

# Public Document Pack



Aberdeen City Health & Social Care Partnership  
*A caring partnership*

To: Members of the Integration Joint Board

Town House,  
ABERDEEN 8 December 2021

## INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Virtual - Remote Meeting on WEDNESDAY, 15 DECEMBER 2021 at 10.00 am.**

FRASER BELL  
CHIEF OFFICER - GOVERNANCE

### **BUSINESS**

1 Introduction

#### **DECLARATIONS OF INTEREST**

2 Members are requested to intimate any declarations of interest

#### **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 2 November 2021 (Pages 5 - 14)

5 Draft Minute of Clinical and Care Governance Committee of 16 November 2021  
(Pages 15 - 18)

6 Business Planner (Pages 19 - 22)

7 Chief Officer's Report (Pages 23 - 30)

## **GOVERNANCE**

### **PERFORMANCE AND FINANCE**

- 8 Revised Strategic Risk Register (SRR) & revised risk appetite statement (RAS) - HSCP.21.120 (Pages 31 - 64)
- 9 Briefing on Winter Plan and Allocation of additional Scottish Government funding for Winter Plan - HSCP.21.124 - to follow

### **STRATEGY**

- 10 Strategic Plan 2022-2025 - HSCP.21.123 (Pages 65 - 84)
- 11 Commissioned Day Services and Day Activities - Stay Well, Stay Connected - HSCP.21.121 (Pages 85 - 98)
- 12 Market facilitation Update - HSCP.21.122 (Pages 99 - 106)

### **TRANSFORMATION**

- 13 ADP Investment work - HSCP.21.119 (Pages 107 - 124)

### **ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE**

- 14 \*\*\* Exempt Business

### **DATE OF NEXT MEETING**

- 15 JB Meetings -  
Tuesday 25 January 2022 at 10.00am  
**Thursday** 10 March 2022 at 10.00am (Budget)  
Tuesday 7 June 2022 at 10.00am

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

Should you require any further information about this agenda, please contact Emma Robertson, [emmrobertson@aberdeencity.gov.uk](mailto:emmrobertson@aberdeencity.gov.uk)



ABERDEEN, 2 November 2021. Minute of Meeting of the INTEGRATION JOINT BOARD.

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

In attendance:- John Forsyth (Legal), Dawn Getliffe (NHSG), Amy Ross (Finance, NHSG), Steph Dunsmuir and Emma Robertson (Clerks) and Carol Wright (ACHSCP).  
Dr Maggie Whyte and Dr Alastair Palin (for Item 14), Kevin Dawson and Jane Fletcher (for Item 15) and Fiona Mitchelhill (for Item 16).

Apologies:- Angela Scott (Chief Executive) and Michael Wilkie (KPMG).

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

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

### INTRODUCTION

1. The Chair welcomed everyone to the meeting and expressed her thanks on behalf of the Board to Derek Jamieson for his help and support during his time as Clerk. The Chair welcomed Emma Robertson as the new Clerk.

The Chair conveyed her thanks to all Social Care and Health Workers working in Aberdeen during pressured times, as well as the 'hidden heroes' across the whole system of health and care, noting that they were appreciated and valued by the IJB. The Chair issued a reminder that a challenging winter lay ahead, and advised members to stick with guidelines, wear a mask and get covid and flu boosters when eligible. Furthermore she recommended using the Know Who to Turn To [guidance](#).

### **The Board resolved:-**

to thank Derek Jamieson for his support to the Board during his time as clerk.

**INTEGRATION JOINT BOARD**

2 November 2021

**DECLARATIONS OF INTEREST**

2. There were no declarations of interest.

**DETERMINATION OF EXEMPT BUSINESS**

3. The Chair indicated that item 17, Rosewell House Travel Plan – HSCP.21.117 was an exempt report and therefore it was recommended that it be heard in private as it contained exempt information as described in paragraph 8 (Estimated Expenditure on Contracts) of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973. This was applied in this case as disclosure of the amount of any expenditure proposed to be incurred by the authority would be likely to give an advantage to a person or organisation entering, or seeking to enter, a contract with the Council.

**The Board resolved:-**

in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973, to exclude the press and public from the meeting during consideration of item 17 on the agenda so as to avoid disclosure of exempt information of the class described in paragraph 8 of Schedule 7(A) of the Act.

**ROSEWELL HOUSE - VIDEO PRESENTATION**

4. The Board received a video presentation illustrating the work of Rosewell House. The chair noted that this input was as a result of the board's work on culture to ensure all present are reminded of the importance of focusing on the strategic intent of the IJB to deliver person centred, integrated care at the start of each meeting.

**The Board resolved:-**

to note the video.

**MINUTE OF BOARD MEETING OF 24 AUGUST 2021**

5. The Board had before it the minute of its meeting of 24 August 2021.

**The Board resolved:-**

to approve the minute as a correct record.

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### **DRAFT MINUTE OF RISK, AUDIT AND PERFORMANCE SYSTEMS COMMITTEE OF 23 SEPTEMBER 2021**

6. The Board had before it for information, the draft minute of the Risk, Audit and Performance Committee of 23 September 2021.

**The Board resolved:-**

to note the minute.

### **DRAFT MINUTE OF CLINICAL AND CARE GOVERNANCE COMMITTEE OF 7 SEPTEMBER 2021**

7. The Board had before it for information, the draft Minute of the Clinical and Care Governance Committee of 7 September 2021.

**The Board resolved:**

(i) to note the minute; and

(ii) to request that an email response from Lynn Morrison regarding Psychological and Trauma training for Mental Health and Learning Disability frontline staff be shared with all IJB members.

### **BUSINESS PLANNER**

8. The Board had before it the Business Planner which was presented by the Chief Finance Officer who advised Members of the updates to reporting intentions and that further items would be added to future reporting cycles.

**The Board resolved to:-**

(i) note the planner; and

(ii) note that business for meetings further ahead would be included for future meetings.

### **CHIEF OFFICER'S REPORT - HSCP.21.114**

9. The Board had before it the report from the Chief Officer, ACHSCP, which presented an update on highlighted topics. The Chief Officer spoke to her report and in response to a question regarding recruitment advised that officers were looking outwith the public sector and were also working on promotional videos for north east Scotland to attract incoming workers.

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### **The report recommended:-**

that the Board –

- (a) note the details contained in the report; and
- (b) agree that the Scheme of Governance review commence in 2022, with a view to the final scheme being reported to the IJB in Spring 2023.

### **The Board resolved to:-**

- (i) agree that a briefing on the NHS Winter Plan be circulated either via email or presented to the next meeting of the IJB;
- (ii) note that officers would provide further information outwith the meeting on the split of NHS/Social Care staff contained in the 300 whole time equivalent (WTE) workers to be recruited into the Health and Care Workforces;
- (iii) request that information on the number of new staff recruited be provided via future updates on the workforce plan;
- (iv) request that officers give consideration to how to recruit those who historically were less likely to be employed in the sector; and
- (v) approve the recommendations contained in the report.

### **MEETING DATES 2022-23 - HSCP21.095**

10. The Board had before it a report by the Clerk which proposed the following meeting dates for the period 2022 to March 2023 for the Integration Joint Board (IJB), the Clinical Care and Governance Committee (CCGC) and the Risk Audit and Performance Committee (RAPC):

<b>Board/Committee</b>	<b>Date</b>
IJB	25 January 2022
CCGC	22 February 2022
RAPC	1 March 2022
IJB	10 March 2022 (Budget) (Thursday)
CCGC	19 April 2022
RAPC	26 April 2022 (unaudited accounts)
IJB	7 June 2022
RAPC	21 June 2022
CCGC	2 August 2022
RAPC	9 August 2022
IJB	30 August 2022
IJB	11 October 2022
CCGC	25 October 2022
RAPC	1 November 2022
IJB	29 November 2022

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Board/Committee	Date
IJB	31 January 2023
CCGC	21 February 2023
RAPC	28 February 2023
IJB	28 March 2023

### **The report recommended:-**

that the Board -

- (a) review and approve the Meeting Schedule for 2022-23 as at section 3.7; 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.

### **The Board resolved to:**

- (i) request that RAPC and the NSHG Audit committee dates be checked to avoid clashes;
- (ii) note that a Survey Monkey would be circulated to collate members' preferences for seminar dates; and
- (iii) approve the recommendations.

## **CHIEF SOCIAL WORK OFFICER ANNUAL REPORT - HSCP21.112**

11. The Board had before it the Chief Social Work Officer's Annual Report for year 2020/21.

The Chief Officer – Integrated Children's and Families Services spoke to the report, advising that its purpose was to inform the Integration Joint Board (IJB) of the role and responsibilities exercised by the Chief Social Work Officer (CSWO); to provide information on statutory decision making in the period; and to give a progress report on key areas of social work provision within Aberdeen City. Members noted that the report was on the agendas of the Chief Officers Group (26 October 2021), Public Protection Committee (27 October 2021) and this IJB of 2 November 2021. The report would then be submitted to the Scottish Government.

Members commended Mr Simpson on the excellent work and dedication of him and his team.

### **The report recommended:-**

that the Board note the content of the CSWO Annual Report 2020/21, as attached at Appendix 1.

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### **The Board resolved to:-**

- (i) thank Graeme Simpson and his teams for their hard work and innovation over the pandemic; and
- (ii) to note the report.

### **FINANCIAL MONITORING - QUARTER 2 - HSCP.21.116**

12. The Board had before it a report by the Chief Finance Officer which presented the Quarter 2 (2021/22) Financial Monitoring Update. Mr Stephen highlighted a typographical error at 3.7 where Multi-Disciplinary Teams was listed twice; noting that this should have been listed once with a total estimate of £740,000.

### **The report recommended:-**

that the Board -

- (a) note the report in relation to the IJB budget and the information on areas of risk and management action that are contained herein;
- (b) approve the budget virements indicated in Appendix F;
- (c) approve the plan to spend the additional funding from the Scottish Government (SG) to support the Winter Plan as outlined at paragraph 3.6 of this report;
- (d) instruct the Chief Officer to implement the plan for the spend of the additional SG funding to services as outlined in paragraphs 3.7 to 3.9 of the report; and
- (e) instruct the Chief Finance Officer to provide to the IJB at its 15 December 2021 meeting a report on the exact funding received from SG and how it was allocated.

### **The Board resolved to:-**

approve the recommendations.

### **GENERAL PRACTICE UPDATE (INCLUDING PRIMARY CARE IMPROVEMENT PLAN) - HSCP21.113**

13. The Board had before it a report by the Chief Officer, AHSCP, on the General Practice Update (including Primary Care Improvement Plan), which provided updates on general practice in Aberdeen City, and on the Primary Care Improvement Plan. Members heard from the Programme Manager in respect of the report.

Members discussed whether enough was being done to inform the public of the reshaping. They were advised that not all practices had access to PCIP yet but that a Grampian-wide meeting regarding communication strategy was due to take place on 3 November 2021.

Members noted the difficulties of recruitment across all north-east HSCPs.



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**The report recommended:-**

that the Board note the content of the report.

**The Board resolved to:-**

- (i) note that longer term planning in the workforce was an ongoing Grampian-wide issue and to look at how the workforce risk was being addressed in the longer term; and
- (ii) note the report.

**COVID-19 MENTAL HEALTH SERVICE FOR PATIENTS HOSPITALISED WITH COVID-19 - HSCP21.110**

14. The Board had before it a report by the Chief Officer, AHSCP, which presented an update on development of the COVID-19 Mental Health Clinic for patients hospitalised with COVID-19 in order to provide assurance of implementation. At this juncture, Dr Maggie Whyte, Consultant Clinical Neuropsychologist and Dr Alastair Palin, Medical Director of Adult Mental Health joined the meeting to present their report.

Dr Palin provided background, reporting that in response to a Scottish Government (SG) paper 'Meeting the mental health needs of people hospitalised with COVID-19', a national Short Life Working Group (SLWG) was set up to implement recommendations; Dr Alastair Palin attended as NHSG representative. The national SLWG made recommendations on the elements for inclusion in a specific mental health service for people who had been hospitalised with COVID-19. Funding allocation for each NHS Board was specified by the SG and boards were asked to submit proposals in line with the recommendations of the SLWG.

NHSG developed a service model in response to extensive consultation with National Health Services within mental health, acute and Health and Social Care Partnership services (including Psychiatry, Psychology, Allied Health Professionals and Social Care representatives from Aberdeen City, Aberdeenshire and Moray Councils). This was led by Dr Murray Smith, Consultant Liaison Psychiatrist and Dr Maggie Whyte. The model was approved by the SG and funding had been allocated. Recruitment to posts was complete.

Dr Whyte spoke to the report and agreed to forward her slides to the Clerk for distribution to Members.

**The report recommended:-**

that the Board –

- (a) note the progress on the development of the COVID-19 Mental Health Clinic (follow up service for patients hospitalised) in line with Scottish Government (SG)

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- approval of the National Health Service – Grampian (NHSG) specified service design;
- (b) note that recruitment to posts for this service has progressed;
  - (c) note that additional Grampian wide work on post-COVID symptoms is underway, led by Dr Emma Davies, (Public Health, NHSG long COVID lead);
  - (d) request an update report from the Director of Public Health at the 25 January 2022 IJB meeting via Dr Emma Davies, registrar in publichealth, NHSG lead for long-COVID and chair of NHSG long-COVID SLWG; and
  - (e) note the wider SG planning for long-COVID as outlined in SG paper <https://www.gov.scot/publications/scotlands-long-covid-service/>

**The Board resolved to:-**

agree the recommendations.

### **UPDATE ON THE GRAMPIAN-WIDE MENTAL HEALTH AND LEARNING DISABILITY PROGRAMME. - HSCP.21.111**

15. The Board had before it a report by the Chief Officer, AHSCP, which provided assurance on the ongoing progress to remobilise, recover and renew Grampian-wide Mental Health and Learning Disability (MHL) Services throughout the Covid-19 Pandemic, as well as expanding upon how the recently re-established Transformation Board for Grampian-wide MHL would take forward delivery of the Transformation Programme to ensure a more sustainable model of care moving forward.

At this juncture, Kevin Dawson and Jane Fletcher joined the meeting to present their report and answer questions from Members.

**The report recommended:-**

that the Board -

- (a) note the progress to date which has ensured the ongoing delivery of ‘ priority and critical services’ throughout the Covid Pandemic;
- (b) approve the agreed approach moving forward to deliver the Transformation Programme (Grampian-wide MHL);
- (c) note the process and oversight for the allocation of Renewal Funding: Psychological Therapies Waiting Times and Child and Adolescent Mental Health Services (CAMHS);
- (d) agree the phased approach across Transformation Programme Work Streams 2021-2025;
- (e) instruct officers to schedule an IJB Workshop Session by the end of April 2022; and
- (f) instruct officers to submit this report on progress to both the Aberdeenshire and Moray IJBs (in a pdf format, attached to their respective reporting templates).

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### **The Board resolved to:-**

- (i) note that officers were to schedule an IJB Workshop Session by the end of April 2022, however to request that this be held in early April if possible due to the local government elections;
- (ii) instruct officers to circulate the Care Opinion briefing note to all IJB members;
- (iii) request that future reports include a summary of demand and capacity, as well as what the impact of any changes would be on service users; and
- (iv) approve the recommendations.

**In accordance with the decision taken under article 3 above, the following item was considered with the press and public excluded.**

### **ROSEWELL HOUSE TRAVEL PLAN - HSCP.21.117**

**16.** The Board had before it a report by the Chief Officer, AHSCP, which provided an update on parking at Rosewell House and set out potential mitigations for consideration.

### **The report recommended:-**

that the Board -

- (a) agree the Rosewell Travel Plan as attached at appendix A;
- (b) note the travel measures being considered by colleagues within the Roads team of Aberdeen City Council;
- (c) agree option A as outlined in the report; and
- (d) make the direction at appendix A to Aberdeen City Council and instructs the Chief Officer of ACHSCP to issue the direction to Aberdeen City Council.

### **The Board resolved to:-**

- (i) request that officers give consideration to alternative options such as pool cars / a shuttle bus and reminding staff of the Good Neighbour Policy;
- (ii) approve recommendations (a) - agree the Rosewell Travel Plan as attached at appendix A and (b) - note the travel measures being considered by colleagues within the Roads team of Aberdeen City Council; and
- (ii) instruct officers to monitor the impact of the travel plan and report back to IJB in 12 months on the outcomes and any measures that might be required.

**– LUAN GRUGEON, Chair**

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## CLINICAL AND CARE GOVERNANCE COMMITTEE

ABERDEEN, 16 November 2021. Minute of Meeting of the CLINICAL AND CARE GOVERNANCE COMMITTEE. Present:- Councillor Sandra Macdonald Chairperson; and Kim Cruttenden and Alan Gray.

In attendance: In attendance: Caroline Howarth, Lynn Morrison, Sandra MacLeod, Alex Stephen, Fiona Mitchelhill, Carol Wright, Grace Milne, Malcolm Metcalfe, Brenda Massie, Laura McDonald, Katherine Paton and Dawn Getliffe.

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

### WELCOME AND APOLOGIES

1. The Chairperson welcomed everyone to the meeting.

Apologies for absence were intimated on behalf of Councillor Lesley Dunbar.

### DECLARATIONS OF INTEREST

2. There were no declarations of interest intimated.

### MINUTE OF PREVIOUS MEETING OF 7 SEPTEMBER 2021, FOR APPROVAL

3. The Committee had before it the minute of its previous meeting of 7 September 2021, for approval.

**The Committee resolved:-**  
to approve the minute.

### BUSINESS PLANNER

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

**The Committee resolved:-**

- (i) to note the reasons for the reporting delays in the Planner relating to item 5 (Monitoring and Evaluation of Primary Care in Scotland – Public Health Scotland Report), and item 7 (Mental Health); and
- (ii) to otherwise note the information contained within the planner.

## CLINICAL AND CARE GOVERNANCE COMMITTEE

16 November 2021

### CCG GROUP MONITORING REPORT - UPDATE - HSCP.21.118

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

#### **The report recommended:-**

that the Committee note the contents of the report.

Lynn Morrison (1) provided a comprehensive summary of the report; (2) outlined the current governance arrangements and pressures across the community and hospital services; (3) highlighted the achievements and examples of good practice which demonstrate the resilience in services to develop new ways of working; and (4) responded to questions from members.

During discussion, the following points were noted:-

- that a joint development session for the Clinical and Care Governance Group and Committee members was held on 7 September 2021, which had very good attendance and was well received;
- that the Group has scheduled a development session to be held on 30 November 2021, and would consider the output from the joint session;
- that a cohort of asylum seekers would be arriving in the city soon, which may have an impact on health services in particular;
- that Ward 102 and Rosewell House faced significant ongoing staffing pressures;
- that the Public Dental Service reported demand pressures across the service and their capacity continued to be constrained by covid restrictions and workforce shortages;
- that in relation to workforce pressures and concerns, UNISON had raised the matter with the Interim Operational Director of Workforce regarding their membership, following which, a meeting was scheduled to be held with the Director of People and Culture, the Director of Nursing and the Director of Allied Health Professionals (AHP) as a duty of care;
- that the majority of adverse events reported sit within the Specialist Older Adults Rehabilitation areas and were related to inpatient falls or violence and aggression incidents;
- that a robust wrap around care system had been introduced, which had improved the overall picture in relation to the issues within care homes, also noting that a new Care Home Lead had recently been recruited; and
- that the use of the LifeCurve APP to work towards personal outcomes would be tested with a group of OT/Physiotherapy and Dietetic students during October to

## CLINICAL AND CARE GOVERNANCE COMMITTEE

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December 2021 as part of the Peer Digital Placement work being completed by NES which would aim to support resilience and capacity in student practice-based learning.

### **The Committee resolved:-**

- (i) to request that the AHP quarterly vacancy trend data be included in future reports;
- (ii) to request that pre-covid data and additional detail to provide context be added to future reports, specifically in relation to Sexual Health Services;
- (iii) to note that a report on Sexual Health Hosted Services data covering the whole of Grampian would be presented to a future meeting of the Committee and would also be shared with the IJB;
- (iv) to note that traffic light status details and a short summary in relation to the current situation in Care Homes would be added to future reports;
- (v) to request that a report be added to the planner in relation to Operational Risk Register six monthly reporting;
- (vi) that a future report (an annual update) be provided to the Committee on Candour, noting that details in this regard would also be added to future reports under the 'Adverse Event' section;
- (vii) to note that future reports would contain an update on the LifeCurve APP being tested with a group of OT/Physiotherapy and Dietetic students, specifically how many students are involved and what impact this new approach was having on student practice-based learning;
- (viii) that the number of places on the Enhanced Psychological Practitioner Qualification course be circulated to members of the Committee; and
- (ix) to otherwise approve the recommendation.

### **ABERDEEN CITY AUTISM STRATEGY UPDATE - HSCP.21.115**

6. The Committee had before it a report by Kevin Dawson and Jenny Rae, which provided an update on the implementation of the Aberdeen City Autism Strategy and Action Plan 2019-22 (Appendix A to the report).

### **The report recommended:-**

that the Committee note the report and the information on progress of the Adult Autism Assessment Team outlined in Appendix B attached to the report.

The Committee heard from Katherine Paton who provided an overview of the key issues from the report advising of an amendment at section 3.2, which should read:-

“Since the last update provided to IJB on 25 May 2021 and the Operational Delivery Committee on 27 May 2021, the way in which services are delivered across the health and social care sector have continued to be altered due to Covid-19.”

### **The Committee resolved:-**

**CLINICAL AND CARE GOVERNANCE COMMITTEE**

16 November 2021

- (i) that Katherine Paton would liaise with Kevin Dawson to investigate whether age and ethnicity data could be included within future reports;
- (ii) that information on the Aberdeen One Stop Shop and details relating to socio economic grouping referral rates be circulated to members of the Committee; and
- (iii) to otherwise approve the recommendation contained within the report.

**ITEMS WHERE FURTHER ASSURANCE IS REQUIRED**

7. The Committee considered whether any items required any further assurance.

**The Committee resolved:-**

that further assurance was sought in relation to (1) Sexual Health Services; (2) Care Homes; and (3) NHS Dentistry.

**ITEMS WHERE ESCALATION IS REQUIRED TO THE IJB**

8. The Committee did not have any items where escalation to the IJB was required.  
- **COUNCILLOR SANDRA MACDONALD, Chairperson.**



A	B	C	D	E	F	G	H	I	J
<b>INTEGRATION JOINT BOARD BUSINESS PLANNER -</b>									
The Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.									
Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/ Status (RAG)	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
<b>15 December 2021</b>									
Standing Item	Chief Officer Report	A regular update from the Chief Officer; from IJB on 25 May 2021 - (iv)to instruct the Chief Officer to include a brief update on staff wellbeing at every IJB during 2021 whether within the CO's or separate report	HSCP.21.126	Martin Allan	Business Lead	ACHSCP			
Standing Item	Annual Procurement Workplan 2022/2023		n/a	Neil Stephenson	Procurement Lead	ACC		D	Propose present on 25 January 2022, to allow the Strategic Commissioning and Procurement Board (SCPB) a little more time to ensure the items on the workplan are aligned to the strategic direction of the services and the needs of our local communities
26.04.2021	Strategic Plan 2022 -2025	Revised / draft strategic plan after workshops and relevant engagement for further review / consultation. Final Strategic Plan to be presented to March 2022 IJB.	HSCP.21.123	Alison Macleod	Lead Strategy and Performance Manager	ACHSCP			
26.04.2021	Workforce Strategy	Strategy to support the Strategic Plan	n/a	Sandy Reid		ACHSCP		D	The FINAL Strategic Plan will be presented to March 2022 IJB; the Workforce Plan is a Leadership Objective for completion March 2022. This aligns with NHS Grampian's Workforce Plan (April 2022) which will include the HSCPs plans. In order to support operational pressures, it is recommended this be deferred to 11 October 2022
25.05.2021	Commissioned Day Services and Day Activities - Stay Well, Stay Connected	Decision from report HSCP.21.048 - to instruct the Chief Officer, ACHSCP to present a further update report on 15 December 2021	HSCP.21.121	Anne McKenzie	Lead Commissioner	ACHSCP			
06.07.2021	Market facilitation Update	Decision from report HSCP.21.076 - (ii)to instruct the Chief Officer, ACHSCP to present a further update on 15 December 2021.	HSCP.21.122	Anne McKenzie	Lead Commissioner	ACHSCP			
15.06.2021	Hybrid Meetings	A report on how IJB can ensure inclusivity for all attendees by offering physical and/or digital participation at meetings. Due to the Covid guidance from NHSG to continue working from home where possible - to be reviewed for 2022. Key recommendation is test of change to hold hybrid session in Council Chamber before a final decision.	HSCP.21.097	Sandra Macleod	Chief Officer	ACHSCP		D	Chair asked at August IJB that this report be deferred to December IJB due to the advice of partner organisations for staff to work from home where possible until revised instructions at end of year. Given the NHS extension to March 2022 to work from home - deferred but to remain on planner .
10.11.21	Revised Strategic Risk Register (SRR) & revised risk appetite statement (RAS).	To present revised SRR & RAS to IJB due to the rescheduling of the December RAPC.	HSCP.21.120	Martin Allan	Business Manager	ACHSCP			
02.11.21	Briefing on NHS G Winter Plan	Chief Officer's Report - HSCP.21.114 - (iii) agree that a briefing on the NHS Winter Plan be circulated either via email or presented to the next meeting of the IJB		Alex Stephen	Chief Finance Officer	ACHSCP			Verbal update on Operation Iris from NHSG Execs will be provided at 15 December 2021 meeting of IJB.
02.11.21	Allocation of additional Scottish Government funding for Winter Plan	Within Report HSCP.2.116 - Financial Monitoring - Quarter 2 - IJB approved - (v) instruct the Chief Finance Officer to provide to the IJB at its 15 December 2021 meeting a report on the exact funding received from SG and how it was allocated.	HSCP.21.124	Alex Stephen/Anne McKenzie	Chief Finance Officer	ACHSCP			
15.10.2021	Mental Welfare Commission-ARBD report	Email from Alex Stephen / Sandra Macleod - The Mental Welfare Commission - 'Care and treatment for people with alcohol related brain damage (ARBD) in Scotland A report on visits to people and services across Scotland in 2021'		Kevin Dawson	Chief Officer	ACHSCP	D		To include summary in Chief Officer report this cycle. Discuss future reporting on MWC reports given number received / inclusion in MH Action Plan.
03.09.21	ADP Investment work	Email from Jenny Rae: ADP Investment work and associated business	HSCP.21.119	Simon Rayner	Chief Officer	ACHSCP			
<b>2022 Meetings</b>									
<b>25 January 2022</b>									
Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			
Standing Item	Inclusion of Integration Joint Boards as Category 1 Responders under Civil Contingency Act 2004 - HSCP.21.028	On 23.03.21, IJB resolved :- (iii)to instruct the Chief Officer to bring a report, annually, providing assurance on the resilience arrangements in place to discharge the duties on the IJB under the 2004 Act		Martin Allan	Business Lead	ACHSCP			

A	B	C	D	E	F	G	H	I	J	
<b>INTEGRATION JOINT BOARD BUSINESS PLANNER -</b>										
The Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.										
	<b>Date Created</b>	<b>Report Title</b>	<b>Minute Reference/Committee Decision or Purpose of Report</b>	<b>Report Number</b>	<b>Report Author</b>	<b>Lead Officer / Business Area</b>	<b>ORGANISATION ACHSCP/ACC/NHSG</b>	<b>Update/ Status (RAG)</b>	<b>Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T</b>	<b>Explanation if delayed, removed or transferred</b>
1	Standing Item	Annual / Biennial Report on Adult Social Care	At IJB on 25 May 2021 - agreed annual reporting . APC propose report annually to each committee							
2	2.11.2021	COVID-19 Mental Health Service for patients hospitalised with COVID-19 - update	At IJB on 2 November 2021 (HSCP.21.110) - request update report from the Director of Public Health at the 25 January 2022 IJB meeting via Dr Emma Davies, registrar in public health, NHSG lead for long-COVID and chair of NHS G long-COVID SLWG;		Emma Davies	Registrar / Lead for Long Covid	NHSG			
50	01/12/2021	Carden Medical Group Update	Provide further update on the report to Special IJB on 1 December 2021		Alex Stephen	Chief Finance Officer	ACHSCP			
51										
52										
53	<b>10/03/2022 Budget Meeting</b>									
54	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			
55	26.04.2021	Strategic Plan 2022 -2025	Final version of Strategic Plan.		Alison Macleod	Lead Strategy and Performance Manager	ACHSCP			
56		IJB Membership	to instruct the Chief Officer, ACHSCP to reconsider these arrangements by report to the IJB prior to 31 March 2023		Sandra Macleod	Chief Officer	ACHSCP			
57	25.05.2021	Fast Track Cities	At IJB on 25 May 2021 - (ii)to endorse the proposed actions for 2021/22, noting that the action plan is a live document, and to instruct the Chief Officer to provide an update on progress to the IJB on 29 March 2022		Sandra Macleod	Chief Officer	ACHSCP			
58	25.05.2021	Community Nursing Digitalisation	(iii)to instruct the Chief Officer, ACHSCP to present an evaluation report on implementation of the project to include outcomes within 1 year		Sandra Macleod	Chief Officer	ACHSCP			
59		Financial Monitoring 2021/22 and Budget 2022/23			Alex Stephen	Chief Finance Officer	ACHSCP			
60	06.07.2021	Carers Strategy	At IJB on 06.07.108/07/2021 (iii)to instruct the Chief Officer, ACHSCP to bring back the revised Aberdeen City Carers Strategy for approval to the March 2022 IJB meeting; and (iv)to instruct the Chief Officer, ACHSCP to consider how to provide assurance to the IJB on current delivery of the Carers Strategy.		Alison Macleod	Lead Strategy and Performance Manager	ACHSCP			
61	24.08.21	Rosewell House - progress report	Rosewell House - Options Appraisal and Recommendations - HSCP.21.088 (IJB 24/08/21) to instruct the Chief Officer ACHSCP to bring a report to the March 2022 IJB meeting which outlines the progress against developing the step-up elements of care at Rosewell House;		Sarah Gibbon	Project Manager				
62	<b>07 June 2022</b>									
63	Standing Item	Equalities and Equalities Outcomes	At IJB on 25 May 2021 - (v)to instruct the Chief Officer, ACHSCP to submit 6-monthly reports alternately to the RAPC (starting ....December 2021 and then IJB - June 2022).		Alison Macleod	Lead Strategy and Performance Manager	ACHSCP			
64	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			
65	Standing Item	Audited Accounts			Alex Stephen	Chief Finance Officer	ACHSCP			
66		ACHSCP Annual Report			Sandra Macleod	Chief Officer	ACHSCP			
67		Financial Monitoring 2021/22			Alex Stephen	Chief Finance Officer	ACHSCP			
68		Integration Joint Board Membership - Post Local Elections	Following local election results on 5 May 2022, ACC will require to nominate its membership of IJB		Clerk	Chief Officer - Governance	ACC			
69	24.08.21	Rosewell House - IJB/BAC Joint Evaluation	Rosewell House - Options Appraisal and Recommendations - HSCP.21.088 (IJB 24/08/21)to instruct the Chief Officer ACHSCP, to bring a joint evaluation report to the IJB/BAC board in summer 2022, summarising ongoing progress delivering the intended outcomes (identified in the benefits in the business case) and actions for continuous improvement;		Sarah Gibbon	Project Manager				
70	01/12/2021	2C Update	To provide an update on 2C tendering exercise.		Alex Stephen	Chief Finance Officer	ACHSCP			
71	<b>30 August 2022</b>									
72	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			
73	06.07.2021	HACE Survey Report	On 06.07.21 at IJB: (ii)to instruct the Chief Officer to bring a report on the 2021/22 HACE Survey in July 2022 comparing these with the 2019/20 results i.e., pre-Covid and post-Covid;		Alison Macleod	Lead Strategy and Performance Manager	ACHSCP			
74	Standing Item	Winter Plan	An update to IJB on winter planning arrangements		Martin Allan	Business Lead	ACHSCP			
75										
76	<b>11 October 2022</b>									
77	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Martin Allan	Business Lead	ACHSCP			

	A	B	C	D	E	F	G	H	I	J
1	<b>INTEGRATION JOINT BOARD BUSINESS PLANNER -</b> The Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.									
2	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/ Status (RAG)	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
78	Standing Item	IJB, APS and CCG Meeting dates - 2023 - 2024	To propose Meeting dates from 1 April 2022 to 31 March 2023		Derek Jamieson	Clerk	ACC			
79										

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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	15 December 2021
<b>Report Title</b>	Chief Officer's Report
<b>Report Number</b>	HSCP.21.126
<b>Lead Officer</b>	Sandra MacLeod
<b>Report Author Details</b>	Name: Sandra MacLeod Job Title: Chief Officer Email Address: samacleod@aberdeencity.gov.uk Phone Number: : 01224 523107
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	None

### 1. Purpose of the Report

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

### 2. Recommendations

- 2.1. It is recommended that the IJB note the detail contained in the report.

### 3. Summary of Key Information

#### Local Updates

#### 3.1. Staff Wellbeing

A number of practical supports have already been purchased from the available Scottish Government budget for staff wellbeing. These include teas/coffees; personal alarms and winter driving packs. Other items have been



## INTEGRATION JOINT BOARD

ordered but are in a supply queue. Free complimentary therapies start in January 2022 across the City.

The Grampian Psychological Hub was a winner at the recent Scottish Health Awards and Fiona Mitchelhill, ACHSCP Lead Nurse was a well-deserved finalist.

### 3.2. Vaccinations

Aberdeen has made very good progress in providing flu and Covid booster vaccinations. A rapid acceleration of activity has been instructed by the Scottish Government and in part this will be achieved with ongoing military support at least until 20 December 2021. The vaccination programme will remain open most of the festive holiday period, including working on all of the public holidays and in additional venues at the weekend.

### 3.3. Aberdeen City IJB – Our Culture Statement of Intent

Following the work developed by the three different workstreams tasked with looking at the development of the culture for the IJB, a joint Member and Leadership Team session was held in late November 2021. The outcomes and next steps agreed to be progressed from the workstreams and wider group are outlined below.

Taking a strengths based approach, using Appreciative Inquiry principles as core, the focus of the IJB's culture will be on the following:

- o Arrange buddies for members who would like this;
- o Scope a work-stream to explore Mental Health/Learning Disabilities pathway approach to governance;
- o Continue with a program of informal seminars;
- o Develop 'thinking spaces' ;
- o IJB meetings – to focus on shared purpose and intent/remind all to wear IJB goggles etc;
- o Encourage this culture as a way of being in all IJB interactions;
- o Agree a form of words to be included in the Standing Orders, and
- o Consider ways for this relational culture to be developed and grown across the wider Aberdeen Health and Social Care Partnership (ACHSCP) teams and beyond.



## INTEGRATION JOINT BOARD

It was also agreed that the first ‘thinking space’ for all IJB members will be held in early 2022 to consider which aspects from the above will be most relevant to different people. Thereafter, we will encourage people to get involved in areas of particular interest to them. Progress will be overseen by a small working group, which will provide ‘light touch’ support and direction to progress this agenda. The IJB and Leadership Team will review annually progress made and future actions required. We will also seek to incorporate wording regarding our intent regarding culture into the IJB Standing Orders to ensure this approach is carried forward beyond current personnel.

### 3.4. Operation Iris/Look ahead to IJB’s Planner in 2022

As members of the IJB will be aware there is sustained pressure in the health and social care system. “Operation Iris” is the name NHS Grampian has given to the plan for the next six months, meeting the combined challenges of COVID-19 and Winter pressures. There has always been a coordinated effort to respond to the particular challenges faced at this time of year. Following on from Operation Rainbow and Operation Snowdrop, which represented the response to different phases of the pandemic, it was felt helpful to give the plan for the coming months a collective name that everyone could identify with. Operation Iris is now underway and will run for six months, with a review in March 2022 to decide whether the operation should be extended or concluded. ACHSCP staff will be heavily involved in this plan. In the aftermath of Storm Arwen, the system was put under more pressure. These “multiple concurrent pressures” (patient flow/storm etc) require careful management of the resources available.

Looking ahead to 2022, the IJB will consider key business documents such as the refresh of the Strategic Plan, and subsequent review of strategic risks whilst managing the system pressures described above. Based on these pressures it is proposed that the IJB consider looking at its Business Planner to identify the key business items that require decisions at the IJB level, whilst examining if any reports that are scheduled can be communicated to members through alternative means (service updates/Chief Officer’s report etc) and that this be reviewed at the conclusion of Operation Iris.



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### Regional Updates

#### 3.5. North East Partnership Steering Group

A meeting of the North East Partnership Steering Group (NEPSG) took place on 12 November 2021 where a presentation was provided on Grampian Medical Emergency Department (GMEDs), a service hosted by Moray IJB. This presentation highlighted the ways in which GMEDs has redesigned service delivery during Covid, resulting in service improvements and a summary report was requested to be submitted to all IJBs in due course.

The Group also received updates in relation to (a) Operation Iris which the Group noted and supported the approach across the 3 IJBs (Aberdeen, Aberdeenshire and Moray), and (b) Service Level Agreements (SLAs) being developed for majority of hosted services, noting that reporting on the SLA's will come to the 3 IJBs in 2022.

### National Updates

#### 3.6. Standards Commission-New Model Code of Conduct for Board Members

The Scottish Government started consultation on a revised model Code of Conduct for Board members in Scotland in 2020. The IJB previously put forward views on the proposed changes, as part of the consultation process. The Code was laid before the Scottish Parliament in September 2021 and it is expected that the revised Code will come into effect on 8 December 2021, with a lead in time for Boards and organisations to adopt the new Code. The main changes to the revised Code relate to the Code being written in the first person; the provisions on respect and gifts and hospitality being strengthened; and a new provision on bullying and harassment being added. There is also a new provision on "collective responsibility" which the IJB was concerned about. However the Scottish Government have confirmed that this provision will not be included in the Code for IJB's.

There is a new requirement to register interests of close family members who have transactions with the public body and a new three stage test for identifying and declaring interests.





## INTEGRATION JOINT BOARD

It is proposed to liaise with colleagues in Aberdeen City Council to provide training for IJB members on the new Code.

### 3.7. Mental Welfare Commission (MWC)-Care and treatment for people with alcohol related brain damage in Scotland

This report was informed by service visits and contact with 50 people with alcohol related brain damage (ARBD) and subject to welfare provisions under the Adults With Incapacity (Scotland) Act 2000 (AWI Act). The MWC findings are summarised alongside 4 recommendations for Health & Social Care Partnerships:-

- 1) Commission suitable, age appropriate and where possible specialist ARBD services.
- 2) Ensure allocation of the delegated officer role to a named individual to ensure consistency and continuity.
- 3) Community care review activity should be dynamic, coordinated processes which include review of personal outcomes, care plans, placement, the guardianship order and whether all or some of the powers remain relevant.
- 4) Strategic advocacy plans should include focus on accessibility of advocacy support at all stages of the care and support continuum.

We are confident that these are already adopted and reflected in our current practices, service delivery plans and commissioning intentions. However, we will review our practices along with our Royal Cornhill Hospital, Aberdeenshire, and Moray colleagues and other relevant partners to ensure our arrangements meet the MWC recommendations. We will also confirm this approach directly with the MWC.

Details of completed actions and any service learning will be included in the 'MWC Reports' annual update to the Clinical and Care Governance Committee.



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### 4. Implications for IJB

- 4.1. **Equalities, Fairer Scotland and Health Inequality** - there are no implications in relation to the IJB's duty under the Equalities Act 2010 and Fairer Scotland Duty.
- 4.2. **Financial** - there are no immediate financial implications arising from this report.
- 4.3. **Workforce** - there are no immediate workforce implications arising from this report.
- 4.4. **Legal** - there are no immediate legal implications arising from this report.
- 4.5. **Covid-19** - The update on immunisations makes references to the work that the Partnership are involved in with regard Covid vaccinations.
- 4.6. **Unpaid Carers** - There are no implications relating to unpaid carers in this report.
- 4.7. **Other** - there are no other immediate implications arising from this report.

### 5. Links to ACHSCP Strategic Plan

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

### 6. Management of Risk

#### 6.1. Identified risks(s)

The updates provided link to the Strategic Risk Register in a variety of ways, as detailed below.



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

4-There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed to maximise the full 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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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	15 December 2021
<b>Report Title</b>	Strategic Risk Register and Revised Risk Appetite Statement
<b>Report Number</b>	HSCP.21.120
<b>Lead Officer</b>	Sandra Macleod, Chief Officer
<b>Report Author Details</b>	Name: Martin Allan Job Title: Business Manager Email Address: <a href="mailto:martin.allan3@nhs.net">martin.allan3@nhs.net</a>
<b>Consultation Checklist Completed</b>	Yes
<b>Appendices</b>	Appendix A - Risk Appetite Statement Appendix B - Strategic Risk Register

### 1. Purpose of the Report

- 1.1. To present to the Integrated Joint Board (IJB) updated versions of its Risk Appetite Statement and Strategic Risk Register (SRR).

### 2. Recommendations

- 2.1. It is recommended that the IJB:
- Approve the IJB revised Risk Appetite Statement at Appendix A.
  - Approve the IJB revised Strategic Risk Register at Appendix B.
  - Note that a full review of Strategic Risks will be undertaken once the new Strategic Plan is approved at 10 March 2022 IJB.
  - Instruct the Chief Officer to provide a further update on the SRR to the *Risk, Audit and Performance Committee on 26 April 2022 / IJB on 7 June 2022.*(TBC)

### 3. Summary of Key Information

#### Revised Risk Appetite Statement

- 3.1. The IJB Members, at a workshop on 25 October 2021, considered the Board's Risk Appetite Statement and made some amendments to this



## INTEGRATION JOINT BOARD

document to reflect the Board's risk appetite as at October 2021. The revised Risk Appetite Statement is attached as Appendix A to this report and shows the proposed changes to the narrative to the Statement.

### Updates on Strategic Risk Register

- 3.2. Since the Strategic Risk Register was last submitted to the IJB, work has been undertaken to edit the content of each risk, as requested by the IJB. The risk owners have undertaken this task as well as making revisions to the description of the strategic risks, following the "case/event/consequence" model which was described and used at the IJB Workshop.
- 3.3. The updated version of the Strategic Risk Register is attached at Appendix B. As part of the editing process the risk owners have also updated the sections of the risk (rating, rationale, controls, mitigating actions, assurances (and gaps), current performance and comments).
- 3.4. The Strategic Plan 2022-2025 will be considered by the IJB at its meeting on 10 March 2022. It is proposed that the Strategic Risk Register be reviewed in full following the approval of the Strategic Plan.

### 4. Implications for IJB

- 4.1. **Equalities, Fairer Scotland and Health Inequality** - While there are no direct implications arising directly as a result of this report, equalities implications will be taken into account when implementing certain mitigations.
- 4.2. **Financial** - While there are no direct implications arising directly as a result of this report financial implications will be taken into account when implementing certain mitigations.
- 4.3. **Workforce** - There are no workforce implications arising directly as a result of this report.
- 4.4. **Legal** - There are no legal implications arising directly as a result of this report.



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- 4.5. **Covid-19** - There are no Covid-19 implications arising directly from the report, however the strategic risks have been reviewed to reflect the Partnership’s response to the pandemic.
- 4.6. **Unpaid Carers** - There are no unpaid carers implications arising directly from this report.
- 4.7. **Other** - There are no direct implications arising directly as a result of this report.

### 5. Links to ACHSCP Strategic Plan

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

### 6. Management of Risk

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

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

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## Integration Joint Board Risk Appetite Statement

Aberdeen City Health and Social Care Integration Joint Board (the IJB) recognises that it is both operating in, and directly shaping, a collaborative health and social care partnership, existing in a mixed economy where safety, quality and sustainability of services are of mutual benefit to local citizens and to all stakeholders. It also recognises that its appetite for risk will change over time, reflecting a longer-term aspiration to develop innovation in local service provision based on evidence of benefits and on a culture of continuing, planned engagement with the public and other stakeholders, including those involved in service delivery. As a result, the IJB risk appetite will evolve and change over time.

The IJB recognises that achievement of its priorities will involve balancing different types of risk and that there will be a complex relationship between different risks and opportunities. The risk appetite approach is intended to be helpful to the board in decision-making and to enable members to consider the risks to organisational goals of *not* taking decisions as well as of taking them.

The IJB has identified several broad dimensions of risk which will affect the achievement of its strategic priorities. The IJB will set a level of appetite ranging from “none” up to “significant” for these different dimensions. Higher levels of all risk types may be accepted if specific and effective controls are demonstrably in place and there are clear advantages for integration objectives. The dimensions of risk and corresponding risk appetite are:

<b>Dimension of Risk</b>	<b>Corresponding Risk Appetite</b>
Financial risk	Low to moderate. It will have zero tolerance of instances of fraud. The Board must make maximum use of resources available and also acknowledge the challenges regarding financial certainty.

Regulatory compliance risk	It will accept no or minimal risk in relation to breaches of regulatory and statutory compliance.
Risks to quality and innovation outcomes	Low to moderate (quality and innovation outcomes which predict clearly identifiable benefits and can be managed within statutory safeguards).
Risk of harm to clients and staff	Similarly, it will accept minimal risks of harm to service users or to staff. By minimal risks, the IJB means it will only accept minimal risk to services users or staff when the comparative risk of doing nothing is higher than the risk of intervention.
Reputational risk	It will accept moderate to high risks to reputation where the decision being proposed has significant benefits for the organisation's strategic priorities. Such decisions will be explained clearly and transparently to the public.
Risks relating to commissioned and hosted services	The IJB recognises the complexity of planning and delivery of commissioned and hosted services. The IJB has no or minimal tolerance for risks relating to patient safety and service quality. It has moderate to high tolerance for risks relating to service redesign or improvement where as much risk as possible has been mitigated.

The IJB has an appetite to take decisions which may expose the organisation to additional scrutiny and interest. Wherever possible, decisions will be taken following consultation/co-production with the public and other key stakeholders. Concerted efforts will be made to explain reasons for decisions taken to the public transparently in a way which is accessible and easy to understand.

This risk appetite statement will be reviewed regularly, at least as often as the IJB's strategic plan is reviewed and more often when required.



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# Strategic Risk Register

Revision	Date
1.	March 2018
2.	September 2018
3.	October 2018 (IJB & APS)
4	February 2019 (APS)
5.	March 2019 (IJB)
6.	August 2019 (APS)
7.	October 2019 (LT)
8.	November 2019 (IJB workshop)
9.	January 2020 (ahead of IJB)
10	March 2020 (RAPC)
11	July 2020 (IJB)
12	October 2020 (IJB Workshop)
13	November 2020 (IJB)
14	January 2021 (RAPC)
15	May 2021 (IJB)
16	June 2021 (RAPC)
17	September 2021 (RAPC)
18	November 2021 (Following IJB Workshop and ahead of IJB meeting in Dec)

## Introduction & Background

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

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

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

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

## Appendices

- Risk Tolerances
- Risk Assessment Tables



Aberdeen City Health & Social Care Partnership  
*A caring partnership*





**Colour – Key**

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

**Risk Summary:**

<b>1</b>	<p>Cause: The strategic commissioning of services from third and independent sector providers requires both providers and ACHSCP to work collaboratively (provider with provider and provider and ACHSCP) in order to strategically commission and deliver services to meet the needs of local people. This is a new dynamic, based on mutual trust.</p> <p>Event: Limitations to the extent with which strategic commissioning of services progresses between ACHSCP and third and independent providers of health and social care.</p> <p>Consequence: There is a gap between what is required to meet the needs of local people, and services that are available; consequences to the individual include not having the right level of care delivered locally, by suitably trained staff; consequences to the sector include investments made in services that will not be fully utilised and thereby risks to sustainability; and consequences to the partnership includes an inability to meet peoples needs for health and care and the additional financial burden of seeking that care in an alternative setting</p>	<b>High</b>
<b>2</b>	<p>Cause: IJB financial failure and projection of overspend</p> <p>Event: Demand outstrips available budget</p> <p>Consequence: IJB can't deliver on its strategic plan priorities, statutory work, and projects.</p>	<b>Very High</b>
<b>3</b>	<p>Cause: Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, who also hosts services on behalf of Aberdeen City.</p> <p>Event: hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure.</p> <p>Consequence: Failure to meet health outcomes for Aberdeen City, resources not being maximised and reputational damage.</p>	<b>High</b>
<b>4</b>	<p>Cause: Relationship arrangements between the IJB and its partner organisations (Aberdeen City Council &amp; NHS Grampian) in areas such as governance, human resources; and performance</p> <p>Event: Relationships are not managed in order to maximise the full potential of integrated &amp; collaborative working.</p> <p>Consequence: Failure to deliver the strategic plan and reputational damage</p>	<b>Low</b>
<b>5</b>	<p>Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself.</p> <p>Event: There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards.</p> <p>Consequence: This may result in harm or risk of harm to people.</p>	<b>High</b>





6	<p>Cause: Complexity of function, decision making, and delegation within the Integration Scheme.</p> <p>Event: IJB fails to manage this complexity</p> <p>Consequence: reputational damage to the IJB and its partner organisations</p>	<b>High</b>
7	<p>Cause: Demographic &amp; financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.</p> <p>Event: Failure to deliver transformation and sustainable systems change.</p> <p>Consequence: people not receiving the best health and social care outcomes</p>	<b>High</b>
8	<p>Cause: Need to involve lived experience in service delivery and design as per Integration Principles</p> <p>Event: IJB fails to maximise the opportunities created for engaging with our communities</p> <p>Consequences: Services are not tailored to individual needs; reputational damage; and IJB does not meet strategic aims</p>	<b>Medium</b>
9	<p>Cause-Impact of Covid19 has accelerated and accentuated long-term workforce challenges</p> <p>Event: Insufficient staff to provide patients/clients with services required.</p> <p>Consequence: Potential loss of life and unmet health and social care needs, leading to severe reputational damage.</p>	<b>Very High</b>
10	<p>Cause: IJB's becoming Category 1 Responders under the Civil Contingencies Act 2004.</p> <p>Event: Potential major impact to the citizens of Aberdeen if IJB does not manage its responsibilities under the Act</p> <p>Consequence: Potential risk to life, loss of buildings, reputational damage.</p>	<b>High</b>





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**Description of Risk: Cause:** The strategic commissioning of services from third and independent sector providers requires both providers and ACHSCP to work collaboratively (provider with provider and provider and ACHSCP) in order to strategically commission and deliver services to meet the needs of local people. This is a new dynamic, based on mutual trust.

**Event:** Limitations to the extent with which strategic commissioning of services progresses between ACHSCP and third and independent providers of health and social care.

**Consequence:** There is a gap between what is required to meet the needs of local people, and services that are available.

**Consequences to the individual include** not having the right level of care delivered locally, by suitably trained staff.

**Consequences to the sector include** investments made in services that will not be fully utilised and thereby risks to sustainability

**Consequences to the partnership includes** an inability to meet peoples needs for health and care and the additional financial burden of seeking that care in an alternative setting

**Strategic Priority:** Prevention and Communities

**Leadership Team Owner:** Lead Commissioner

**Risk Rating:** low/medium/high/very high

**HIGH**

**Rationale for Risk Rating:**

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

**IMPACT**

<b>Almost Certain</b>					
<b>Likely</b>					
<b>Possible</b>				✓	
<b>Unlikely</b>					
<b>Rare</b>					
<b>LIKELIHOOD</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>

**Rationale for Risk Appetite:**

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

**Risk Movement:** increase/decrease/no change

**NO CHANGE 30.11.21**

**Controls:**

- Conscious cultural shift to change relationships, with all strategic commissioning activity proceeding in a collaborative manner.
- Examples of collaborative commissioning models used as exemplar models within the City. Care at Home, Mental Health / Learning disability accommodation review.

**Mitigating Actions:**

- All opportunities to work in a collaborative manner to commission services are advertised on Public Contract Scotland, as well as individual invitations made to CEOs / owners of social care services.
- Additional offers are made to encourage dialogue where the provider is unavailable to attend collaborative commissioning workshops etc.
- Agreed strategic commissioning approach for ACHSCP.



# Aberdeen City Health & Social Care Partnership

*A caring partnership*

<ul style="list-style-type: none"> <li>• Strategic Commissioning Programme Board (includes representatives from third and independent sectors)</li> <li>• Local Medical Council</li> <li>• GP Sub Group</li> <li>• Clinical Director and Clinical Leads</li> <li>• Primary Care Contracts Team</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic commissioning programme board (SCPB members) established to provide governance framework for commissioning activity.</li> </ul>
<p><b>Assurances:</b></p> <ul style="list-style-type: none"> <li>• Market management and facilitation</li> <li>• Inspection reports from the Care Inspectorate</li> <li>• Monitoring of Primary Care Improvement Plan</li> <li>• Daily report monitoring</li> <li>• Clinical oversight group – daily meetings</li> <li>• Good relationships with GP practices, ensuring communication through agreed governance routes</li> <li>• Links to Dental Practice Advisor who works with independent dentists</li> <li>• Director of Dentistry co-ordinating Grampian contingency planning to             <ul style="list-style-type: none"> <li>• horizon scan for regional deregistration activity</li> <li>• proactively work with practices that wish to deregister patients</li> <li>• plan suitable contingency arrangements in the event patients are deregister</li> </ul> </li> <li>• Links to the Eye Health Network and Clinical Leads for Optometry in Shire &amp; Moray and the overall Grampian Clinical Lead</li> <li>• Roles of Clinical Director and Clinical Leads</li> </ul>	<p><b>Gaps in assurance:</b></p> <ul style="list-style-type: none"> <li>• Market or provider failure can happen quickly despite good assurances being in place. For example, even with the best monitoring system, the closure of a practice can happen very quickly, with (in some cases) one partner retiring or becoming ill being the catalyst.</li> <li>• Market forces and individual business decisions regarding community optometry, general practice and general dental practitioners cannot be influenced by the Partnership.</li> <li>• We are currently undertaking service mapping which will help to identify any potential gaps in market provision</li> <li>• Public Dental Services staffing capacity to increase service provision in short term</li> </ul>
<p><b>Current performance:</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>	<p><b>Comments:</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>





-2-

<b>Description of Risk: Cause-IJB financial failure and projection of overspend</b> <b>Event-Demand outstrips available budget</b> <b>Consequence-IJB can't deliver on its strategic plan priorities, statutory work, and projects.</b>					
<b>Strategic Priority:</b> Prevention and Communities			<b>Leadership Team Owner:</b> Chief Finance Officer		
<b>Risk Rating:</b> low/medium/high/very high <div style="text-align: center; background-color: red; color: white; padding: 5px;"><b>VERY HIGH</b></div>					
<b>IMPACT</b>					
Almost Certain					
Likely					✓
Possible					
Unlikely					
Rare					
<b>LIKELIHOOD</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>
<b>Risk Movement:</b> increase/decrease/no change: <div style="text-align: center; background-color: orange; padding: 5px;"><b>NO CHANGE 30.11.2021</b></div>					
<b>Controls:</b> <ul style="list-style-type: none"> <li>Financial information is reported regularly to the Risk, Audit and Performance Committee, the Integration Joint Board and the Leadership Team</li> <li>Risk, Audit &amp; Performance receives regular updates on transformation programme &amp; spend.</li> <li>Approved reserves strategy, including risk fund</li> <li>Robust financial monitoring and budget setting procedures including regular budget monitoring &amp; budget meeting with budget holders.</li> <li>Budgets delegated to cost centre level and being managed by budget holders.</li> <li>Medium-Term Financial Strategy.</li> </ul>			<b>Mitigating Actions:</b> <ul style="list-style-type: none"> <li>The Leadership Team are committed to driving out efficiencies, encouraging self-management and moving forward the prevention agenda to help manage future demand for services.</li> </ul>		

**Rationale for Risk Rating:**

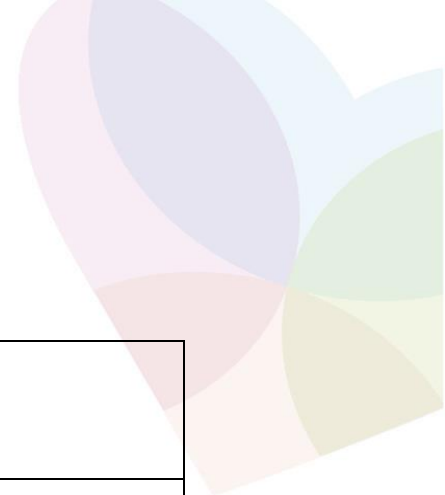
- If the partnership does not have sufficient funding to cover all expenditure, then in order to achieve a sustainable balanced financial position, decisions will be required to be taken which may include reducing/stopping services
- If the levels of funding identified in the Medium Term Financial Framework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

**Rationale for Risk Appetite:**  
 The IJB has a low-moderate risk appetite to financial loss and understands its requirement to achieve a balanced budget. The IJB recognises the impacts of failing to achieve a balanced budget on Aberdeen City Council & its bond – an unmanaged overspend may have an impact on funding levels.

However, the IJB also recognises the significant range of statutory services it is required to meet within that finite budget and has a lower appetite for risk of harm to people (low or minimal).



<ul style="list-style-type: none"> <li>• Medium Term Financial Strategy review planned for 2022.</li> </ul>	
<p><b>Assurances:</b></p> <ul style="list-style-type: none"> <li>• Risk, Audit and Performance Committee oversight and scrutiny of budget under the Chief Finance Officer.</li> <li>• Board Assurance and Escalation Framework.</li> <li>• Quarterly budget monitoring reports.</li> <li>• Regular budget monitoring meetings between finance and budget holders.</li> </ul>	<p><b>Gaps in assurance:</b></p> <ul style="list-style-type: none"> <li>• The financial environment is challenging and requires regular monitoring. The scale of the challenge to make the IJB financially sustainable should not be underestimated.</li> <li>• Financial failure of hosted services may impact on ability to deliver strategic ambitions.</li> <li>• There is a gap in terms of the impact of transformation on our budgets. Many of the benefits of our projects relate to early intervention and reducing hospital admissions, neither of which provide early cashable savings</li> </ul>
<p><b>Current performance:</b></p> <ul style="list-style-type: none"> <li>• Year-end position for 2020/21</li> <li>• The IJB is currently forecasting an underspend of approximately £3m</li> </ul>	<p><b>Comments:</b></p> <ul style="list-style-type: none"> <li>• The financial position in future years will be challenging for the IJB as a result of the long-term impacts of Covid on services.</li> </ul>





- 3 -

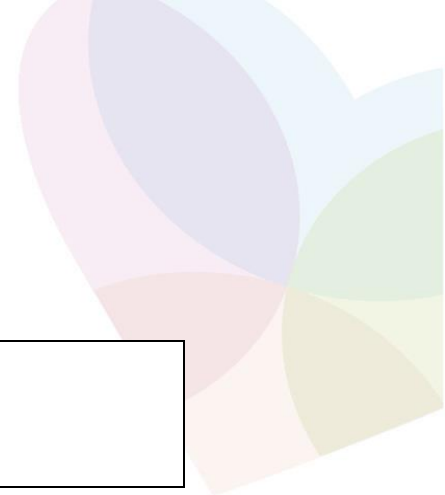
<p><b>Description of Risk: Cause:</b> Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, and who also hosts services on behalf of Aberdeen City.  <b>Event:</b> hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure.  <b>Consequence:</b> Failure to meet health outcomes for Aberdeen City, resources not being maximised and reputational damage.</p>																																									
<p><b>Strategic Priority:</b> Prevention and Connections.</p>			<p><b>Leadership Team Owner:</b> Chief Officer</p>																																						
<p><b>Risk Rating:</b> low/medium/high/very high  <b>HIGH</b></p>																																									
<p><b>IMPACT</b></p> <table border="1"> <tr> <td>Almost Certain</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Likely</td> <td></td> <td></td> <td></td> <td>✓</td> <td></td> </tr> <tr> <td>Possible</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unlikely</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Rare</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>LIKELIHOOD</b></td> <td><b>Negligible</b></td> <td><b>Minor</b></td> <td><b>Moderate</b></td> <td><b>Major</b></td> <td><b>Extreme</b></td> </tr> </table>						Almost Certain						Likely				✓		Possible						Unlikely						Rare						<b>LIKELIHOOD</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>
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Likely				✓																																					
Possible																																									
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Rare																																									
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<p><b>Rationale for Risk Rating:</b></p> <ul style="list-style-type: none"> <li>Considered high risk due to the projected overspend in hosted services</li> <li>Hosted services are a risk of the set-up of Integration Joint Boards.</li> </ul> <p><b>Rationale for Risk Appetite:</b></p> <ul style="list-style-type: none"> <li>The IJB has some tolerance of risk in relation to testing change.</li> </ul>																																									
<p><b>Risk Movement:</b> (increase/decrease/no change):  <b>NO CHANGE 30.11.2021</b></p>																																									
<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>Integration scheme agreement on cross-reporting</li> <li>North East Partnership Steering Group</li> <li>Aberdeen City Strategic Planning Group (ACSPG)</li> <li>North East System Wide Transformation Group</li> </ul>			<p><b>Mitigating Actions:</b></p> <ul style="list-style-type: none"> <li>Development of Service Level Agreements (SLA) for 9 of the hosted services considered through budget setting process.</li> <li>In depth review of the other 3 hosted services.</li> <li>Quarterly reporting to ACSPG and annual reporting on budget setting to IJB.</li> </ul>																																						
<p><b>Assurances:</b></p> <ul style="list-style-type: none"> <li>These largely come from the systems, process and procedures put in place by NHS Grampian, which are still being operated, along with any new processes which are put in place by the lead IJB.</li> <li>North East System Wide Transformation Group (Officers only) led by the 4 pan-Grampian chief executives. The aim of the group is to develop real top-level leadership to drive forward the change agenda, especially relating to the delegated hospital-based services.</li> <li>Both the CEO group and the Chairs &amp; Vice Chairs group meet quarterly. The meetings are evenly staggered between groups, giving some six weeks between them, allowing progressive work / iterative work to be timely between the forums.</li> <li>The Portfolio approach and wider system approach demonstrates closer joint working across the 3 Health and Social Care Partnerships and the Acute Sector.</li> </ul>			<p><b>Gaps in assurance:</b></p> <ul style="list-style-type: none"> <li>Ongoing review of hosted through development of SLA's.</li> </ul>																																						



**Current performance:**

- Once the SLA's are in place, the IJB will be informed on current performance.

**Comments:**







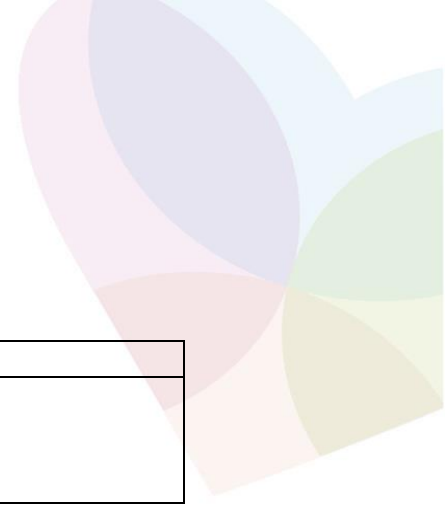
<b>Description of Risk:</b>					
<b>Cause:</b> Relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) in areas such as governance, human resources; and performance					
<b>Event:</b> Relationships are not managed in order to maximise the full potential of integrated & collaborative working.					
<b>Consequence:</b> Failure to deliver the strategic plan and reputational damage.					
<b>Strategic Priority:</b> Prevention, Resilience and Communities.			<b>Leadership Team Owner:</b> Chief Officer		
<b>Risk Rating:</b> low/medium/high/very high					
<b>Low</b>					
<b>IMPACT</b>					
Almost Certain					
Likely					
Possible					
Unlikely					
Rare			✓		
<b>LIKELIHOOD</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>
<b>Risk Movement:</b> (increase/decrease/no change)					
<b>No Change 30.11.2021</b>					
<b>Controls:</b>			<b>Mitigating Actions:</b>		
<ul style="list-style-type: none"> <li>IJB Strategic Plan-linked to NHS Grampian's Clinical Strategy and the Local Outcome Improvement Plan (LOIP)</li> <li>IJB Integration Scheme</li> <li>IJB Governance Scheme including 'Scheme of Governance: Roles &amp; Responsibilities'</li> <li>Agreed risk appetite statement</li> <li>Role and remit of the North East Strategic Partnership Group in relation to shared services</li> <li>Current governance committees within IJB, NHS and ACC.</li> <li>Alignment of Leadership Team objectives to Strategic Plan</li> <li>Local and Regional Resilience Governance Arrangements</li> </ul>			<ul style="list-style-type: none"> <li>Regular consultation &amp; engagement between bodies.</li> <li>Regular and ongoing Chief Officer membership of Aberdeen City Council's Corporate Management Team and NHS Grampian's Senior Leadership Team</li> <li>Regular performance meetings between ACHSCP Chief Officer, Aberdeen City Council and NHS Grampian Chief Executives.</li> <li>Additional mitigating actions which could be undertaken include the audit programme and benchmarking activity with other IJBs.</li> <li>In relation to capital projects, Joint Programme Boards established to co-produce business cases, strategic case approved by IJB and economic, financial, commercial, management case approved by NHSG Board and ACC Committees</li> </ul>		
<b>Assurances:</b>			<b>Gaps in assurance:</b>		
<ul style="list-style-type: none"> <li>Regular review of governance documents by IJB and where necessary Aberdeen City Council &amp; NHS Grampian.</li> </ul>			<ul style="list-style-type: none"> <li>None currently significant.</li> </ul>		



# Aberdeen City Health & Social Care Partnership

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<p><b>Current performance:</b></p> <ul style="list-style-type: none"><li>• Most of the major processes and arrangements between the partner organisations have been tested and no major issues have been identified.</li></ul>	<p><b>Comments:</b></p>
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<b>Description of Risk:</b>					
<b>Cause:</b> Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself.					
<b>Event:</b> There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards.					
<b>Consequence:</b> This may result in harm or risk of harm to people.					
<b>Strategic Priority:</b> Prevention, Resilience, Personalisation, Connections and Communities.			<b>Leadership Team Owner:</b> Lead Strategy & Performance Manager		
<b>Risk Rating:</b> low/medium/high/very high <b>HIGH</b>					
<b>IMPACT</b>					
<b>Almost Certain</b>					
<b>Likely</b>					
<b>Possible</b>			✓		
<b>Unlikely</b>					
<b>Rare</b>					
<b>LIKELIHOOD</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>
<b>Risk Movement:</b> (increase/decrease/no change) <b>INCREASE 30.11.2021</b>					
<b>Controls:</b>			<b>Mitigating Actions:</b>		
<ul style="list-style-type: none"> <li>Clinical and Care Governance Committee and Group</li> <li>Risk, Audit and Performance Committee</li> <li>Data and Evaluation Group</li> <li>Performance Framework</li> <li>Linkage with ACC and NHSG performance reporting</li> <li>Annual Performance Report</li> <li>Chief Social Work Officer's Report</li> <li>Ministerial Steering Group (MSG) Scrutiny</li> <li>External and Internal Audit Reports</li> <li>Links to outcomes of Inspections, Complaints etc.</li> <li>Contract Management Framework</li> <li>Daily Leadership Team Huddles</li> </ul>			<ul style="list-style-type: none"> <li>Continual review of key performance indicators</li> <li>Review of and where and how often performance information is reported and how learning is fed back into processes and procedures.</li> <li>On-going work developing a culture of performance management and evaluation throughout the partnership</li> <li>Refinement of Performance Dashboard, presented to a number of groups, raising profile of performance and encouraging discussion leading to further review and development</li> <li>Recruitment of additional resource to drive performance management process development</li> <li>Risk-assessed plans with actions, responsible owners, timescales and performance measures monitored by dedicated teams</li> </ul>		
<b>Assurances:</b>			<b>Gaps in assurance:</b>		



# Aberdeen City Health & Social Care Partnership

*A caring partnership*

<ul style="list-style-type: none"> <li>• Joint meeting of IJB Chief Officer with two Partner Body Chief Executives.</li> <li>• Agreement that full Dashboard will be reported to both Clinical and Care Governance Committee and Risk, Audit &amp; Performance Committee. Lead Strategy and Performance Manager will ensure both committees are updated in relation to the interest and activity of each.</li> <li>• Annual report on IJB activity developed and reported to ACC and NHSG</li> <li>• Care Inspectorate Inspection reports</li> <li>• Capture of outcomes from contract review meetings.</li> <li>• External reviews of performance.</li> <li>• Benchmarking with other IJBs</li> </ul>	<ul style="list-style-type: none"> <li>• Formal performance reporting has not been as well developed as we had hoped. Focus/priorities have changed. Going forward the focus will be on delivering the Leadership Team objectives (agreed every year and linked to delivery of the Strategic Plan). One aspect of the objectives for 2021/22 is the development of dashboards for use as a tool to drive improvement performance.</li> <li>• The LOIP has been refreshed and the Strategic Plan is due to be refreshed during 2021. It is likely the current set of key indicators will change. Performance indicators will be considered at the same time as we set new aims and objectives based on the learning over the last couple of years.</li> <li>• Further work required on linkage to Community Planning Aberdeen reporting.</li> </ul>
<p><b>Current performance:</b></p> <ul style="list-style-type: none"> <li>• Performance reports submitted to IJB, Risk, Audit and Performance and Clinical and Care Governance Committees.</li> <li>• Data and Evaluation Group terms of reference and membership revised, and regular meetings are now scheduled and taking place.</li> <li>• Various Steering Groups for strategy implementation established, although meetings were paused during the response to Covid we are beginning to pick this work back up again.</li> <li>• Close links with social care commissioning, procurement and contracts team have been established</li> <li>• IJB Dashboard has been shared widely.</li> <li>• Weekly production of surge and flow dashboard</li> <li>• Development of Grampian Operational Pressure Escalation System (G-OPES)</li> </ul>	<p><b>Comments:</b></p> <ul style="list-style-type: none"> <li>• <b>Annual Performance Report</b> - the ACHSCP Annual Performance Report for 2020/21 was approved for publication at the IJB meeting on 24<sup>th</sup> August 2021.</li> </ul>





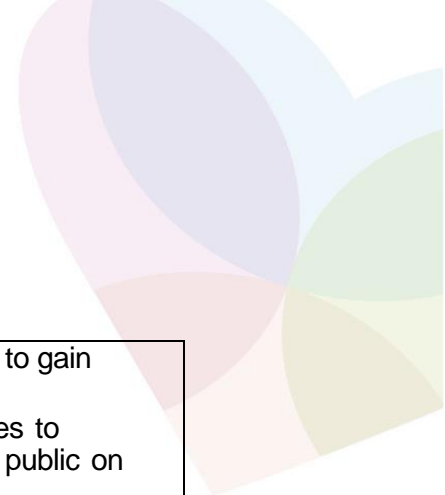
<b>Description of Risk:</b>					
<b>Cause:</b> Complexity of function, decision making, and delegation within the Integration Scheme.					
<b>Event:</b> IJB fails to manage this complexity					
<b>Consequence:</b> reputational damage to the IJB and its partner organisations.					
<b>Strategic Priority:</b> All			<b>Leadership Team Owner:</b> Communications Lead		
<b>Risk Rating:</b> low/medium/high/very high <b>HIGH</b>					
<b>IMPACT</b>					
Almost Certain					
Likely					
Possible			✓		
Unlikely					
Rare					
<b>LIKELIHOOD</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>
<b>Risk Movement:</b> (increase/decrease/no change) <b>NO CHANGE 30.11.2021</b>					
<b>Controls:</b>			<b>Mitigating Actions:</b>		
<ul style="list-style-type: none"> <li>Leadership Team Daily Huddles</li> <li>IJB and its Committees</li> <li>Board Assurance and Escalation Framework process</li> <li>Standards Officer role</li> <li>Locality Governance Structures</li> </ul>			<ul style="list-style-type: none"> <li>Staff and customer engagement – recent results from iMatter survey alongside a well-established Joint Staff Forum indicate high levels of staff engagement.</li> <li>Effective performance and risk management</li> <li>Clear communication &amp; engagement strategy, and a clear policy for social media use, in order to mitigate the risk of reputational damage.</li> <li>Communications lead's membership of Leadership Team facilitates smooth flow of information from all sections of the organisation</li> <li>Robust relationships with all local media are maintained to ensure media coverage is well-informed and accurate and is challenged when inaccurate/imbalanced.</li> <li>Locality Empowerment Groups established in each of the three localities, ensuring effective two-way communication between the partnership, partner organisations and a wide range of community representatives in North, South and Central. Consultation and engagement exercises are also</li> </ul>		



# Aberdeen City Health & Social Care Partnership

*A caring partnership*

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



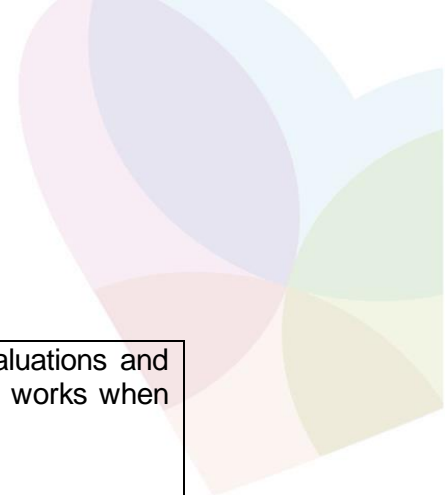


-7-

<b>Description of Risk:</b> Cause: Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities. Event: Failure to deliver transformation and sustainable systems change. Consequence: people not receiving the best health and social care outcomes					
<b>Strategic Priority:</b> All			<b>Leadership Team Owner:</b> Lead for Strategy and Performance		
<b>Risk Rating:</b> low/medium/high/very high <b>HIGH</b>					
<b>IMPACT</b>					
<b>Almost Certain</b>					
<b>Likely</b>			✓		
<b>Possible</b>					
<b>Unlikely</b>					
<b>Rare</b>					
<b>LIKELIHOOD</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>
<b>Risk Movement:</b> (increase/decrease/no change) <b>NO CHANGE 30.11.2021</b>					
<b>Controls:</b> <ul style="list-style-type: none"> <li>Governance Structure and Process (Leadership Team Daily Huddles/Executive Programme Board and IJB and its Committees)</li> <li>Quarterly Reporting of Leadership Team Objectives to Risk, Audit &amp; Performance Committee</li> <li>Annual Performance Report</li> <li>External and Internal Audit</li> </ul>			<b>Mitigating Actions:</b> <ul style="list-style-type: none"> <li>Programme management approach being taken across whole of the Partnership</li> <li>Transformation team all trained in Managing Successful Programmes methodology</li> <li>Regular reporting of progress on programmes and projects to Executive Programme Board</li> <li>Increased frequency of governance processes Executive Programme Board now meeting fortnightly and creation of huddle delivery models.</li> <li>A number of plans and frameworks have been developed to underpin our transformation activity across our wider system including: Primary Care Improvement Plan, Action 15 Plan and Immunisation Blueprint, all of these are being revised in light of Covid and future priorities.</li> </ul>		
<b>Assurances:</b> <ul style="list-style-type: none"> <li>Risk, Audit and Performance Committee Reporting</li> <li>Robust Programme Management approach supported by an evaluation framework</li> </ul>			<b>Gaps in assurance:</b>		



<ul style="list-style-type: none"> <li>• IJB oversight</li> <li>• Board Assurance and Escalation Framework process</li> <li>• Internal Audit has undertaken a detailed audit of our transformation programme. All recommendations from this audit have now been actioned.</li> <li>• The Medium-Term Financial Framework prioritises transformation activity that could deliver cashable savings</li> <li>• The Medium-Term Financial Framework, Portfolio Management Approach aims and principles, and Programme of Transformation have been mapped to demonstrate overall alignment to strategic plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Our ability to evidence the impact of our transformation: documenting results from evaluations and reviewing results from evaluations conducted elsewhere allows us to determine what works when seeking to embed new models.</li> </ul>
<p><b>Current performance:</b></p> <ul style="list-style-type: none"> <li>• The agreed Leadership Team objectives are placing a renewed focus on how we structure our resource</li> <li>• There are a number of vacancies in the Strategy and Transformation Team due to restructuring and secondments. This has led to reduced capacity to support transformation activity. Recruitment is ongoing.</li> </ul>	<p><b>Comments:</b></p> <p>Further re-prioritisation has taken place due to staff changes. Transformation Team have merged with Strategy and Performance and Capital and Assets Teams to create a Strategy and Transformation Team. The new structure provides additional capacity. Organisational Change is now complete, and recruitment is underway.</p>





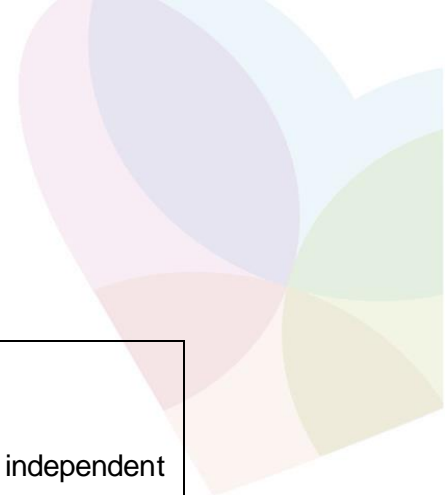


<b>Description of Risk</b>					
Cause: Need to involve lived experience in service delivery and design as per Integration Principles					
Event: IJB fails to maximise the opportunities created for engaging with our communities					
Consequences: Services are not tailored to individual needs; reputational damage; and IJB does not meet strategic aims.					
Strategic Priority: All			Leadership Owner: Chief Officer		
Risk Rating: low/medium/high/very high <b>MEDIUM</b>					
<b>IMPACT</b>					
Almost Certain					
Likely					
Possible		✓			
Unlikely					
Rare					
<b>LIKELIHOOD</b>	Negligible	Minor	Moderate	Major	Extreme
Risk Movement: (increase/decrease/no change) <b>DECREASE 30.11.2021</b>					
<b>Controls:</b>			<b>Mitigating Actions:</b>		
<ul style="list-style-type: none"> <li>Locality Empowerment Groups (LEGs)</li> <li>Leadership Team Huddle</li> <li>CPP Community Engagement Group</li> <li>Equalities and Human Rights Sub-Group</li> </ul>			<ul style="list-style-type: none"> <li>Strategic Planning Group (SPG) Pre-Meeting Group set up to support locality empowerment group members on the SPG.</li> <li>Continued joint working with Community Planning colleagues to oversee the ongoing development of locality planning</li> </ul>		
<b>Assurances:</b>			<b>Gaps in assurance</b>		
<ul style="list-style-type: none"> <li>Strategic Planning Group (LEGs have representation on this group)</li> <li>Executive Programme Board</li> <li>IJB/Risk, Audit and Performance Committee</li> <li>CPA Board</li> </ul>			<ul style="list-style-type: none"> <li>Demographic and diversity representation on Locality Empowerment Groups. The Equalities and Human Rights Sub Group has been tasked to address this.</li> </ul>		
<b>Current performance:</b>			<b>Comments:</b>		
<ul style="list-style-type: none"> <li>The LEGs continue to meet, representatives attend the SPG on a regular basis and participate in the meetings.</li> </ul>					



<p><b>Description of Risk: Cause-Impact of Covid19 has accelerated and accentuated long-term workforce challenges</b></p> <p><b>Event: Insufficient staff to provide patients/clients with services required.</b></p> <p><b>Consequence: Potential loss of life and unmet health and social care needs, leading to severe reputational damage.</b></p>					
<p><b>Strategic Priority: All</b></p>			<p><b>Leadership Team Owner: People &amp; Organisation Lead</b></p>		
<p><b>Risk Rating: low/medium/high/very high</b> <b>VERY HIGH</b></p>					
<p><b>IMPACT</b></p>					
<b>Almost Certain</b>					✓
<b>Likely</b>					
<b>Possible</b>					
<b>Unlikely</b>					
<b>Rare</b>					
<b>LIKELIHOOD -</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>
<p><b>Risk Movement: (increase/decrease/no change)</b> <b>INCREASE 30.11.2021</b></p>					
<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>Clinical &amp; Care Governance Committee reviews tactical level of risk around staffing numbers</li> <li>Clinical &amp; Care Governance Group review the operational level of risk</li> <li>Oversight of daily Leadership Team meetings to maximise the use of daily staffing availability</li> <li>Revised contract monitoring arrangements with providers to determine recruitment / retention trends in the wider care sector-<i>replicate wording in risk 1 and include pc risk</i></li> <li>Establishment of daily staffing situational reports (considered by the Leadership Team)</li> <li>NHSG and ACC workforce policies</li> <li>Partnership Workforce Planning Group</li> <li>Daily Grampian System Connect Meetings and governance structure</li> </ul>					
<p><b>Assurances:</b></p> <p>ACHSCP Workforce Plan Daily Leadership Team Meetings Leadership Team Objectives and appraisal process to help manage Partnership's risks Staff side and union representation on daily Leadership Team meetings</p>					
<p><b>Rationale for Risk Rating:</b></p> <ul style="list-style-type: none"> <li>The current staffing complement profile changes on an incremental basis over time.</li> <li>However the proportion of over 50s employed within the partnership (by NHSG and ACC) is increasing rapidly (i.e. 1 in 3 nurses are over 50).</li> <li>Totally exhausted work force with higher turnover of staff (particularly over 50)</li> <li>Current very high vacancy levels and long delays in recruitment across ACHSCP services.</li> <li>Little expectations that 'system' will revert to 'normal' post covid .</li> <li>Higher levels of sickness absence</li> </ul>					
<p><b>Rationale for Risk Appetite:</b></p> <ul style="list-style-type: none"> <li>Will accept minimal risks of harm to service users or to staff. By minimal risks, the IJB means it will only accept minimal risk to services users or staff when the comparative risk of doing nothing is higher than the risk of intervention.</li> </ul>					
<p><b>Mitigating Actions:</b></p> <ul style="list-style-type: none"> <li>ACHSCP Workforce Plan</li> <li>Rapid service redesign ongoing</li> <li>Active engagement with schools to raise ACHSCP profile (e.g. Developing the Young Workforce, Career Ready)</li> <li>Active work with training providers and employers to encourage careers in Health and Social Care (e.g. Foundation Apprenticeships/Modern Apprenticeships through NESCOL, working with Department for Work and Pensions)</li> <li>Greater use of commissioning model to encourage training of staff</li> <li>Increased emphasis on health/wellbeing of staff</li> </ul>					





	<ul style="list-style-type: none"> <li>• Increased emphasis on communication with staff</li> <li>• Greater promotion of flexible working</li> <li>• Rapid implementation of hybrid working and its long-term expansion</li> <li>• increased collaboration and integration between professional disciplines, third sector, independent sector and communities through Localities.</li> <li>• Increased monitoring of staff statistics (sickness, turnover, CPD, complaints etc) through daily Leadership Team meetings, identifying trends.</li> <li>• Rapid sight and implementation of new Scottish Government, NHSG and ACC workforce policies and guidelines</li> <li>•</li> </ul>
<p><b>Current performance:</b></p> <ul style="list-style-type: none"> <li>• Managing workforce challenges through daily Leadership Team meetings and Daily Connect Meetings and structures</li> <li>• Managing very high level vacancies in comparison to neighbouring Health Boards</li> </ul>	<p><b>Gaps in assurance</b></p> <ul style="list-style-type: none"> <li>• New Workforce Plan required to be published in April 2022</li> <li>• Lack of oversight of social care workforce capacity</li> </ul>
	<p><b>Comments:</b></p> <ul style="list-style-type: none"> <li>• Ongoing consultation on National Care Service. Any updates arising from the progress of the Service that has a bearing on the risk will be updated in due course.</li> <li>• <b>Covid-19 Update</b>            The emergency has resulted in a requirement for employees to embrace new methods of carrying out their duties, whether this has involved 7-day rostering, remote working or increased flexibility and mobility. Some employees have been redeployed to pressured services during the pandemic. As we move into the next phase of our community response in partnership with the City Council and linked to the Care for People group, locality development and locality working has been identified as one of 5 priority working groups. There is uncertainty regarding the challenges coming in the winter period specifically around managing any local increase in Covid cases, flu outbreak, and increase in health issues caused by lockdown health debt. These could all have an impact on how staff are utilised in the coming months.</li> </ul>



<b>Description of Risk:</b> <b>Cause:</b> IJB's becoming Category 1 Responders under the Civil Contingencies Act 2004. <b>Event:</b> Potential major impact to the citizens of Aberdeen if IJB does not manage its responsibilities under the Act <b>Consequence:</b> Potential risk to life, loss of buildings, reputational damage.					
<b>Strategic Priority:</b> Resilience and Connections.			<b>Leadership Team Owner:</b> Chief Officer		
<b>Risk Rating:</b> low/medium/high/very high <div style="text-align: center; background-color: yellow; padding: 5px;"><b>HIGH</b></div>					
<b>IMPACT</b>					
Almost Certain					
Likely					
Possible				✓	
Unlikely					
Rare					
<b>LIKELIHOOD</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>
<b>Risk Movement:</b> (increase/decrease/no change): <div style="text-align: center; background-color: yellow; padding: 5px;"><b>NO CHANGE 30.11.2021</b></div>					
<b>Controls:</b> <ul style="list-style-type: none"> <li>Grampian Local Resilience Partnership Membership</li> <li>Aberdeen City Care For People Plan</li> <li>Aberdeen City Council's City Resilience Group Membership</li> <li>NHS Grampian's Civil Contingencies Group Membership</li> <li>Aberdeen City Health and Social Care Partnership's Civil Contingencies Group (integrated Group to monitor Action Plan of Duties under the Act).</li> <li>Aberdeen City Care For People Group</li> <li>Integration scheme agreement on cross-reporting</li> <li>Partnership's overarching Business Continuity Plan</li> <li>Business Manager access to Resilience Direct</li> <li>Senior Manager On Call Teams site</li> </ul>			<b>Mitigating Actions:</b> <ul style="list-style-type: none"> <li>The Grampian Local Resilience Partnership (GLRP) identifies risks which are likely to manifest. The Partnership require to have controls in place to manage these risks, particularly the ability to respond to these in an emergency situation.</li> <li>Aberdeen City Council are currently reviewing the risks in the City within its risk registers to ensure that the control actions listed are sufficient to mitigate risks. During this process, the additional risks may well be identified, based on risk assessment within operational areas, which may impact on the ability to respond. The result will be a risk register incorporating all risks relating to organisational resilience for the City. The City Resilience Group will be responsible for managing these risks through its membership and liaison with other services not represented on the Group.</li> <li>Senior Manager On Call governance documents and arrangements within the Aberdeen City Health and Social Care Partnership (stored on Teams and hard copy), and links into the equivalent structures in ACC and NHSG.</li> </ul>		



	<ul style="list-style-type: none"> <li>The Partnership's Civil Contingencies Group has a requirement to monitor Business Continuity Plans across the Partnership, including an overarching Partnership Business Continuity Plan (BCP).</li> <li>The Partnership's Communications Manager is available to issue media releases and to answer any media enquiries relating to ACHSCP services which would be or could be impacted in an emergency, in close consultation with ACHSCP Leadership Team members. JB members, senior elected members of Aberdeen City Council, and appropriate senior management members at the city council and NHS Grampian would be kept informed in advance of information which was due to be released by ACHSCP into the public domain. A log would be kept of all information released internally and externally in order that an audit trail is maintained of all communications activity.</li> <li>Data taken off Care First system to identify vulnerable people to help emergency response.</li> </ul>
<p><b>Assurances:</b></p> <ul style="list-style-type: none"> <li>Internal Audit undertaken in 2020 on Civil Contingency arrangements in Aberdeen City Council, including Care For People Plan.</li> <li>Ongoing discussions around development of Aberdeen City Vulnerable Persons Database using Geographical Information Mapping System (this will include data from Care First) as well as national discussions on Persons at Risk Database (PARD).</li> </ul>	<p><b>Gaps in assurance:</b></p> <ul style="list-style-type: none"> <li>Development of National Persons at Risk Database (PARD)</li> <li>Training for Senior Managers On Call – Partnership's Civil Contingencies Group to address. Liaise with GLRP, Council and NHS Grampian on training and testing planned (include tabletop exercising) as well as look at running "local" training and testing in the Partnership.</li> </ul>
<p><b>Current performance:</b></p> <ul style="list-style-type: none"> <li>The review of the Care for People Plan has been finalised.</li> <li>The Partnership's Senior Managers On Call are to gain access to the relevant sections of the Council's Resilience Hub so that key messages can be received.</li> <li>Meetings regarding the development of the PARD have been set up. The Partnership will be attending these meetings.</li> </ul>	<p><b>Comments:</b></p> <ul style="list-style-type: none"> <li></li> </ul>

Appendix 1 – Risk Tolerance

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





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

Table 1 - Impact/Consequence Definitions

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

Table 2 - Likelihood Definitions

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

Table 3 - Risk Matrix

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

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

Table 4 - NHSG Response to Risk

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

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

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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	15 December 2021
<b>Report Title</b>	Strategic Plan 2022 -2025 - Consultation Draft
<b>Report Number</b>	HSCP.21.123
<b>Lead Officer</b>	Sandra MacLeod, Chief Officer
<b>Report Author Details</b>	Name: Alison MacLeod Job Title: Lead Strategy and Performance Manager Email Address: alimacleod@aberdeencity.gov.uk Phone Number: 07740 957304
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	a. Strategic Plan Consultation Draft

### 1. Purpose of the Report

1.1. The purpose of this report is to seek the Integration Joint Board's (IJB's) approval of the consultation draft of the Strategic Plan 2022-2025.

### 2. Recommendations

2.1. It is recommended that the IJB:

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



## INTEGRATION JOINT BOARD

### 3. Summary of Key Information

- 3.1. The current Strategic Plan expires at the end of March 2022. Development work on a replacement plan began with the joint working with Community Planning Aberdeen and the Locality Empowerment Groups to refresh the Local Outcome Improvement Plan and develop the Locality Plans, all of which was achieved by July 2021.
- 3.2. The output from this work was cross referenced with output from consultation on NHS Grampian's Plan for the Future which is being developed on a similar timeline. In addition, a number of specific consultation exercises were undertaken with staff and partners, with five sessions involving the IJB and Leadership Team. Various local and national strategies were also reviewed for relevant links to the Strategic Plan. All of this work was used to inform the content of the consultation draft contained in Appendix A. The Strategic Planning Group, and specifically the Locality Empowerment Group representatives have monitored the progress of the development work and have been key contributors to the process.
- 3.3. The consultation draft of the Strategic Plan 2022-2025 is presented for approval. The key aims of this draft was to provide a high-level overview of the vision, values, and aims of the IJB in a succinct and easy to read way. Further detail on how we will achieve delivery of these will come via the annual Leadership Team objectives which we also plan to coproduce, and which will be presented to the IJB for approval as part of the Medium-Term Financial Framework report due to come to IJB in March 2022.
- 3.4. Our Locality Empowerment Group representatives encouraged the development group to keep the plan short, to make it visual, and to avoid using jargon and we have tried to achieve this in the draft presented. We are working with our community representatives to select a design for the front cover and hope to have this available for the draft going out for consultation. In addition, the intention is for the final plan to be professionally designed.
- 3.5. Following approval of the draft it is proposed that a period of 6 weeks consultation will take place in January and February 2022 with the final plan





## INTEGRATION JOINT BOARD

incorporating feedback being presented to the IJB meeting on 29 March 2022.

### 4. Implications for IJB

#### 4.1. Equalities, Fairer Scotland and Health Inequality

A Health Inequalities Impact Assessment (HIIA) is being undertaken alongside the development work of the plan and is informing targeted consultation. The assessment incorporates our Public Sector Equality Duty (as per the Equality Act 2010) and our Fairer Scotland Duty. It is a dynamic assessment that will remain ongoing whilst the plan is in development. The final HIIA will be submitted to the IJB in March 2022 and will be published at the same time as the Strategic Plan.

#### 4.2. Financial

The Strategic Plan will be delivered within the existing IJB budget as approved within the Medium-Term Financial Framework for each of the three financial years 2022-23, 2023-24, and 2024-25.

#### 4.3. Workforce

The Strategic Plan will be delivered by the existing workforce. Workforce is an enabler within the plan and focus will be given to addressing workforce challenges in terms of recruitment, retention, and resilience. The Workforce Plan will be presented to IJB in 2022.

#### 4.4. Legal

Section 29 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to prepare and publish a Strategic Plan. This report details the actions we are taking to ensure this obligation is met.

#### 4.5. Covid-19

The impact of Covid-19 on delivering our aims has been taken into account when preparing the consultation draft of the Strategic Plan.

#### 4.6. Unpaid Carers

The consultation draft of the Strategic Plan does acknowledge our continued commitment to support unpaid carers. Further detail of this will be provided when the revised Carers Strategy is submitted to the IJB on 29 March 2022.



## INTEGRATION JOINT BOARD

### 4.7. Other

This report has no other relevant implications.

### 5. Links to ACHSCP Strategic Plan

5.1. This report details the progress towards developing our new Strategic Plan for 2022-2025 and presents a consultation draft for approval.

### 6. Management of Risk

#### 6.1. Identified risks(s)



Section 29 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to prepare and publish a Strategic Plan. There is a risk that if we do not make progress in developing a revised Strategic Plan for 2022-2025, we will not meet this obligation. In addition, the absence of a revised and updated Strategic Plan carries the risk that there is no focused direction and authority for staff activities or budget expenditure.

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

The Strategic Risk Register details the risks that might prevent or inhibit delivery of the Strategic Plan. Once the revised Strategic Plan is finalised and approved the Strategic Risk Register will also be reviewed to ensure it still accurately reflects the risks relevant to non-delivery.

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

By developing and publishing a revised Strategic Plan in April 2022 we are meeting our legal obligation and providing a strategic basis for the work of the IJB over the three years from April 2022 to March 2025.

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





DRAFT/EXAMPLE  
FRONT COVER





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## Foreword

This latest Strategic Plan takes us to the next stage of our journey towards achieving our vision. Our vision and values underpin everything that we do. The plan sets out our aims and the things we need to help us achieve them (our enablers). It also identifies the performance measures that we will use to indicate whether we have achieved what we set out to do. Aberdeen City Health and Social Care Partnership (ACHSCP) has been in existence for six years now and we are part of a wider health and care system in Grampian which includes Aberdeen City Council, NHS Grampian, Aberdeenshire Health and Social Care Partnership, and Moray Health and Social Care as well as our partners in community planning, third and independent sector providers, our communities, and our citizens. This plan has been developed involving all of them, but we have had particular input from the community representatives from the Locality Empowerment Groups who sit on our Strategic Planning Group.

The starting point for developing this plan was the data in our [Annual Performance Report 2020-21](#) as we wanted it to be based on evidence. The next stage in the development of the plan was to listen to the voices of our staff our partners and our communities. From work undertaken to refresh the Local Outcome Improvement Plan and develop Locality Plans, to engagement sessions and an online survey, we collected comments and fed these into the final plan. Finally, we referenced national and local policy and guidance, so the plan also explains why we do what we do (our drivers) and how we go about things (our approach). There are some significant developments anticipated in the future of health and social care service delivery. The publication of the Independent Review of Adult Social Care in February 2021, as well as calling for a human rights-based approach, more support for unpaid carers, and improvements in commissioning also made the case for a National Care Service in Scotland and we await the outcome of the consultation and the proposals that come from it.

The global Covid-19 pandemic diverted our attention from some of our commitments and priorities in our last strategic plan, but it also helped accelerate others such as the implementation of digital tools to enable GPs to meet increasing demand and making use of a wider range of health professionals to support specific needs. The pandemic impacted on our ability to deliver services in the way we would want and addressing the health debt this may have created will be a focus for us in the coming years. The intensive response to the pandemic impacted on the health and wellbeing of staff and we are focused on enabling them to recover, as well as considering how we can overcome our recruitment challenges to ensure a sustainable service delivery for the future.



# Health and Social Care Challenges in Aberdeen.....



**How can we make services sustainable?**

**The system is overwhelmed**

**Climate Change is impacting on health and wellbeing**

**How do we hear what the citizens of Aberdeen want?**

**Quality indicators have declined**

**Unpaid Carers need more support**

**Recruitment and retention of staff is challenging**

**Demand for services is increasing**

**Healthy Life Expectancy is decreasing for both males and females**

**Alcohol and Drug related hospital admissions are higher from areas of deprivation**

**Covid-19 has impacted on both population and staff health and wellbeing**

## Who are we?

Aberdeen City Health and Social Care Partnership (ACHSCP) delivers community health and adult social care services in the city of Aberdeen. These services include residential social care, care at home, GP services, community nursing, and physiotherapy, some of which are delivered with partners in the third and independent sectors. In addition, the partnership hosts Grampian wide services such as those for mental health and learning disabilities, sexual health services and specialist older adults' rehabilitation services. We work in partnership with NHS Grampian and Aberdeen City Council as well as with third and independent sector providers and the health and social care partnerships in Moray and Aberdeenshire as part of the Grampian wide system of health and social care. The citizens of Aberdeen and their health and social care needs are at the centre of everything that we do. We care about the people of Aberdeen and are committed to working with them to deliver the services that they need now and in the future.



## Our Vision

*"We are a caring partnership working in and with our communities to enable all people to achieve fulfilling, healthy lives."*

## Our Values

*Honesty  
Empathy  
Equity  
Respect  
Transparency*

## Our Enablers

*Workforce  
Technology  
Finance  
Commissioning  
Infrastructure*

Prevent Ill Health

Improving  
Quality of Life

Safe at Home

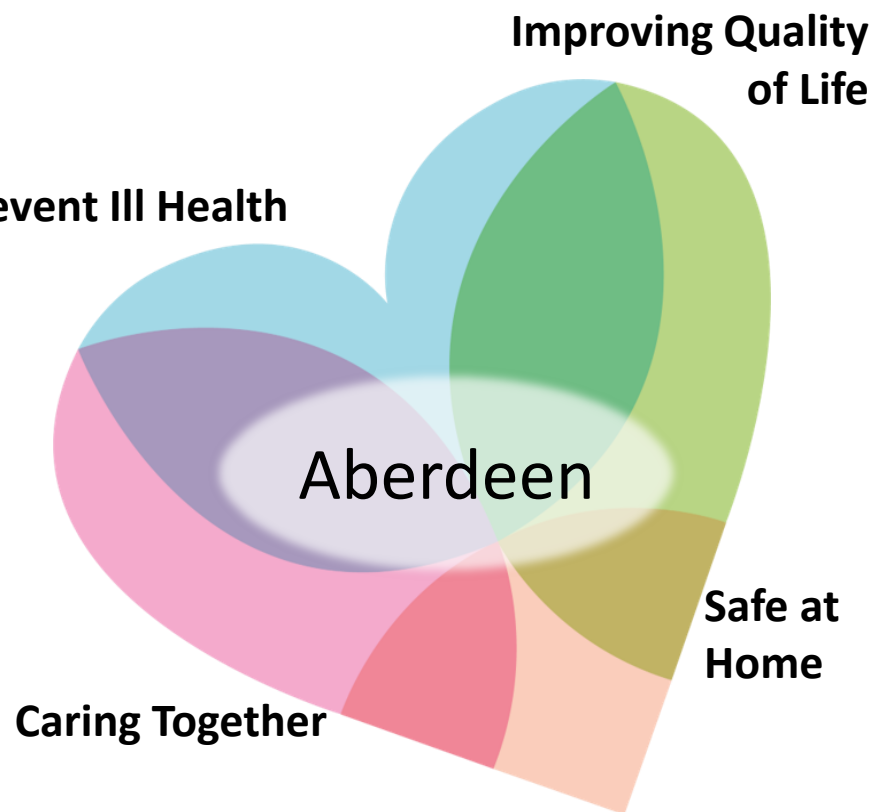
Caring  
Together

# Our Values

Our values indicate what is important to us and set the standard for our behaviour. Above all we will be **honest** in everything we do; we will aim to **empathise** with the citizens of Aberdeen understanding their needs and listening to their views. Providing services that are **equal** for all is important to us and we will make every effort to reduce the negative impact of inequality. We will **respect** the views and the rights of the people of Aberdeen and will be **transparent** in our dealings with them.

# Our Aims

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## What do these mean?

**Caring Together** – together with our communities, ensure that health and social care services are accessible, safe, and sustainable; that people have their rights, dignity and diversity respected; and that they have a say in how services are designed and delivered both for themselves and for the people they care for, ensuring they can access the right care, at the right time, in a way that suits them.

**Safe at Home** – when they need it, people can be cared for safely in their own home or in a homely setting, reducing the number of times they need to be admitted to hospital or reducing the length of stay where admission is unavoidable.

**Improving Quality of Lives** - support people to help overcome the health and wellbeing challenges they may face, particularly in relation to inequality, recovering from Covid, and the impact of an unpaid caring role, enabling them to live the life they want, at every stage.

**Preventing Ill Health** – help communities to achieve positive mental and physical health outcomes by providing advice, and designing suitable support (which may include utilising existing local assets), to help address the preventable causes of ill-health, ensuring this starts at as early an age as possible.



# In 2030 Aberdeen will be one of the healthiest places to live in Europe because....

Equal opportunities are enjoyed by all.

Businesses work closely with communities and volunteers

People of Aberdeen are socially and digitally connected

People take responsibility for their own health and participate in preventative and anticipatory care

People know who to turn to when accessing health information

The City is safe for people to live, work and play

People are, prosperous and happy.

Citizens of Aberdeen are physically connected – it is easy to get in and around the city.

Healthiest choice is the easiest and preferred option.

Everyone is as healthy as can be and has the knowledge, understanding and skills to look after themselves

Positive mental health and wellbeing is shared by all

There is a strong sense of independence, resilience, confidence, self-esteem and aspiration

# Strategic Plan on a Page

## Strategic Aims

### Caring Together

Make services more accessible and coordinated.

Design, deliver and improve services with service users and their carers.

Develop the membership and diversity of our Locality Empowerment Groups.

Enable communities to make the best choices to meet their care needs.

Focus on transitioning between services, particularly children to adult services.

### Safe at Home

Enable people to live safely in their homes.

Increase Care delivered in the Community

Maximise benefits of technology where appropriate.

Reduce Delayed Discharges

### Improving Quality of Life

Improve mental health and wellbeing.

Increase support for unpaid carers.

Reduce harm from alcohol and drug misuse and support those in recovery.

Remobilise services to help address health debt.

Provide support that helps people to recover from the long-term effects of Covid-19.

Work with partners to mitigate the impact of poverty, including child poverty.

Provide support and services to support sexual and reproductive health.

### Preventing Ill Health

Encourage self care initiatives

Provide education and services to prevent STI's/BBVs and unplanned pregnancies.

Improve the health and wellbeing of children and young people, respecting their rights and keeping families together.

Work with colleagues in Housing to promote better place planning and the availability of energy efficient, affordable homes.

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## Enabling Priorities

### Workforce

- Revise Workforce Plan
- Enable and Support Staff Health and Wellbeing
- Improve Recruitment and Retention

### Technology

- Provide resources for staff
- Continue digitisation of services
- Ensure continued availability of monitored Telecare

### Finance

- Annual refresh of medium term finance framework.
- Maximisation of Income

### Commissioning

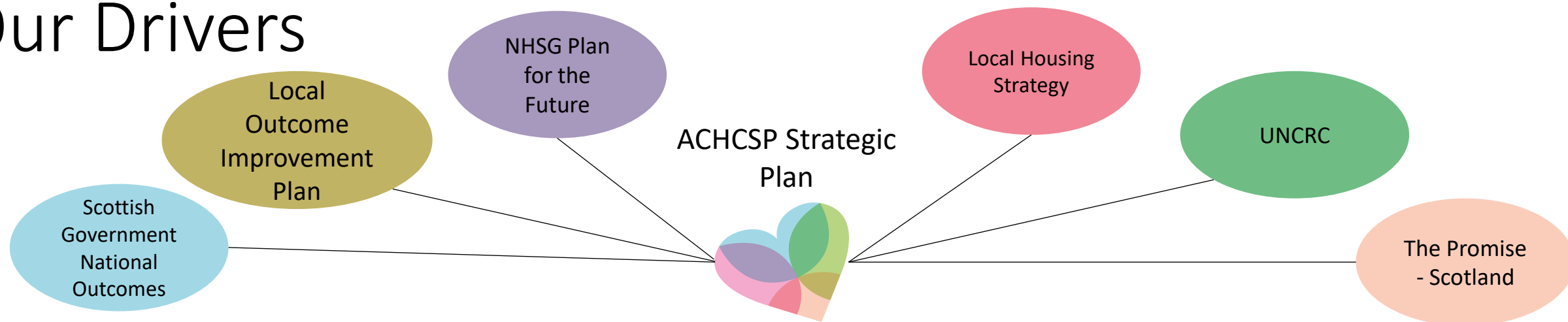
- Relationships with providers.
- Voices of Lived experience
- Commissioning Principles

### Infrastructure

- Maximisation of space usage
- Sustainable service provision
- Climate Change
- Sustainable and Active Travel



# Our Drivers



Page 77  
Ultimately ACHSCP aim to contribute to the [National Outcomes](#) and not just in relation to Scotland being healthy and active. We are committed to Human Rights, respecting, and protecting the rights of the citizens of Aberdeen and helping them live their lives free from discrimination and stigma. The development of our Locality Empowerment Groups who challenge and shape our delivery model demonstrates our commitment to empowered communities although we still have some work to do to encourage more people to get involved and more diversity within the membership. We can also contribute to the national outcomes in terms of the Economy and Fair Work, and the Environment. Our commissioned social care services employ X,XXX staff and we are committed to ensuring they receive fair pay and working conditions.

Our key local partners are Aberdeen City Council and NHS Grampian and we work closely with them and other partners in delivering the [Community Planning Aberdeen Local Outcome Improvement Plan](#) and the [NHS Grampian Plan for the Future \(link when available\)](#). In 2021 we worked with community planning to revise planning arrangements making the Locality Empowerment Groups the focus for all community planning, not just health and social care. Together, we will focus on influencing the delivery of improvement projects that positively impact the inequality that adversely affects population health, mainly related to poverty. We recognise the role good quality, affordable and accessible housing plays and we work closely with colleagues in Aberdeen City Housing to ensure the relevant elements in the [Local Housing Strategy](#) are delivered. Areas of focus are Independent Living, and Fuel Poverty and Climate Change. The revised Fairer Scotland Duty Guidance in relation to socio-economic disadvantage and inequalities of outcomes was published in October, and we will ensure this is incorporated in our impact assessment procedures.

ACHSCP principally delivers adult services, but we have responsibility for school nursing and health visiting which involves children and their wider carers and families. The children of today will become the adults of the future and children are often at the heart of families being supported by adult services. We are committed to early intervention and prevention in relation to health, and acknowledge that inequality affects children's opportunities for growth, development and health. We will deliver on those areas within the [UN Convention on the Rights of the Child \(UNCRC\)](#) and [The Promise Scotland](#) particularly in relation to non-discrimination, considering the best interests of the child. There will be a focus on protecting their privacy; listening to, and respecting their views; adopting a whole family approach; and focusing on transitions to adulthood, particularly where young people are in receipt of health and social care services.

# Our Approach



## Sustainable

Demand v Resource  
Doing things differently  
Promoting prevention and Self Care  
Right Care, Right Place, Right Professional



## Inclusive

[Integration Principles](#)

[Planning with People](#)

Equality Outcomes

Impact Assessments

## Whole System

Person Centred  
Partnership Working  
Wider Determinants of Health  
Home First  
Intermediate Care



# Our Enabling Priorities

## Workforce

- Revise Workforce Plan
- Enable and Support Staff Health and Wellbeing
- Improve Recruitment and Retention

## Technology

- Provide resources for staff
- Continue digitisation of services
- Ensure continued availability of monitored Telecare

## Finance

- Annual refresh of medium term finance framework.
- Maximisation of Income

## Commissioning

- Relationships with providers.
- Voices of Lived experience
- Commissioning Principles

## Infrastructure

- Maximisation of space usage
- Sustainable service provision
- Climate Change
- Sustainable and Active Travel

## Workforce

Our workforce across the whole health and social care system including partners and volunteers is crucial to delivering our strategic aims. Not only are their skills and expertise valued but their health and wellbeing is important too. The demand on the workforce during the response to the Covid-19 pandemic was significant and it is important we help staff recover from this and build their resilience to cope with the further challenges ahead. Recruitment and retention of health and social care staff can be difficult in the north east of Scotland with other industries attracting staff from an already restricted pool. We need to positively encourage, promote, create and demonstrate the value and sense of worth of being part of the health and social care workforce building this into our workforce planning which will hopefully support sustainable service delivery in future. We will continue to foster links with both Aberdeen and Robert Gordon Universities as well as the North East of Scotland College and local schools to ensure there are appropriate study and practical experience opportunities to nurture the workforce of the future.

## Technology

Scotland's Digital Health & Care Strategy published in November 2021 sets out the intention to make the best use of digital technologies in the design and delivery of services, in a way, place and time that works best for people and that improves the care and wellbeing of people in Scotland. This is something that we will seek to implement locally. At a basic level, we need to ensure staff have the digital resources they need. For example, we need to embed systems for electronic recording and sharing of information to maximise patient contact time. This transformation needs to extend to support our commissioned services to implement digital solutions e.g., electronic medication administration recording (eMAR) in Care Homes and explore maximising the use of telecare options in the home to keep people safe. We will continue to explore how digital interfaces with partners can improve overall care, for example, communication amongst partners in pre-hospital emergencies. Near Me and eConsult have enabled GPs and clinicians to better manage their capacity to cope with the increase in demand for their services, however these systems have also brought challenges and we will continue to work with partners in NHS Grampian to ensure these and other systems are used in a way that supports patients. We acknowledge that not all sections of the population are able to use electronic systems for a variety of reasons and we will ensure, where possible, alternative options are always available, as well as offering support to those who want it, in order to ensure that no one is disadvantaged. A major development in technology is the switchover from analogue to digital telephone systems in 2023. This will impact those who use monitored telecare systems such as community alarms, and we need to ensure arrangements are in place to ensure equipment can continue to be used in a way that supports and benefits clients beyond the change.

# Our Enabling Priorities continued

## Finance

Whilst demand is increasing, finances are not necessarily keeping apace, so we need to ensure we make the best use of our restricted budgets. We can do this by employing robust financial management, exploring options for improvements to systems and processes that achieve efficiencies (perhaps through better coordination of services) and ensuring we maximise any income that is available to us through Contributing to Your Care and Support, our non-residential charging policy.

## Infrastructure

Working with Aberdeen City Council, NHS Grampian and independent providers we will ensure that assets used to deliver health and social care services are fit for purpose, modernised where appropriate, and managed sustainably. Particularly post Covid, as long as social distancing measures continue to be in place, we need to maximise the use of the space available to us. New housing developments increase demand for services within the communities where they are built. We will monitor new development activity and work with partners to ensure the relevant financial contributions from developers are used to meet these additional needs. We will take cognisance of Aberdeen's Climate Adaptation Framework - Aberdeen Adapts by embedding climate change in health and social care planning and in business continuity arrangements and by reducing our carbon footprint. We will also contribute to the Aberdeen Local Transport Strategy encouraging sustainable and active travel.

## Commissioning

We will continue to transform our commissioning approach, building relationships with providers and working with them to deliver our Market Position Statements, continuing to listen to the voices of people with lived experience, designing, delivering and improving services around their needs and embedding our commissioning principles: -

- Commissioning is undertaken for outcomes (rather than for services)
- Commissioning decisions are based on evidence and insight and consider sustainability from the outset
- Commissioning adopts a whole-system approach
- Commissioning actively promotes solutions that enable prevention and early intervention
- Commissioning activities balance innovation and risk
- Commissioning decisions are based on a sound methodology and appraisal of options
- Commissioning practice includes solutions co-designed and co-produced with partners and communities



# How we will know?





In addition to service specific national standards, and in common with other health and social care partnerships, our performance is measured via the National Performance Indicators and the Ministerial Steering Group Indicators. The table below shows these aligned to the Strategic Aims. Each year the Leadership Team will set SMART Objectives which will detail the activity planned for the year. The delivery of these will be managed within our programme management approach and we will report our progress via internal governance routes and ultimately in our Annual Performance Reports.

<b>Caring Together</b>	<b>Safe at Home</b>	<b>Build Resilience</b>	<b>Prevent Ill Health</b>
<p>NI 3 - % of adults supported at home who agreed that they had a say in how their help, care, or support was provided</p> <p>NI 4 - % of adults supported at home who agreed that their health and social care services seemed to be well coordinated</p> <p>NI 5 - % adults receiving any care or support who rate it as good or excellent</p> <p>NI 6 - % of people with positive experience of the care provided by their GP practice</p> <p>NI 7 - % of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life</p> <p>NI 9 - % of adults supported at home who agreed they felt safe</p> <p>NI 17 – proportion of care services graded good (4) or better in Care Inspectorate inspections</p> <p>Qualitative – Care Opinion, Surveys</p>	<p>MSG 1a - No. of emergency admissions 18+</p> <p>MSG 2a - No. of unscheduled Bed Days (acute specialities 18+)</p> <p>MSG 2b - No. of unscheduled bed days (mental health specialities 18+)</p> <p>MSG 3a - No. of A&amp;E Attendances 18+</p> <p>MSG 4 – Delayed Discharge Bed Days (all reasons)</p> <p>MSG 5a/NI 15 - % of last 6 months spent in community (all ages)</p> <p>MSG 5b – number of days during last 6 months of life spent in the community</p> <p>MSG 6 – Balance of Care: % of population 65+ living at home (supported and unsupported)</p> <p>NI 11 - Emergency Admission Rate</p> <p>NI 12 – Emergency Bed Day Rate</p> <p>NI 13 - Readmission to hospital after 28 days</p> <p>NI 18 - % of adults with intensive care needs receiving care at home</p> <p>NI 19 - number of days people aged 75+ spend in hospital when they are ready to be discharged</p> <p>NI 20 - % of health and care resource spent on hospital stays when the patient was admitted in an emergency</p> <p>Surge and Flow trend data, Care Inspectorate Gradings</p>	<p>NI 2 - % of adults supported at home who agreed that they are supported to live as independently as possible</p> <p>NI 8 &amp; LOIP - total combined % carers who feel supported to continue in their caring role</p> <p>NI 16 - Falls Rate</p> <p>SIMD Indicators</p> <p>HIIAs Completed</p>	<p>NI 1 - % of adults able to look after their health very well or quite well</p> <p>NI 11 - Premature Mortality Rate</p> <p>LOIP - Improve Healthy Life Expectancy</p> <p>Drugs Deaths</p> <p>Alcohol Related Deaths</p> <p>Smoking Cessation Rates</p> <p>Suicide Rates</p>



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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	15 December 2021
<b>Report Title</b>	Stay Well, Stay Connected
<b>Report Number</b>	HSCP.21.121
<b>Lead Officer</b>	Sandra MacLeod, Chief Officer
<b>Report Author Details</b>	Name: Anne McKenzie Job Title: Lead Commissioner Email Address: anne.mckenzie@nhs.scot
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	Appendix A - SWSC Project Update IJB

### 1. Purpose of the Report

- 1.1. The purpose of this report is to update the Integration Joint Board (IJB) on progress with the implementation of the revised model for the provision of day care and day opportunities within Aberdeen City, now known as “Stay Well, Stay Connected”.

### 2. Recommendations

- 2.1. It is recommended that IJB

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



## INTEGRATION JOINT BOARD

### 3. Summary of Key Information

#### 3.1. Background

IJB on 28 October 2020 considered the report 'Commissioned Day Services and Day Activities' - HSCP20.045 and decided:-

- (i) to note the outcome of the consultation process, proposed implementation plan and transitional phase, including arrangements to support current providers through the transition;
- (ii) to approve the implementation of the future model for day care / day activity;
- (iii) to approve funding for the current providers during the transitional phase; and
- (iv) to instruct the Chief Officer to proceed with the implementation of the new model.

3.2. The Board also cautioned that there should be absolute transparency in the design of the new arrangements, including financial spend.

3.3. At IJB on 25 May 2021, an update report (HSCP.21.048) on progress made against the implementation plan was approved and the Chief Officer, Aberdeen City Health and Social Care Partnership (ACHSCP) requested to provide a further update to the December 2021 IJB. This report today provides further progress update and outlines key priorities for the next 12 months.

#### 3.4. Implementation update

##### Residential Respite

3.5. In May 2021, providers of residential nursing care were invited to two separate market engagement sessions to discuss the commissioning requirements for the provision of five planned residential respite places within nursing homes in Aberdeen City. Following this consultation, one place was secured, and the provision of planned respite within the facility commenced on 1 July 2021. Further interest was shown in this provision in September 2021 and a further four places secured.

3.6. In addition to the capacity within nursing homes, the residential care capacity previously delivered within Rosewell House has been



## INTEGRATION JOINT BOARD

reprovisioned across the Bon Accord Care estate. These arrangements began on 1 June 2021.

This has allowed us to deliver on the factors identified as important to carers during our consultation during the redesign, notably an opportunity to book respite in advance and with a locality focus.

- 3.7.** It has been noted that there continues to be a level of anxiety about residential respite, whilst some COVID restrictions are in place. Service managers are working collaboratively with Quarriers Carers Support service to develop information leaflets, in order to ensure that carers have all of the information they require prior to arranging residential respite.
- 3.8.** One of the factors that carers are concerned about is the required period of isolation that their loved one has to undertake following admission. On occasion, and often in critical situations, this results in carers declining respite or cancelling on realisation that their loved one will be faced with these circumstances. Health Protection colleagues have agreed to undertake a risk assessed approach and to promote this to providers in order to enhance experience and mitigate this barrier.
- 3.9.** Each person experiencing respite and their carer are encouraged to provide feedback to service managers following their stay. This allows ACHSCP to ensure that the service provided is meeting the individual requirements. Feedback received from carers has focussed on their delight and relief at being able to gain sleep in the knowledge that their loved one is being cared for. There is evidence of a strong locality focus with one provider in particular where they have worked to maintain the individuals' routines of walking to collect their newspaper, this has created positive and meaningful experiences for both the cared for and the carer.
- 3.10.** The market engagement sessions also offered an opportunity for a shared understanding of any concerns that the sector may have in the provision of residential respite – particularly if the respite is arranged urgently in response to a deteriorating set of circumstances in someone's home. There are now monthly sessions arranged between service managers and providers of planned residential respite in a bid to continuously improve the services provided – based on their own experiences and those of carers and individuals.



## INTEGRATION JOINT BOARD

- 3.11.** An update paper was presented to the ACHSCP Executive programme Board on 11 November 2021 and there was agreement to continue with the commissioning arrangements until March 2023.
- 3.12.** There has been significant progress made in testing an alternative to planned residential respite in a buildings-based facility. Plans are underway to test the delivery of respite overnight where appropriate. This is a reflection of a person's choice and has also provided an alternative model when a facility has been closed to admissions due to COVID 19 transmission.

### **Buildings Based Services**

- 3.13.** The ethos of Stay Well, Stay Connected has always been to ensure that people have a choice in the way that their outcomes are met. This shift is possibly most strongly evident in the choices that people are making in relation to respite during the day time.
- 3.14.** Kingswood Court day services are operational, but due to the requirements for COVID 19 infection prevention control measures, opens on a Monday, Wednesday and Friday (previously Monday to Friday). On average, 14 people attend the service on any day, with 3 people currently on the waiting list. This waiting list compares favourably to the pre pandemic level.
- 3.15.** The provider now also provides an outreach support service, available on an individual basis, delivering on outcomes for the carer and cared for person. 15 people are currently receiving this support.
- 3.16.** Testimonies are available from individuals, carers and the care management team, acknowledging the very positive benefits of this change.

### **Early Intervention and prevention and Opportunities to afford the general population to remain independent and connected to their communities**

- 3.17.** This is a large workstream and inextricably linked to the ambition of promoting and restoring resilience.



## INTEGRATION JOINT BOARD

- 3.18.** There is a strong partnership evolving between ACHSCP, independent providers and other partners. The work of the early intervention and prevention group is set out in Appendix A.

### **Next Steps**

- 3.19.** Whilst there is good evidence to suggest that the revised model for respite either residential, or during the daytime, is delivering the anticipated outcomes. The Stay Well Stay Connected steering group recognises that there is still minimal evidence that people at the cusp of losing their resilience are accessing the very many options available to them, and thereby connecting back into their communities. The steering group has agreed that this must be a priority for this next year. This was always recognised to be a significant task, given the very many “places” that people may present, the variety of opportunities available to them and the personal resilience and confidence required to make that connection. The group are also committed to ensuring that this process is evaluated.

### **Summary**

- 3.20.** This update provides the Board with assurance on the progress with the implementation of “Stay Well Stay Connected”, and on the continued co production approach adopted both with providers and with members of the public.

## **4. Implications for IJB**

- 4.1. Equalities, Fairer Scotland Duty and Health Inequalities** - An equalities impact assessment was completed as part of the redesign considerations. Progress against the recommendations identified and the ongoing delivery of actions which support delivery of the Partnership’s Equality Outcomes are captured in the Partnership’s Equality Outcomes and Mainstreaming Framework 2021 -2025

Our Fairer Scotland Duty is fundamental to the redesign is the requirement to respond to local need, and to ensure that all services are accessible to the local population.



## INTEGRATION JOINT BOARD

- 4.2. **Financial** - The delivery of the approved model will be within the same level of funds that are available within the current model.
- 4.3. **Workforce** - The ACHSCP workforce will adopt multi-disciplinary case finding, identifying people at risk of losing their resilience and working with them to help them connect back into their community.
- 4.4. **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.
- 4.5. **Other** – none.

### 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)





**Alternative options for support (tests of change)**

Working in collaboration with partners we are currently undertaking several projects and tests of change to support those with requiring support and the wider general population. Summarised below.

	<b>Project / Test of change</b>	<b>Outcomes</b>	<b>Progress to date (November 2021)</b>
	<p><b>SWSC Movement – building the network relationships.</b></p>	<p>Working with key community assets to use SWSC logo as a symbol for community cohesion. Using the Making Every Opportunity Count (MEOC) (can you expand this acronym please?) approach to educate and encourage friendly and welcoming community spaces.  Links to MEOC / website.</p> <p>It is recognised that the increased networking and relationships has allowed for improvement cross fertilisation of ideas and pulling of resources into where it is required.</p>	<p>Working relationships established with city library health &amp; wellbeing advisors opening more locality sources of support, library staff are trained in MEOC and record conversations on website.</p> <p>Working relationships established with Quarriers Care Support Service &amp; Respite. Carer appreciation card programme pan Grampian being established. Aberdeen city will incorporate both SWSC brand &amp; Carer brand to advertise local welcoming community spaces.</p> <p>SWSC brand is integral part of AGILE (Aberdeen Guide to Independent Living &amp; Enablement) and the 5 ways to wellbeing which expands the reach of the brand and expands access to many sources of support that don't need a professional referral.</p> <p>Connection made with national body - Health and Social Care Alliance Scotland – SWSC is now an active partner in the Alliance.</p>



			Collaborative relationships have been established with communication leads (ACHSP, ACVO, BAC & Sport Aberdeen) to expand communication reach.
<b>Social Isolation</b>			
<b>S1</b>	<b>Befriending</b>	Multi agency steering group is designing a sustainable model of befriending in the City with a view to creating a City that is connected in multiple ways.	Model has now been created & will be used to promote Befriending as a volunteering opportunity for University of Aberdeen Arts students.
<b>S2</b>	<b>Student Befriending (RGU)</b>	Collaboration with RGU students in Physiotherapy, Occupational Therapy and Sports/Exercise Science to link with SWSC befriending projects to allow for a mutually beneficial exchange of skills/experience for volunteer commitment.	Success of initial project has been built upon for the return of students to RGU September 2021. Five Occupational Therapy & one Sports & Exercise student have volunteered for befriending and will be on placement to Befriend for TLC. Referrals are identified through Link Practitioners.
<b>S4</b>	<b>Social Walking Opportunities</b>	Using the new SWSC network to work collaboratively to promote health walks for all.	Step Out September had 20 Walks across the City included in their programme. A report on this is almost complete which includes information on amount of walkers, Walk Leaders trained, website / toolkit "clicks". Torry History Walk is a new walk that was added to the Step out September programme and now runs fortnightly.
<b>S5</b>	<b>Sheltered Housing Out-Reach Programme</b>	To kickstart activities in BAC SH complexes. A programme of outside providers with community teams who can	Proposal & outline of project sent to BAC Reablement Facilitators. In principle, most providers have agreed



		deliver an activity in SH. Various types of activities to be included e.g. learning workshops, activity sessions, “discos” & dementia friendly reminescent sessions.	
<b>Physical activity</b>			
<b>P1</b>	<b>Physical Activity Packs Pilot</b>	This pilot is a direct response to the sedentary behaviours, inactivity and deconditioning caused by lockdown. Well evidenced that physical activity has a positive impact on functionality and good mental wellbeing.	Final PA Pack report will be completed and submitted in the next two weeks for funding & upscaling. Upscaling will allow the PA Packs to be requested by outside agencies to help increase PA levels through various adult populations - a request form has been establish asking for details which will ensure we can further evaluate these packs.  The NHS Falls team are already using the PA Packs developed by SWSC team.
<b>P2</b>	<b>Multi activity leader course –</b>	Interactive online training re creativity on getting variety of people to become more active. Interactive PowerPoint.	Renamed Physical Activity Champion eLearning. Design of resource is in draft form and will be a resource for those wishing to upskill staff/volunteers in the benefits of enjoying increased physical activity, being creative & having fun.
<b>P3</b>	<b>Life Curve</b>	Project being supporting by RGU OT student and Connecting Scotland (via Libraries) for devices/digital. Poster is being drafted to get people involved. Need a mix of residents and practicalities of downloading and using app.	Pilot has now progressed & is part of a Peer Digital Placement in collaboration with RGU. Four OT students have 11 participants across 2 Sheltered Housing complexes (Hilton Court & Dominies Court) & will help to support them to get onto & use the LifeCurve App.
<b>P4</b>	<b>“Oot n Aboot” Project with Red Cross</b>	Pilot held between Nov 2020 and March 2021 to establish the benefit of providing	No further update due to Covid restrictions.



		volunteer support to people who had lost social confidence as a result of shielding or self-imposed isolation to reintegrate into community activity.	
<b>P5</b>	<b>Community Physical Activity Plan</b>	Planning group of ASV, Sport Aberdeen, AFCCT, ACHSCP & RGU:Sport will organise a tri-annual PA event which links activity to LOIP & SWSC objectives to encourage the non-active to be active in a targeted way.	Planning group established & a timeframe for 2022 drawn up.
<b>Dementia Focus (incl. Cognitive Decline)</b>			
<b>D1</b>	<b>Dementia-friendly</b>	Cross agency approach and linkages e.g. Alzheimer Scotland, Unpaid carers, BAC, Livingwell, guiding where the focus should be and to inform all above workstreams to ensure dementia-friendly. Also focusing on equipping staff/volunteers with right knowledge and tools to support those with dementia needs.	<p>Supporting &amp; delivering online awareness sessions for those living with and caring for persons with dementia. The 3 online sessions will mirror the sections of AGILE and reflect the particular requests of persons with dementia &amp; their carers so that they feel better connected and supported in their communities. These sessions will begin in January 2022 and are co -designed by the Dementia Focus Group.</p> <p>A co-produced online Dementia Friendly Activities Timetable is in process and will be available on the SWSC webpage from January 2022.</p> <p>Dementia Focus Group Report- Covid 19 Impact. Report now collated and shared. Reflects both the views of staff and carers.</p>



			Dementia Symbols - discussions with Early Onset Dementia group and Dementia Focus group indicated a need to look at how we promote “dementia friendly” activities. The phrase can be off putting for some. Test of change in 2022 looking at use of symbols on “dementia friendly” activities and the promotion and communication of this.
<b>Digital Divide</b>			
<b>DI1</b>	<b>Connecting &amp; Information Sharing</b>	SWSC webinars used to cascade information on all things wellbeing in communities, showcase new projects, celebrate successes.	Staff time from SWSC workstream to organise and deliver these in 2022.
<b>DI2</b>	<b>City Webpage and Brochure</b>	Webpage (and support electronic info brochure) information and resources around wellbeing. Project idea is to create an online resource which is easy to navigate for staff and citizens to find information on and resource on staying well and connected.  Linkages to Risk Assessed Care for Care at Home.	AGILE brochure & webpage went live on 1 <sup>st</sup> November 2021.  Been well received and widely promoted & shared across all partners. Additional providers can add service information via downloadable form.  <a href="https://aberdeencityhscp.scot/our-delivery/agile/">https://aberdeencityhscp.scot/our-delivery/agile/</a>
<b>DI3</b>	<b>Digital Support and Promotion</b>	Increase our understanding of individual confidence, knowledge, and access to resources. Identify gaps in delivery of digital support Promote local digital support services and resources to increase individual’s knowledge and confidence using digital devices.	City wide digital survey being developed looking at confidence, knowledge, and support with a focus on the protected characteristics. Survey results to help shape upcoming Digital Awareness events and to identify areas of development.



			Digital Awareness sessions- January. To be shaped based on the survey results.
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<b>Buildings based – Day Support</b>			
	<b>Respitality</b>	<p>Looking at how traditional respite could be approached differently</p> <p>Being an unpaid carer can have positive and rewarding aspects, but it can also be isolating as well as physically and mentally demanding. For a range of reasons, including financial pressures, carer concerns and limited time, it is often difficult for carers to take the time out to fully recharge, or to spend quality time on their own or with family and friends.</p>	<p>Aberdeen Carers Support Service – Respitality update</p> <p>Doorstep Breaks            Successful in obtaining pilot funding for a project called Doorstep breaks which will enable us to work with 50 carers from high end care roles to test a menu of options organised with local providers that will give day out type respite opportunities for carers. The carers taking part will complete a wellbeing survey prior to take up and then again after the break and can get up to 3 funded break activities.</p> <p>Scotspirit voucher scheme            Awarded £31,000 for the new Scotspirit voucher scheme – this is another pilot project through tourism and Scottish Gov. Carers will book hotel or B&amp;B breaks with our respitality worker who has access to a database of hospitality partners that have signed up to be involved in the scheme. Alongside this we have been given additional funding to help with transport costs to the voucher break venues.</p> <p>Time to Live</p>



			<p>For those carers not wishing to go away we have started a new round of Time to live funding where carers can apply for up to £250 to purchase anything that gives them a break. Previous applications for this fund have provided garden shed makeovers, gardening equipment, exercise and sports equipment, horse riding lessons and spa treatments. For this funding carers don't need to be registered with the service to apply.</p>
	<b>Carers Oversight Group</b>	<p>Creation of a representative group of, carers and communities which uses the lived experience of group members to help influence and improve services.</p>	<p>Group (s) have been engaged with and opinions sought on carer health &amp; wellbeing through the current review of ASCHP carer strategy.</p>



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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	15 December 2021
<b>Report Title</b>	Market Facilitation Update
<b>Report Number</b>	HSCP.21.122
<b>Lead Officer</b>	Sandra MacLeod, Chief Officer
<b>Report Author Details</b>	Name: Anne McKenzie Job Title: Lead Commissioner Email Address: anne.mckenzie@nhs.net Phone Number: 07977519136
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	Appendix A - Aberdeen City HSCP Strategic Commissioning Activity Plan 2019 –2022

### 1. Purpose of the Report

- 1.1. The purpose of this report is to provide an update to the Integration Joint Board (IJB) with regards to market facilitation activity during the previous 6 months.

### 2. Recommendations

It is recommended that the IJB:

- 2.1. Notes the content of this report.
- 2.2. Notes that the market facilitation plan will be reviewed in line with the Aberdeen City Health and Social Care Partnership's (ACHSCP) strategic plan.
- 2.3. Notes that the market facilitation activity is linked with and reflected in the annual procurement plan



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### 3. Summary of Key Information

- 3.1.** On 19 November 2019, the Aberdeen City IJB approved the Three-Year Strategic Commissioning Activity Plan (HSCP.19.065), outlining planned strategic commissioning activity, and market engagement activity between 2019 and 2022 (Appendix A).
- 3.2.** On the 6 July 2021, a report entitled Market Facilitation, updated IJB on the provided progress on the plan and a decision from this report (HSCP.21.076) was to instruct the Chief Officer (ACHSCP) to present a further update to IJB on 15 December 2021.
- 3.3.** One of the key achievements since July 2021 has been the consolidation of the Strategic Commissioning Programme Board (SCPB), and the creation of a commissioning workplan, clearly aligned to the annual procurement plan. The SCPB provides a governance structure to ensure that all commissioning activity adheres to the commissioning principles and that commissioning activity is planned in a proactive way. The workplan affords the opportunity to ensure that all activity is tracked, planned and completed. Programme management support for commissioning activity is available.
- 3.4.** The following ambitions are set out for the year 2020 – 2021 in strategic commissioning activity plan:
- Commissioning of day activity
  - Commissioning according to mental health delivery plan, and strategic review of mental health services, including residential services
  - Commissioning of dementia support services
  - Recommissioning training and skills development programme
  - Commissioning of Care at Home and Supported Living Framework
  - Phase 1 - training passport for carers
  - Strategic review of rehabilitation pathway
  - Commissioning - dementia delivery plan
  - Commissioning of Carer Support Services
  - Provider services aligned to locality working
  - Commissioning Older people's residential services



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- 3.5. In addition, the procurement of a joint sensory service for Aberdeen City has been concluded.
- 3.6. The relationship between ACHSCP and providers has been collaborative throughout the redesign and implementation of the new arrangements.
- 3.7. The following offers a brief summary of progress against these planned activities:

**Commissioning of day activity** – now known as Stay Well Stay Connected, with an update report delivered to the Aberdeen City IJB in December 2021.

**Commissioning according to mental health delivery plan, and strategic review of mental health services, including residential services** – review complete. The market position statement, based upon relevant strategic ambitions, co-produced between ACHSCP and providers of mental health and learning disability residential care facilities is with corporate graphics and will be available by the end of this year. There is an associated implementation plan, which will be taken forward by an implementation group in 2022.

**Commissioning of dementia support services** – the implementation group for the delivery of post diagnostic support meets regularly, and now that the diagnostic activity has recommenced, will continue to monitor delivery against key ambition.

**Recommissioning training and skills development programme** – two workshops have been held with providers of these services to review current activity against the key strategic ambitions. It is anticipated that a market position statement for these services will be available at the end of 2021 / early 2022, with an associated implementation plan. This work is being progressed alongside Aberdeenshire colleagues.

**Commissioning of Care at Home and Supported Living Framework** – concluded in November 2020. Strategic and Operational Care at Home groups have been created, which sees collaboration between the Granite Care Consortium and Bon Accord Care.



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**Phase 1 - training passport for carers** – workshops were held in 2019, and COVID 19 has hampered progress with this work. However, through the Risk Assessed Care approach to the delivery of care at home, there is the potential to progress the opportunity for a training passport in Manual Handling.

**Strategic review of rehabilitation pathway** – plans are in place for this to happen, but the responsibility for the review does not sit with the Lead Commissioner.

**Commissioning** - dementia delivery plan – activity delayed due to impact of Covid on operational delivery.

**Commissioning of Carer Support Services** – successful tender, contract in place. The requirement of the provider was to co-produce the carers service with carers in Aberdeen. To date this has resulted in a carers brand and carers co-producing the services and information available. The provider also works in close partnership with service managers.

**Provider services aligned to locality working** – this requires a significant focus in 2021 / 2022.

**Commissioning Older people's residential services** – this continues to be a nationally agreed contract.

- 3.8.** COVID 19 continues to pose a potential threat to the sustainability of the provision of social care across Aberdeen City due to the level of sickness absence across the workforce. Sustainability is further compromised by the well-recognised recruitment and retention challenges across the health and social care sector.
- 3.9.** One aspect that has supported this resilience and allowed for relationships to deepen at an operational level has been continued arrangements for the provider huddles. These huddles offer providers of residential and non-residential sectors to join together, to share common issues, problem solve and offer peer support.



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- 3.10. Providers continue to link closely with the NHS Grampian Health Protection Team regarding infection, prevention and control practice.
- 3.11. We are constantly learning about market facilitation and trying to build on our experience. This is evident in our recent review of mental health and learning disability accommodation provision and our current review of training and skills development services. Independent feedback suggests that social care providers welcome this approach.
- 3.12. A workshop took place in June 2021, aimed at progressing conversations about the formation of a strategic provider forum. This was aimed at Chief Executive, Managing Director or business owner level. Unfortunately, this gathering did not muster the level of support that was intended, and the discussions suggest that the scope of social care provision is potentially too wide to have one group. Collaboration at a strategic level is currently being tested for Care at Home.

### 4. Implications for IJB

- 4.1. **Equalities, Fairer Scotland Duty, and Health Inequality** - There are no specific equality or health implications from this report. Nor is there any direct implication for our Fairer Scotland Duty.
- 4.2. **Financial** - There are no specific financial implications arising from this report.
- 4.3. **Workforce** - There are no specific workforce implications arising from this report.
- 4.4. **Legal** - There are no specific legal implications arising from this report.
- 4.5. **Other** – Nil

### 5. Links to ACHSCP Strategic Plan

- 5.1. This report links to the commissioning principles outlined as one of the enablers within our strategic plan.



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### 6. Management of Risk

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

This option links directly to strategic risk 1 – market sustainability

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

By implementing the necessary processes, and continuation of partnership working.

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



Appendix 1 - Aberdeen City HSCP Strategic Commissioning Activity Plan 2019 – 2022

		Year 2019 - 2020	Year 2020 - 2021	Year 2021-2022
			Define system wide impact of strategic commissioning of acute services	
<b>STRATEGIC PLAN AIMS, COMMITMENTS AND PRIORITIES</b>	Prevention	<ul style="list-style-type: none"> <li>Review of Commissioned Day Care services</li> </ul>	<ul style="list-style-type: none"> <li>Commissioning of day activity</li> <li>Commissioning according to mental health delivery plan, and strategic review of mental health services, including residential services</li> </ul>	<ul style="list-style-type: none"> <li>Commissioning according to mental health delivery plan, and strategic review of mental health services, including residential services</li> </ul>
	Resilience	<ul style="list-style-type: none"> <li>Decommissioning of Post Diagnostic support from provider</li> <li>Re provision of Post Diagnostic Support – in house</li> </ul>	<ul style="list-style-type: none"> <li>Commissioning of dementia support services</li> <li>Review of training and skills development programme</li> </ul>	<ul style="list-style-type: none"> <li>Commissioning according to strategic review of respiratory services.</li> </ul>
	Personalisation	<ul style="list-style-type: none"> <li>Design of Care at Home and Supported Living Framework</li> <li>Development of a training passport for carers</li> <li>Strategic review of palliative care pathway</li> </ul>	<ul style="list-style-type: none"> <li>Commissioning of Care at Home and Supported Living Framework</li> <li>Strategic review of rehabilitation pathway</li> <li>Commissioning - dementia delivery plan</li> </ul>	<ul style="list-style-type: none"> <li>Year-end review of Care at Home and Supported Living Framework</li> <li>Commissioning according to rehabilitation pathway delivery plan</li> </ul>
	Connections	<ul style="list-style-type: none"> <li>Review of Carer Support Services</li> </ul>	<ul style="list-style-type: none"> <li>Commissioning of Carer Support Services</li> </ul>	
	Community	<ul style="list-style-type: none"> <li>Review of very sheltered housing</li> <li>Provider services aligned to locality working</li> </ul>	<ul style="list-style-type: none"> <li>Provider services aligned to locality working</li> <li>Commissioning Older people’s residential services</li> <li>Enhanced community capacity through work with ACVO</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced relationships and improved outcomes through locality working</li> <li>Enhanced community capacity through work with ACVO</li> </ul>

		Year 2019 - 2020	Year 2020-2021	Year 2021-2022
		MARKET FACILITATION	Market Intelligence	<ul style="list-style-type: none"> <li>Data gathering for the development of a market position statement</li> </ul>
	Market Structuring	<ul style="list-style-type: none"> <li>Collaborative approach to all contract development</li> <li>Delivery of provider network as platform for strategic discussion</li> <li>Briefing to Chief Executives of provider services on commissioning activity within the partnership</li> <li>Strategic commissioning board established with provider representation</li> </ul>	<ul style="list-style-type: none"> <li>Collaborative approach to all contract development</li> <li>Delivery of provider network as platform for strategic discussion</li> <li>Meeting with Chief Executives of provider services</li> <li>Regular meetings of strategic commissioning board with continued provider representation</li> </ul>	<ul style="list-style-type: none"> <li>Collaborative approach to all contract development</li> <li>Delivery of provider network as platform for strategic discussion</li> <li>Regular meetings of strategic commissioning board with continued provider representation</li> </ul>
	Market Intervention	<ul style="list-style-type: none"> <li>Further commissioning of ACVO</li> <li>Planning for a training passport for support workers</li> <li>Risk session</li> </ul>	<ul style="list-style-type: none"> <li>Further commissioning of Scottish Care</li> <li>Tests of change and phase one delivery of the training passport</li> <li>Supporting delivery of care at home and supported living through investment e.g., technology</li> <li>Workshop to discuss recruitment</li> </ul>	<ul style="list-style-type: none"> <li>Phase 2 delivery of the training passport</li> <li>Supporting delivery of care at home and supported living through investment</li> </ul>



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	15 December 2021
<b>Report Title</b>	ADP Investment Programme
<b>Report Number</b>	HSCP.21.119
<b>Lead Officer</b>	Sandra MacLeod, Chief Officer
<b>Report Author Details</b>	Simon Rayner, Strategic Lead Alcohol and Drugs; Simon.rayner@nhs.scot
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	Yes
<b>Appendices</b>	Included at the end of this report: Appendix A – Funding and Decision Tracker Appendix B – Direction – NHS Grampian Appendix C – Direction - ACC

### 1. Purpose of the Report

- 1.1. To update the Integration Joint Board (IJB) on the programme of investment and work being undertaken by Aberdeen City Alcohol & Drug Partnership (ADP) in relation to funding made available via the Scottish Government's National Mission to reduce drug and alcohol related harm.

### 2. Recommendations

- 2.1. It is recommended that the IJB:

1. Approves the ADP plan:
  - A) to match fund successful applications for funding from the CORRA Foundation as detailed in paragraph 3.17 of this report.
  - B) to fund the recruitment of a Specialist Pharmacist as detailed in paragraph 3.18 of this report.



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- C) to use funding as detailed in paragraph 3.19 for expenditure against Buidal by prescribing services and to fund any overspend on this budget from ADP Reserves.
  - D) to use the funding streams detailed in paragraph 3.20 to provide the ADP Assertive Outreach Programme which is currently funded on a fixed term.
  - E) to fund the recruitment of a Consultant Psychiatrist as detailed at paragraph 3.21.
  - F) to extend funding for the Young People Resilience Hubs for a further 12 months as detailed at paragraph 3.22.
2. Makes the directions as attached within Appendix B and instructs the Chief Officer to issue the direction to NHS Grampian (NHSG) to deliver the ADP plans outlined in 1 A) to E) above.
  3. Makes the directions as attached within Appendix C and instructs the Chief Officer to issue the direction to Aberdeen City Council (ACC) as per 1 F) above.

### 3. Summary of Key Information

- 3.1. The Scottish Government (SG) published its national drug and alcohol strategy in November 2018: **Rights, Respect and Recovery** which allowed us to ensure strategic fit with developing priorities.
- 3.2. The ADP membership has representatives of:
  - Police Scotland
  - Scottish Prison Service
  - Aberdeen City Council (including Elected Members)
  - NHS Grampian Public Health
  - Aberdeen City Health and Social Care Partnership
  - Scottish Fire and Rescue Service
  - Aberdeen's 3<sup>rd</sup> Sector Interface (ACVO)
  - Civic Forum
  - Aberdeen In Recovery (people with lived experience of addictions).

The ADP works in partnership with:

- Public, localities, communities of interest and service users
- Community Planning Partnership; specifically, Community Justice Board, Integrated Children's Services Board, Resilient, Included and Supported Group



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- Public Health and Managed Clinical Network for Sexual Health and Blood Borne Viruses
  - Aberdeen City Health and Social Care Partnership staff.
- 3.3.** ADPs, although required by SG, are non-constituted bodies and as such governance and scrutiny are provided by the IJB. The scope of an ADP is wider than adult health and social care and therefore the ADP also sits as group within the Community Planning Partnership as an Outcome Improvement Group (OIG). Adult alcohol and drug treatment services are the responsibility of the Health and Social Care partnership.
- 3.4.** The ADP has developed a framework for investment based on SG priorities and local performance. The IJB is accountable for the governance of this investment. This was ratified by the IJB on 11 December 2018.
- 3.5.** The ADP has established and prioritised 13 Improvement Aims within the Local Outcome Improvement Plan (LOIP) based on local need with an overall stretch aim of the “Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026”.
- 3.6.** The ADP established a Delivery Framework with five work streams to incorporate the Improvement Aims, national priorities from Rights, Respect and Recovery and “single system” objectives such as service development and improvement. These themes are:

**Theme 1: Whole-Family Approach**

**Theme 2: Reducing Harm, Morbidity and Mortality**

**Theme 3: Service Quality Improvement**

**Theme 4: Supporting Recovery**

**Theme 5: Intelligence-Led Delivery**

- 3.7.** In January 2021 the Scottish Government launched a national mission to reduce drug related deaths and harms. The national [Mission](#) includes priorities of:
- a) Improving access to treatment services
  - b) Increasing the uptake of residential rehabilitation



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- c) Whole family approaches to treatment
- d) Implementation of new [Medication Assisted Treatment Standards](#) .

**3.8.** The mission is supported by an investment of £50 Million per year from 2021 for the next five years to local areas. This funding has been dispersed in a number of ways:

- I. Direct allocation to local budgets
- II. Through application via a grant making body called - [CORRA More info through the link](#)
- III. Through application via implementation of the national Medication Assisted Treatment (MAT) Standards.

**3.9.** In total there are seventeen funding streams. This report sets out ADP plans and progress for the investment locally.

**3.10.** The table below summarises the funding that has been made available to the ADP from the Scottish Government. ADP investment plans are detailed at Appendix A.

Ref	SG Allocation / Budget	Date allocated / confirmed	Status	Frequency	
ADP 1	Reserves	1,320,957	Ongoing	Received	Non-recurring
ADP 2	Baseline Funding	4,537,000	March 21	Received	Recurring
ADP 3	ADP Uplift - National Mission Priorities	190,625	June 21	Received	Recurring
ADP 4	ADP Uplift - Residential Rehabilitation	190,625	June 21	Received	Recurring
ADP 5	ADP Uplift - Whole Family Approach	133,437	June 21	Received	Recurring
ADP 6	ADP - DDTF 6 Priorities	226,876	March 21	Received	Fixed Term
ADP 7	ADP - PfG	662,695	March 21	Awaiting	Advised by SG to assume recurring
ADP 8	MAT Standards	-	Awaiting	Awaiting	Recurring
ADP 9	Buvidal	120,000	Aug 21	Received	Non-recurring
ADP 10	Outreach	114,375	Aug 21	Awaiting	Advised by SG to assume recurring
ADP 11	Near-fatal overdose pathways	114,375	Aug 21	Awaiting	Advised by SG to assume recurring



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ADP 12	Lived and Living Experience	19,062	Aug 21	Awaiting	Advised by SG to assume recurring
	<b>Sub Total</b>	<b>7,630,027</b>			
ADP 13	CORRA Application - Improving access	100,000	Feb 22	Awaiting	Recurring
ADP 14	CORRA Application – Increase Support	100,000	Feb 22	Awaiting	Recurring
ADP 15	CORRA Application – Whole Family Support	100,000	Feb 22	Awaiting	Recurring
ADP 16	CORRA Application – Whole Family Psychological Wellbeing	100,000	Feb 22	Awaiting	Recurring
ADP 17	CORRA Application – Paths to Employment	50,000	Feb 22	Awaiting	Recurring
	<b>(potential) Total</b>	<b>8,080,027</b>			

**3.11.** The ADP meeting in August 2021 agreed a set of principles for discussing and allocating the investment.

- Transparent process
- Engagement with stakeholders
- Needs led
- Evidence led
- Outcomes focussed
- Bias to local investment
- Direction – fit with local ADP delivery plans
- We have Test of Change Projects running that may need mainstream funding.

**3.12.** The ADP was keen to ensure that the investment process was not competitive and supported integrated joined up working. In particular where applications to CORRA would be made by independent organisations the ADP was keen that this work led to co-production of ideas and proposals that build on existing services and systems.

**3.13.** The ADP ran two workshops via MS Teams during September 2021 to brief stakeholders, provide an opportunity for engagement and to generate ideas for investment.

**3.14.** Stakeholders were brought together to explore the themes of: Whole Family Approach; Local Service Improvement; Residential Rehabilitation; Outreach and Non-fatal Overdose and Supported Living Experience. The contributions of stakeholders in





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relation to these themes directly contributed to the improvement projects that have been developed.

- 3.15.** The workshops were attended by approximately 50 people spanning health and social work services, third sector providers, people with lived experience and other individuals. The sessions offered an open forum to raise and discuss ideas in small groups, the outputs of which were then brought together. There was strong correlation between all discussions with common themes, challenges and ideas voiced.
- 3.16.** A coproduction panel was formed with service managers, service providers and people with lived experience to synthesis ideas generated from the workshops into proposed applications that align with the ADP Delivery Framework.
- 3.17.** The ADP was allocated £190,000 (**ADP3**) on a recurring basis for taking forward Mission Priorities; £133,437 (**ADP 5**) towards a “whole family approach” to support people affected by drug use harms. The decision of the ADP in October 2021 was to “match fund” successful applications made to CORRA.
- 3.18. ADP 6** The Drug Death Task Force allocated fixed term funding of £125,000 and £101,000 in 2020 with strict criteria on where and how funding was to be deployed. This funding is fully allocated. The ADP sought to undertake a “test of change” with a specialist pharmacist post to undertake medication safety reviews. The fixed term nature of this funding has prevented recruitment to a specialist pharmacy post and the recommendation is to fund this post from **ADP 3** as recurring income stream.
- 3.19.** Buprenorphine is a new long acting formulation of Buprenorphine which is an opioid agonist. Generally it is well received and liked by service users and for many it is preferable to methadone. One advantage is the fact that, for some, it can be administered as a single monthly injection. As a new medication it is significantly more expensive than other forms of opioid replacement treatment and the SG have funded the transition of the medication on to the local formulary with an expectation that from 2022 this is met from local drug budgets in the same way as any other medication. The recommendation is to use funding detailed at **ADP 9** for expenditure against Buprenorphine by prescribing services and to fund any overspend on this budget from ADP Reserves detailed at **ADP1**.



## INTEGRATION JOINT BOARD

- 3.20.** The ADP has been allocated £114,375 (**ADP 10**) to develop assertive outreach responses to support people at high risk of harm to engage in support services and £114,375 (**ADP 11**) to develop pathways to support people who have experienced a non-fatal overdose into support services. Non-fatal overdose is a strong indicator of future fatal overdose. The ADP established an Assertive Outreach Team as a Test of Change using Reserves (**ADP 1**) – the recommendation is to fund the Assertive Outreach Team recurrently using **ADP 10** and **ADP 11**.
- 3.21.** At the ADP meeting of October 2021, a proposal to fund from **ADP 1** an additional Consultant Psychiatrist within the Integrated Drug Service was agreed. This post will help develop a response to people with a dual diagnosis of mental illness and substance use issues pending confirmation of MAT Standards funding.
- 3.22.** On 1 December 2020 the IJB ratified a proposal for the ADP to fund 3<sup>rd</sup> sector drugs workers to be part of the Young People Resilience Hubs (*Fit Like Hubs*) for 12 months. The ADP in conjunction with the Chief Social Work Officer (ACC) and the Integrated Children's Board, based on evaluation of the first 12 months of work, recommend continuing to fund this service for a further 12 months.

### 4. Implications for IJB

- 4.1. Equalities, Fairer Scotland and Health Inequality** - An HIA assessment was completed during October & November 2021. Drug related problems and mortality are eighteen times higher in areas of deprivation across Scotland and this is evident in Aberdeen. The assessment indicates that:  
This investment will have a positive impact on communities and service users through additional service capacity, improved access to support and improved service quality.

This investment will have a positive impact on staff in relation to investment in training, professional development and increased staff numbers.

This investment will have no negative impact on employees, service users or other people who share characteristics protected by The Equality Act 2010.

This investment will have a positive impact on reducing the inequalities of outcome which result from socio-economic disadvantage.



## INTEGRATION JOINT BOARD

- 4.2. **Financial** – contained in Appendices A to C and summarised in para 3.10 above.
- 4.3. **Workforce** – contained in Appendices A to C and summarised in para 3.10 above. We will seek procurement from existing expertise and arrangements within the Third Sector.
- 4.4. **Legal** - There are no direct legal implications arising from this report.
- 4.5. **Other** - There are no other anticipated implications as a result of this report.

### 5 Links to ACHSCP Strategic Plan

- 5.1 The Scottish Government expect to see alcohol and drugs as an identifiable section within the ACHSCP Strategic Plan and outcomes relating to this are contained with the extant plan and the revised Strategic Plan. This plan, the ADP Delivery Plan and priorities within the Community Planning Partnership should all be corporate and work is being undertaken to ensure this.

### 6 Management of Risk

#### 6.1 Identified risks(s)

Difficulty in the recruitment of staff is a potential risk to delivery.

#### 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 IJB fails to deliver against the strategic plan.

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.

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



This investment will bring additional service capacity, opportunity for redesign and partnership working which will help mitigate risks.



## INTEGRATION JOINT BOARD

We have, where possible, sought to recruit from the Third Sector as a means of developing integrated services and reduce risks and challenges associated with recruiting clinical staff.

Detailed reporting is required by the SG on delivery and financial investment.

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



## INTEGRATION JOINT BOARD

### APPENDIX A

The Notes below provide an accompanying narrative for each line of investment:

**ADP 1** Aberdeen City ADP had a reserve that was built up from funding allocated partway through previous financial years, staff turnover and slippage from project initiation delays etc. At the start of the financial year 2021/22 this amounted to £1.3m. All of this funding has been allocated to projects and improvements.

**ADP 2** Aberdeen City ADP receives £4.4m from the Scottish Government. This is an accumulation of funding allocations which have been invested in various services and projects and constitutes the core funding that supports our Integrated Drug Service, Integrated Alcohol Service and commissioned 3<sup>rd</sup> sector specialist drug and alcohol services. In the allocation of 2020 and 2021 the Scottish Government indicated an expectation of local NHS boards to pass on a 5% increase to ADPs.

**ADP 3** Aberdeen City ADP was allocated £190,000 on a recurring basis for taking forward Mission Priorities. The decision of the ADP in October 2021 was to allocate £100,000 to “match fund” application made to CORRA. **See note ADP 14.** The request is made to fund a Specialist Pharmacist post at 8a level.

**ADP 4** Aberdeen City ADP was allocated £190,000 for increasing the uptake of residential rehabilitation services and improving support pathways into and returning to the community.

**ADP 5** Aberdeen City ADP was allocated £133,437 towards a “whole family approach” to supporting people affected by drug use harms. This funding is being used to “match fund” a CORRA application. See note **ADP 16.**

**ADP 6** The Drug Death Task Force allocated funding of £125,000 and £101,000 in 2020 with strict criteria on where and how funding was to be deployed. This funding is fully allocated. The fixed term nature of this funding has



## INTEGRATION JOINT BOARD

prevented recruitment to a specialist pharmacy post and the request is to fund this post from **ADP 3** as recurring income stream.

**ADP 7** Programme For Government – in 2018 Aberdeen was allocated £662,000 on a recurring basis for a number of SG priorities. This funding is fully allocated. See note **ADP 1**.

**ADP 8** The SG have established an iterative approach to funding MAT Standards with each area self-assessing against the standards and entering into a dialogue on the improvement and resource required.

**ADP 9** Buprenorphine is a new long acting formulation of Buprenorphine which is an opioid agonist. Generally it is well received and liked by service users and for many it is preferable to methadone. One advantage is the fact that, for some, it can be administered as a single monthly injection. As a new medication it is significantly more expensive than other formulation and the SG have funded the transition of the medication on to the local formulary with an expectation that from 2022 this is met from local drug budgets in the same way as any other medication.

**ADP 10** Aberdeen ADP has been allocated £114,375 to develop assertive outreach responses to support people at high risk of harm to engage in support services. We established an Assertive Outreach Team as a Test of Change using Reserves (**ADP 1**) – we propose to fund the Assertive Outreach Team recurrently using this funding.

**ADP 11** Aberdeen ADP has been allocated £114,375 to develop pathways to support people who have experienced a non-fatal overdose into support services. Non-fatal overdose is a strong indicator of future fatal overdose. We established an Assertive Outreach Team as a Test of Change using Reserves (**ADP 1**) – we propose to fund the Assertive Outreach Team recurrently using this funding.

**ADP 12** Aberdeen has been allocated £19,062 to support the voices and engagement of people with lived experience of drug and alcohol issues.



## INTEGRATION JOINT BOARD

At the end of May 2020 the Scottish Government opened four funding streams which are administered through a grant making body called CORRA and more information can be found [here](#). Local areas were invited to make applications against the four funds. There were different criteria for the funds depending on the type of organisation and value of application. The maximum application amount was £100,000 and one application could be made per organisation.

**ADP 13** Aberdeen ADP supported Alcohol & Drugs Action to bid for £100,000 pa to improve access to drug services and increase delivery capacity for harm reduction outreach.

**ADP 14** Aberdeen ADP has supported Penumbra to apply for £100,000 pa to increase practical help and support to people engaged in our Integrated Drug service. If the application is successful the ADP would seek to match fund. See note **ADP 3**.

**ADP 15** Aberdeen ADP supported Alcohol & Drugs Action to apply for £100,000 pa to increase specialist drug support for families affected by drug related harms.

**ADP 16** Aberdeen ADP supported Penumbra to apply for £100,000 pa to provide psychological wellbeing workers to support families affected by drug related harms. The ADP will match fund this at £133,437 per year. See note **ADP 5**.

**ADP 17** Aberdeen ADP will support Aberdeen In Recovery to apply for £50,000 pa to sustain and develop their pathway to employment, with a particular focus on encouraging people in recovery to become qualified support workers. The ADP will match fund this at £20,000 per year.





## INTEGRATION JOINT BOARD

### APPENDIX B

#### INTEGRATION JOINT BOARD

#### DIRECTION

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

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**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:

- a) To match fund, from the ADP Budget, successful applications for funding from CORRA as detailed in paragraph 3.17 of this report - **Recommendation (A)**.
- b) To recruit a specialist pharmacist up to the value of £80k per year from the ADP Budget as detailed in as detailed in paragraph 3.18 of this report - **Recommendation (B)**.
- c) To fund as detailed at **ADP 9** and as detailed in paragraph 3.19 of this report for expenditure against Buidal by prescribing services and to fund any overspend on this budget from ADP Reserves detailed at **ADP 1 Recommendation (C)**, up to the value of £250k.
- d) To fund as detailed at **ADP 11** and **ADP 12** and as detailed in paragraph 3.20 of this report to fund the ADP Assertive Outreach Programme which is currently funded on a fixed term from **ADP 1** paragraph 3.10 of this report. **Recommendation (D)** up to the value of £228k per year.
- e) To fund and recruit from the ADP Budget Consultant Psychiatrist as detailed at paragraph 3.21 of this report. **Recommendation (E)** up to the value of £150k per year.



## INTEGRATION JOINT BOARD

- f) To extend from the ADP Budget for the Young People Resilience Hubs for a further 12 months as detailed at paragraph 3.20 of this report.  
**Recommendation (F)** up to the value of £120k per year.

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

**Related Report Number:** - HSCP.21.119

**Approval from IJB received on:** - 15 December 2021

**Description of services/functions:** - **Drug treatment and support services**

Services: - services listed in Annex 2, Part 2 of the Aberdeen City Health and Social Care Integration Scheme – “9. Services provided outwith a hospital in relation to an addiction or dependence on any substance” and page 71 Local Authority Drug and Alcohol Services.

**Link to strategic priorities (with reference to strategic plan and commissioning plan),**

**Scotland's Public Health Priorities:**

- a Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs

**Strategic Plan**

- Prevention • Reduce harmful impact of alcohol, drugs, tobacco, obesity and poor oral health: Work with Alcohol and Drug Partnership (ADP) to deliver Drug Strategy: Page 34 Outcomes Reduction in number of drug-related deaths.
- Develop a consistent person centred approach that promotes and protects the human rights of every individual and which enable our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local community.
- Promote and support self-management and independence for individuals for as long as reasonably possible.
- Contribute to a reduction in health inequalities and the inequalities in the wider social conditions that affect our health and wellbeing.
- Strengthen existing community assets and resources that can help local people with their needs as they perceive them and make it easier for people to contribute to helping others in their communities.



## INTEGRATION JOINT BOARD

### Commissioning:

- is undertaken for outcomes (rather than for services)
- decisions are based on evidence and insight and consider sustainability from the outset
- adopts a whole-system approach
- actively promotes solutions that enable prevention and early intervention
- activities balance innovation and risk
- decisions are based on a sound methodology and appraisal of options
- practice includes solutions co-designed and co-produced with partners and communities

### Link back to National Health and Wellbeing Outcomes

1 People are able to look after and improve their own health and wellbeing and live in good health for longer.

3 People who use health and social care services have positive experiences of those services, and have their dignity respected.

4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

5 Health and social care services contribute to reducing health inequalities.

7 People who use health and social care services are safe from harm.

8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

9 Resources are used effectively and efficiently in the provision of health and social care services.

**Timescales involved:-** Start date: - 15 December 2021 End date: various

**Associated Budget:-** Alcohol and Drug Partnership **Availability:** - Confirmed



## INTEGRATION JOINT BOARD

### APPENDIX C

#### INTEGRATION JOINT BOARD

#### DIRECTION

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

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**Aberdeen City Council (ACC)** 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:

To extend funding contractual arrangements for the Young People Resilience Hubs from the current provider for a further 12 months as detailed at paragraph 3.20 of this report.  
**Recommendation (F)** up to the value of £120k per year.

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

**Related Report Number:** - HSCP.21.119

**Approval from IJB received on:** - 15 December 2021

**Description of services/functions:** - Drug treatment and support services

Services: - services listed in Annex 2, Part 2 of the Aberdeen City Health and Social Care Integration Scheme – "9. Services provided outwith a hospital in relation to an addiction or dependence on any substance" and page 71 Local Authority Drug and Alcohol Services.

**Link to strategic priorities (with reference to strategic plan and commissioning plan),**

**Scotland's Public Health Priorities:**

- a Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs



## INTEGRATION JOINT BOARD

### Strategic Plan

- Prevention • Reduce harmful impact of alcohol, drugs, tobacco, obesity and poor oral health: Work with Alcohol and Drug Partnership (ADP) to deliver Drug Strategy: Page 34 Outcomes Reduction in number of drug-related deaths.
- Develop a consistent person centred approach that promotes and protects the human rights of every individual and which enable our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local community.
- Promote and support self-management and independence for individuals for as long as reasonably possible.
- Contribute to a reduction in health inequalities and the inequalities in the wider social conditions that affect our health and wellbeing.
- Strengthen existing community assets and resources that can help local people with their needs as they perceive them and make it easier for people to contribute to helping others in their communities.

### Commissioning:

- is undertaken for outcomes (rather than for services)
- decisions are based on evidence and insight and consider sustainability from the outset
- adopts a whole-system approach
- actively promotes solutions that enable prevention and early intervention
- activities balance innovation and risk
- decisions are based on a sound methodology and appraisal of options
- practice includes solutions co-designed and co-produced with partners and communities

### Link back to National Health and Wellbeing Outcomes

1 People are able to look after and improve their own health and wellbeing and live in good health for longer.

3 People who use health and social care services have positive experiences of those services, and have their dignity respected.

4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

5 Health and social care services contribute to reducing health inequalities.

7 People who use health and social care services are safe from harm.



## INTEGRATION JOINT BOARD

8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

9 Resources are used effectively and efficiently in the provision of health and social care services.

**Timescales involved:-** Start date: - 15 December 2021 End date: - as outlined

**Associated Budget:-** Alcohol and Drug Partnership **Availability:** - Confirmed