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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board

Town House,
ABERDEEN 3 March 2022

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Virtual - Remote Meeting on THURSDAY, 10 MARCH 2022 at 10.00 am.**

FRASER BELL
CHIEF OFFICER - GOVERNANCE

BUSINESS

1.1 Welcome from the Chair

DECLARATIONS OF INTEREST

2.1 Declarations of Interest and Transparency Statements

Members are requested to intimate any Declarations of Interest or Transparency Statements

DETERMINATION OF EXEMPT BUSINESS

3.1 Determination of Exempt Business

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

STANDING ITEMS

4.1 Opening Doors - Video Presentation

4.2 Minute of Board Meeting of 15 December 2021 (Pages 3 - 12)

- 4.3 Draft Minute of Clinical and Care Governance Committee of 22 February 2022 (Pages 13 - 18)
- 4.4 Business Planner (Pages 19 - 22)
- 4.5 Chief Officer's Report- HSCP22.015 (Pages 23 - 36)

PERFORMANCE AND FINANCE

- 5.1 Financial Monitoring Report Quarter 3 - HSCP.22.014 (Pages 37 - 56)
- 5.2 Medium Term Financial Framework - 2022/23 - HSCP22.017 (Pages 57 - 114)
- 5.3 Annual Procurement Workplan 2022/2023 - HSCP.21.128 (Pages 115 - 124)

ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE

- 6.1 Grant Funding to Counselling Services - HSCP.22.007 (Pages 125 - 132)
- 6.2 Annual Procurement Workplan 2022/2023 - Exempt Appendices (Pages 133 - 172)

DATE OF NEXT MEETING

- 7.1 UB Meetings -
Tuesday 7 June 2022 at 10.00am
Tuesday 30 August 2022 at 10.00am
Tuesday 11 October 2022 at 10.00am
Tuesday 29 November 2022 at 10.00am

SEMINAR SESSION

- 8.1 Members' Code of Conduct Training - John Forsyth, Solicitor - Governance ACC

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

Should you require any further information about this agenda, please contact Emma Robertson, emmrobertson@aberdeencity.gov.uk



ABERDEEN, 15 December 2021.

Minute of Meeting of the INTEGRATION JOINT BOARD.

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

Also in attendance:- Martin Allan, Jess Anderson, Gale Beattie, Tracey Buchan (for item 4), Councillor David Cameron, John Forsyth, Alison MacLeod, Anne McKenzie, Grace Milne, Gogo Okafor, Simon Rayner, Emma Robertson, Angela Scott and Carol Wright.

Apologies:- None.

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

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

INTRODUCTION

1. The Chair welcomed everyone to the meeting.

The Chair reported that she had the privilege of being asked to present long service awards to health staff who had over 35 years' service in a wide range of roles across the system. She noted the pride in their work, importance of their teams in supporting them over the years and the care they had for their patients and their service users.

The Chair stated there would be challenging months over the winter and there would be real pressure felt across the system. However, teams were still progressing with the IJB strategic priorities. The position regarding COVID was not what anyone would have wanted in the lead up to Christmas but the best way to protect everyone was for all who were eligible to get double vaccinated and to get the booster, and follow the guidelines to keep everyone safe. She added that we now knew from experience that our actions now would affect what restrictions we may need to live with in the future.

On behalf of the IJB, the Chair thanked everyone working in health and care for their service; their efforts were recognised and hugely valued for all that was being done to keep people safe.

The Board resolved:-

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to thank all those working in the Service during challenging times.

DECLARATIONS OF INTEREST

2. The Chair declared an interest in item 14 (ADP Investment work) by virtue of her being a Trustee of Aberdeen in Recovery. She considered that the nature of her interest required her to leave the meeting.

The Board resolved:-

to note the declaration and that the Chair would take no part in the consideration of this item.

DETERMINATION OF EXEMPT BUSINESS

3. The Chair indicated that item 9 Briefing on Winter Plan and Allocation of additional Scottish Government funding for Winter Plan - HSCP.21.124 contained an exempt appendix at item 16 and therefore it was recommended that it be considered in private as it contained exempt information.

The Board resolved:-

in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973, to exclude the press and public from the meeting during consideration of item 16 on the agenda so as to avoid disclosure of exempt information of the class described in paragraph 8 of Schedule 7(A) of the Act.

AGILE PROGRAMME – VIDEO PRESENTATION

4. The Board received a video presentation illustrating the work of the Agile Programme helping people to stay well and stay connected. The Chair noted that this input was as a result of the board's work on culture to ensure all present were reminded of the importance of focusing on the strategic intent of the IJB to deliver person centred, integrated care at the start of each meeting.

The Board resolved:-

to note the video.

MINUTE OF BOARD MEETING OF 2 NOVEMBER 2021

5. The Board had before it the minute of its meeting of 2 November 2021.

The Board resolved:-

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to approve the minute as a correct record.

DRAFT MINUTE OF CLINICAL AND CARE GOVERNANCE COMMITTEE OF 16 NOVEMBER 2021

6. The Board had before it for information, the draft Minute of the Clinical and Care Governance Committee of 16 November 2021.

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 of the updates to reporting intentions and that further items would be added to future reporting cycles.

The Board resolved:-

- (i) to note the planner;
- (ii) to agree that the Chief Finance Officer would work offline with the Chair and Vice Chair to identify which reports could be delayed in order to help support workloads of Health and Social Care Staff; and
- (iii) to agree that the Workforce Plan would be brought to IJB sooner than October 2022 if possible.

CHIEF OFFICER'S REPORT

8. The Board had before it the report from the Chief Officer, ACHSCP, which presented an update on highlighted topics. The Chief Officer spoke to her report and took questions regarding Operation Iris, the National Wellbeing Hub and National Care Service Update .

The report recommended:-

that the Board note the detail contained in the report.

The Board resolved:-

- (i) to note the details contained in the report;
- (ii) to note that the Chief Officer would circulate slides of ACHSCP Priorities;
- (iii) to note that the Chief Officer would circulate communications on the National Wellbeing Hub;

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- (iv) to instruct the Chief Officer to add a standing item of Update on National Care Service to her report; and
- (v) to instruct the Business Manager, ACHSCP to share communications of volunteering with members.

REVISED STRATEGIC RISK REGISTER (SRR) & REVISED RISK APPETITE STATEMENT (RAS) - HSCP.21.120

9. The Board had before it a report on the Strategic Risk Register and Revised Risk Appetite Statement which was presented by the Business Manager who explained that at the workshop on 25 October 2021, members considered the Board's Risk Appetite Statement and made some amendments to the document to reflect the Board's current risk appetite. The revised Risk Appetite Statement was attached and showed the proposed changes to the narrative to the Statement.

The Business Manager undertook to review the layout of the Matrices in Appendix B of the Strategic Risk Register with regard to the Impact/Likelihood ratings.

The report recommended:-

that the Board –

- a) approve the IJB revised Risk Appetite Statement at Appendix A;
- b) approve the IJB revised Strategic Risk Register at Appendix B;
- c) note that a full review of Strategic Risks would be undertaken once the new Strategic Plan was approved at 10 March 2022 IJB; and
- d) instruct the Chief Officer to provide a further update on the SRR to the Risk, Audit and Performance Committee on 26 April 2022 / IJB on 7 June 2022. (date TBC)

The Board resolved:-

- (i) to instruct the Business Manager to review the Matrices; and
- (ii) to otherwise approve the recommendations.

BRIEFING ON WINTER PLAN AND ALLOCATION OF ADDITIONAL SCOTTISH GOVERNMENT FUNDING FOR WINTER PLAN - HSCP.21.124

10. The Board had before it a briefing report on the Winter Plan and Allocation of additional Scottish Government funding for Winter Plan. The Lead Commissioner spoke to the report, the purpose of which was to inform the IJB on actual funding arrangements made available to Aberdeen City Health and Social Care Partnership from the Scottish Government, specifically to alleviate system pressures, and to inform the IJB on anticipated plans to utilise this money.

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A change on page 6 (additional circulation) to the report since publication was noted, advising Members that the five places within Rubislaw Park Nursing home were to be used for end-of-life care from 15 December 2021.

Questions covered delayed discharges and additional Project Management support.

The Board subsequently received a briefing on Operation Iris from Adam Coldwells - Director of Strategy & Depute Chief Executive, NHS Grampian. Mr Coldwells explained that he was meeting with key partners to brief them on Operation Iris which would run for approximately six months from November 2021 to April 2022. During his presentation, the Depute Chief Executive advised he would refer to the formal NHS Grampian Board [papers](#) from 2 December 2021 which covered:

- Situation
- Background
- Assessment:
 - how responding
 - Data Set & patient experience
 - Remobilisation Plan – RMP4
 - Working together in this challenging period
- Quality/Patient Care
- Workforce – wellbeing of staff is critical
- Risk Management - focus on the approach to risk and the risk model contained within the G-OPES paper – how to respond with a single approach to pressure including changes from standard best practise, e.g. derogations:
 - Bed spacing as capacity increased in hospital, may need to bring back beds taken out as a response to covid
 - Staff ratios are standard may need to change the derogation against normal standard
 - Prevent queuing but may be necessary to wait in a corridor awaiting transition to a ward
- Governance, and working with IJBs, Local Authorities and Scottish Government
- Equality and Diversity, including health inequalities – supporting staff
- Communication, involvement, engagement and consultation – ongoing with population and IJBs.

Mr Coldwells concluded that while the response to Operation Iris covered the next few months, NHS Grampian would also be looking forward to the future and different way of doing things and changing at scale, with a commitment to work with the three Grampian IJBs.

The report recommended:-
that the Board –

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- a) note the funding and proposed plans for spend contained in Appendix A; and
- b) make the Directions as attached within Appendix B and instruct the Chief Officer to issue the Directions to NHS Grampian (NHSG) and Aberdeen City Council (ACC) respectively, to deliver the services as set out in this report.

The Board resolved:-

- (i) to note the funding and proposed plans for spend contained in Appendix A;
- (ii) to make the Directions as attached within Appendix B and instruct the Chief Officer to issue the Directions to NHS Grampian (NHSG) and Aberdeen City Council (ACC) respectively, to deliver the services as set out in the report;
- (iii) to note the presentation on Operational Iris; and
- (iv) to agree to circulate the link to the NHSG Board papers of 2 December 2021 for further information on Operation Iris.

STRATEGIC PLAN 2022-2025 - HSCP.21.123

11. The Board had before it a Consultation Draft on the Strategic Plan 2022 -2025. The Lead Strategy and Performance Manager spoke to the report and explained that this proposed consultation draft was developed over the last year and had involved input from 4,140 citizens of Aberdeen including staff, there had been five dedicated development sessions with the IJB and Leadership Team and also local empowerment representatives on the Strategic Planning Group had had significant input. The proposal was to go out to public consultation in January/February 2022 with a view to bringing a finalised plan to IJB on 10 March 2022.

The report recommended:-

that the Board –

- a) approve the consultation draft of the Strategic Plan 2022-2025;
- b) instruct the Chief Officer to undertake a 6-week public consultation exercise as per best practice guidance; and
- c) instruct the Chief Officer to bring a final version of the Strategic Plan incorporating consultation comments to the IJB meeting on 29 March 2022 for approval.

The Board resolved:-

- (i) to instruct the Chief Officer to amend the report to make clear that progress would be monitored via the Leadership Team's annual objectives;
- (ii) to instruct the Chief Officer to undertake a 6-week public consultation exercise as per best practice guidance;
- (iii) to instruct the Chief Officer to bring a final version of the Strategic Plan incorporating consultation comments to the IJB meeting on 10 March 2022 for approval; and
- (iv) to otherwise approve the consultation draft of the Strategic Plan 2022-2025.

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COMMISSIONED DAY SERVICES AND DAY ACTIVITIES - STAY WELL, STAY CONNECTED - HSCP.21.121

12. The Board had before it a report entitled Stay Well, Stay Connected, the purpose of which was to update the IJB on progress with the implementation of the revised model for the provision of day care and day opportunities within Aberdeen City, now known as “Stay Well, Stay Connected”. The Lead Commissioner spoke to the report and delivered two testimonies from service users.

The report recommended:-

that the Board –

- a) note the progress made with the implementation of the model; and
- b) note that provision for outcomes of this model and thereby updates on progress on an ongoing basis would be accommodated within key performance indicators for the partnership.

The Board resolved:-

to agree the recommendations.

MARKET FACILITATION UPDATE - HSCP.21.122

13. The Board had before it a report on the Market Facilitation Update which provided an update with regard to market facilitation activity during the previous 6 months. Anne McKenzie - Lead Commissioner – spoke to the report.

The report recommended:-

that the Board -

- a) note the content of the report;
- b) note that the market facilitation plan would be reviewed in line with the Aberdeen City Health and Social Care Partnership’s (ACHSCP) strategic plan; and
- c) note that the market facilitation activity was linked with and reflected in the annual procurement plan.

The Board resolved:-

to agree the recommendations.

In accordance with Article 2 of this minute, the Chair left the meeting prior to consideration of the following item and the Vice Chair took the Chair.

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ADP INVESTMENT WORK - HSCP.21.119

14. The Board had before it a report on Aberdeen City Alcohol and Drugs Partnership (ADP) Investment Programme. Simon Rayner – Strategic Lead for ADP - advised that alongside COVID, the Scottish Government had also described the high level of drug related harm and deaths as a public emergency. Mr Rayner spoke to the report, updating the IJB on the programme of investment and work being undertaken by the ADP in relation to funding made available via the Scottish Government's National Mission to reduce drug and alcohol related harm.

The report recommended:-

that the Board agree -

- a) to match fund successful applications for funding from the CORRA Foundation as detailed in paragraph 3.17 of the report;
- b) to fund the recruitment of a Specialist Pharmacist as detailed in paragraph 3.18 of the report;
- c) to use funding as detailed in paragraph 3.19 for expenditure against Bupropion by prescribing services and to fund any overspend on this budget from ADP Reserves;
- d) to use the funding streams detailed in paragraph 3.20 to provide the ADP Assertive Outreach Programme which is currently funded on a fixed term;
- e) to fund the recruitment of a Consultant Psychiatrist as detailed at paragraph 3.21;
- f) to extend funding for the Young People Resilience Hubs for a further 12 months as detailed at paragraph 3.22; and
- g) to approve the ADP Plan.

The Board resolved:-

to agree the recommendations.

The Chair rejoined the meeting at this juncture and took the Chair from the Vice Chair.

In accordance with Article 3 of this minute, the following item was considered with the press and public excluded.

BRIEFING ON WINTER PLAN AND ALLOCATION OF ADDITIONAL SCOTTISH GOVERNMENT FUNDING FOR WINTER PLAN - EXEMPT APPENDIX

15. The Board had before it Exempt Appendix A - Financial Breakdown of Winter Monies with regard to Item 9 Winter Planning – additional funding. In response to questions from Members, the Chief Officer – Finance - responded that figures were

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estimates and that they were working towards spending to the budget. He noted that the 2022/23 allocation was not yet known.

The Board resolved:-

to note the funding and proposed plans for spend contained in Appendix A.

IJB MEETINGS

16. The Board had before it the dates for future meetings:

Tuesday 25 January 2022 at 10.00am
Thursday 10 March 2022 at 10.00am (Budget)
Tuesday 7 June 2022 at 10.00am

The Board resolved:-

to note the future meeting dates.

– **LUAN GRUGEON, Chair**

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CLINICAL AND CARE GOVERNANCE COMMITTEE

ABERDEEN, 22 February 2022. Minute of Meeting of the CLINICAL AND CARE GOVERNANCE COMMITTEE. Present:- Kim Cruttenden, Councillor Lesley Dunbar and Luan Grugeon (as substitute for Alan Gray).

In attendance: Lynn Morrison, Alex Stephen, Fiona Mitchellhill, Grace Milne, Graeme Simpson, Claire Wilson, Malcolm Metcalfe, Amy Richert, Stella Evans, Laura McDonald, Carol Buchanan, Sarah Gibbon, Val Vertigans and Mark Masson (Clerk).

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

WELCOME AND APOLOGIES

1. Councillor Lesley Dunbar welcomed everyone to the meeting.

Apologies for absence were intimated on behalf of Councillor Sandra Macdonald, Chairperson and Caroline Howarth.

Councillor Dunbar advised that she would be chairing the meeting today in the absence of Councillor Macdonald.

The Committee resolved:-

to note the information provided.

DECLARATIONS OF INTEREST AND TRANSPARENCY STATEMENTS

2. There were no declarations of interest or transparency statements intimated.

MINUTE OF PREVIOUS MEETING OF 16 NOVEMBER 2021, FOR APPROVAL

3. The Committee had before it the minute of its previous meeting of 16 November 2021, for approval.

With reference to article 6ii (One Stop Shop – Socio Economic Grouping Referral Rates), the Clerk advised that he was still awaiting information to be sent to him from Jenny Rae/Elizabeth Archibald for circulation to the Committee.

The Committee resolved:-

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- (i) to note the information provided; and
- (ii) to otherwise approve the minute.

BUSINESS PLANNER

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

The Committee resolved:-

to note the information contained within the planner.

CCG GROUP MONITORING REPORT - UPDATE - HSCP.22.005

5. The Committee had before it a report by Lynn Morrison and Grace Milne which presented data and information to provide assurance that operational activities are being delivered and monitored effectively and that patients, staff and the public are being kept safe whilst receiving high quality service from Aberdeen City Health and Social Care Partnership (ACHSCP).

The report recommended:-

that the Committee –

- (a) note the contents of this report; and
- (b) request the summary update paper of the service derogations in place during Operation Iris and the risk mitigations in place to manage these be presented to the next committee meeting.

Lynn Morrison (1) provided a comprehensive summary of the report; (2) outlined the current governance arrangements and pressures across the community and hospital services; (3) highlighted the adverse events during the period October to December 2021 as well as feedback and complaints; (4) emphasised the achievements and examples of good practice which demonstrate the resilience in services to develop new ways of working; and (5) responded to questions from members.

During discussion, the following points were noted:-

- that sexual health data from 2020 would be included in future reports;
- that the main concerns were workforce challenges including capacity, wellbeing of staff, recruitment and retention; and
- that there was a requirement to increase public/media messaging, specifically to address abusive behaviours experienced by staff and to reinforce correct information rather than the misinformation which was circulated on social media.

Claire Wilson provided an overview of the work and ongoing support being undertaken in Adult Support and Protection (Dedicated Team) to address waiting times, new referrals

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and unmet need which included triage work, early support, enhanced screening and communication with all families.

The Committee resolved:-

- (i) to approve the recommendations contained within the report; and
- (ii) to note that annual complaint comparisons, highlighting themes and trends would be presented in a future report to the IJB.

ADULT SUPPORT AND PROTECTION INSPECTION PREPARATION - HSCP.22.001

6. The Committee had before it a report by Val Vertigans, Lead Strategic Officer, Adult Public Protection which provided a further update on preparations for a forthcoming Joint Inspection of Adult Support and Protection (ASP) in Aberdeen.

The report recommended:-

That the Committee note progress made to date, and planned, in relation to the Joint Inspection of ASP in Aberdeen.

The Committee heard from Val Vertigans who provided an overview of the key issues from the report advising:-

- that the programme of Joint Inspections was paused at the start of the pandemic, but the Cabinet Secretary for Health and Sport on 3 March 2021, requested that the inspection programme would resume in a proportionate and sensitive manner;
- that informal advice was received from the Care Inspectorate that the formal Notification of Inspection would be made on 22 November 2021, and indicative timelines were provided;
- that given the continued significant and extreme pressures on systems, services and staff across the partnership, and the additional burden which an inspection would add in order to undertake the necessary preparatory work, discussions had subsequently taken place with the Care Inspectorate regarding mitigation of these impacts via reconsideration of proposed timings and methodology;
- that it was agreed at a meeting with Care Inspectorate colleagues on 12 January 2022, that there would be a 'slow down' of the inspection, in particular in relation to the provision of case file documentation for scrutiny, and the situation was reviewed at a further meeting on 7 February 2022;
- at this meeting, it was intimated to Care Inspectorate colleagues that the three key agencies are now in a position to proceed with the inspection;
- that the required Position Statement, Supporting Evidence, and Processes and Timescales documents had now been finalised, and would be submitted at the earliest opportunity; and
- that the published inspection report would be provided to this Committee at their meeting on 2 August 2022 (being the first meeting following publication).

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The Formal Notification of inspection, including timelines and key dates were outlined within the report.

The Committee resolved:-

to approve the recommendation contained within the report.

ADULT PROTECTION COMMITTEE - ANNUAL REPORT 2020-21 - HSCP.22.002

7. The Committee had before it a report by Val Vertigans, Lead Strategic Officer, Adult Public Protection which provided information in relation to the Aberdeen Adult Protection Committee (APC) Annual Report for 2020-21, as published.

The report recommended:-

that the Committee note the information contained within the report.

The Committee heard from Val Vertigans who highlighted the following:-

- that the independent Convener of Aberdeen Adult Protection Committee (APC), had a statutory duty to prepare a Biennial Report, the last of which was for 2018-20;
- that at the meeting of the APC on 9 June 2021 it was decided that it would also be beneficial to produce an additional Annual Report, to enable oversight of activity on an annual basis, and provide an opportunity for highlighting achievements and good practice; and
- that the first such report, covering the year April 2020 to March 2021, was attached at Appendix A of the report.

Luan Grugeon made reference to the Psychological Trauma Champions in Aberdeen and intimated that they also had a role to play to protect vulnerable adults.

The Committee resolved:-

to approve the recommendation contained within the report, as outlined above.

SOCIAL WORK CRITICAL FUNCTIONS FRAMEWORK - HSCP.22.004

8. The Committee had before it a report by Kevin Toshney, Planning and Development Manager which provided information on the Critical Functions Framework which had been developed to illustrate adult social work provision across all services in response to significant or major events/incidents.

The report recommended:-

that the Committee –

- (a) approve the Critical Functions Framework outlined in Appendix A;

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- (b) agree that the Lead Officer (for Social Work) was responsible for the continual review and update of the Critical Functions Framework.

The Committee heard Claire Wilson provide a summary of the report and requested that recommendation (a) above be amended to read 'note' instead of 'approve'.

The report (1) made reference to the original Critical Functions Framework template which had been developed by South Lanarkshire Council in 2021 to illustrate to the Scottish Government the impact of Covid-19 on their social work and social care provision as they implemented their area-specific business contingency arrangements; (2) indicated that the Minister for Mental Wellbeing and Social Care wrote to all integration authorities' Chief Officers and Chief Social Work Officers in December 2021 due to the significant pressures that were being experienced and noted that their feedback had been helpful to understand the steps that were being taken locally to ensure that people were being kept safe; (3) advised that the South Lanarkshire framework template was included alongside that letter from the Minister with an invitation for other areas to share their contingency planning good practices and/or their reflections on what national supports were needed to support these activities; (4) intimated that the partnership's Chief Officer and the Lead Officer (for Social Work) both, subsequently agreed that it would be beneficial for adult social services to illustrate their response to significant or major events/incidents such as Covid-19 and pull together a framework for services that would build on the service's business continuity plans; and (5) appended the Critical Functions Framework which provided an overview of the exemplar South Lanarkshire template and reflected the initial contributions made by the social work service managers and then the wider discussions to ensure that there was a consistency in the decisions to either 'pause' or reshape services.

The Committee resolved:-

- (i) to note the Critical Functions Framework outlined in Appendix A; and
- (ii) to approve recommendation (b).

ROSEWELL HOUSE - UPDATE

9. The Committee heard Fiona Mitchelhill, Lead Nurse provide an update on Rosewell House, specifically on recent communication from Healthcare Improvement Scotland (HIS) regarding the concerns and issues surrounding the outstanding areas of improvement identified in the previous Care Inspectorate inspection report.

Fiona advised that there were five key points of concern identified, however a detailed response covering these including an invitation to HIS to undertake a visit of the intermediate care facility have been submitted, although she was still awaiting a response.

The Committee resolved:-

- (i) to note the information provided; and

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- (ii) to note that any further updates would be included within future Group Monitoring reports to the Committee.

ITEMS WHERE ESCALATION TO IJB IS REQUIRED

10. The Committee considered whether any items required escalation to the IJB.

Reference was made to article 5 of this minute relating to increased public communication, thereafter Luan Grugeon suggested that the IJB consider this and express a view on any possible action.

The Committee resolved:-

to highlight the following to the IJB - that there was a requirement to increase public/media messaging, specifically to address abusive behaviours experienced by staff and to reinforce correct information rather than the misinformation which was being circulated on social media.

- **COUNCILLOR LESLEY DUNBAR, Chairperson**

A	B	C	D	E	F	G	H	I	J
INTEGRATION JOINT BOARD BUSINESS PLANNER - The Business Planner details the reports which have been instructed by the Board as well as rA1:J66eports which the Functions expect to be submitting for the calendar year.									
Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/ Status (RAG)	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
2022 Meetings									
10/03/2022 Budget Meeting									
5	Standing Item	Chief Officer Report		Martin Allan	Business Lead	ACHSCP			
6	26.04.2021	Strategic Plan 2022 -2025	Final version of Strategic Plan.	HSCP.22.013	Alison Macleod	Lead Strategy and Performance Manager	ACHSCP	D	Delayed until June for further consultation
10	Standing Item	Annual Procurement Workplan 2022/2023	Agreed January reporting - 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.	HSCP.21.128	Neil Stephenson	Procurement Lead	ACC		Due to cancellation of January 22 committee as the result of system and workload pressures - deferred to 10 March 22 as agreed with Legal.
11	Standing Item	Medium Term Financial Framework - 22/23			Alex Stephen	Chief Finance Officer	ACHSCP		
12	Standing Item	Financial Monitoring Q3 2021/22	Financial Monitoring Q3 2021/22		Alex Stephen	Chief Finance Officer	ACHSCP		
13		Grant Funding to Counselling Servies		HSCP.22.007	Anne McKenzie	Commissioning Lead	ACHSCP		
14		Members Code of Conduct Training	Workshop (1 to 2) after the IJB formal meeting.	n/a	John Forsyth	Solicitor	ACC		Code of Conduct Training for IJB Members to be delivered by ACC Legal.
07 June 2022									
19	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP		
20	Standing Item	Equalities and Equalities Outcomes	At IJB on 25 May 2021 - (v)to instruct the Chief Officer, ACHSCP to submit 6-monthly reports alternately to the RAPC (startingDecember 2021 and then IJB - June 2022).		Alison Macleod	Lead Strategy and Performance Manager	ACHSCP	D	Went to RAPC on 01/03/22. Propose delay to IJB August 2022.
21	Standing Item	Audited Accounts			Alex Stephen	Chief Finance Officer	ACHSCP	D	Possible delay as may go to RAPC instead.
22		ACHSCP Annual Report			Sandra Macleod	Chief Officer	ACHSCP	D	Proposed to defer to August 2022 due to volume of business on June Planner.
23		Financial Monitoring 2021/22			Alex Stephen	Chief Finance Officer	ACHSCP	R	Not required as financial information reported to RAPC in April
24		Integration Joint Board Membership - Post Local Elections	Following local election results on 5 May 2022, ACC will require to nominate its membership of IJB to reflect any new membership and possibly change sub committee chairs depending new elected members.		Jess Anderson/John Forsyth/Clerk	Chief Officer - Governance	ACC		
25	24.08.21	Rosewell House - IJB/BAC Joint Evaluation	Rosewell House - Options Appraisal and Recommendations - HSCP.21.088 (IJB 24/08/21)to instruct the Chief Officer ACHSCP, to bring a joint evaluation report to the IJB/BAC board in summer 2022, summarising ongoing progress delivering the intended outcomes (identified in the benefits in the business case) and actions for continuous improvement;		Sarah Gibbon	Project Manager		D	Proposed to defer to August 2022 due to volume of business on June Planner.
26	01/12/2021	2C Update	To provide an update on 2C tendering exercise.		Alex Stephen	Chief Finance Officer	ACHSCP	R	Separate seminar to be planned.
27	10.11.21	Revised Strategic Risk Register SRR) & revised risk appetite statement (RAS).	Full review of Strategic Risks once Strategic Plan is approved at IJB on 10 March 2022	HSCP.21.120	Martin Allan	Business Manager	ACHSCP		Full review of Strategic Risks to be undertaken once the new Strategic Plan approved at 10 March 2022 IJB. Chief Officer to provide a further update on the SRR to the Risk, Audit and Performance Committee on 26 April 2022 / IJB on 7 June 2022
28	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		Martin Allan	Business Lead	ACHSCP		Carried forward due to cancellation of January 2022 committee due to system and workload pressures.
29	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		Claire Wilson	Social Care- Lead	ACHSCP	D	Carried forward due to cancellation of January 2022 committee due to system and workload pressures. Report has already been considered by ACEGPP (COG), PPC, CCGC AND RAPC .
30	2.11.2021	COVID-19 Mental Health Service for patients hospitalised with COVID-19 - update	At IJB on 2 November 2021 (HSCP.21.110) - request update report from the Director of Public Health at the 25 January 2022 IJB meeting via Dr Emma Davies, registrar in public health, NHSG lead for long-COVID and chair of NHS G long-COVID SLWG;		Emma Davies	Registrar / Lead for Long Covid	NHSG	T	Carried forward due to cancellation of January 2022 committee due to system and workload pressures. Proposed move to Clinical Care Governance Committee 2 August 2022.

INTEGRATION JOINT BOARD BUSINESS PLANNER - The Business Planner details the reports which have been instructed by the Board as well as rA1:J66eports which the Functions expect to be submitting for the calendar year.									
Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/ Status (RAG)	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
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		D	Deferred to 7 June due to system and workload pressures. Proposed delay to August IJB to allow alignment with Scottish Government Document expected June 2022.
24.08.21	Rosewell House - progress report	Rosewell House - Options Appraisal and Recommendations - HSCP.21.088 (IJB 24/08/21) to instruct the Chief Officer ACHSCP to bring a report to the March 2022 IJB meeting which outlines the progress against developing the step-up elements of care at Rosewell House;		Sarah Gibbon	Project Manager			R	Duplicated. Already on planner as Rosewell House - IJB/BAC Joint Evaluation.
15.06.2021	Hybrid Meetings	A report on how IJB can ensure inclusivity for all attendees by offering physical and/or digital participation at meetings. Due to the Covid guidance from NHSG to continue working from home where possible - to be reviewed for 2022. Key recommendation is test of change to hold hybrid session in Council Chamber before a final decision.	HSCP.21.097	Sandra Macleod	Chief Officer	ACHSCP		D	Chair asked at August IJB 2021 that this report be deferred to December 2021 IJB due to the advice of partner organisations for staff to work from home where possible until revised instructions at end of 2021 . Given the NHS extension to March 2022 to work from home - deferred but to remain on planner . Deferred to 7 June due to system and workload pressures. Update 02/0222 from Legal - The IJB will continue to hold entirely remote meetings until the report goes and the recommendation to try a hybrid meeting is accepted
	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		R	Deferred to 7 June due to system and workload pressures. Propose to remove as duplicated at: Integration Joint Board Membership - Post Local Elections
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		D	Deferred to 7 June due to system and workload pressures. Proposed to defer to August 2022 due to volume of business on June Planner.
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		D	Deferred to 7 June due to system and workload pressures. Proposed to defer to August 2022 due to volume of business on June Planner.
21.02.2022	Link Worker service Re-tender							T	To be included in CO update report.
15.10.2021	Mental Welfare Commission-ARBD report	Email from Alex Stephen / Sandra Macleod - The Mental Welfare Commission – 'Care and treatment for people with alcohol related brain damage (ARBD) in Scotland A report on visits to people and services across Scotland in 2021'		Kevin Dawson	Chief Officer	ACHSCP		D	To include summary in Chief Officer report this cycle. Discuss future reporting on MWC reports given number received / inclusion in MH Action Plan. Deferred from IJB December 2021, to remain on planner. Proposed to defer to August 2022 due to the volume of business on June Planner. Kevin Dawson advises of aim to pull together a consolidated regular update report on all current MWC Reports to go to Clinical Care & Governance Committee that should remove requirement for specific reports to go to IJB
30 August 2022									
06.07.2021	HACE Survey Report	On 06.07.21 at IJB: (ii)to 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;		Alison Macleod	Lead Strategy and Performance Manager	ACHSCP			
11 October 2022									
26.04.2021	Workforce Strategy	Strategy to support the Strategic Plan	n/a	Sandy Reid		ACHSCP	Move to August 2022.		The FINAL Strategic Plan will be presented to March 2022 IJB; the Workforce Plan is a Leadership Objective for completion March 2022. This aligns with NHS Grampian's Workforce Plan (April 2022) which will include the HSCPs plans. In order to support operational pressures, it was agreed at IJB on 15/12/21 this be deferred to 11 October 2022 at the latest, but to be brought sooner where possible. At 02/02/22 CFO advised move to IJB August 2022.
29 November 2022									
06.07.2021	Local Survey 2022	On 06.0721 at IJB : (iii)to instruct the Chief Officer to bring a report on the results of the Local Survey 2022 to the December 2022 meeting of the IJB;		Alison Macleod	Lead Strategy and Performance Manager	ACHSCP			
02.11.2021	Rosewell House Travel Plan - update	The impact of the travel plan and report back to IJB in 12 months on the outcomes and any measures that might be required.		Sarah Gibbon	Project Manager	ACHSCP			
31 January 2023									
23.03.2021	Integration Joint Board Membership - HSCP.21.022	(iii)to instruct the Chief Officer, ACHSCP to reconsider these arrangements by report to the IJB prior to 31 March 2023.		Clerk	Chief Officer	ACHSCP			
28 March 2023									

	A	B	C	D	E	F	G	H	I	J
1	INTEGRATION JOINT BOARD BUSINESS PLANNER - The Business Planner details the reports which have been instructed by the Board as well as rA1:J66eports 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
55	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			
56	24.08.21	Rosewell House - evaluation report	Rosewell House - Options Appraisal and Recommendations - HSCP.21.088 (IJB 24/08/21) instruct the Chief Officer, to bring a full evaluation report of the service being delivered at Rosewell House to the IJB board in March 2023;		Sarah Gibbon	Project Manager	ACHSCP			

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INTEGRATION JOINT BOARD

Date of Meeting	10 March 2022
Report Title	Chief Officer's Report
Report Number	HSCP22.015
Lead Officer	Sandra MacLeod
Report Author Details	Name: Kay Diack Job Title: Chief of Staff Email Address: kdiack@aberdeencity.gov.uk Phone Number: 07778 872309
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 IJB note the detail contained in the report.

3. Summary of Key Information

3.1. Local Updates

Staff appointments

Kay Diack has recently taken up appointment as Chief of Staff. The purpose of this role is to support the Chief Officer in development of Portfolio and system leadership and provide assistance in key strategic projects.



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Ross Baxter has recently taken up appointment as Executive Assistant. The purpose of this role is to provide and coordinate comprehensive, high level administrative support to the Chief Officer and Chief Finance Officer.

Staff Wellbeing

There is a continued offer of a range of practical supports to ACHSCP, Social Care and some ARI staff across the City. This includes various free complimentary therapies, pedicures and mindfulness sessions. Large volumes of tea/coffees have been widely distributed to both thank staff and encourage taking breaks. Soup, sandwiches, fruit bags and bottled water have also been sent to workplaces and have been very well received. Pet therapies have resumed in some buildings. In the main, this is funded via the Scottish Government Wellbeing Grant. Ongoing funding sources are being explored.

Primary Care - 2C Practices progress

The objectives of the 2C redesign were to develop the city-wide model of Primary Care delivery, ensuring the continued delivery of local services, improving sustainability, and ensuring that primary care can continue to deliver safe, effective, person-centred care considering the increasing demands on the service. The model better aligns with the General Medical Services (GMS) Contract and increases our ability to deliver on our Primary Care Improvement Plan.

The 2C GMS Contracts and Staff Transfer Agreements have been signed by Newburn Ltd (for Old Aberdeen Practice); One Medical Group Scotland Ltd (for Whinhill Practice); and River Dee Medical Group CIC (for Torry and Camphill Practices).

Weekly meetings continue to take place with new providers to resolve any issues relating to the property leases. Property Services are currently reviewing the leases and finalised leases are expected to be returned to providers for consideration and signature by mid-February.



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Delayed Discharges

The Delayed Discharge profile is under continual review daily by the Hospital Social Work team. There has been a slight upward trend in Delayed Discharge numbers and bed days reflective of wider system trends across Grampian and across Scotland, impacted by residential care setting closures owing to COVID-19.

Recent additions to the monitoring process are as follows:

- A monthly breakdown of bed days accrued per Delayed Discharge category is now being shared with Hospital Social Work Leads, Chief Officer and Head of Service for Specialist Older Adults and Rehabilitation Services. This serves to enable an awareness of impact of the different types of Delayed Discharge.
- A fortnightly monitoring meeting between Hospital Social Work Senior Team and Head of Service reviewing the Delayed Discharges with longest accrued bed days. This applies learning from a process used in our Mental Health and Learning Disability Services. This has shown the longest bed days lost within Delayed Discharges out with Mental Health and Learning Disability Services was 57 days, with very significant numbers of bed days lost due to complex commissioned packages being required.

Omicron Update

ACHSCP worked collaboratively with Grampian Health and Social Care system to meet the challenges of this variant. This included some staff volunteering to work in areas experiencing greatest service pressure. ACHSCP continued to meet seven days per week to maintain situational awareness and to maximise flexibility of response. It is hoped that that the peak of these pressures has now passed. However, there are still staffing pressures across services as we enter a period of traditionally high NHSG annual leave requests from now until end March.

IJB Culture Development

Thanks, have been received from the Chair to those who attended the recent Seminar to develop IJB culture. A culture map has been produced, providing



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a benchmark for where we are now regarding our culture, and a questionnaire has been issued to help prioritise areas for action in the year ahead. The results from this will be discussed and considered by the Culture Oversight Group, which contains membership from the IJB and the Leadership Team. Regular updates will be provided via this Report to ensure opportunities for involvement in this important area.

Adult Support and Protection Inspection

Following discussion with the Care Inspectorate, the Inspection of Adult Support and Protection in Aberdeen was paused in November 2021 and slowed down in January 2022, due to pressure from winter and the Omicron variant.

Given the continued significant pressures on systems, services and staff across the partnership, and the additional burden which an inspection would add, discussions took place regarding mitigation of these impacts via reconsideration of proposed timings and methodology of the inspection.

At a meeting on 7 February 2022 with the Care Inspectorate, it was intimated that the three key agencies were now in a position to proceed with the inspection. This is on the basis of Healthcare Improvement Scotland colleagues reading health records on location in Aberdeen, and Social Work records being read remotely, by the Care Inspectorate, via a Sharepoint site and a revised timeline to ensure our continued areas of priority would not be impacted.

Formal Notification was received on **14th February 2022**. The inspection programme will be led by Care Inspectorate in collaboration with Her Majesty's Inspectorate of Constabulary Scotland (HMICS) and Healthcare improvement Scotland (HIS). This scrutiny and assurance will be undertaken in the context of health and social care integration. A phased approach is to be adopted, using adapted methodology which ensures the lightest possible approach.

The inspections will focus on key processes and leadership (see [quality indicator framework](#)). The key activities will include submission of a position



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statement, case file audit and a staff survey (across social work, health and police staff). The case file audit will review records from the three agencies for around 100 files.

Key dates for the inspection are as follows:

<u>Date</u>	<u>Activity</u>
14 th March	Staff Survey circulated (closes 1 st April)
30 th March	Deadline for submission of Position Statement, Supporting Evidence etc
20 th April	Case File Records to be uploaded to Care Inspectorate Sharepoint site
w/c 25 th April	Case File Reading
w/c 25 th April	Focus Groups (one for practitioners and one for senior leaders)
30 th May	Draft Report issued – for factual accuracy check
14 th June	Embargoed Report
21 st June	Published Report

A significant amount of preparatory work has already been undertaken by the Lead for Social Work. A multi-agency steering group was established to oversee multi-agency preparations with regards to the position statement, the casefile reading logistics, the supporting evidence and other matters as appropriate. In addition, a lead agency inspection prep group (ACC only) was also established to focus primarily on the casefile reading logistics, the pre-inspection return, the process timescales and the supporting evidence.

The required Position Statement, Supporting Evidence, and Processes and Timescales documents have now been finalised, and will be submitted at the earliest opportunity. The Lead for Social Work also hosted a specific session for Council Officers on 18 January 2022 to update them about the inspection and provide an opportunity to discuss related issues or concerns. Assurance in respect of inspection preparations and state of readiness has also been provided to the Adult Protection Committee (APC), the Clinical Care and



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Governance Committee and the Aberdeen Executive Group for Public Protection. Communication about the inspection is ongoing across all staff groups.

The published inspection report will be provided to the Clinical Care and Governance Committee on 2 August 2022 along with an action plan following any subsequent findings.

Induction sessions

Induction sessions are planned for Summer and will be offered to all new and existing Members of IJB. Further information will be communicated regards dates and venues when details are finalised.

Rosewell House

The transition of all 60 beds within Rosewell House, to an NHS facility, fully aligned to HSCP governance, under the scrutiny of Healthcare Improvement Scotland (HIS) occurred on 23 December. There has been recent communication from HIS regarding the outstanding areas of improvement identified in the previous Care Inspectorate inspection report. There were five key points identified. A detailed response covering these, including an invitation to HIS to undertake a visit of the intermediate care facility have been submitted, with response awaited. The interim joint working agreement remains in place and engagement with Trade Unions continues to move to the long-term working agreement.

Rosewell House provides primarily step-down care, with 98% admissions so far from step-down. As the pressures from the pandemic reduce, there is a plan to review the existing provision with a view to increase the provision of step-up care working with stakeholders to identify new pathways for step-up care, for example from the Emergency Department of Acute Medical Assessment Unit within Aberdeen Royal Infirmary. This is going to be the next focussed workstream.

3.2. Regional Updates



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Grampian LRP Storm Updates

On Friday 26 November 2021, the Met Office issued a series of Yellow, Amber and Red Warnings for winds of 90 mph. Storm Arwen was a powerful extratropical cyclone that was part of the 2021-2022 European windstorm season. The IJB/Partnership, under its Statutory Duty to manage emergencies as set out in the Civil Contingencies Act 2004, worked together with other Category 1 and 2 responders in the Grampian Local Resilience Partnership (GLRP) to coordinate the response, collaborate and share information with each other and the public. As a result of Storm Arwen, there was significant, extensive, and widespread power loss across Grampian with approximately 65,000 customers left without power. Many communities were without electricity until Friday 3rd December 2021, although these were mainly in Aberdeenshire.

During incidents of this nature, the Partnership participates in GLRP meetings which in the case of Arwen were chaired by Police Scotland who had declared a major incident. Over and above these meetings, there is a strong reliance on partnership working to benefit our response and to support others with their own challenges. Aberdeen City Health and Social Care Partnership was part of Aberdeen City Council's Incident Management Team (IMT) from its inception as it was clear that there was significant potential for our vulnerable citizens to be affected by way of power outage or inability to travel for care or receive home care. Bon Accord Care colleagues also assisted with the overall Care for People cell function as and when needed.

Scottish and Southern Energy (SSEN) provided each local authority with details of customers without power, including SSEN priority customers, and this was used to check up on and support our vulnerable citizens.

Some of the debriefing processes and indeed some of the elements of recovery from the storm, are still ongoing. Subsequent storms Malik and Corrie have occurred during the recovery phases, and this has added extra challenge but provided an opportunity to quickly implement some of the lessons learned. The debrief process is key to ensuring lessons are learned and shared swiftly and to continued evolution of resilience practice within the Partnership. The Partnership took part in debriefs held by both the Council and the GLRP and will consider the themes and outcomes at its own Civil Contingencies Group.



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A number of themes/observations were picked up during the ACC debrief process to date and these are now set up as internal workstreams and a priority for 2022:

Persons at Risk Database (PARD) – this describes accessing databases which include data on pre-determined categories of vulnerable persons, for instance, those with carers, social care needs, those in areas of likely flooding. During an emergency the identified data can be extracted from one or more database from one or more partner organisation, integrated and laid over geographical information systems to allow our most vulnerable citizens to be quickly identified and supported. The Council has established a Task and Finish Group to oversee the development of a City PARD to completion, before next winter. The Partnership are represented on this group.

Community Resilience – individual, community and business resilience is a key priority as this has shown it supports the emergency services and local authorities' emergency response when incidents of scale take place. A Communication Plan is currently being developed by the Council which will be supported by the Aberdeen City Care for People Group (co-chaired by the Partnership) comprising social media campaigns, flyers targeting registered City volunteers and vulnerable areas of the city, as well as printed media such as posters for community centres. This is scheduled for April through to October and will cover individual resilience, community groups and business resilience.

The **priorities** being taken forward, following the debriefs internal and external, over the next 12 months and where practicable before the start of the next winter period are as follows:

1. Completion of a Power Resilience Plan for the City which dovetails with partners' plans;
2. Further development of community and business resilience in the City to ensure that our communities and businesses are as resilient as possible during future weather events of this nature, as well as other emergencies;
3. Creation of a Persons at Risk Database for the City.

At the time of writing, the Partnership have participated in the Council's debrief to Storms Malik and Corrie, with a debrief held on 9th February. Across the Grampian area over 40,000 homes lost power, with associated mobile phone coverage and private water supply issues. The City had



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approximately 2000 properties off power at the peak of the storms for a number of days. The priority throughout was the vulnerable in our communities and once again we worked closely with SSEN and the Council to identify and support these individuals. Whilst each of these storms had a lesser overall impact on infrastructure that Arwen, the impact of a double storm tested our resilience once more.

Many of the initial learnings from Arwen were taken forward into these most recent storm responses, as well as underlining what we had identified as key gaps, such as need for a City PARD, wider community resilience teams, all of which are in train and the Partnership are represented at various working groups that are progressing this work.

3.3. National Updates

National Care Service response

On 10th February 2022, the Scottish Government published an analysis of responses to the recent consultation on the National Care Service (NCS). The report can be accessed via the following link [National Care Service: consultation analysis - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/national-care-service-consultation-analysis/pages/1-1-introduction.aspx). The following is a summary of the analysis grouped under the headings as per the consultation document. It should be noted that not every respondent answered every question so where percentages are quoted these refer to the proportion of respondents to that particular question.

- **Improving Care for People** - 77% of respondents thought that the NCS taking responsibility for improvement across community health and care services would deliver more consistent outcomes for people accessing care and support across Scotland and 72% thought there would be better coordination of work across different improvement organisations. There were concerns however around how this approach would impact on local services and whether there would be loss of an understanding of local needs and local accountability and that the voices of people accessing care and support and care workers would be lost.
- **Access to care and support** – 78% of respondents confirmed that speaking to a GP or another health professional would be the option they would most likely use when accessing care and support. 61% said they would use a national helpline and 58% a national website or online form. Speaking to another public sector organisation or a drop-in centre were



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the least popular options. Most respondents thought that a lead professional to coordinate care and support would be appropriate at an individual level

- **Support planning** - Respondents were almost unanimous that they or their friends, families or carers should be involved in their support planning. 95% agreed with the statement that “decisions about the support I get should be focused on the outcomes I want to achieve to live a full life”. Respondents also expressed strong support for a single plan under the Getting It Right for Everyone National Practice model alongside an integrated social care and health record. It was thought by many that these measures would streamline processes and make the system easier to navigate
- **Right to breaks from caring** - Around two thirds of respondents thought that there should be a universal right to a break from caring. 81% valued personalised support over a more standardised support package. Around half thought that flexibility and responsiveness were more important than certainty of entitlement.
- **Using data to support care** – 86% agreed that there should be an integrated and accessible social care and health care record and that information about an individual’s health and care needs should be shared across the services that support them. There was support for legislation to ensure that care services and other parties provide information in line with common data standards. Concerns were raised by some in relation to data security and GDPR, cybersecurity, and the implementation risks of large national IT systems.
- **Complaints and putting things right** - There was relatively high support for a charter of rights and responsibilities and agreement that there should be a Commissioner for social care. It was thought that a Commissioner would give people accessing care and support a voice and provide assurance that complaints would be addressed properly. Concerns related to fears of an additional layer of bureaucracy and to structural issues such as independence.
- **Residential care charges** - opinion tended to lean towards the view that residents in care homes should make some contribution to the costs, particularly in terms of food and rent, however there was less agreement that care home upkeep should be something for which contributions should be expected, such as cleaning, food preparation, transport,



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maintenance, furnishings, and equipment. There was also a majority view amongst both individuals and organisations that the current means testing arrangements should be revised.

- **National Care Service** - 72% agreed that Scottish Ministers should be accountable for the delivery of social care through a National Care Service. The main themes emerging from the responses to this question related to the need to avoid adding additional bureaucracy; maintaining local accountability; and the role of and impact on local authorities. A range of other services were suggested for potential inclusion in a NCS, including aspects of housing, education, and transport. Other cross-cutting themes which emerged included the need for more detail, the risks around transition and centralisation, human rights and equality issues, localism, and local accountability.
- **Services included in NCS** – there was majority agreement that Children’s Services, Justice Social Work, Prison Social Care, and Mental Health Services, should all be included in a National Care Service. The proposed leadership role of Executive Nurse Directors was also agreed by the majority as was the proposal that the NCS should have responsibility for overseeing and ensuring consistency of access to education and the professional development of social care nursing staff, standards of care and governance of nursing.
- **Commissioning** - around 70% agreed that the proposed NCS and the Community Health and Social Care Boards (CHSCBs) should commission, procure and manage community health care services.
- **Governance model** - Around three quarters agreed that Community Health and Social Care Boards (CHSCB) should be the sole model for local delivery of community health and social care in Scotland. A range of roles were suggested as potential members of the Boards, including people with lived experience and frontline workers. There was a view that their involvement should be meaningful and that these members should not be included in a tokenistic way. In line with this, there was a strong majority in support of the proposal that all Board members should have voting rights with 90% of individuals and 86% of organisations that answered this question in agreement. 78% agreed that the Boards should employ Chief Officers and their strategic planning staff directly. Other comments in relation to this question referenced the need to avoid unnecessary bureaucracy and for strong leadership.



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- **Structure of Standards and Processes** - 83% thought that an NCS should be responsible for developing a Structure of Standards and Processes. A similar proportion agreed that a Structure of Standards and Processes will help to provide services that support people to meet their individual outcomes. Some thought that local as well as national considerations should be considered.
- **Market research and analysis** - 63% agreed that an NCS should be responsible for market research and analysis. Comments here related to the need for independent research and consideration of local circumstances.
- **National commissioning and procurement processes** - 76% agreed that there will be direct benefits in moving the complex and specialist services as set out to national contracts managed by the NCS. Comments here relate to the fact that the current system is perceived as disjointed; people should get the same help wherever they are; and the need to maintain an understanding of local needs.

Audit Scotland Report on Social Care

On 27th January 2022 Audit Scotland, on behalf of the Accounts Commission and the Auditor General produced a briefing on social care. Briefing available here [Social care briefing \(audit-scotland.gov.uk\)](https://www.audit-scotland.gov.uk/social-care-briefing) The briefing outlines the many challenges that the social care sector faces and comments that, although there have been some evident improvements, the pace of change overall has been slow and that even though the Scottish Government has pledged to establish a National Care Service, a plan to address these challenges is needed now. The methodology for the briefing was an analysis of previous Audit Commission reports considering the recent publication of relevant reports including:

- The Independent Review of Adult Social Care (IRASC)
- The Future of Social Care and Support in Scotland (Health and Sport Committee)
- Scottish Government consultation on the National Care Service
- 'The Promise' the report of The Independent Care Review



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4. Implications for IJB

- 4.1. **Equalities, Fairer Scotland and Health Inequality** - There are no implications in relation to the IJB's 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 Omicron makes reference to implications.
- 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.

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.



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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:

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 potential 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

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

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

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



INTEGRATION JOINT BOARD

Date of Meeting	10 March 2022
Report Title	Quarter 3 (2021/22) Financial Monitoring Update
Report Number	HSCP.22.014
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	Yes
Appendices	<p>Appendix A -Finance Update as at end December 2021</p> <p>Appendix B - Variance Analysis</p> <p>Appendix C - Mobilisation Plan Costings Update</p> <p>Appendix D - Progress in implementation of agreed savings – December 2021</p> <p>Appendix E - Budget Reconciliation</p> <p>Appendix F - Budget Virements</p> <p>Appendix G - Summary of risks and mitigating action</p>

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 9 (end of December 2021).
- b) To highlight the current forecast in relation to the additional costs of COVID-19 to be reclaimed from the Scottish Government (SG).



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- 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 IJB:

- a) Note this report in relation to the 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. This financial year (2021/22) the IJB finds itself in the same position as last year with additional costs being incurred due to the implications of COVID-19 on the delegated services. The current estimation is that funding of £12.9 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 £12.9 million. The Scottish Government (SG) intend to continue to fund the additional costs of Covid as they have done in financial year 2020/2021. The first tranche of local mobilisation funding was received in December, and we continue to report the updated cost estimated to SG each quarter.
- 3.2. 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. It is likely that any



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unspent 2021/22 allocations will be transferred into the IJB to be carried forward through IJB reserves.

Aberdeen City IJB Financial Information

- 3.3. A prudent approach continues to be taken in forecasting. In order to maintain a consistent approach with the financial position reported to the end of September, the additional income to be received from the SG for the cost implications of COVID-19 is not shown. The financial position of the IJB as at 31 December 2021 is as follows:

	£'000 31 December 2021
Overspend\(\Underspend) as at (Appendices A and B)	8,927
Represented by:	
Overspend\(\Underspend) on Mainstream Budgets (Appendix B)	(3,723)
Direct Costs of Covid – Included on Mobilisation Plan (Appendix C) and on budget line	12,650
	8,927

- 3.4. The mainstream position is showing an underspend of £3,723,000 and information on the variances to date are contained in the appendices, along with the budget virements and an updated mobilisation plan costing. The underspend on mainstream services is greater than reported in September (£3,041,000), as some of the underspend forecast on adult social care services has reduced as care homes occupancy has increased quicker than forecast, this has been offset by increased underspends on staffing budgets for health services and a reduced overspend on prescribing.
- 3.5. A significant level of additional financial resource has been received in relation to winter funding and there will be other funding to be received as



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highlighted in paragraph 3.2. At present we are forecasting this will be fully spent, as it is anticipated that any underspends on these funds will require to be ring fenced within the IJB reserves to be used next financial year. Guidance on the treatment of these funds at yearend is expected from the Scottish Government soon. It is therefore forecast that the IJB underspend will increase significantly in the last quarter, in a similar manner to what happened in 2020/2021.

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 the Risk Audit & Performance Committee. 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.



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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)

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Appendix A: Finance Update as at end December 2021

Period 9	Full Year Revised Budget £'000	Period Budget £'000	Period Actual £'000	Period Variance £'000	Variance Percent %	Forecast £'000
Mainstream:						
Community Health Services	39,271	27,995	27,659	(336)	-1.2	37,895
Aberdeen City share of Hosted Services (health)	27,578	20,617	19,780	(837)	-4.1	26,374
Learning Disabilities	34,527	25,896	25,661	(235)	-0.9	33,970
Mental Health and Addictions	22,987	16,425	17,165	740	4.5	22,654
Older People & Physical and Sensory Disabilities	85,505	64,128	64,276	148	0.2	84,901
Directorate	7,457	7,344	437	(6,907)	-94.0	7,746
Criminal Justice	92	73	(766)	(839)	-1149.3	92
Housing	2,143	1,607	1,449	(158)	-9.8	2,143
Primary Care Prescribing	39,859	29,378	30,450	1,072	3.6	40,227
Primary Care	42,723	32,679	32,289	(390)	-1.2	42,873
Out of Area Treatments	2,600	1,517	1,892	375	24.7	2,597
Set Aside Budget	46,410	34,808	34,808	0	0.0	46,410
Direct COVID Costs	224	1,419	7,335	5,916	416.9	12,874
Public Health	2,341	1,657	1,303	(354)	-21.4	1,888
	353,717	265,543	263,738	(1,805)	-0.7	362,644
Funds:						
Winter Funding	1,206	0	0	0	0.0	1,206
Primary Care Improvement Fund*	2,139	2,563	2,563	0	0.0	2,139
Action 15 Mental Health*	330	462	462	0	0.0	330
Alcohol Drugs Partnership*	1,170	810	810	0	0.0	1,170
	4,845	3,835	3,835	0	0	4,845
	358,562	269,378	267,573	(1,805)	-0.7	367,489

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

Community Health Services (Forecast Position - £1,376,000 underspend)

Major Variances:

150,000 Across non-pay budgets
(196,000) Over receipt on income
(1,328,000) Staff Costs

Staffing costs projected underspend due to recruitment to vacancies particularly in Nursing and AHPs. This is augmented by over recovery on income.

Hosted Services (Forecast Position £1,204,000 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 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 - £557,000 underspend)

£430,000 underspent on staff costs due to vacancies. £56,000 over recovered income from clients. £830,000 underspent on commissioning costs but £720,000 overspent on direct payments.

Mental Health & Addictions (Forecast Position - £333,000 underspend)

£125,000 over recovered income, mostly client receipts. There are also underspends of £110,000 on staff costs due to vacancies, and £75,000 on supplies & services. These are offset by various overspends, the largest being £67,000 on commissioned services and £44,000 on direct payments to clients.

Older People & Physical and Sensory Disabilities (Position £604,000 underspend)

£1.3m underspend on commissioned services, £590,000 underspend on staff costs due to vacancies - service has started a recruitment drive to attract new social workers, £260,000 underspend on supplies & services relating to past IT contract costs no longer being due, and £1m over recovery of income, mostly client receipts. Offset by £2.3m overspend on direct payments due to shortage of care providers.

Directorate (Position – £289,000 overspend)

£220,000 overspent on commissioning services, budget will be realigned.

Primary Care Prescribing (Forecast Position – £368,000 overspent)

Agreement between Scottish Government and Community Pharmacy Scotland was reached to reduce tariff price from July. This resulted in an actual average price per item of £10.81 in July which increased to £10.86 in August and £10.90 in September, (June actual average price was £11.12 before tariff reduction). This reduced price contributes to the improved position year to date.

Primary Care Services (Forecast Position - £150,000 overspend)

The GP contract Global sum uplift has been agreed and has been implemented from October 21.

The main overspend on enhanced services remains consistent as services remain protected.

The main underspend on Board administered funds including Seniority payments, locum payments and maternity has reduced since M8 as backdated claims have been received.

Premises has a further small favourable movement including latest rates, rental and improvement expenditure estimates. Other smaller minor underspending areas including Superannuation funding and Training Grant which contribute to the overall underspend position.

Out of Area Treatments (Forecast Position - £3,000 underspend)

The forecast spend for the year is an overspend of £3,000 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 - £12,650,000 overspend).

Major Movements:

See appendix C for detailed breakdown. Funding has been received to cover some of these costs, however, is not recognised on this line at present to maintain a consistent presentation from previous quarters.

Transforming Health and Wellbeing (Forecast Position - £453,000 underspend).

£58,000 underspent on Horizons rehabilitation centre refurbishment as no work carried out so far this year and staff vacancies.

Funds (Position - balanced)

Income will match expenditure at the end of the financial year.

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Appendix C: Mobilisation Plan Costings

	Forecast 2021/22 £'000	
<u>Direct Costs Agreed Locally</u>		
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	580	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	6,339	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	1,100	Costs of Covid Vaccination Hubs
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.
	12,874	

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Appendix D: Progress in implementation of savings – December 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.	(500)
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)		(5,466)

Undeliverable due to COVID19

0

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Appendix E: Budget Reconciliation

	NHSG £	ACC £	IJB £
ACC per full council:	0	97,327,244	
NHS per letter from Director of Finance:	235,228,104		
Budget NHS per letter		0	
	<hr/> 235,228,104	<hr/> 97,327,244	
Reserves Drawdown			
Quarter 1	10,663,984	1,132,097	
Quarter 2	6,759,933		
Quarter 3	1,516,520	5,935,000	
Quarter 4			
	<hr/> 254,168,541	<hr/> 104,394,341	<hr/> 358,562,882 <hr/>

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Appendix F: Budget Virements (balancing)

Health 7-9		£	
Admin Officer	Core Community	35,000	
Admin Officer	Uplift	(35,000)	
Medical Pay Award	Core Community	125,321	
Medical Pay Award	Community Mental Health	76,088	
Medical Pay Award	Uplift	(201,409)	
Total Virements		0	

Social Care 7-9		£	Ref
Care At Home Winter Planning	Directorate	2,337,000	50326
Interim Care Winter Planning	Directorate	1,507,000	50326
Social Care Workforce Uplift	Directorate	2,091,000	50326
Total Virements		5,935,000	

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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.

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Date of Meeting	10 March 2022
Report Title	Medium Term Financial Framework (MTFF)
Report Number	HSCP22.017
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author Details	Alex Stephen, Chief Finance Officer
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	<p>Appendix 1 - Financial Strategy</p> <p>Appendix 2a - Direction to Aberdeen City Council</p> <p>Appendix 2b - Direction to NHS Grampian</p> <p>Appendix 3 – Leadership Team Objectives 2021/22</p> <p>Appendix 4 - Leadership Team Objectives 2022/23</p>

1. Purpose of the Report

1.1. To update the Integration Joint Board (IJB) on the final levels of funding delegated by Aberdeen City Council and NHS Grampian for health and social care activities in 2022/23 and to seek final approval of the medium-term financial framework.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) Note the anticipated financial out-turn for 2021/22 and the impact on the Reserves position of the IJB;



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- b) Note the financial allocations proposed to be allocated by the partner organisations;
- c) Approves the 2022/23 budget and the Aberdeen City IJB Medium Term Financial Framework included as appendix 1 of this report;
- d) Note that £2.5 million is held in a risk fund;
- e) Approve the Bon Accord Contract level for 2022/23 of £32,835,266 and budget assumptions noted in sections 3.17 and 3.18;
- f) Instruct the Chief Finance Officer to uplift the direct payments for clients with a staffing element included in their payment by the amount calculated using the national guidance;
- g) Instruct the Chief Finance officer to apply the national guidance to calculate the level of increase on non-National Care Home Contract services and pass this increase across to providers, on the proviso that funding is available to cover the costs.
- h) Make the budget directions contained in appendix 2 of this report and instruct the Chief Finance Officer to issue these directions to the constituent authorities.

3. Summary of Key Information

Current Context

- 3.1. On the 23 March 2021, the IJB agreed its budget for 2021/22. In March 2021, details about COVID-19 funding to be provided to support service provision were still being finalised and high-level assumptions were made where necessary. The Partnership has continued to work with its partners, Aberdeen City Council, NHS Grampian and the third and independent sectors to support the health and social care system within Aberdeen. In the response to the pandemic the Partnership moved at pace to deliver the IJB's Strategic Plan and to adopt new service models to protect service



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delivery from additional demand likely to be incurred over the winter of 2021/22.

- 3.2. From a financial perspective the additional costs of COVID-19 on the IJB\Partnership budget have been funded by additional funding from the Scottish Government over the last two financial years. These amounts have been received as the Local Mobilisation Plan costings have been updated. At the end of December 2021, the IJB was forecasting an underspend of £3.7 million, after accounting for the additional funding required for the cost of COVID-19. This underspend will rise in the last quarter as some of the funding received by the IJB to support the response to winter pressures will not be spent by the end of the financial year. Also, additional funding is expected to support the pandemic response in the last quarter of the financial year.
- 3.3. Aberdeen City IJB holds a financial reserve and it is likely this will increase at the end of the financial year. A significant amount of this reserve requires to be earmarked for the Primary Care Improvement Fund, Action 15 and Alcohol and Drugs Partnership Funds which are underspent but are needed in future financial years. It is also likely that COVID-19 funding received in the last quarter will require to be earmarked in the IJB reserve to accommodate some of the costs of COVID-19.
- 3.4. The IJB previously holds a risk fund of £2.5 million. It is not anticipated that this risk fund will require to be used in the financial year 2021/22 given the forecast underspend and it is not recommended that this is increased above £2.5 million.
- 3.5. In terms of our medium-term financial framework and delivering financial balance our focus was to be on redesign to make services more sustainable with a key enabler being the re-commissioning of the care at home contract and the strategic redesign and commissioning of the large hospital services for which the IJB has strategic planning responsibility. Of the savings agreed by the IJB on 23 March 2021 all have been delivered although perhaps not in the way originally intentioned and the Leadership Team will work to deliver these savings on a recurring basis.



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- 3.6. During the year additional costs have been incurred, largely in relation to providing supplier sustainability payments to social care providers, purchasing additional surge capacity, additional staffing and Personal Protection Equipment (PPE). These costs were all funded through the Local Mobilisation Plan. There were also indirect costs of COVID-19, such as additional care at home costs to keep people in their own homes and lost income through client contributions. There is a risk as the whole health and social care system has become increasingly reliant on the additional funding provided to cover the costs of COVID-19. Some of these additional costs such as those incurred on PPE and enhanced cleaning practices are likely to be recurring and will require additional recurring funding to support. This position will need to be managed carefully over the next financial year.
- 3.7. The social care budget has gone through a significant period of change and it is important to establish whether these changes will be sustained longer term, as this exposes the IJB to the risk of new recurring costs, without there being a funding source. This links to one of the Leadership Team objectives highlighted in Appendix 4. No additional costs or funding have been added to MTFF in respect of the transition towards the National Care Service.
- 3.8. To date the IJB has undertaken all of its activities, whether that be operational service delivery or transformation of services without having to approach either NHSG or Aberdeen City Council for additional funding, unlike many of the other Integration Joint Boards within Scotland. The changes put in place by the IJB through its previous transformation activities, along with good the cross-system relationships in Aberdeen, greatly helped in the response to the pandemic. Many of the projects in The Programme for Transformation updated in the last MTFF were delivered at pace during the first response period and further system transformation was taken forward to help prepare for the second wave of COVID-19. Appendix 3 provides an update on the Leadership Team Objectives for 2021/22.



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Funding Context

3.9. In terms of the respective grant settlements:

- NHS Grampian received an increase in their financial allocations of 2%, which will be allocated to the IJBs in line with the methodology used in the current financial year. In 2022/23, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 2% over 2021/22 agreed recurring budgets. Additional funding will be provided for Multi-Disciplinary Teams, Additional Recruitment of band 3 and 4s, mental health services, primary care and the increase in national insurance costs.
- For each Council, the settlement and distribution mechanism results in a variation from the Scotland picture. For Aberdeen City Council (ACC) the impact was a cash increase in funding of £18m, however a like for like decrease in core revenue funding of £0.8m, or -0.2%. ACC are required to generate £34.2 million savings in 2022/23 to balance their budget.
- Included within the financial settlement of both Councils and the NHS is additional funding for Integration Joint Boards.

		Scotland Allocation (£m)	Aberdeen Allocation (£'000)
£10.02 Per Hour Adult Social Care	Council (Full Year)	144	5,340
Care at Home	Council (Full Year)	124	4,670
Interim Beds	Council (Non-recurring)	20	750
Real Living Wage Additional	Council (21/22 funding)	30.5	1,130
Additional Investment (£10.50 Per hour adult Social Care)	Council (Recurring)	200	7,410



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Social Work Workforce	Council (Three years – Still to be distributed)	22	830
Additional Band 3 and 4s	Health (recurring)	30	1,140
Multi-Disciplinary Teams	Health (recurring)	40	1,500
		610.5	22,770

The funding allocated to Integration Authorities should be additional and not substitutional to the 2021/22 recurring budgets for services that are delegated. Please note some of these values still require to be finalised.

3.10. These positions were agreed by the Council on 7 March 2022 and NHSG Budget Steering Group on 22 March 2022.

	ACC £'000	NHSG £'000
Base Budget (including HRA) 2021/22	97,327	243,433
Increase in allocation (IJB share of additional NHSG grant income to cover pay awards etc)	0	2,889
Additional Funding (Aberdeen IJB share of £610.5 million)	20,130	2,640
Provisional Funding 2022/23	117,457	248,962

Medium Term Financial Framework

3.11. In order to support the delivery of the IJB's Strategic Plan, a Medium-Term Financial Framework (MTFF) has been developed and is attached as appendix 1 of this report. A summary is shown below:



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Summary	2022/23	2023/24	2024/25	2025/26	2026/27
	£'000	£'000	£'000	£'000	£'000
Budget Pressures	27,809	12,993	13,338	13,693	14,059
Funding Estimates	(26,634)	(8,145)	(8,145)	(8,145)	(8,145)
	1,175	4,848	5,193	5,548	5,914
Programme for Transformation:					
Aim – Caring Together:	0	(2,584)	(2,736)	(3,243)	(3,405)
Aim – Improving Quality of Life:	0	0	0	0	0
Aim - Safe at Home:	0	(350)	(350)	0	0
Aim – Preventing ill health:	(350)	(750)	(750)	(750)	(750)
Enabler – Infrastructure:	(825)	0	0	0	0
Future Service Redesign	0	(1,164)	(1,357)	(1,555)	(1,759)
Shortfall	0	0	0	0	0

3.12. This framework is based on the funding assumptions which have arisen as a result of the current Scottish Budget process. The MTFF identifies the budget pressures which the IJB will face over the next seven financial years (although only five years are shown above) amounting to over £36 million and provides potential solutions which will be worked on during this timeframe to generate budget savings to close the forecast funding gaps in each year. The document is updated annually to reflect any changes to the baseline assumptions. The framework is linked to the high-level aims included in the draft IJB Strategic Plan and will be updated if necessary following final approval of the IJB Strategic Plan in June.

3.13. The issues of rising demand, increasing level of complexity of clients' need and rising prescription costs are well documented. The MTFF shows a direction of travel to reducing the financial pressures it is likely to face and balance the budget over the medium term. However, should the levels of



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funding identified not be made available to the IJB in future years from either or both partners, then more radical and robust choices will need to be made.

- 3.14. The IJB considered a report on 24 March 2020 on the hosting of the Grampian-wide inpatient and specialist Mental Health and Learning Disabilities (MHL) Services. These services are delegated, and operational responsibility transferred to Chief Officer on 1 April 2020. The report indicated that NHSG would underwrite any financial loss on inpatient and specialist MHL Services for up to two financial years (from 1st of April 2020 to 31st of March 2022). Work continues on the transformation of these services and identifying options to seek financial balance. Given resources have been diverted elsewhere in response to the pandemic, it is recommended that this transitional period be extended to March 2023, to allow the impact of the additional funding, transformation activities and COVID-19 on mental health services to be quantified. High level discussions have taken place with senior officers in NHS Grampian to discuss this approach and a report will be brought back to the IJB should the position change.

Programme of Transformation\Leadership Team Objectives

- 3.15. It is essential not only that financial pressures which arise during the financial year are managed, but also that the financial savings required are delivered. During this budget process the Leadership Team have worked collaboratively to develop 'Leadership Team Objectives' which are aligned to the draft Strategic Plan. The financial aspects of the Leadership Team Objectives are described more fully in the MTF and appendix 4. The Risk, Audit and Performance Committee will receive monitoring information quarterly on progress towards achieving the savings required to deliver a balanced budget in 2022/23.

Reserves

- 3.16. It is recommended that the risk fund reserve should be set at £2.5 million. This will provide the IJB with funding to cover any adverse financial movements that occur and protect partners from having to provide additional funds.



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Bon Accord Care

3.17. Bon Accord Care (BAC) is an Arm's Length External Organisation (ALEO) of the Council. As the majority of the funding for Bon Accord Care comes from the IJB a breakdown of the final 2022/23 contract value is shown below

	£'000
2021/22 Contract Level	30,304
Inflation	1,250
Additional funding	1,750
Rosewell variations	(469)
Total – 2022/23 Contract Level	32,835

3.18. The contract level has previously been maintained at the 2020/21 level as the new contract indicates that the contract value will be flat cashed over the life of the contract. To reflect the additional pressure being placed on social care and BACs role in supporting social care provision across the City, it is recommended that the contract value be increased in 2022/23 as highlighted above.

Social Care Providers

3.19. Those providers covered by the National Care Home Contract (NCHC) will receive the level of uplift required per the nationally agreed contract renegotiation process. The current position is that this should see an increase in costs, however, this is still under negotiation.

3.20. For those providers not covered by the NCHC the IJB is required to agree its position. Recently guidance has been developed nationally which indicates what value of the total contract value should be inflated and by



INTEGRATION JOINT BOARD

what percentage. It is recommended that this guidance be used to transfer over the funding required to facilitate the requirement to pay adult social care staff a minimum of £10.50 per hour. It is recommended that authority be provided to the Chief Finance Officer to apply the uplifts using the national guidance, on the proviso that funding is available to cover any additional cost.

- 3.21. Finally, it is recommended that those clients who receive direct payments and employ their own support staff should see their packages increase by the same level as calculated in the national guidance highlighted in the preceding paragraph.

4. Implications for IJB

- 4.1. **Equalities** – The IJB must have due regard to protected characteristics under the Equality Act 2010. The budget proposals presented in this report have been subject to an Equality Impact Assessment where appropriate. No major service reductions or changes are recommended in this MTF for 2022/23 and the IJB will receive reports throughout the year on the leadership team objectives which will consider any equality implications in detail. The assessments identify any protected characteristics which are likely to be impacted and any associated mitigating actions. The Council have undertaken an assessment in regard to the funds coming across to the IJB.
- 4.2. **Fairer Scotland Duty** – there are no direct implications for the Fairer Scotland Duty. The Fairer Scotland Duty will be engaged as this report relates to the allocation of resources. The onward impact to the client will be mitigated through fair and equality-based commissioning, based on need.
- 4.3. **Financial** – The financial implications are detailed throughout the report and appendix 1. Aberdeen City Council has a bond registered on the London Stock Exchange which requires the Council to have a credit rating that is reviewed annually. Management of budgets is a component of this assessment. Overspends and lack of recovery plans may have an impact on the credit rating.



INTEGRATION JOINT BOARD

- 4.4. **Workforce** - Employees will receive the national agreed pay awards and any increments due. No redundancies have been anticipated or are expected in delivery of the savings. The impact on the workforce is something which will be continuing to be considered by the IJB as it develops and updates its strategic planning and commissioning plans after consultation with its Partners.

Budget discussions and proposals have been led by the Leadership Team, including lead clinicians and professionals. A verbal overview of the Leadership Team objectives, which are linked to the transformation programme, was provided to the Joint Staff Forum. In addition, both our partner organisations – NHS Grampian and Aberdeen City Council have developed communication and engagement strategies for staff.

- 4.5. **Legal** – The Chief Finance Officer for the Aberdeen City Health & Social Care Partnership is required to set out a balanced financial plan for services delegated to the Integration Joint Board in accordance with the integration scheme. Directions relating to this report are being issued in line with the legislation.
- 4.6. **Clinical Safety and Effectiveness** - The options identified are not anticipated to have an impact on clinical or care governance. Should any clinical or care issues arise the Leadership Team will attempt to put mitigations in place to reduce these issues. Our IJB Clinical Director and Leads will be involved in the redesign proposals. The objectives which the Leadership Team are working on will be reported to the next meeting of the Clinical & Care Governance Committee and regularly thereafter.

5. Links to ACHSCP Strategic Plan

This report and the Medium-Term Financial Framework have been drafted in order to support the IJB to deliver on its strategic plan.

6. Management of Risk

- 6.1. **Identified risk(s) and link to risk number on strategic register:**





INTEGRATION JOINT BOARD

Strategic Risk 2:- Cause-IJB financial failure and projection of overspend; Event-Demand outstrips available budget; and Consequence-IJB can't deliver on its strategic plan priorities, statutory work, and projects.

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

This report seeks to set a provisional budget for the IJB, which will provide the budget managers with time to start work on delivering savings and services within their allocated budgets.

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



ABERDEEN CITY IJB

MEDIUM TERM FINANCIAL FRAMEWORK

2022/23 – 2028/29



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Executive Summary

The seven-year financial framework sets out the forecast income and expenditure for the Integration Joint Board (IJB). Whilst the funding levels contained in this budget have only been set for one year (2022/23) we have based future projections on historic trends and planning assumptions on advice from our key partners.

An overview of seven-year financial framework is set out below:

Summary	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Budget Pressures	27,809	12,993	13,338	13,693	14,059	14,435	14,824
Funding Estimates	(26,634)	(8,145)	(8,145)	(8,145)	(8,145)	(8,145)	(8,145)
	1,175	4,848	5,193	5,548	5,914	6,290	6,679
Programme for Transformation:							
Aim – Caring Together:	0	(2,584)	(2,736)	(3,243)	(3,405)	(3,571)	(3,743)
Aim – Improving Quality of Life:	0	0	0	0	0	0	0
Aim - Safe at Home:	0	(350)	(350)	0	0	0	0
Aim – Preventing ill health:	(350)	(750)	(750)	(750)	(750)	(750)	(750)
Enabler – Infrastructure:	(825)	0	0	0	0	0	0
Future Service Redesign	0	(1,164)	(1,357)	(1,555)	(1,759)	(1,969)	(2,186)
Shortfall	0	0	0	0	0	0	0

Based on the projected income and expenditure figures the IJB will require to achieve savings between £1.2m and £6.7m over the next seven financial years. The aim of this strategic financial plan is to set out how the IJB would take action to address this financial challenge across the key areas noted overleaf:



Our MTFF Linked to our Draft Strategic Plan

Aim – Caring Together:

Our objectives under this aim are designed to make services more accessible and coordinated, making it easier and simpler for patients and clients and reducing the number of touchpoints and duplication. This streamlining is not focused on cashable savings but on releasing capacity to reduce current and future unmet need. Also under this aim, we are looking to strengthen our links with our communities, involving them in the design and delivery of services and maximising the use of community assets to enhance the holistic support of improving health and wellbeing reducing the demand for funded service provision.

Aim – Safe at Home

Our objectives under this aim focus on maximising the availability of safe and appropriate community health and social care services to enable people to continue to live safely in their own homes or a homely setting. The aim of this work is to reduce demand for unscheduled care and the level of delayed discharges and improve outcomes. This will include work to allow people with complex needs to be cared for without the need to look out of area. It will also include influencing work to ensure that the use of digital innovations is maximised and that the future built environment is fit for purpose and fits with the changing needs of our population. There is a recognition that this may increase the demands on the IJB budget.

Aim - Improving Quality of Life

Our objectives under this aim are to reduce the impact of inequality on health and wellbeing particularly in relation to mental health, and drug and alcohol use. Not only will this improve outcomes for those currently experiencing negative impacts, but it will also reduce any future burden of community health and social care services. Under this aim we are also seeking to increase the support available for unpaid carers and to remobilise services focusing on recovery from Covid and addressing the health debt. Additional funding is available to help support the work around mental health and unpaid carers.

Aim – Preventing ill health:

Digital and technology has the ability to increase efficiency and improve outcomes for people in our communities in a sustainable manner.

Prevention focuses on promoting healthy independent living and working with communities to build resilience and the ability to self-manage. The workstream will include the development and delivery of our locality plans.



1. Introduction

The Aberdeen City Health and Social Care Partnership (ACHSCP) has now been operating for almost six years. During this time significant progress has been made in terms of integrating the services delegated from its partners Aberdeen City Council (ACC) and NHS Grampian (NHSG).

The Aberdeen City Integration Joint Board (IJB) is the governing body of the ACHSCP and agrees an annual budget following the delegation of funding from its partners each financial year.

This Medium-Term Financial Framework (MTFF) aims to pull together in one place all the known factors affecting the financial position and sustainability of the organisation over the medium term. For the purposes of this financial strategy the medium term is defined as seven years, given the current uncertainty in public sector funding levels due to the financial impact of the COVID response.

There are four new risks which may impact on the IJB's budget over the next few financial years. The first is whether some of the changes in cost profile and services as a result of COVID are recurring, the second being what impact any national care service will have on the IJB and its finances, the third is the impact of the health debt caused by COVID on our services and the fourth is the removal of additional funding for COVID which service providers and services have become increasingly reliant on. More certainty on these risks will start to materialise early in the new financial year.

This MTFF will establish the estimated level of resources required by the ACHSCP to operate its services over the next seven financial years and also estimate the level of demand pressures likely to be experienced by these services. It takes cognisance of the IJB's Draft Strategic Plan and will be updated if necessary, once the IJB Strategic Plan is finalised. The MTFF also takes cognisance of the Aberdeen City Health & Social Care Integration Scheme as well as any other strategies agreed by the IJB since it became operational.

The MTFF will assist in delivering its strategic intent, further improve strategic financial planning and maximise the use of resources across the medium term.



2. Key Principles

The IJB has established some key principles which it has been working to in relation to its financial planning:

- 1) The use of its resources must be aligned and help in the delivery of the priorities contained in the strategic plan.
- 2) Spending should be contained within the original budgets set during the budget-setting process; where this is not possible recovery plans will be required to cover any overspends to protect the partners' budget positions.
- 3) The transformation programme and activities approved by the IJB will seek to either manage increasing demand or generate financial savings.
- 4) Given the type of services provided and the reliance placed on these by service users the IJB may agree to fund 'double running costs' whilst the proof of concept and benefits are established of the transformation projects, providing this can be accommodated within current budgets.
- 5) There is a clear preference towards the delivery of recurring savings and that budgets should be balanced on a recurring basis; the use of one-off savings only being used where part of the overall MTF.
- 6) A strong preference for working in partnership with ACC, NHSG, the third sector and the other two Grampian IJBs to deliver the best and most efficient services possible within the financial allocations delegated.
- 7) A strong desire to engage and co-produce with communities to transform how care and support is delivered, ensuring lived experience is central in decision making

Information on the services provided by ACHSCP is shown in further detail in Appendix 1.



3. Context (National and Local)

Legislation Context

The Board's role and function is set out in the underpinning legislation – the *Public Bodies (Joint Working) (Scotland) Act 2014*. The purpose of the integration policy can be summarised as being necessary to reshape our whole health and care system in Scotland to enable us collectively to sustain good quality services at a time of unprecedented change and challenge – budgets are reducing, our population is ageing, and we are contending with a reducing working age population and a reducing workforce supply – more than in any other time in recent memory. The system must change and adapt to the new pressures it faces and health and social care integration is seen as a key mechanism toward that.

IJBs were set up in order to change the patterns of behaviour, planning and delivery across health and social care and, in large part, to achieve change through an approach which challenges the status quo; deliberately setting strategy, planning and then, utilising delegated budgets, directing and commissioning the NHS and local authority partner organisations to deliver more joined-up, community-based models and in doing so, utilising resources 'locked' in traditional silos.

Scottish Government Context

The current Scottish Government has been clear that the integration of health and social care is one of its priorities. It has stated its intention to shift the balance of care from large hospitals into community settings.

The Scottish Government has also indicated that one of its priorities is the adoption of the Scottish Living Wage across the care sector. In this regard, additional funding has been allocated to the IJBs in each of the last five financial years to fund this policy commitment. This financial year the level of uplift proposed if for adult social care staff to receive a minimum of £10.50 per hour and additional funding has been received to meet this obligation.

The General Practitioners (GP) Contract is negotiated between the British Medical Association (BMA) and the Scottish Government and was agreed for implementation from 1 April 2018.



One of the Scottish Government's policy commitments is the introduction of a national care service. To date a consultation exercise has been undertaken seeking views on the national care service and the results of the consultation have been published. The creation of a national care service will have implications on the IJB and Adult Social Care Services, however, at this stage the impacts are unknown.

National Demand Context (before COVID)

The demand for services is increasing as is evidenced by the following statistics:

- 1 in 4 adults has a long-term illness or disability;
- around 2 million people in Scotland have at least one long-term condition;
- people in Scotland are living longer, but more of those people over the age of 75 are living with a long-term condition and/or significant frailty; and
- overall, the population of people over the age of 75 is expected to increase by 63% over the next 20 years.

The Scottish Government estimates that the need for health and care services will rise by between 18% and 29% between 2010 and 2030. Coupled with a shrinking working age population and the known workforce supply challenges, it is clear that the current model of health and care cannot be sustained and that it must change.

Audit Scotland undertook an early review into the changes being brought about through the integration of health and social care in its paper of March 2016. The report, *Changing Models of Health and Social Care*, set out the challenge of increasing demand for services and growth over the next 15 years in Scotland. Among the pressures identified in this were:

- 12% increase expected in GP consultations.
- 33% increase in the number of people needing homecare and a 31% increase in those requiring 'intensive' homecare;
- 35% increase in demand for long-stay care home places; and
- 28% increase in acute emergency bed days and a 16% increase in acute emergency admissions.

The Audit Scotland report went on to say that on the basis of these estimated increases in demand, there would need to be an increased annual investment of between £422 and £625 million in health and social care services in order to keep pace.



The independent report on Adult Social Care by Derek Feeley indicates that if the recommendations of the review were implemented, then spend on social care would need to increase by £0.66 billion per annum.

COVID has significantly altered and transformed parts of the Health and Social Care system and the statistics above will need to be reviewed to determine whether they are still valid, however, they are not anticipated to have reduced.

Local Context

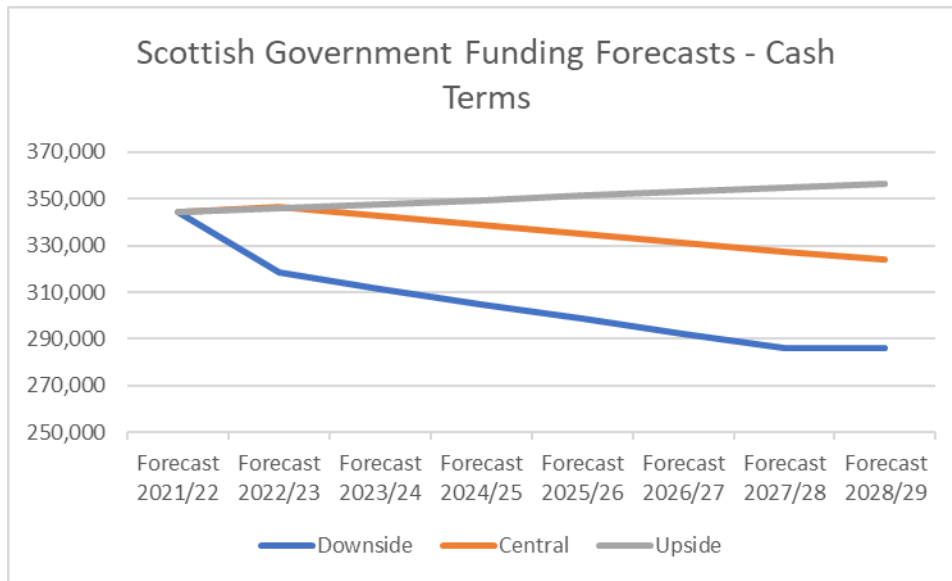
As with all public sector bodies our partners from whom the majority of our funds are received are facing financial challenges as a result of this period of financial constraint, with demand for budget outstripping the resources available and savings having to be identified annually to balance budgets. Both ACC and NHSG will require to make savings in future years to balance their revenue budgets.

The amount of funding available to both organisations is largely driven by the level of funding received from the Scottish Government through the grant settlement process.

In relation to Aberdeen City Council, their Medium-Term Financial Strategy (MTFS) sets out assumptions regarding the ongoing short-term implications of Covid-19 in terms of financial year 2021/22 and then goes on to make some informed assumptions for financial years 2022/23 – 2026/27.

It is recognised that much of the Council's income is outside of its control, the assumptions that underpin their MTFS cannot, by definition, be exact, they are subject to refinement and change over time. Therefore, a series of scenarios should be used to describe a range of income possibilities. This current draft MTFS utilises three scenarios similarly used by the Office for Budget Responsibility. These scenarios will be refreshed regularly as part of the budget setting and strategic planning processes.

Illustrated within the MTFS is projected financial scenarios depending on the level of Scottish Government funding. What can be seen is that, notwithstanding the final budget allocations are still awaited, the graph below shows a broadly accurate picture for 2021/22 and shows the need for longer term financial planning beyond the annual budget setting process.



The IJB will be required to contribute to these financial gaps, as a key partner of ACC in cross-system working.

In Aberdeen City the majority of Adult Social Care Services are commissioned externally, either through third/independent sector providers or from Bon Accord Care, an Arm’s Length External Organisation (ALEO) of ACC. Aberdeen City has one of highest average property prices in Scotland. This can impact on the commissioned services by making the costs of financing their assets more expensive than elsewhere in Scotland and by making it difficult for these organisations to recruit and sustain staffing levels due the high cost of living in the city.

ACHSCP also has difficulty recruiting to some professions with long-term vacancies particularly in community nursing, mental health, and GPs. Within the city many practices have unfilled GP vacancies.

The level of demand for services is expected to increase year on year and when living with COVID the demand may end up in settings where it wasn’t before, particularly care in the community and homely settings.

4. Planning Assumptions

Reserve Position

The IJB is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973 and is classified as a local government body for accounting purposes by the Office for National Statistics (ONS).



The IJB is able to hold reserves which should be accounted for in the financial accounts of the Board.

Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing;
- create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves; and
- create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

The Chief Finance Officer has previously considered that a risk fund of £2.5 million should be maintained roughly equivalent to 1% of the budget less the set-aside funding. In 2021/22 the risk fund was replenished to £2.5 million to provide a cushion to protect the partners from any adverse financial movements during the financial year.

The level of reserves held at the beginning of the financial year increased due to additional funding being received late in the financial year and an underspend on mainstream services due to recruitment difficulties. The IJB was also passed through any monies owed by the Government but unspent in relation to the Primary Care Improvement Fund, Alcohol and Drugs and Action 15. A significant element of the funds in reserves are ring fenced for these purposes and can't be used for anything else.

In addition a COVID earmarked reserve was created, along with reinstatement of a balance in an integration and change reserve to support the redesign of services once the impact of COVID on services has reduced.



5. Projected expenditure and new resources

This reflects the known commitments and income likely to be received in 2022/23. Each year cost pressures will arise during the financial year as service delivery moves to cope with demand. The main cost pressures which the IJB will face over the next five financial years are as follows:

	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Budget Pressures							
Pay Inflation	2,212	2,532	2,608	2,686	2,767	2,850	2,936
National Insurance	1,111	33	34	35	36	37	38
Transitioning Children - Learning Disabilities	650	670	690	711	732	754	777
Prescribing	1,766	1,500	1,500	1,500	1,500	1,500	1,500
Demographics 2% uplift	0	1,593	1,641	1,690	1,741	1,793	1,847
	5,739	6,328	6,473	6,622	6,776	6,934	7,098
Previously funded from Local Mobilisation Plan							
Care at home	2,200	66	68	70	72	74	76
Lost income	1,000	0	0	0	0	0	0
	3,200	66	68	70	72	74	76
Funded from recurring element of Winter Monies							
£10.02 per hour Adult Social Care	5,166	0	0	0	0	0	0
Care at home (BAC)	850	26	27	28	29	30	31
Multi Disciplinary Teams	1,508	45	46	47	48	49	50
Band 3s and 4s	1,140	34	35	36	37	38	39
Interim Beds	750	0	0	0	0	0	0
Additional Care at Home	1,624	49	50	52	54	56	58
	11,038	154	158	163	168	173	178
New Requirements							
£10.50 per hour Adult Social Care	6,233	6,420	6,613	6,811	7,015	7,225	7,442
Additional Social Workers	830	25	26	27	28	29	30



Carers Act	769	0	0	0	0	0	0
	7,832	6,445	6,639	6,838	7,043	7,254	7,472
Funding Adjustments							
Estimated New Council Funding	(20,134)	(5,256)	(5,256)	(5,256)	(5,256)	(5,256)	(5,256)
Uplift in NHS Funding	(2,889)	(2,889)	(2,889)	(2,889)	(2,889)	(2,889)	(2,889)
New NHS Funding	(3,611)	0	0	0	0	0	0
	(26,634)	(8,145)	(8,145)	(8,145)	(8,145)	(8,145)	(8,145)
	1,175	4,848	5,193	5,548	5,914	6,290	6,679

Budget Assumptions

	2022/23	2023/24 onwards
Pay	NHS 2% ACC, 2%	NHS 3% ACC, 2%
National Insurance	Forecast Additional cost	3% increase on additional cost
Transitioning Children - Learning Disabilities	Average number of transitioning children by average cost of package	Average number of transitioning children by average cost of package
Prescribing	Estimate from Grampian Prescribing group	Previous increases in prescribing
Demographics 2% uplift	Being managed in current year	2% on older people's budget
Previously Funded from Local Mobilisation Plan	Based on costs current being incurred	3% increase on additional cost where appropriate
Funded from recurring element of Winter Monies	The full year impact of winter funding received in 2021/22, which apart from interim care homes is recurring in 2022/23	3% increase on additional cost where appropriate
Demographics 2% uplift	Being managed in current year	2% on older people's budget
£10.50 per hour Adult Social Care	Uplifts for NCHC and non NCHC services	Based on previous years uplifts are likely each year



Additional Social Workers	Additional funding to employ social workers to respond to additional demand following the pandemic	3% increase on additional cost where appropriate
Carers Act	Additional carer funding	Additional funding now complete
Funding Adjustments	Additional funding in the NSH and Council grant settlements to be passported across to the IJB and a general uplift in NHS funding.	Based on previous estimated grant levels

Pay Award – For NHS staff earning less than £25,000 a provision of 3% has been made, for those earning more than £25,001 a provision of 1% has been made. For ACC staff 2% has been included. The pay award for neither the NHS or Council has been agreed and there is a chance it will be at a higher level than estimated.

Transitioning Children (Learning Disabilities) – Children transition into the adult learning disabilities section once they reach a certain age. At this point they are reassessed by the care managers from the adult learning disabilities team and a new care package is created reflecting eligibility criteria. Pressure has been experienced on this budget in this financial year and the number of children transitioning has been costed at £650,000 in 2022/23. Please note, this is only an estimate based on an average care package; the care package for some transitioning children will be far higher than the average depending on the complexity of the disability.

Prescribing – The cost of the drugs prescribed by GPs usually increases year on year, and information from NHS Grampian’s Pharmacy Group has indicated that additional budget provision is required in 2022/23. The IJB has limited control over this budget, as it is unable to control the prices of drugs which are set nationally and influenced by factors such as supply and demand, currency movements and patents. It is also unable to control demand as it is a clinical decision as to whether a GP decides to prescribe a medicine. Aberdeen City already performs well nationally in terms of prescribing and has one of the lowest costs per head of population. This makes trying to generate efficiencies from this budget difficult.

Demographics – Before someone is provided a care package they are assessed by care managers against the eligibility criteria. In Aberdeen City care is only provided to those who are assessed as having a high or very high need. The majority of the Adult Social Care clients are over 65 and given the number of over-65s is forecast to



increase year on year, a provision has been added to cover the additional costs anticipated as a result of this.

Previously funded from Local Mobilisation Plan – For the last two financial years ACHSCP has been reclaiming the costs for additional care at home and a reduction in income from client assessments through the local mobilisation plan. Funding has now been received for additional care at home and this has been used to fund these costs going forward. In relation to the reduction in income it is possible that some of this maybe be reclaimed through the local mobilisation plan in 2022/23.

Funded from recurring element of Winter Monies – Funding for winter pressures was received in the third quarter of 2021/22. Most of these allocations had a recurring element to them and therefore the costs shown above are for the whole financial year. The only exception being interim beds where the allocation was reduced slightly in 2022/23 and is non-recurring. This is not anticipated to cause ACHSCP any problems as the interim beds can be decommissioned once the funding is finished.

New Requirements – This includes the additional cost of inflating social care providers contracts to enable a minimum of £10.50 per hour to be paid to adult social care workers and additional funding to be received to help employ additional adult social workers to support increased demands as a result of the COVID Pandemic.

Funding Adjustments – In previous years additional funding has been transferred to the IJB through the NHS to deal with the Scottish Living Wage increases etc. This financial year the additional money is flowing through the Council's and NHS grant settlements.

For the financial year 2022/23 an additional £26 million has been added to the grant settlements of Aberdeen City Council and NHS Grampian to be passed through to the Integration Joint Board. The vast majority of this money being earmarked for specific purposes.

There is a risk in future years that it might not be possible for ACC to pass over additional funding to the IJB, given the requirement to balance future council budgets (see the graph in the local context section for further information).

NHSG received an increase in their financial allocations for 2022/23 of 2%. The NHSG Budget Steering Group has agreed to pass on Aberdeen City's share of this funding, which amounts to £2.9 million.



6. Options to close the financial gap

	2022/23 £'000	2023/24 £'000	2024/25 £'000	2025/26 £'000	2026/27 £'000	2027/28 £'000	2028/29 £'000
Enabling Workstreams							
Aim – Caring Together:							
Reshaping our approach to commissioning services	0	(2,434)	(2,586)	(3,093)	(3,405)	(3,571)	(3,743)
Primary Care	0	(150)	(150)	(150)	0	0	0
	0	(2,584)	(2,736)	(3,243)	(3,405)	(3,571)	(3,743)
Aim – Improving Quality of Life:	0	0	0	0	0	0	0
Aim - Safe at Home:							
Out of Area Placements	0	(350)	(350)	0	0	0	0
	0	(350)	(350)	0	0	0	0
Aim – Preventing ill health:							
Prescribing	(350)	(750)	(750)	(750)	(750)	(750)	(750)
	(350)	(750)	(750)	(750)	(750)	(750)	(750)
Enabler – Infrastructure:							
Whole system and connected remobilisation	(825)	0	0	0	0	0	0
	(825)	0	0	0	0	0	0
Future Service Redesign	0	(1,164)	(1,357)	(1,555)	(1,759)	(1,969)	(2,186)
Total	(1,175)	(4,848)	(5,193)	(5,548)	(5,914)	(6,290)	(6,679)

Leadership Team Objectives

In recognising the impact of the financial position, we have in 2022/23 focused our Leadership Team objectives to align with the draft strategic plan to deliver on redesign, savings, and conditions for future progress. Further information is contained in appendix 4 of the budget report, on deliverables and measures. There is, of course, a range of Business as Usual (BAU) projects and activities that also contribute to our financial sustainability.



Aim – Caring Together:

Aberdeen City commissions the vast majority of its social care from care providers. Commissioning is the largest part of our budget and accounts for over £100 million of our available budget. COVID has substantially altered client demand and the social care marketplace and, at this stage, it is still too early to understand whether these changes are going to be permanent. There will also be work undertaken in relation to out of area placements to determine whether there are services locally that can be used and, if not, whether we can work with Providers to develop them.

We plan to review all social care expenditure and packages to determine whether changes made were temporary in response to COVID, whether they should or could be made permanent, and how to fund these changes on a recurring basis. The review will report through our Strategic Commissioning and Procurement Board which has been established to monitor and direct our commissioning activity. The focus of this Board will not only be to deliver services of a better or equivalent quality than currently commissioned, but also to do so at less cost. Maximising the use of community assets and increased use of alternatives to traditional commissioned services will also be considered. The Board will make recommendations on commissioning spend to the IJB throughout the financial year.

We have undertaken a review of primary care practices and we now need to seek to go further in terms of delivering the Primary Care Improvement Plan and reshaping primary care, maximising the dedicated funding available for this, to improve access and broaden service provision.

Aim - Safe at Home:

Over the winter 2021/22 period we have noticed an increase in demand for medical and unscheduled care, particularly in patients using our Frailty Pathway. We intend to undertake a review of this demand projecting forward to 2030 in order that we can understand any actions we need to implement to meet it. This may require some future decisions around increasing resource allocation to additional services and support in the community and potentially additional investment in digital solutions. Another area of focus is to ensure we get people home from hospital when they no longer need to be there. This is particularly relevant for those who require complex care who can often be placed in care locations out with Aberdeen. Switching to caring for these people in their own homes can be significantly expensive and the transition is something that will require careful planning in terms of budget allocation.

We plan to undertake a strategic review of rehabilitation services across the partnership, Specialist Older Adults and Rehabilitation Services and the Medicine and Unscheduled Care Portfolio with a view to improving both patient and staff



experience in this area. The Medicine and Unscheduled Care Portfolio being within the remit of the Chief Officer provides opportunities for yet further integration and joined up working, streamlining service provision and improving patient and staff experience.

Aim – Improving Quality of Life:

We will continue to progress the Grampian wide Mental Health and Learning Disabilities transformation programme in collaboration with partners with a view to evidencing increased community delivery across secondary and primary care in Aberdeen City. We will remobilise services in line with the Grampian Remobilisation Plan to help address the health debt and support people to recover from the effects of Covid-19.

Under BAU we will develop a revised Carers Strategy taking cognisance of the impact Covid has had on unpaid carers and the additional funding ring fenced to increase support for unpaid carers. Also as BAU, the Alcohol and Drugs Partnership will continue to progress actions on its Delivery Framework.

Aim – Preventing ill health:

We will deliver a programme of holistic community health interventions to target health inequalities in localities by making connections and focusing on early intervention and prevention. This ‘social prescribing’ work will be led by our Public Health Coordinators, our Health Improvement Officers and our Wellbeing Team working with our Locality Empowerment Groups and our DiversCity officers and be linked to the existing Stay Well Stay Connected programme. The funding available through Health Improvement, Food in Focus and the Alcohol and Drugs Partnership will be coordinated and targeted to priority areas that meet the partnership’s strategic intentions.

The majority of the savings will come from seeking alternatives to medicines (social prescribing), ensuring our prescribing processes and management of patients using medicines is as efficient as it can be and also stopping the prescription of drugs where there is evidence of little clinical value. A cross-Grampian prescribing group provides recommendations to the Partnership on all prescribing matters. In addition, a key driver will be the use of technology to develop more efficient systems across community care which will impact on the key drivers.

Enabler – Infrastructure:

We will undertake a strategic review of the data, demographic and demand picture to understand the ‘bed base’ for unscheduled care across the Medicine and Unscheduled Care Portfolio, Specialist Older Adults Rehabilitation Services, and the



partnership between 2023- 2030. This will help us plan to have the appropriate infrastructure in place to deliver services that meet future demand and avoid having to implement short term work arounds which are often more costly.

Future Service Redesign:

All of the Partnership's senior teams have a focus on redesign of services and are constantly modifying service provision to ensure the best service is provided within the agreed budget. A workstream will be developed to determine where service redesign can happen which reduces the costs of service delivery and helps contribute towards closing the financial gap.



7. Risk Assessment

The setting of any budget is the acceptance of the assumptions and risk underpinning the figures. The IJB has its own strategic risk register and the individual services hold operational risk registers. The leadership team has established that the major risks impacting on the MTFE are as follows:

- During the previous budget processes a significant level of turnover savings was added to the budget to reflect the current staffing levels; should these staffing levels improve then this could impact on the delivery of this saving. This is monitored during each budget monitoring and all posts are taken through a vacancy control process.
- The proposed pay increase for 2022/23 in this financial strategy is based on the information provided by the Scottish Government for planning purposes. This has not been agreed and there is a risk that the percentage agreed could be higher than anticipated.
- The prescribing budget is a high-risk budget for the IJB. Whilst the decisions to prescribe are made locally, the costs of the drugs and the agreement to introduce new drugs are made nationally.
- The increasing level of complexity of need for some of our clients means that major care packages might materialise during the year which we have not budgeted for. The same applies to patients who need out-of-area care and where a clinical decision has been made that this is in their best interests.
- The external care market is fragile, with NCHC providers looking for high inflationary increases to provide stability. These increases are negotiated nationally and may be higher than forecast. Should the national negotiation break down then it is likely that local agreements will need to be negotiated and given the high cost of living in Aberdeen this is likely to be more than what would be agreed nationally.
- The Carers Act and the free personal care to under-65s legislation will increase the demand for these services. Although additional funding has been received for these purposes, until fully implemented it will be difficult to determine whether the resources received are adequate.



- COVID has had a major impact on the majority of Health & Social Care services, in 2020/21 and 2021/22 the financial risk of the additional costs of COVID was covered by the Scottish Government via additional funding. An element of this funding has been assumed in this financial strategy given the additional costs of COVID will cross financial years.
- There is a risk of increased demand for services, as a result of health debt caused due to COVID. Services are currently considering how best to manage this increased demand, but this may have an impact on future year budgets.
- Local Government elections in May 2022, could impact on the priorities of the Council and the level of funding provided to the IJB in future financial years.
- The recommendations of the Derek Feeley report have substantial implications for adult social care and the IJB. The Scottish Government has committed to the principle of a national care service, although the scope and function are not yet known. It is likely that the creation of a national care service will have a major impact on the Integration Joint Board and ACHSCP, however, at this stage the impact cannot be quantified.

All these risks will be monitored and reviewed through the finance monitoring statements on a regular basis.



Appendix 1: Services Provided by ACHSCP

Information on the services provided by ACHSCP is shown below:

Community Health Services (£39 million 2021/22)

Includes budgets for the community health services for each locality, including district nursing, health visiting, allied health professionals, public health, and the Public Dental Services (PDS).

Community Nursing Services

The Community Nursing Service for Aberdeen City comprises district nursing, health visiting, school nursing and specialist nursing services. The service has approximately 500 staff (310 wte) delivering services to the population of Aberdeen City. District nurses provide both scheduled and unscheduled nursing interventions predominantly to the elderly population, those with a palliative diagnosis and end-of-life care. These services are delivered both in-hours and out of hours. Health Visitors provide universal services to the under-fives practice population in line with the Children and Young People's Act (2014). They also have a remit to deliver the child protection agenda, keeping some of the most vulnerable children safe from harm. School nurses deliver services to children and young people, including the vaccination programme under direction from the Scottish Government. Specialist nursing services deliver nursing interventions which require expert knowledge, and they support the work of the general nursing service.

Allied Health Professionals

Allied health professionals (AHPs) are a distinct group of practitioners who assess, diagnose, treat, and rehabilitate people of all ages, across health, education, and social care, supporting many of our most vulnerable citizens across Aberdeen. They are experts in rehabilitation and enablement, supporting people to recover from illness or injury, manage pain and long-term conditions with a focus on maintaining and improving independence (including helping people to remain in work/return to work) and developing strategies for people to manage longer-term disabilities.

There are six AHP groups (200 staff) working across Aberdeen City HSCP: dietetics, occupational therapy, physiotherapy, podiatry, speech and language therapy and the prosthetics and orthotics service. These AHP services are delivered in a range of clinic, community, and education settings, including in the person's own home or in care homes, and provide in-patient care to people in Specialist Older Adult and Rehabilitation services in Woodend, Horizons, Craig Court, Rosewell and



Clashieknowe. This team assess, diagnoses, and treats over 45,000 new patients each year.

Public Health and Wellbeing

The main function of members of the public health team is to promote population and community health and wellbeing (as opposed to personal care), addressing the wider determinants of health and health inequalities. They do this by working with, and through, policies and strategies, across agencies and boundaries, providing leadership to drive improvement in health outcomes and the reduction of health inequalities. Their predominant focus is on primary prevention and the wider determinants of health at population level and the range of team members use approaches and skills that include programme development, implementation, and evaluation, assessing the impact of policies on people's health, project management, community engagement, and communication with a wide range of stakeholders. Whilst public health team members engage with a wide range of stakeholders, many of the programmes and outcomes they seek to influence, and support relate to early years, children, and young people. Key national and local priorities for the public's health are alcohol, tobacco, mental wellbeing, diet, physical activity, and healthy weight. Team members work in and across localities as well as with local people in communities and multi-agency environments.

The Public Dental Services (PDS)

The PDS provides NHS dental care for priority groups of patients across ten surgery sites in Aberdeen. In addition to core service delivery, the Aberdeen PDS provides the Minor Oral Surgery service for Grampian, providing sessional clinical input to the General Anaesthetic Clinic and has oversight of the Outreach provision for Dundee University undergraduates.

Hosted Services (£28 million 2021/22)

A range of services provided on a Grampian-wide basis and managed by one lead IJB, Aberdeen City IJB being the lead for:

- Specialist Older Adult and Rehabilitation Services – comprising the Grampian Specialist Rehabilitation Service and the Specialist Older Adults Service across Aberdeen and Aberdeenshire. These services provide a range community rehabilitation, specialist medical consultant liaison (including community consultant geriatrician alignment) and specialist services – dealing with wheelchairs, prosthetics, and orthotics across Grampian. There is also a significant medical in-reach service supporting the acute geriatric service within Aberdeen Royal Infirmary.



- Sexual Health Services – based at the Health Village but providing services across seven locations in Grampian.

The Moray and Aberdeenshire IJBs are the leads for the following services: Marie Curie Nursing Service, the Continence Service, Diabetes Managed Clinical Network, Chronic Oedema Service, Heart Failure Service, HMP Grampian Health Services, Police Forensic Examiners, Primary Care Contracts Team and GMED out-of-hours medical services.

Learning Disabilities Services (£35 million 2021/22)

The service is committed to integrated working and providing a range of diverse and intensive person-centred services, to promote and support independent living, underpinned by individual and family/carer involvement.

In-house services (127 staff) provide housing support, care at home (on six sites) and a modern specialised day service at the Len Ironside Centre. They also commission a wide range of supported living, residential, care at home, respite, and day services; the current contract framework has 20 providers for Supported Living Services and 15 providers for Enhanced Supported Services.

The Care Management Team (18 staff) provide comprehensive assessment, care package commissioning and ongoing support for over 650 adults with learning disabilities and associated complex conditions and needs. This includes our Transitions Service that works closely with Children's Services in the planning and transfer of young people into adult services.

The multidisciplinary Health Team (20 staff - medical, nursing, psychology, and allied health professionals) provide specialist health services to over 500 adults with complex and challenging needs.

Mental Health & Addictions (£23 million 2021/22)

This includes the provision of services by NHS community mental health service and adult social care services. Within adult social care there are three mental health teams and one old-age psychiatry and rehabilitation team based at Cornhill Hospital. These teams provide social work, care management and a Mental Health Officer service to people with mental health difficulties and their families, in a hospital-based environment and within the community. In addition to this there are integrated teams



for drug and alcohol providing a clinical and care management service for individuals who experience substance misuse. Across these services in adult social care there are around 1,000 service users at any one time.

Older People and Physical & Sensory Disabilities (£86 million 2021/22)

This is a care management service for individuals who are aged 65 years and over and for those with physical and sensory disabilities who are assessed as requiring care and support. Such services include provision of day care, care at home, residential care, sheltered and very sheltered housing, occupational therapy and provision of aids and adaptations. The service is made up of five care management teams providing services to 3,100 service users. The sensory disability services are commissioned from North East Sensory Services who have a social work team providing a statutory service to 135 people with a further 3,000 being provided support services.

Criminal Justice (£92,000 net – funded by ring-fenced grant)

Criminal Justice Social Work provides statutory supervision and court reports from the age of 18. The aim of the service is to reduce the risk of reoffending and harm by those who are supervised in the community and assisting with rehabilitation and monitoring to those released from prison. The service is made up of four community teams, a throughcare team, a pre-disposal/court team, an unpaid work team, and a Women's Service. They also undertake group work programmes for those convicted of domestic abuse offences or sexual offences. At any one time around 1,500 clients are open to justice services.

Primary Care Prescribing (£39 million 2021/22)

The cost of drugs prescribed by Aberdeen City GPs to patients covers medicines, dressings, appliances, and stock order items prescribed in the community by GPs and other prescribers. Expenditure is impacted by a complex range of factors including how long drugs are patented, the availability of a drug, individual expensive drugs, and an increase in community-based care, amongst others.

Practice pharmacists work in tandem with GP practices to ensure prescribing is efficient and effective. Prescribers are also supported with the Grampian Joint



Formulary Scriptswitch software and regular guidance/input from the lead pharmacists.

Primary Care (£43 million 2021/22)

Payments made to GPs for provision of services. The costs are largely dictated by the GPs' national terms & conditions of service from the GP contract. Aberdeen has 28 GP practices, providing general medical services to a population of 253,000 registered patients (1 Jan 2018). Whilst different contractual models operate across the city, all GP practices provide core general medical services together with a range of enhanced services. The above expenditure is drawn from the General Medical Services contract funding stream and represents the payments made to GP practices for the services provided to their registered list of patients.

Set-Aside Notional Budget (£48 million 2021/22)

Budgets for large hospitals are managed by the Acute and Mental Health sectors of NHS Grampian. The IJBs have a notional budget representing the consumption of these services by residents. The IJBs are responsible for the strategic planning for these services as a result of the legislation which established the IJBs.

The services covered include:

- accident and emergency services at ARI and Dr Gray's - inpatient & outpatient;
- inpatient hospital services relating to general medicine, geriatric medicine, rehabilitation medicine, respiratory medicine, learning disabilities, old age psychiatry, general psychiatry;
- palliative care services provided at Roxburghe House, Aberdeen, and The Oaks, Elgin.

A process has been developed to review these services, which involves staff from acute and the IJBs and is expected to start reporting through the IJBs and NHSG soon.

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INTEGRATION JOINT BOARD

DIRECTION

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

The **ABERDEEN CITY COUNCIL** is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the Board's Strategic Plan, directions previous issued by the integration joint board and existing operational arrangements pending future directions from the Board.

Approval from IJB received on:- 10 March 2022

Description of services/functions:- All adult social care services covered by the Aberdeen City Integration scheme.

Reference to the integration scheme:- All services listed in Annex 2, Part 2 of the Aberdeen City Health and Social Care Integration Scheme. All functions listed in Annex 2, Part 1 of the Aberdeen City Health and Social Care Integration Scheme.

Link to strategic priorities (with reference to strategic plan and commissioning plan):-

- Develop a consistent person centred approach that promotes and protects the human rights of every individual and which enable our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local 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.
- Contribute to a reduction in health inequalities and the inequalities in the wider social conditions that affect our health and wellbeing.
- Strengthen existing community assets and resources that can help local people with their needs as they perceive them and make it easier for people to contribute to helping others in their communities.
- Support our staff to deliver high quality services that have a positive impact on personal experiences and outcomes.



Timescales involved:-

Start date: 01 April 2022

End date: 31 March 2023

Associated Budget:- The associated budget for these functions and services is £117.5 million.

This direction is effective from 1st April 2022.



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INTEGRATION JOINT BOARD

DIRECTION

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

GRAMPIAN HEALTH BOARD 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, directions previous issued by the integration joint board and existing operational arrangements pending future directions from the Board.

Approval from IJB received on:- 10 March 2022

Description of services/functions:- All community health services covered by the Aberdeen City Integration Scheme.

Reference to the integration scheme:- All services listed in Annex 1, Part 2 and appropriate services listed in Annex 3 of the Aberdeen City Health and Social Care Integration Scheme. All functions listed in Annex 1, Part 1 of the Aberdeen City Health and Social Care Integration Scheme.

Link to strategic priorities (with reference to strategic plan and commissioning plan):-

- Develop a consistent person centred approach that promotes and protects the human rights of every individual and which enable our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local 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.
- Contribute to a reduction in health inequalities and the inequalities in the wider social conditions that affect our health and wellbeing.
- Strengthen existing community assets and resources that can help local people with their needs as they perceive them and make it easier for people to contribute to helping others in their communities.
- Support our staff to deliver high quality services that have a positive impact on personal experiences and outcomes.



Timescales involved:-

Start date: 01 April 2022

End date: 31 March 2023

Associated Budget:-

The associated budget for these functions and services is £249m of which approximately £23m relates to Aberdeen City's share for services to be hosted.

£48m is set aside for large hospital services.

This direction is effective from 1st April 2022.

Appendix 3 - Leadership Team Objectives- ACHSCP 2021-2022

Specific	Measurable	Attainable (Target)	Relevant	Key milestones/ workstreams	Timebound	Progress Feb 2022
<p>Staff Health & Wellbeing 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.</p>	<ul style="list-style-type: none"> Absence rates and cause. Agency/Bank costs and hours Locum costs and hours. Overtime costs and Time in Lieu hours. Proportion of Annual Leave taken throughout the year. Staff Survey results, 360-degree feedback, and Staff Turnover rate Training compliance rates Psychological support uptake rates 	<p>£0.5 million locums</p>	<ul style="list-style-type: none"> Refresh workforce plan Reduction (or as a minimum, maintenance) of absence rates to pre-2019/20 levels. Reduction of Agency hours and costs across all ACHSCP from 2019/20 baseline. Reduction in locum costs and hours across all ACHSCP from 2019/21 baseline. Reduction in overtime and additional hours across ACHSCP from 2019/20. Monitoring by all services to ensure staff have access to and take planned and contracted annual leave. A supportive work environment evidenced through staff survey and 360-degree feedback to line manager. Ensure access to training and education programmes monitor compliance rates via appropriate systems. 	<p>Dashboard produced for each LT member to reflect all key measurables.</p> <p>Process set up to review against measurable targets, incorporating detail and analysis of data – monthly at CCG Group\H&S Committee and quarterly at individual LT performance reviews.</p>	<p>Dashboard in place by 01.04.21</p> <p>Measurable targets achieved by 31.03.22.</p>	<ul style="list-style-type: none"> The Workforce Plan has been delayed until 22/23 Covid and work-related stress as a result of the pandemic response have contributed to an increase in absence rates The pandemic response has required the flexible use of a range of staffing support and so the focus has not been on agency, locum or overtime costs. Service delivery has continued to be met within budget including the additional funding provided in line with the Remobilisation Plan. As part of the focus on staff welfare, regular reminders are made to staff to take leave and the percentage taken is reported and monitored. A number of localised temperature checks have been taken in relation to how staff are feeling, and teams are encouraged to have regular check-in sessions. The annual iMatter surveys continues During the pandemic response the focus has been on mandatory training Psychological support continues to be available to staff in addition to a range of welfare initiatives and

Appendix 3 - Leadership Team Objectives- ACHSCP 2021-2022

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			<ul style="list-style-type: none"> Ensure access to psychological support is well communicated, encouraged and supported through evidence at team meetings, shared information and monitoring of staff absence due to mental health/psychological reasons. 			<p>wellbeing therapies such as the provision of teas, coffees and snacks in the workplace and offering massage and mindfulness sessions.</p>
<p><u>Reshaping our relationship with communities</u> We will focus on an integrated approach to the way we think about physical, mental and social health, supporting individuals to manage and improve their health and wellbeing and building resilient networks to ensure that there is joint planning and co-ordination of critical elements that impact health e.g. education, food, housing and transportation</p> <p>We will embed our Operational teams who are aligned to locality areas and</p>	<ul style="list-style-type: none"> Headcount v establishment Travel costs Space usage Redesign of social work in line with locality working and system working across MHL and Adults. 	£2.466 million commissioning and reviews	<ul style="list-style-type: none"> Redesign of Adult Social Work structure and pathways to reflect locality working and new pathways in place following commissioning changes. Start to consider the implications of what new models of care and COVID have on the building used to deliver health and social care. Monitor head count and whole time equivalent to determine the impact of 2019/20 and ensure that we maintain the 60 wte reduction in posts achieved through 	<p>Embed locality working across Nursing, Allied Health Professionals (AHP), Adult Social Work (ASW) and Community Mental Health operational services.</p> <p>Undertake a review of referral pathways for Nursing, AHP and ASW and community</p>	<p>Locality working in place by 30.09.21.</p> <p>Review complete by 31.03.22.</p>	<ul style="list-style-type: none"> Progress on the redesign of Adult Social Work continues with the Business Case planned to be considered by EPB in March. The additional funding from Scottish Government for ASW capacity is incorporated into the design. Although much progress has been made on locality working and the review and recommissioning of services, the pandemic response prevented completion of the pathway redesign. This will be carried forward to the 22/23 LT Objectives. Covid restrictions have driven the different use of buildings, and this is influencing future premises planning, both in terms of staff usage and service delivery.

Appendix 3 - Leadership Team Objectives- ACHSCP 2021-2022

<p>complete work to align those using the opportunity to redesign structure models to bring service delivery in line with available resource.</p>			<p>vacancy management in 2019/20.</p> <ul style="list-style-type: none"> • Monitor, review and maintain reduction in travel costs compared to 2019/20 Costs. • A review of models of work regarding in office, at home, co-location and shared space to be undertaken by each LT member to identify current and future requirements and feed into review of the Capital Programme. • Develop plans for further community team digitisation and digital health and social care solutions. • Identify where Lean Six Sigma could improve efficiencies across the system. • Start to consider what the future of rehabilitation services might look like in Aberdeen. 	<p>Mental Health including consideration of a Single Access Point</p>	<ul style="list-style-type: none"> • The pandemic response has required the flexible use of a range of staffing support and so the focus has not been on headcount or vacancy management. • With the increased use of virtual meetings and working from home travel costs have naturally reduced. • Discussions are ongoing with both employers in relation to arrangements for future hybrid working. • The roll out of Morse to community teams continues as does the TEC Pathfinder Project. Work is well progressed on the D365 CareFirst replacement and just beginning on the Lone Worker system. Further digitisation will be carried forward into 22/23. • Focus has been on delivery of priority projects in relation to Operations Snowdrop and Iris so a full assessment of Lean Six Sigma has not yet been undertaken. • Some aspects of rehabilitation services have been considered but a full review is planned as part of the LT Objectives for 22/23
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Appendix 3 - Leadership Team Objectives- ACHSCP 2021-2022

<p>Reshaping our commissioning approach Commissioned services will be reviewed across ACHSCP to ensure that the model of delivery is in-line with our strategic commissioning plan and strategic aims of the IJB.</p>	<ul style="list-style-type: none"> • Older people’s residential bed availability and usage • MH residential bed availability and usage • LD residential bed availability and usage • C@H capacity and usage • Day Opportunities available and used. • Planned Respite available and used. • Number of Carers Supported • Carer and Service User satisfaction rates 		<ul style="list-style-type: none"> • Contribute to the review of the national care home contract. • Review LD and MH commissioning arrangements using demand management methodology. • Further embed the new approach to care at home • Monitor and review monthly capacity and occupancy in care homes to determine if shift in market position from 2019/20 pandemic. • Review of grant funded organisations 	<p>Re-tender Day Opportunities and Planned Respite following review.</p> <p>Launch Market Position Statement</p> <p>Evidence of shift in community support from bed-based provision.</p>	<p>30.04.21</p> <p>30.06.21</p> <p>31.03.22</p>	<ul style="list-style-type: none"> • Scotland Excel are leading on the review of the National Care home Contract and our Lead Commissioner continues to contribute to the review through the National Care Home Reference Group. The new contract is anticipated to be in place for April 2023 so this work will continue into the next financial year. • Progress has been made against the key objectives of reviewing mental health and learning disability services. In addition, a review has been conducted of training and skills development services available for people with mental health and learning disability. Whilst there has been progress made with a procurement strategy for the skills and development services, other work has been interrupted whilst we responded to the pandemic, however it will continue as business-as-usual 22/23, and is firmly embedded within the commissioning workplan • The new approach to Care at Home has continued to be embedded successfully and has proven to be invaluable in
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Appendix 3 - Leadership Team Objectives- ACHSCP 2021-2022

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						<p>maintaining patient flow from hospital to home.</p> <ul style="list-style-type: none"> Capacity and occupancy in Care Homes is monitored on a regular basis as well as outbreak status and availability for admissions. The focus is to maintain patient flow to Care Homes. A paper on grant funded organisations is being submitted to the March meeting of the IJB.
<p>Whole system and connected remobilisation</p> <p>Remobilisation will be undertaken through a planned and measured approach to create stability and resilience across our health and care services and enable us to meet population needs and maximise the learning and changes we have implemented during the global pandemic response.</p> <p>We will undertake a redesign of 2c practices to deliver a sustainable service based on patient profile, population needs assessment and available resource will be</p>	<ul style="list-style-type: none"> Number of GP practices in City Practices stability rating (% at Green) % services remobilised. Immunisation figures increased across all age groups. 	<p>Redesign or merging of practices will bring £0.250m savings in the financial year 2022/23.</p>	<ul style="list-style-type: none"> Programme of delivery to be identified to achieve redesign/merge. Model to have CTAC hubs which are based on population needs assessments for MDT Primary, secondary and community care interface group to be established to share practice, innovation and build resilience across the city. Planned programme for vaccinations delivered making maximum effectiveness and efficiency of resources. 	<p>Implementation of phase 1 redesign complete</p> <p>Implementation of full blueprint complete</p> <p>Progress on our Primary Care Improvement Plan</p>	<p>31.07.21</p> <p>31.03.22</p> <p>31.07.21</p> <p>31.10.21</p>	<ul style="list-style-type: none"> 2C redesign will be completed by March 2022. CTAC continues to be the ambition for service delivery in the community. Progress has stalled whilst the focus was on pandemic response however this will be picked up as part of the Primary Care Improvement Plan which continues to be one of the LT objectives in 22/23 Grampian wide Interface Care Group has commenced and ACHSCP are represented on it. Vaccination delivery in Grampian has been very successful. The Immunisation Blueprint has been approved although full funding has not yet been agreed. Work continues on addressing health debt however this will be

Appendix 3 - Leadership Team Objectives- ACHSCP 2021-2022

<p>completed. If redesign is not achievable within resource, then a merge of practices to match resources will be undertaken.</p> <p>We will continue to review our Primary Care delivery, modernising and improving outcomes where possible.</p>			<ul style="list-style-type: none"> • Seek solutions to reduce health debt as a result of COVID. • Embed Frailty Pathway changes were working well and appropriate to do so 	<p>Design and implementation of immunisation delivery programme across ACHSCP</p>		<p>an ongoing challenge and will become part of business as usual</p> <ul style="list-style-type: none"> • Improvements continue to be made on the Frailty Pathway and this will be an ongoing process into 2022/23
<p><u>Living and responding to COVID</u></p> <p>Community resilience will be key and together with our partners we will be focused on supporting the recovery of those communities most impacted by COVID and making wider communities more resilient and better placed to cope as we learn to rebuild and renew our health services, our communities, education and economy.</p> <p>Improved sustainability of commissioned services across Aberdeen City to reduce impact on secondary and primary care and deliver better outcomes for people.</p>	<ul style="list-style-type: none"> • Unplanned Admissions • A&E attendances • Delayed Discharges • No of prescribing items in care homes • Medication errors in care homes • No. of care home residents dying in hospital. • No. of GP call outs to care homes. • 		<ul style="list-style-type: none"> • Near me and digital support to be introduced across Aberdeen City care homes. • E-Mar to be installed across all Aberdeen City care homes. • Care Home support team will be in place to work with providers to develop quality, efficiency and digital services. • Care home providers will continue to report into TURAS as standard operational practice. • Care Home oversight teams to operate within localities with triangulation of intelligence from 	<p>E-Mar to be installed across all Aberdeen City care homes. Task and finish group to commence scoping work and secure funding by 1st April 2021. Resource to be secured through legacy/grant applications.</p> <p>Care Home support group</p>	<p>31.08.21</p>	<ul style="list-style-type: none"> • Digital support in Care Homes will be taken forward led by the Development Officer in the Care Home Support Team once current Covid cases and outbreaks reduce. • The response to the pandemic meant we were unable to install Emar however this is on the workplan for 2022/23 • The Care Home Support Team is in place and continues to support improvements in the quality and efficiency of services delivered. • TURAS reporting continues and is invaluable in oversight of capacity within the residential sector • The Care Home Oversight Group continues to meet to support homes with Infection Prevention and Control maximising the availability of capacity throughout the pandemic

Appendix 3 - Leadership Team Objectives- ACHSCP 2021-2022

<p>Consider the impact of long Covid on our health and social care system</p>			<p>HSCP/Public Health/Care Inspectorate to ensure early identification of risk and confirmation of action plans.</p> <ul style="list-style-type: none"> • Care at home oversight team to operate as above within localities. • Wraparound MDTs for care home to be operational for all care homes with agreed expectations and ability to in reach specialist support when required. • Refresh the Primary Care Improvement Plan • Position to be agreed between GP practices and care homes as to shared understanding of support provided during a Covid outbreak or similar, with virtual ward rounds fully implemented during outbreak. • Once Covid has stabilised promote tests of change in relation to medication errors – see Report on the Medicines Improvement Project: 	<p>to be maintained. Embed Covid Vaccinations into routine immunisation programme.</p>	<p>30.04.21</p> <p>31.08.21</p>	<ul style="list-style-type: none"> • MDT Wraparound Care Teams continue to provide support to care homes depending on need • Expenditure on the Primary Care Improvement Plan has been reviewed and reported. A full refresh of the plan itself is scheduled as part of the LT Objectives 2022/23 • The GP service to care homes across Grampian is being worked on by the enhanced services group alongside ACHSCP - discussions have started. Links will be made with the Care Home Oversight group. • The pandemic has not yet reached the stage where we can consider a review of medication errors • As more is understood about Long Covid the learning will be factored into service delivery. • Services have been remobilised as per the Remobilisation Plan and the contingency arrangements in place over the course of the response to the pandemic. Specialist and most other MH services were not stood down and have been maintained over the past 12 months with increasing capacity for essential face to face appointments. Demand for all
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Appendix 3 - Leadership Team Objectives- ACHSCP 2021-2022

			<p>Care Inspectorate: October 2020.</p> <ul style="list-style-type: none">• Consider the models of care required to support people with long Covid.• Work across the health and social care system to support the remobilisation, particularly in regard to any increased requirements for mental health services and support.			<p>service levels has significantly increased. Enhanced MH services have been provided, including new first contact support/peer workers, additional psychological therapists, and more Distress Brief Intervention resource.</p>
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Appendix 4 - Leadership Team Objectives- ACHSCP 2022-2023

Link to Strategic Plan	Specific	Measurable	Attainable (Target)	Relevant (Workstreams)	Timebound (Milestones)
Aim - Safe at Home	Increase Hospital at Home (H@H) capacity to reduce impact on secondary care and increase support for Chronic Heart Failure	<ul style="list-style-type: none"> • Occupancy Rates • Level of Community Support 	<ul style="list-style-type: none"> • +50% H@H beds • +100% support for Chronic Heart Failure 	<ul style="list-style-type: none"> • Establish Baseline • Recruitment • Training • Retention • Commissioning? 	<ul style="list-style-type: none"> • March 2022 • April 2022 • May 2022 • March 2023 • March 2023
Aim – Caring Together	Undertake strategic review of specific social care pathways with implementation plan for improving by November 2022	<ul style="list-style-type: none"> • Unmet Need • Delayed Discharge • Care Home Occupancy • HACE Satisfaction re Care and Support and Carers 	<ul style="list-style-type: none"> • Improvement from Baseline 	<p>Older People Pathways Single Access Point</p> <ul style="list-style-type: none"> • Identify Baseline Metrics – how many, waiting times etc. • Demand Analysis – identify trends • Identify Areas for Improvement • Deliver Commissioning Workplan • Implementation Plan 	<ul style="list-style-type: none"> • April 2022 • May 2022 • June 2022 • Sept 2022 • Nov 2022
Aim – Safe at Home	Commence strategic review of rehabilitation services across ACHSCP\Portfolio and have an implementation plan in place to commence by April 2023	<ul style="list-style-type: none"> • # Clients supported • Bed Occupancy • Ave. Length of Stay • Delayed Discharge 	<ul style="list-style-type: none"> • % Efficiency? (Increase throughput for same budget?) 	<ul style="list-style-type: none"> • List Services • Strategic Review • Areas for Improvement • Implementation Plan 	<ul style="list-style-type: none"> • March 2022 • Sept 2022 • Dec 2022 • April 2023

Appendix 4 - Leadership Team Objectives- ACHSCP 2022-2023

<p>Aim – Improving Quality of Life\ Aim – Safe at Home</p>	<p>Continue to progress mental health and learning disabilities (MHL D) transformation to evidence increased community delivery across secondary and primary care. Clear plan for 2022 and 2023 in place by June 2022.</p>	<ul style="list-style-type: none"> • Acute Bed Occupancy • # Clients supported in the community • # Clients supported by Primary Care (incl. Link Workers) • No. Code 100 Bed Days • No. Complex Delays Bed Days 	<ul style="list-style-type: none"> • Usage of Funding • Reduce code 100/complex delays by 10% • Cost of implementing community packages 	<ul style="list-style-type: none"> • Transformation Plan • Identify Workstreams • Deliver Workstreams • MHL D Review Action Plan • Code 100/complex delays • Establish Baseline • Establish Reasons • Develop solutions • Commissioning • Monitor Progress 	<ul style="list-style-type: none"> • June 2022 • August 2022 • March 2023 • March 2023 • March 2022 • May 2022 • Sept 2022 • March 2023 • Ongoing
<p>Aim – Preventing Ill health</p>	<p>Have a plan ready to respond to increased demand due to covid variants or vaccinations</p>	<ul style="list-style-type: none"> • Plan in place 	<ul style="list-style-type: none"> • Anticipated additional costs 	<ul style="list-style-type: none"> • Identify required elements • Identify costs/support arrangements required • Develop Plan 	<ul style="list-style-type: none"> • April 2022 • June 2022 • Sept 2022
<p>Aim – Caring Together</p>	<p>Improve primary care stability by creating capacity for general practice and delivering the strategic intent for Primary Care Improvement Plan (PCIP) and Primary Care</p>	<ul style="list-style-type: none"> • Creation and implementation of Primary Care Stability Rating Tool • PCIP Scottish Government Tracker and rates of service implementation 	<ul style="list-style-type: none"> • Full usage of PCIP funding and underspend 	<ul style="list-style-type: none"> • PCIP Action Plan • Primary Care Stability Process/Sustainability Tool • Virtual Community Wards • Retendering Link Worker Contract 	<ul style="list-style-type: none"> • May 2022 • Aug 2022 • March 2022 • June 2022

Appendix 4 - Leadership Team Objectives- ACHSCP 2022-2023

				<ul style="list-style-type: none"> Options Appraisal for Carden Medical Practice building Community Treatment and Care (CTAC) hubs implementation Underspend proposals implementation 	<ul style="list-style-type: none"> April 2022 April 2022 June 2022
Aim – Preventing Ill Health	<p>Programme of holistic community health interventions (Stay Well Stay connected(SWSC)) to target health inequalities in localities by:</p> <ol style="list-style-type: none"> 1. Connection 2. Early Intervention 3. Prevention 	<ul style="list-style-type: none"> Delivery of Equality Outcomes Service Uptake by minority groups? Drugs related hospital admissions from areas of deprivation Alcohol related hospital admissions from areas of deprivation 	<ul style="list-style-type: none"> Additional costs related to delivery of Equality Outcomes Use prevention funding and other funding streams 	<ul style="list-style-type: none"> Reshaping our relationship with communities Collaborative Commissioning with third sector Public Priorities projects identified (LOIP eg. Active travel, tobacco, SWSC workstreams) Prevention Funding Programmes Delivery of Equality Outcomes 	<ul style="list-style-type: none"> June 2022 Aug 2022 Aug 2022 Aug 2022 March 2023
Enabler - Workforce	Continue to work with staff to improve wellbeing, aid retention, and	<ul style="list-style-type: none"> Absence Rates Annual Leave take up rate Turnover 	<ul style="list-style-type: none"> Agency/Bank Costs Locum Costs Overtime Costs 	<ul style="list-style-type: none"> Staff Survey Wellbeing Action Plan Workforce Plan 	<ul style="list-style-type: none"> April 2022 May 2022 March 2023

Appendix 4 - Leadership Team Objectives- ACHSCP 2022-2023

	develop a Workforce Plan for the future	<ul style="list-style-type: none"> • iMatter Staff Survey Results • Culture Survey Results • Workforce Plan 	<ul style="list-style-type: none"> • Funding Usage • Detailed costing of diverse skill mix required for sustainable services 		
Enabler - Infrastructure	Strategic review of the data, demographic and demand picture to understand the 'bed base' for unscheduled care across portfolio and ACHSCP between 2023- 2030.	<ul style="list-style-type: none"> • Demographics • Demand 	<ul style="list-style-type: none"> • Costings 	<ul style="list-style-type: none"> • Review of Bed Base requirements based on data, demographic and demand • Identify Resource Requirements (finance, bed-based services, community-based services and staffing) • Identify the impact on other public sector/providers and portfolios across Grampian 	<ul style="list-style-type: none"> • May 2022 • July 2022 • Sept 2022



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, Appendices B to I

Date of Meeting	25 January 2022 (moved to 10/03/2022)
Report Title	Annual Procurement Plan
Report Number	HSCP.21.128
Lead Officer	Sandra MacLeod, Chief Officer AHSCP
Report Author Details	Name: Neil Stephenson Job Title: Strategic Procurement Manager Email Address: NeStephenson@aberdeencity.gov.uk Phone Number: 07766 133528
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	Non-Exempt: Appendix A1 - Annual Work Plan for 2022/23 Exempt: Appendix A - Annual Work Plan for 2022/23 Appendices B to H – Procurement Business Cases Appendix I – Direction to Aberdeen City Council



INTEGRATION JOINT BOARD

1. Purpose of the Report

- 1.1. The purpose of this report is to present the Annual Procurement Work Plan for 2022/23 for expenditure on social care services, together with the associated procurement Business Cases, for approval.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:
- a) Approves the extension for 1 year, of 24 National Care Home Contracts for residential services for older people, as is detailed in Appendices A1 and B,
 - b) Approves the extension of 1 contract for residential service for 1 year as is detailed in Appendices A1 and C,
 - c) Approves the extension for 2 years, of 3 contracts for suicide prevention services as is detailed in Appendices A1 and D,
 - d) Approves the Direct Award, for a period of 3 years of 6 contracts for learning disability residential services, as is detailed in Appendices A1 and E,
 - e) Approves the extension for 1 year, of a contract for dementia services as is detailed in Appendices A1 and F,
 - f) Approves the Direct Award, for a period of 3 years of 1 contract for substance misuse services at Wernham House, as is detailed in Appendices A1 and G.
 - g) Approves the Direct Award, for a period of four years of contracts to seven Training & Skills Development Services, and the extension of two contracts for one-year in relation to registered day care services as is detailed in Appendices A1 and H.
 - h) Makes the Direction, as attached at Appendix I and instructs the Chief Officer to issue the Direction to Aberdeen City Council.
 - i) Notes the update to Individual Out of Area Placements at 3.6



INTEGRATION JOINT BOARD

3. Summary of Key Information

- 3.1. The Integration Joint Board (IJB) directs Aberdeen City Council (ACC) to purchase and enter into contracts with suppliers for the provision of services in relation to functions for which it has responsibility. ACC procures services through the Commercial and Procurement Shared Service (CPSS) in accordance with ACC's Scheme of Governance.
- 3.2. ACC Powers Delegated to Officers includes, at delegation 1 of section 7, that the Chief Officer of the Aberdeen City Integration Joint Board (also referred to and known as the Chief Officer of the Aberdeen City Health and Social Care Partnership (ACHSCP)) has delegated authority to facilitate and implement Directions issued to ACC from the IJB, on the instruction of the Chief Executive of ACC and in accordance with the ACC Procurement Regulations.
- 3.3. These Regulations require the submission of an annual procurement work plan prior to the commencement of each financial year detailing all contracts to be procured in the coming year with a value of £50,000 or more, to relevant Boards/Committees. In the case of adult social care services, this is the IJB. The Regulations also require that procurement business cases to support items on the work plan are brought to the IJB prior to any tender being undertaken or contract awarded directly. Although the intention is that all 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 the 2022/23 annual work plan. Supporting procurement business cases are attached at Appendices B to H. The work plan comprises seven (7) items, including the extension of several contracts to provide continuity of care for service users, the extension of services for residents at Wernham House to allow a period for transitioning to a new build, and extensions for three suicide prevention services.

Each entry on the work plan describes a contract or grouping of contracts that are due to expire in the coming financial year, together with the



INTEGRATION JOINT BOARD

aggregated value of these over the defined period of time. For example, there is one entry relating to all the contracts for residential care homes for older people, rather than multiple entries. The value of the contracts is made up of the cost of all of the individual placements in residential care establishments, or the cost of all the individual care and/or support arrangements in the case of non-residential or community-based services.

With the country remaining in the grasp of a pandemic, this has had a considerable effect on service review and development for services coming to an end. The intention was to consider all expiring contracts with detailed and extensive partnership working with all relevant people to redesign and redevelop to meet strategic direction. However, with the Partnership's focus on ensuring the safety and wellbeing of service users and staff, there has simply not been the time nor opportunity in these exceptional times to work together with service providers and those with lived experience in any meaningful consultation processes and service redesigning in a number of areas. Following consultation with service leads and managers, the Strategic Commissioning and Procurement Board (SCPB), along with the Chief Finance Officer determined that a number of services should be extended, and contracts directly awarded to a) ensure continuity during vulnerable times; b) maintain the service's focus on managing a pandemic; and c) manage resources to ensure service user safety and wellbeing. The SCPB has a detailed work plan and is confident that further extensions/direct awards for the services detailed in the business cases will not be required beyond their new end dates. The SCPB and service can give the reassurance to the IJB that there are continued connections with the providers and that on the whole we are content with the services they are currently offering, and will continue to work in partnership until we take the time to review

- 3.5.** Training & Skills Development services. Despite considerable efforts from the project group, work has not been finalised on the refresh of the current training and skills development services. The twenty-six collaborative contracts for the provision of training and skills development services subsist until 30 June 2022. Aberdeen City Council are the counterparty to contracts linked to nine services within Aberdeen and also purchase from services located in Aberdeenshire. ACHSCP have engaged with providers of training and skills development services to co-produce a Market Position Statement



INTEGRATION JOINT BOARD

for the provision of these services from 2022 to 2026. This activity has been supported by joint working with Aberdeenshire Health and Social Care Partnership and responds to the agreed outcomes of the local strategies. A flexible, responsive, and progressive model is anticipated, and the changes required to support a shift to this model are identified in the Market Position Statement, as are the measures to evaluate the effectiveness of the new model. The Market Position Statement will help to inform the service specification for the requirement and also the performance indicators; but the procurement strategy and route to market has yet to be agreed. It is anticipated however, that collaborative contract styles will continue to be relevant. An indication of the funding involved has been included in the procurement plan for information. Once the work has been completed, a supplementary work plan will be submitted to the IJB for approval.

*Addendum 3.5

Further developments in the calendar year include the completion of review and market engagement activity and the publication by the Aberdeen City Health and Social Care Partnership of the co-produced Market Position Statement that informs its strategic commissioning intentions. The engagement has also assisted in the development of performance measures to assess the impact of spend and that seek to capture the lived experience of individuals using services alongside numerical data about activity. It is anticipated that the outputs of the Market Position Statement will inform the service specification in order to develop a progressive model of support, embedded in local communities, that will effectively meet outcomes. Option appraisal to inform a procurement strategy was undertaken in January. To mitigate against the risks of a competitive tendering process in this immature and non-homogenous market a direct award process is recommended in the business case included as an additional item in the workplan. This commissioning approach is consistent with Scottish Procurement Policy advice on the commissioning and procurement of social care services during the transition toward a National Care Service for Scotland. The direct award of contracts is compliant with the ACC Procurement Regulations; and responds to Feeley's 'collaborative, participative and ethical commissioning framework for adult social care services...squarely focused on achieving better outcomes for people using these services and improving the experience of the staff delivering them'. In light of the work and



INTEGRATION JOINT BOARD

developments, we are ready to seek approval for the direct award of contracts to seven Training & Skills Development Services to subsist for four years, and the extension of two contracts for one year until 31 March 2023 in relation to registered day care services.

- 3.6.** Out of Area Individual Placements. There are five (5) contracts for individual out of area placements which will expire in 2022. It is anticipated that direct awards will be made for these placements for a further three (3) years from 1 April 2022 to 31 March 2025. Approval for these placements will be sought from the Chief Officer¹

- 3.7.** Links with Strategic Commissioning

The procurement of works, goods and services is driven by strategic commissioning intentions. The ACHSCP has established a Strategic Commissioning and Procurement Board (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. Throughout the year, the SCPB has considered the items on this Annual Procurement Work Plan and determined that the services are required to support the delivery of strategic intentions.

4. Implications for IJB

- 4.1. Equalities, Fairer Scotland and Health Inequalities** - An equality impact assessment is not required at this point because the report is simply for the IJB to approve a work plan and does not have a differential impact on any of the protected characteristics. The recommendations in this report will have a positive impact on service users and the wider community. As noted in 3.4 (paragraph 3), we are looking for approval to direct award/extend some existing contracts where work has not been concluded in terms of service redesign/redevelopment. We are reviewing these contracts in a wider strategic context including the need for impact assessments. For example, an impact assessment has been carried out for Business Cases C & E as part of the redesign work and will continue to be developed as the work progresses. All further reviews will include impact assessments.

¹ In accordance with Clause 15.4.2 of the Aberdeen City Council Procurement Regulations



INTEGRATION JOINT BOARD

- 4.2. Financial** - In estimating the contract values, we have assumed no change in demand for services, and have allowed for 5% uplift for 2022/23 to accommodate an annual national increase. Where applicable, contract values include the winter social care staff pay uplifts. The national negotiation on the National Care Home Contract (care homes for older people) has not yet concluded so the final outcome is not known; 5% uplift has been allowed for.
- 4.3. Workforce** - There are no specific implications for the Council's or Partnership's workforce arising from this report.
- 4.4. Legal** - The procurement of care and support services is a complex area, it is given special consideration under procurement legislation, with specific statutory guidance and best practice guidance issued by The Scottish Government. Because of this special consideration, there is a discrete team within the CPSS to support and manage the commissioning, procurement and contract management of care and support services, and the Work Plan for these services is presented separately to other reports
- 4.5. Covid-19** – There are no specific implications linked to Covid-19 arising from the recommendations in this report.
- 4.6. Other** - none

5. Links to ACHSCP Strategic Plan

This report links to Strategic Aim 3 Personalisation “Ensuring that the right care is provided in the right place and at the right time when people are in need”. It also links to Enabler 7.2, Principled Commissioning, and the commitment that all commissioned services enhance the quality of life for people and their carers.

6. Management of Risk

6.1. Identified risks(s)

There is a risk that the IJB does not get assurance and accountability for all the money that it spends on services provided by external bodies.





INTEGRATION JOINT BOARD

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

These proposals are linked to Risk 2 on the Strategic Risk Register “There is a risk of IJB financial failure and projecting an overspend, due to demand outstripping available budget, which would impact on the IJB’s ability to deliver on its strategic plan (including statutory work).”

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

By maintaining formal contractual arrangements and robust processes to monitor contracts with external organisations the IJB has assurance not only that it is getting best value but also that this expenditure is aligned to their strategic priorities and is reviewed regularly.

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

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)
Various contract ref numbers as stated in the Business case	H&SCP	Older People	Extension of 24 contracts for residential services for older people under the National Care Home Contract	03/04/2022	03/04/2023	0
000-BWAL5659	H&SCP	Learning Disability	Extension of an inspire (partnership Through Life) residential service(Manor Project) to allow time for residents to be transitioned to alternative accommodation following the closure of the service	01/04/2022	31/03/2023	0
000-GAWN3656 – Cruse Bereavement Care 000-LQNL6785 – Aberdeen Samaritans 000-UWLH4412 – SAMH (Scottish Association for Mental Health)	H&SCP	Suicide Prevention	Extension of the contracts with Cruse Bereavement Care, Aberdeen Samaritans and SAMH for Suicide Prevention services. The need for suicide prevention services has also increased during the coronavirus pandemic and subsequent lockdowns	01/04/2022	31/03/2024	0
000-QEWM5173	H&SCP	Substance Misuse	The direct award of a further contract for Wernham House. There are plans for the development of a new building to replace Wernham House. The development is in the process of being approved by the developer and housing provider and it is anticipated that work will commence in 2022. This work has been delayed because of the Covid-19 pandemic. It is anticipated that the new building will be completed in 2024	01/07/2022	30/06/2025	0
000-TDUK3783 000-CJDM5286 000-VJFY7928 000-TKDP7882 000-LBTY9855 000-NEJK5711	H&SCP	Learning Disability	The Direct Award of six contracts for learning disability residential services. A review of Mental Health/Learning Disability Accommodation was carried out in 2021 and a Market Position Statement will be produced as part of this work. This will outline the future requirements for accommodation based Mental Health and Learning Disability services (both residential and supported living). The services under these contracts will be reviewed during the lifetime of the contracts in line with the Market Position Statement and future commissioning decisions made as a result. Providers are: Cornerstone – Sunnybank Rd; Cornerstone – Bob Cooney Court; Cornerstone - Huxterstone Drive; Cornerstone – Stevenson Court; Birch House; and Tigh-a-Chomain Camphill Ltd	01/04/2022	31/03/2025	0
000-XNJU3611	H&SCP	Support Service	Extend the current contract Alzheimer's Scotland for a further 12 months to allow time for the H&SCP to complete its strategic commissioning activity. The service provides a support and advice service to individuals diagnosed with dementia and their families and carers and is vital to the resilience of the community	01/04/2022	31/03/2023	0
For Information						
Various contract ref numbers	H&SCP	Support Services	The twenty six collaborative contracts for the provision of training and skills development services subsist until 30 June 2022. Aberdeen City Council are the counter-party to contracts linked to nine services within Aberdeen and also purchase from services located in Aberdeenshire. Aberdeen City Health and Social Care Partnership have engaged with providers of training and skills development services to co-produce a Market Position Statement for the provision of these services from 2022 to 2026. This activity has been supported by joint working with Aberdeenshire Health and Social Care Partnership and responds to the agreed outcomes of the local strategies. A flexible, responsive and progressive model is anticipated, and the changes required to support a shift to this model are identified in the Market Position Statement, as are the measures to evaluate the effectiveness of the new model.	01/07/2022	31/06/2026	0
Various contract ref numbers	H&SCP	Residential Services	Out of Area Individual Placements. There are five (5) contracts for individual out of area placements which will expire in 2022. It is anticipated that direct awards will be made for these placements for a further three (3) years from 1 April 2022 to 31 March 2025. Providers are as follow: Quebec Hall Ltd; Springcare Ltd; William Simpson's Care Home; Voyage Care; and Anchor Hanover Group	01/04/2022	31/03/2025	0
For Information						

Various contract ref numbers	H&SCP	Support Services	The twenty six collaborative contracts for the provision of training and skills development services subsist until 30 June 2022. Aberdeen City Council are the counter-party to contracts linked to nine services within Aberdeen and also purchase from services located in Aberdeenshire. Aberdeen City Health and Social Care Partnership have engaged with providers of training and skills development services to co-produce a Market Position Statement for the provision of these services from 2022 to 2026. This activity has been supported by joint working with Aberdeenshire Health and Social Care Partnership and responds to the agreed outcomes of the local strategies. A flexible, responsive and progressive model is anticipated, and the changes required to support a shift to this model are identified in the Market Position Statement, as are the measures to evaluate the effectiveness of the new model.	01/07/2022	31/06/2026	0
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