijb 21/22 Budget	Mental Health	6,050	50090
Jb Remove Existing Ijb 21/22 Budget	Mental Health	(15,845)	50090
Jb Revised Ijb 21/22 Budget	Mental Health	6,220	50090
Jb Remove Existing Ijb 21/22 Budget	Mental Health	(18,400)	50090
Jb Revised Ijb 21/22 Budget	Mental Health	141,000	50090
Jb Remove Existing Ijb 21/22 Budget	Mental Health	(8,683,889)	50090
Jb Revised Ijb 21/22 Budget	Mental Health	8,185,622	50090
Jb Remove Existing Ijb 21/22 Budget	Mental Health	(76,131)	50090
Jb Revised Ijb 21/22 Budget	Mental Health	68,844	50090
Jb Remove Existing Ijb 21/22 Budget	Mental Health	1,024,717	50090
Jb Revised Ijb 21/22 Budget	Mental Health	(413,180)	50090
Jb Remove Existing Ijb 21/22 Budget	Older People & Physcial Dis	(7,143,846)	50090
Jb Revised Ijb 21/22 Budget	Older People & Physcial Dis	6,146,030	50090
Jb Remove Existing Ijb 21/22 Budget	Older People & Physcial Dis	(121,118)	50090
Jb Revised Ijb 21/22 Budget	Older People & Physcial Dis	80,730	50090
Jb Remove Existing Ijb 21/22 Budget	Older People & Physcial Dis	(23,055)	50090
Jb Revised Ijb 21/22 Budget	Older People & Physcial Dis	35,535	50090
Jb Remove Existing Ijb 21/22 Budget	Older People & Physcial Dis	(148,234)	50090
Jb Revised Ijb 21/22 Budget	Older People & Physcial Dis	123,675	50090
Jb Remove Existing Ijb 21/22 Budget	Older People & Physcial Dis	(225,585)	50090
Jb Revised Ijb 21/22 Budget	Older People & Physcial Dis	277,379	50090
Jb Remove Existing Ijb 21/22 Budget	Older People & Physcial Dis	(78,455,792)	50090
Jb Revised Ijb 21/22 Budget	Older People & Physcial Dis	82,793,132	50090
Jb Remove Existing Ijb 21/22 Budget	Older People & Physcial Dis	(2,047,345)	50090
Jb Revised Ijb 21/22 Budget	Older People & Physcial Dis	2,648,747	50090
Jb Remove Existing Ijb 21/22 Budget	Older People & Physcial Dis	11,863,947	50090
Jb Revised Ijb 21/22 Budget	Older People & Physcial Dis	(6,328,697)	50090
Jb Remove Existing Ijb 21/22 Budget	Criminal Justice	(4,300,146)	50090
Jb Revised Ijb 21/22 Budget	Criminal Justice	4,640,237	50090
Jb Remove Existing Ijb 21/22 Budget	Criminal Justice	(54,245)	50090
Jb Revised Ijb 21/22 Budget	Criminal Justice	56,185	50090
Jb Remove Existing Ijb 21/22 Budget	Criminal Justice	(8,385)	50090
Jb Revised Ijb 21/22 Budget	Criminal Justice	79,448	50090
Jb Remove Existing Ijb 21/22 Budget	Criminal Justice	(59,183)	50090
Jb Revised Ijb 21/22 Budget	Criminal Justice	20,205	50090
Jb Remove Existing Ijb 21/22 Budget	Criminal Justice	(100,816)	50090
Jb Revised Ijb 21/22 Budget	Criminal Justice	586,239	50090
Jb Remove Existing Ijb 21/22 Budget	Criminal Justice	(496,261)	50090
Jb Revised Ijb 21/22 Budget	Criminal Justice	430,823	50090
Jb Remove Existing Ijb 21/22 Budget	Criminal Justice	(4,162)	50090
Jb Revised Ijb 21/22 Budget	Criminal Justice	2,000	50090
Jb Remove Existing Ijb 21/22 Budget	Criminal Justice	4,931,510	50090
Jb Revised Ijb 21/22 Budget	Criminal Justice	(5,723,450)	50090

Jb Revised Ijb 21/22 Budget	Transformation Projects	21,720	50090
Jb Revised Ijb 21/22 Budget	Transformation Projects	22,600	50090
Jb Remove Existing Ijb 21/22 Budget	Transformation Projects	(402,000)	50090
Jb Revised Ijb 21/22 Budget	Transformation Projects	1,553,323	50090
Jb Revised Ijb 21/22 Budget	Transformation Projects	(115,300)	50090
Jb Remove Existing Ijb 21/22 Budget	General Transformation	(465,766)	50090
Jb Revised Ijb 21/22 Budget	General Transformation	486,297	50090
Jb Revised Ijb 21/22 Budget	General Transformation	70,000	50090
Jb Remove Existing Ijb 21/22 Budget	General Transformation	(1,680)	50090
Jb Revised Ijb 21/22 Budget	General Transformation	1,016	50090
Jb Remove Existing Ijb 21/22 Budget	General Transformation	(1,200)	50090
Jb Remove Existing Ijb 21/22 Budget	General Transformation	(27,500)	50090
Jb Revised Ijb 21/22 Budget	General Transformation	50,079	50090
Jb Revised Ijb 21/22 Budget	General Transformation	176,638	50090
Jb Remove Existing Ijb 21/22 Budget	General Transformation	264,500	50090
Jb Remove Existing Ijb 21/22 Budget	Budget Savings	31,005,920	50090
Jb Revised Ijb 21/22 Budget	Budget Savings	(36,434,407)	50090
Total Virements		0	

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Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	24 August 2021
Report Title	Immunisation Blueprint Refresh
Report Number	HSCP.21.066
Lead Officer	Fiona Mitchelhill
Report Author Details	Name: Ali Chapman Job Title: Programme Manager Email Address: alchapman@aberdeencity.gov.uk Phone Number:
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	Appendix A - Blueprint for City Immunisations Appendix B – Direction to NHSG

1. Purpose of the Report

1.1. The purpose of this report is to provide the Integration Joint Board (IJB) with an update on our immunisation plan including the re-fresh of the Immunisation Blueprint.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Note the progress made on the mass vaccination programme and flu delivery in 2020 and lessons learned from both;

b) Agree to the implementation of the new service delivery model for Vaccination services, as outlined within Appendix A, with effect from end of August 2021;

c) Note that fixed term staff funded by Covid funding will be in place to deliver on the Extended Flu and Covid Booster until end of March 2022;

d) Note the identified funding stream required for Covid -19 Booster and Extended Flu; as outlined at paragraph 4.2 of this report.

e) Makes the Direction, as attached at Appendix B, and instructs the Chief Officer to issue the Direction to NHSG.

3. Summary of Key Information

3.1. Immunisation is one of the most effective public health interventions in the world for saving lives and promoting good health. Immunisation helps protect against serious diseases and once we have been immunised, our bodies are better able to fight these diseases if we come into contact with them.

3.2. The IJB on 8 September 2020 approved our Service Re-design Blueprint which defined our future state model for the Aberdeen City Immunisation Programme.

3.3. Since its development, and the delivery of the Flu Programme (2020/21), which highlighted multiple learning points, there has been increased understanding of the requirements for adequate staffing, programme management, Information Technology, and data to successfully deliver a mass vaccination programme.

3.4. The annual Flu Programme (2021/22) has now been further extended to include Aberdeen City Health & Social Care Partnership (ACHSCP), Aberdeen City Council (ACC), NHS Grampian (NHSG) Staff and independent contractors; teachers and pupil facing support staff; the HMP Grampian prison population, prison officers who deliver direct front facing detention services, secondary school pupils and all those aged 50-64.

3.5. In February 2021, we commenced the COVID19 Vaccination programme which is currently being delivered in our Mass Vaccination Centre at P&J Live and various pop up clinics throughout Aberdeen City. As at 11th August, 156,067 first doses and 126,821 second doses have been administered.

There remain around 97,000 doses to be administered to complete all first and second doses in Aberdeen City (made up of around 34,000 first doses and 63,000 second doses)

3.6. In Spring 2021, it was announced there would be a covid booster. High level assumptions have been provided by the Scottish Government (SG) with guidance on which cohorts will receive this and anticipated delivery timescales. Further guidance is awaited regarding the assumption that Covid and Flu could be delivered at the same time.

3.7. Lessons learned from the COVID vaccination programme also highlighted the need to deliver services locally and engage with local community groups, hubs, community centres and places of worship to ensure easier access for diverse and disadvantaged groups. Full details of how we engaged with the Community to target our diverse and disadvantaged groups and cold spot areas are highlighted in Appendix A – Section13.

New Service Delivery Model

3.8. The Vaccination Transformation Programme (VTP) will move towards a single team working across the three locality areas with a central mass venue identified as the main hub. The team will provide a vaccination service across all ages. Uptake data for preschool, school, and adult routine vaccinations will be used to identify areas where further promotion or pop up clinics are required to increase the uptake with locality areas.

3.9. Staff appointed via covid funding are in place until the end of March 2022. This workforce, along with the existing Immunisation Nurses will deliver the covid boosters and flu (including extended flu). This is due to the assumption that covid and flu vaccinations will be delivered at the same time.

3.10. New funding streams, post March 2022, will be required to continue to deliver on extended flu and covid -19 boosters if they become an annual event.

Hub and Spoke Model

3.11. A hub and spoke model will be utilised with the majority of vaccinations delivered in the vaccination hub. There will be a central Vaccination Hub

within the city centre and fixed clinics in the north and south locality. In addition to this there will be:

- Pop up Clinics for Diverse and disadvantaged populations
- Mobile Vaccination Unit
- Central storage for all equipment within the central vaccination hub
- Routine adult immunisations will utilise the same venues as Covid-19 Booster and Flu, out with their peak delivery times

Partnership Working

3.12. As part of the COVID Immunisation Programme, we have worked collaboratively with partners to look at different ways of delivering vaccinations in alternative settings. This has included working with Locality Empowerment Groups, community leaders, groups, centres and other hubs to raise local awareness within the community, to build networks and enable rapid mobilisation of pop up clinics. We have worked jointly with local churches, mosques and community centres to provide venues as well as Aberdeen City Council for the access of outdoor spaces for delivering vaccinations and support local knowledge to promote vaccine. Collaborative working with local health services, housing, social work and third sector services to deliver at alternative local vaccine clinics i.e. Homeless Services, Sexual Health Services and Healthy Hoose. Joint working with the Grampian Regional Equality Council (GREC) has built relationships which has allowed better reach to promoting vaccine to ethnic minority groups, responsively plan local pop up clinics and support residents with no CHI or not registered with a GP to attend for their vaccine. This approach has supported building longer term relationships to help promote the delivery of the wider immunisation programme within Aberdeen City. Full details can be found on page 14 of Appendix A.

Community Engagement

3.13. Meetings & engagement sessions have been held with local Community Leaders, local social media influencers and local residents to improve engagement with the community and support the vaccine programme to deliver a “person centred” service. Full details of our community engagement sessions are details in pages 11-15 of Appendix A.

Scheduling of Appointments

3.14. During the delivery of the Mass Vaccination Programme, Service Now (SNOW) and a vaccination management tool (VMT) were implemented.

It is the intention that all adult immunisations should be scheduled utilising these tools going forward. High level assumptions from the Scottish Government indicate that SNOW and VMT will continue to be available and fit for purpose for the delivery of Covid-19 Boosters and Flu for both our Child & Adults Vaccination programmes. These assumptions have been utilised when planning the anticipated workforce.

4. Implications for IJB

4.1. Equalities, Fairer Scotland and Health Inequality: The content of this paper aligns with our Strategic Plan, for which a full health inequality impact assessment has been undertaken. The assessment overall was positive in relation to the Strategic Plan's impact on equality and diversity within Aberdeen City.

A significant amount of work has been conducted during the mass vaccination programme to ensure diverse and disadvantaged are targeted for their vaccination. It is anticipated that the implementation of these plans, will have a positive impact on people affected by socio-economic disadvantage and support the Fairer Scotland duties, as per the ambitions within our strategic plan

Appendix A Blueprint for City Immunisations includes a Summary of Communications, Engagement and Consultation (page 11 – 15).

INTEGRATION JOINT BOARD

4.2. Financial

	Recurring	Recurring Cost Centre Split			
		PCIP - Adult	PCIP - Pre-school	Core - School	Additional Funding
	£	N33001	N32203	N35050	(COVID/Extended Flu)
Agreed Finance		£904,235.97	£259,686.00	£394,607.00	0
SUMMARY					
STAFFING	£4,907,947.81	£834,727.97	£259,686.00	£384,963.00	£3,428,570.84
PREMISES	£408,444.00	£14,000.00	£0.00	£0.00	£394,444.00
EQUIPTMENT	£161,644.00	£40,000.00	£0.00	£1,644.00	£120,000.00
IT	£20,000.00	£0.00	£0.00	£8,000.00	£12,000.00
OTHER	£60,256.00	£15,508.00	£0.00	£0.00	£44,748.00
TOTAL	£5,558,291.81	£904,235.97	£259,686.00	£394,607.00	£3,999,762.84
Total Spend	£5,5558,291.81	£904,235.97	£259,686.00	£394,607.00	£3,999,792.84
Shortfall	**-£3,999,762.84**	**£0**	**£0**	**£0**	**-£3,999,762.84**

4.3. Workforce

The workforce required is a significant step change compared to the previous blueprint. The required workforce is based on lessons learned from Flu delivery in 2020, as well as the mass vaccination programme.

The workforce required will be dependent on the roll out, and financial support available for Extended Flu and Covid-19 Boosters.

Any workforce changes will continue to be progressed in consultation with affected staff and in partnership with our staff side colleagues in line with usual organisational change process. During the Covid-19 response stage, staff side and trade unions have been integral members within our operational governance decision making processes and this will continue.

Workforce Sustainability – to ensure a sustainable long term vaccination workforce, the service is expanding the development of Band 3 Associate

Vaccinators in line with Scottish Government guidance and local NHS Grampian supported training programme.

4.4. Legal

There are no specific implications as a direct result of this report

4.5. Covid-19

This report deals specifically with the requirements to further the Covid-19 immunisation programme. To ensure the workforce, venues and logistics are in place to support the roll out of the programme.

4.6. Unpaid Carers

Unpaid carers are defined as a specific category within Covid immunisations blueprint and work will continue to ensure access to vaccines is available for this group.

5. Links to ACHSCP Strategic Plan

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

5.1.1. Prevention: the delivery of our vaccination programme directly seeks to address the preventable causes of ill health in our population.

5.1.2. Personalisation: the vision of our immunisations service redesign seeks to "providing services at the right time in the right place to meet patient needs."

5.1.3. Connections: The shift in immunisation delivery into community hubs will help us to develop meaningful community connections with local people which will seek to improve immunisation uptake levels.

INTEGRATION JOINT BOARD

6. Management of Risk

6.1. Identified risks(s)

A number of key risks have been identified in relation to the programme of work. See Page 10 & 11 in Appendix A for a full Summary of Identified Risks.

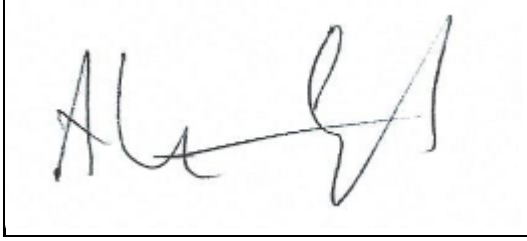
6.2. Link to risks on strategic or operational risk register:

This report links to Risk 2: There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and projects an overspend. If Financial budgets for delivering the covid booster and extended flu are not provided to ACH&SCP

This report links to Risk 7 on the Risk Register - Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system. If sufficient resources are not provided the VTP may fail to deliver on its objectives.

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

This report is seeking to instruct the Chief officer to request funding streams from NHSG for the covid-19 booster and extended flu, as well as extended funding for the VTP.

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

BLUEPRINT
IMMUNISATION PROGRAMME

Project Name	Immunisation Service Redesign	Date	26/05/2021
Author	L Lawrie, Deputy Lead Nurse A Chapman, Programme Manager C Anderson, Programme Manager	Version	1.4

1. Purpose and Alignment

1.1 Background

This Service Redesign Blueprint (Immunisations – HSCP.21.037) was presented and approved on 8 September 2020 by the Integration Joint Board (IJB) to define a future state model for the Aberdeen City Vaccination Programme.

Since its development, and the delivery of the Flu Programme 2020/21, which highlighted multiple learning points, there has been increased understanding of the requirements for adequate staffing, programme management, Information Technology and data to successfully deliver a mass vaccination programme.

The Annual Flu Programme 2021/22 has now been further extended to include Aberdeen City Health & Social Care Partnership, Aberdeen City Council, NHS Grampian staff and independent contractors; teachers and pupil facing support staff; the HMP Grampian prison population and prison officers who deliver direct front facing detention services, secondary school pupils and all those aged 50-64 years old.

In February 2021, we commenced the COVID19 Vaccination programme which is currently being delivered in our Mass Vaccination Centre at P&J Live and various pop up clinics throughout Aberdeen City. As at 11th August, 156,067 first doses and 126,821 second doses have been administered. There remains around 97,000 doses to be administered to complete all first and second doses in Aberdeen City (made up of around 34,000 first doses and 63,000 second doses).

In spring 2021, it was announced there would be a covid booster. High level assumptions have been provided by the Scottish Government (SG) with guidance on which cohorts will receive this and anticipated delivery timescales, further guidance is awaited regarding the assumption that Covid and Flu could be delivered at the same time.

As part of the Vaccination Transformation Programme (VTP), adult pneumococcal and shingles has transferred from GP Services to delivery by Health and Social Care Partnership (HSCP). NHS Grampian have advised that previous years uptakes have been in the region of 40-45%, therefor there is a substantial amount of outstanding vaccinations within this population. This has been planned into the Immunisation Blueprint.

Lessons learned from the mass flu delivery programme in 2020 concluded that additional resource would be required to deliver a safe and sustainable VTP annually. It is clear increased funding is required to deliver a sustainable vaccination service to Aberdeen City residents.

Lessons learned from the COVID vaccination programme also highlighted the need to deliver services locally and engage with local community groups, hubs, community centres and places of worship to ensure easier access for diverse and disadvantaged groups.

BLUEPRINT
IMMUNISATION PROGRAMME

Purpose

This Blueprint forms an integral part of redefining the City Vaccination Transformation Programme (VTP). It explains the future model and demonstrates how the objectives will be achieved. The Blueprint is a detailed description of what the team will look like in terms of its people, premises, processes and information systems.

This document includes a financial summary relating to the costs. It takes into account the learning from last year's Influenza Programme and extended cohorts 2021/22 and the introduction of the COVID 19 booster programme. It includes further resources required to safety deliver this programme.

2. National and Local Drivers for Change

- PCIP – moving of vaccine delivery to HSCPs
- Pandemic – Mass Vaccine Delivery for COVID19
- Flu programme (Extended for 2021/22)
- Pre-school Immunisation Programme
- School Immunisation Programme
- Adult Immunisation Programme

This equates to approximately an additional 58,000 flu vaccinations, and an expected, 236,000 COVID booster vaccinations to be delivered during 2021/22.

3. Organisational Context

NHS Grampian are working towards the Scottish Government agreed plan to transition vaccinations away from general practice delivery by 31 March 2022. The delivery of vaccinations have been devolved the Aberdeen City Health & Social Care Partnership.

The VTP has been divided into different work streams to facilitate a phased approach to transfer:

1. pre-school programme – transferred 2019
2. school-based programme (HPV, MMR, MenACWY, flu) – transferred 2019
3. travel vaccinations and travel health advice – plan to transfer 2021/22
4. influenza programme – preschool transferred 2019, adult transferred 2020
5. at risk and age group programmes (shingles, pneumococcal, hepatitis B, BCG) – transferred
6. Covid19 – Vaccination Programme / Yearly Booster – March 2022, and beyond

This blueprint will ensure that the VTP are delivered in an efficient and effective manner, aligned to localities, as well as seeking to increase immunisation uptake.

The COVID19 Vaccination programme is currently being delivered by existing staff deployed during the pandemic, and a further employed workforce funded through temporary funding to March 2022. This revised blueprint will seek to provide a proposal for ongoing provision of a yearly booster or further vaccine delivery to the population of Aberdeen City.

4. Current Position

Currently the city has four separate vaccination teams:-

- Pre School Team
- School Vaccination Team
- Flu Vaccinations (mainly delivered by Bank Staff)
- COVID19 Vaccination Team (fixed term contracts)

There is room for improvement in the uptake levels in Aberdeen City.

We recognise that the previous version of the blueprint did not identify sufficient resources to deliver the VTP based on the experience of 2020/21.

The COVID19 Vaccination Programme is currently being provided as per Joint Committee on Vaccination (JVCI) priorities. This has been delivered by GPs to the Over 80 Population and the Community Nursing Teams have delivered in care homes and housebound individuals. The Scottish Government (SG) and vaccine supply have guided who and when are vaccinated. Due to cold spots and an increase in vaccine supply, there has been some relaxation in SG boundaries, enabling some pop up clinics across the city to reach diverse and disadvantaged communities.

A newly appointed vaccination team made up of approximately 88 whole time equivalent (wte) Vaccinators, 55wte Health Care Support Workers (HCSW), Logistical co-ordinators and admin staff based at P&J Live are delivering to the remaining citizens of Aberdeen City as part of the Mass Vaccination Programme. This workforce is employed to March 2022 and funded by SG COVID19 money.

During the 2020/21 Flu Programme an additional number of senior managers, senior administrators, rostering, data management, call centre staff, logistics and data inputters were identified as being required. This resource and learning led into the recognised requirements to deliver a safe and effective mass vaccination programme.

5. Vision Statement

We will support the health of Aberdeen Citizens by modernising the delivery of vaccinations, providing services at the right time, in the right place, to meet the population needs.

6. Programme Objectives

- **Objective 1**

  Implement a new model of delivery, which is coproduced and based on local decision-making. New operational arrangements will be established as business as usual reflecting the needs of the population in regard to accessibility.

- **Objective 2**

  Ensure any transformation in delivery is achieved without any adverse impact on safety or sustainability of current / existing vaccination programmes.

- **Objective 3**

  Ensure that the necessary systems and infrastructure (e.g. IT, data and premises) are in place to support new models of delivery.

- **Objective 4**

  To continually learn and develop models of delivery which are sufficiently resourced and sustainable.

- **Objective 5**

  Improve uptake of vaccinations across the city.

7. High Level Benefits Map

Benefit	Type	Certainty	Cash Releasing	Owner
Greater access and inclusion for the citizens of Aberdeen by providing person centred service	Tangible	Expected	No	Programme Manager (PM)
Ability to plan better and meet variations in demand as a city Vaccination service. This will return in increased efficiency across the team.	Intangible	Anticipated	No	Programme Manager (PM)
Improved uptake of Vaccinations within the city	Tangible	Anticipated	No	Programme Manager (PM)

8. Our New Delivery Model

The proposal is based on the assumption that COVID19 boosters will be provided annually.

The VTP will move towards a single team working across the three locality areas with a central mass venue identified as the main hub. The team will provide a vaccination service across all ages. Uptake data for preschool, school, and adult routine vaccinations will be used to identify areas where further promotion, or pop up clinics are required to increase the uptake with locality areas.

Evidence demonstrates the development of a vaccination team allows increased consistency in programme delivery enabling implementation of city-wide protocols covering discussion, recording and follow-up with population on immunisation. Team development also facilitates staff education, training and updating, problem solving and has been found to yield efficiencies in staffing requirements to deliver programmes.

BLUEPRINT
IMMUNISATION PROGRAMME

Following on from learning from flu delivery in 2020 and the mass vaccination programme in 2021, the proposed structure for the immunisation programme includes 133wte staff to delivery our full vaccination programme includes Vaccinators, Health Care Support Workers, Associate Vacinators, Pharmacy Assistants, Logistics, admin team leader, check in admin, data and digital support, rostering support, as well as a delivery manager and team leader role.

Staff appointed via Covid Funding are in place until the end of March 2022. This workforce will deliver the Covid boosters and Extended flu.

Funding post March 2022 will be required to continue to deliver on extended Flu and Covid -19 boosters if they become an annual event. Temporary 12 month contracts will be issues in the first instance until permanent funding is available.

Workforce Sustainability – to ensure a sustainable long term vaccination workforce, the service is expanding the development of Band 3 Associate Vaccinators in line with Scottish Government guidance and local NHS Grampian supported training programme.

A hub and spoke model will be utilised with the majority of vaccinations delivered in the vaccination hub. The vaccination hub will be utilised to be the central hub for all necessary vaccination equipment/PPE.

The 'spokes' will include vaccination clinics at venues in North and South localities, as well as ad-hoc pop up community clinics to support with diverse and disadvantaged areas. It is the intention that out with peak vaccination periods the vaccination hub could be used for mop up clinics for school vaccinations (e.g. Human Papillomavirus (HPV)).

With the move of routine adult vaccinations (shingles, pneumococcal, hepatitis B) to the community it is anticipated that these can be carried out as a condensed 6 monthly programme, out with peak vaccination periods within the hub and spoke model.

Annual Schedule

Vaccine	Annual	Approximate Numbers per annum
Annual Flu (included extended)	September -Dec	120,000
Annual Covid Booster	October - March	236,200 (potential cohort)
Routine Adult Vaccinations Pneumococcal – Age 65 Shingles – Age 70 Hepatitis B Backlog Pneumococcal – Age 65 Shingles – Age 70	April - September	 Per Annum – 2,450 – 2,100 – 7,351 – 6,223
School Age Mop Up	April - September	

School Vaccinations (Primary and Secondary) • HPV Boys and girls aged 12-13 years. (x 2 Vaccinations) • Catch-ups • DTP & MenACWY – Boys and girls aged 14-5 • MMR (delivered between Jan-June) • Flu (September / October – December)	Term Time September - June	HPV Per annum 19,500 DTP / MenACWY per annum 28,000 – 30,000 (Academy 900-1200 and Prim School 300-500) delivered Sept/Oct-December.
Preschool x 5 appointments per child	Year Round	12,500 per Annum (2,500 year x 5)
Travel	Year Round	Await figures
BCG & MMR Mop up	Year Round	0.5 days per Month

The following table details the potential venues for delivery of VTP.

Venue	Number of Pods	Vaccines to deliver	Facilities	Locality
Aberdeen City Vaccination Centre (Former John Lewis Site)	Up to 40	Covid -19 Vaccine Covid -19 Booster Flu Immunisation Shingles (including backlog) Pneumococcal (Including back Log) School Mop up (e.g., HPV)	To be confirmed	Central
Airyhall Clinic	6	Covid -19 Booster Flu Immunisation Routine Adult Immunisations	To be confirmed	South
Bridge of Don Clinic	3	Covid -19 Booster Flu Immunisation Routine Adult Immunisations	To be confirmed	North
Care Homes & House Bound				
Care Homes – Older people	A team of vaccinators will be used for vaccinating those in care homes.			
Mental Health & Learning Difficulties				
Housebound	It is anticipated that those who are house bound will be vaccinated within their own home.			
School Immunisations – Business as usual				
All Primary and Secondary Schools	n/a	All Routine School Immunisations		All
Pre -school Immunisations – Business as usual				

Healthy Hoose @ Middlefield Community Hub	1 Room – 5 days per week	Pre-school Immunisations	Facilities already set up for immunisations	North
Tillydrone Community Hub;	1 Room - 5 days per week	Pre-school Immunisations	Facilities already set up for immunisations	Central
Marywell Health Centre.	Up to 3 rooms available - 5 days a week	Pre-school Immunisations	Facilities already set up for immunisations	Central
Bridge of Don Clinic	5 days 1 room	Pre-school Immunisations	Facilities already set up for immunisations	North
Old Aberdeen	5 days 1 room	Pre-school Immunisations	Facilities already set up for immunisations	North

Potential Pop up Venues – Used for Over 80's or Diverse and Disadvantaged Areas – list is not definitive		
Inverurie Road Clinic	North	Pop Up venues will be used to target specific groups such as: Over 80's Diverse and Disadvantaged areas
Seaton Community Church	North	
Bridge of Don Baptist Church	North	
Danestone Community Centre	North	
Froghall Community Centre	Central	
Mastrick Community Church Hall	Central	
Woodend Hospital	Central	
Mannofield Church	Central	
Westburn Lounge	Central	
Health Village – Green Zone	Central	
Altens Community Church	South	
St Nicholas Church, Kincorth	South	
Old Torry Community Centre	South	
Peterculter Community Church	South	

Map Showing Fixed Venues

Mobile Community Immunisation Unit

To ensure that ability to travel is not a blockage to vaccination uptake, a mobile community vaccination solution will also be available. This will allow immunisations to be delivered where people live and in response to areas of lower uptake. Procurement of this mobile unit is to be progressed in 2021.

Plan for Venues

Medium Term (1-3 years)

It is anticipated that the mass vaccination centre within the old John Lewis site will be become a medium term solution, until a more permanent long term solution can be secured.

Long Term (3+ years)

It is anticipated that a long term venue will be required for all annual vaccinations (flu, covid booster) and adult routine vaccinations (shingles, pneumococcal, and hepatitis B). Work will be taken forward by the ACHSCP Infrastructure and Capital Programme to determine an NHS owned premises to provide long term space for annual and adult's routine immunisations.

There will be an update provided within the CO report to the IJB on 24 August 2021 to provide an update for a programme of work to identify assets for longer term. It is anticipated that the smaller community venues would remain as well as a new permanent mass vaccination centre.

Processes and Information Management

The changes proposed for the delivery of the vaccination programme offer the opportunity for us to deliver services differently. Over time and as recruitment and redesign of workforce allow, we would look to move the service to provide residents with choice as to when they would wish to attend clinics which will include some evenings and weekends.

During the delivery of the mass vaccination programme, Service Now (SNOW) and a Vaccination Management tool (VMT) have been implemented.

It is the intention that all adult vaccinations should be scheduled utilising these tools going forward. High level assumptions from the Scottish Government indicate that Service now and VMT will continue to be available and fit for purpose for the delivery of Covid-19 Boosters and Flu. These assumptions have been utilised when planning the anticipated workforce. Please see Appendix 2 which details the data process for the current mass vaccination programme.

9. Data

Currently existing vaccination uptake data is available on a city and practice level on a quarterly basis, around 6 months following each quarter. It has been identified that in order to continue to make improvements and be confident that these improvements are having a positive impact on our vaccination uptake levels, frequent, quality data is required at a community/ locality level.

During COVID19, public health data on uptake is now available to the service at a community level on a daily basis to support the vaccination programme to identify areas that require further promotion and support. Work is ongoing with NHS Health Intelligence to ensure this information is available for all vaccination programmes.

10. Financial Summary

	Recurring	Recurring Cost Centre Split			
		PCIP - Adult	PCIP - Pre-school	Core - School	Additional Funding
	£	N33001	N32203	N35050	(COVID/Extended Flu)
Agreed Finance		£904,235.97	£259,686.00	£394,607.00	0
SUMMARY					
STAFFING	£4,907,947.81	£834,727.97	£259,686.00	£384,963.00	£3,428,570.84

PREMISES	£408,444.00	£14,000.00	£0.00	£0.00	£394,444.00
EQUIPTMENT	£161,644.00	£40,000.00	£0.00	£1,644.00	£120,000.00
IT	£20,000.00	£0.00	£0.00	£8,000.00	£12,000.00
OTHER	£60,256.00	£15,508.00	£0.00	£0.00	£44,748.00
TOTAL	£5,558,291.81	£904,235.97	£259,686.00	£394,607.00	£3,999,762.84
Total Spend	£5,5558,291.81	£904,235.97	£259,686.00	£394,607.00	£3,999,792.84
Shortfall	**-£3,999,762.84**	**£0**	**£0**	**£0**	**-£3,999,762.84**

11. Governance Approvals

Report	Committee/Board	Date
Blue Print for City Immunisations	IJB	September 2020
Blue Print for City Immunisations - Refresh	EPB	May 2021
Blue Print for City Immunisations - Refresh	IJB	July 2021

12. Key Risks

Description	Mitigation
It is unclear if there will be a new funding stream for the covid booster and extended flu. As such the new posts cannot be recruited to until this has been confirmed.	Recruitment to new posts will not commence until funding source identified
It is unclear when a COVID19 booster may be available, if it is ready by autumn we may be able to plan delivery alongside flu, or after flu.	We will continue to receive updates nationally
We are unclear if the COVID19 booster will be an annual event or just for 2021/22	Covid-19 booster immunisation nurses will be employed on a fixed term for the first 2 years.
Inability to recruit registered nurse vaccinators and retain them	Proactively advertising vacant posts. Use of existing bank nurses. Expand/develop Band 3 vaccinator role
Time to recruit and train nurses	Work with recruitment team to ensure timely process and work with PEF/clinic coordinators for training.
Availability of sufficient staff to mentor nurses on the training programme	Vaccination Team Leader to support if required.
Unable to source sufficient venues in the community to deliver immunisations	Building relationship with communities during COVID has secured further community venues.

The use of VMT for Covid 19 Booster and Flu for Autumn 2021 has been confirmed for adult vaccinations – awaiting confirmation for children. If VMT is not available for use across all vaccinations this will cause substantial admin support required to update Vison / Emis (GP IT Systems) for all patients	Ongoing dialog with the national team to highlight the need for use of VMT across all vaccinations
The use of the national booking centre to allocate all child & adult appointments and send letters for Covid 19 Booster and Flu has yet to be confirmed. Risk around contact centre support/ admin required for lettering (mail merge) and costs of letters sent via royal mail	Confirmation that national booking centre will be used for Adult flu and COVID booster – local systems to continue to be used for Pre-school and School Vaccinations.
It is currently unknown is Flu and Covid can be administered at the same time. Update of both vaccines likely to be higher if provided at the same time. If not whichever is provided last likely to have much lower uptake.	Plan has been made with both vaccinating together and separately. Communications around benefits of getting both Flu and Covid built into communications and engagement plans.
Potential double work in terms of admin and contact centre work around issuing twice as many letters and lining up cohorts / ensuring time in -between – especially if patient reschedules	Consideration being given to run Flu programme first.
Risks around logistics support for using ad-hoc venues – Increased requirement for logistic/facilities support for new Mass Vaccination Centre.	Logistics Support built into the workforce requirement.
Preschool boosters will be changing from 4years to 3 years 4 months in 2021/22. As such there will be a backlog of 1600 of Preschool boosters to catch up on	Plan in place to start with oldest children and put one extra clinic on per week to catch up these.

13. Communications, Engagement and Consultation

Engagement and Consultation to date

Covid Focus Group – Locality Engagement Groups

In March 2021 a focus group was carried out through Community Planning Aberdeen (CPA) with the Local Empowerment Groups (LEGS) to discuss issues around covid-19 vaccinations and testing. The focus groups identified a number of issues around vaccine uptake including:

- Appointment letters not received or received after appointment date - lack of awareness GP details need to be kept up to date.
- Barriers around travelling to P&J Live - lack of awareness of community transport available
- Anxieties from those at home/shielding for so long - attending large venue.

- Concerns around allergies.
- No Photography at P&J Live – social media for younger people

Solutions and actions were identified and taken forward :

- Promotion of keeping details up to date at GP and promoting how to re-book missed appointments.
- Video Walk through of what to expect at P&J Live & promoting "Quiet Space" highlighting social distancing measures put in place.
- Promotion of ThinC and other travel options to P&J Live via social media and radio.
- COVID-19 Vaccination Staff Handbook to provide all staff with information to allow them to encourage vaccine uptake.
- Community Pop Up Clinics organised to provide more local venues for those unable to travel to P&J.
- Promote use of social media to promote uptake – areas outside P&J Live where young people can photograph their attendance at clinic.

There are weekly meetings with Public Health co-ordinators to ensure further linkages and promotion of vaccine through Locality Empowerment Groups and neighbourhood leads.

Covid-19 Vaccine Local Survey

In April 2021 a local online public survey undertaken and widely advertised through social media and LEGS. 149 responses were received. Key themes include Vaccine hesitancy; transport / distance to P&J Live; and a theme around being healthy/ trusting own immune system.

There will be ongoing review with public health colleagues & ACHSCP Covid Touchpoint group to identify ways of increasing uptake and address the issues raised through the survey.

Covid – 19 Local Community Clinics to target our Diverse and Disadvantaged Populations)and Cold Spot Areas.

From April 2021, a number of 'pop up' clinics have been organised for the covid-19 vaccination to target diverse and disadvantaged population's e.g. homeless population and Black and Minority Ethnic (BAME) communities.

For non-English speakers vaccine leaflets in various languages are available along with a language line to provide translation support. In May 2021 Covid Flyers were translated into 7 different languages to support the promotion of local clinics to increase uptake and these were posted on various community sites across Aberdeen City.

The NHS Grampian Liaision Officer has been linking with Residents at Clintery and any new traveller groups arriving in Aberdeen to promote vaccine uptake and support attendance at vaccination clinics. Links have been made with the Seafarers Organisation and ISS Shipping to ensure any crews arriving in Aberdeen Harbour can attend walk in clinics. ACHSCP Vaccination Team have also been linking with Intermediaries to ensure anyone not registered with a GP can attend to be vaccinated no matter what their circumstances.

As of 11th August, 4**8** pop up community clinics have taken place in response to the above engagement events. These have seen **3,594** people vaccinated who were unable to attend their appointments at P&J Live. These clinics were bookable via the Aberdeen City Council (ACC) COVID call centre or resident "Walk Ins" on the day. These clinics have taken place at various locations within Aberdeen City targeting our diverse and disadvantaged areas and could not have been achieved without the support of local community centres and hubs, places of workshop, local businesses and venues and Aberdeen City Council for supporting the use of outdoor spaces. The following venues have been used to delivery our local community Clinics

Jesus House, Holburn	Timmermarket	Sexual Health, HV	Health Village Green Zone
Tillydrone Community Hub	Gerrard Street Baptist Church	Seaton Community Church	ASCO, Harbour Services
Michie's Pharmacy	Fountain of Love Church	St Nicholas Church, Kincorth	Froghall Community Centre / Foodbank
Balnagask Community Centre	Tillydrone Community Church	Masjid Alhikmah Mosque	Inschgarth Community Centre
Beach Ballroom	Healthy Hoose	Mastrick Community Centre	Quaker Meeting House, Crown Street
Elphinstone Hall, University of Aberdeen	Northfield Community Centre	Hazelhead Park – V in the Park	Aberdeen Football Club

Pop up clinics will continue to run to target diverse and disadvantaged populations and these will be extended to further areas of Aberdeen City. It is intended that this will continue with Extended Flu and COVID Booster.

Feedback from these community clinics have been very positive to date, highlighting the need to reach the more vulnerable members of the community that have been unable attend P&J live for various reasons including extreme poverty, health reasons and diverse and disadvantaged groups who have been supported by local community networks to attend these pop up clinics.

Covid -19 Feedback – Call Centre

A survey was conducted by ACC Call centre to determine reasons people were not attending their planned appointment to support planning work to increase uptake.

A large number of the calls were unanswered and 18% of the total number of people who answered no longer live at their address or have moved abroad reiterating the importance of encouraging people to change their details with their GP practices.

Ongoing Consultation – Diverse and Disadvantaged Populations

An action plan was developed and provides details of ongoing communication and promotion to address vaccine uptake in diverse and disadvantaged populations. The action plan will continue to be progressed when covid-19 boosters and Flu vaccinations commence in Autumn 2021.

Future Vaccination Plan – Engagement Survey and Focus Groups

A survey around the future immunisation model was carried out in May and June 2021, to determine the key themes that the general population feel are most important to them.

The Engagement survey had 267 responses and there were 15 people who attended the engagement session, with a range of localities represented.

The key themes from the engagement can be seen in the table below:

Venue	• Results imply that the majority of respondents would prefer to have a clinic in their community which is near to their home address (10-20 minute journey). • Respondents are also willing to visit a city centre venue so community clinics should be considered for people is disadvantaged area, those with young children and older people. • Transport is an important priority and bus routes should be considered along with adequate parking
Appointments	• Most of the respondents would prefer weekdays and have the option to make their own appointments. They feel this would results in less wastage of appointments. • Text and email were the most popular correspondence method.
Other	• Recognition that TECA was appropriate for COVID due to extraordinary circumstance however, respondents would prefer regular vaccines in community clinics. For instance, using local churches and pharmacies which worked well and could consider using family appointments to reduce the travel time.

A summary of all responses can be found in Appendix 5.

Partnership Working

As part of the COVID Immunisation programme, we have worked collaboratively with Partners to look at different ways of delivering vaccinations in alternative settings. For example:

- Working with Aberdeen City Council to make use of local awareness, networks and rapid mobilisation when required. This has included access for the use of outdoor spaces (parks and city centre locations) to target our younger age groups with mobile vaccination clinics.
- Working in partnership with Homeless Service, Housing, Social work & third sector services i.e. Street Friends to deliver local immunisation clinics whilst supporting with the provision of food via the foodbank and housing support and advice.
- Working in partnership with Sexual Health Services (SHS) with staff attending local pop up clinics to hand out Dry Blood Spot Testing kits & future joint Sexual Health Screenings and COVID vaccination Clinic planned in July.
- Working jointly with GREC (Grampian Regional Equality Council) to promote vaccine to ethnic minority groups, plan local pop-up clinics, undertake surveys, and support residents with no CHI or GP registered to increase uptake.
- Working jointly with local Churches/places of worship, Mosques and Community Centres to provide venues for delivering vaccinations and support local knowledge to promote vaccine.
- Liaising with ACC Public Health, LEGS and CPA to promote vaccine within local communities.
- Working collaboratively with Healthy Hoose Hub to deliver vaccinations on a daily basis.

- Working collaboratively with Universities to delivery vaccinations to local and international students.
- Working collaboratively with Aberdeen Football Club to promote uptake and organise local pop up clinics.

This approach has supported building longer term relationships for the delivery of the wider vaccination programme within Aberdeen City.

14. Resources/ Support Required from NHS Grampian

We will continue to work closely with our colleagues within NHSG to progress our local delivery model and transform the way in which we deliver vaccinations in the city.

Areas of support required are:

- Access to regular, timely, accurate data at city level, and ideally at data zone level.
- Delivery of ongoing training, including at peak vaccination periods.
- Providing timely information on national changes to vaccination requirements.
- Liaise with national vaccination bodies/ groups to continue to push towards implementing digitalised and more streamlined services.
- Organisational redesign to combine the school vaccination team with the wider immunisation team.
- Research and sharing of best practice from elsewhere

15. Lessons Learned

In April 2021 Grampian wide lessons learned process was undertaken to ensure all learning points from 2020 Flu delivery and the mass vaccination programme were captured.

The immunisation blueprint has taken cognisance of the lessons learned. In particular the issues around capacity, capability, roles and responsibilities of staff delivering the vaccination programme.

There has been lots of learning in the last year about staffing rostering, this learning needs to now be embedded in all of the Vaccine Programmes.

The Immunisation Blueprint has captured staff required to form a business as usual service including support from Logistics, rostering, data and digital and the local ACC contact centre.

The lessons learned as part of the COVID 19 Vaccination Programme has also highlighted the need to ensure early communication with Neighbourhood leads who have links to various groups and networks throughout Aberdeen City to help to promote uptake. It also highlighted the need to deliver services locally and engage with local community groups, hubs, community centres and places of worship to ensure easier access for diverse and disadvantaged groups.

BLUEPRINT
IMMUNISATION PROGRAMME

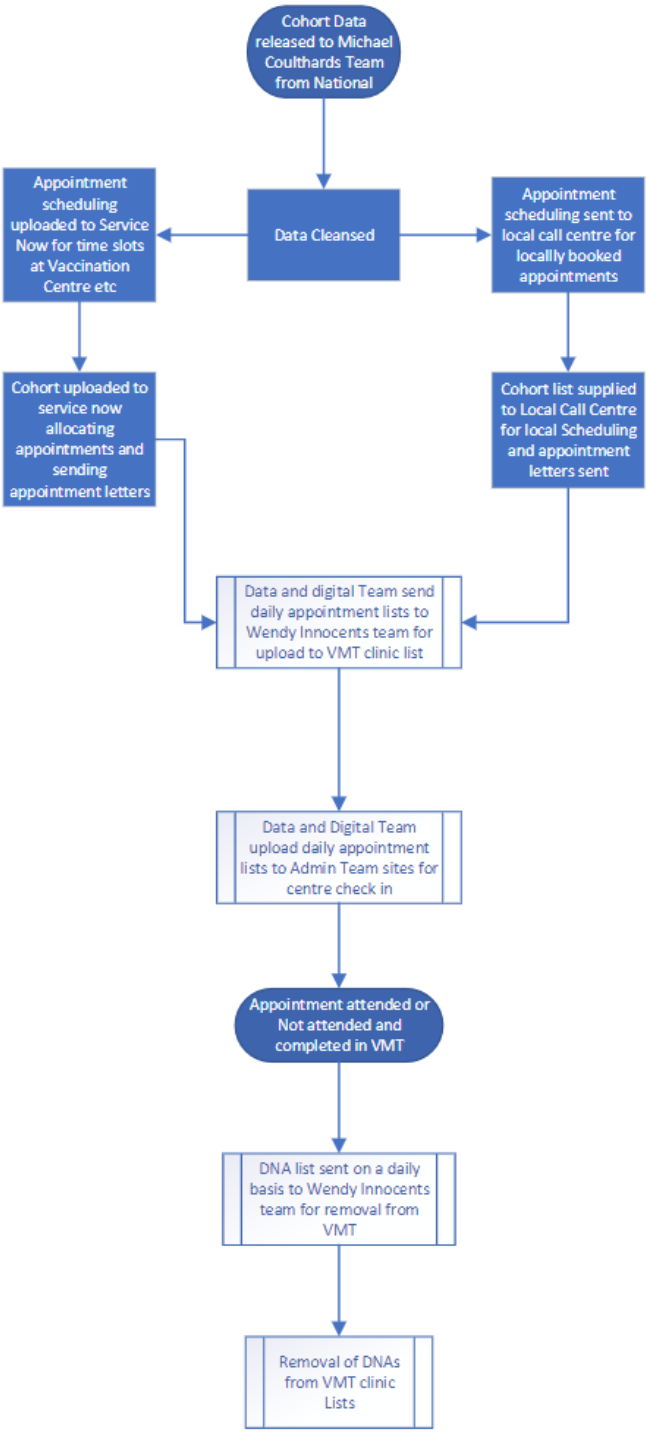
Appendix 1 – Covid Booster Delivery - Plan A & B

	Covid -19 Booster & Flu (including Extended) Plan A	Presumptions Of Plan A	Covid -19 Booster & Flu (including Extended) Plan B	Risks of Plan B
National Booking System Including letters	Use of National Booking system to upload cohorts for upload of cohorts. Letters issued centrally	Use of national booking system annually going forward for Covid 19 booster and flu	Letters to be created locally with Contact Centre and Wendy Aitkens team	Costs associated with Royal Mail Covid and Flu letters not being issues by the same body – will impact on scheduling cohorts
VMT	Use of VMT for Covid Boosters and Flu	Full end to end integration for Flu and Covid 19- booster	Paper VMT Forms – for potentially both Flu and Covid -19 booster	Resource required to input into GP system Potential for Covid-19 booster to have VMT but not flu.
Local Contact Centre	Local Contact Centre to be used to re-schedule bookings within national booking system Action to liaise with JM / ES around what this resource might look like / cost.	National Contact centre not in place	NHS Contact Centre – Used for Flu in 2020	
Venues	Mass vaccine site for Covid-19 Booster, and flu vaccine 3 or 4 community venues which can be set up for vaccinations on a permanent basis)	Long term lease option for mass vaccine site Community venues prioritised for vaccination space within Infrastructure Refurbishment Programme of work	Local community venues – Churches, Community Centres.	Risk around capacity for logistics to set up venues on a weekly basis

	BLUEPRINT **IMMUNISATION PROGRAMME**	

IT	Use of teams for uploading clinic list and check in of public iPads for vaccinators	Appropriate Access to Wi-Fi within venues	Paper clinic lists and paper VMT Forms	Risk around the logistics of printing clinic lists Admin support required to manually update records
Vaccinator & HCSW Workforce	Permanent, business as usual, vaccination staff employed by Aberdeen City HSCP to provide all annual and routine adult vaccinations – Development of Band 3 Associate Vaccinator Role.	Funding in place to support new delivery model	Use of bank vaccinators and HCSW	Risk around covid boosters and annual flu not being progressed at pace

Appendix 2 Data Process



Appendix 3 Future Vaccination Plan – Engagement Survey and Focus Groups Summary of Stakeholder Engagement

Section 1: Immunisation Transformation Programme Survey

Number of responses - 267

North

Central

South

Priority Neighbourhoods

1. Where is most important for you/your family to get immunisations?

More Details Insights

Near to my home address	230
Near to my work	10
Near to public transport optio...	15
Other	11

2. How far would you be prepared to travel for you/your family's immunisation appointment?

More Details Insights

Less than 10 minutes	57
10-20 minutes	153
20-40 minutes	41
More than 40 minutes	9
Other	6

3. When would you prefer to attend your immunisation appointments?

More Details

On the weekdays i.e. Monday-...	106
In the early morning i.e. 7am t...	25
In the evening i.e. 5pm to 8pm	59
At the weekends i.e. Saturday ...	40
Other	33

4. Would you prefer to make an appointment or to be able to drop-in to get your immunisation?

More Details

Make an appointment	203
Drop-in service	49
Other	13

5. If you were to use a drop-in service, how long would you be happy to wait to be seen?

More Details Insights

Less than 15 minutes	121
15-30 minutes	110
More than 30 minutes	25

6. Would you be willing to attend a city centre clinic and/or a community pop up clinic?

More Details Insights

City centre clinic	10
Community pop up clinic	97
Both	136
Don't know	20

7. How would you like to be notified about your appointments?

More Details

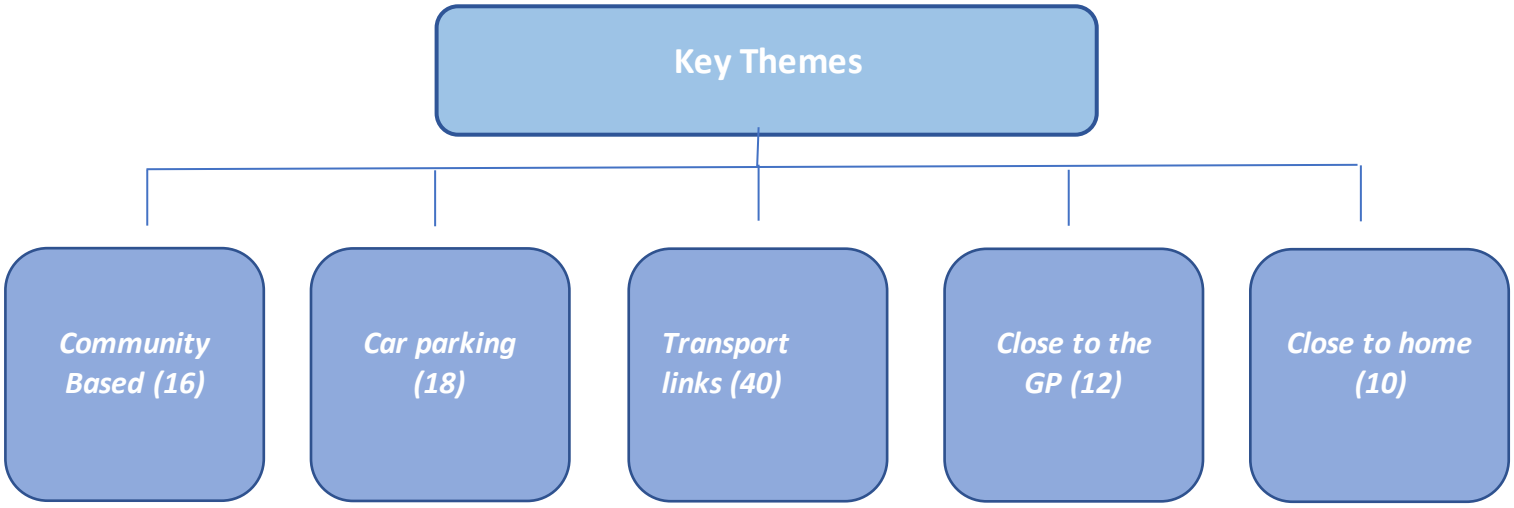
Text	99
Email	81
Letter	46
Online booking forum	29
Other	11

8. Do you have any other comments about what is important about access of future venues for all vaccinations?

More Details Insights

100
Responses

Latest Responses



Transport	
Responses	*Number of responses*
Bus fare to be wavered	3
Transport Links	14
Cost of public transport	4
Car Parking	18

Location	
Responses	*Number of responses*
Community based	16
Accessible in the community by foot or bike	3
Unnecessary trips to the city centre put people at risk	1
At home for people with mobility issues	1
Drop in centre	1
Will not attend the city or pop up clinics	1
Easy access	5
Close the GP	12
Close to home	10
Health issues that make travelling challenging	1

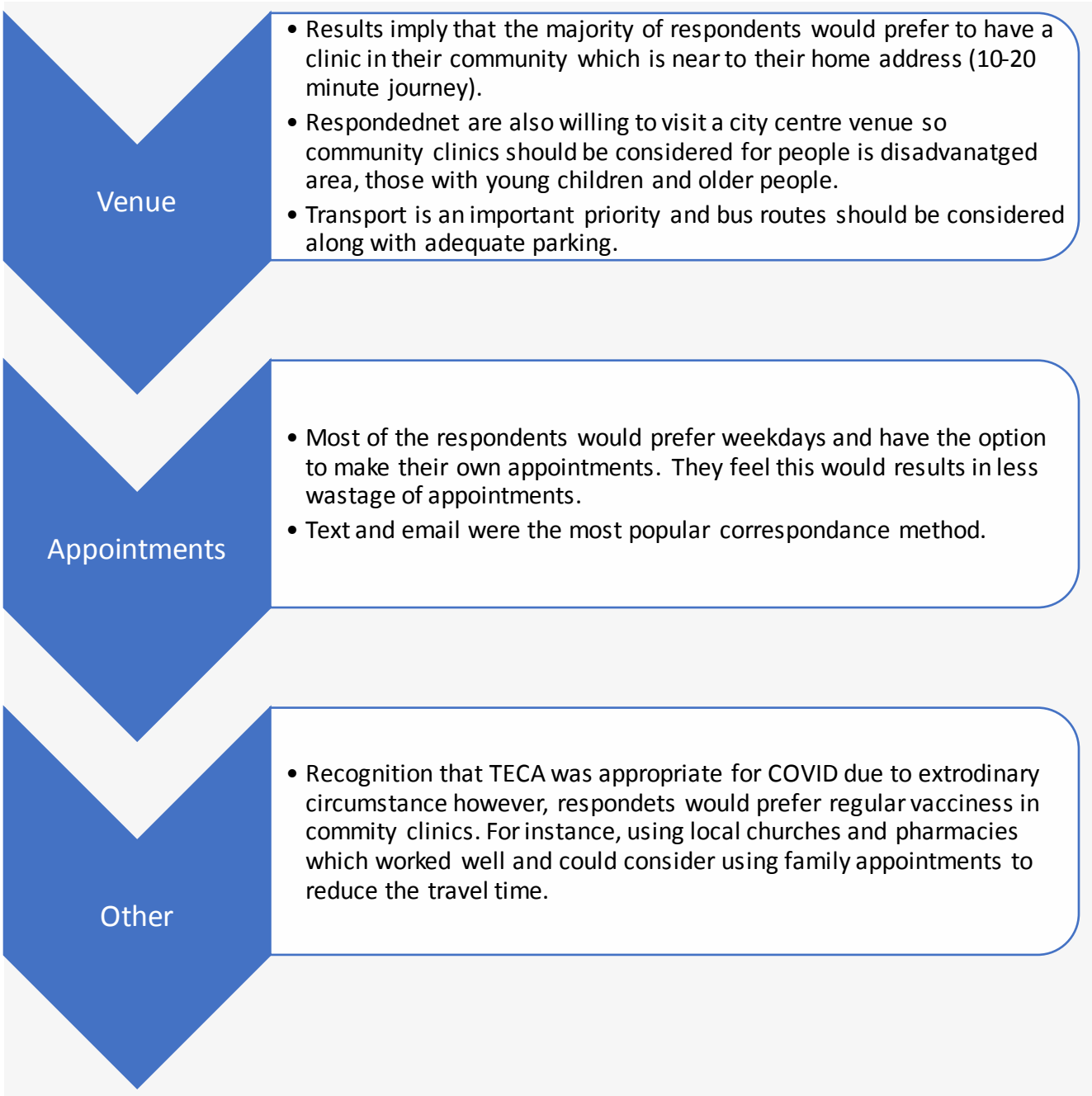
Safety	
Responses	*Number of responses*
Covid anxiety of using public transport	2
Health professionals have too much to do	1
Patients should be able to access health vaccine records	2
Efficient time management for appointments	1

Inclusive for all	
Responses	*Number of responses*
Consider individuals age	3
Accommodating for disabilities	2
Language support and translation	1
Family vaccinations	4

Facilities	
Responses	*Number of responses*
Toilet facilities	1
Mass vaccination centre	1

Concerns	
Responses	*Number of responses*
Ability to book your own appointment time	6
Difficulty using the NHS public inform	1
Wait time for vaccine	1
Contact details in case you get missed out	1
To be informed about left over vaccines	2
Vaccines should be done by the local health visiting team	1
Ability to choose the type of vaccine	1
GP concerns	2
No changes are needed for the organisations of immunisations	1
Detailed information about the vaccines	1

Primary Themes



9. Is there anything else you would find beneficial at an immunisation centre?

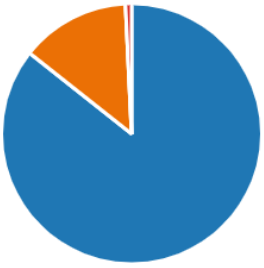
More Details

Health information	33
Wellbeing activities	18
Health checks	131
Other	17

10. What gender are you?

More Details Insights

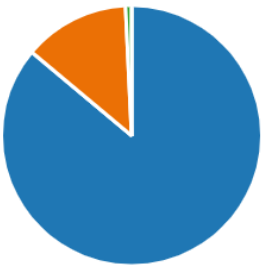
Woman	227
Man	36
Non-binary	0
Prefer not to say	2



11. What is your sex?

More Details Insights

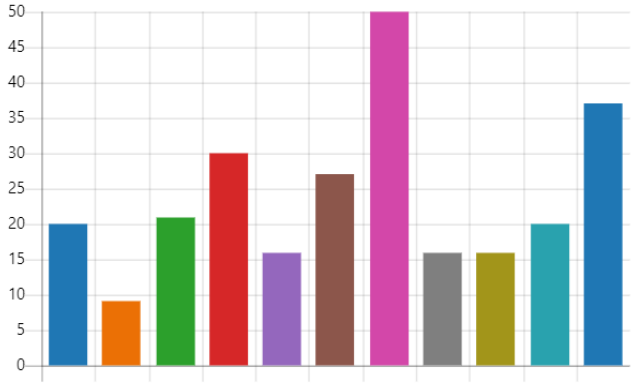
Female	229
Male	35
Prefer not to say	2
Other	0



12. What is your postcode?

More Details

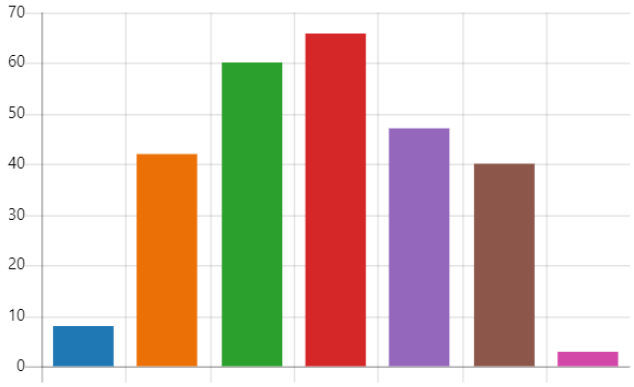
AB10	20
AB11	9
AB12	21
AB15	30
AB16	16
AB21	27
AB22	50
AB23	16
AB24	16
AB25	20
Other	37



13. What age group are you in?

More Details

18-24	8
25-35	42
35-44	60
45-54	66
55-64	47
65 and over	40
Prefer not to say	3



14. What is your sexuality?

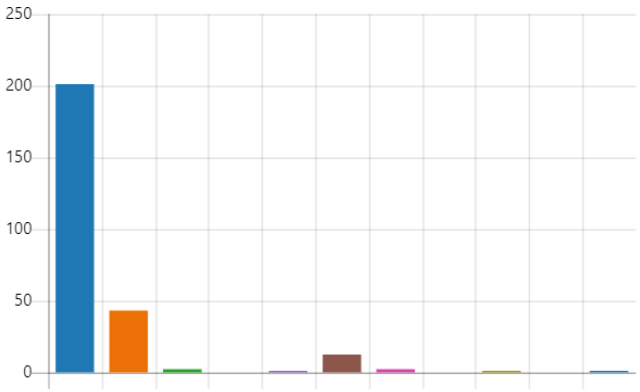
More Details

Heterosexual/Straight	243
Gay/Lesbian	1
Bi-sexual	7
Prefer not to say	11
Other	1

15. What is your ethnicity?

More Details Insights

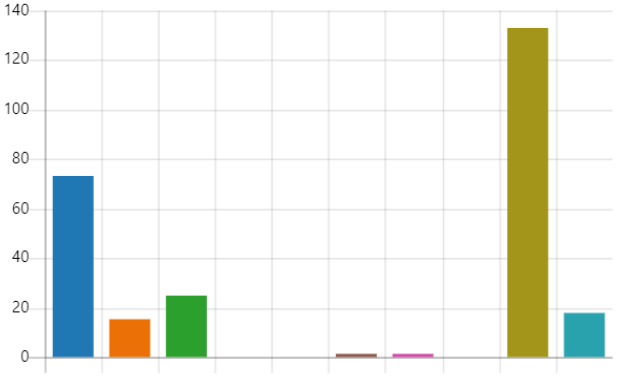
White Scottish	201
White British	43
White Irish	2
Gypsy/Traveller	0
White Polish	1
Other white	12
Mixed multiple ethnic group	2
Pakistani	0
Indian	1
Bangladeshi	0
Chinese	1



16. Which is the following best describes your religion?

More Details Insights

Church of Scotland	73
Roman Catholic	15
Other Christian	25
Muslim	0
Sikh	0
Buddhist	1
Jewish	1
Hindu	0
No religion	133
Prefer not to say	18



Section 2: Vaccination Transformation Programme - Focus Groups

Central Vaccine Focus Group 5 attendees

Venue

- City centre is accessible and as it has good transport links would be a convenient location, however would be willing to travel further even if it caused some inconvenience to enable me to get vaccine quicker/helped with a quicker delivery of programme
- Benefit of TECA was parking, however a city centre location may be easier for older people
- After shielding was concerned at getting public transport to TECA however when at TECA felt safe
- City centre location is better however appreciating logistics of delivering such a large programme therefore need to choose venue that works for the majority

Appointment times

- If the programme is delivered in winter, I would be concerned to go to evening appointments when it is dark at nights therefore during the day would be better and happy to attend any day of the week.
- If your employer is supportive any time is suitable however may be more difficult for people who work if they don't have supportive employers. It would be good to encourage employers to let staff attend e.g., Community Plan Aberdeen employers could set a good example by encouraging employees to attend for appointments

How to Book Appointments

- Booking on-line is best option as this means highest chance of people turning up, for people who don't have access to on-line they could get family/friends to help or provide a national number they could call.
- Could there be a waiting list so if people DNA there could be a reserve list to call people up at short notice to save wastage of vaccine.
- The group all praised the set up at TECA, commenting how safe people felt, how well organised it was and that people felt it was delivered with a 'human' approach which was above and beyond expectations.

Other

- Mannofield Church worked well with flu vaccine; additional benefit of community clinics is connecting people who may otherwise be isolate

South Vaccination Focus Group – 10 attendees

Venue

- Needs to have disability access.
- Parking, there needs to be lots of spaces available (not just 1 or 2). TECCA was good for this.
- Common City Centre bus routes need to be considered as people with learning disabilities often use the same bus routes regularly, trying to navigate a new route may be stressful and off putting.
- Needs to be directly on a bus route. However, consideration needs to be taken with clinic time as some buses are not regular and people may find themselves only having the option to arrive very early or for example when travelling from Cove to TECCA journey may take approx. 2 hours. This is not practical and may mean people having to leave at 7am or not getting home until late at night.

Suggestion of pop-up clinics

- Residents were appreciative of the Kincorth Community Centre Flu Clinic. Plenty of parking and most residents could walk. There is also a bus from Cove.
- Beach Ballroom
- Community Centres and Churches are well known by community members and local. ACVO are happy to send out an "advert" to their contacts if needed when scouting locations.
- The Mission on King Street.
- Medical Practices could be utilised on evenings and weekends.
- Schools like when they were used for the 2020 Flu clinics. Plenty of parking and local, most are on a bus route.
- Supermarkets or Shopping centres. Drop-in clinics like they do in America. E.g. Asda, Bon Accord Centre, Union Square etc.
- Empty shops in the City Centre e.g. BHS, Debenhams

Appointment Times

- Weekends and evenings are good for people who work.
- Flexibility needed to be able to change appointment if required for example if you need to arrange for a support worker to come along.
- If you give people plenty of notice they will be able to make suitable arrangements.

How to Book Appointments

- Happy for appointments to be booked for you in advance if there is an option to reschedule if required.
- Would be good if someone could phone to offer an appointment as this allows a suitable time to be found and helps those who are blind and may miss the letter.
- Would be good to offer all options text/letter, online booking and phone call for booking.
- Could a generic reminder be sent to all - "You are due your flu vaccination, please call … Or book online"?

General

- Myths going around Polish community about contents so individuals not getting vaccine due to Catholic faith.
- Will a quiet room be bookable at all venues?

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INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

NHS GRAMPIAN 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:- HSCP.21.066

Approval from IJB received on:- 24 August 2021

Description of services/functions:-
To develop and implement the New Service Delivery Model for vaccination services as described in report HSCP.21.066.

Reference to the integration scheme:-
Annex 1, Part 3 Services provided to those under 18 years of age, 1.Health Visiting 2.School Nursing 3. All services provided by Allied Health Professionals, as defined in Part 2A Annex 1, in an outpatient department, clinic, or out with a hospital.

Link to strategic priorities (with reference to strategic plan and commissioning plan):-
Prevention: The delivery of our vaccination programme directly seeks to address the preventable causes of ill health in our population.
Personalisation: The vision of our immunisations service redesign seeks to "providing services at the right time in the right place to meet patient needs."
Connections: The shift in immunisation delivery into community hubs will help us to develop meaningful community connections with local people which will seek to improve immunisation uptake levels.

Timescales involved:-
Start date:- Autumn 2021 End date:- ongoing in line with vaccinations requirement.

Associated Budget:-
National Health Service – NHS Grampian are directed to deliver the vaccination blueprint as outlined in Appendix A of report HSCP.21.066 within the financial budget detailed therein.

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

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Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	24 August 2021
Report Title	Navigator - Unscheduled Care
Report Number	HSCP.21.086
Lead Officer	Alex Stephen, Chief Financial Officer
Report Author Details	Simon Rayner, Strategic Lead Alcohol and Drugs Simon.rayner@nhs.scot
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	Appendix A - Direction to NHS Grampian

1. Purpose of the Report

1.1. To ask the Integration Joint Board (IJB) to support and approve a Navigator service to be embedded within the Emergency Department as a test of change.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Approve the Business Case for the development of a Navigator Service in the Emergency Department of Aberdeen Royal Infirmary.

b) Makes the Direction, as attached at Appendix A, and instructs the Chief Officer to issue the Direction to National Health Service Grampian (NHSG).

INTEGRATION JOINT BOARD

3. Summary of Key Information

3.1. As part of supporting the Emergency Department (ED) and Unscheduled Care during Covid a proposal had been developed and agreed by the Risk Audit and Performance Committee (RAPC) on 3 November 2020 to establish a GP Link Worker in the Emergency Department / Unscheduled Care.

3.2. Funding was from Alcohol and Drugs Partnership (ADP) for a period of 12 months from 3 November 2020 as a test of change. However, due to the ongoing pressures of the pandemic it has not been possible to establish this project.

3.3. During the elapsed time, a number of new developments and opportunities have arisen which has caused the revisit and repurpose of this work stream and suggested a proposal to establish the Medics Against Violence "Navigator Project" in Grampian.

3.4. "Unscheduled Care" is defined as NHS are which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional, or is care which, unavoidably, is out with the core working period of the NHS. This includes the Emergency Department (ED). Patients attend the ED for many reasons; for example, accidents on the road, at work or at home. The ED also provides immediate care for patients who take unwell with a range of different acute medical and surgical conditions, for example a heart attack.

3.5. Whilst fast access to emergency care is essential many attendances may be caused by underlying social or personal difficulties. People with multiple-complex needs can often rely on emergency services more than other sections of the population, for example, self-harm, emotional distress, domestic abuse, alcohol, drug use, violence and rough sleeping. Many of these presentations will have underpinning stressors of social isolation, housing issues, deprivation, financial issues, and relationships. For many, deep rooted trauma will be a key underlying factor.

3.6. Hard data from the ED in relation to community demand is an area for service development to allow appropriate demand management strategies to be implemented in the community. The approval of this approach will support

that overall improvement. Some data to support the development is outlined below:

- Over three-quarters (77.3%) of completed suicides in Scotland had contact with at least one of nine healthcare services (general acute hospital inpatient/day case care, psychiatric inpatient care, psychiatric outpatient care, drug services, mental health drug prescribing in the community, Accident & Emergency (A&E), Scottish Ambulance Service, NHS 24 and GP Out of Hours) in the 12 months prior to death (three months for A&E attendances) (SCOTSID, 2021)
- Pre COVID the Aberdeen average weekly presentations to ED with alcohol related attendance was 40 – this has reduced to 30 during COVID but has increased with on-licence premises re-opening. Irrespective of on-licence premises opening there has continued to be an alcohol related demand on the Emergency Department
- Twenty-seven (57%) Aberdeen postcode areas are above Scottish average for generating alcohol related admissions (deprivation)
- In Aberdeen people with mental health problems are 3 times more likely than the general population to attend the Emergency Department (ED). Local data indicates that there are significant numbers of people that do not require clinical or statutory services but do require support and signposting to assist them to manage their situation.

3.7. To invest in a support service embedded within the ED as a test of change would be with the aim to help reduce the underlying causes of potential admission / re-admission, by following up with people in the community and link them into appropriate services. Currently seven Scottish ED's run a service called "Navigators". Navigators is a project that has been developed by medics working in ED's who have become concerned about the deep-rooted social issues that create demand on emergency services.

3.8. Navigator launched in 2015 as a joint programme between Medics against Violence (MAV) and the Scottish Violence Reduction Unit in partnership with local NHS Boards and the Scottish Government Community Safety Division. MAV now has sole responsibility for management and running of the programme. The initial aim was to target patients attending ED due to violence.

3.9. They aim to connect people with community supports both statutory and third sector that will work best for them and help them to address some of the social issues they face including support for the whole family.

3.10. Navigators are support workers with a combination of lived and professional experience who work alongside hospital staff to provide support to their target groups of patients while they are in hospital, and they continue that support in the community on discharge.

3.11. For some people support can be some company or a coffee to help people feel less isolated and distressed but could also be help with practical things like housing issues, benefit claims and essential supplies like food.

3.12. Navigators will work towards supporting people to connect with community partners who can provide expert help to address addiction, domestic abuse, sexual assault, violence.

3.13. The overall aims of the development are to ensure that people have the appropriate community-based support to help reduce harm and potential demand on emergency services.

3.14. A quantitative evaluation carried out at Glasgow Royal Infirmary showed that the Navigator intervention, if accepted by patients, can result in reduced ED attendance for these individuals. Of the 100 patients looked at in detail, those who engaged with the Navigator service (67%) were significantly less likely to attend the emergency department in the 12 months after meeting Navigator than they had been in the 12 months prior to meeting Navigator.

3.15. A worked case study by Medics Against Violence estimated the cost to health (ambulance, ED, Acute Admission, Primary Care) and justice services (police, court, custody) of one person was £488,203 during the ages of 14 – 27.

3.16. From an ADP perspective there is the opportunity to engage with people having difficulties with alcohol and drugs and ensure they are linked to appropriate services and to reduce harm. Data generated from the

improvement work will help sharpen and drive community prevention strategies. Specifically, outcomes in the ADP Delivery Framework:

7) increase the uptake of support for alcohol-related treatment and support;
8) We will ensure we are fully compliant with available evidence on reducing drug-related deaths and will seek to identify innovative approaches to reducing the number of deaths;
10) increase the uptake of drug treatment services across the city and specifically in the priority locality areas.

3.17. The proposal has links with Aberdeen City Community Planning Local Outcome Improvement Plan (ACC LOIP) particularly around enhanced early intervention and preventions for those at greatest risk of harm from drugs and alcohol.

3.18. Aberdeen, along with other areas in Scotland has seen an increase in drug related deaths. Evidence shows that there is also an increase in non-fatal overdoses at our ED. Transition from hospital to community and non-fatal overdose are both indicators of higher risk to future fatal overdose.

3.19. The Navigator model of using professionals and people with Lived Experience creates a potential pathway for people in recovery into volunteering and employment. This model sees recovery as an asset rather than a deficit. We will work with our Lived Experience Organisation (LERO) to develop pathways into Navigators.

3.20. Operationally, this development will work with people in lower tiers of social/clinical risk. There is a need to develop pathways for people at higher risk of overdose, harm and morbidity who would be in the higher tiers of risk.

There are a number of other similar parallel developments that this service will “dovetail” with including:

- Action 15 First Contact Services which will support ED with specifically timed provision during the out of hours periods.
- Third Sector Interface Community Supporters who will link people into community support to facilitate hospital discharge processes.

- Hospital Addictions Care Team funded by the Drug Death Taskforce that will improve care and through care for people admitted to ARI.

3.21. A stakeholder engagement session was held on the 23 July 2021 that involved people with Lived Experience of Drug/Alcohol issues, Police Scotland, Scottish Ambulance Service and ACVO third Sector interface. Partners involved in the session provided universal support for the proposed development

3.22. An improvement group will be formed to:

- Develop appropriate risk profiles and tiers of support
- Develop demand and outcome data

3.23. A project group will be formed to:

- Co-ordinate and implement Navigator's development
- Develop and report demand and outcome data.

3.24. Proposed outcome measures include:

- Reduction in repeat ED admissions
- Reduction in alcohol related admissions
- Reduction in drug related admissions
- Increase in the number of people supported to appropriate services

Process Measures

- Number of hours Navigators operating.

3.25. The draft business case was supported and approved by the ADP at their meeting of 30 July 2021.

4. Implications for IJB

4.1. **Equalities, Fairer Scotland and Health Inequality –** it is expected that there will be a positive impact on those people who access the service. Individuals who present often have complex needs and with the proposed role in place there will be a positive impact by connecting them to the appropriate service(s) promptly and reducing further harm to themselves.

4.2. **Financial -** The cost of the Navigators project is £72,000 in year 1 and £74,160 in year 2 and £76,385 in year 3. This is cost is for two Navigators including all on-costs and equipment.

It is proposed that Aberdeen City ADP will fund the first two years of the Navigators project as a test of change for two years. Depending upon the success of this test of change we will work with City partners to identify recurring funding sources for year 3 and beyond.

4.3. **Workforce** – by directing individuals and providing support from the appropriate services as early as possible this will reduce the demand on our emergency services workforce in the longer term.

4.4. **Legal** – no direct implications.

4.5. **Covid-19** – no direct implications.

4.6. **Unpaid Carers** – indirectly supported where individuals care been improved by prompt access to the appropriate service.

5. Links to ACHSCP Strategic Plan

5.1. This proposal links to all our strategic aims Prevention, Resilience, Personalisation, Connections and Communities.

6. Management of Risk

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

Risk 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.
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 .

INTEGRATION JOINT BOARD

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

INTEGRATION JOINT BOARD

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

The introduction of Navigator role will provide individuals with greater awareness of the services available to them across Aberdeen City within their reach to support their issues to prevent further harm.

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

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INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

The **NHS GRAMPIAN** 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:- HSCP.21.086

Approval from IJB received on:- 24 August 2021

Description of services/functions:-

Navigator service to be embedded within the Emergency Department as a test of change for two years.

Reference to the integration scheme:-

Annex 4 - services provided within hospitals which the IJB will have strategic planning responsibilities for which will continue to be operationally managed by NHS Grampian.

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

This service support all of our priorities - Prevention, Resilience, Personalisation, Connections and Communities.

Timescales involved:- 1 October 2021, for two years test of change.

Associated Budget:- Alcohol & Drug Partnership existing budget.

Year 1 - £72,000
Year 2 - £74,160

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

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

Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	24 August 2021
Report Title	Aberdeen Links Service
Report Number	HSCP.21.089
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Lorraine McKenna Primary Care Lead – Dentistry, Optometry, Pharmacy & Psychology lorraine.mckenna@nhs.scot
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	a) Procurement Business Case b) Overview of Link Service Statistics c) Direction

1. Purpose of the Report

1.1. The purpose of this report is to seek approval from the Integration Joint Board (IJB) for the future procurement of the Aberdeen Links Service (ALS).

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Approves the expenditure as set out in the report section 6 of the Procurement Business Case (Appendix A).
b) Approves the making of a direct award of a contract to Scottish Association of Mental Health (SAMH) for the Aberdeen Links Service from 8 January 2022 until the 31 March 2023 (1 year and 3 months).
c) Makes the Direction as attached at Appendix B and instructs the Chief Officer to issue the Direction to Aberdeen City Council.

INTEGRATION JOINT BOARD

3. Summary of Key Information

Background

3.1. As part of the Primary Care Improvement Plan (PCIP), Health and Social Care Partnerships (HSCPs) were asked to develop Community Link Worker (CLW) roles in line with the Scottish Government's manifesto commitment to deliver 250 CLWs across Scotland. It was expected that the roles of CLWs would be consistent with assessed local need and priorities and would function as part of the local models of care and support.

3.2. SAMH were awarded the contract to deliver the Aberdeen Links Service in January 2018 which would see 20WTE Community Link Practitioners (CLPs) allocated across all GP Practices in Aberdeen from April 2019. In line with the options to extend which were part of the original procurement process, the IJB agreed in July 2019 to extend the contract with SAMH, until January 2022.

3.3. Referrals to the CLPs usually come from the practice teams including GPs, nurses and reception staff, however, individuals are also able to self-refer. CLPs continue to have a significant impact on those with whom they work who often have particularly complex and/ or chaotic lives.

Impact of Service

Patients and Carers

3.4. The individuals referred to the ALS have complex psychosocial and socioeconomic needs. Consequently, the initial referring issue is often only one of many, with more than half of all referrals involving more than one issue. The main referral reasons are Mental Health (26%), Finance and Benefits (21%), Isolation (13%) and Housing (9%). The ALS has received 5,208 referrals into the service from GP Practices. This demonstrates the increasing value and benefits of the service to primary care staff, and the service users themselves.

3.5. Through positive conversations, motivational interviewing and building strong therapeutic relationships, CLPs support people to prioritise their concerns,

develop an action plan and access the appropriate services. The CLPs have empowered people to engage with local organisations and services ranging from small community led groups to housing providers and local supports around mental health and finances. They have also made 6,588 onward referrals to support services within the community. At least 60% of the referrals have been made to Third Sector organisations ensuring the individual gets the right support at the right time and does not overload one part of the system.

3.6. The interim evaluation undertaken by the partnership saw the impact of the patient perspective and all scores significantly improved from baseline to six month follow-up. There was a trend towards a reduction in overall number of GP contacts (self-reported by patient) at follow-up demonstrating an increase in self-management amongst this cohort as less requiring further GP input.

3.7. The CLPs have facilitated 52,400 patient meetings with an attendance rate of 94%. Ongoing feedback and the interim evaluation highlighted the benefit of the CLPs can provide especially during the initial engagement process.

Primary Care

3.8. The interim project evaluation demonstrated that GP Practice staff awareness of the CLP role remained consistently high (92% baseline, 94% follow-up). Knowledge of the CLP role (19% increase) and perceived value of link working (13% increase) both increased from baseline to six months,

3.9. In feedback sought from Primary Care staff in July 2021, 80% of respondents said that the Aberdeen Links Service has helped reduce the demand on GP's / Practice. A further 5% who did not think the service had reduced demand on Primary Care Services recognised that patient demand is increasing and that the Aberdeen Links Service " is a valuable addition to the services we (Primary Care) can offer and is very helpful to the patients".

3.10. The Aberdeen Links Service has allowed Primary Care Practices to access 425 different services and resources for their patients. The CLPs provide the time to link primary care with a range of services which prevent GPs having to undertake unnecessary research.

Wider Impact

3.11. The review of the Dementia Post Diagnostic Service provided the opportunity to provide CLPs with training and support to provide the Post Diagnostic Support along with other practitioners across the system. This allows an individual with Dementia to have a one contact service, and the service has continued to provide that support to over 109 individuals since January 2020.

3.12. CLPs have also undertaken 1,436 guidance conversations around alcohol with 76 of those resulting in an Alcohol Brief Intervention. This data is reported back to Aberdeen Alcohol and Drug Partnership on a quarterly basis.

3.13. The CLPs have been involved in the Stay Well Stay Connected (SWSC) work programme and have been instrumental in the development of TLC befriending pilot project which has been a huge success and will hopefully be upscaled. They also take part in and contribute to the Physical Activity huddle and the Dementia Focus group, all of which support early intervention and prevention regarding good mental wellbeing for our citizens. The links made between the CLPs and other agencies are strengthening a whole system approach. The CLPS are valuable contributors and are adding to their extensive toolkits by being afforded the time to network with supporting agencies and vice versa. SWSC offers the opportunity to both learn from the real time experience of the CLPs whilst keeping them connected to current and new initiatives that support their clients.

3.14. SAMH have continued to work well with the partnership in relation to the delivery of the service. SAMH were quick to respond to the pandemic shifting their service to a virtual model and allocating time to support the contacting of people who are shielding and providing emotional support via the ACC helpline. Limitations for CLPs to access practice staff and services for patients remotely, presented some challenges, however, the service continued and adapted to the practice's and patients' needs during Covid-19.

Current Position

3.15. The current contract is funded through recurring funds to support the Primary Care Improvement Plan (PCIP). The contract expires on 7 January 2022.

3.16. The publication on 3 February 2021 of the Independent Review of Adult Social Care in Scotland (referred to as "The Feeley Report") is likely to have a significant impact upon the current partnership arrangements. This could have a potential impact on the future of this service including the role of the IJB in the commissioning of services.

3.17. The Scottish Government has recognised that the pandemic highlighted the need for early local intervention to tackle the rising levels of mental health problems across all practices as well as the challenges in areas of high health inequalities. They have agreed to work with HSCP's and NHS Boards to consider how best to develop these services at a practice level and establish more clear Additional Professional Roles (e.g. Mental Health Workers, Physiotherapists, Community Link Workers) by the end of 2021.

3.18. From both a strategic commissioning and operational perspective there is a need to provide stability for the practice-based service. Since Spring 2021, 75% of Senior CLPs have left to progress into promoted posts within different organisations.

3.19. The business case in Appendix A sets out the rationale for the proposal in this report to award a direct contract to SAMH for a period of 15 months. The direct award would allow the Service time to stabilise and avoid a situation where the potential of a contract transfer process risks a reduction in capacity or quality of service at a time where it is anticipated that there will be an increasing demand for the service.

3.20. In order for the project to have optimum sustainability and to take into account implications of any changes from the Feeley Report, the re-tendering process will commence no later than April 2022. This gives ample time for any potential impact (eg. TUPE) to the service to ensure no impact on service delivery to patients.

4. Implications for IJB

4.1. **Equalities, Fairer Scotland and Health Inequality**: It is expected that this proposal will have a positive or neutral impact on those people who share characteristics protected by the Equality Act as its main aim is to provide

access to support services. The individuals referred to the ALS have complex psychosocial and socioeconomic needs and the project will have a positive impact by providing support to those individuals and connecting them with appropriate services.

4.2. **Financial:** The funding for the service is funded through the recurring Primary Care Improvement funding.

4.3. **Workforce:** Agreeing the direct award will ensure continuity of service which will ensure that the service continues to provide support to individuals and GP Practice staff.

4.4. **Legal**: Due to the potential impact on the service user if there is a disruption to the delivery of this service, the proposal of a direct award is proportionate and appropriate.

4.5. **Covid:** Link Service has continued to support patients using a flexible and remote approach over the course of the COVID-19 pandemic. This business case will support the partnership's response to the recovery.

4.6. **Carers:** This service supports any individual with their identified need including unpaid carers and would be impacted if there is a disruption to the delivery of this service.

5. Links to ACHSCP Strategic Plan

5.1. **The report links to the five strategic aims as outlined below:**

a) **Prevention:** the focus on alternative resources for first contact in the community; provides opportunity to undertake preventative health interventions.
b) **Resilience:** the service helps ensure resilience in the local GP community by maintaining capacity for CLPs in line with the Primary Care Improvement Plan (PCIP) and promotion of self-management in the community.
c) **Personalisation:** providing access to community-based health and wellbeing services for individuals.

d) **Connections:** providing an opportunity to connect people to appropriate community services and raising awareness within practices of highly referred services.
e) **Communities:** opportunity to engage patients with and connect.

6. Management of Risk

6.1. Identified risks(s)

There is a medium risk of reputational damage should the recommendations of this report not be approved as the expectation from the community and Primary Care Services is that the ALS should be maintained.

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

This report links to Strategic Risk 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 which is currently "Very High".

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

This report puts forward a proposal to provide an interim measure to allow the service to continue while the implications of the Feeley Review and potential additional resources are understood. This will ensure the future procurement process is informed of these changes.

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

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PROCUREMENT BUSINESS CASE

ABERDEEN CITY COUNCIL	For proposed procurements where the total estimated expenditure exceeds £50,000 (supplies/services) or £250,000 (works)

Procurement / Contract Title and start date	Link Workers 08 January 2022		
Procurement Ref No.	000-EQVD3642		
Current contract in place?	07 Jan 2022		
Function	Health & Social Care	**Cluster**	Adult Social Care
Lead Officer	Lorraine McKenna	**Date prepared:**	**10/07/2021**

1. Recommendation

It is recommended that a direct award of a contract to SAMH (Scottish Association of Mental Health) until the 31st of March 2023 (1 year and 3 months) is approved.

2. Compliance with Demand Management Gateways

Gateway 1: Is the spend from a national or regional framework and if not, what is the justification for the spend to be off contract?	The spend will not be from a national framework. A robust business case was developed for the service previously and SAMH were awarded the contract after a competitive tender process. There is a contract in place with SAMH following the tender process which commenced on 8th of January 2018 and was extended on 8th January 2020 for a further two years in line with what was included within the contract terms as published. Approval of a direct award of a contract to SAMH until the 31st of March 2023 (1 year and 3 months) would allow the service to . • maintain a continuous service to patients without risk of procurement process impacting on service delivery. • Provide a period of stability before entering a full procurement process which can consider any changes made nationally resulting from work undertaken on the recommendations of the Independent Review of Adult Social Care in Scotland. • Responding to the impacts of Covid-19 on patients. • Prioritise patient contact time and service delivery and not be distracted by ongoing procurement which would have a negative effect on the patient. • Clarify if any further funding will be made available for increasing in professional roles such as Link Practitioners in response to the Covid-19 pandemic.
Gateway 2:	The current contract is funded through recurring funds to support the Primary Care Improvement Plan. This is part of the Scottish Government

Is this spend connected with an identified budget option/service redesign? If not what is the justification for the contract?	national target to have 250 Community Link Workers working within Primary Care within the current contract period. The publication on 3 February 2021 of the Independent Review of Adult Social Care in Scotland (referred to as "The Feeley Report") is likely to have a significant impact upon the current partnership arrangements. Whilst these implications are being more fully understood and work nationally is progressing that there will be changes to procurement processes and structures. This report recommendations that could have a potential impact on the future of this service include. • The change of role for the IJB (Integration Joint Board) in the commissioning of services • Implications of changes to a Fair Living Wage for Social Care Staff The review recommendations are seeking an end to the emphasis in commissioning and procurement being on price and competition and to seek a more collaborative, participative and ethical commissioning framework for adult social care services and supports, focused on achieving better outcomes for people using these services and improving the experience of the staff delivering them. People with lived experience should also be more involved, not just in the planning of their own care, but in the planning and design of services. In addition to the Feeley report there is potential for increased resources to support the Link Practitioner Service. The Scottish Government has recognised that the pandemic highlighted the need for early local intervention to tackle the rising levels of mental health problems across all practices as well as the challenges in areas of high health inequalities. They have agreed to work with HSCP's and NHS (National Health Service) boards to consider how best to develop these services at a practice level and establish more clear Additional Professional Roles (e.g. Mental Health Workers, Physiotherapists, Community Link Workers) commitment in the Contract Offer by the end of 2021. From a collaborative commissioner and operational perspective there is a need to provide stability for the practice-based service that changed to a purely remote working model at the beginning of the pandemic. Limitations for Community Link Practitioners to access practice staff and services for patients remotely presented some challenges for Community Link Practitioners. However, the service continued and adapted to the practices and patients' needs during Covid-19. Since Spring 2021 75% of Senior Link Practitioners have left to progress into promoted posts within different organisations. In addition to this, see providing a direct award to SAMH for 15 months would allow the Service some time to stabilise and avoid a situation where the potential of a contract transfer process which has the potential to distract staff affected and would be implemented during a period of change and increasing demand for the service. The risk that patients would have delays or disruption to the service received and delays in accessing services that would improve their situation.

<table>
<tr>
<td>Gateway 3:
Does the spend support outcomes associated with the LOIP and/or the Council's associated commissioning intentions?</td>
<td>
<table>
<tr><th></th><th>Stretch Outcome</th><th>How?</th></tr>
<tr><td>1.</td><td>No one will suffer due to poverty by 2026</td><td>Link Practitioners work directly with patients in poverty to access services to help improve their lives. The main referral reasons for Link Practitioner support is Mental Health, Finance and Benefits, Social Isolation and Housing. The Link Practitioner works with the individual to access the right support to improve their situation, It has supported referrals to over 260 different services with 60% of these being within the third sector.</td></tr>
<tr><td>11.</td><td>Healthy life expectancy (time lived in good health) is five years longer by 2026.</td><td>The Link Practitioners provide non-medical support to people presenting at their General Medical Practice connecting individuals and families with services within their communities.

The Link Practitioner provides early intervention with patients allowing them to access support which helps their situation or to better manage their health condition. For example, The Link Practitioners provide individuals with Post Diagnostic Support for Dementia.

Providing GP Practices with a referral route into over 260 community-based services in Aberdeen.</td></tr>
<tr><td>12.</td><td>Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026.</td><td>Link Practitioners provide Alcohol Brief Interventions as part of their role within the community.</td></tr>
<tr><td></td><td></td><td></td></tr>
</table>
</td>
</tr>
<tr>
<td>Gateway 4:
Have officers concluded all processes to avoid the demand associated with the external spend?</td>
<td>Primary driver for the service is to reduce pressure on Primary Care. This service provides support to general medical practices to link people with community resources.

The service has a role in prevention and early intervention by engaging with patients and provide support to access services and develop behaviour change.

Not only does the service provide direct support to people in practice but it supports the knowledge on services within the localities by participating in multi-Disciplinary meetings.

It is anticipated that there will be an increased demand for Link Practitioner support from citizens impacted by the pandemic who will be accessing GP services.</td>
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<tr>
<td>Gateway 5:
Are the performance measures to assess the impact of the associated</td>
<td>In terms of achieving client outcomes there is already an established performance measures to assess the impact of the service on a Monthly basis.

Monitoring meetings are also held with SAMH and Lead Officer managers</td>
</tr>
</table>

external spend robust and appropriate?	of ACHSCP to ensure best value and scrutiny of provision being provided.
Gateway 6: Are the managerial and governance reporting arrangements against these performance measures robust and appropriate?	Once the contract is completed, and in line with all other social care contracts, the contract will be monitored using the Monitoring Assessment Framework together with regular reporting meetings. The Monitoring Assessment Framework will collate information on community benefits. These will be developed during the regular reporting meetings and reflect the work being undertaken to support a national network.
3. Risk	
What risks are associated with this procurement?	Risk of proceeding with procurement: • There is risk associated with the direct award to SAMH which may be challenged by organisations keen to tender for the programme. However, it is anticipated that all these organisations would be from the Third Sector, and it is unlikely to challenge given direct award is only a delay to a process which will give the service a level of stability to respond to the patient's needs. Risk of not proceeding: • Citizens do not access support services required to help their individual circumstances. • Increased risk of inappropriate referrals and signposting to services which will increase the time spent by services who respond to these referrals. • Failure to deliver on the Primary Care Contract • A full tender process would need to be undertaken and the new contract would not take into the account of major changes to procurement as recommended in the Feeley report. • Additional resources could be allocated from Scottish government to support an increase in Practitioners which would require a change of contract to ensure consistency with the other services. • Increased risk of staff resignation which would have an impact on the patient's level and quality of service provided. This would increase the risk of a patient not accessing the support required and impacting negatively on their current situation. • SAMH and Aberdeen City Council have developed professional and business relationship that shares the commitment to improving outcomes for the Link Practitioner Service. SAMH have proven to be flexible to respond to the demands of this commissioned service.
4. Uired	
Details of consultation undertaken	• Aberdeen City Primary Care teams including GP Practice staff provide positive feedback about the quality of service provided by SAMH. Many responses from Practice staff view the Link Practitioner team as an integral part of the Primary Care team within GP Practices. • Information Governance – Information Sharing Agreement to be updated to show SAMH as a Data Controller.

5. Legal	
Does the proposal comply with all relevant legal provisions?	Yes / No Commentary: It has been assumed that the nature of this contract falls within the definition of a social work contract. Public Procurement Law and Policy acknowledges the unique circumstances surrounding such contracts and sets out some scope for increased flexibility regarding awarding. The value of this contract alone exceeds 'light touch' regime threshold set in the Public Contracts (Scotland) Regulations 2015 and as such the contract award must adhere to certain standards. There is no set procedure but the Council must assess on a case by case basis and choose a route which is proportionate and appropriate to the contract in question. The service have highlighted the potential impact on the service user if there is a disruption to the delivery of this service. They have further highlighted the high likelihood of disruption should the contract be retendered. Given the policy on such contracts and the emphasis on the well being and needs of the service user, it could be argued that the choice of a direct award is proportionate and appropriate. The service have advised that there are other providers who may be able to provide this service and indeed, others did bid in the initial tender process. However, the service has highlighted potential resource issues with these providers and the impact of covid on these parties ability to tender and ultimately deliver the contract so the risk of challenge is arguably low due do market conditions. To further remove any risk of successful challenge the service should ensure that in proceeding with this direct award they adhere with the principals of transparency and equal treatment along with any specified requirements of the 2015 Regulations regarding publication of the contract notice. Name: Pamela Donaldson Date: 14/07/21
6. Finance	
Budget including all revenue and on costs	£985,575
Budget Type	☒ Revenue ☐ Capital ☐ Housing Revenue ☐ Common Good
Budget Code(s)	S57310 65111
Estimated Spend	Annual contract value: Full year 21/22 £7422,97 22/23 £791,789 Total contract value: **£985,575**
Reviewed by	Name of Finance Officer: James Boulton Date of review: 9/7/21
Is budget sufficient for procurement?	Yes
7. Governance	

Prior to sending your business case for the relevant approvals please also confirm below whether any of the following have been completed as part of your Business Case.	
Integrated Impact Assessment	Full impact assessment required / not required Yes
Data Protection Impact Assessment	Required A DPIA (Data Protection Impact Assessment) has been completed for the initial contract but will be required to be amended as per advice from Data Protection Officer
Approved by Director / Chief Officer	Name / date:
Approved by Legal:	Name / date:
Approved by Finance:	Name / date:
Approved by Commercial and Procurement:	Name / date:
Approval by Demand Management Control Board	Date:
Presented to Committee:	Name of Committee: Date:

Aberdeen City Health & Social Care Partnership
A caring partnership

Aberdeen Links Service (ALS)

Overview of Data from Aberdeen Links Service: 1st August 2018 – 14th July 2021

Referrals

1. Referral Pathway

During the contract September 2018 to July 2021 the ALS received 5210 referrals. The majority of referrals to CLP s came from GPs (72% of all referrals), which can be seen in Figure 1 . Other members of the practice team also referred to CLPs; nurses, community psychiatric nurses (CPN), mental health practitioners (MHP) and admin staff made up 16% of referrals and 1% of referrals were recorded as a patients request.

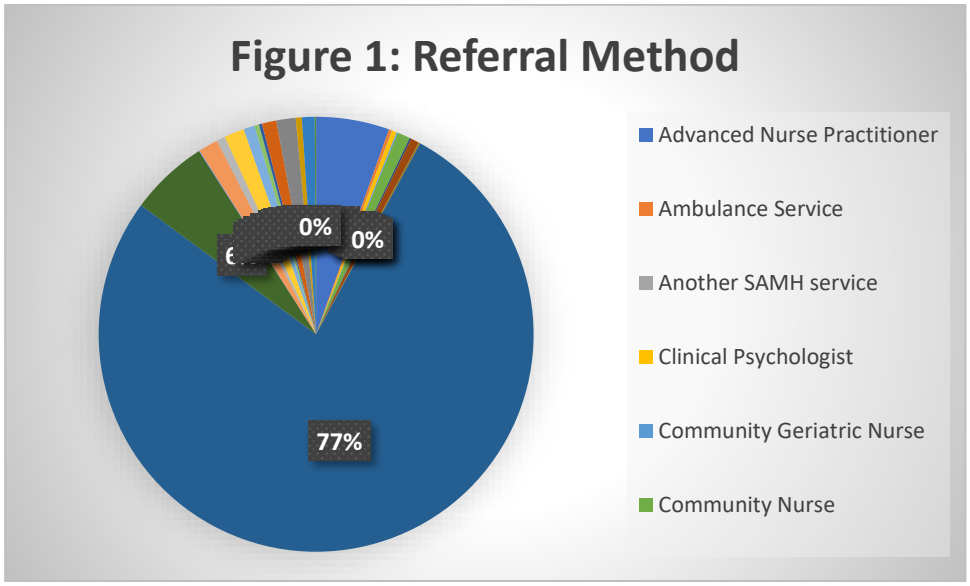
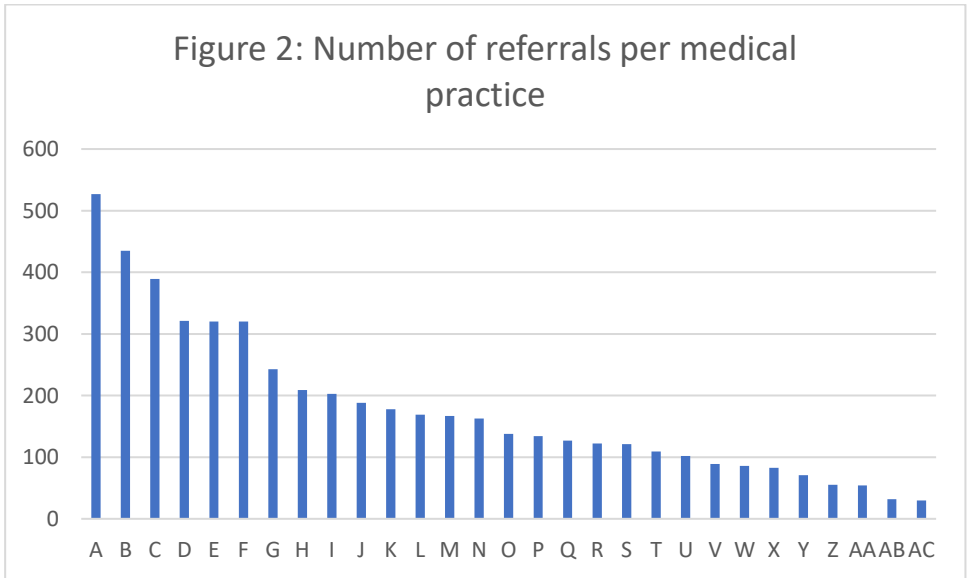
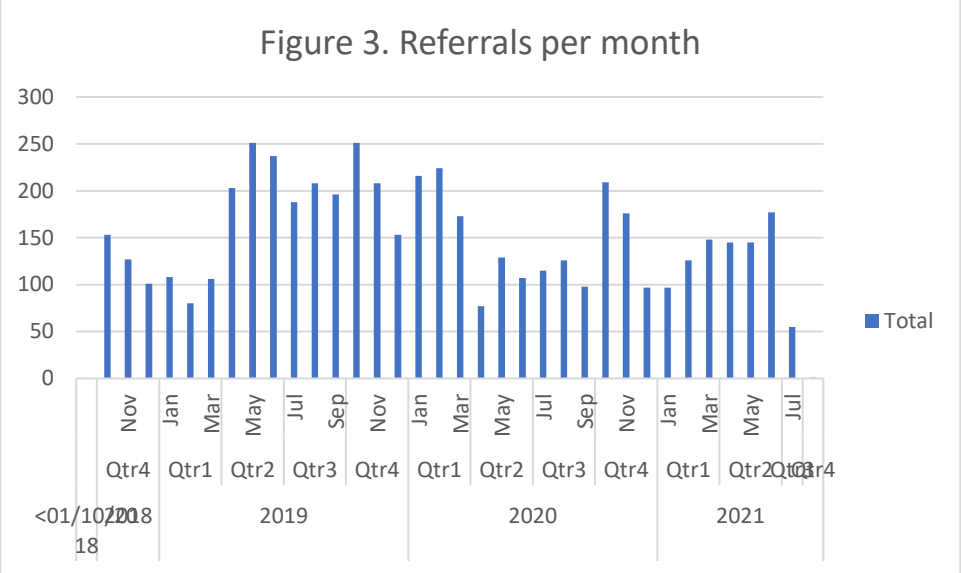


Figure 2 shows the number of referrals per medical practice, ranging from 30 to 527.



Monthly referral data shows the number of clients referred to CLPs each month in comparison to the yearly average of 166 referrals per month (Figure 3). There was an impact on referral numbers due to the pandemic. However, referral numbers have increased as the service is seeing more referrals from practices.



The main referral reasons were recorded and detailed in Table 1. Mental Health, Benefits/ Finance and Isolation are the most common main referral reasons.

Referral Reasons **Referral Reason**	**Percentage of referrals**
Mental Health	26%
Benefits	11%
Finance & Money	10%
Isolation	13%
Housing and Homelessness	9%
Meaningful activity	3%
Employment	3%
Care	3%
Dementia	2%
Bereavement	2%
Carers	2%
Addiction - Alcohol	1%
Post Diagnostic Support (PDS)	1%
Other	1%
Conditions	1%
Shielding and/or crisis line	1%
Abuse	1%
Physical Health	1%
Addiction - Illegal Drugs	1%
Families	1%
Weight management	1%
Parenting	1%
Relationships	1%

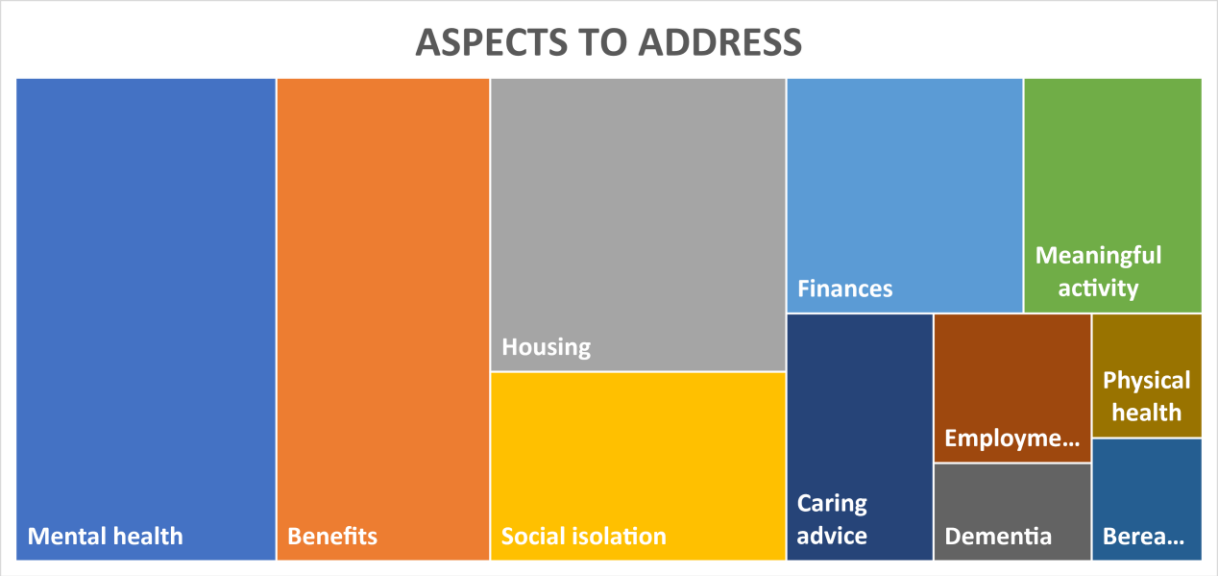
2. Engagements:

On average, each client attended 3 face-to-face engagements with their CLP. Further analysis shows where there is an inverse relationship in the number of engagements per client. 45% of clients had one engagement, 22% had two, 12% had 3, 8% had four, 4% had five, 2% had six and 6% had seven or more.

The CLPs also engaged with clients by email, letter, text and telephone. The number of non-face to face contact averaged at 8 per client.

Aspects to address:

CLPs discussed with the patients which aspects they would like to address, Thematic analysis of the different aspects is present in Figure, which shows that mental health was raised most frequently, housing, welfare and social isolation were also common aspects to address.

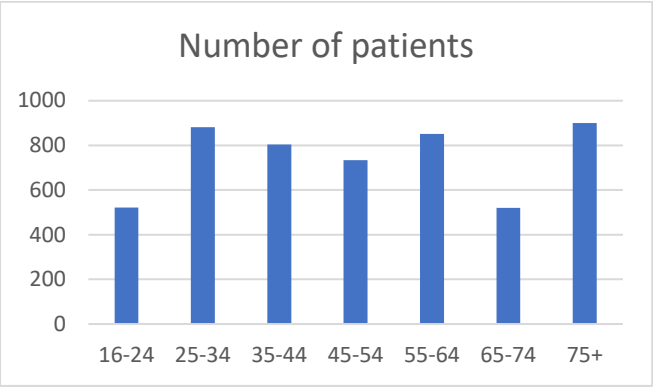


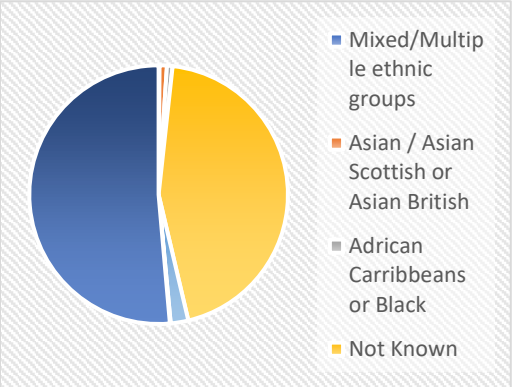
3. Demographics

3.1 **Gender, Age and Ethnicity.**

During the period 1st August 2018 – 14th July 2021 the Aberdeen Links Project engaged with 5211 clients. Of these 3104 were female, 2093 were male, 14 did not identify as male or female.

The age of the clients ranged from 16-102 with an average age of 51. Figure 4 presents the number of clients per age group, showing the age groups which engage most frequently.

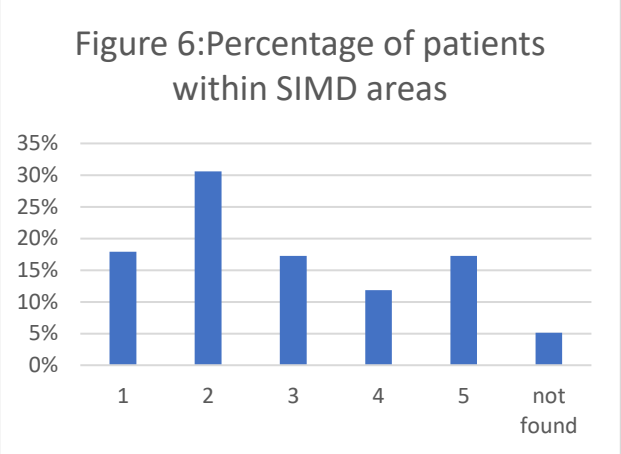




3.2 Household

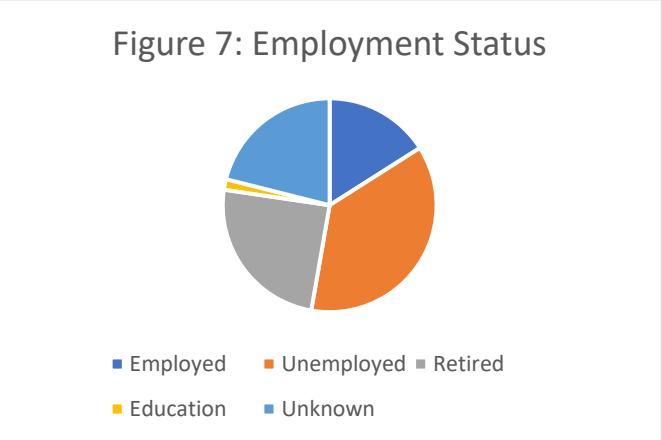
Household arrangements was recorded as part of the process. This indicated that 34% of all patients lived alone.

Household	Percentage
On Own	34%
Not Known	30%
Self + Partner	11%
Self + Child(ren)	10%
Self + Partner + Child(ren)	6%
With Parents	5%
Sharing	2%
(blank)	1%



3.3 Employment

The employment status of 1502 individuals was recorded and is displayed in Figure 7. 36% of patients were unemployed, 16% were employed, 24% were retired, A further breakdown of the unemployed clients found that 1325 patients were unemployed over 12 months with 50% of those patients being unemployed for over 36 months.



3.4 Disabilities and Health Issues:

The disabilities and health issues of the clients were recorded by the CLPs and can be seen in Table as a percentage of all service users. Over a third of all CLW clients seen by the service were reported as having a mental health condition (37%). After this the most frequently reported were long term conditions (10%), physical/mobility impairments (8%), memory loss (4%) and chronic pain (4%).

Disabilities/Health Issues	% of patients
Mental health	37%
None identified	18%
Longstanding illness	10%
Physical/Mobility Impairment	8%
(blank)	4%
Memory loss	4%
Chronic pain	4%
Other	2%
Learning difficulties	2%
Visual impairment	1%
Hearing impairment	1%

4. Onward Referrals

Of the clients who engaged with a CLW during the period 1st August 2018 – July 14th 2021, 6588 referrals to onward services. Table 6 lists the number of referrals to each service category, along with the percentage of all referrals. The most common onward referrals were mental health, benefits and housing. The Service category with most services referred to was Activity, Mental Health and Conditions.

CLPs also referred patients to a 423 different providers. 60% of referrals were to Third Sector organisations.

Service Category	Number	Percentage of all referrals
Mental Health	1242	19%
Benefits	858	13%
Housing & Homelessness	573	9%
Finance & Money	475	7%
Activity	425	6%
Health & Social Care Services	339	5%
Conditions	338	5%
Food & Fuel Poverty	293	4%
Social Isolation	265	4%
Employment	260	4%
Transport & Mobility	215	3%
Rights & Representation	164	2%
Carers	159	2%
Volunteering	127	2%
Families	125	2%
Physical Activity	111	2%
Bereavement	109	2%
Abuse	105	2%
Weight Management	68	1%
Learning	62	1%
Dementia	59	1%
Other	216	3%

Service Category	Number of services/resources
Activity	82
Mental Health	52
Conditions	44
Housing & Homelessness	33
Finance & Money	24
Health & Social Care Services	22
Families	21
Social Isolation	21
Employment	20
Learning	17
Rights & Representation	17
Food & Fuel Poverty	16
Bereavement	15
Volunteering	14
Abuse	13
Weight Management	13
Physical Activity	12
Benefits	11
Transport & Mobility	11
Learning Disability	9
Identity	8
Relationships	8
Carers	7
Addiction (Alcohol)	6
Addiction (Gambling)	5

The Services who received over 100 onward referrals are listed below. These 14 organisations account for 42% of all onward referrals.

Financial Inclusion Team – Aberdeen City Council	CFINE
Department of Work and Pensions	Housing – Aberdeen City Council
VSA	Aberdeen Foyer
SCARF	ACIS
Penumbra	Citizens Advice Scotland
Cairns Counselling	Community Chaplaincy Listening Service
Bon Accord Care	Sport Aberdeen

Across all of the SIMD areas the main service providers that were referred onto were:

- ACC Financial Inclusion Team
- CFINE
- Department of Work and Pensions

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:- HSCP.21.089

Approval from IJB received on:- 24 August 2021

Description of services/functions:-

1. To make a direct award of a contract to SAMH (Scottish Association of Mental Health) for the Aberdeen Links Service as is described in the report (HSCP.21.089) and Procurement Business Case from 8 January 2022 until the 31 March 2023 (1 year and 3 months).

Reference to the integration scheme: - Annex 2, Part 1- General Social Welfare Services

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

The proposals contained within the report align with ACHSCP's values of being person-centred, connecting, enabling and caring.

- There are strong links to delivering the commitments of both the strategic plan and ensuring services are prevention focused and delivered locally within the community.
- Support and improve the health, wellbeing and quality of life of our local population.
- Promote and support self-management and independence for individuals for as long as reasonably possible.

Timescales involved:-
Start date:- 08.01.22

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

End date:- 31.03.23

Associated Budget:-
Indicative projected spend: (Full year costs) 2021/22: £742,297 2022/23: £791,789

Total contract value: £985,575

Details of funding source:- Primary Care Improvement Plan

Availability:- Confirmed

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

Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

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	24 August 2021
Report Title	Technology Fund
Report Number	HSCP.21.087
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Name: Anne McKenzie Job Title: Lead Commissioner Email Address: anne.mckenzie@nhs.net Phone Number: 07977519136
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

1. Purpose of the Report

1.1. The purpose of this report is to provide the Integrated Joint Board with information about the proposed Technology fund to support the delivery of

Care at Home and Supported Living, and the processes that have been put in place to allocate this funding.

2. Recommendations

It is recommended that the Integration Joint Board (IJB)

2.1. Approves the expenditure for social care services as set out in the Supplementary Work plan at Appendix A,

2.2. Approves the expenditure as set out in the Procurement Business Case, at Appendix B,

2.3. Instructs the Chief Officer to approves grant awards in line with the process set out at 3.8 in this report

2.4. Makes the Direction, as attached at Appendix C, and instructs the Chief Officer to issue the Direction to Aberdeen City Council (ACC).

3. Summary of Key Information

3.1. The IJB directs 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 in accordance with ACC's Scheme of Governance.

3.2. ACC Powers Delegated to Officers includes, at Section 9.1, 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 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 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 technology fund in support of Care at Home and supported living services. The original request for funding for the provision of Care at Home and Supported Living under the new arrangements was made on 11th February 2020 (HSCP.19.094)

3.5. The following arrangements outlined within the original report have been put in place: Move to three locality primary provider contracts for Care at Home with immediate effect, and a transition to the same arrangements for supported living providers, based on outcomes focussed delivery and away from time and task.

3.6. The report detailed the significance of the shift away from the traditional models of delivery of care and support and suggested certain opportunities that would be available. In particular:

There is the opportunity within these arrangements for investment, agreed in partnership between provider and ACHSCP and based upon available data. Examples of such investment could be technology – to use appropriately to support efficient delivery, or training and support for care staff to allow them to deliver care based upon outcomes.

3.7. It is now eight months into the new arrangements and there has been a significant amount of progress made with the delivery of Care at Home and supported living. There has also been a significant amount of learning which will inform changes to the way in which future care and support will be delivered.

In order to ensure robust and representative decision making, about future investment in the delivery of care and support, providers will initially be asked to present proposals through an application process about the increased use

of technology that require funding from this technology fund the ACHSCP Strategic Commissioning and Procurement Board (SCPB). The purpose of the SCPB as set out in its terms of reference is to "ensure effective and forward strategic planning of commissioning activity". It provides a central function drawing together representatives from ACC Commercial & Procurement Shared Service (CPSS), ACHSCP commissioners and representatives from the Third and Independent provider sector to ensure the smooth and efficient commissioning, procuring, and monitoring of social care services across the City

The process for considering applications for the Technology Fund will be considered at the SCPB. Thereafter, if recommended for approval, applications will then be taken through appropriate ACHSCP governance processes. The SCPB recognises the limitations of its decision making powers and has, within its terms of reference the following:

[that it will] "Work within the Scheme of Delegation of both our partners, NHS Grampian and Aberdeen City Council's Scheme of Governance, financial and procurement regulations".

The SCPB will manage applications for the Fund as follows:

- A "business case" from prospective bidders will be submitted to the SCPB before any application will be considered
- The SCPB will assess all bids on the same agreed criteria
- The Chief Officer will approve individual bids up to £50,000 in conjunction with the ACC Procurement Regulation 4.1.1.1
- Individual bids over £50,000 in conjunction shall be approved in line with section 4.1.1.5 of the ACC Procurement Regulations,
- The Chief Officer will report back to the IJB at the earliest opportunity following the SCPB's approval of bids on the grants being awarded.

3.8. The process for the evaluation of any proposal, which includes a requirement to demonstrate alignment with key ACHSCP strategic ambitions, focus on key eligibility criterion, ensure value for money, sustainability, and engagement with service users as and when appropriate, will be completed shortly by the SCPB.

3.9. It is will be a requirement that these benefits will be clearly demonstrated in key metrics within the contracts, including achievement of individual outcomes for service users and in the capacity available to provide care.

3.10. Whilst this additional expenditure signifies an additional investment to be made, the risks of not making this investment reduce the ACHSCP's opportunity to modernise care at home and supported living delivery, and subsequently achievement of outcomes for individuals.

3.11. Links with Strategic Commissioning

The procurement of works, goods and services is driven by strategic commissioning intentions. The ACHSCP has established the SCPB 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 SCPB, on 30th June 2021, considered the item on the procurement plan and determined that the Technology Fund is required to support the delivery of strategic intentions.

4. Implications for IJB

4.1. **Equalities, Fairer Scotland and Health Inequality** - There are no specific equality or health implications from this report. Nor is there any direct implication for our Fairer Scotland Duty.

4.2. **Financial** - The financial spend associated with this is outlined in the business case (Appendix B)

4.3. **Workforce** - There are no specific workforce implications arising from this report.

4.4. **Legal** - There are no specific legal implications arising from this report. Grants will be awarded using the current grant process

4.5. **COVID 19** – There are no specific implications linked to Covid 19 arising from the implications of this report.

4.6. Other – None

5. Links to ACHSCP Strategic Plan

5.1. This report links to the commissioning principles outlined as one of the enablers within our strategic plan.

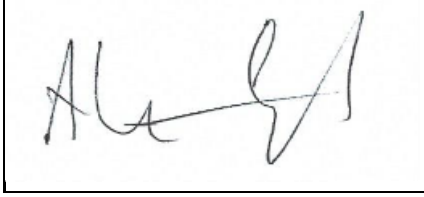
6. Management of Risk

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

This option links directly to strategic risk 1 – market sustainability

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

By implementing the necessary processes, and continuation of partnership working

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

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-XVFU4343; 000-TCDU5391; 000-NGFX8353; and 000-MKPA7759	H&SCP	Care at Home & Supported Living	Approval for expenditure to support the outcome-focussed commissioning of care and support through investment by commissioned service providers in technological based solutions (from year two to year four inclusive)	01/11/2020	31/10/2022 (plus two optional one-year extensions to 31/10/2024)	24	Aberdeen City

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Exempt information as described in paragraph(s) 6 of Schedule 7A
of the Local Government (Scotland) Act 1973.

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