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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board

Town House,
ABERDEEN 21 October 2020

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Virtual - Remote Meeting on WEDNESDAY, 28 OCTOBER 2020 at 10.00 am.**

FRASER BELL
CHIEF OFFICER - GOVERNANCE

B U S I N E S S

1 Introduction

DECLARATIONS OF INTEREST

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

DETERMINATION OF EXEMPT BUSINESS

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

STANDING ITEMS

4 Minute of Board Meeting of 8 September 2020 (Pages 7 - 14)

5 Minute of Board Meeting of 2 October 2020 (Pages 15 - 20)

6 Draft Minute of Risk, Audit and Performance Systems Committee of 23 September 2020 (Pages 21 - 24)

7 Draft Minute of Clinical and Care Governance Committee of 22 September 2020
(Pages 25 - 30)

8 Business Planner (Pages 31 - 32)

9 Chief Officer's Report - HSCP.20.046 (Pages 33 - 44)

GOVERNANCE

10 Meeting Dates 2021/2022 - HSCP.20.044 (Pages 45 - 50)

PERFORMANCE AND FINANCE

11 Finance Report - HSCP.20.057 - to follow

STRATEGY

12 Renewals Group - HSCP.20.058 (Pages 51 - 68)

13 Commissioned Day Services and Day Activities - HSCP.20.045 (Pages 69 - 98)

Appendix 1 to 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.

TRANSFORMATION

14 Transformation - Decisions Required: Action 15 : First Contact MH Prac - HSCP.20.051 (Pages 99 - 138)

15 Transformation - Decisions Required: Action 15 (HMPYOI MH Support BC) - HSCP.20.050 (Pages 139 - 166)

DATE OF NEXT MEETING

16 IJB Meeting - Wednesday 28 October 2020 at 10.00am

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

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

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DECLARATIONS OF INTEREST

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

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

For example, I know the applicant / I am a member of the Board of X / I am employed by...

and I will therefore withdraw from the meeting room during any discussion and voting on that item.

OR

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

OR

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

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

OR

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

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



ABERDEEN, 8 September 2020. Minute of Meeting of the INTEGRATION JOINT BOARD.

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

Also in attendance:- Martin Allan, Alison Macleod, Gail Woodcock (all ACHSCP), John Forsyth (Solicitor), Angela Scott (Chief Exec), Derek Jamieson (Clerk), all ACC.

Apologies:- Michael Adams, Jim Currie,

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

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INTRODUCTION

1. The Chair welcomed all to the meeting and invited all participants to introduce themselves and describe their role to the Board.

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

DECLARATIONS OF INTEREST

2. Luan Grugeon declared her interest in Article 12 - Alcohol and Drug Partnership (ADP) Annual Report - HSCP.20.038 in her role as a Trustee of Aberdeen in Recovery and indicated she would not exclude herself.

DETERMINATION OF EXEMPT BUSINESS

3. There was no exempt business.

INTEGRATION JOINT BOARD

8 September 2020

DRAFT MINUTE OF BOARD MEETING OF 11 AUGUST 2020 (BY ADDITIONAL CIRCULATION)

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

The Board resolved :-

to approve the minute as a correct record.

DRAFT MINUTE OF RISK, AUDIT AND PERFORMANCE SYSTEMS COMMITTEE OF 26 AUGUST 2020 (BY ADDITIONAL CIRCULATION)

5. The Board had before it the draft minute of the most recent Risk, Audit and Performance Committee (RAPC) meeting.

Members heard from the RAPC Chair who advised it had been a busy meeting involved with catching up with business from the lockdown period. The Board heard that the RAPC Members were assured by all reports presented which included the RAPC Duties report; a checklist against required assurance work over the preceding year.

The Board resolved :-

to note the minute.

DRAFT MINUTE OF CLINICAL AND CARE GOVERNANCE COMMITTEE OF 28 JULY 2020

6. The Board had before it the draft minute of the most recent Clinical and care Governance Committee (CCGC) meeting.

The Board heard from the Chair of the CCGC who advised the Committee had caught up with outstanding reports.

The Chair, IJB was asked if any member of the Board could attend meetings of CCGC and Members were reminded that they could attend both CCGC and RAPC meetings at any time. The respective Chairs of these Committees echoed that invitation and indicated they would be pleased to see any IJB Member attend.

The Board resolved :-

to note the minute.

INTEGRATION JOINT BOARD

8 September 2020

BUSINESS PLANNER

7. The Board had before it the Business Planner.

The Board heard from the Chief Finance Officer who provided an update on current and future business.

The Board resolved :-

to note the planner

CHIEF OFFICER'S REPORT - HSCP.20.031

8. The Board had before it a report from the Chief Officer, ACHSCP.

The Board heard from the Chief Officer who provided additional commentary to the report.

Members participated in discussion with the Chief Officer and sought clarity and assurance from the report and presentation provided.

The Chair reminded Members that assurance reporting regarding Operation Home First would be provided at both RAPC and CCGC.

The report recommended :-

that the Board note the content of the report.

The Board resolved :-

- (i) to approve the recommendation; and
- (ii) to instruct the Chief Officer, ACHSCP to provide an update on the NHSG Winter Plan to the Board on 23 March 2021.

BOARD DEVELOPMENT AND GOVERNANCE CONTINGENCY PLAN - HSCP20.032

9. The Board had before it a report from the Chief Officer, ACHSCP which presented a Development Plan for Members and an outline of proposals to be taken to ensure the continuity of Board governance matters if there is a requirement to revert to earlier phases of the Scottish Government's Route Map for Covid-19.

The Board heard from the Business Lead, ACHSCP who provided an overview of the report and its history.

INTEGRATION JOINT BOARD

8 September 2020

The report recommended :-

that the Board -

- (a) approve the outline Development Plan for IJB Board Members as appended to this report; and
- (b) approve the proposals to ensure continuity of governance matters if there is a requirement to revert to earlier Phases of the Scottish Government's Route Map for Covid-19, as detailed in the report.

The Board resolved :-

to approve the recommendations.

INTEGRATION JOINT BOARD DRAFT RECORDS MANAGEMENT PLAN - HSCP20.033

10. The Board had before it a report from the Chief Officer, ACHSCP which presented a draft Records Management Plan and associated documents for approval and onward submission to the National Records of Scotland.

The Board heard from the Business Lead, ACHSCP who presented a summary of the report and advised Members that assistance for document management for the Board was provided by Aberdeen City Council (ACC) and as such assurance had been provided by the ACC Governance Group.

Members sought assurance on data Protection matters and heard that the NHS Grampian (NHSG) provided the assistance of their Data Protection Officer in that regard.

The report recommended :-

that the Board -

- (a) approve in principle, the draft IJB Records Management Plan and associated documents outlined in Appendices A to E to this report;
- (b) instruct the Chief Officer, ACHSCP to finalise the Plan and documents following the meeting of Aberdeen City Council's Information Governance Group on the 14th of September 2020; and
- (c) agree to forward the Plan and documents to the National Records of Scotland by the required deadline of 31st October 2020.

The Board resolved :-

to approve the recommendations.

INTEGRATION JOINT BOARD

8 September 2020

ANNUAL PERFORMANCE REPORT - HSCP.20.034

11. The Board had before it a report from the Chief Officer, ACHSCP which presented the Annual Performance Report (APR) for 2019-20.

The Board heard from the Lead Strategy and Performance Manager, ACHSCP who provided an overview of the report which was aligned to the first year of the current strategic plan.

Members were advised that due to the continuing pandemic, benchmarking against national data was not yet available to ensure the robustness of the report, however it was anticipated this data would follow in October 2020.

Members enquired of the community engagement and partnership working which was included within the report and heard that such interactions, including third Sector parties, was continuing.

The Board discussed the publication of the APR and whether it should be widely at this time or on addition of the performance data.

The report recommended :-

that the Board -

- (a) approve the Annual Performance Report 2019-20,
- (b) agree that the Annual Performance Report 2019-20 should be published on the partnership's website,
- (c) instruct the Chief Officer to present the approved Annual Performance Report to both Aberdeen City Council and NHS Grampian; and
- (d) instruct the Chief Officer to bring forward an Appendix to the Annual Performance Report containing benchmarked data on the national and MSG performance indicators when these are available to the October meeting of the IJB.

The Board resolved :-

- (i) to approve the recommendations; and
- (ii) to republish the amended Annual Performance Report once so updated.

ALCOHOL AND DRUG PARTNERSHIP (ADP) ANNUAL REPORT - HSCP.20.038

12. The Board had before it a report from the Chief Officer, ACHSCP which presented an annual report of the work of the Alcohol and Drug Partnership (ADP) and sought to highlight particular progress and challenges.

INTEGRATION JOINT BOARD

8 September 2020

The Board heard from the Alcohol and Drugs Lead, ACHSCP who provided commentary around the report.

Members engaged in discussions around the report and presentation during which the Board heard of the continuing challenges faced by ADP which had been increased during the continuing pandemic.

Members were advised that it was intended to hold a future workshop to further share and explore understanding of these challenges.

The Board heard that considerations had taken place around redistribution of allocated funding now realigned to ADP workstreams.

Members sought clarity around the management of the ADP and its interactions with other decision-making bodies and partnership working.

The Board heard from the Chief Executive, ACC who suggested that presentation of a governance overview of ADP would be helpful to Members.

The Chair acknowledged that suggestion which when complimented with an organisational chart would be useful in signposting ADP as a partner organisation to others.

The report recommended :-

that the Board -

- (a) note the progress of the ADP in delivering its stated remit and objectives,
- (b) hold a workshop about drugs and alcohol issues in the City and the work of the ADP.

The Board resolved :-

- (i) to approve the recommendations; and
- (ii) to instruct the Chief Officer, ACHSCP to present a Governance overview of ADP to include an organisational chart, partnership working and decision flows to a future meeting; and
- (iii) to instruct the Chief Officer, ACHSCP to present a report on redistribution of funding aligned to ADP approved workstreams to the Risk, Audit and Performance Committee on 3 November 2020

INTEGRATION JOINT BOARD

8 September 2020

PROGRESS UPDATE ON MINISTERIAL STEERING GROUP (MSG) SELF EVALUATION ACTION PLAN - HSCP.20.035

13. The Board had before it a report from the Chief Officer, ACHSP which provided an update on progress on the delivery of the actions in the MSG Self Evaluation Action Plan as at August 2020.

The Board heard from the Lead Strategy and Performance Manager, ACHSCP, who provided an overview of the report and explained delayed reporting due to the continuing pandemic.

Members heard that all actions were either completed or near completed and assurances were provided that whilst MSG focused on Carers Groups, locally the focus included Service Users Groups and would link in with the Locality Empowerment Groups (LEGs).

The report recommended :-

that the Board approve delivery of the actions within the MSG Self Evaluation Action Plan.

The Board resolved :-

To approve the recommendations.

IMMUNISATIONS - HSCP.20.037

14. The Board had before it a report from the Chief Officer, ACHSCP which provide an update on the Partnership's immunisation plans.

The Board heard from the Transformation Lead, ACHSCP who provided an overview of the report including the redesign of the immunisations service, the approach towards delivering the vaccination transformation programme, and plans for delivering mass vaccinations over the coming months.

Members heard of the increased emphasis on this year's immunisations plans and the requirement to adopt different practices to those experienced previously and to consider alternative methods of mass delivery. Members further heard that the processes applied were likely to be used should a coronavirus immunisation become available.

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The report recommended :-

That the Board note the update on immunisation delivery in Aberdeen as set out in this report and requests an update report to be brought back to IJB following on from this year's flu programme.

The Board resolved :-

- (i) to approve the recommendation; and
 - (ii) to instruct the Chief Officer, ACHSCP to present an Evaluation and Lessons Learned report to the Board on 25 May 2021.
- **Councillor SARAH DUNCAN, CHAIR**



ABERDEEN, 2 October 2020. Minute of Meeting of the INTEGRATION JOINT BOARD.

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

Also in attendance:- Jess Anderson and Derek Jamieson, Gail Woodcock (BAC) for Article 5.

Apologies:- Councillor Gill Al-Samarai, Jim Currie, Dr Howard Gemmell and Chris Littlejohn

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INTRODUCTION

1.

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

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

DECLARATIONS OF INTEREST

2.

There were no declarations of interest.

DETERMINATION OF EXEMPT BUSINESS

3.

The Chair advised that Article 5 (Frailty Pathway Redesign – Re-Registration – HSCP.20.052) and Article 6 (Financial Update and Approvals – HSCP.20.053) would be heard in private.

INTEGRATION JOINT BOARD

2 October 2020

BUSINESS PLANNER**4.**

The Board had before it the Business Planner.

The Board heard from the Chief Finance Officer who provided an update on current and future business.

The Board resolved :-

- (i) to note the planner; and
- (ii) to amalgamate the intended 'Review of Governance (ACC)' report referenced at Line 21 on the Planner with the intended 'Review of Scheme of Integration' referenced at Line 20 on the Planner.

The Board moved to private session and the meeting recording was stopped.

**FRAILTY PATHWAY REDESIGN – LEADERSHIP AND CARE INSPECTORATE
REGISTRATION ARRANGEMENTS - HSCP.20.052****5.**

The Board had before it a report from the Chief Finance Officer, ACHSCP which proposed changes to service leadership and delivery at Rosewell House which are urgently required to enable delivery of an Operation Home First priority i.e. the Frailty Pathway redesign, in advance of winter 2020.

The Board heard an overview of the rapid requirement for the changes to be progressed which included fuller delivery of integrated service.

Members were reminded of the regular communications they had received on the Frailty Pathway which delivered updates from the information delivered at the previous seminar.

The Board heard of governance control measures being established which ensured the Board remained fully sighted.

Members discussed the proposal and were provided responses to their queries by the Chief Finance Officer.

Members heard that Aberdeen City Council (ACC) and NHS Grampian (NHSG) were both active participants in the arrangements and were supportive of the recommendations.

INTEGRATION JOINT BOARD

2 October 2020

The Chair commented that this was further activity and bold step on the Boards' journey to provision of full integration.

**The report recommended :-
that the Board –**

- (a) approves the proposal to register the new integrated service to be delivered at Rosewell House with the Care Inspectorate with Aberdeen City Council (ACC) as the registered service provider;
- (b) develops a specific Service Level Agreement (SLA) with Bon Accord Care (BAC) to reflect the new arrangements; and to vary both the lease of the building and the current contract with BAC to reflect these changes;
- (c) Make the Direction at Appendix A to Aberdeen City Council;
- (d) Instruct the Chief Officer to issue the Direction at Appendix A;
- (e) Approve that the Clinical and Care Governance Committee (CCGC) will have oversight of the new model of service delivery at Rosewell House;
- (f) Instruct the Chief Officer to report assurance on the new model of service delivery at Rosewell House to the CCGC; and
- (g) Instruct the Chief Officer to consult with BAC to consider how best they can contribute to the assurance process.

The Board resolved :-

- (i) to approve the recommendations; and
- (ii) to instruct the Chief Officer to submit a report detailing the assurance procedures developed between the relevant agencies including governance and arrangements and development of a common reporting template to the CCGC;

FINANCIAL UPDATE AND APPROVALS - HSCP.20.053

6.

The Board had before it a report from the Chief Finance Officer, ACHSCP which provided an update on the financial position of the IJB both in relation to the funding to be received for the Mobilisation Plan, and in respect of the Care at Home contract. The report sought approval to commission additional social care services to support winter planning.

The Board heard from the Chief Finance Officer who presented a summary of the report by topic.

Frailty Pathway

INTEGRATION JOINT BOARD

2 October 2020

Members heard that the transfer of resources from NHS Grampian within this service was ongoing and that to facilitate successful delivery it may be necessary to increase capacity within the Care at Home Contract.

Members were advised that any additional spend would only happen on funding availability being confirmed.

Finance Update

Members heard that further to a recent Scottish Government announcement on increased funding, detail was awaited to enable HNS Boards to underspend the allocation of these funds. This was quite a time consuming and detailed review which would hopefully see an outcome report within a week or two.

Care at Home

Members heard that work continued with Grampian Consortium Group with regards to this contract which had been slightly extended due to delayed funding which necessitated the timeline of the tender being extended.

Members were advised that there were many variables to the needs being met and the unmet need required. This was proving difficult to estimate as some 'double counting' was occurring due to the contract requirements which was being reviewed and that developments and re-negotiation would be necessary and involve a 6-month transitional period to provide assurance to both sides, and to the Board.

Members queried the Chief Finance Officer on several aspects of the report however indicated that they were assured by all the information they had received.

The report recommended :- the Board -

- (i) to note that a full paper detailing the finances of the IJB will be brought to the meeting on the 28 October 2020;
- (ii) to note the position with regard to the Care at Home contract and the reasons for the level of movement;
- (iii) to agree to the contract value being adjusted for the Care at Home tender as discussed within paragraphs 3.3 to 3.7 of this report
- (iv) to agree to provide additional Care at Home hours during the winter period up to a cost of £700,000 and purchase 69 additional care beds at a cost estimated of £1.6 million;
- (v) to Make the direction in Appendix A;
- (vi) to instructs the Chief Officer to issue the Direction at Appendix A to Aberdeen City Council (ACC).

INTEGRATION JOINT BOARD
2 October 2020

The Board resolved :-

to approve the recommendations.

- **COUNCILLOR SARAH DUNCAN, Chair**

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Risk, Audit and Performance Committee

Minute of Meeting

Wednesday, 23 September 2020
10.00 am Virtual - Remote Meeting

- Present: John Tomlinson (Chair) ; and Luan Grugeon, Councillor Gill Al-Samarai, Councillor Philip Bell and Alex Stephen (Chief Finance Officer, ACHSCP)
- Also in attendance: Susie Downie, Dr Calum Leask, Alison Macleod, Grace Milne, all ACHSCP, John Forsyth (Solicitor), Derek Jamieson (Clerk) both ACC.
- Apologies: Sandra Macleod, Chief Officer, ACHSCP

DECLARATIONS OF INTEREST

1. There were no Declarations of Interest.

DETERMINATION OF EXEMPT BUSINESS

2. There was no exempt business.

MINUTE OF PREVIOUS MEETING OF 26 AUGUST 2020

3. The Committee had before it the draft minute of its last meeting on 26 August 2020.

The Chair reminded Members that as indicated at Article 5, Strategic Risk Register – HSCP.20.027, Recommendation (iii), a Workshop would be held on 20 October 2020.

The Committee resolved :-

to approve the minute as a correct record.

BUSINESS PLANNER

4. The Committee had before it the Business Planner.

The Committee heard from the Chief Finance Officer, ACHSCP who indicated that business had now been caught up since the pandemic shutdown period.

RISK, AUDIT AND PERFORMANCE COMMITTEE

23 September 2020

Members enquired of the reporting of Hosted Services and heard that a future report would be brought to the Committee or the IJB.

The Committee resolved: -

- (i) to note the Business Planner; and
- (ii) to note that information on Hosted Services would be brought to the Committee or IJB in due course.

DIRECTIONS TRACKER - HSCP20.042

5. The Committee had before it a report from the Chief Finance Officer (CFO), ACHSCP which presented an overview of Directions instructed to Aberdeen City Council (ACC) and NHS Grampian (NHSG) to date.

The Committee heard that the provisions of Directions to the partners, ACC and NHSG, was a legislative direction and the manner by which services were delivered for the Partnership. This process had been refined to develop a process to capture, record and manage all Directions issued and ACHSCP could report they were the first HSCP to follow the directions process and record it this way.

Members provided comment on the Directions Tracker and indicated its usefulness to the Committee.

The CFO indicated that the comments and suggestions were appreciated and would be adopted within the presentation format of future iterations of the Decisions Tracker.

The Committee heard from the Chief Internal Auditor who advised that the preparation and presentation of the Decisions Tracker was an outstanding Audit Recommendation and would now be closed.

Members discussed the frequency at which they would wish to examine the Decisions Tracker in a meaningful manner.

The report recommended :-

that the Committee note the contents of this report.

The Committee resolved :-

- (i) to note the contents of the report;
- (ii) to note the closure of the associated Internal Audit Recommendation; and
- (iii) to direct the Chief Finance Officer to report on the Directions Tracker every 6 months.

RISK, AUDIT AND PERFORMANCE COMMITTEE

23 September 2020

TRANSFORMATION EVALUATION - HSCP20.040

6. The Committee had before it a report from the Chief Finance Officer, ACHSCP which provided an update on the proposed approach to evaluating the impact of the Operation Home First elements of the Partnership's refreshed transformation programme priorities.

The Committee heard from the Research and Evaluation Lead, ACHSCP who presented the proposed approach to evaluating the impact of Operation Home First elements of the refreshed transformation priorities.

The Committee heard that Transformation continued to be aligned to the Strategic Aims and the developed five programmes of transformation, the Medium-Term Financial Framework and the Performance Data Dashboard.

The Committee also heard from the Strategy and Performance Lead, ACHSCP who indicated that plans were already underway to ensure the refreshed Strategic Plan 2020-2025 also aligned to the continuing Transformation Programme.

It was intended that a meeting take place very shortly with the Chair and Vice Chair of the IJB to discuss early intentions on this piece of work and that future reporting would follow to the IJB and its Committees.

The report recommended :-

that the Committee note the information provided in this report.

The Committee resolved :-

- (i) to approve the recommendation;
- (ii) to note the approach to the evaluation of the impact of Operation Home First; and
- (iii) to note the plans for refreshing the Strategic Plan – 2022/2025.

CONFIRMATION OF ASSURANCE

7. The Committee indicated they had received Assurance from the reports presented.

- **JOHN TOMLINSON, Chair.**

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CLINICAL AND CARE GOVERNANCE COMMITTEE

ABERDEEN, 22 September 2020. Minute of Meeting of the CLINICAL AND CARE GOVERNANCE COMMITTEE. Present:- Councillor Lesley Dunbar Chairperson; Kim Cruttenden, Councillor Sarah Duncan and Luan Grugeon (as substitute for Alan Gray).

In attendance: Claire Duncan, Graham Gauld, Howard Gemmell, Caroline Howarth, Chris Littlejohn, Alison MacLeod, Brenda Massie, Grace Milne, Fiona Mitchelhill, Lynn Morrison, Graeme Simpson and Alex Stephen

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WELCOME AND APOLOGIES

1. The Chairperson welcomed everyone to the meeting.

Apologies for absence were intimated on behalf of Alan Gray and Malcolm Metcalfe.

DECLARATIONS OF INTEREST

2. There were no declarations of interest intimated.

MINUTE OF PREVIOUS MEETING OF 28 JULY 2020, FOR APPROVAL

3. The Committee had before it the minute of its previous meeting of 28 July 2020, for approval.

The Committee resolved:-

to approve the minute.

BUSINESS PLANNER

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

The Committee resolved:-

- (i) that a report providing performance indicator details relating to Operation HomeFirst be submitted to the Committee in January or April 2021; and
- (ii) to otherwise note the Planner.

CLINICAL AND CARE GOVERNANCE COMMITTEE

22 September 2020

CCG GROUP MONITORING REPORT - HSCP.20.041

5. The Committee had before it a report by Grace Milne, Development Officer, which provided data and information the Clinical and Care Governance Group wished to highlight in relation to operational activity being undertaken within Aberdeen City Health & Social Care Partnership during the COVID-19 pandemic. The report provided assurance that operational activities were being delivered and monitored effectively and that patients, staff and the public were being kept safe whilst receiving high quality services.

The report recommended:-

that the Committee note the contents of the report.

The Committee heard Graham Gauld provide an overview in relation to the key information from the report, including (a) that the Group oversees six areas, namely:- Quality & Safety Risks, Adverse Events, SPSO Cases and Complaints, Duty of Candour, Current QI Projects and Areas of Achievement and Good Practice to share; (b) the ongoing monitoring of Riverside Care Home and visits where there had been signs of improvement; (c) progress around the SOARS team Absence Management programme; and (d) the usage and relocation of mobile IT & telecoms equipment, to address the significant impact for the Mental Health service.

During discussion, the following points were noted:-

- that there were access and suitable facility issues affecting the Prosthetics and Orthotics service;
- that the AHP outpatient clinics in Aberdeen Health Village had been remobilised given that the Covid Assessment hub had moved out;
- that a central system to identify available premises would be used to strategically assess the best use of space for primary care specific services;
- that the Public Health Team had issued a Grampian-wide communication yesterday regarding the immunisation programme;
- that a plan had been produced to release staff capacity to deliver immunisations; and
- that post diagnostic support for patients with dementia was being reintroduced as part of the remobilisation plan.

Claire Duncan provided an update in relation to the improvements within Riverside Care Home, following the Care Inspectorate inspection.

The Committee resolved:-

- (i) to note that regular communication about the immunisation programme was distributed to GPs via the daily bulletin;
- (ii) to note the information provided in relation to Riverside Care Home; and
- (iii) to otherwise approve the report recommendation.

CLINICAL AND CARE GOVERNANCE COMMITTEE
22 September 2020

TEST AND PROTECT UPDATE - HSCP.20.048

6. The Committee had before it a report by Chris Littlejohn, Public Health Director, which provided details in relation to the process, implications and communication plan for the Test and Protect Service for Aberdeen City and Grampian.

The report recommended:-

that the Committee note the contents of the report.

The Committee heard from Chris Littlejohn, who summarised the report and highlighted the key issues.

In response to a question from Councillor Duncan, Mr Littlejohn provided detailed information relating to private testing being undertaken in Aberdeen, specifically how positive laboratory private tests were being processed in terms of the national track and trace/protect programme.

Mr Littlejohn also advised that Public Health were in liaison with local universities and colleges following the return of students.

The Committee resolved:-

- (i) to approve the report recommendation; and
- (ii) to thank Chris Littlejohn for his report and attendance at the meeting today.

CARDEN MEDICAL PRACTICE UPDATE - HSCP.20.043

7. The Committee had before it a report by Emma King, Primary Care Lead, which provided an update on the progress of the transfer of Carden Medical Practice to 2C.

The report recommended:-

that the Committee note the information contained within the report.

Graham Gauld provided a summary of the report, highlighting key information relating to recruitment and staffing; patient communication; current learning and opportunities; and the 2C modelling process.

In response to a query from Luan Grugeon, relating to the monitoring of performance, Mr Gauld advised that the Partnership continued to provide a quality service in terms of the previous contract and the new stipulations.

Caroline Howarth advised that as a 2C practice, any complaints would be downloaded to the Datix System and that Emma King holds regular meetings with Alex Stephen, Chief Finance Officer in terms of financial practice issues.

CLINICAL AND CARE GOVERNANCE COMMITTEE
22 September 2020

The Committee resolved:-

- (i) to note that a 2C Redesign report was to be submitted for consideration at the next meeting of the Integrated Joint Board; and
- (ii) to otherwise approve the report recommendation.

INDEPENDENT REVIEW OF SOCIAL CARE - HSCP.20.047

8. The Committee had it a report by Claire Duncan, Social Work Lead, which highlighted the intention of the Scottish Government to undertake an independent review of adult social care and provided an update on the Terms of Reference for the review.

The report recommended:-

that the Committee –

- (a) note the contents of the report; and
- (b) seek updates from the Lead for Social Work on the progress and scope of the review.

The Committee heard Claire Duncan provide an overview of the report.

During the discussion, a number of points were raised, and the following was noted:-

- that possible recommendations from the review may lead to a national integrated care service;
- that Derek Feeley, Chair of the Review had already met with Chief Social Work Officers and that these meetings would be ongoing;
- that communication with Integrated Joint Boards would also be undertaken;
- that the review should focus on workforce issues and the importance in having a regulation system which was fit for purpose and encourage innovation;
- that the Chairs and Vice Chairs group of IJBs would be feeding into the review, by way of the consultation process;
- that a national consistent approach to adult social care would be welcomed;
- that wider IJB views would be sought once the scope of the review was known; and
- that a Chief Social Work Officer engagement meeting with Mr Feeley had been arranged for mid-October, noting that Graeme Simpson and Claire Duncan would be attending.

The Committee resolved:-

- (i) to note the information provided; and
- (ii) to approve the recommendations contained within the report.

CLINICAL AND CARE GOVERNANCE COMMITTEE
22 September 2020

ITEMS WHERE FURTHER ASSURANCE IS REQUIRED

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

ITEMS WHERE ESCALATION IS REQUIRED TO THE IJB

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

The Committee resolved:-

to request that a verbal report relating to the immunisation programme be provided to the next meeting of the IJB on 28 October 2020.

- **COUNCILLOR LESLEY DUNBAR, Chairperson**

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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 Committee as well as reports which the Functions expect to be submitting for the calendar year.										
	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/ Status (RAG)	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
28 October 2020										
1	Standing Item	Chief Officer Report	A regular update from the Chief Officer	HSCP.20.046	Martin Allan	Business Lead	ACHSCP			Weekly Updates continue to be provided to IJB Members.
2	Standing Item	Meeting Dates 2021/2022	To present Meeting dates for IJB/RAPC/CCGC as per Standing Orders	HSCP.20.044	Derek Jamieson	Clerk	ACC			
3	05.08.2020	Supplementary Procurement Plan			Jean Stewart-Coxton	Strategic Procurement Manager	ACC	R		There is no report to this Board
4	11.08.2020	Commisioned Day Services and Day Activities	On 11.08.20, the IJB agreed ... (viii) to notes that final recommendations for future delivery will be made to the IJB in October 2020.	HSCP.20.045	Anne McKenzie	Commissioning Lead				
5	23.09.2020	Transformation - Decisions Required: Action 15 - HMP&YOI Grampian – Joint City/Shire Prison-wide Mental Health project		HSCP.20.050	Kevin Dawson	Lead for MH/ LD/SMS services	NHSG			
6	23.09.2020	Transformation - Decisions Required: Action 15 - Locality First Contact Mental Health & Wellbeing Project		HSCP.20.051	Kevin Dawson	Lead for MH/ LD/SMS services	NHSG			
7	19.11.2019	Local Survey	On 19.11.2019, the IJB resolved to instruct the Chief Officer to bring forward a further report following publication of the results of the current national survey which are expected in April 2020 along with details of actions undertaken to address those areas of the survey which would benefit from improvement. This report will come to the June meeting of the IJB.		Alison MacLeod	Performance Lead	ACHSCP	T		Delayed due to CoVid-19 responses; will be reported on 28.10.2020, will transfer to 1 December 2020.
8	05.10.2020	Renewal Group	Chief Officer advises Adam Coldwells to prepare and present report on the Renewal Group.	HSCP.20.058	Sandra MacLeod	Chief Officer	ACHSCP			
9	02.10.2020	Finance Report	On 02.10.2020, The Board resolved :- (i)to notes that a full paper detailing the finances of the IJB will be brought to the meeting on the 28 October 2020;	HSCP.20.057	Alex Stephen	Chief Finance Officer	ACHSCP			
01 December 2020										
10	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			
11	Standing Item	Review of Scheme of Integration to incorporate Review of ACC Governance (delayed from June 2020)	Annual review. IJB 20200128 move to June 2020, then to September then December 2020. On 02.10.20 The Board resolved :- to amalgamate the intended 'Review of Governance (ACC)' report referenced at Line 21 on the Planner with the intended 'Review of Scheme of Integration' referenced at Line 20 on the Planner.		Jess Anderson	Chief Officer - Governance	ACC			
12	11.11.2019	Livingwell with Dementia	On 11.08.2020, IJB moved from September 2020 to 1 December 2020		Alison MacLeod	Performance Lead	ACHSCP			
13	25.02.2020	Scottish Public Services Ombudsman - Revised Model Complaints Handling Procedure	To provide an update on the the updated Model Complaints Handling Procedure (MCHP) for Scottish Government, Scottish Parliament and Associated Public Authorities. CoVid-19 measures: consider Service Update or report to RAPC. MA advised that this will be delayed until September IJB. Transferred from August IJB		Martin Allan	Business Lead	ACHSCP			
14	19.11.2019	Localities - Reshaping Community Services	On 19.11.2019, the IJB resolved (vi) to instruct the Chief Officer, to report back on the progress towards integrated locality working, on 1 December 2020,		Gail Woodcock	Transformation Lead	ACHSCP			
15	24.03.2020	Grampian-wide Strategic Framework for Mental Health and Learning Disability Service 2020-2025	The report recommended :- that the Board – a) approve the Grampian-wide Strategic Framework for Mental Health and Learning Disability (MHL) 2020-2025 [appendix a]; b) note Aberdeen City Health and Social Care Partnership (ACHSCP), Aberdeenshire HSCP (ASHSCP) and Moray HSCP (MHSCP) plan to refresh their respective Mental Health and Learning Disability Strategy/(ies) for community-based services in 2022; c) instruct the Chief Officer to report back on the Performance Framework and Programme Transformation Plan to Aberdeen City IJB on the 25 June 2020, Aberdeenshire IJB on 24 June and Moray IJB on 26 June to provide assurance of detailed plans for service redesign, timelines and measures to monitor progress and sustainability.		Kay Dunn	Planning Manager Lead	ACHSCP			Transferred from 11th August IJB as per email from Alison MacLeod 24.06.20 (AR)
16	26.03.2019	Diet, Activity and Healthy Weight	IJB 26.03.19 Article 17 - The Board instructed the Chief Officer that an annual update on ACHSCP GCGF is presented to the IJB, and (v) Instruct the Chief Officer that the Grampian consultation strategies for Tobacco and Diet, Activity and Healthy Weight are presented to the Board. To be reported to 23.06.20 meeting from PreAgenda on 29.01.20, then IJB on 11.02.20		Gail Woodcock	Transformation Lead	ACHSCP			Delayed due to CoVid-19 responses; will be reported on 01.12.2020
17	29.01.2020	Mental Health Delivery Plan	CoVid-19 measures : moved from 24/03/20 to 01/12/20		Kevin Dawson / Jenny Rae	Mental Health Lead	ACHSCP	T		
18	09.06.2020	Service User Representative on IJB	IJB 09.06.2020: Position extended until 31.03.2021, Report before then on update		Alison Macleod	Performance Lead	ACHSCP			
19	04.09.2019	Market Facilitation Update	Co-Vid-19 measures delay from 24/03/20		Anne McKenzie	Commissioning Lead	ACHSCP			Delayed from 11.08.20 due to CoVid-19 responses.
20	08.09.2020	ADP Governance Report	ADP Annual Report - HSCP.20.038; to instruct the Chief Officer, ACHSCP to present a Governance overview of ADP to include an organisational chart, partnership working and decision flows to a future meeting;		Simon Rayner	ADP Lead	ACHSCP			

A	B	C	D	E	F	G	H	I	J
Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/ Status (RAG)	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
2									
26	11.08.2020	Strategic Risk Report		Martin Allan	Business Lead	ACHSCP			
27	08.10.2020	L.E.G. Report		Shamini Omnes		ACHSCP			
28									
29									
30	Standing Item	Chief Officer Report		Martin Allan	Business Lead	ACHSCP			
31	11.12.2018	Autism Strategy and Action Plan		Kevin Dawson	Learning	ACHSCP			To be reported to 23.02.20 meeting (delayed by CoVid) and
32	02.06.2020	Covid-19 Response - Lessons Learned		Sandra MacLeod	Chief Officer	ACHSCP			
33	13.08.2020	2C ReDesign		Lorraine McKenna	Primary Care Lead	ACHSCP			
34									



INTEGRATION JOINT BOARD

Date of Meeting	28 October 2020
Report Title	Chief Officer's Report
Report Number	HSCP.20.046
Lead Officer	Sandra Macleod
Report Author Details	Sandra Macleod Chief Officer samacleod@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	None

1. Purpose of the Report

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

2. Recommendations

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

3. Summary of Key Information

Local Updates

3.1. Immunisations/Flu Preparedness

The following is the official update on the flu vaccination programme from NHS Grampian: -

The immunisation programme for 'flu is designed to be delivered over a three-month period (October to December). As at 17:00 19th October 2020, more than 40,000 people across Grampian have received a 'flu



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vaccination. The hope is to vaccinate about 225,000 people. The uptake has been fantastic; however, this may cause some pressure on our vaccine supply chain in both the short and longer term. There is some risk that clinics may be postponed whilst the supply of vaccine is re-distributed. The team are working very hard to minimise this risk. If a clinic has to be cancelled, we will do our utmost to contact people before they travel to clinic.

We are moving to a new helpline on 20/10/20 which will be capable of managing a much higher number of calls. We would ask people to await their letter (being sent out over a three-week period) before contacting the helpline. We will provide further briefing on the progress of the vaccination programme over the coming days and weeks. In future briefings we will provide information on local progress.

3.2. Operation Home First-Update

At its meeting on 9th June 2020, the IJB were updated on creating the environment in which positive change can be maintained whilst living with Covid-19. This approach is known as Operation Home First which is being delivered jointly by the three Health and Social Care Partnerships in Grampian along with NHS Grampian Acute Services. Each partner having responsibility for a number of priority projects.

A further report was presented to the Risk Audit and Performance meeting of 23rd September 2020 which detailed the priority projects relating to Operation Home First which are being progressed by Aberdeen City Health and Social Care Partnership (ACHSCP) and how these align to the strategic plan, the five programmes of transformation, and the Medium Term Financial Framework.

The report on 23rd September 2020 also detailed how Operation Home First as a whole would be evaluated across Grampian, noting that a performance dashboard would be developed by the end of October 2020.

Whilst that work is ongoing, ACHSCP continue to monitor the delivery of the priority projects it has responsibility for. These include four that are part of the Grampian wide evaluation and a further seven that are local priorities: -

1. Frailty Pathway
2. MH/LD Service Transformation
3. Older Adult Mental Health Pathway
4. Immunisations



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5. Digital
 - a. Health Visiting
 - b. Implementation of Near Me
6. Locality Empowerment and Engagement
7. Community Treatment and Assessment Centres (CTAC)
8. 2C Redesign
9. Implementation of new Care at Home Contract
10. Stepped Care Approach
11. Aberdeen Together
 - a. Holistic Locality Planning
 - b. Integrated Access Point
 - c. Multi-disciplinary Intervention Team

Regular communications on the individual projects and initiatives within Operation Home First are issued to a wide range of stakeholders.

3.3. Aberdeen Together

Aberdeen Together' outlines the COVID-19 recovery plan – building on the collaborative working and systems put in place during the pandemic to ensure a continued co-ordinated response to the wellbeing of citizens across Aberdeen. The following provides an update on the workstreams within Aberdeen Together.



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Multi-Disciplinary Intervention Team (MDIT)

The MDIT workstream aims to work alongside operational Aberdeen City Council (ACC) and ACHSCP staff to understand how best to create the conditions which support closer joint working across our services, enabling people to receive the right support at the right time. The intent is to initially test the approach within one priority area (Tillydrone) to improve efficiencies, reduce duplication and streamline processes and practices with the person placed firmly in the centre of their care and support. A workshop was held on the 9th September with managers of staff working in Tillydrone to provide background information about the project; give an overview of the concept of MDIT/self-managing teams; discuss benefits and concerns of this way of working and identify which operational staff need to be involved. A follow up workshop is now being planned with operational staff to further explore how to create the conditions to work more effectively together.

Integrated Access

As part of the recovery plan under Aberdeen Together work is being undertaken to scope the feasibility of developing and implementing a single point of contact for handling requests across health and social care services. An Integrated Access Point may be one enabler towards providing accessible and seamless care for the people of Aberdeen. There are currently upwards of 40 service areas delegated to ACHSCP, with each varying in both referral routes (such as self-referral; referral by professional; or referral by significant other) and referral modes (such as face-to-face conversation; letter; online form or telephone conversation). Streamlining how these services are accessed would help achieve some of the key ambitions of the integration agenda, including people having accessible services and receiving care seamlessly. Scoping has now been completed and an engagement plan to shape the recommendations with local communities will also be implemented.

Connecting Aberdeen

Connecting Scotland is a Scottish Government funded project managed by the Scottish Council for Voluntary Organisations (SCVO) and delivered locally by Aberdeen City Council and Aberdeen City Health & Social Care Partnership. The aims of the project are to provide devices, connectivity, and digital support to those not currently connected. Phase 1 saw devices and digital support in the form of digital champions issued to those on the shielding list with low income, and not currently connected, either through not



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owning a device or not having broadband connection. Along with third sector partners, a partnership approach under the umbrella of Aberdeen Together saw 285 devices supplied across Aberdeen City. Recognising the strong partnership approach and success in getting devices issued Aberdeen City received a further 100 devices at the start of October. Phase 2 had the focus on households with children and young people, pregnant women and care leavers.

Holistic Localities

The Holistic Locality planning workstream has been reviewing the effectiveness of the relationship between the Community Planning Partnership's current locality planning structures to identify recommendations for improvement.

This review has examined the structures and arrangements which have been put in place by both Aberdeen City Council and Aberdeen City Health and Social Care Partnership for locality planning and how these connect with each other, with wider community planning structures, and with community groups.

The findings of the review and proposals for future working are to be presented to the IJB and the Community Planning Aberdeen Board in December 2020.

Care for People

The Care for People workstream is aligned to the overall Aberdeen City Care for People Plan and covers a range of activities to provide support to people affected by the pandemic, including their personal, physical, practical and health needs.

Specific areas covered in this workstream include volunteering; public communications; provision of assistance (i.e. financial support, food provision, support for shielded people, emotional support, trace and protect, and supporting vulnerable groups).

3.4. Resumption of Criminal Justice Inspection

The Care Inspectorate have confirmed the resumption of the previously postponed inspection under section 115 of the Public Services Reform (Scotland) Act 2010.



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The inspection will resume at Stage 4 with remote onsite activity commencing on Monday 26 October 2020.

The focus of the inspection is on community payback orders; how well national outcomes and standards are being applied and what difference community payback orders are making to the lives of individuals who are subject to them.

While the stages of inspection are unchanged, the inspection will be conducted in accordance with current public health guidance. The remaining activities will therefore be undertaken remotely or at a social distance (where safe and reasonable to do so).

Stage 1 - Notification, preparation, and engagement stage – completed January 2020.

Stage 2 - Self-evaluation and supporting evidence – completed February 2020.

Stage 3 - Case file reading – Completed March 2020.

Stage 4 - REMOTE - Onsite activity - This will be based on evidence, and findings from stages 2 and 3. This stage will be scoped and proportionate and will only carry out activity in areas where at this stage the Care Inspectorate continue to be uncertain. This will take place weeks commencing 26 October 2020 and 9 November 2020.

Stage 5 - Published report - The published report will identify strengths and areas for improvement, make evaluations against quality indicators, identify good practice, make recommendations and comment on capacity for improvement. At this stage advanced publication is scheduled for 16 February 2021 and final publication on 23rd February 2021.

Regional Updates

3.5. NHSG Winter Plan-Update

The Partnership, along with all other sectors in the wider NHS Grampian system submitted its Winter Plan to NHSG by the required deadline. NHSG's System Leadership Team are developing a Target Operating Model (TOM) for the Winter Plan. This TOM will identify trigger points for mobilisation of staff and services. A summary of the plan is being developed and will be shared with the IJB as a service update.



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The ACHSCP Winter Plan is a weekly standing item at the Leadership Team Huddles. This will ensure that the Winter Plan is being implemented and is appropriately managing demand pressures as winter 2020/21 progresses.

National Updates

3.6. Adult Social Care Review

The Review of Adult Social Care was announced on 1st September 2020 by the First Minister as part of the Programme for Government 2020-2021. The document outlines a number of activities with the focus on the economic, health, and social recovery from the coronavirus (COVID-19) pandemic.

Ahead of the independent review, a new stakeholder group will also be established to govern the approach to adult social care recovery and remobilisation as we move through and out of the COVID-19 pandemic period. The group will provide input to the Health and Social Care Mobilisation and Recovery Group.

The intention of the review of adult social care is to give recommendations that will improve social care with the overall aim to reform and deliver a national approach to care and support services. It is clear within the scope of the review that a national care service will be considered. The review will be chaired by Derek Feeley, CEO of the Institute for Healthcare Improvement (IHI) and will report by January 2021.

The review will consider and make recommendations on the following areas:

- The needs, rights and preferences of people who use services, their carers and families;
- The experience of people who work in social care, including their employment arrangements, opportunities for training and progression, and relationships with other professions across health and social care;
- Arrangements for funding, governance, ownership, administration and delivery of social care services;
- Arrangements for meaningfully involving users in the assessment of need and in co-design and co-production (including self-directed support);
- Social care and health care service models and their interaction with other services, such as housing, education and employment;



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- Regulation, scrutiny, quality assessment and quality improvement capacity and capability;
- The role of local communities in providing capacity and assets to support people to live as well and as independently as possible and to enjoy the same facilities, universal services and opportunities as other citizens;
- The role and contribution of local and system level leadership;
- Future policy developments that should be a focus for the Scottish Government and any recommendations regarding the legislation that currently underpins social care provision and regulation; and
- Opportunities to redesign the overall system of social care to improve people's experience of care.

Regular meetings will be held by the chair of the review with the Chief Officers Group and the Chief Social Work Officers. It is also the intention of the chair to seek views from Integration Joint Boards, but at this stage it is unclear how they will do this. The IJB will be kept up to date with any developments throughout the period of review by the Lead for Social Work.

3.7. NHS Grampian Remobilisation Plan

The NHSG Grampian Remobilisation Plan sets out a whole-system overarching response to living with COVID-19 based on the innovation and reform accelerated during the initial response. NHSG's priority with their partners is to seek the opportunity for more innovation and reform, whilst at the same time adapting to "living with COVID-19" and supporting the phases of the Scottish Government route map and creating stabilisation and resilience of health and care services to meet population needs.

The Plan supports phased transition to redesign and rebuild the 'new' normal over the next 12-24 months. Central to the Plan is ensuring a move into the next phase of living with COVID-19 and commence the co-ordinated stepping-up of services that is safe and clinically prioritised, minimising harm to patients, public, staff and other professionals working across the system. The approach and key priorities within the Plan have been informed by a wide range of clinical and non-clinical stakeholders and expert groups within NHS Grampian, the three Health and Social Care Partnerships and other health and care partners within the North East.

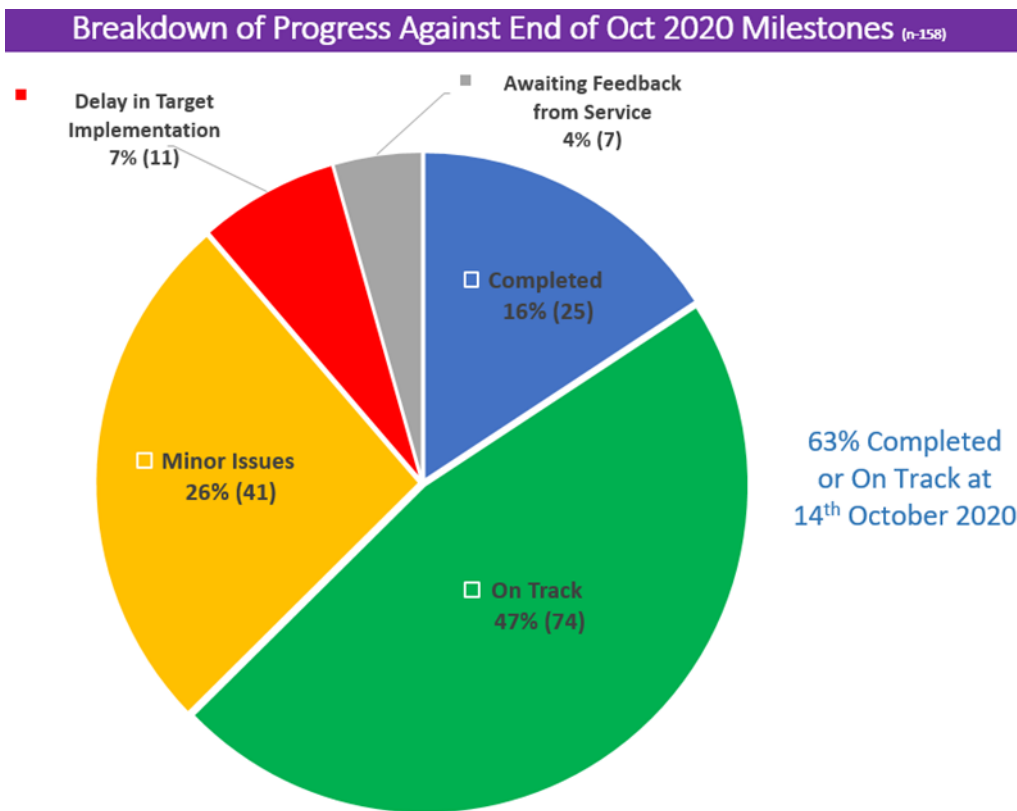
A performance and assurance framework has been put in place by the System Leadership Team of which the Chief Officer is a member. A monthly progress report will be available setting out overall progress along with key areas of concern/risk for further exploration. These reports will



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also be shared with a range of cross-system groups. A recent review of progress (14th October) shows that 63% of the 158 milestones set out in the Plan for delivery by the end of October are completed or on track to be completed by the end of October 2020. Chart below illustrates the breakdown.

A summary version of the Plan will be available by the end of October 2020.



3.8. Scottish Government Consultation - Inclusion of IJBs as Category 1 responders in the Civil Contingencies Act 2004

The Scottish Government has launched a consultation to ensure that there are no unintended or unexpected consequences to Integration Joint Boards becoming Category 1 responders under Schedule 2 of the Civil Contingencies Act 2004. The Scottish Government have asked for views from Chief Officers by the closing date of 2 November 2020.

The Civil Contingencies Act (2004) makes the following requirements for those listed as Category 1 responders:



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1. Assess the risk of emergencies occurring and use this to inform contingency planning.
2. Put in place emergency plans.
3. Put in place business continuity management arrangements.
4. Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
5. Share information with other local responders to enhance co-ordination.
6. Co-operate with other local responders to enhance co-ordination and efficiency.
7. Provide advice and assistance to businesses and voluntary organisations about business continuity management (Local Authorities only).

Integration Joint Boards, Health Boards and Local Authorities share a joint responsibility and accountability for drawing up suitable plans which take account of functions managed by each individual body. Therefore, the Integration Joint Board, the Chief Officer and their team are expected to work alongside Health Board and Local Authority colleagues when carrying out the duties relevant to the Civil Contingencies Act 2004.

Whilst Chief Officers have already been contributing to local emergency and resilience planning, they have only formally done so through their roles as directors of Health Boards and Local Authorities and without the appropriate reference to their accountable officer status within the Integration Joint Boards. By including Integration Joint Boards as Category 1 responders, it ensures that where there is a risk of an emergency which will impact functions delegated to the Integration Joint Board, there will be formal coordinated and appropriate arrangements in place for: emergency planning; information sharing and cooperation with other responders; and joined up information sharing and advice for the public.

The Scottish Government are consulting to ensure that there are no unintended or unexpected consequences to Integration Joint Boards becoming Category 1 responders under Schedule 2 of the Civil Contingencies Act 2004, specifically in relation to the Equality Act 2010 and the Fairer Scotland Duty.

In terms of the proposed response to the Scottish Government, Officers will outline the local position, this being that the Aberdeen City Health and Social Care Partnership have been liaising and working closely with both NHS Grampian (NHSG) and Aberdeen City Council (ACC), along with other resilience partners to ensure that the duties of Category 1 responders are



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adhered to. Appropriate governance arrangements are in place within the Partnership, as well as good links and reporting arrangements to the governance structures in NHSG and ACC. This means that once the legislation is approved the Partnership/IJB will have the necessary reporting arrangements in place. The legislative proposal will help to formalise these arrangements.

In terms of any unintended or unexpected consequences to Integration Joint Boards becoming Category 1 responders under Schedule 2 of the Civil Contingencies Act 2004, none can be identified, the legislative change should enhance the arrangements already in place which will help with the overall resilience of the place of Aberdeen, as well as the wider Grampian area.

4. Implications for IJB

- 4.1. **Equalities** - there are no implications in relation to our duty under the Equalities Act 2010. The consultation on including IJB's as a Category 1 Responder specifically asks if there are any Equalities or Fairer Scotland Duty implications of the proposed change, as stated above there are no unintended consequences.
- 4.2. **Fairer Scotland Duty** - there are no implications in relation to the Fairer Scotland Duty. The consultation on including IJB's as a Category 1 Responder specifically asks if there are any Equalities or Fairer Scotland Duty implications of the proposed change, as stated above there are no unintended consequences.
- 4.3. **Financial** – there are no immediate financial implications arising from this report.
- 4.4. **Workforce** – there are no immediate workforce implications arising from this report.
- 4.5. **Legal** – there are no immediate legal implications arising from this report.
- 4.6. **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, specifically to the strategic risks of partnership working and reputation.

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



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

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

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

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)



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Date of Meeting	28 October 2020
Report Title	IJB Meeting Dates 2021-22
Report Number	HSCP.20.044
Lead Officer	Sandra Ross, Chief Officer
Report Author Details	<i>Name:</i> Derek Jamieson <i>Job Title:</i> Committee Services Officer <i>Email Address:</i> derjamieson@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	None

1. Purpose of the Report

- 1.1. To propose Integration Joint Board (IJB), Risk Audit and Performance Committee (RAPC) and Clinical and Care Governance Committee (CCGC) meeting dates for 2021-22.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:
- (a) Review and approve the Meeting Schedule for 2021-22 as at section 3.8; and
 - (b) Agree that the meeting schedule be published on the Aberdeen City Health and Social Care Partnership (ACHSCP) and Aberdeen City Council (ACC) websites as appropriate.



INTEGRATION JOINT BOARD

3. Summary of Key Information

- 3.1. As per Standing Orders, Article 9(5), the Board is required to approve an annual meeting schedule prior to the new financial year, which runs from 1 April to 31 March annually.
- 3.2. At its meeting on 27 March 2018, the Board agreed to annually review its meeting arrangements.
- 3.3. The IJB will continue to meet on Tuesday mornings, in the Health Village on a 6-8-week cycle, or by Virtual Meeting. No meetings have been scheduled during public holidays or the Council's summer recess period and no meetings currently clash with (known) Aberdeen City Council or NHS Grampian Board meetings.
- 3.4. All meetings of the IJB are scheduled to run between 10:00am and 2:00pm.
- 3.5. A meeting has been proposed for 9 June 2021 to allow approval of the ACHSCP Annual Report within four months of Year-End, as required.
- 3.6. As per the IJB Budget Protocol agreed on 7 March 2017, a dedicated budget meeting has been scheduled to allow the Board to agree a budget following Aberdeen City Council and NHS Grampian Board setting their annual budgets. In line with the IJB Scheme of Governance, additional meeting dates can be set at the Chair's direction.
- 3.7. The Board previously approved the following 2021 IJB Meeting dates:-
10:00am, 23 January 2021
10:00am, 23 March 2021 (Provisional Budget Meeting)



INTEGRATION JOINT BOARD

- 3.8. The Board is requested to review and approve the following Meeting dates for the period April 2021 to March 2022.

Board/Committee	Date
CCG	06.04.2021
RAPC	27.04.2021
IJB	25.05.2021
CCG	01.06.2021
RAPC	22.06.2021
IJB	06.07.2021
IJB	24.08.2021
CCG	07.09.2021
RAPC	28.09.2021
IJB	02.11.2021
CCG	16.11.2021
IJB	15.12.2021
RAPC	21.12.2021
IJB	25.01.2022
CCG	22.02.2022
RAPC	01.03.2022
IJB	29.03.2022

- 3.9 As per the decision of the Board on 28 August 2018, stand-alone developmental workshop sessions are scheduled to facilitate the delivery of governance support.

3 November 2020
10 November 2020
17 November 2020
24 November 2020
8 December 2020; and
14 January 2021.

- 3.10 Additionally, standalone Workshop Sessions occur as and when required.



INTEGRATION JOINT BOARD

4. Implications for IJB

- 4.1. **Equalities** – It is proposed that IJB meetings continue to be held in Virtual – Remote Meeting format until appropriate relaxation in the pandemic situation when meetings can be held within the Health Village which is a modern building and more accessible to equalities groups.
- 4.2. **Fairer Scotland Duty** – None directly arising from this report.
- 4.3. **Financial-** None directly arising from this report.
- 4.4. **Workforce-** It is anticipated that a meeting schedule which is publicly available on the Partnership’s website would be beneficial for Aberdeen City Council, NHS Grampian and Partnership workforces. By scheduling IJB meeting dates up to March 2022, Board members, officers, auditors and stakeholders would be able to plan ahead and effectively prepare for Board meetings.
- 4.5. **Legal-** Approval of a meeting schedule would help to ensure that the IJB was able to carry out its statutory duties and functions.

5. Links to ACHSCP Strategic Plan

- 5.1. The Strategic Plan sets out the aims, commitments and priorities of the Partnership, in alignment with Community Planning Aberdeen’s Local Outcome Improvement Plan (LOIP), NHS Grampian’s Clinical Strategy and Aberdeen City Council’s Local Housing Strategy.
- 5.2. ACHSCP and its governance body, the IJB, have now been operating for over four years. During this time, real progress has been made to integrate the health and social care services delegated from its partners, Aberdeen City Council and NHS Grampian. The Integration Scheme requires adoption of good governance which has proven essential to delivery of the partnership’s services and developments.

6. Management of Risk

- 6.1 **Identified risk(s):** The Board would be unable to take timely and informed decisions without an agreed meeting schedule; this would undermine the effectiveness of the Board’s governance arrangements.



INTEGRATION JOINT BOARD

- 6.2 Link to risk number on strategic or operational risk register:** Strategic Risk Register (3) Failure of the IJB to function, make decisions in a timely manner etc
- 6.3 How might the content of this report impact or mitigate the known risks:** By agreeing a meeting schedule the Partnership would be able to ensure reports captured the views of key stakeholders during the consultation process. The Board would then be in a position to take informed and timely decisions to support the functions and strategic objectives of the Partnership.

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

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INTEGRATION JOINT BOARD

Date of Meeting	28 October 2020
Report Title	NHS Grampian - Renewal
Report Number	HSCP20.058
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Adam Coldwells Director of Strategy & Deputy Chief Executive, NHS Grampian adam.coldwells@nhs.scot
Consultation Checklist Completed	No
Directions Required	No
Appendices	A: NHS Grampian Board: Short Life Working Group - Renewal

1. Purpose of the Report

The purpose of this report is to seek the Integration Joint Board's consideration of the findings of the Short Life Working Group (SLWG) which explored some medium term "renewal" from the COVID-19 pandemic

2. Recommendations

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

- a) Consider the report from the SLWG - renewal
- b) Consider how the IJB might wish to work with NHS Grampian on the four key themes identified within the report
- c) Consider how members of the IJB can influence their wider networks in pursuit of the findings of the report



INTEGRATION JOINT BOARD

3. Summary of Key Information

- 3.1. NHS Grampian convened a short life working group (SLWG), in the summer of 2020, to explore some medium term “renewal” from the COVID-19 pandemic. The SLWG included members from the three Grampian IJBs. The output from the SLWG is shared in the attached report (Appendix A)
- 3.2. The SLWG-renewal aimed to develop a medium-term view to the strategic renewal from the COVID-19 pandemic. The membership of the SLWG-renewal included the three Grampian IJB Chairs.
- 3.3. The SLWG-renewal identified four key themes for strategic focus, namely,
 - a. People powered health and care
 - b. Enhancing the North East collaborative leadership
 - c. Reducing inequalities within the population
 - d. Maximising the gains from digital opportunities
- 3.4. The SLWG-renewal clearly identified that the success of progressing these four themes required working with partners and communities to shift the balance of power.

4. Implications for IJB

- 4.1. **Equalities** - This report will have a positive impact on people with protected characteristics. One of the themes of the report is reducing inequalities within the population.
- 4.2. **Fairer Scotland Duty**- This report has no implications in terms of our Farer Scotland Duty.
- 4.3. **Financial** - Any financial implications arising from the report will be met from within existing resources.
- 4.4. **Workforce** - Any workforce implications arising from this report will be met from within existing resources.
- 4.5. **Legal** - There are no legal implications arising from this report.
- 4.6. **Covid-19** - The Short Life Working Group explored some medium term “renewal” from the COVID-19 pandemic
- 4.7. **Other** – There are no other implications in relation to this report.



INTEGRATION JOINT BOARD

5. Links to ACHSCP Strategic Plan

5.1. The four key themes link to the Strategic Plan as follows: -

- a) People powered health and care links to the Personalisation aim
- b) Enhancing the North East collaborative leadership links to the Connections aim.
- c) Reducing inequalities within the population links to the Resilience aim.
- d) Maximising the gains from digital opportunities links to the Enabler of Digital Transformation.

6. Management of Risk

6.1. Identified risks(s)

There is a risk if the IJB do not consider the findings of the Renewal report that we miss the opportunity to maximise recovery from the Covid-19 pandemic.



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

This report links to Risk on the Strategic Risk Register: -

There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed to maximise the full potentials of integrated & collaborative working.

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

Working with NHS Grampian on the four key themes identified within the report and influencing wider networks in pursuit of the findings of the report will ensure we maximise the potential of integrated and collaborative working to achieve medium-term renewal from the Covid-19 pandemic.

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

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NHS GRAMPIAN
Short Life Working Group – Renewal
Report to Grampian NHS Board – Thursday 6 August 2020

1 Actions Recommended

The Board is asked to accept the recommendations of the Short Life Working Group - Renewal, which are:

1. Agree to a strategic focus and leadership from the Board on four key issues, namely,
 - a. People powered health and care
 - b. Enhancing the North East collaborative leadership
 - c. Reducing inequalities within the population
 - d. Maximising the gains from digital opportunities
2. Agree to support and create a culture which maximises the opportunity for the delivery of these aims and supports co-production to optimize change at an accelerated pace
3. Agree the approach to progress these four strategic aims and the culture work
4. Agree that the successful delivery of much of this work will require a change in our approach to work more closely with partners and communities to shift the balance of power and to de-medicalise the north-east approach to health and care
5. Agree that the Board will receive formal feedback on the progress of this work in approximately six months

2 Strategic Context

Scotland's approach to the COVID-19 pandemic was "Respond, Recover, Renew". The Board wished to contribute to the longer term vision and the potential large scale transformation of our system, alongside, considering how to engage with the public and partners. To this end, the Board established a Short Life Working Group – Renewal (SLWG-R). The SLWG-R met on six occasions (May-July 2020) and its membership included the three Integration Joint Board (IJB) Chairs. Whilst the SLWG-R considered the widest possible health and care system, it was very clear and respectful of the governance boundaries of the Health Board, the IJBs and the Local Authorities. The Terms of Reference can be found in Appendix 1.

The outcomes from the SLWG-R will support a refreshed Clinical Strategy and be key to a clear direction of travel for the system, which in turn will be reflected in our re-mobilisation plan and future Annual Operational Plans.

3 Key Matters relevant to Recommendations

3.1 Approach taken by the SLWG-R

The SLWG-R was very conscious that it was only meeting on six occasions and so it had to explore issues at an appropriate depth in order to deliver high level recommendations to the Board for making progress on Renewal.

The SLWG-R, following the completion of a PESTLE (Political, Economic, Social, Technological, Legal and Environmental) analysis, including PESTLE completed by other cohorts (including ACF, GAPF, other Board members), agreed to consider four key areas of work, namely

- a. People powered health and care
- b. Enhancing the North East collaborative leadership
- c. Reducing inequalities within the population
- d. Maximising the gains from digital opportunities

In addition to this the SLWG-R considered, in line with its Terms of Reference, the culture that is required to deliver on these four key strategic areas.

The SLWG-R undertook sessions, with support from appropriate officers of NHS Grampian and Integration Joint Boards, on all of the topics (less the digital opportunities¹). In order to ensure this paper is focused, the process of ‘thinking and development’ of the recommendations is not included. However, all records (notes, presentations and background reading) associated with the SLWG-R are available to all Board members, on request. It is intended that the continuation of the work, within each topic area, will make further use of the incredible depth and insight recorded through the process of the SLWG-R.

The aim of this initial work is to indicate a forward-looking vision that provides a broad framework for the next five years of development and delivery, against these prioritised issues.

The following sections, taking each topic in turn, concentrate on the recommendations. The final section of the paper makes a recommendation on the mechanism the NHS Grampian Board could use to progress these issues and maintain momentum on these topics. Alongside the ownership of the NHS Grampian Board, it will be essential to engage and share ownership, appropriately, with other partners. To this end, complementary or conjoined mechanisms should be

¹ The SLWG-R decided that it would not undertake a session on “maximising the gains from digital opportunities” in the interest of the time available for their sessions. The importance of this topic is in no way under question. However, all members of the SLWG-R felt they had already contributed significantly to this topic through their contribution to the development of the NHS Grampian Digital Strategy, which is being considered at the October 2020 Board.

considered by our respective partners as the work is progressed (for example, see section 3.3).

3.2 People powered health and care

This theme was initiated around engagement and co-production with the public, staff and partners and matured and developed into a fundamental change in the “ownership” or “power base” of our health and care system. The SLWG-R recommended:

1. Work with non-statutory bodies and community groups to support the de-medicalisation of the approach to health and care enabling changes in the commissioning approach and intent
2. Initially, against the clinical strategy and the key themes of the SLWG-R, co-produce implementation and delivery plans with our population, ensuring that we include hard to reach parts of the community and people with lived experience. [This will, over time, allow for the co-production of future strategic intent. All co-production is within transparent descriptions of available resource.]
3. Work with our communities (of place and condition) and partners to understand and then develop mechanisms for our population to take greater responsibility for their own health, including mechanisms for successful and engaging supported self-management
4. Use ‘problem based’ descriptions of our system to engage and work with our partners in the public and third sectors, including the Universities to develop innovative solutions with our communities.

3.3 Enhancing the North East collaborative leadership

The SLWG-R recognised the sphere and depth of influence that the North East Partnership (NHS Grampian, the IJBs and the Councils) brings to the very broad health and care arena. The influence is wider when considered as all players within the North East and reflected in the membership of the Community Planning Partnerships or the Local Resilience Partnerships and their recent work during the COVID-19 period. There was recognition that the lead may be taken by different partners for different issues and clear that the ‘Partnership’ members should have a key role as active partner(s) when not in a formal leading role. The SLWG-R recommended:

1. Positioning the North East Partnership organisations as an Anchor Organisation². A key next step will require that role to be defined for each individual organisation, as well as any ability for some collective definition

² An ‘anchor organisation’ refers to large, typically public sector or non-profit organisations like health boards, local councils, and universities whose long-term sustainability is tied to the wellbeing of the populations they serve. An expanded explanation of an ‘anchor organisation’ is shared in Appendix 2 and a comprehensive paper is shared in the additional notes.

2. Deciding on the priorities for the North East Partnership, in terms of where to put energy as a group behind particular issues to achieve maximum advancement in those areas
3. Defining the outcomes and a way of measuring those to ensure that the objectives of the Partnership are being met
4. Being clear about the actions the Partnership will endorse that gives the most traction around the priority issues
5. To continue building on the progress made to date on integration, and to use that success as a model for working with other partners
6. To explore mechanisms to progress, appropriately, closer working and potentially joint decision making whilst respecting the autonomy and Governance of the various bodies.

3.4 Reducing inequalities within the population

The SLWG-R recognised that health inequalities, i.e. preventable differences in health status across the population, exist within the North East of Scotland and that the reduction and ultimate removal of inequalities is extremely important. The SLWG-R considered the widest definition of inequalities and wishes for its work and conclusions to be considered against all components of inequality. The SLWG-R recognised the work that had been led by a sub-group of the Board since 2016 but also acknowledged that the awareness and impact of that work should be magnified as part of this strategic refresh from the Board. The SLWG-R recommended:

1. To build on the work of the Board's existing inequalities group and to confirm that the four existing aims remain a priority. Those aims are that NHS Grampian:
 - a. will, at least annually, review high level metrics and how these are being used to inform decision making
 - b. will provide healthcare services delivery which are inequalities-sensitive in design, development and delivery
 - c. will be an inclusive employer and procurer
 - d. will work in partnership within Grampian's three Integration Joint Boards and Community Planning Partnerships (CPPs) to be "anchor" organisations
2. To focus the Board's role on inequalities making them visible, prominent and embedded in routine business
3. In addition to critical awareness, the concept of NHS Grampian as an 'Anchor' organisation as an employer and as a purchaser will be developed further. This will build on practices in place or emerging such as broadening the recruitment pool and improving the health of our staff
4. Ensure that the action plan strikes the balance of NHS Grampian specific actions (e.g. policies associated with being an anchor organisation) and those developed in partnership with Community Planning Partnerships/Integration Joint Boards (e.g. the child poverty action plans).

3.5 Maximising aims from digital opportunities

The SLWG-R was extremely constrained by time. The group felt that they had made significant contribution to the development of the NHS Grampian Digital Strategy, which is being considered by the Board at its October 2020 meeting. The SLWG-R was keen to emphasise its commitment to this topic and felt that it will be most successfully progressed as part of the Strategic Plan considerations. The Strategy has been considered and commented on by many partners and aims to reflect the wider system of health and care needs.

The group were mindful that our other priorities will be fundamental to the success of our Digital Strategy to ensure inequalities are reduced rather than extended, and the digital improvement journey is taken alongside our population, staff and partners to avoid anyone being left behind. It is anticipated we will have the opportunity to discuss this when the Digital Strategy is presented to the NHS Grampian Board in October 2020.

3.6 Developing the culture to deliver on these strategic renewal aims

The SLWG-R considered the culture that is required within the organisation to ensure that these topics are progressed and have impact within the work and delivery of our health and care system. The group also gave thought and consideration to the leadership that is required by the Board, the System Leadership Team and the wider players within the organisation. The SLWG-R recommended:

1. Consider and confirm the breadth of the arena that work on culture will be developed as part of this programme, considering NHS Grampian, partners and the wider North East Scotland cohort
2. Reviewing extant materials as helpful, determine the “plan on a page” describing shared worldview, common values and the “culture components” – attitudes and behaviours - required to deliver our strategic aims
3. Review new and existing data on components to understand current degree(s) of cultural alignment and areas where priority action is required
4. Agree approach to implementing, including development support required, and latitude for teams across the system to “adopt and adapt” cultural components to their local context
5. Commit to prioritising and resourcing the development work, both specialist and within sectors/organisations, to ensure continuity other than in extremely difficult situations
6. Communicate the plan on a page in high fidelity and through multiple channels, with senior leaders visibly engaging managers and staff at multiple levels on the principles of adopt and adapt
7. Form and support a “culture cabinet” with Board leadership that invites leaders at all levels to guide and advise culture development work.

3.7 Implementation and maintaining momentum

Ensuring that these important strategic topics maintain their prominence, development and momentum is a key priority.

The SLWG-R recognised the key role that other organisations and partners should play in the development and delivery of these themes for the population of the North East and were considered about the best approach to invite others to share appropriate ownership. The SLWG-R were aware that many of our partners are also considering what their priorities might comprise post-COVID-19.

It was noted that there is a considerable degree of overlap of key themes between partners. The SLWG-R recommends that the Board (both non-Executive and Executive members) should initiate discussions with partners to enable:

1. clarity on the themes of work which are already the same and can continue to be progressed, in partnership, without any delay
2. clarity of any themes, or levels of emphasis, developed by the Grampian NHS Board SLWG-R that do not align or assimilate with key partner aspirations. Any such issue can then be considered for development, where possible, by the NHS on its own. Alternatively, consideration can be given to how to work and engage with partners to establish if they may wish to be part of a joint approach for future planning and delivery.

Some members of the SLWG-R were content with NHS Grampian Committees establishing working groups with partners to progress the identified themes, though others were concerned about unnecessarily creating additional mechanisms on top of existing ones. Conversely, some members of the SLWG-R considered that the themes might be progressed through existing mechanisms, though other members were concerned that if those mechanisms are not already progressing the themes as needed there still needs to be some catalyst for change. These viewpoints can be brought together on the basis that where possible and in the first instance existing mechanisms are used, but these might need to be adjusted or supported to achieve the shifts signalled collectively by the SLWG-R on each of the themes. The NHSG Board will re-visit this on a regular basis as it understands the pace of change and improvement around these issues.

In addition, the SLWG-R recommends that the Board asks each of its Committees to (i) consider the themes of work, (ii) to seek input from each of the Integration Joint Boards and (iii) for the Committee Chairs to meet in order to report back a cohesive approach to the Board. Within the feedback to the Board the Chairs will report on their:

1. leadership role around one or more themes
2. contribution to the themes where it is not in a more formal leadership position

3. identification of key themes from the SLWG-R report which resonate with existing work, or planned work, of their Committee
4. the cohesion and inter-related work of the differing Committees
5. the connections with the work of the Integration Joint Boards.

3.8 Other key issues identified

Following completion and consideration of the PESTLE analysis the SLWG-R agreed to concentrate on four key themes. The group recognised that the PESTLE analysis described many other very important themes and issues. These are summarised in Appendix 3 with an indication of the mechanisms by which they will be considered and developed within the organisation and wider system. The full PESTLE analysis including those completed by other contributors (Area Clinical Forum (ACF), Grampian Area Partnership Forum (GAPF and other Board members) are shown in full in the SLWG-R notes and records.

4 Risk Mitigation

The delivery of this agenda is appropriately stretching and has a number of risks associated with its delivery. The key risk is achieving a suitable prominence and priority from the Board which in turn is delivered within the whole system. This risk is being mitigated through the approach described in section 3.7 of this paper.

5 Responsible System Leadership Team Members and contact for further information

If you require any further information in advance of the Board meeting please contact:

Adam Coldwells
Interim Director of Strategy &
Deputy Chief Executive
adam.coldwells@nhs.net

31 July 2020

Additional supporting information

A copy of the SLWG-R notes, slides and accompanying literature are available to Board members on request

Terms of Reference of the Short Life Working Group – Renewal

Background

The Scottish Government’s “Coronavirus (COVID-19): framework for decision making” published on the 23rd April 2020 outlined three pillars supporting the delivery of public services through the COVID pandemic and beyond: **Respond, Recover, Renew**.

COVID **response** has defined the recent majority of NHSG Board business, that of our Partners and indeed the daily life of our population. Day to day life has been a state of flux driven by rapid changes required to minimise the impact of COVID-19.

We are potentially now planning to enter a new phase alongside response to COVID-19, considering both **recovery and renewal**. Structuring our transition and developing a new focus and strategic intent for a longer period; we will require to adapt to live in an environment in which COVID-19 co-exists. In this respect we have a clear set of strategic objectives for the organisation during COVID-19 response³.

Executive led leadership structures are in place at NHSG, and with our Partners, to evaluate the requirements for the immediate recovery of Non-COVID services; evaluating the health deficit from a ground up approach and prioritising standing up services to deliver against these pressing patient and population needs utilising both novel and traditional approaches.

To complement this in terms of future planning, the Board, with the input of strategic partners, has an opportunity to reflect on the legacy of this acute COVID period, evaluate if and how it impacts our long term vision for Health and Social Care in Grampian, understand the opportunities and threats that this legacy may create in delivering necessary large scale transformation of H&SC and to define the big questions on which we need to seek broader stakeholder input and to set in place a process for doing this. The output of this SLWG will provide reflection, insight and expert advice for the development of Health and Social care strategy for the medium to longer term.

The immediate Recovery phase from COVID is being planned for the next 12-18 months. Whilst some of the Renewal work will overlap with the Recovery phase the Board are anticipating that the medium term strategic planning outcomes will largely follow this time period and that the long term strategic planning outcomes could take us towards the end of the decade.

The Short Life Working Group has the three Integration Joint Board Chairs as members and reflects the working style of the North East of Scotland where partnership working has and continues to deliver improved outcomes in the delivery of health and care. Whilst the SLWG is considering the widest possible system (from

³ In terms of COVID-19 response, the immediate strategic objectives to direct the organisation at this time will remain: SO1: Maintain public confidence, SO2: Ensure effective liaison with Partners through LRP to safeguard communities; SO3: Safeguard health, safety and wellbeing; and SO4: Ensure the renewal of the system & create the new future

acute care through to third sector and community relationships) it is very clear and respectful of the governance boundaries of the Heath Board, the IJBs and the Local Authorities. The SLWG will support the identification of potential opportunities for enhancing the existing partnership approach and aligned strategic intent.

The COVID pandemic has, for many things, rapidly created a new starting point for the considerations of the SLWG. The system wide leadership within the SLWG will ensure it considers the current position we are in and seek the opportunities to build from this point forward, rather than re-setting to the pre-COVID period.

The SLWG believes that the approach that has been very successful within the North East has created some modern and sustainable approaches to the delivery of health and care. The work of the SLWG will build and enhance this position. On this basis, the SLWG is keen to share best practice with colleagues around the country and to work with Government to support the development of National Policy.

Purpose

The purpose of the Short Life Working Group will be to:

- Ensure that there is Board engagement and oversight in the setting of the medium to long term strategic vision and supporting objectives for NHS Grampian.
- Complete a high level evaluation of the impact of the COVID pandemic on the landscape of the Grampian population's health & wellbeing and the resources and services required to deliver our desired Health & Social Care outcomes.
- Define the priority themes for staff and public engagement to probe the new opportunities and challenges facing health and social care: Supporting an organisational culture that embraces the benefits of partnership and co-production.
- Ensure outputs from the above are fed into existing NHSG and partner structures where appropriate and/or initiate workstreams to take this work forward to inform future planning.

Remit

The short life working group will be responsible for making recommendations for approval by the Grampian NHS Board in relation to:

(1) supporting the development of a medium to long-term 'strategic-refresh' by providing Board expertise on a number of key influences that dictate the scope and focus of the strategy,

(2) advice on how the Board can engage with the wider public and partners in terms of improving health outcomes and designing and embedding system transformation.

A suggested work programme is set out in Appendix 1 and feedback from the non-executive session in relation to recovery and renewal set out in Appendix 2.

Membership

The SLWG will be chaired by Board Chair (or nominated representative from within the membership of the Group) and will comprise four non-executive members of the Board, the three IJB Chairs and the Chief Executive, Deputy Chief Executive and Director of Public Health. Executive Director support will be provided by the Director

of Finance who will attend the meetings. Business Support will be made available to the SLWG.

Meetings and duration of the SLWG

The SLWG will meet on up to six occasions and present its findings to the Board in July and August.

Terms of Reference - Approved 4 June 2020

Appendix 2 – An expanded explanation of an ‘anchor organisation’

Anchor institutions are large, public sector organisations that are unlikely to relocate and have a significant stake in a geographical area. The size, scale and reach of the NHS means it influences the health and wellbeing of communities simply by being there. There are five main ways in which the NHS and other large public sector organisations can contribute locally, these are: [employment](#), [procurement and commissioning for social value](#), [use of capital and estates](#), [environmental sustainability](#) and [as a partner in a place](#).

A comprehensive paper on this topic is available in the notes of the SLWG-R.

Board Short Life Working Group (SLWG) – Renewal – Other issues identified through the PESTLE

In addition to the four themes that were identified by the SLWG (People Powered Health, Inequalities, The North East approach and Culture) for in-depth analysis, the SLWG-R recognised there were numerous other important topics to be addressed by NHS Grampian and our partners. Help will be sought from within the organisation on appropriate action to be taken.

The SLWG-R, Grampian Area Partnership Forum (GAPF), Area Clinical Forum (ACF) and other Board members not on the SLWG-R all undertook a PESTLE (Political, Economic, Social, Technological, Legal, Environmental) analysis and completed separate templates from which a number of other important themes emerged including the undernoted table.

Please note that this list is not exhaustive or prioritised. Full copies of all PESTLE analyses are included in the SLWG-R notes, which are available upon request.

		Action Required/Who needs to be involved?
1	Impact on services e.g. increased waiting times for non-critical care, potential resumption of Scottish Government targets and our ability to influence how these are considered.	Relates to delivery of NHSG organisational Objective 4. Through multiple national networks and channels, NHS Grampian must aim to influence nationally. To establish capacity for the immediate future and give careful consideration to working with primary care and patients.
2	Realistic Medicine – build on themes particularly around good communication with patients and pragmatic approach to healthcare.	This will be a key approach for the re-establishment of strategic direction through the Clinical Strategy.
3	Economic impact of the oil position in NE on changes to lifestyle, ability to recruit – positive or negative.	The economic impact of oil (and COVID-19) will be significant for the population and its wellbeing in many ways. Much of this will be picked but through NE leadership theme.
4	Use of technology – digital solutions for consultations. IT was vital during COVID-19 but this highlighted underfunding of IT services Technological requirements for NHS including Primary Care contractor groups.	NHS Grampian's future investment policy will be developed over coming months and the relationship to the Digital Strategy and investment in IT will be set out in this.
5	Data sharing/access to data and assurance to patients and public that this is safe and a good thing to do.	Access to accurate and timely data remains key for all health and care staff. Future moves towards patient held and owned data to support self-management and patient empowerment will be addressed by Digital Future and the Clinical Strategy.

6	<p>Provision of safe and healthy workplaces throughout NHS premises and for home working.</p> <p>Social distancing and PPE in primary care eg Community Pharmacies and Optometry practices, financial implications for businesses.</p>	<p>All contractor services play a key role in delivering health and social care to the Grampian population. Work on safe working places including for independent contractors should help address this. The Health, Wellbeing and Safety Group are leading the work against the NHSG organisational Objective 5, which addresses these issues.</p>
7	<p>Build on Know Who to Turn To – to ensure appropriate access to services e.g. community pharmacy as significant point of contact – Pharmacy First.</p> <p>More integrated primary/secondary care and links between NHS Grampian and Health and Social Care Partnerships.</p>	<p>This sits well with the NHSG organisational Objectives 6 and 7 which cover the recovery and development of pathways of care across the whole system.</p>
8	<p>Health behaviours – positive v negative e.g. exercise v alcohol and eating.</p>	<p>NHSG organisational Objective 8 looks at empowering the population. To work alongside them to maximise what we have learned during COVID -19.</p>
9	<p>Impact on workforce – benefits and challenges</p> <p>Challenges of homeworking – on staff, legalities, appropriate equipment, physical and mental health, issues of equity</p> <p>Reduction in roles/risk to continuing employment</p> <p>Impact on use of buildings</p> <p>Work-life balance – offer flexibility</p> <p>Child care –requirements for flexible working and affordability</p>	<p>Staff remain critical to our future and collective success. The Health, Wellbeing and Safety Group established during COVID-19 will continue to operate and is considering these issues with support from the Staff Governance Committee (SGC) and Grampian Area Partnership Forum (GAPF).</p>
10	<p>Brexit – implications on recruitment, medication, supply chain, procurement.</p>	<p>Attention to Brexit implications diminished during COVID-19 response. Issues will be picked up again through the channels previously dealing with Brexit.</p>

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INTEGRATION JOINT BOARD

Date of Meeting	28 October 2020
Report Title	Commissioned Day Services and Day Activities
Report Number	HSCP20.045
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Name: Anne McKenzie Job Title: Lead Commissioner Email Address: anne.mckenzie@nhs.net
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	<i>Appendix 1: 'Commissioned Day Services and Day Activities - HSCP.20.018'</i> <i>Appendix 2: Summary of consultation</i> <i>Appendix 3: Direction</i> <i>Appendix 4 – Draft Implementation Plan</i>

1. Purpose of the Report

1.1. The purpose of this report is:

- to inform the Board of the outcome of consultation on the approved model for the future delivery of Commissioned Day Care and Day Activity,
- to inform the Board of the intended means of implementing the model, including management of the transitional period between current and future model,
- to seek approval of funding for current providers during the transitional phase in order to provide market stability, and ensure that service users continue to be supported,



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- to assure the Board of processes to be put in place to support current providers throughout the transitional period,
- to seek final approval for the implementation of the approved model.

2. Recommendations

2.1. It is recommended that the Integration Joint Board

- a) Notes the outcome of the consultation process, the proposed implementation plan with a transitional phase between current and future model, including arrangements made to support current providers through this transition,
- b) Approves the implementation of the future model for day care / day activity,
- c) Approves the funding for current providers during the transitional phase, and makes the direction as attached at appendix 3 and instructs the Chief Officer to issue a direction to ACC to procure the service provided by Livingwell Café until 31st March 2021.
- d) Instructs the Chief Officer to proceed with the implementation of the new model,

3. Summary of Key Information

On 11 August 2020 the IJB Members considered the report 'Commissioned Day Services and Day Activities - HSCP.20.018' as outlined in Appendix 1. The Board decided: -

- (i) to note the progress made with the review of day services and day activity, and the COVID impact,
- (ii) to acknowledges the strategic alignment of the future model for day care and day activity, building upon personal resilience and connecting people to their communities through early intervention and prevention,
- (iii) to approve the proposed model for the future delivery of day care and day activity highlighted in Appendix 1,



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- (iv) to direct the Chief Officer to proceed with the necessary redesign including consultation with service providers and service users of services affected by the change. This redesign will include consideration of technological solutions,
- (v) to approve the recommendation to advise current commissioned providers of day care not to mobilise their services until the redesign is complete and recommendations approved by the IJB,
- (vi) to note that the ACHSCP will continue to work with carers and cared for people in the redesign of these services,
- (vii) to make the direction as attached at appendix 2 and instructs the Chief Officer to issue a direction to ACC to procure the service provided by James Tyrrell day services; and
- (viii) to notes that final recommendations for future delivery will be made to the IJB in October 2020.

The following narrative describes the activity which has taken place between August 2020 and October 2020.

Planned Respite

The level of carer stress and distress during COVID is perpetuated by the reduction in opportunities for respite. On the 11th August, members of the IJB agreed the recommendation to advise current day care providers not to mobilise their services until the redesign is complete. Part of the reason for this decision is founded upon the level of risk associated with the transmission of COVID 19, and our responsibility to ensure that we learn from other examples of social care delivery. There has, however, been continued efforts to ensure that provision of additional support has been made where the level of carer stress and distress is overwhelming for the individual. Provision has been made through some of our step up and surge capacity within residential and nursing accommodation, through additional care at home support and through the minimal provision of a buildings-based day care service. The buildings-based service has been planned and delivered in close consultation with colleagues from NHS Grampian Public Health team. The numbers of clients have been significantly reduced to ensure that any risk of transmission has been minimised.



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Outcome of Consultation

- 3.1.** In accordance with the recommendation approved at the IJB meeting on 11 August 2020, the Chief Officer directed the Lead Commissioner to make plans for consultation on the approved future model for the provision of Day Care and Day Activity with current service providers and service users.
- 3.2.** The Lead Commissioner has adhered, throughout this process, to the ACHSCP strategic commissioning approach and has worked in partnership with current providers to co design the future model. However, specific consideration has been taken to ensure that current providers understand the potential implications of the new model on their business sustainability. A meeting took place between providers, Lead Commissioner, ACVO and Scottish Care on the 9th September to ascertain their understanding. The key themes that emerged from that meeting are as follows:
- Providers require information on future demand in order to flex their business model and meet the future demand.
 - There is an appetite for providers to work together through this period, to share experiences (past and present), to support one another and to consider future collaboration.
 - For some providers, the future model poses a significant challenge and they will need to seek funding from elsewhere. For these providers, they feel that their current service model has a place within the overarching design, but that in the absence of ongoing, secured funding from the Partnership there is a significant risk of failure to provide.

The presence of our third and independent sector interface providers at this meeting was invaluable and their offer and plans of support for current providers throughout this transitional phase are outlined in point 3.6.

At this meeting, the Lead Commissioner assured current providers of the plan to work through a transitional phase, and that approval would be sought from the IJB for continued funding throughout this period. Assurance would be required from providers that they continue to support clients during this time.



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Providers were asked to consult with their service users and gather their views on the means of implementing the model with returns due to the Lead Commissioner by the 18 September 2020

3.3. In addition to this consultation with service users, the following groups were also asked for their views on the means of implementing the model:

- Carer support services
- ACHSCP Locality Engagement Groups
- ACHSCP teams
- Other providers – third and independent sector

A summary of the key themes within this feedback are included in appendix 2.

Key themes which emerged included the following:

Plans for Implementation

3.4. Based upon this feedback, the Lead Commissioner has worked with others on drafting an implementation plan for consideration. This draft plan is available in appendix 4 and has the following component parts:

- Commissioning of planned residential respite
- Market shaping, including the design and delivery of a market position statement
- Working with current providers to deliver opportunities for testing other short breaks which reflect an individual's choice
- Evaluation of the tests of change and the collation of examples for sharing

It is anticipated that these activities will be co designed with and informed by representatives from provider services and carers.

Organisational development and communication will underpin the implementation of the plan.

3.5. It is anticipated that there will be a phased implementation, with a transitional phase from the 1 November 2020 until the 1 April 2021. There are several reasons for adopting this approach which include:



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- Sufficient time for market shaping. It is apparent that there is an appetite within the market for responding to this change in delivery, however it is acknowledged that this will take time, and clear communication to the market in the form of a market position statement
- Clear messaging to the public about the means with which they are able to exercise choice and control through their direct payment
- Collating examples for sharing of potential options, as well as working with providers to further co produce and co design future options based on current understanding of need

3.6. We will adopt a Programme Management methodology during this transitional phase with key milestones to be achieved within this time period. There will also be a continued focus on ensuring that continued provision is made for people who require care and support.

There are some key enablers to support the implementation of this model and ease the journey through the transitional phase. These include the following:

- There is the potential to work with Healthcare Improvement Scotland and other partners throughout this transitional phase. A meeting took place between their representative and representatives from the ACHSCP leadership team on the 18th September 2020. This work links directly to conversations happening nationally regarding the future provision of day care, and further information can be found via the following link:
<https://www.sharedcarescotland.org.uk/wp-content/uploads/2020/09/SCS-Promoting-Variety-2020-WEB.pdf>
- Our localities, both through our operational teams and their delivery of health and social care within a locality, including the stepped care approach, and also our strengthening locality engagement groups,
- Our relationships with current and future providers,



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- Our market facilitation plan and the development of a market position statement.

Plans for support for current providers

The James Tyrrell Centre

Representatives from the James Tyrrell Centre have been working alongside us to design the revised model and have been supportive of the change. They have announced that with regret, they will stop providing services from 31st December 2020. The team who have been instrumental in the delivery of support to the members of the centre have asked that the IJB members are aware of this closure. They have asked that members understand that the Tyrrell Centre was not closed on a whim but with a very heavy heart. The pandemic only hastened the end, but they have confirmed that the church closure, which has been spoken about for the past 5 years, will now happen. They would like to assure members that once the merger of the three churches in the north of the city happens and a new building is in place, the centre will resume in a building that is fit for purpose.

Funding remains in place until the 31st December 2020 and the ACHSCP Health and Well-being team have been working closely with the James Tyrrell centre with the team there now feel better able to support members out with the centre itself and in a more organised way.

- 3.7. As we have set out in the earlier points, current providers have had an opportunity to have a facilitated conversation between Lead Commissioner and our commissioned third and independent sector interface organisations.
- 3.8. The outcome of the meeting was that our interface organisations will continue to support our current providers throughout this transitional phase, and, in particular, support them as they consider their future sustainability and business models. Offers of support included:
- Facilitation of peer support,
 - Support to identify potential and alternative means of funding, and in the application process.



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The Lead Commissioner has confirmed their ongoing support to these organisations throughout the transitional period and the detail of that requirement will be provided by the third sector interface organisations.

In addition, and in line with recommendations within this paper, it is anticipated that there will be ongoing financial support to these organisations until the end of the transitional period. The rationale for this funding is to ensure that service users continue to receive the necessary support that they require and also to allow for tests of change associated with the new model.

4. Implications for IJB

- 4.1. **Equalities** - An equalities assessment had been completed prior to consultation and at that time there was no anticipated negative impact on equality or human rights with the redesign of this contract. This impact assessment will be reviewed following the current period of consultation. It is anticipated that the design of this contract focusses on an individual's personal outcomes and therefore we would anticipate that this will have a positive impact for the future. Contractual arrangements require providers to evidence their commitment to fair working practice.
- 4.2. **Fairer Scotland Duty** - Fundamental to the redesign is the requirement to respond to local need, and to ensure that all services are accessible to the local population.
- 4.3. **Financial** - The financial implications (extended funding arrangements) are associated with the continued funding for day care / day activity facilities for a period of time to allow for the redesign. The delivery of the approved model will be within the same level of funds that are available within the current model.
- 4.4. **Workforce** - The ACHSCP workforce will adopt multi-disciplinary case finding, identifying people at risk of losing their resilience and working with them to help them connect back into their community.



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4.5. Legal - There are no direct legal implications arising from the recommendations of this report. There will be legal implications for the ongoing contractual arrangements with providers during the transitional period.

4.6. Other - There are no other implications in relation to this report.

5. Links to ACHSCP Strategic Plan

The ambition of giving people the resilience to remain connected to their communities links directly to the key aims of the ACHSCP strategic plan.

6. Management of Risk


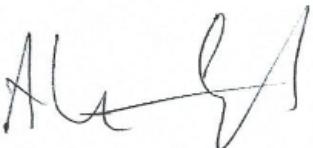
6.1. Identified risks(s)

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

This option links directly to strategic risk 8 – localities.

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

This model offers the best opportunity to restore people’s connections within their locality. It also affords staff teams and locality empowerment groups the opportunity to work with wider partners and develop services according to local need.

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

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Exempt information as described in paragraph(s) 6 of Schedule 7A
of the Local Government (Scotland) Act 1973.

Document is Restricted

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Feedback from formal consultation on Day Support Model – 18/09/2020

Overview

This report themes the feedback gathered during the formal period of consultation on Aberdeen City Health and Social Care Partnership's proposed Day Support Model.

Feedback was received from a number of partners:

- The Living Well Café
- Cyrenians
- VSA Carers Support Services
- Craigton and Kingswood day services (Bon Accord Care)
- Archway

ACVO also coordinated responses from the third sector but the findings of this report are not yet available. Findings will be incorporated as they become available.

Themed feedback

Concerns about the review and the consultation round it

- Concerns about the timing of the review during Covid – is this the best time to making significant changes?
- Information/consultation during the review has been lacking and what there has been was woolly and hard to understand
- There is a sense that this consultation is come on board with this initiative because it's happening
- There is considerable conflation of the work being done around day support and the changes that are concurrently happening in care at home. This has led to confusion and increased anxiety

Change

- Apprehension about change – the majority of respondents don't want significant change and wanted to retain most elements of the day care they currently receive. Many people said that they wanted to re-start what they were getting prior to Covid
- Apprehension about technology and it's effective use

Taking responsibility

- Apprehension about taking more responsibility when already under pressure (e.g. acting as an employer, covering sick leave)
- Choice can be a pressure

Things that would support transition to the new model

- In terms of support to adjust to these changes, verbal and written communication were both valued with verbal support being slightly preferred
- Written communication was favoured for making our communities aware of these changes
- We need more concrete information about how this will work (facts rather than vague statements)
- Be honest about pros and cons of this change
- More information and clarity about the Partnership's Short Breaks Statement and how it relates to these changes

Flexibility within the new model

- Having the ability to choose when you get your break would be good
- 'Day' support being available in the evenings/night-time
- Taking full control of your support needs is a lot of work but can lead to good outcomes

Accessing day support

- Will there be day support opportunities in local geographical areas?
- Concerns about access to day support (waiting lists; geography/location/transport)
- Concern that there won't be enough capacity in the day support 'market' to meet the needs of everyone who is looking
- How will the need for transport be addressed within this model?
- What will be the criteria for being able to access day support?
- How will SDS budgets be calculated in relation to day support?
- What are the costs/affordability of day support in this new model?

Things that would allow people to achieve success in the new model

- Good access to information about what's available is essential (verbal and written were particularly highlighted). Maybe a one-stop shop would be the answer?
- Support required to allow people to take more control
- Value of having circles of support round you in being able to take more control of your support (family, friends)
- Staff being knowledgeable and skilled

Incorporating elements of the current model into the new model

- It's hard to see how this new model can meet the needs of people with multiple, complex health conditions and very high levels of need as well as the current model does. They need a safe, caring and stimulating place to be
- For some people stability and routine are the most important things
- 'Traditional' services can work so a mix of this with new additions
- Still being able to have respite *with* the cared-for person, particularly with friends
- Online resources should be an addition, not a replacement for day activities
- There is still the need for groups meeting in suitable buildings – 'social bubbles'

- There is a concern that taking individual control will reduce the opportunities to meet friends and peers. The joint, group activities provided by the current model are essential
- 1-to-1 support in the community can be isolating in that you don't necessarily meet friends and peers – this is where 'overnight' respite can be valuable as people meet friends there

The role of staff in the new model and achieving true control over your support

- Having to get agreement for new spend of a budget out with that previously agreed with the care manager goes against the ethos of taking control
- The Council taking back unspent funds at the end of a financial year also goes against the ethos of taking control
- Could care managers end up spending more time on families trying to manage budgets than those who are not?
- What is the role of care manager/care coordinator in this new model of support?

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INTEGRATION JOINT BOARD

DIRECTION

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

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

Services will be provided in line with the Board’s Strategic Plan and existing operational arrangements pending future directions from the Board.

Related Report Number: - HSCP.20.045

Approval from IJB received on: - 28th October 2020

Description of services/functions: -

The provision of day support services - Livingwell cafe

Reference to the integration scheme: - Annex 1 Part 2: Part 2: Social work services for adults and older people; Services and support for adults with physical disabilities and learning disabilities.

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

The provision of day support services to people presenting with dementia and their carers. Aligned to the ACHSCP dementia strategy, and all aims of the ACHSCP strategic plan – prevention, resilience, personalisation, connected and communities

Timescales involved: -

Start date: - 30th September 2020

End date: - 31st March 2021

Associated Budget:-

£17,500

Details of funding source: - current delegated IJB budgets

Availability: - Confirm

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

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Draft Implementation Plan

Previous Model of Delivery	Future Model of Delivery	Links to Strategic direction / Consideration	Priority	Anticipated date of completion
Planned residential respite within Rosewell House	Commissioned residential respite capacity within other identified facilities. Commissioning brief to be developed by ACHSCP and designed to meet outcomes for carer and cared for. Commissioned according to our understanding of needs Working within the first year to further explore whether there are opportunities for overnight respite within someone’s own home, giving the carer a break away from home	Carers strategy Links to short break statement Evidenced also by consultation with carers Revised guidance on respite facilities	Urgent	End November 2020
Buildings based day care facilities. Some buildings not fit for purpose, lack of flexibility and choice – times and variety of options. Service led rather than people led	Requirement for some secure buildings based services for people presenting with complex requirements. Alternative options that we will co design with service users and care providers which reflect individual outcomes	Infection, prevention and control is critical to the delivery of any buildings based service in order to minimise transmission of COVID 19 Christie commission, SDS, carers strategy, ACHSCP strategic aims	High - This provision has been ongoing for a number of people identified with high need by some providers. For some we need to continue with the current provision eg Len Ironside Centre. Under these circumstances we need to continue and monitor. For others we need to work with other providers with whom we have an SLA to work to reprovide buildings based services and this is a high priority High priority which includes:	End November End November

			<p>Development of a market position statement, co-produced with providers, and public representatives</p> <p>Tests of change of people driven service provision rather than service led</p> <p>Opportunities to record outcomes of tests of change</p>	December onwards
<p>People losing their emotional and physical resilience and losing their connections with subsequent physical decline.</p>	<p>Early identification of people at the point of losing their independence eg following a fall, following a hospital admission, following a bereavement</p>	<p>ACHSCP strategic aims to identify people early and connect them to their communities, restoring independence</p> <p>Evidence from the Life Curve</p>	<p>Under development - Our stepped care approach is under development and offers us the opportunity to identify people within this category. Part of the development is about creating the opportunity for locality based teams to have a platform to discuss people who fit into this category. The stepped care approach promote opportunities for natural linkages into locality based opportunities, which people can choose to link in to and therefore restore their resilience.</p>	Commenced June 2020 and ongoing
<p>Community dwelling adults who are active in their community</p>	<p>Promoting people to continue to live independently</p>	<p>ACHSCP strategic aims to identify people early and connect them to their communities, restoring independence</p> <p>Evidence from the Life Curve</p>	<p>Ongoing – we need to take into account that the opportunities for people to continue to be active are not currently available. We need to promote other opportunities based upon people’s requirements.</p>	



INTEGRATION JOINT BOARD

Date of Meeting	28 October 2020
Report Title	Transformation - Decisions Required: Action 15
Report Number	HSCP 20.051
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Kevin Dawson, Lead for MH/ LD/SMS services Kevin.dawson@nhs.scot 07818076228
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	<ol style="list-style-type: none"> 1. Locality First Contact Mental Health & Wellbeing Project Business Case. 2. Integrated Joint Board Direction 3. Extract from Scottish Government Mental Health Strategy 2017-2027 – Action 15

1. Purpose of the Report

- 1.1. This report seeks approval to agree financial expenditure to progress a Locality First Contact Mental Health & Wellbeing Project to deliver against the Aberdeen City Health & Social Care Partnership (ACHSCP) strategic aims and progress towards the Scottish Government Action 15 programme plan, previously approved by the Integrated Joint Board (IJB) on 28th August 2018.
- 1.2. This report requests approval from the IJB to incur expenditure, and for the Board to make Directions to Aberdeen City Council (ACC) as per Appendix 2.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board (IJB):
 - a) For the IJB to note the change to cancel the Mental Health & Wellbeing Out of Hours Hub business case previously approved by the IJB on the 19th September 2019.



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- b) Approve the expenditure, as set out in the Business Case at Appendix 1 relating to the Mental Health First Contact Support project which amalgamates & supersedes the Mental Health & Wellbeing Out of Hours project above.
- c) Instruct the Chief Officer, ACHSCP to make the direction relating to the Mental Health First Contact Support project as per Appendix 2 and issue to Aberdeen City Council.

3. Summary of Key Information

3.1 The Scottish Government's National Mental Health Strategy 2017-2027 [Link here to MH Strategy](#) sets out forty national actions under five headings:

1. Prevention and early intervention;
2. Access to treatment, and joined up accessible services;
3. The physical wellbeing of people with mental health problems;
4. Rights, information use, and planning;
5. Data and measurement.

3.2 Action 15 of the National Mental Health Strategy (Appendix 3) seeks to improve accessibility of services, entailing whole system change, specifically: "Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings."

3.3 AHSCP has a Community Mental Health Delivery Plan 'Promoting Good Mental Health' [Link to MH Delivery Plan](#) which sets out local objectives, which include: *developing support in the community which promotes independence and self-management; early intervention and support from people with "lived experience" of mental health issues and support for carers.* This plan was co-produced as part of a community engagement and consultation process and a specific action to explore the creation of community mental health and wellbeing workers was agreed. The proposal to have peer support within the project is a direct result of co-production with community members and service users.

3.4 Alongside these strategic actions, there is a wider Mental Health and Learning Disabilities review which is focussing on long term sustainability and transition to community based services.

3.5 The Scottish Government's Mental Health Transition and Recovery plan for Scotland builds upon positive changes during Covid19 including digital solutions and different ways of delivery services. Their key commitments include:



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- 1) Promoting and supporting conditions for good mental health & wellbeing at population level,
 - 2) Providing accessible signposting to help, advice and support;
 - 3) Providing a rapid and easily accessible response to those in distress.
- 3.6 In the community many people will face challenges to their mental health due to alcohol, drugs, deprivation, domestic abuse, family issues, suicide prevention etc. Most people experiencing poor mental health won't require clinical treatment, and the aim of this project is to ensure there is a low threshold direct access pathway for those individuals who are experiencing need around their mental health and wellbeing which may include aspects of distress. Local data indicates that there are significant numbers of people that do not require clinical or statutory services but do require support and signposting to assist them to manage their situation.
- 3.7 To ensure there has been appropriate alignment between the national direction and local priorities, an Action 15 partnership group with representation from Aberdeen City & Aberdeenshire HSCP Community Mental Health Services, Police, NHS Grampian (including A&E, Acute Mental Health, Primary Care) third sector providers has met and developed a business case to progress local objectives.
- 3.8 In September 2019 a business case for Action 15 was agreed by the IJB (The Mental Wellbeing Out of Hours Hub (Accident Emergency Department and Kittybrewster Custody Suite)). Due to COVID19 this business case has not progressed and we have identified new emergent needs as the landscape of attendances and footfall in current services has changed which has resulted in a re-examination of the original business case. This new business case will help support emergent Mental Health needs as a result of Covid19.
- 3.9 The outcome of this process is the development of a Locality First Contact Mental Health & Wellbeing project to work in the three City localities. The new business case retains out of hours support to Police Custody and A&E whilst responding to new emergent needs. The full business case is in Appendix 2: "Locality First Contact Mental Health and Wellbeing Project".
- 3.10 The business case has been driven by both qualitative and quantitative data, with analysis of information and audits from cross-system sources. ACVO and 3rd sector colleagues have worked jointly with the steering group to proactively examine gaps and opportunities as well as relevant engagement and consultation with service users and individuals who use services in order to deliver on this aim.



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A summary of the key points are below:

- 3.11 The purpose of the project is to provide a “Direct Access First point of contact for Mental Health Services based within deprived areas of Aberdeen available 7 days per week with some additional out of hours support to Police Custody and A&E”. The service will operate on the principle of easy access and will focus on listening, immediate support and signposting. This will be provided by Mental Wellbeing Practitioners and paid peer support with lived experience.
- 3.12 As a low threshold service, this will be a gateway to more specialist Mental Health Services via their GP, if required. Whilst this is a 7 day service with some out of hours support, this is not an acute or emergency provision. To mitigate risk in emergency situations, out of hours decision support will be available and this is detailed in the business case.
- 3.13 The key differences between this model and other existing services include: 1) Direct Access – no requirement for people to see their GP in the first instance reducing barriers and instance access to support “ask once – Get help fast” 2) Community based services focussing on areas of deprivation 3) 7 day service provision 4) Integrated working to provide a wraparound seamless service – linking with drugs and alcohol and other commissioned services and new community based structures currently being developed by the Partnership to support the provision of wrap around services for Aberdeen residents.
- 3.14 The service will be procured through commissioned services and will provide 1 mental health & wellbeing practitioner and 2 peer support workers within each of the 3 localities (a total of 9 posts) for a period 4 years at a cost of circa £360k per annum. The total value of this contract over 4 years is £1.44m.
- 3.15 If the service proves to be effective long-term sustainability will be sought through service redesign.
- 3.16 The full revised business case for The Locality First Contact Mental Health & Wellbeing was agreed by the Executive Programme Board on 9th September 2020.
- 3.17 The Action 15 Group will have oversight of the programme management of this project, reviewing outcomes and performance monitoring on a quarterly basis. This will also feed into the Mental Health Partnership Group to report on our Delivery Plan Aims around prevention, self-management, recovery, dignity & rights and support for carers.
- 3.18 Specific ring-fenced funding is available for the implementation of the Action 15 Plan which increases on a 4-year profile to £1.2million per year from 2022/23. In
-



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addition, the Psychological Therapies service is jointly funded with the Primary Care Improvement Fund as part of the delivery of the Primary Care Improvement Plan (PCIP).

4. Implications for IJB

- 4.1 **Equalities** - Inequality, mental health and human rights are inextricably linked. This proposal will ensure mental health services are accessible and meet the needs of all in compliance with Equality legislation. These plans will have a positive impact on the protected characteristics as protected by the Equality Act 2010.
- 4.2 **Fairer Scotland Duty** - Implementation of the recommendations, will have a neutral to positive impact on people affected by socio-economic disadvantage. These services will increase accessibility to mental health services in areas of deprivation.
- 4.3 **Financial** - Specific ring-fenced funding is available for the implementation of the Action 15 Plan. The recommendations in this report will result in financial expenditure from the Action 15 fund. Full details of the financial implications are contained in the associated business cases.
- 4.4 **Workforce** - Action 15 of the National Mental Health Strategy commits to providing an additional 800 Mental Health Workers in Scotland (Aberdeen City's share is approximately 36) over the next 5 years and this will result in the recruitment and development of supplementary staff, who will support local services. The workforce will be outcome focused and collaborative working in a multi-agency and collaborative manner. With the added difficulty in recruiting NHS clinical staff, we have sought to innovate and mitigate the risk by recruiting third sector and peer support.
- 4.5 **Legal** - There are no direct legal implications arising from the recommendations of this report. Commissioning and procurement of services will be progressed through ACC to comply with appropriate legislation.
- 4.6 **Covid-19** - Positive impact on Operation Home First; aim to reduce harm to vulnerable groups impacted as a result of COVID19.



INTEGRATION JOINT BOARD

5. Links to ACHSCP Strategic Plan

5.1 The proposed service links with

This report seeks to support both the ACHSCP Strategic Plan and the Community Mental Health Delivery Plan 'Promoting Good Mental Health' and support the most vulnerable people impacted by poor mental health through Prevention, Resilience and Connections.

The primary direct link is with the Prevention Aim and the commitment of addressing the factors that cause inequality in outcomes in and across our communities

6. Management of Risk

6.1 Identified risks(s)

Implementation of any service requires consideration of cross-system impacts as well as any governance requirements. The specific projects included in this report aims to shift in the balance of care which requires to be carefully planned, implemented and evaluation to ensure continued stability of the system to meet needs. Implementation of these proposals will be underpinned by a risk management framework.

6.2 Link to risks on strategic or operational risk register:

The main risk relates to not achieving the transformation that we aspire to, and therefore our ability to sustain the delivery of our statutory services within the funding available. The resultant risk is that the Integration Joint Board fails to deliver against the strategic plan.

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

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

Risk 9. Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system.





INTEGRATION JOINT BOARD

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

Risk 2 – ring fenced funding has been identified and committed for these purposes.

Risk 5 – the Action 15 funding is within a specific envelope which to deliver on the whole time equivalent (WTE) target would result in lower graded posts. The Steering Group agreed and have proposed projects which seek to address the needs of the city in an appropriate and proportioned manner. This was done in ensuring that all proposals are developed in consultation with partners, experts by experience and carers and that support the four key settings. All projects have been scrutinised to consider cross system links and best use of financial resource.

Risk 9 - With the added difficulty in recruiting NHS clinical staff, we have sought to innovate and mitigate the risk by recruiting third sector and peer support.

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



INTEGRATION JOINT BOARD

Appendix 1:

See separate document.



INTEGRATION JOINT BOARD

Appendix 2:

INTEGRATION JOINT BOARD

DIRECTION

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

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

Services will be provided in line with the Board's Strategic Plan and existing operational arrangements pending future directions from the Board.

Related Report Number:- HSCP 20.051

Approval from IJB received on:- 28 October 2020

Description of services/functions:-

Procurement of Locality First Contact Mental Health & Wellbeing Project

Procurement of a Direct Access First point of contact for Mental Health Services based within deprived areas of Aberdeen City available 7 days per week with some additional out of hours support to Police Custody & A&E.

Reference to the integration scheme:- Annex 1 Part 2: Part 2:

16. Services providing primary medical services to patients during the out-of-hours.

20. Mental health services provided outwith a hospital.

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

The provision of this hub fits with all 5 strategic aims for ACHSCP: prevention; resilience; enabling; connections; and communities. In particular it looks to have early intervention and prevention for those in requiring mental health support 7 days a week within their own community.

Timescales involved:-

Start date:- 28.10.20

End date:- January 2024 (dependent on successful tender and recruitment)



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Associated Budget:-

The project proposal is based on a four year contract

Table: Costings for the Community Mental Health & Wellbeing Project Business Case

(£)	Year 1	Year 2	Year 3	Year 4	Total
Total	360,910	360,288	367,228	374,307	1,462,733

**Estimate as will be dependent on contract value.* Details of funding source:- Scottish Government Action 15 Funding

Availability: - Confirmed



INTEGRATION JOINT BOARD

Appendix 3:

Extract: Mental Health Strategy 2017 – 2027 – ACTION 15

Access to treatment and joined-up accessible services

Ambitions:

- **Access to the most effective and safe care and treatment for mental health problems should be available across Scotland**, meeting the same level of ambition as for physical health problems.
- **Safe and effective treatment that follows clinical guidelines.**
- **Safe and effective treatment accessed in a timely way.**
- Services that **promote and support recovery-based approaches.**
- **Multi-disciplinary teams** in primary care to ensure every GP practice has staff **who can support and treat patients with mental health issues.**
- **Appropriate mental health professionals are accessible in Emergency Departments and through other out-of-hours crisis services.**

Access to services for mental health problems within a clinically appropriate timescale is a basic issue of health equality. There must be access to high quality, specialist mental health care for those who have higher levels of need, as well as general health care which can deal with an issue there and then for people with a mental health problem. General health care must also address the conditions that can contribute to people becoming unwell, with the ultimate aim of reducing the need for specialist services.

Workforce

One of the keys to ensuring that the principle of 'ask once, get help fast' is met is ensuring the right workforce is in place. We will be working at a local and national level, through Community Planning Partnerships, Integration Authorities, NHS Boards, training bodies, and local and national government. As well as increasing the supply of the mental health workforce with different skill mixes across different services, we need to make careers in mental health more attractive with clear career pathways.

- ❖ **Action 15: Increase the workforce** to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years **increasing additional investment** to £35 million for 800 additional mental health workers in those key settings.

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	Full Business Case	Project Stage Define
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Project Name	Locality First Contact Mental Health and Wellbeing project	Date	07/09/2020
Project Reference No.		Governance Programme Board(s)/ IJB	Action 15; TCSDPB; EPB; IJB
Project Manager/ Author	Caroline Anderson / Chris Smilie / Susie Downie	Date of Programme Boards/ IJB	

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<h2>1. Summary of Project</h2>
<p>An aim of the Scottish Government Mental Health Strategy 2017-2027 is to ensure access to treatment is joined up and accessible and builds on the principle of “ask once, get help fast”. Action 15 aspires to increase access to dedicated mental health professionals in all A&E departments, GP practices, custody suites, and to our prisons by increasing the workforce to provide dedicated mental health support.</p> <p>In the Community many people with poor Mental Health & Wellbeing will experience multiple contributing factors to do with alcohol, drugs, deprivation, domestic abuse, family issues, suicide prevention etc. Many of these factors won’t require clinical treatment, and the aim of this project is to ensure there is an alternative to the existing pathways for those individuals who are experiencing need around their mental health and wellbeing which may include aspects of distress. Local data indicates that there are significant numbers of people that do not require clinical or statutory services but do require support and signposting to assist them to manage their situation.</p> <p>The purpose of this project is to recruit Mental Wellbeing Practitioners and paid peer support who will provide a “Direct Access First point of contact for Mental Health Services based within deprived areas of Aberdeen City available 7 days per week with some additional out of hours support to Police Custody & A&E” The service will operate on the principle of easy access and will focus on listening, immediate support and signposting.</p> <p>The project will aim to reduce the number of people approaching General Practice, as a first point of contact for low level mental health issues and will also provide an alternative to the existing specialist pathway for those individuals who are experiencing mental health distress and who come to the attention of Police Scotland and the custody suite at Kittybrewster or who present at the A&E Department at Aberdeen Royal Infirmary (ARI).</p> <p>There are clearly overlaps between poor mental health, substance use, deprivation and other socio-economic factors. On this basis we would seek to ensure there are clear links with alcohol and drug service developments that seek to integrate services for people experiencing a range of health & wellbeing issues.</p> <p>The service will offer direct access to practitioners, who will work alongside paid peer support workers & volunteers who will have lived experience of mental health issues. The service will be delivered face to face or through digital platforms to ensure services are provided closer to people’s homes.</p> <p>As the landscape of attendances and footfall in current services have changed and with the national re-design of urgent care being implemented from the 1st November, consideration has to be made for linkages to the NHS Grampian local flow navigation centre. This project will work in collaboration to consider a model that seeks to adapt and flex to current gaps in this new landscape.</p>



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Feedback received as part of the community engagement and consultation process for the Aberdeen City Community Mental Health Delivery Plan 2021-2023 highlighted a need to offer localised support to assist people to access and navigate the range of services that are available across the City. The consultation also highlighted the desire for community based non-medical support and early intervention, a focus on self - management, and support from people with “lived experience” of mental health issues.

Approaches to self-empowerment and community engagement models are highly supported by the Scottish GP Committee of the BMA Scotland.

This service will provide a direct access community based team, based on a model of mental health practitioner, paid peer support and volunteers with lived experience working together to help to signpost, de-escalate, provide empathetic responses, provide some simple intervention work to enhance provision within deprived areas and risk assess to identify different options and resources available within the Community as well as supporting self-management options. This differs from the traditional approach of initial contact with Psychiatrists and GPs providing low level mental health assessment and treatment. This team would create strong links to services and support networks within the local community. Primarily based within deprived areas and linked to the new Community based structures currently being developed by the Partnership to provide wrap around services, this development would have close links to GPs, the custody suite, A&E and existing services to enhance current pathways for earlier intervention. This would support the Scottish Government aim of “Ask once, get help fast”

Tests of change are an evidence-based approach to service improvement, and we believe it is important to ensure that a methodologically sound process of review underpins this project as its developed. By undertaking this change it is anticipated that it will;

- improve outcomes (de-medicalised / supported self-management where suitable)
- support a reduction in GP workload / pressures
- Improve effectiveness and appropriateness of GP interventions
- support preventative /early intervention principles within Community Mental Health approaches
- Support existing developments of a hub model of service provision on a locality level providing wrap around services focussing on areas of deprivation.
- Support Police and A&E with avoidable interventions.
- Ensure direct access support for mental wellbeing 7 days per week

The project will run for an initial 23 month period, and will test a solution to fill an identified gap within the current pathways by commissioning a community based mental wellbeing team;

- To be the first point of contact for community based mental health 7 days per week with some additional support out of hours.
- To help people navigate the services in their communities
- To build on the knowledge, skills and capacity within public and third sector organisations

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- To develop localised peer support with people who have lived experience.
- To alter expectations of solutions (including a greater focus on self-empowerment) and optimise the understanding and place of medical interventions where appropriate.

The team will work across each locality and will primarily use a telephone triage and signposting approach and will have the option to develop additional digital methods of engagement such as face time, WhatsApp, attend anywhere etc. As lockdown eases we will explore other ways of engaging with people i.e. face to face within community settings and police custody. The project will base themselves within community hubs to maximise engagement with the target group and ensure wider access to services available within the community.

Risk & Governance
The Commissioned Service will manage risk and governance arrangements in hours 7 days per week (0800 – 1800).

For out of hours work, the team will utilise a validated Mental Health Triage Scale to determine risk factors and will have access to existing first response services and associated medical pathways as and when required.

Although the team will not provide a clinical service, there will be times when they will need to seek specialist advice in order to ensure oversight of risk and the escalation of any concerns. The Kildrummy Hub (Unscheduled Care Team) at Royal Cornhill Hospital (RCH), the Custody Suite Health Care Team and the Gmed service will be available to provide decision support out of hours to ensure the team is not working in isolation and that they are supported to ensure that individuals who contact the service are not exposed to risk of harm.

Joint Training and Shared Learning & Development
A cross sector multi-agency approach to training and sharing of learning will be adopted to reinforce an integrated workforce and therefore ensuring a cohesive response to those presenting in distress.

We will continue to adapt, flex and develop the service as pathways change and opportunities through service design and commissioning arise.

2. Business Need

The project aims to provide a pathway into services for individuals and support to fill an identified gap within the current pathways by employing a community based mental wellbeing team;



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- To be the first point of contact for community based mental health 7 days per week with some additional out of hours support.
- To reduce delays in accessing appropriated tiered support for Mental Health & Wellbeing.
- To help people navigate the services in their communities
- To build on the knowledge, skills and capacity within public and third sector organisations
- To develop localised peer support with people who have lived experience to enable people.
- To shift the balance of care away from the historic models by providing a 7 day non medicalised service with additional “out of hours” response for those in distress.
- To provide a compassionate response to de-escalate where possible to ensure appropriate signposting to services for those in distress.

This service has been developed considering current services and looking at where reported gaps and opportunities are. A locality model is being proposed with a focus on areas of deprivation where there are increased and challenging demands. This service looks to respond and support anyone in need of support with their mental health and wellbeing but to triage and utilise existing services where appropriate. It will be a key part of this role to understand and make relationships with those across the system.

This service will complement the existing pathway and provision being delivered successfully in localities by the Primary Care Link Practitioners, Distress Brief Interventions (DBI) Service via Penumbra and Primary Care Psychological Therapists. Whilst these are all very beneficial services, they require an initial GP consultation and then onward referral. This, inadvertently, risks putting greater strain on a high cost and over-stretched aspect of our service in order to reach the supports whose remit include reducing strain on General Practice.

Where there are opportunities to link to other service developments such as drugs and alcohol, we will seek to provide seamless service provision.

This model will be available within areas of deprivation where we know there are disproportionately high mental health prevalence with additional challenges borne by complexity of negative socio-economic factors. As well as high prevalence this results in significantly poorer outcomes both in Mental Health and co-morbid Physical Health (which is adversely impacted by both deprivation and poor mental health. It aims to free up General Practitioners who are frequently the first point of contact for the majority of people who experience mental health concerns (across a range of spectrums including alcohol/substance misuse). The demand within deprivation areas is considerable, and currently falls entirely to GPs to manage. Along with co-morbidity and complexity of Frail Elderly, unscheduled mental health presentations place the greatest demand on GPs and within this the models are often not the best immediate sources of support. Timescale pressures of 10-15 minutes often fail patients and risk over medicalised models, including avoidable prescribing which can potentially cause more longer term harm.



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This model supports our population to enter Mental Health services at a lower tiered level than currently, with appropriate escalation as required – **right person, right place, right time**. This service will be linked to the new Community based structures currently being development by the Partnership to support the provision of wrap around services for Aberdeen City residents.

Expressed Need

Colleagues have recently consulted on ACHSCP Promoting Good Mental Health Delivery Plan which allowed professionals, community members and people with lived experience to comment on the development of the plan. Needs identified in the feedback include;

- People would like to be able to navigate to the right services but are unaware of community provision. Community access to mental health support is limited.
- Unscheduled Mental Health presentations place one of the greatest demand on GPs and the Police. There is a need to engage with the vulnerable in our communities who do not attend the GP or engage with public services.
- Time-scale pressures of 10-15 minutes for GP's often fail patients and risk over-medicalised models, including avoidable prescribing and potentially more longer term harm.
- Additional services introduced such as the Aberdeen Links Service, Distress Brief Intervention are not accessible as a GP has to make the referral on behalf of the individual.

Legislative

Mental Health Strategy – The Scottish Government Mental Health Strategy has committed to increase MH workers by 800 roles in key settings in order to increase access to appropriate mental health support as early as possible. This project is aiming to improve access and increase workers within the community setting as this has been identified as a gap.

Mental Health – A Transition and Recovery Plan for Scotland – This test of change will also build upon the many positive changes that have happened during the Covid-19 lockdown, including innovative digital solutions, and different ways of delivering services. As part of the Scottish Governments “Mental Health – A Transition and Recovery Plan for Scotland”, their key Commitments are:

- Promoting and supporting the conditions for good mental health and wellbeing at population level.
- Providing accessible signposting to help, advice and support
- Providing a rapid and easily accessible response to those in distress.

The plan also highlights the following areas which this test of change would support:



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- We will enhance the range of effectiveness of social supports that benefit mental health. We will make these accessible and responsive to all population groups, including those in our most disadvantaged communities.
- We will equip individual, families and communities to support their own, and each other's mental wellbeing.
- We will use learning and a co-production approach to test and refine future options with partners and people with lived experience of mental health challenges.
- We will work with stakeholder bodies to support the development of peer support approached to maintaining good mental health.

This test of change would support these commitments as we move through the phases of recovery from Covid-19 as well as support the Action 15 and Primary Care Improvement Plan aims and objectives.

Local data:

Link Worker Service

The underpinning goal of the Link Working Programme is to assist general practice teams (and the wider health and social care system) to develop new capacities to become more effective in enabling patient self-management and supporting people to live more interconnected lives, which support their general wellbeing and sense of belonging. The Aberdeen Links Service have seen 3158 referrals since September 2018 with 46% of referrals (n.1445) have Mental Health as one of the referrals reasons.

The Primary Care Link Practitioner service provides support for individuals to identify the issues impacting on their wellbeing and connecting to the assets in their communities. The service is still within the first two years of delivery and has already had to introduce waiting lists in a small number of practices. The 6 month evaluation highlighted the potential to have a specialist Link Practitioner which given the high occurrence of Mental Health in referral reasons would support this. Access to this service is by way of a GP Referral.

Distress Brief Intervention (DBI) – Penumbra

A Distress Brief Intervention is a time limited support specifically designed for people experiencing distress. This two-tier approach will provide a compassionate and supportive intervention to those aged 18 and over who do not require emergency service response.

The Aberdeen DBI programme aims to provide a more collaborative, co-ordinated and cooperative framework within which to respond to distress, across frontline services and support providers in the city. The service operates 7 days a week and is a demand-led and flexible service.



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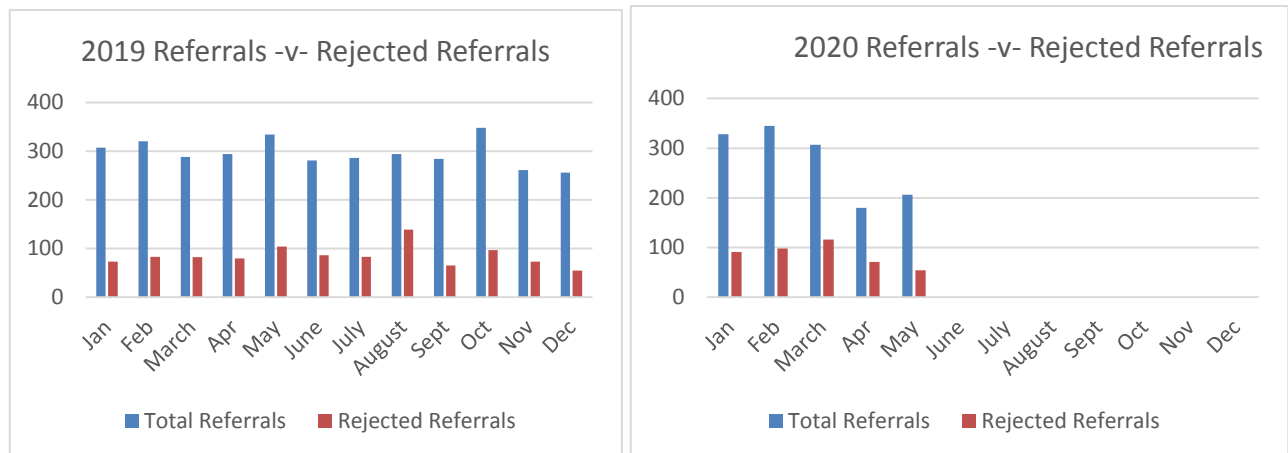
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Aberdeen DBI Programme

- Level 1: Provided by frontline Aberdeen DBI Partners. The intervention provides a compassionate response to distress, signposting and the offer of a referral to DBI Level 2.
- Level 2: Responding within 24 hours, Penumbra provide a 14 day supportive intervention focusing on self-management of distress, community based problem solving, developing distress management tools and signposting to community assets and relevant agencies.

From October 2017 to the end of July 2020 the DBI have received and supported 1720 people.

Community Mental Health team:



In **2019** from a total of 3553 referrals received, 1020 were rejected by the service. In **2020** to date a total of 1366 referrals received to May 2020 with 430 rejected by the service. Over 60 % of referrals rejected are due to not meeting the referral criteria for Specialist Mental Health Service and with communication sent back to referrers providing signposting to alternative services in Aberdeen City.

The project supports the aims of prevention and early intervention and will help to shift the balance of care away from the historic models which form the back bone of current mental health provision within Aberdeen City.

The development of a de-medicalised model will require a philosophical shift in thinking, not only from current service providers and partners, but also for individuals with lived experience. This project would have the role of facilitating change both with professionals and within the community.

By developing this “Direct Access First Point of Contact” option into our Primary and Community care networks (including GPs, Link Practitioners and potential blending in other areas such as peer support options), we can genuinely be looking towards more radical



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solutions that are needed to bring improvements to Mental health Services and outcomes in deprived areas (where demand is 3 times greater and outcomes traditionally poor). The hope of this Direct Access First Point of Contact would become culturally both accepted and normalised as a front door to Mental Health Support instead of, but complimented by, GP Services.

Emergency Department

The experience of people who attend A&E is often one of waiting longer than the four-hour target for assessment, and in an environment which is not conducive to enhancing their emotional wellbeing. A four week snapshot of attendances at A&E for patients who presented with “mental health/self harm crisis” revealed approximately 360 hours of patient contact with an average length of stay of 3 hours. Police were present with patients for approximately 15% of the time. Of the patients who attended, 62% did not require a medical intervention and 28% did not require psychiatric review. The data shows that 66% of attendances occurred between the hours of 1700 – 0900 and that 25% of all contact with A&E occurred during the weekend. Anecdotal information indicates that patients who are discharged from the department are medically fit for discharge but feeling from staff is that a compassionate response to people in distress would be humane, reduce attendance at the department and associated specialist time and reduce the likelihood of repeat visits.

Police Scotland & Custody

In 2017 publication “Justice in Scotland: Vision and Priorities’ noted that 39% of those detained in police custody have a mental health disorder. Justice agencies are commonly dealing with situations where the main issues are around mental health and distress where no offence or only a minor offence has been committed. A study of concern calls to Division A between April and November 2018 showed that there were 1410 mental health related calls, of which 86% were closed off by police as “concern for person” Concern calls peaked around 1900 hours and then continued at a relatively constant level until midnight. These peak hours correlate to the peak times for detention under the Mental Health Act (Section 297) Place of safety were 56% occurred after 21 hours

The key differences between this model and the and other existing services:

- **Direct Access** – No requirement for people to see their GP in the first instance, reducing barriers and instant access to support “Ask Once – Get help Fast” – unlike other services where a referral is required.
- **Community Based** – unlike other services which are city centre based this model would be an integrated hub model working closely with the community in more peripheral sites providing services closer to people’s homes.
- **Focus on Areas of Deprivation** – this model looks to provide additional supports to areas of deprivation within Aberdeen (e.g. Torry, Tillydrone etc)
- **7 Day Service** – This service will be provided over 7 days with additional out of hours support to Police custody and A&E
- **Integrated Working to provide wrap around seamless service** – linkages with Drug and Alcohol Service developments, other commissioned services and new Community based structures currently being development by the Partnership to support the provision of wrap around services for Aberdeen City residents.

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<p>3. Objectives</p>
<ul style="list-style-type: none"> • To support the Primary Care Improvement Plan (PCIP) which focusses on releasing capacity for general practitioners as well as promoting Action 15 objectives to divert services away from Primary Care, A&E and Police Custody.
<ul style="list-style-type: none"> • To improve individual outcomes by early intervention, prevention and admission avoidance at times of distress to de-escalate and support individuals at times of need
<ul style="list-style-type: none"> • To improve individual mental health and wellbeing through timely access to appropriate services by offering community access and support options.
<ul style="list-style-type: none"> • To engage people with lived experience in the development and delivering of the service and community initiatives.
<ul style="list-style-type: none"> • To enhance current pathways and service provision within targeted communities.
<ul style="list-style-type: none"> • To mitigate risk for low/moderate level distress which will de-medicalise pathways for unscheduled attendances at GP practices and avoidable police & A&E interventions.
<ul style="list-style-type: none"> • To reduce rejected referrals / reducing number of contacts for the individual by supporting individuals to access services appropriate to their needs.
<ul style="list-style-type: none"> • To contribute to the national commitment to increase the number of mental health workers in Scotland by 800 over the next five years.
<ul style="list-style-type: none"> • Contribute to the delivery of Community Mental Health and Wellbeing Delivery Plan.
<ul style="list-style-type: none"> • To undertake an evaluation that could asses and monitor the impact of the team.

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4. Options Appraisal

4.1 Option 1 – Do Nothing / Do Minimum	
Description	Status Quo
Expected Costs	There is no financial impact of this option, however, by not delivering anything there will be negative impact on current services and individuals will not get the most appropriate support in a timely manner.
Risks Specific to this Option	<p>Unmet individuals' needs resulting in distress</p> <p>Individuals who have unmet needs may present to services with more complex needs if not initially addressed within community setting.</p> <p>Risks are managed under current arrangements.</p>
Advantages & Disadvantages	<p>Advantages</p> <ul style="list-style-type: none"> • No funding is required. • No change is required and no impact to services or staff. <p>Disadvantages</p> <ul style="list-style-type: none"> • Not optimising prevention and early intervention opportunities to support individuals in distress and to a positive outcome • GP's continue to be the referral route into services which adds to GP workload. • Inappropriate use of current capacity and resources. • No improvement in outcomes for individuals of Aberdeen.
Other Points	None

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4.2 Option 2 – Small Scale test to single practice area or geographic area	
Description	This option involves employing a Mental Health Practitioner and Peer support worker who would work in one specific area within the city.
Expected Costs	Anticipated costs per Year based on 0.5fte Mental Health Practitioner and 0.5fte Peer Support worker for one locality (based on area of deprivation) £59,565 per year (2% increase per year)
Risks Specific to this Option	There is a risk that we may not be able to recruit a provider to participate and would be unable to demonstrate impact of the programme.
Advantages & Disadvantages	<p>Advantages:</p> <p>Limited Costs</p> <p>Small scale test requires less resource and support;</p> <p>Opportunity to test the design of systems to manage two way communication/feedback between local agencies/third sector and primary care;</p> <p>Disadvantages</p> <p>There is already evidence available about the impact of link workers and peer support. It is suggested that such a small scale test would not create the significant transformational shift that is desired;</p>
Other Points	None

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4.3 Option 3: To test provision of Community based Mental Health and Wellbeing Service.	
Description	This option would see a Mental Health Practitioner and 2 x Peer Support workers being employed to support the test of change within a locality.
Expected Costs	Anticipated costs Per Year based on 1fte x Mental health practitioner and 2fte x Peer Support Workers for one Locality (based on area of deprivation) £120,303 per year. (2% Increase per year)
Risks Specific to this Option	Recruitment challenges.
Advantages & Disadvantages	<p>Advantages</p> <ul style="list-style-type: none"> • Supports testing of a completely new person-centred way of working within the community • Opportunity to provide a community-based response to low level mental health distress • Additional resource to build capacity within communities setting. • Reduces stigma attached to traditional statutory services • Supports strategic aims • Supports the continued shift to a more person-centred culture • Flexibility as able to recommission as required • Improved staff and citizen experiences <p>Disadvantages</p> <ul style="list-style-type: none"> • Requires funding to support

	<h2>Full Business Case</h2>	<p>Project Stage Define</p>
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4.4 Option 4: To implement full roll out of Community based Mental Health and Wellbeing service	
Description	This option involves Option 4.3 replicated in all 3 localities
Expected Costs	Anticipated costs per Year based on 1.0fte Mental health practitioner and 2.0fte Peer Support Workers per locality (3) focussing on areas of deprivation) £360,910 per year (2% Inflation per year) – See full costing breakdown below.
Risks Specific to this Option	Risk that there may model may not work and require .
Advantages & Disadvantages	<p>Advantages</p> <ul style="list-style-type: none"> • Supports testing of a completely new person-centred way of working within the community • Opportunity to provide better a community-based response to low level mental health distress • Additional resource to build capacity within communities setting. • Reduces stigma attached to traditional statutory services • Supports strategic aims • Supports the continued shift to a more person-centred culture • May realise staff capacity • Improved staff and citizen experiences <p>Disadvantages</p> <ul style="list-style-type: none"> • Requires funding to support
Other Points	Any other relevant information.



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4.5 Scoring of Options Against Objectives

Objectives	Options Scoring Against Objectives							
	1	2	3	4	5	6	7	8
1. To improve individual outcomes by early intervention, prevention and admission avoidance at times of distress to de-escalate and support individuals at times of need	0	1	2	2				
2. To improve individual mental health and wellbeing through timely access to appropriate services by offering community access and support options.	0	1	2	2				
3. To engage people with lived experience in the development and delivering of the service and community initiatives.	0	1	2	2				
4. To enhance current pathways and service provision within targeted communities.	0	1	2	2				
5. To mitigate risk for low/moderate level distress which will de-medicalise pathways for unscheduled attendances at GP practices	0	1	2	2				
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6. To reduce rejected referrals / reducing number of contacts for the individual by supporting individuals to access services appropriate to their needs.	0	1	2	2				
7. To contribute to the national commitment to increase the number of mental health workers in Scotland by 800 over the next five years.	0	1	2	3				
8. Contribute to the delivery of Community Mental Health and Wellbeing Delivery Plan.	0	1	2	2				
9. To undertake an evaluation that could assess and monitor the impact of the team.	0	1	2	2				
Total								
Ranking	4	3	2	1				

Scoring

Fully Delivers = 3; Mostly Delivers = 2; Delivers to a Limited Extent = 1; Does not Deliver = 0; Will have a negative impact on objective = -1



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4.6 Recommendation

Option 4: Provision of Community based Mental Health and Wellbeing service in each Locality based in Community Hubs within areas of deprivation.

- The proposed model would deliver on the following: the local recruitment of a mental health Practitioner and two Peer support workers who will work within each locality.
 - To be the first point of contact for community based mental health
 - To help people navigate the services in their communities
 - To build on the knowledge, skills and capacity within public and third sector organisations
 - To develop localised peer support with people who have lived experience to enable people.
 - To develop close links with Drugs & Alcohol Services, other commissioned services and new community hubs being developed by the Partnership to ensure a wraparound service for Aberdeen City residents.
- The preferred model for delivering the project is a Commissioned Service; directed by the multidisciplinary steering group.
- To support a whole systems approach and deliver on the Mental Health Action Plan

5. Scope

This team would be skilled with knowledge of local services and activities to allow signposting as well as a level of low to mid distress support (e.g. distress interventions, personal resilience, and coaching skills) Peer support with lived experience will support practitioners. Importantly the service would provide linkages within other services and community activities and provide support where there is a current gap in services and join up silo-working.

This project will link to:

- GP Practices
- Community Mental Health teams /Unscheduled Care / Kildrummy Hub
- Link Practitioners
- Psychological Therapists
- Third Sector providers such as Penumbra (DBI Service)
- Police Scotland & Custody Suite
- A&E



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5.1 Out of Scope

This aims to focus on mental wellbeing distress support and signposting and does not affect statutory services as this role would refer, signpost or escalate as appropriate.



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6. Benefits

6.1 Citizen Benefits

Benefit	Measures	Source	Baseline	Expected Benefit	Expected Date	Measure Frequency
Timely & direct access to services	Access	TBC	On initial assessment	Improved quality of access		Baseline @ 6 & 12 months
Improved wellbeing	Resilience	Outcome Questionnaire	On initial assessment	Improved citizen resilience		Baseline @ 6 & 12 months
Improved quality of life	Quality of life	Outcome Questionnaire	On initial assessment	Improved quality of life		Baseline @ 6 & 12 months

6.2 Staff Benefits

Benefit	Measures	Source	Baseline	Expected Benefit	Expected Date	Measure Frequency
Less pressure on GP time	GP consultation type	Vision/Emis	Current	Reduced MH consults	At 12 mths	Annually
Less pressure Police & A&E time	Police & A&E Interventions at times of distress	Police	Current	Reduced Police Interventions	At 12 months	Annually



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6.3 Resources Benefits (financial) – indicate whether these benefits are cashable or non-cashable

Benefit	Measures	Source	Capital or Revenue?	Baseline (£'000)	Saving (£'000)	Expected Date	Measure Frequency

7. Costs

7.1 Project Revenue Expenditure & Income

(£)	Year 1	Year 2	Year 3	Year 4	
Staffing Resources					
3 x Band 4 & 6 x Band 3 @ top point	294,676	300,569	306,581	312,712	
Uplift for Unsociable hours (Thurs – Sun 1800 – 0200) equating to time and half estimate)	20,000	20,731	21,146	21,569	
Supplies & Service	4,500	4,500	4,500	4,500	
Travel Subsistence	2,400	2,400	2,400	2,400	
Training Costs	3,600	3,600	3,600	3,600	



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Initial Start-up Costs (Laptop etc)	9,000	0	0	0	
Management Costs (8%)	28,058	28,012	28,5532	29,104	
Revenue Receipts and Grants	0	0	0		
Total	360,910	360,288	367,228	374,307	

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8. Procurement Approach

A procurement approach would be required following the Procurement and Financial Regulations of our partner organisations. The invitation to tender will be posted on the Public Contracts Scotland site and ongoing support will be provided by the procurement team.

9. State Aid Implications

There are no state aid implications.

10. Equalities Impact Assessment

An equalities impact assessment and health impact assessment has been undertaken for the Mental Health Delivery plan.

This project introduces a new mental health wellbeing team as a new way of working that will have its impacts robustly evaluated during the test period from a citizen, staff and systems perspective.

This service is expected to have a neutral to positive on equalities as it is preventative in nature and open to all citizens.

11. Key Risks

Description	Mitigation
Lack of capacity in third sector to respond to local need	The role will look to work with community partners to build capacity and community responses.
Lack of joint up working and commitment from all services to support the model and 'buy-in' to the new service	<p>Joint training and development opportunities with peers.</p> <p>Communication and engagement strategy will be in place to mitigate this.</p>

12. Time

12.1 Time Constraints & Aspirations

After IJB approval procurement process would take around 3 months to complete. After this the project would run for 2 years. It would be agreed that service testing and

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development should run through the course of the project to ensure outcomes are best met.

12.2 Key Milestones	
Description	Target Date
Programme Board / IJB approval	April-July 2020
IJB Approval	August 2020
Procurement	September 2020 – November 2020
Implementation	December 2020
Evaluation	Ongoing

13. Governance	
<p>This project sits within the Programme Management Structure of the Aberdeen City Health and Social Care Partnership and will be a key deliverable of Action 15 Scottish Government Mental Health strategy. A project team is set up and monitoring will be set up on a quarterly basis.</p>	
Role	Name
Project Sponsor	Kevin Dawson, Lead for MH, SMS & LD
Project Manager	Susie Downie, Transformation Programme Manager
Lead	Caroline Anderson, Asst Service Manager
Project Team	Caroline Anderson, Louise Officer, John Donaghey, Susie Downie, Dr Alasdair Jamieson,

14. Resources			
Task	Responsible Service/Team	Start Date	End Date
Legal Advice - Contract (ACC)	TBC	September 2020	Ongoing
Third sector interface		May 2019	Ongoing
Data Sharing/ Information Governance Advice	TBC	July 2019	Ongoing

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ICT	TBC	July 2019	Ongoing

15. Environmental Management

The project should have a neutral impact on the environment as the team will be locally based.

16. Stakeholders

A stakeholder matrix has been developed. A communications strategy will be developed by the project team, considering appropriate ways to ensure communication throughout the duration of the project.

17. Assumptions

Plans and financial projections for this project will be developed on the assumption that it will be successful in delivering its anticipated benefits and that capacity within the third sector is available.

18. Dependencies

This project is part of a wider transformational programme across Aberdeen City intended to radically change the system of health and social care. Whilst this project will have great value on its own, when it is taken together with the other elements of implementing the integration strategies and plans it will provide essential and fundamental support for service change across the city.

Whilst this project is dependent upon the partner organisations successfully dealing with the challenges in a positive and proactive way, it is also a significantly contributing action that is part of the overall approach to dealing with these issues through:

- Promoting people’s shared responsibility for prevention, anticipation and self-management
- Improved integration across the ACHSCP and other public and third sector bodies
- Recognition, promotion and development of mental health wellbeing team
- Engagement and buy in from frontline and community based services

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19. Constraints
Constraints are being defined and managed as the project progresses.

20. ICT Hardware, Software or Network infrastructure		
Description of change to Hardware, Software or Network Infrastructure	EA Approval Required?	Date Approval Received
Mobile device and ICT equipment to be provided by the third Sector provider for the team.	No	

21. Support Services Consulted				
Service	Name	Sections Checked / Contributed	Their Comments	Date
Finance	Gillian Parkin	All	Finance section	05/09/2020
Research & Evaluation	Chris Smilie	All	Ongoing amendments to full document as part of project team.	Ongoing.
Mental Health Services – ACHSCP (Health & Social Care)	Caroline Anderson Kevin Dawson Louise Officer John Donaghey	All	Ongoing amendments to full document as part of project team.	Ongoing.
General Practice	Dr Alasdair Jamieson	All	Ongoing amendments to full document as part of project team.	Ongoing.
Police	Ian McKinnon	Background / Options	Linkages to urgent care review / OOHs and weekend access.	07/09/2020
A&E	Valerie Fox	Background / Options	Linkages to urgent care review / OOHs and weekend access.	07/09/2020

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22. Document Revision History			
Version	Reason	By	Date
1.0	Initial draft for sub group development	Project Team	
1.2	Initial draft for Action 15 Steering Group	Project Team	
1.3	Initial draft for Executive Programme Board	Project Team	
1.4	Revised Draft for sub Group revision	Project Team	

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INTEGRATION JOINT BOARD

Date of Meeting	28 October 2020
Report Title	Transformation - Decisions Required: Action 15
Report Number	HSCP 20.050
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Kevin Dawson, Lead for MH/ LD/SMS services Kevin.dawson@nhs.scot 07818076228
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	Her Majesty's Prison (HMP) & Young Offenders Institute (YOI) Grampian – Joint City/Shire Prison-wide Mental Health project

1. Purpose of the Report

- 1.1. This report seeks approval to agree financial expenditure to progress projects to deliver against the ACHSCP strategic aims and progress towards the Scottish Government Action 15 programme plan, previously approved by the IJB on 28th August 2018.
- 1.2. This report requests approval from the IJB to incur expenditure, and for the Board to make a Direction to NHS Grampian.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board (IJB):
 - a) Approve the expenditure, as set out in Appendix 1, relating to the HMP&YOI Grampian – Joint City/Shire Prison-wide Mental Health service project.
 - b) Instruct the Chief Officer of Aberdeen City Health & Social Care Partnership to work with the chief officer of Aberdeenshire Health & Social Care Partnership to implement the project as set out in the report.



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- c) Instruct the Chief Officer to make the Direction relating to HMP & YOI Grampian Joint City/Shire Prison-wide Mental Health Project as per Appendix 2 and issue to NHS Grampian.

3. Summary of Key Information

3.1 The Scottish Government's National Mental Health Strategy 2017-2027 [Link here to MH Strategy](#) sets out forty national actions under five headings:

1. Prevention and early intervention;
2. Access to treatment, and joined up accessible services;
3. The physical wellbeing of people with mental health problems;
4. Rights, information use, and planning;
5. Data and measurement.

3.2 Action 15 of the National Mental Health Strategy seeks to improve accessibility of services, entailing whole system change, specifically: "Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings."

3.3 Aberdeen Health and Social Care Partnership has a Community Mental Health Delivery Plan 'Promoting Good Mental Health' [Link to MH Delivery Plan](#) which sets out local objectives, which include: *developing support in the community which promotes independence and self-management; early intervention and support from people with "lived experience" of mental health issues and support for carers*. This plan was co-produced as part of a community engagement and consultation process and a specific action to explore the creation of community mental health and wellbeing workers was agreed.

3.4 Alongside these strategic actions, there has also been a wider Mental Health and Learning Disabilities review which has focussed on long term sustainability and transition to community-based services.

3.5 The Scottish Government's Mental Health Transition and Recovery plan for Scotland builds upon positive changes during Covid 19 including digital solutions and different ways of delivery services. The key commitments include: 1) Promoting and supporting conditions for good mental health & wellbeing at population level, 2) Providing accessible signposting to help, advice and support; 3) Providing a rapid and easily accessible response to those in distress.

3.6 To ensure there has been appropriate alignment between the national direction and local priorities, an Action 15 partnership group with representation from Aberdeen City & Aberdeenshire HSCP Community Mental Health Services,



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Police, NHS Grampian (including A&E, Acute Mental Health, Primary Care) third sector providers has met and developed a business case to progress local objectives.

- 3.7 This proposal seeks to deliver a tiered approach to support people in custody within HMP&YOI Grampian to improve mental wellbeing recognising characteristics such as (trauma history, cognitive impairment, impact of substance misuse, socio-economic determinants) by providing a holistic and targeted service. This proposal will provide lower tier support as an alternative to the medicalisation of expressed need such anxiety, depression and wellbeing issues faced by the identified population.
- 3.8 Action 15 funding will provide 1 Whole Time Equivalent Mental Health Support worker and 0.6 whole Time Equivalent Occupational Therapist (OT) to be employed by NHS Grampian. These posts will support functional improvement so that people are better able to engage with opportunities for recovery and progression within the prison. This in turn will contribute to improved longer term and sustained outcomes in the transition out of prison and into communities. This business case will help support emergent mental health needs as a result of Covid19.
- 3.9 Aberdeenshire Health and Social Care Partnership (HSCP) have lead responsibility for the health and wellbeing of the population of HMP&YOI Grampian. This project has been developed in partnership with colleagues from Aberdeenshire HSCP. Aberdeenshire HSCP will take the lead role for the project in terms of recruitment, performance and outcomes. This proposal seeks agreement from Aberdeen City IJB to invest finance in the City share of costs.
- 3.10 The proportion of costs including the Aberdeen City population of Aberdeen accommodated with HMP&YOI Grampian is 65% at any given time. This is reflected in proportionate ratio of costs allocated to each partner in the proposal. The total cost of this will be £194,786 over four years.
- 3.11 The proposal seeks to embed this permanent recurring resource within existing structures as a supporting role to the extant psychology and wider prison healthcare team augmenting capacity and ensuring a seamless service.
- 3.12 Whilst staff recruitment for the prison is an ongoing challenge, psychologists who would fit the requirements of this role and who need this type of experience are abundant within the wider health sector.
- 3.13 Feedback from service users and stakeholders will be sought as part of the project evaluation going forward at 6-month intervals.
- 3.14 This project will be jointly accountable to both the Aberdeen City & Aberdeenshire's Health and Social Care Partnerships. It will be reported for



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ACHSCP via the Action 15 Steering Group and ultimately the Executive Programme Board and IJB. Aberdeenshire HSCP as the lead for this project will be responsible for its delivery and have a local project team in place.

- 3.15 Specific ring-fenced funding is available for the implementation of the Action 15 Plan which increases on a 4-year profile to £1.2million per annum from 2022/23. In addition, the Psychological Therapies service is jointly funded with the Primary Care Improvement Fund as part of the delivery of the Primary Care Improvement Plan (PCIP).

4. Implications for IJB

4.1 Equalities

Inequality, mental health and human rights are inextricably linked. This proposal will ensure mental health services are accessible and meet the needs of all in compliance with Equality legislation. These plans will have a positive impact on the protected characteristics as protected by the Equality Act 2010.

Under prison health care arrangements, prisoners are entitled to equivalent access to the same quality and range of health care services as the general population, and they have the same rights in relation to mental health care as other patients (The Mental Health (Care & Treatment) (Scotland) 2003 Act; The Equality Act, 2010). Aberdeen City Residents have access to clinical psychology within the community.

- 4.2 **Fairer Scotland Duty** - Implementation of the recommendations will have a neutral to positive impact on people affected by socio-economic disadvantage. These services will increase accessibility to mental health services in areas / populations of deprivation / disadvantage
- 4.3 **Financial** - Specific ringfenced funding is available for the implementation of the Action 15 Plan. The recommendations in this report will result in financial expenditure from the Action 15 fund. Full details of the financial implications are contained in the associated business cases
- 4.4 **Workforce** - Action 15 of the National Mental Health Strategy commits to providing an additional 800 Mental Health Workers in Scotland (Aberdeen City's share is approximately 36) over the next 5 years and this will result in the recruitment and development of supplementary staff, who will support local services. The workforce will be outcome focused and collaborative working in a multi-agency and collaborative manner.



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- 4.5 **Legal** - There are no direct legal implications arising from the recommendations of this report.
- 4.6 **Covid-19** - Positive impact on Operation Home First; aim to reduce harm to vulnerable groups impacted as a result of COVID19.

5. Links to ACHSCP Strategic Plan

- 5.1 This report seeks to support both the ACHSCP Strategic Plan and the Community Mental Health Delivery Plan 'Promoting Good Mental Health' and support the most vulnerable people impacted by poor mental health through Prevention, Resilience and Connections.

The primary direct link is with the Prevention Aim and the commitment of addressing the factors that cause inequality in outcomes in and across our communities.

6. Management of Risk

6.1 Identified risks(s)

Implementation of any service requires consideration of cross-system impacts as well as any governance requirements. The specific projects included in this report aims to shift in the balance of care which requires to be carefully planned, implemented and evaluation to ensure continued stability of the system to meet needs. Implementation of these proposals will be underpinned by a risk management framework.

6.2 Link to risks on strategic or operational risk register:

The main risk relates to not achieving the transformation that we aspire to, and therefore our ability to sustain the delivery of our statutory services within the funding available. The resultant risk is that the Integration Joint Board fails to deliver against the strategic plan.

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

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

Risk 9. Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system





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

Risk 2 – ring fenced funding has been identified and committed for these purposes.

Risk 5 – the Action 15 funding is within a specific envelope which to deliver on the WTE target would result in lower graded posts. The Steering Group agreed and have proposed projects which seek to address the needs of the city in an appropriate and proportioned manner. This was done in ensuring that all proposals are developed in consultation with partners, experts by experience and carers and that support the four key settings. All projects have been scrutinised to consider cross system links and best use of financial resource.

Risk 9 - Staff recruitment for the prison is an ongoing challenge, psychologists who would fit the requirements of this role and who need this type of experience are abundant within the wider health sector

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



Aberdeen City Health & Social Care Partnership
A caring partnership



INTEGRATION JOINT BOARD

Appendix 1

See separate Business Case attached.



INTEGRATION JOINT BOARD

Appendix 2

INTEGRATION JOINT BOARD

DIRECTION

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

NHS Grampian is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the Board's Strategic Plan and existing operational arrangements pending future directions from the Board.

Related Report Number:- HSCP 20.050

Approval from IJB received on:- 28th October 2020

Description of services/functions:-

1. Provision of Mental Health support within HMP&YOI Grampian

Provision of a tiered approach to support people in custody to support and improve mental wellbeing within HMP&YOI Grampian complementing existing service provision (0.6wte OT and 1wte x Mental Wellbeing Worker).

Reference to the integration scheme:- Annex 1

Part 2: 16. Services providing primary medical services to patients during the out-of-hours.
20. Mental health services provided outwith a hospital.

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

This provision links to 3 strategic aims for ACHSCP: prevention; resilience; enabling.

Timescales involved:-

Start date:- 29.10.2020 (recruitment process begins). Posts to be in place January 2021. End date:- recurring (dependent on successful recruitment)



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Associated Costs

(£)	Year 1	Year 2	Year 3	Year 4	Total
City Contribution	46,908	48,081	49,282	50,515	194,786
<i>Shire Contribution (Agreed)</i>	<i>25,253</i>	<i>25,890</i>	<i>26,537</i>	<i>27,200</i>	104,885
Total	72,166	73,970	75,819	77,715	299,670

£194,786

Details of funding source:- Scottish Government Action 15 Funding

Availability:- Confirmed

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Project Name	Action 15: Increasing Mental Health support in HMP&YOI Grampian – city contribution (joint project with AHSCP)	Date	14/09/2020
Project Manager/ Author	Jeff Shaw, MH/LD Manager, Aberdeenshire HSCP Julia Wells, Aberdeenshire HSCP Susie Downie Transformation programme manager, ACHSCP	Date of Programme Boards/ IJB	EPB IJB October

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1. Business Need

The Aberdeen City Health & Social Care Partnership (ACHSCP) recognises that redesigning services to meet people's needs across health and justice settings is complex and that it will require collaborative partnership working across organisational boundaries. The key leads and stakeholders from ACHSCP have been working with colleagues from Aberdeenshire to implement projects cross boundary with a focus on people's outcomes. This ensures the organisations are using resources effectively and most efficiently.

This project has been led by Aberdeenshire HSCP (AHSCP) and this paper seeks to agree funding for the Aberdeen City contribution towards mental health support in one of the key settings identified by Action 15, HMP&YOI Grampian.

The proposal recognises the need to deliver a tiered approach to support people in custody to support and improve mental wellbeing within HMP&YOI Grampian. Recognises characteristics (trauma history, cognitive impairment, impact of substance misuse, socio-economic determinants) within prison population and provides a holistic and targeted service. The desired outcome is to contribute to the improvement of peoples functioning so that they are able to better engage with the opportunities which prison presents in terms of recovery and progression. This should then contribute to improved longer term and sustained positive outcomes in the transition out of prison and integration into communities.

Strategic Alignment

The Scottish Government Mental Health Strategy has committed to increase the mental health workforce by an additional 800 workers within key settings (A&E, Custody Suites, GPs, Prisons) in order to increase access to appropriate mental health support as early as possible. This project will improve access to workers within those key settings.

The project will contribute to the following aims of the strategic plan:

- Prevention – to provide timely interventions to those in prison
- Early intervention –a supportive response to de-escalate where possible

Under the new prison health care arrangements, prisoners are now entitled to equivalent access to the same quality and range of health care services as the general population, and they have the same rights in relation to mental health care as other patients (The Mental Health (Care & Treatment) (Scotland) 2003 Act; The Equality Act, 2010).

NHS Grampian is therefore required to provide equal access to Psychological Interventions to its prison population as is available to its general population; and within Aberdeen City and Aberdeenshire community adult mental health service patients would have access to clinical psychologists / CBT therapist at tier 3/4 within the community mental health team; and would have access to mental wellbeing workers / psychological therapist at tier 1/2 primary care level.



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In addition, within community settings there is a HEAT target requirement for psychological therapies to be commenced within 18 weeks of referral; current waiting time to the psychological therapies service is around 18 weeks with generally only high intensity / specialist referrals being submitted - and so waiting time would be likely to significantly increase if referrals for low intensity interventions were to commence given probable prevalence of common mental health problems.

HMP&YOI Grampian: Prison Population

At 10/03/2020, the prison population at HMP & YOI Grampian was 454 of which 217 were from Aberdeen City and 93 Aberdeenshire. The remaining 144 were from other areas in Scotland and from England.

Prison Population (May 2020)	Total	%	% incl OOA
Overall Population	454		
City	217	48	64
Shire	93	20	36
Out of Area (OOA)	144	32	

Following the early prisoner release process during May 2020, at 23/06/2020, the prison population at HMP & YOI Grampian was 393 of which 194 are Aberdeen City and 78 Aberdeenshire. The remaining 121 are from other areas. A table below demonstrates the split of population between the 2 partnerships. As this is to be a Prison-wide service the OOAs would be split 50/50 between the organisations. A total percentage is given below.

Demonstrating little variation in terms of the split although the numbers are reduced.

Prison Population (June 2020)	Total	%	% incl OOA
Overall Population	393		
City	194	49	65
Shire	78	20	35
Out of Area (OOA)	121	31	

Psychological Needs of the prison population in UK:

Its widely known that people who are in prison are affected by mental health and mental wellbeing issues. Various needs analysis' have highlighted high levels of psychological need within the prison population. In a psychiatric morbidity study in prison in England and Wales up to 90% of the population were found to have a mental health problem (Singleton et al, 1998). Light, Grant and Hopkins (2013) found that male and female People in custodys (aged 18 and over) reported much higher rates of **anxiety** (61% of females and 33% of males) and **depression** (65% of females and 37% of males) than general populations (mixed anxiety and depressive disorder: 11% of females and 6.9% of males;



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McManus et al., 2009). Rates of reported **psychotic symptoms** (25% of females and 15% of males) were also higher than in general populations (0.5% of females and 0.3% of males; McManus et al., 2009). Similarly, People in custody reported rates (21% of females and 7% of males) of **suicide attempts** in the year preceding custody higher than those in general populations (0.4% of males and 0.9% of females; McManus et al., 2009), and the same for rates (29% for females and 13% for males) of **self-harm** (general population: 3.5% of females and 3.4% of males; McManus et al., 2009).

Needs Identified in Needs Analysis Conducted in prisons in Scotland:

In a recent needs analysis of prisons in NHS Greater Glasgow and Clyde (2017) - **45%** of the total number of referrals to the Clinical Psychology and Psychological Interventions Service across all three prisons were as a result of **trauma related difficulties**. This was followed by “**common mental health problems**” which accounted for **27%** of referrals to the service (Anxiety = 16%, Depression = 6%, and Poor Coping/Affect Regulation = 5%). Personality disorder and interpersonal difficulties accounted for a further 10% of referrals to the service, with the remainder attributed to neurodevelopmental disorders (3%), OCD (2%), Bipolar Affective Disorder (2%), Psychosis/Schizophrenia (1%) and “other” (10%).

Similarly in a recent needs analysis for prisons in NHS Forth Valley (2016) which involved review of sample of current mental and substance use service caseload - high levels of common mental health difficulties were noted (i.e. anxiety, depression and stress) within caseloads in all prisons. There was also a high prevalence of childhood traumatic experiences, illicit drug use, complex and co-morbid mental health and substance misuse problems. Staff identified complex trauma as the key underlying need for mental health and substance misuse problems (Kreis, Ogilvie, Connor & Lowe, 2016).

HMP&YOI Grampian: Mental Health Referrals

Mental health referrals made to the Prison Health Centre during the year 2019, totalled 458 referrals. The nature of the referrals ranged in complexity and treatment need. At March 2020, the mental health nurses each carried approximately 100 people on their caseload. There were 131 People in custody on medication for depression. There was an 18-week waiting time to be seen by the Consultant Clinical Psychologist. Not every referral translates into a clinical diagnosis and treatment need. The prison based mental health service which includes medical and nursing staff clearly approach the deliver of their service from a medical perspective. What the proposal seeks to achieve is to enhance this provision through access to non-medicalised interventions.

Gaps in provision

At present in HMP&YOI Grampian there is a consultant clinical psychologist able to offer psychological assessment and intervention for the most complex mental health problems and so delivery of highly specialist intervention. A Band 7 psychological therapist provides delivery of high intensity interventions.



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The gap therefore in the provision of psychological therapies care for patients in HMP & YOI Grampian is the delivery of low intensity interventions which could potentially offer intervention to address: anxiety, depression (including behavioural activation), stress management, sleep problems, increased self-awareness, emotion regulation and development of coping skills, stabilisation in trauma, and recovery from mental health and substance problems.

Roles

The approach would look to have a variety of roles within the model to reflect the variety of need within the custody population. See above information on needs analysis. Recruitment at the prison is an ongoing challenge however asset psychologists (whom would fit the requirements of this role and who need this type of experience) are abundant within health sector. The proposal looks to embed resource within existing structures as a supporting role to the psychologists whom will be able to support CBT but under supervision of the wider team. It also allows for the opportunity to progress staff in-house in an area difficult to recruit.

Finance

Consideration ought to be given that there may be adjustment in the financial contributions. Any change will be by negotiation and agreement based on actual usage and will likely even out and not adversely affect our overall budget.

2. Objectives

1. To improve people in custody outcomes and mental health support treatment and recovery within HMP&YOI Grampian
2. To meet the Scottish Government target of increasing mental health support in key settings (incl. HMP&YOI Grampian)
3. To introduce new roles and ways of working
4. To utilise resources effectively and efficiently
5. To ensure equity and equality of mental health support services within a prison setting

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3. Options Appraisal

3.1. Option 1 – Do Nothing / Do Minimum

Description	To not put in place support within HMP&YOI Grampian.
Expected Costs	No costs.
Risks Specific to this Option	This option is not viable as the partnership would not be meeting Scottish Government targets for key settings as per national strategy (Action 15).
Advantages & Disadvantages	<p>Advantages</p> <ul style="list-style-type: none"> • No funding is required. <p>Disadvantages</p> <ul style="list-style-type: none"> • Waiting times would continue to increase in current MH services supporting the prison population. • Inappropriate referrals to other services which would be not best use of current resources.
Other Points	None

3.2. Option 2 – Tiered Model complementing existing service provision (OT and Mental Wellbeing Worker)

Description	<p>This model looks to ensure that support is given to meet those wider mental health and wellbeing needs through intervention which may complement existing service provision or provide an alternative and more appropriate service. This approach is enabling and support positive decision making to improve MH outcomes.</p> <ul style="list-style-type: none"> • 0.6wte x Band 6 Occupational Therapist • 1wte x Band 5 Mental Wellbeing Worker (Mental Health)
Expected Costs	<u>Cost:</u> £72,166 per annum including on costs
Risks Specific to this Option	<ul style="list-style-type: none"> • Demand may exceed service capacity. • Failure to meet the needs of the custody population.



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Advantages & Disadvantages	<p>Advantages</p> <ul style="list-style-type: none"> • Opportunity for the population within the setting of prison to have access to a stepped mental health and mental wellbeing support service • Opportunity for screening into specialist mental health services within the setting of prison • Enhances existing collaborative practice with other prison-based service providers such as public health and social work which already exists in the setting of prison • Creates improved care pathways and transition planning as part of throughcare provision <p>Disadvantages</p> <ul style="list-style-type: none"> • Limited service capacity given the size of the population in prison • Failure to meet need.
Other Points	n/a

3.3. Option 3 – Tiered Model Option 1 with Clinical Psychologist (Older Adult) and Asst Psychologist (Brain Injury)	
Description	<p>This model looks to ensure that support is given to meet those wider mental health and wellbeing needs through intervention which may complement existing service provision or provide an alternative and more appropriate service. It also includes the additional resource of a 0.5wte Asst Psychologist specialising in brain injury. This allows a level of response to people who are affected by potential brain injury or early onset dementia.</p> <ul style="list-style-type: none"> • 1wte x Band 6 Occupational Therapist • 1wte x Band 5 Mental Wellbeing Worker (MH) • 0.2wte x Band 8a Clinical Psychologist (OA) • 0.5wte x Band 5 Assistant Psychologist (BI)
Expected Costs	<u>Cost</u> : £136,595 per annum (including on costs)
Risks Specific to this Option	<ul style="list-style-type: none"> • Older Adult and Brain Injury screening/intervention may create increased demand for other parts of the health centre provision • Demand exceeds service provision



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Advantages & Disadvantages	<p><u>Advantages:</u></p> <ul style="list-style-type: none">• Enhances delivery of existing OT and psychology services which are evidence based and will provide a stepped care model of service• Service will meet the demand of the population within the setting of prison, however, may have limited capacity• Provides screening opportunity into specialist services• Recognises characteristics within population specifically early onset dementia and brain injury so provides a fairly holistic and targeted service <p><u>Disadvantages:</u></p> <ul style="list-style-type: none">• increasing concern regarding meeting potential demand to provide comprehensive service• more expensive model
Other Points	Any other relevant information.



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3.4. Scoring of Options Against Objectives

#	Objectives	Option 1	Option 2	Option 3
1.	To improve People in custody outcomes and mental health support treatment and recovery within HMP Grampian/YOI	0	3	3
2.	To meet the Scottish Government target of increasing mental health support in key settings (incl. HMP Grampian/YOI)	0	2	3
3.	To introduce new roles and ways of working within health and social care.	0	2	2
4.	To utilise resources effectively and efficiently by working with partners.	0	3	1
5.	To ensure equity and equality of mental health support services within a prison setting.	-1	2	3
	Totals	0	12	11
	Rank	3	1	2

Scoring

Fully Delivers = 3; Mostly Delivers = 2; Delivers to a Limited Extent = 1; Does not Deliver = 0; Will have a negative impact on objective = -1

3.5. Recommendation

The recommended option is **Option 2 – Tiered Model complementing existing service provision (OT and Mental Wellbeing Worker).**

4. Scope

This project looks to be a prison-wide service to ensure equity of service.

This project will ensure smooth transition via a multi-disciplinary and multi-agency case management whom will support the reintegration of individuals back into the community within Aberdeen City. HMP Grampian's Offender Outcomes Team have a standardised procedure to engage with community partners, external agencies and appropriate organisations to assist those individuals. Partners will work together in ensuring adequate support has been identified and referrals have been made for prisoners prior to liberation (i.e. housing, mental health, employability, welfare, addictions). This will be based on individual needs. It will ensure that all individuals sentenced to short term sentences with no statutory or licence conditions leaving HMP Grampian and reintegrating back into the Aberdeen City.



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4.1. Out of Scope

A recurring £30,000 for a part time permanent social work post has been committed by Aberdeenshire Health and Social Care Partnership to deliver support and low intensity interventions to people who are affected by substance misuse and mental health/ mental wellbeing issues. This post will work alongside the Action 15 posts delivering a service to people from Aberdeenshire.

Aberdeen city as part of the mental health redesign and in line with the recently consulted ACHSCP Promoting Good Mental Health Delivery Plan (2020) will work to ensure community mental health support across a 7-day week for those requiring tier 1 support.

4.2. Project Dependencies

This project is dependent on the successful and timely recruitment to posts.



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5. Benefits

Benefits will be defined and monitored by the project team within Aberdeenshire HSCP and will be reported back via ACHSCP Action 15 Steering Group. Types of benefits are included below however these are not finalised nor exhaustive and will require further development once service is in place.

People in custody Benefits (TO BE AGREED)

<u>Benefit</u>	<u>Measure</u>	<u>Source</u>	<u>Baseline</u>	<u>Expected benefit</u>	<u>Measure frequency</u>
Wellbeing	Resilience	Outcome Questionnaire	On initial assessment	Improved citizen resilience	Baseline @ 6 & 12 months
	Quality of life	Outcome Questionnaire	On initial assessment	Improved quality of life	Baseline @ 6 & 12 months
	Happiness	Outcome Questionnaire	On initial assessment	Increased happiness	Baseline @ 6 & 12 months
Satisfaction	Perception of MH Support project	Service Questionnaire & Interviews	n/a	Standard and satisfaction with care is no worse than usual care	@ 6 months



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Staff Benefit (TO BE AGREED)

<u>Benefit</u>	<u>Measure</u>	<u>Source</u>	<u>Baseline</u>	<u>Expected benefit</u>	<u>Measure frequency</u>
Satisfaction	Perception of improved outcomes	Service Questionnaire & Interviews	n/a	Standard and satisfaction with care is no worse than usual care	@ 6 months
	Perception of improved capacity				

6. Costs

6.1. Project Revenue Expenditure & Income

Funding required from Aberdeen City Health and Social Care Partnership for their contribution to provision of mental support within HMP&YOI Grampian: 1x Mental Health Support worker (Band 5) and 1x Occupational Therapist (Band 6). These are permanent posts however a 4-year projection has been given.

The total commitment is £46,908 (with added pay increases) on a recurring basis. Demonstrated below over a 4-year period.

Year	2020/21	2021/22	2022/23	2023/24	Total costs	Contrib. /Prison population %
City Contribution	£46,908	£48,081	£49,282	£50,515	£194,786	65
Shire Contribution	£25,258	£25,890	£26,537	£27,200	£104,885	35
Overall Service Cost	£72,166	73,970	75,819	77,715	<u>£299,670</u>	



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7. Procurement Approach

If this project will involve the procurement of products or services, describe the approach that will be taken based upon the recommended option.

Not applicable. Aberdeenshire HSCP will recruit directly to the posts internally.

8. State Aid Implications

Indicate whether this project will have any state aid implications.

There are no anticipated state aid implications.

9. Equalities Impact Assessment

What equalities impacts (including health impacts) with the project have. Indicate whether an equalities impact assessment and/or health impact assessment has or will be undertaken.

The project will actively promote the engagement of People in custodys from diverse and marginalised groups by:

- Engaging and supporting the engagement from diverse backgrounds
- Encourage processes to make it easy to find, understand and use information

10. Key Risks

Description	Mitigation
<i>Fully explain any significant risks to the project, especially those which could affect the decision on whether and in what form the project goes ahead.</i>	<i>Details of any mitigating action already taken or suggested</i>
Lack of buy in from the HMP Grampian staff, who therefore resist its implementation.	<p>Cocreation of the project objectives with service managers involved in the development of the business need and proposed solutions.</p> <p>Sharing examples of best practice to demonstrate role value and purpose.</p> <p>Production of clear guidelines and appropriate documentation to ensure role clarity.</p> <p>Post holders to ensure communication and to champion project within/ out with the prison.</p>
Lack of time in programme to achieve clear outcomes	Posts will be amalgamated with the existing structures to ensure assimilation and best use of resources using a team based approach.

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For the proposed new model of service delivery to be effective and to maximise the benefits, full commitment and “buy in” to the new service model and the project from all partners and stakeholders is essential.	Communication and Engagement Strategy to be in place
Demand outstripping resources.	Resources will be reviewed regularly to ensure capacity is used to best effective within constraints.

11. Time
11.1. Time Constraints & Aspirations
The service looks to recruit and be in place from 2020/21 financial year.

11.2. Key Milestones												
<table border="1"> <thead> <tr> <th>Description</th> <th>Target Date</th> </tr> </thead> <tbody> <tr> <td>Draft model, plan and funding stream identified</td> <td>July-August 2020</td> </tr> <tr> <td>Approval at City Action 15 meeting</td> <td>13th August 2020</td> </tr> <tr> <td>Approval at EPB</td> <td>02 Sept 2020</td> </tr> <tr> <td>IJB decision</td> <td>October 2020</td> </tr> <tr> <td>Implementation following decision</td> <td>October 2020</td> </tr> </tbody> </table>	Description	Target Date	Draft model, plan and funding stream identified	July-August 2020	Approval at City Action 15 meeting	13 th August 2020	Approval at EPB	02 Sept 2020	IJB decision	October 2020	Implementation following decision	October 2020
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12. Governance								
<p><i>Include any plans around the ownership and governance of the project and identify the people in the key project roles in the table below.</i></p> <p>This project will be jointly accountable to both the Aberdeen City & Aberdeenshire’s Health and Social Care Partnerships. It will be reported for ACHSCP via the Action 15 Steering Group 6-weekly and ultimately the Executive Programme Board and IJB.</p> <p>Aberdeenshire HSCP as the lead for this project will be responsible for its delivery and have a local project team in place.</p>								
<table border="1"> <thead> <tr> <th>Role</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>Project Sponsor</td> <td>Kevin Dawson, Lead Mental Health / LD /SMS Services, ACHSCP / Julia Wells, Service Manager / MH/LD Manager, AHSCP</td> </tr> <tr> <td>Programme Manager</td> <td>Susie Downie, Transformation Programme Manager, ACHSCP</td> </tr> <tr> <td>Project Manager</td> <td>Carina Strachan – Strategic Development Manager, AHSCP</td> </tr> </tbody> </table>	Role	Name	Project Sponsor	Kevin Dawson, Lead Mental Health / LD /SMS Services, ACHSCP / Julia Wells, Service Manager / MH/LD Manager, AHSCP	Programme Manager	Susie Downie, Transformation Programme Manager, ACHSCP	Project Manager	Carina Strachan – Strategic Development Manager, AHSCP
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Project Sponsor	Kevin Dawson, Lead Mental Health / LD /SMS Services, ACHSCP / Julia Wells, Service Manager / MH/LD Manager, AHSCP							
Programme Manager	Susie Downie, Transformation Programme Manager, ACHSCP							
Project Manager	Carina Strachan – Strategic Development Manager, AHSCP							



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Implementation Lead	Dawn Leslie, Service manager, AHSCP
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13. Constraints
<i>Document any known pressures, limits or restrictions associated with the project.</i> Constraints are being defined and managed as the project progresses.

14. Resources			
Task	Responsible Service/Team	Start Date	End Date
Third sector interface			
Data Sharing/ Information Governance Advice			
To review role and remit	OT-Lead		

15. Environmental Management
The project should have a neutral impact on the environment as the team will be based within the prison itself.

16. Stakeholders
Key stakeholders have been identified and AHSCP will develop a communications plan. Aberdeenshire will ensure relevant updates are provided to all stakeholders as required.

17. Assumptions
Plans and financial projections for this project will be developed on the assumption that it will be successful in delivering its anticipated benefits and that capacity within the third sector is available.

18. Dependencies
This project is part of a wider transformational programme across Aberdeen City intended to radically change the system of health and social care. Whilst this project will have great value on its own, when it is taken together with the other elements of implementing the integration strategies and plans it will provide essential and fundamental support for service change across the city.
Whilst this project is dependent upon the partner organisations successfully dealing with the challenges in a positive and proactive way, it is also a significantly contributing action that is part of the overall approach to dealing with these issues through:



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- Promoting people's shared responsibility for prevention, anticipation and self-management
- Improved integration across the ACHSCP and other public and third sector bodies
- Recognition, promotion and development of mental health wellbeing team
- Engagement and buy in from frontline and community based services

19. Constraints

Constraints are being defined and managed as the project progresses.

20. ICT Hardware, Software or Network infrastructure

Description of change to Hardware, Software or Network Infrastructure	EA Approval Required?	Date Approval Received
Mobile device and ICT equipment to be provided by the Aberdeenshire HSCP for the post holders as required.	No	

21. Support Services Consulted

Service	Name	Sections Checked / Contributed	Their Comments	Date
Finance	Gillian Parkin / Eve Bain	Finance	No amendments	13/08/2020
MH/LD	Service Managers	Whole Document	Re 3 sector applicability/ management of posts	14/08/2020
HMP&YOI Grampian	Dawn Leslie	Whole document	Amended options / Data	15//08/2020
Legal				

22. Document Revision History

Version	Reason	By	Date
1.0	Initial draft for sub-group	D Leslie / J Shaw	26/07/2020
1.1	Amended financials	S Downie	11/08/2020

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1.2	Finalised	S Downie	14/09/2020
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